Clarest Health

A Guide to Medication Management for CMS Star Ratings

A Practical Framework for Health Plan Pharmacy Teams to Achieve 4- to 5-Star Performance

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CMS Star Ratings, issued annually by the Centers for Medicare & Medicaid Services (CMS), serve as a benchmark for how well health plans deliver quality care and positive member experiences. Plans earning 4 or more stars are eligible for Quality Bonus Payments (QBPs), which increase their Medicare revenue and enable them to enhance benefits or reduce premiums for members.

For pharmacy teams, the Part D measures — medication safety, adherence, and related drug-use metrics — represent both a challenge and an opportunity to directly influence results. These measures account for a significant percentage of the plan's total Star Rating score.

Excelling in these areas requires a coordinated, pharmacist-led medication management program. In this guide, you'll find a practical, step-by-step framework to help pharmacy teams improve member outcomes and sustain 4-and 5-Star performance.

A Brief Overview of the Four Core Part D Measures

The following four measures play the biggest role in shaping Star Ratings and member outcomes. They highlight where pharmacy teams can make the most impact on care quality and performance.

Measure	Description
Medication Adherence	Tracks how consistently members take their prescribed medications across three common chronic conditions: diabetes (oral antidiabetics), hypertension (Renin-Angiotensin System Antagonists or RASAs), and high cholesterol (statins). Members are considered adherent when their Proportion of Days Covered (PDC) reaches **80% or higher**, an all-or-nothing threshold that highlights the need for ongoing support to help them stay on track.
Statin Use in Persons with Diabetes (SUPD)	Evaluates how many adults **aged 40–75** with diabetes are prescribed a statin. Closing this gap is vital for improving cardiovascular health and overall quality performance.
Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Reviews (CMR)	Gauges the percentage of eligible members who not only are offered but actually **complete a one-on-one medication review** with a qualified clinician. It reflects a plan's ability to engage members, close care gaps, and deliver high-value clinical support.
High-Risk Medications in Older Adults (HRM)	Assesses how often members aged **65 and older** are prescribed medications considered potentially unsafe for their age group. Lower rates indicate safer prescribing practices and stronger medication management oversight.

1. https://www.cms.gov/newsroom/fact-sheets/2025-medicare-advantage-and-part-d-star-ratings?utm_source=chatgpt.com

Achieving Better Star Ratings Starts With Four Foundational Pillars

This approach moves beyond basic refill reminders to deliver a holistic, pharmacist-led care model that reaches into members' homes.

PILLAR 1

A Relentless Focus on Adherence

PILLAR 2

Elevate the Comprehensive Medication Review (CMR)

PILLAR 3

Proactively Close Gaps in Care

PILLAR 4

Optimize Transitions of Care

Here's how to put each pillar into practice.

PILLAR 1: A RELENTLESS FOCUS ON ADHERENCE

There are various barriers to medication adherence, from cost and member forgetfulness to complex regimens and side-effect concerns. Overcoming them requires a coordinated, multi-pronged approach, one that empowers your team to support members at every step.

Putting It into Practice:

- **Synchronize medications and promote 90-day fills:** Simplify members' routines by coordinating all their regular prescriptions to refill on the same date, reducing the number of pharmacy trips.
- **Systematize outreach:** Establish a consistent cadence of calls, texts, and reminders for members who miss a refill to identify and resolve underlying issues.
- **Deploy in-home medication service:** Provide this option for members with complex regimens, cognitive or physical limitations, or significant social barriers. Services such as medication reconciliation, compliance packaging, and personalized education solve the "last mile" problem of adherence, ensuring prescriptions filled are also prescriptions taken correctly.

PILLAR 2: ELEVATE THE COMPREHENSIVE MEDICATION REVIEW (CMR)

The Comprehensive Medication Review (CMR) is one of the most valuable clinical interventions in medication management. It offers pharmacists the opportunity to spot potential medication issues, provide education, and build stronger relationships with their patients.

Putting It into Practice:

- **Make the CMR pharmacist-led, not call-center driven:** Encourage your pharmacists to lead each consultation as a personalized, clinical conversation, not a scripted compliance call. They should listen to members' concerns, identify medication-related issues, and develop a collaborative Medication Action Plan (MAP).
- **Prioritize follow-up:** Establish a clear process to deliver the MAP to members and share clinically relevant findings with their providers, closing the loop of care.

PILLAR 3: PROACTIVELY CLOSE GAPS IN CARE

As discussed, the Statin Use in Persons with Diabetes (SUPD) measure evaluates whether diabetic members aged 40–75 are prescribed a statin, as this therapy plays a key role in reducing cardiovascular risk.

Pharmacists can identify members with a diabetes diagnosis who lack a corresponding statin claim, a clear gap in care that pharmacy teams are uniquely positioned to address.

Putting It into Practice:

- **Partner with providers:** Develop a clear outreach process to alert prescribers to the care gap and share evidence-based recommendations for statin therapy. Frame the conversation as a supportive, clinical partnership rather than a directive.

PILLAR 4: OPTIMIZE TRANSITIONS OF CARE

Transitions of Care (TOC) are a vulnerable time for members. Shifts between care settings increase the risk of medication-related errors and hospital readmissions. A medication reconciliation soon after discharge helps members stay on track with their therapy and avoid complications.

Putting It into Practice:

- Timely post-discharge outreach: Use Admission, Discharge, and Transfer (ADT) data to trigger pharmacist outreach within 72 hours of discharge. During the call, review medications, address changes, and ensure the member understands their treatment plan.
- Offer in-home medication care: Support high-risk members through personalized pharmacist check-ins and coordinated pharmacy delivery. Help them organize medications, remove discontinued therapies, and ensure the member and their caregivers fully understand the new regimen.

The ROI of a Member-Centric Program

The business case for comprehensive medication management extends beyond clinical outcomes. These programs drive measurable financial returns, strengthen overall plan performance, and improve member satisfaction. Together, they create durable value for both the organization and the members it serves.

Here's how your plan stands to benefit.

DIRECT REVENUE FROM QUALITY BONUS PAYMENTS (QBPS)

Higher Star Ratings translate directly into bonus payments from CMS. Excelling in Part D measures is one of the fastest ways to raise your plan's overall rating and unlock millions in additional revenue.

REDUCED TOTAL COST OF CARE

Every avoided adverse drug event or hospital readmission creates meaningful cost savings. By strengthening medication adherence, comprehensive medication management programs improve disease control and lower spending on emergency visits and inpatient stays.

STRONGER MEMBER GROWTH AND RETENTION

A 4- or 5-Star rating is a powerful differentiator during the Annual Enrollment Period (AEP). It signals quality and trust, making your plan more attractive to new members while increasing loyalty and retention among your existing population.

Clarest Health: Your End-to-End Partner

Even with strong internal teams, maintaining 5-Star performance requires more. Clarest Health brings the scalable technology, clinical expertise, and personal touch needed to help members stay safe, adherent, and supported.

We deliver a unified solution to health plans, including:

Integrated Technology

Our HITRUST-certified platform ingests data, identifies at-risk members, manages workflows, and provides clear analytics, without creating IT bottlenecks for your team.

Dedicated Clinical Expertise

Our licensed pharmacists and nurses focus exclusively on medication management and the nuances of Star Ratings, allowing your teams to operate at the top of their license while Clarest manages the specialized work of member engagement.

Compassionate Human Engagement

Technology and clinical expertise are powerful tools, but they only create real impact when paired with personal, human connection. Our team delivers the “last mile” of care through a range of engagement, from telephonic CMRs to high-touch in-home medication support.

By bringing these three elements together, Clarest Health becomes a seamless extension of your team, delivering consistent quality, measurable improvement, and lasting value for your members and your organization.

To learn more, visit **clarest.com/clarest-path**