



Stars Adherence: The Winning Formula

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Drivers...Start your Engines!



- Provides pharmacy-based technology enabled service solutions.
 - HEDIS, Stars, TOC, Chronic Disease, Post-Acute/LTC
- Over 500,000 covered lives across all 50 states.
 - 140+ Clinical pharmacists
 - Health plans, provider groups, LTC facilities
 - Thought leaders in interoperability and technology: CMS, PQA, NCPDP



Brian Bainter, RPh

- Over 30 years of experience in pharmacy
 - Community, PBM, Managed Care, Consulting, Technology Solutions
- 10+ years managing pharmacy related Stars and HEDIS initiatives
 - LTC, DSNP, CSNP, MA/MAPD, Medicaid, Marketplace, Commercial

Today, It Takes More Than a Refill to Achieve Adherence



Medicare Advantage STARS Adherence

Triple Weighted Measures: Heart Failure (Statins), Hypertension (RASA), Diabetes

Until recently, reward structure has been linked to performance in the overall MA population



CMS Continues to Raise the Bar

Increasing cut points on the measures limits the pool of members who can positively impact performance

Beginning 2026 measurement year CMS will implement SDS risk adjusted adherence measures

Shifting reward structure to weight riskier DE/LIS/Disabled populations in which Social Risk Factors create non-clinical barriers to adherence





Poll Question 1: Biggest Medication Adherence Challenge

What's your organization's biggest challenge in improving medication adherence rates? Choose top two challenges.

- a) Identifying the right members to target for interventions
- b) Member engagement and outreach effectiveness
- c) Addressing social determinants of health barriers
- d) Limited resources/staffing for adherence programs
- e) Data integration and analytics capabilities

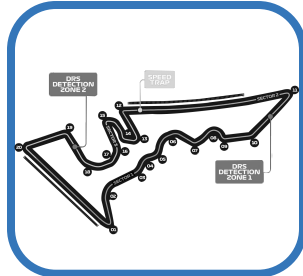
A Data-Driven Formula for Improving Medication Adherence In Record Time

Design Team



The “Use Case”
Target population
Stakeholders
Data Requirements/Sources
Reporting Requirements

Race Plan



Define Desired Outcomes
Metrics
KPIs

Race Engineers



Outreach & Engagement
Pinpointing “Right Members at Right Time”

Pit Crew



The Human Touch
Maximizing Member Care and Support

Race Technicians



Leveraging Data
Continual Analysis
Improvement

The Design Team: Start with A Well Defined Use Case in Order to Determine Data Requirements



1. Know the Target Population

- Social Risk Factors: Dual Eligible, Low Income Subsidized, Disabled
- Clinical Risk Factors: Heart Failure (HF), Diabetes, COPD, CKD



2. Identify Stakeholders to Share the Data

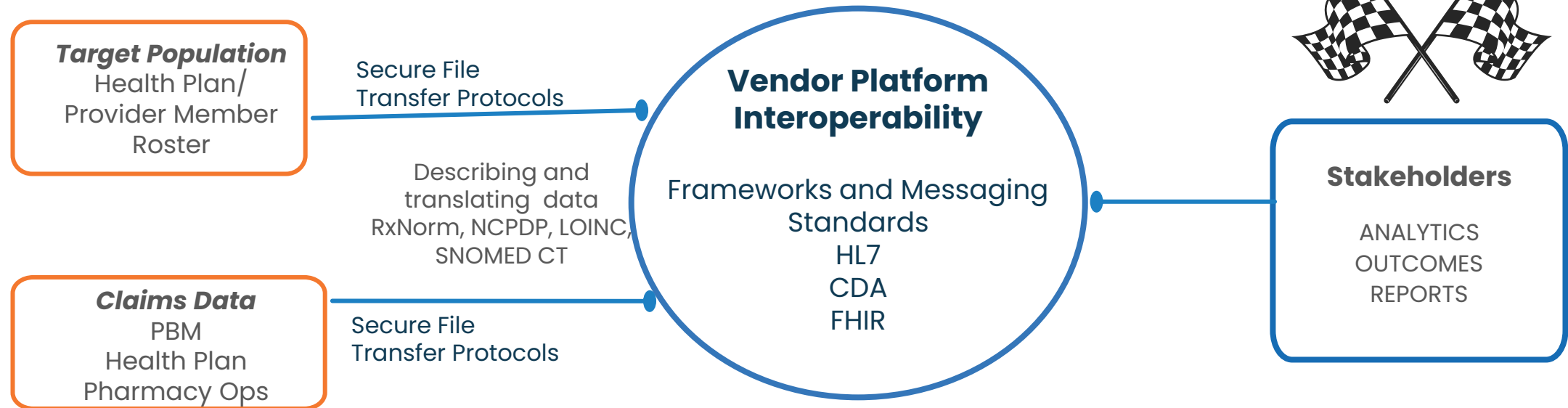
- (Primary Vendor)
- Health Plan
- Provider Groups at Risk
- Pharmacy Benefit Manager
- Strategic partners



3. Define Reporting Requirements and Desired Outcomes

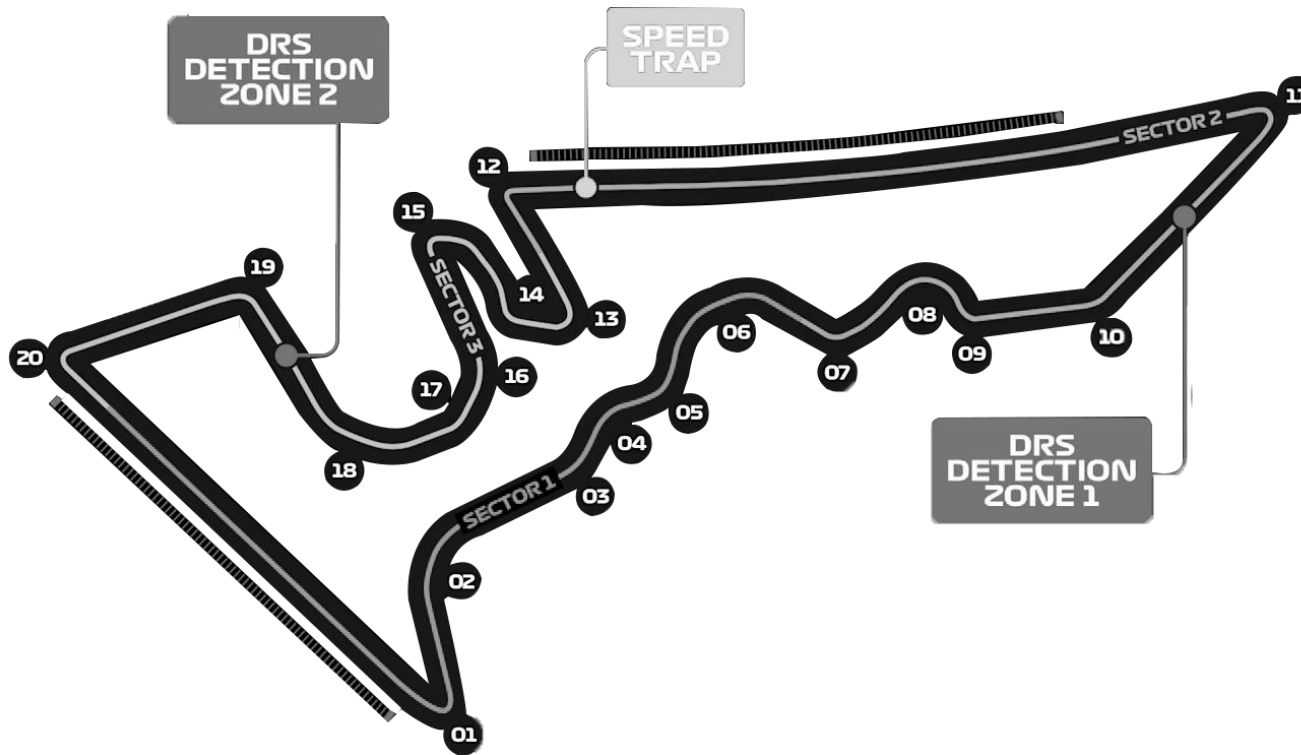
- Sources of Structured Data
- Data Model
- Cadence
- Transfer Protocols

The Design Team: All Systems Configured , Tested and Ready at the Start



The Race Plan: Know Your Desired Outcomes and Key Performance Indicators

Expected ROI from Adherence



- What percent adherence increase will be needed to achieve target?
- Analyze historic and current data to provide an estimated adherence rate lift.
- Model needs to be dynamic and updated frequently throughout the measurement year- important variables:
 - Time of measurement year
 - Health Plan Type (DSNP , Traditional MA plan)
 - Type of Population/Demographics

The Race Engineers: Optimizing Outreach & Engagement When Every Second Counts!

Priority Algorithms Identify the Right Members at the Right Time

- Identify members daily who are at risk of failing the measure-
 - Historical data only offers a piece of the puzzle.
 - Making more calls to members does not always result in better adherence measures
- Real time claims analysis identifies members experiencing a barrier to care.



The Pit Crew: Comprehensive Diagnostics and Efficient Support

Data Driven Diagnostics Helps the Team Increase Member Engagement and Build Relationships

- Calling the right members allows time for deep member engagement
- Timing of Outreach is key to reduce member and provider abrasion
- Having the right data paints a complete picture of the member



The Pit Crew: Comprehensive Diagnostics and Efficient Support



Member Support by Pharmacists and Member Care Coordinators

1. **Find the right people.** Should be proficient in how both the pharmacy and medical channels operate
2. **Build partnerships.** Create communication channels with health plans, providers, pharmacies, and vendors
3. **Understand that healthcare is delivered locally.** Understanding the local healthcare landscape allows you to help the member navigate it.
4. **Avoid quality gap closure overload.** Don't try to discuss too many quality gaps with an adherence member
5. **Expect the unexpected question.** Be prepared so you can help with non-adherence related questions
6. **Go the distance.** Don't just tell the member what to do, help them do it until it is finished



Member Story: Timberon, New Mexico



Challenge: Member had no transportation, no mailbox access, needed oxygen refills, and lacked reliable electricity.

Resolution: Our care team coordinated mail order setup, arranged oxygen delivery, secured mailbox access, linked the member to Medicaid benefits, set up home visits and meal delivery, and resources for generator fuel.

Impact: Member gained consistent access to medications, essential health services, and community support—dramatically improving quality of life.

The Race Technicians: Analyzing Performance During and After the Race

1. As adherence rates and cut points continue to increase it becomes more difficult to find where there are opportunities to continue improving
2. Analysis during and after the measurement year can identify those small pockets of opportunity
 - Examples: large provider groups, pharmacies, and VBC partners
3. Questions to consider after the analysis...
 1. Is there a viable solution?
 2. Is the lift worth the effort?
 3. Who else needs to be involved?





Poll Question 2: Current Process & Tech

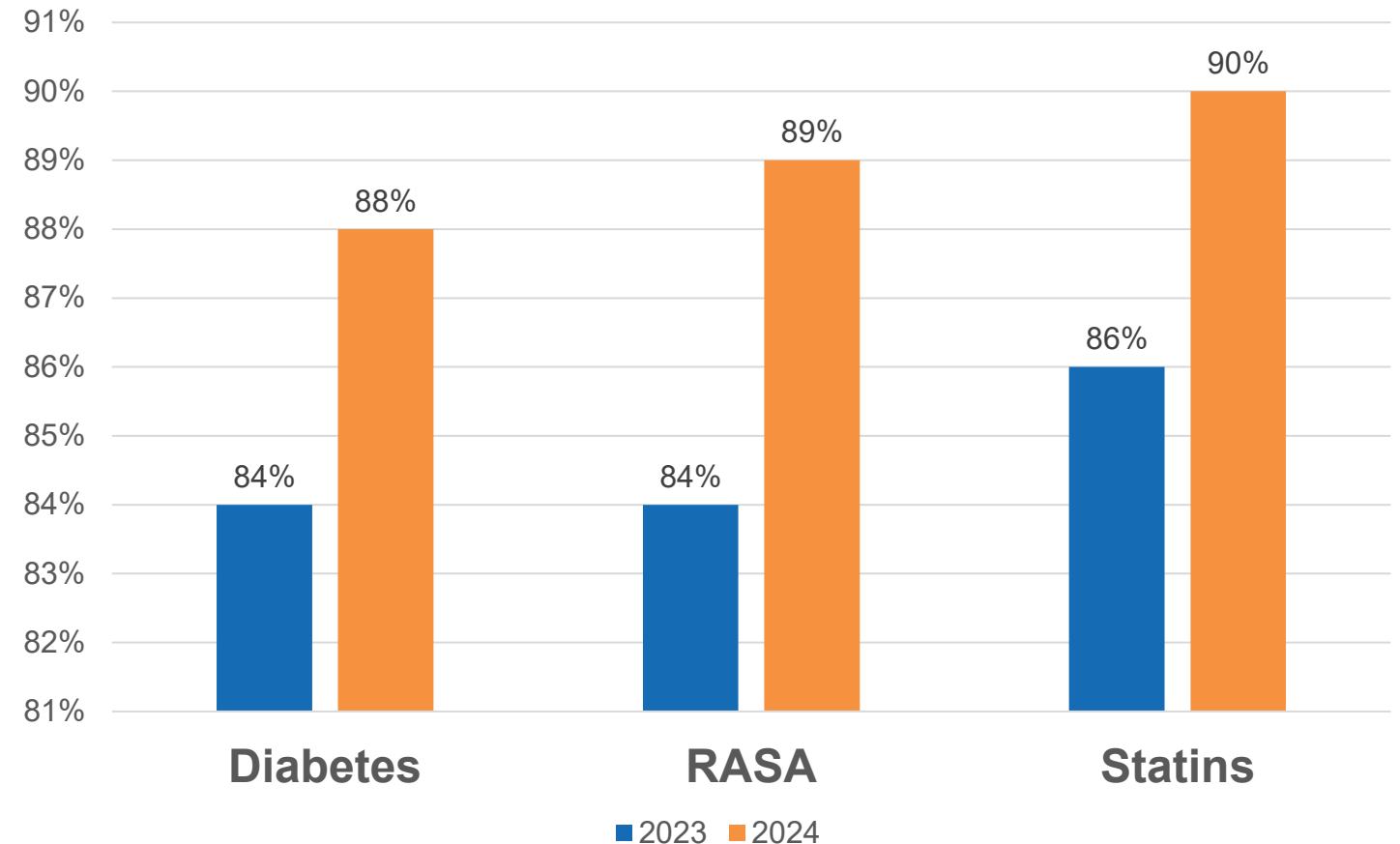
Which best describes your current use of technology in your medication adherence programs?

- a) Fully automated and integrated with call center, data-driven targeting, workflows, member relationship management and analytics
- b) Partially automated with some manual processes
- c) Spreadsheet driven with basic reporting tools
- d) Currently implementing technology

Data Drives Results in the First Year of a Plan

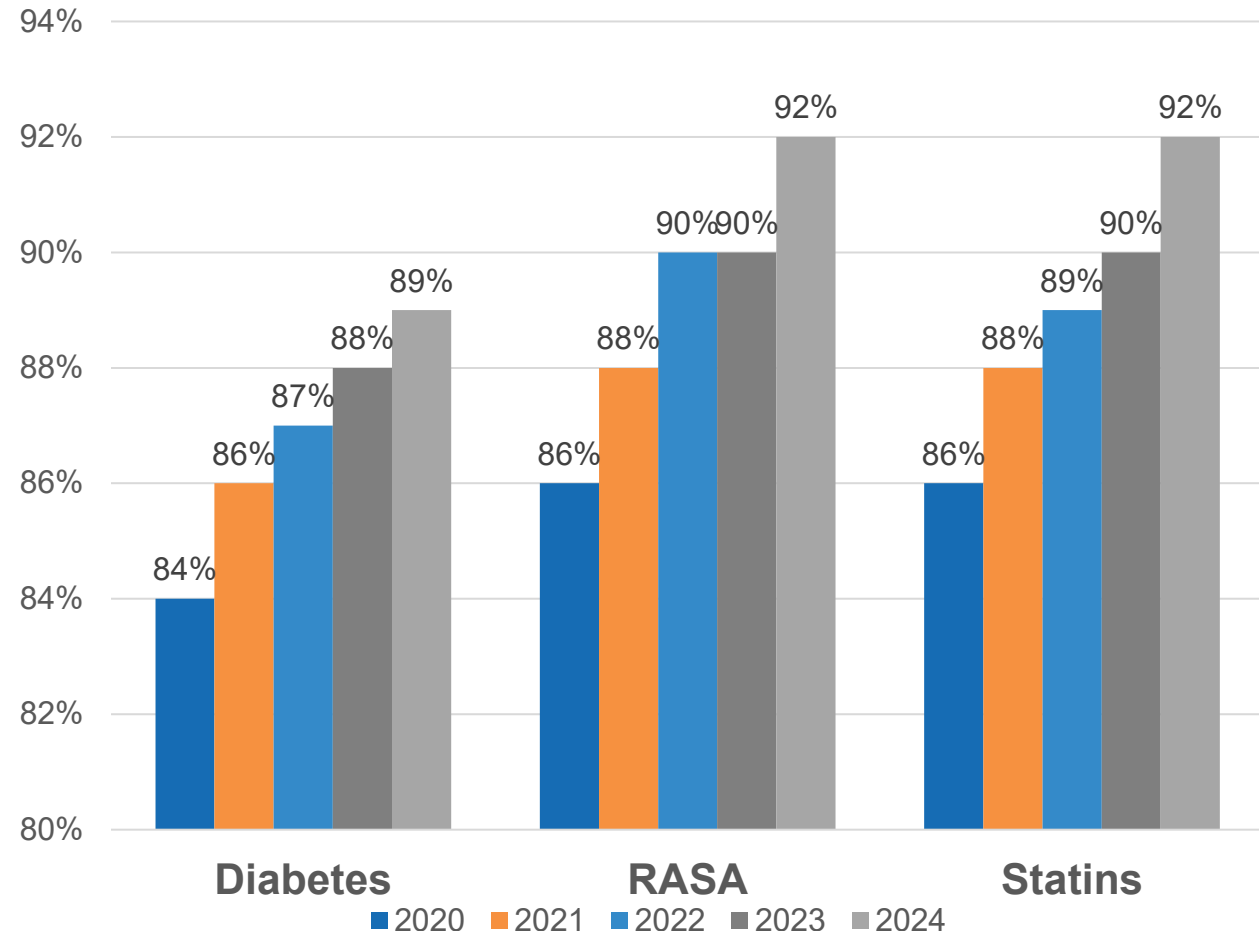
- First year results for a 50,000 live MAPD plan implemented in 2024
- 53% of adherence members required an outreach intervention
 - Members outreached by ActualMeds realized an 8% improvement in medication adherence rates
- 65% of membership had a social risk factor (SRF)
 - ActualMeds improved adherence rates for SRF members by an average of 4% across all measures

Adherence Rate Comparison for New Plan
2023 vs 2024



The Challenges Increase Yearly: Data Can Make the Difference

- Multi year results for a 25,000 live MAPD plan.
- 48% of membership had a social risk factor (SRF)
- Challenges over the years
 - Member expansion
 - Company merger
 - PBM change
 - New Diabetes therapies





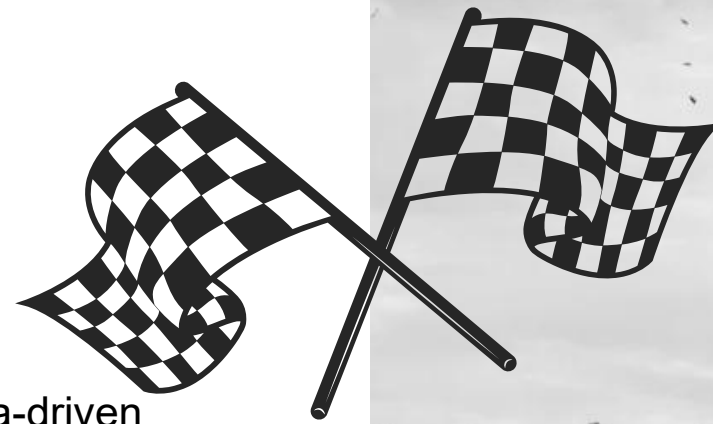
Poll Question 3: About Your Plan

How many covered lives are in your Plan(s)

- a) < 10,000
- b) 10,000-25,000
- c) 25,001-50,000
- d) 50,001- 100,000
- e) >100,000

Five Ways to Win the Race

1. **Precision Targeting Wins Races** Use automated, data-driven technology to identify the "right patient at the right time," eliminating wasted outreach and focusing on high-impact members
2. **Smart Timing Beats Speed Alone** Deploy data-driven processes that contact members at optimal moments
3. **Champion Pit Crews Deliver Results** Enable pharmacist-led teams to create real human connections, not robocalls, with direct access numbers for members when medication challenges arise.
4. **Data-Driven Strategies Cross the Finish Line** Leverage advanced analytics and forensic analysis of prior results to identify performance gaps and achieve 2-3% above Medicare averages.
5. **Teamwork Makes the Dream Work** Data interoperability facilitates coordination across the entire care ecosystem, including pharmacy engagement and provider coordination to close critical gaps.



Final Lap Alert: Still Time to Cross the 5-Star Finish Line



1. **Only weeks left** - Two-thirds through 2025, the window to improve adherence rates is rapidly closing.
2. **Solo approach unrealistic** - Revamping your entire adherence strategy independently isn't feasible with this timeline.
3. **Proven expert results** - ActualMeds uses data analysis and targeted outreach to quickly identify and close adherence gaps.
4. **Track record of success** – ActualMeds Improved adherence rates for 14 out of 18 measures and Star Ratings for 10 out of 18 measures in recent case study.
5. **Scalable tech + human solutions** - Automated processes plus personalized outreach for high-risk members, augments of your current bandwidth.

Ready to learn more
about the
ActualMeds
Winning Formula
for Adherence?

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