



Keystone First
VIP Choice

Coverage by Vista Health Plan, an independent licensee of the Blue Cross and Blue Shield Association.

Medicare Medication Adherence Incentive Program

Keystone First VIP Choice would like to introduce you to our Medicare Medication Adherence Incentive Program. This program is part of a goal to improve medication adherence, by offering a pre-determined dollar amount per eligible adherent member, per qualifying medication, to providers who take action by converting 30-day prescriptions to 90-day prescriptions¹ and helping to ensure members stay adherent in the following Medicare Star Ratings² medication therapy measures:

- Medication Adherence Diabetes (MAD)
- Medication Adherence Blood Pressure (MAH)
- Medication Adherence Cholesterol (MAC)

To qualify for the incentive each of the following four criteria must be met:

Eligibility	
Eligible Member	Must be an Eligible Member which means a member who meets the age, sex, and/or disease-specific criteria, and the enrollment and other technical criteria, set forth in the most recent Centers for Medicare & Medicaid Services (CMS) <i>Medicare Part C & D Star Rating Technical Notes</i> document. Members may be removed from eligibility for bonus payment once member considered noncompliant for measure for contract year. Eligible members for the bonus program will be provided via monthly reporting shared via NaviNet.

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Qualifying Medications ³	
Medication Adherence Diabetes (MAD)	<ul style="list-style-type: none">• All oral diabetes medications• Incretin mimetics• Any diabetic medication on current PQA medication list• Members on insulin are excluded
Blood Pressure (MAH)	<ul style="list-style-type: none">• ACE-I• ARBs• Direct Renin Inhibitors• Any hypertension medication on current PQA medication list• Members on Entresto are excluded
Cholesterol (MAC)	<ul style="list-style-type: none">• Statins• Any cholesterol medication on current PQA medication list

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Prescription Fills	
Initial Fill	30-day supply or less within the measurement period
Subsequent Fill	Converted to a 90-day supply by the end of the measurement period

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Adherence Criteria	
Proportion of Days Covered, or PDC calculation, is “the proportion of days in the measurement period ‘covered’ by prescription claims for the same medication or another in its therapeutic category.” It is the total number of days that a member has medications on hand divided by the number of days in the measurement period. Members are defined as adherent if they have a PDC ≥ 80% at the end of the measurement period, 12/31/2025. PDC will be calculated using part D pharmacy claims data, supplemental data is not accepted.	

Measurement Periods and Incentive Amount per Conversion		
Dates of Service	Incentive Amount per Conversion	Payment Date
07/15/2025 – 08/31/2025	\$30.00	04/1/2026
09/01/2025 – 12/31/2025	\$20.00	04/1/2026
Incentive means the additional reimbursement beyond the contract rates in the participation agreement a provider may receive. This is a separate incentive program that supplements, but does not replace, any other programs or risk-based contracts in which providers may be enrolled. This is an annual incentive which will be paid out after year-end rates are available in April of the following calendar year.		

Measurement Methodology
The annual incentive is paid per Eligible Member, per Qualifying Medication with a paid pharmacy claim for 90-day supply of qualified medication for adherent Eligible Member.
<ol style="list-style-type: none"> 1. “90-Day Conversion” – The eligible member list will identify all currently eligible members for the incentive opportunity. 2. Once a paid claim for 90-day supply is received for a targeted member therapy, notation of criteria met will be noted on eligibility list. 3. If member becomes non-adherent in measure prior to or at end of contract year, incentive will not be paid. 4. Incentive is eligible to be paid out only one time per measure, even if alternate therapy is prescribed which would qualify for measure. 5. Incentive is calculated following the calendar year 2025 using the Dates of Service in the table above and is paid at the Amount per Conversion on an annual basis. The Amount per Conversion is dependent on the Date of Service that the conversion to the 90-day supply is filled. The criteria are met with a paid 90-day supply pharmacy claim within the calendar year and the member is compliant with a final PDC >80 % at the end of the measurement period.

You can access your **Medicare Medication Adherence Opportunity** report by following the steps below:

- Log in to the NaviNet provider portal.
- Select **Keystone First VIP Choice**
- Go to Report Inquiry, under Workflows for this Plan
- Click on Administrative Reports -> <<**Medicare Medication Adherence Opportunity**>>

¹Payment would apply to conversion to 90-day supply or greater, including 100-day. For GLP-1 medications conversion to 84-day supply would apply.

²CMS created the Part C & D Star Ratings to provide quality and performance information to Medicare beneficiaries to assist them in choosing their health and drug services during the annual fall open enrollment period.

³Qualifying Member Therapy means the three Medication Adherence Measures published in the most recent CMS Medicare Part C & D Star Rating Technical Notes document, namely (1) Diabetes Medication; (2) Hypertension (RAS Antagonists); and/or (3) Cholesterol (Statins).