



# Improving Quality Through Health Plan and Pharmacy Value-Based Partnerships

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August 7, 2025

# Webinar Logistics

- **Send us your questions.** Use the “Q&A” feature at the bottom of the screen to send speakers your questions throughout today’s presentation.
- **Today’s forum is being recorded.** A copy of the slides and recording will be shared with PQA members within a week.
- **Give us your feedback.** A quick survey will launch at the end of today’s webinar.

# Presenters



**Jeff DiGeronimo, BS**  
*Vice President, Program Strategies and Client Success*  
RxAnte



**Maaria Kheiri, PharmD**  
*Director, Pharmacy Quality Improvement*  
Centene Pharmacy Services

# Objectives

**Upon completion, participants will be able to:**

- Describe how value-based pharmacy programs can improve patient outcomes.
- Design successful pharmacy care management programs.
- Evaluate the success and impact of value-based pharmacy programs.



# Centene Overview

## WHO WE ARE

### MISSION

Transforming the health of the communities we serve, one person at a time.

Centene provides access to high-quality healthcare, innovative programs, and a wide range of health solutions that help families and individuals get well, stay well and be well.

### OUR PILLARS



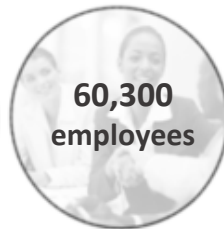
Focus on the Individual



Whole Health



Active Local Involvement



## WHAT WE DO



# 50 states

with government-sponsored and commercial healthcare programs

Centene successfully provides **high-quality, whole health solutions for our diverse membership** by recognizing the significance of the many different cultures our members represent and by forming partnerships in communities that bridge social, ethnic and economic gaps.

# 28.0 million members

Serving more than  
**1 in 15**  
individuals nationwide

# Centene Profile and Membership

28 million members

50 states with government sponsored healthcare programs

Leading government-sponsored and commercial healthcare programs

12.8M

Medicaid members across 30 STATES

1.0M

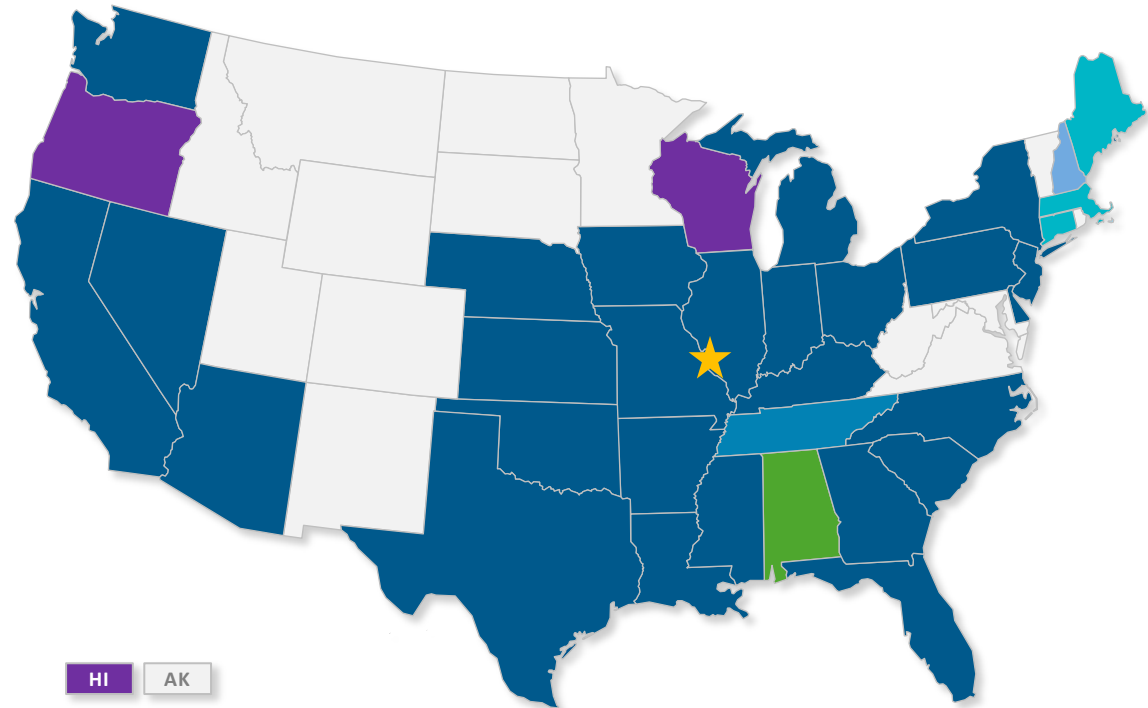
Medicare members across 37 STATES

5.9M

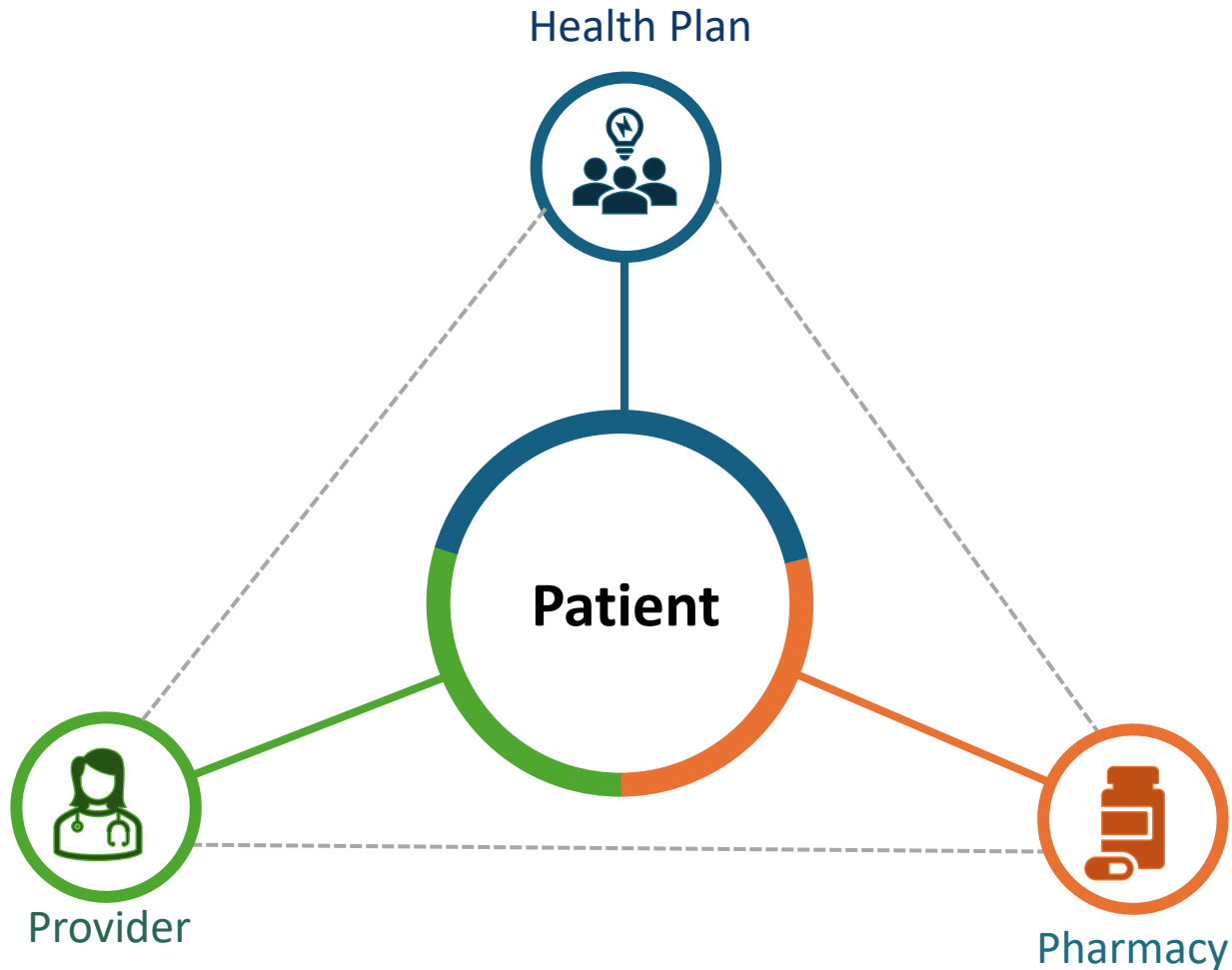
Marketplace members across 29 STATES

7.8M

Prescription Drug Plan members across 50 STATES and the District of Columbia



# Patient Centric Approach



## Health Plans provide:

- Direct patient support
- Indirect support to patients through collaboration with pharmacies and providers

## Member Centric Approach:

- Personalizes care for each patient
- Utilizes existing network of care
- Leverages care team inclusive of Provider, Plan, and Pharmacy

***Pharmacies often lack healthcare data and resources to support patients to their best potential.<sup>1</sup>***

# Impact of Community Pharmacies

## Accessibility



### Frequent Visits

Most patients visit their pharmacy up to **12x** more often than their doctor / year<sup>1</sup>



### Providing Care

65% of counties experiencing a relative PCP shortage have up to the **top third** of pharmacy availability<sup>2</sup>



### Convenient Locations

90% of Americans live within **5 miles** of a pharmacy<sup>3</sup>

1. Qato DM, Zenk S, Wilder J, Harrington R, Gaskin D, Alexander GC. The availability of pharmacies in the United States: 2007-2015. PLoS One 2017;12(8):e0183172.

2. Dworkin J. Pharmacists Help To Manage the Shortage of Primary Care Providers. Remote Care Partners. Published April 2024. Accessed March 31, 2025. <https://www.remotecarepartners.com/pharmacists-help-to-manage-the-shortage-of-primary-care-providers/>

3. Haddock R. The expanding role of today's community pharmacists. <https://www.fdsrx.com/expanding-role-community-pharmacists/>. Accessed May March 13, 2025.

# Impact of Community Pharmacies

## Clinical Expertise



# Community Pharmacy at the Core of Comprehensive Member-Centric Care

## Asheville Project<sup>1</sup>

### The Asheville Project: long-term clinical and economic outcomes of a community pharmacy diabetes care program

Carole W Cranor<sup>1</sup>, Barry A Bunting, Dale B Christensen

Affiliations + expand

PMID: 12688435 DOI: 10.1331/108658003321480713

#### Abstract

**Objective:** To assess the persistence of outcomes for up to 5 years following the initiation of community-based pharmaceutical care services (PCS) for patients with diabetes.

**Design:** Quasi-experimental, longitudinal pre-post cohort study.

**Setting:** Twelve community pharmacies in Asheville, N.C.

**Patients and other participants:** Patients with diabetes covered by self-insured employers' health plans. Community pharmacists trained in a diabetes certificate program and reimbursed for PCS.

**Interventions:** Education by certified diabetes educators, long-term community pharmacist follow-up using scheduled consultations, clinical assessment, goal setting, monitoring, and collaborative drug therapy management with physicians.

**Main outcome measures:** Changes in glycosylated hemoglobin (A1c) and serum lipid concentrations and changes in diabetes-related and total medical utilization and costs over time.

**Results:** Mean A1c decreased at all follow-ups, with more than 50% of patients demonstrating improvements at each time. The number of patients with optimal A1c values (< 7%) also increased at each follow-up. More than 50% showed improvements in lipid levels at every measurement. Multivariate logistic regressions suggested that patients with higher baseline A1c values or higher baseline costs were most likely to improve or have lower costs, respectively. Costs shifted from inpatient and outpatient physician services to prescriptions, which increased significantly at every follow-up. Total mean direct medical costs decreased by \$1,200 to \$1,872 per patient per year compared with baseline. Days of sick time decreased every year (1997-2001) for one employer group, with estimated increases in productivity estimated at \$18,000 annually.

## Repeated Results<sup>2</sup>

### Evaluation of financial outcomes under a value-based payment program for community pharmacies

Authors: William R Doucette, PhD, Russell DeVolder, PharmD, and Thomas Heggen, BS | [AUTHORS INFO & AFFILIATIONS](#)

Publication: Journal of Managed Care & Specialty Pharmacy • Volume 27, Number 9 • <https://doi.org/10.18553/jmcp.2021.27.9.1198>

#### Abstract

**BACKGROUND:** Value-based payment models have been shown to limit health care spending and waste while improving quality of care. Evidence from value-based pharmacy programs (VBPPs) is needed to guide the use of these mechanisms in health care.

**OBJECTIVE:** To evaluate financial outcomes of a VBPP implemented in 73 community pharmacies for about 40,000 commercial beneficiaries of Wellmark, Inc.

**METHODS:** Beneficiaries were attributed to pharmacies based on the number of prescriptions dispensed. The VBPP paid community pharmacies a per capita payment based on their performance on a set of metrics to deliver care the pharmacists believed was necessary to optimize the beneficiaries' medication therapy and associated outcomes. Financial outcome variables were analyzed for the calendar year of 2018, including total cost of care, hospital admissions, and emergency department (ED) visits. Hospital admissions and ED visits were identified through claims data. Generalized linear models were used to test the effect of the VBPP on each of the outcome variables by comparing outcomes for beneficiaries attributed to the pharmacies participating in the VBPP (73 pharmacies) to Wellmark's beneficiaries attributed to nonparticipating pharmacies (847 pharmacies). Independent variables used in the models to control for possible confounding included beneficiary demographics and complexity scores, region code, accountable care organization (ACO) attribution, beneficiary product type (health maintenance organization (HMO), preferred provider organization (PPO), and several disease indicator variables.

**RESULTS:** Analyses showed in 2018 that the per beneficiary per month total costs of care for the beneficiaries going to the VBPP pharmacies (N = 15,463) was \$30.48 (4.5%; 95% CI = -6.2% to -2.7%) lower than that of the non-VBPP group (N = 140,717). The hospital admission rate for the VBPP group was 5.1% lower but was not statistically significant (95% CI = -12.9% to 3.3%). Similarly, the ED visit rate for the VBPP group was 2.1% lower than the non-VBPP group but did not reach statistical significance (95% CI = -8.6% to 3.3%).

*47% of traditional Medicare lives are in Accountable Care Arrangements<sup>3</sup>*

**Future Direction**  
Scaling sustainable pharmacist-driven care models.

**Performance-based pharmacy payment models: key components and critical implementation considerations for successful uptake and integration**

Chloe Richard, MS; Benjamin Y Urick, PharmD, PhD; Shweta Pathak, MPH, PhD; John Jackson, BPharm, MPH; and Melanie Livet, PhD

1. Doucette WR, DeVolder R, Heggen T. Evaluation of financial outcomes under a value-based payment program for community pharmacies. J Manag Care Spec Pharm. 2021;27(9):1198-1208. doi:10.18553/jmcp.2021.27.9.1198

2. Cranor CW, Bunting BA, Christensen DB. The Asheville Project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. J Am Pharm Assoc (Wash). 2003;43(2):173-184. doi:10.1331/108658003321480713

3. 2023 APM Measurement Infographic - Health Care Payment Learning & Action Network. Health Care Payment Learning & Action Network - Quality Care, Improved Health, and Lower Costs. Published October 26, 2023. Accessed March 4, 2025. <https://hcp-lan.org/apm-measurement-effort/2023-apm/2023-infographic/>

# Community Pharmacy in Value Based Care

## Advantages

Patient Accessibility

Integration in Community Health

Expertise in Medication Management

Existing Systems in Pharmacies

## Limitations

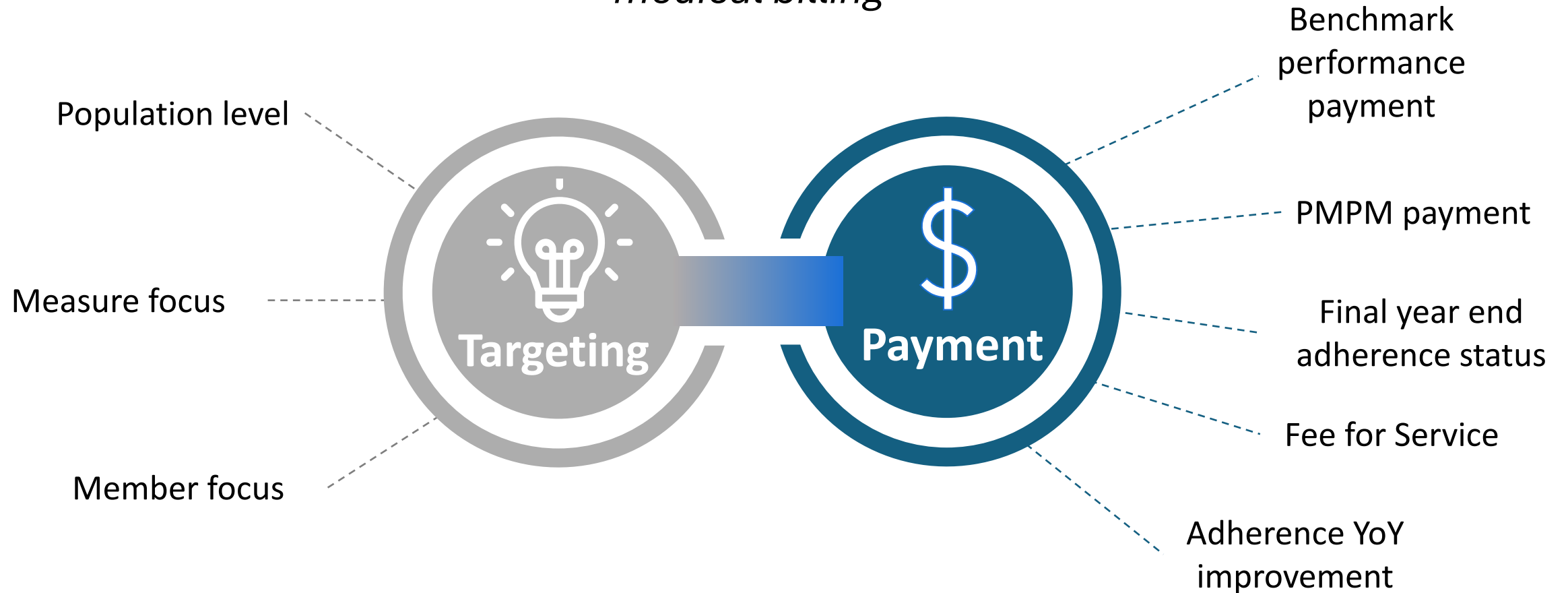
Billing Complexities for Non-Traditional Pharmacy Services

Resource Constraints

Data Integration Challenges

# Value Based Models

*Provide pharmacies with the ability to unlock performance-based revenue without dependency on provider status or medical billing*



# Pharmacy Program Model



- Understand member behavior through predictive modeling



- Develop targeted focus utilizing advanced analytics



- Partner with local pharmacies to develop a value-based program model and deliver personalized care

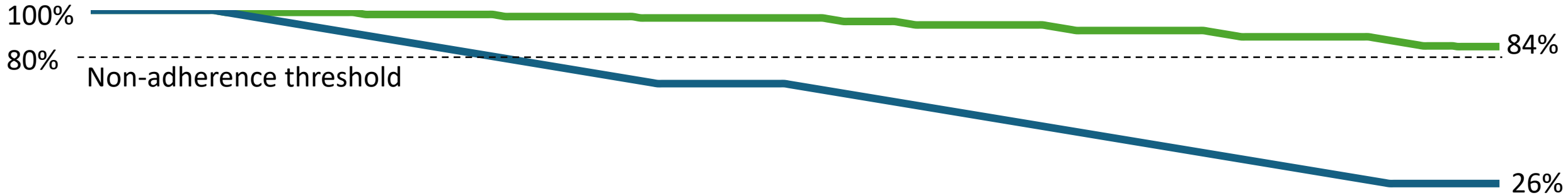


- Share actionable data, clear goals, and metrics



- Activate new revenue generating opportunity for local pharmacies

# Member Fill Behaviors



Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

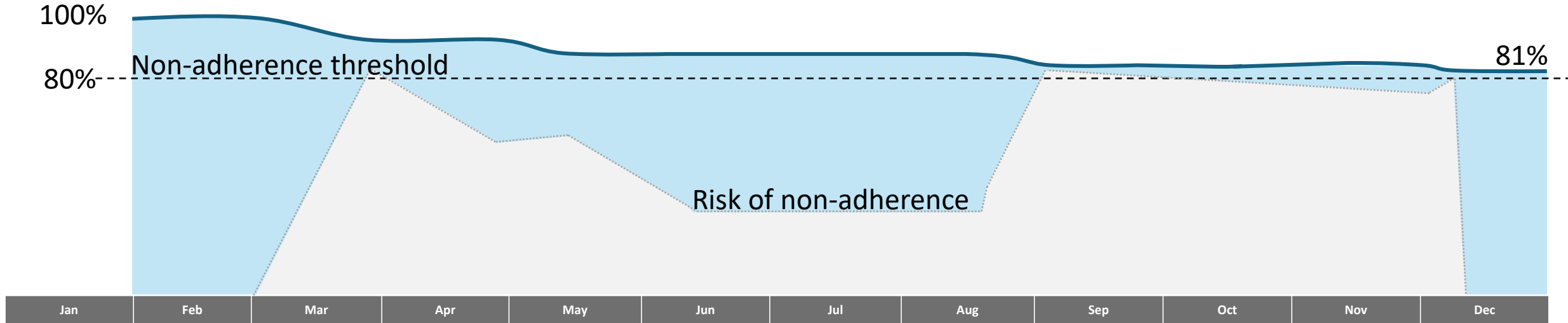
Member A  
Adh ✓



Member B  
Adh ✗



# Program Member Journey



## Member B



## Pharmacy Program Intervention



Face to face counseling at pickup



Telephonic reminder



Barrier conversation: 90-day conversion at pick-up



Digital reminder

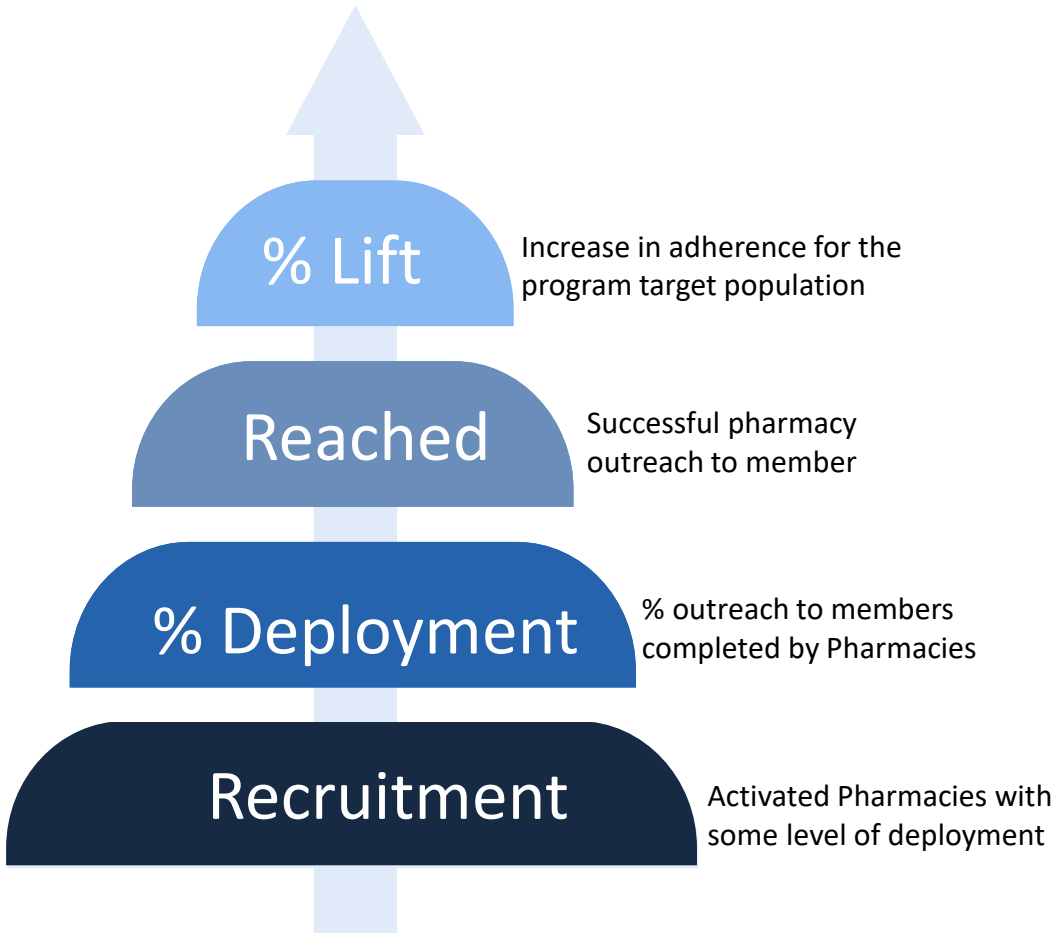


Check-in

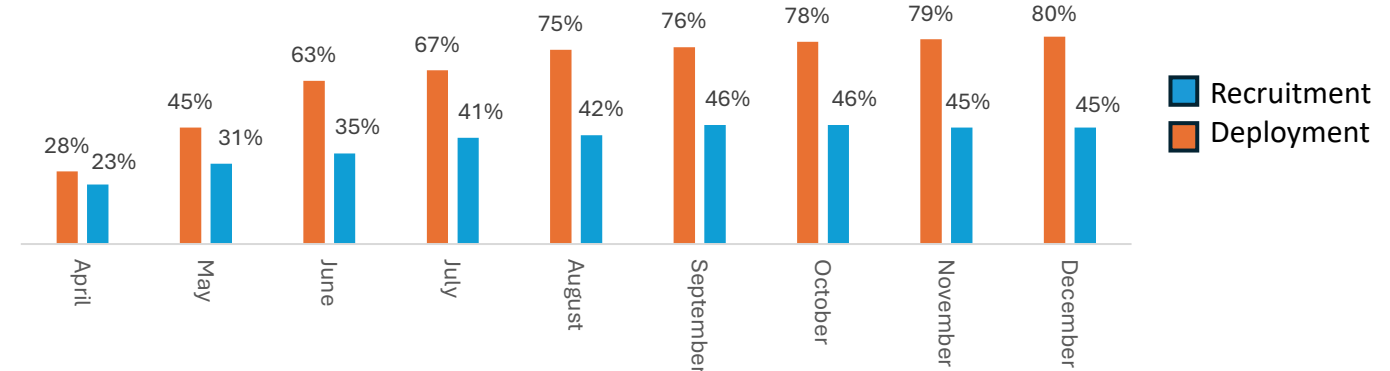
*Adherence Achieved!*

# Pharmacy Engagement: Key to Success

## Program Impact



## 2024 Performance



**Recruitment Impact** - Improving engagement through continuous socialization:

- Virtual meetings
- In-person conferences
- Active pharmacy associations
- Pharmacy visits

**Deployment Impact** - Program limitation feedback from pharmacies:

- Pharmacy type: groceries, independents, and large & small chains
- Resources: time & staff
- Pharmacy store space constraints
- Understanding of value-based program model

# Success Strategies



Early, frequent **engagement** with members



**In-depth conversations** to uncover underlying barriers



Strong, targeted analytics **strategy**

# Evaluating Value-Based Pharmacy Partnerships

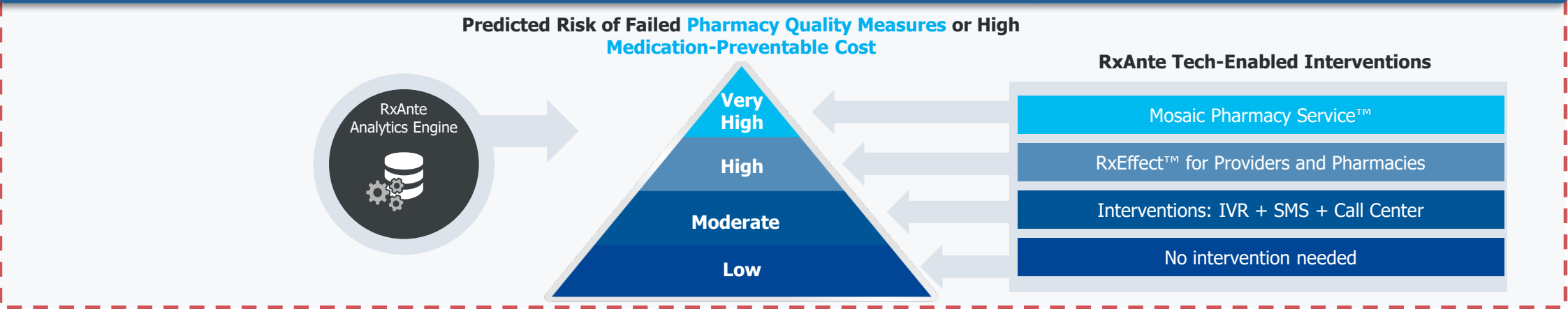


# RxAnte Overview

RxAnte is a **pharmacy care management** company leveraging patented **analytics** to **improve quality, reduce the cost of care, and transform the patient experience.**

<b>2011</b> Year Founded	<b>Portland ME Washington DC</b> Headquarters	<b>240+</b> Full-time Employees	<b>8</b> Issued Patents, +7 Pending
<b>31M</b> Lives, including 5 of 8 largest MAPD Plan Sponsors	<b>6X</b> Client adherence improvement vs. Industry average	<b>\$4,872</b> Annualized PMPY Savings	<b>85</b> Mosaic NPS Score

## Data Services and Patented Advanced Analytics Platform

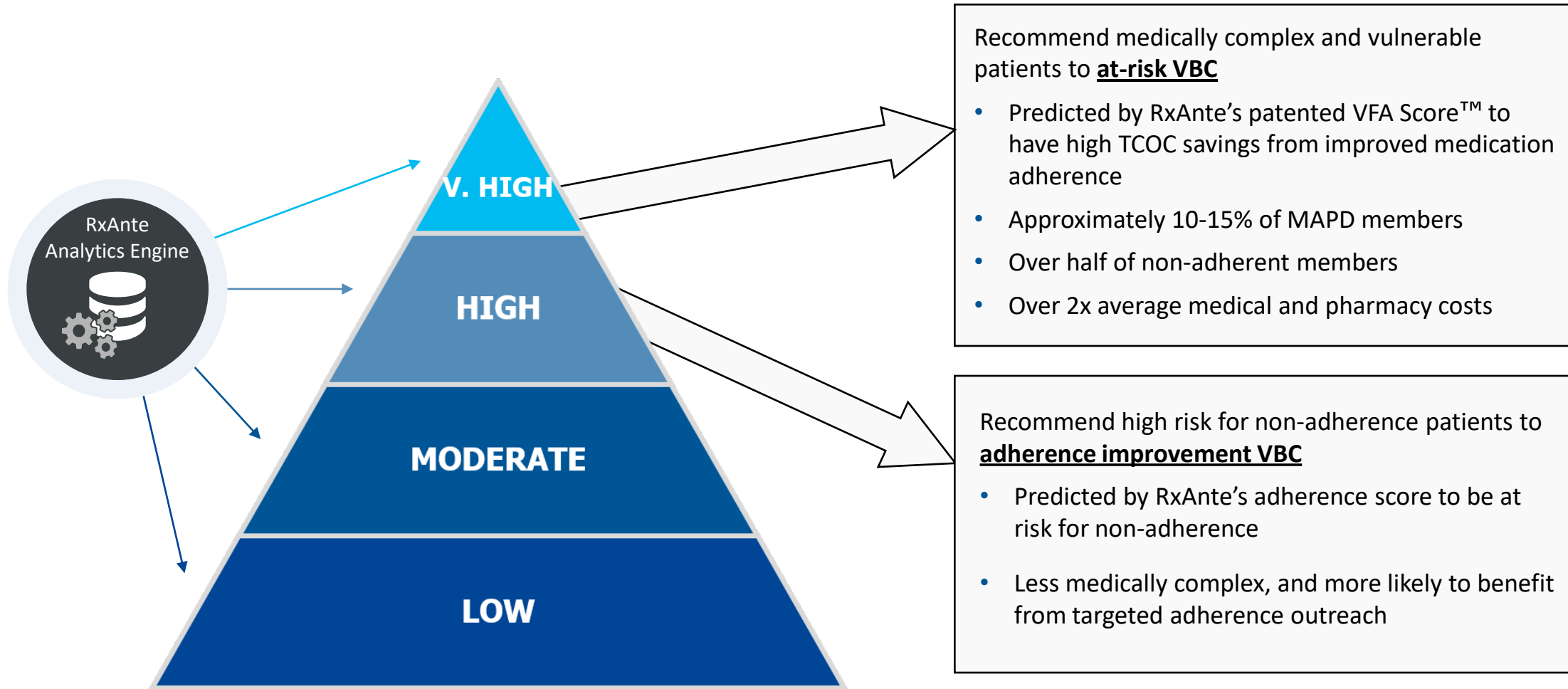


# Potential outcomes of interest in value-based pharmacy programs

- Adherence improvement
- Reduction in total cost of care
- Referrals to care management
- Documentation of barriers to access



# Proprietary analytics stratify patients by risk of medication-related adverse outcomes



# Medically complex and socially vulnerable Centene MAPD members included in VB partnership

*Centene members at selection are:*

*Community Pharmacy Program*

## Medically complex

- ~300k patients
- Average 6 chronic medications
- Average HCC Risk Score
- 1 in 10 patients had  $\geq 1$  inpatient admission prior to enrollment
- 1 in 5 patients had  $\geq 1$  ER visit prior to enrollment
- High impact on Part D Stars measures  
(1-star adherence; 51-54% adherence)

## Social determinants of health

- 72% reside in moderately to highly disadvantaged zip codes per Area of Deprivation Index
- 42% have some level of low-income subsidy
- 20% are <65 years of age, with disabling chronic condition

*Mosaic Pharmacy Service*

## Medically complex

- ~4,000 patients
- Average 9 chronic medications
- Average HCC Risk Score 2x higher
- 1 in 4 patients had  $\geq 1$  inpatient admission prior to enrollment
- 1 in 3 patients had  $\geq 1$  ER visit prior to enrollment
- High impact on Part D Stars measures  
(1-star adherence; 74-76% adherence)

## Social determinants of health

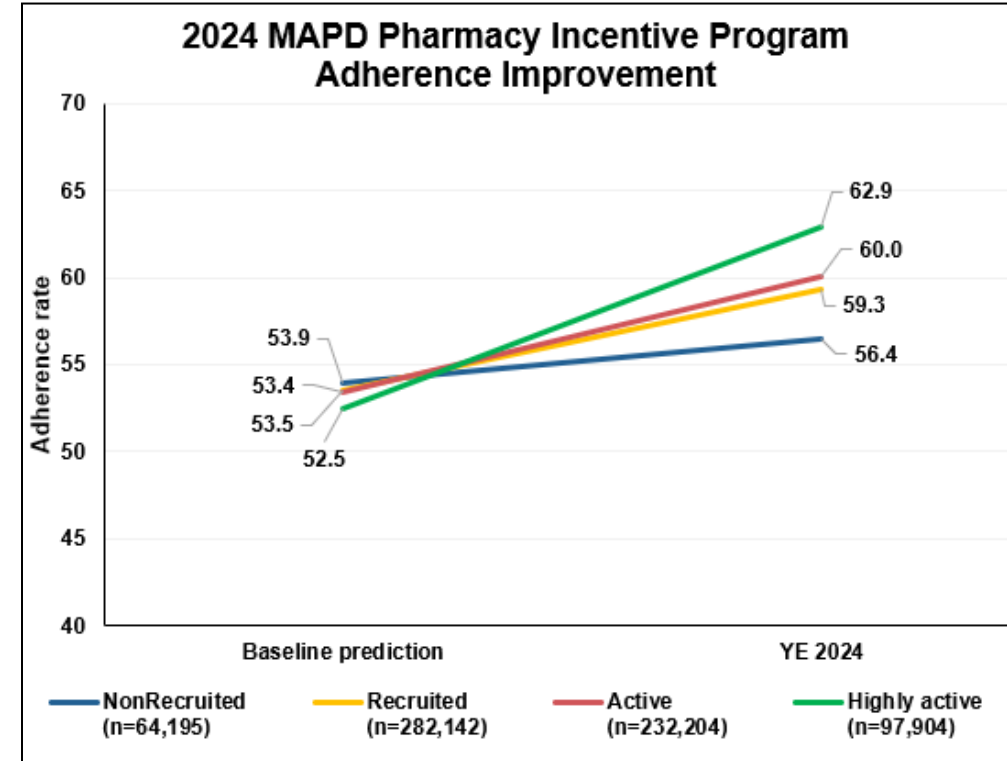
- 86% reside in moderately to highly disadvantaged zip codes per Area of Deprivation Index
- 58% have some level of low-income subsidy
- 29% are <65 years of age, with disabling chronic condition

# Pharmacy activity rating was correlated with adherence improvement

Pharmacy engagement & opportunity deployment drives lift for MAPD; largest lift observed in highly active pharmacies

MAPD	Pharmacy Partner	NPI Activity Rating Metrics					
		Recruited %	Active %	Highly %	Moderate %	Somewhat %	Not Active %
		Partner A	100%	100%	1%	58%	41%
Partner B	69%	45%	9%	15%	21%	24%	
Partner C	100%	100%	99%	1%	0%	0%	
<b>Overall</b>		81%	66%	28%	19%	20%	15%

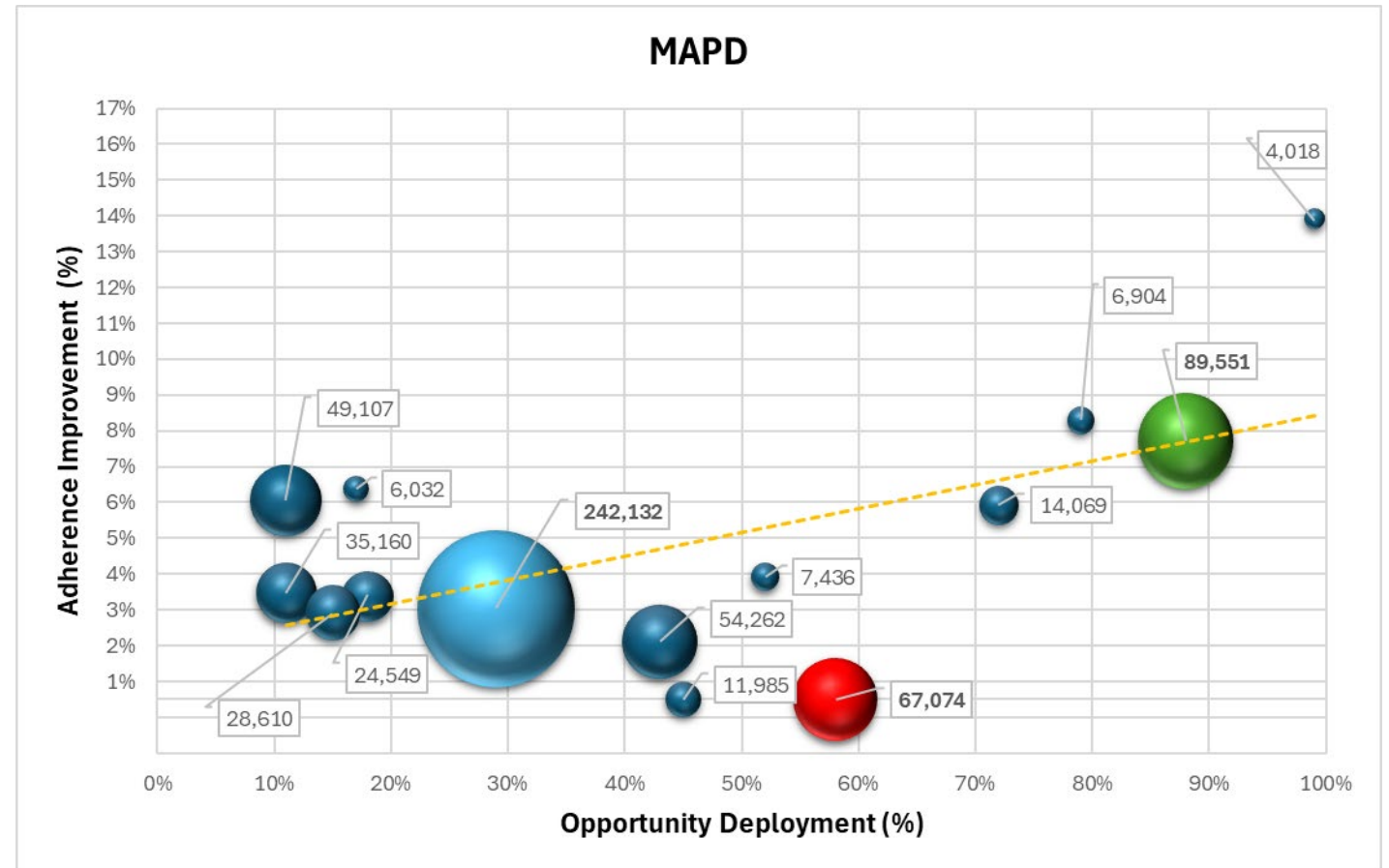
NonRecruited = bonus opportunities from NPIs with no (0%) deployment (usual care)  
 Recruited = bonus opps from NPIs with deployment 1-100%  
 Active = bonus opps pulled from NPIs with 25-100% deployment  
 Highly Active = bonus opps pulled from NPIs with 75-100% deployment



Overall Lift by Activity Rating					
Recruited	Active	Highly Active	Moderately Active	Somewhat Active	Not Active
3.3%	4.1%	7.6%	2.6%	0.6%	No Effect

# Performance varied among community pharmacy partners

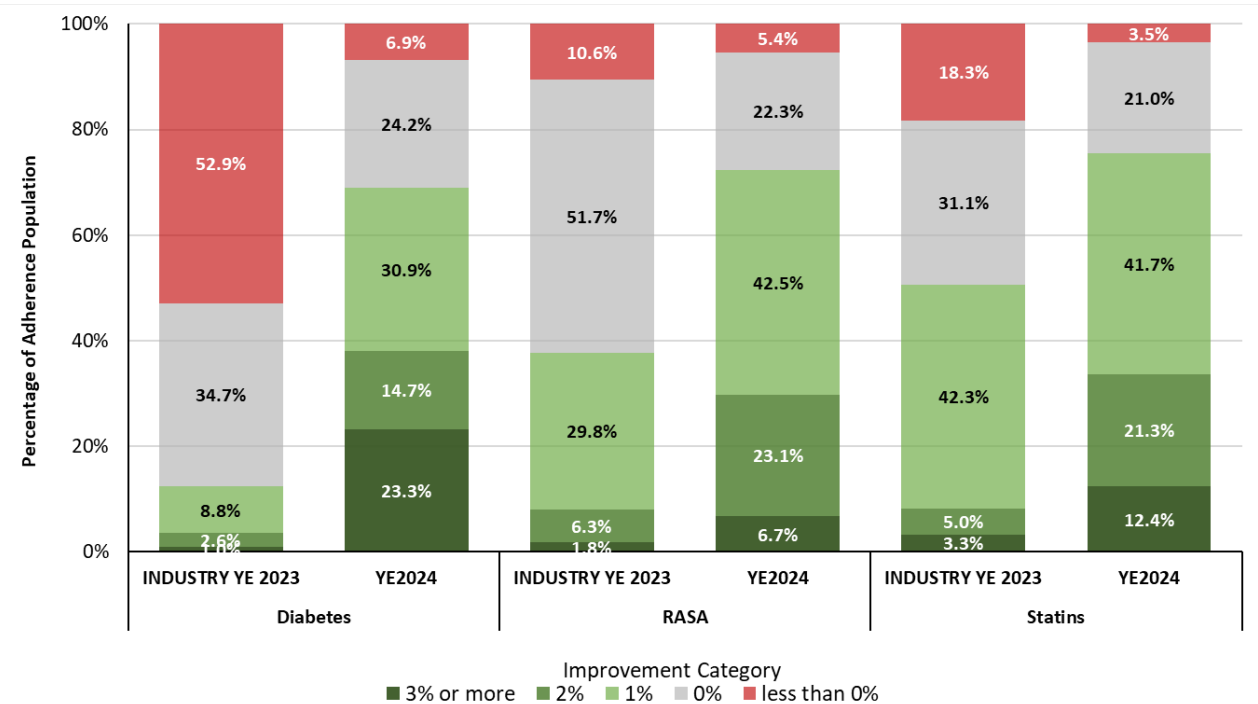
- Some pharmacies were engaged but did not have an impact on adherence improvement
- In a value-based arrangement, it is important to link payment to action and a better outcome



# Centene Pharmacy Incentive drove meaningful improvement at the population level

- Active pharmacies contributed +1% of population level adherence improvement
  - 35% selected for PIP
  - 24% attributed to Active pharmacies
- Across all 3 measures, Centene outperformed compared to industry

**YoY Magnitude of Improvement  
Industry YE 2023 vs. Centene MAPD YE2024**



# **~4000 medically complex and socially vulnerable Centene MAPD members included in VB partnership**

*Centene members at selection are:*

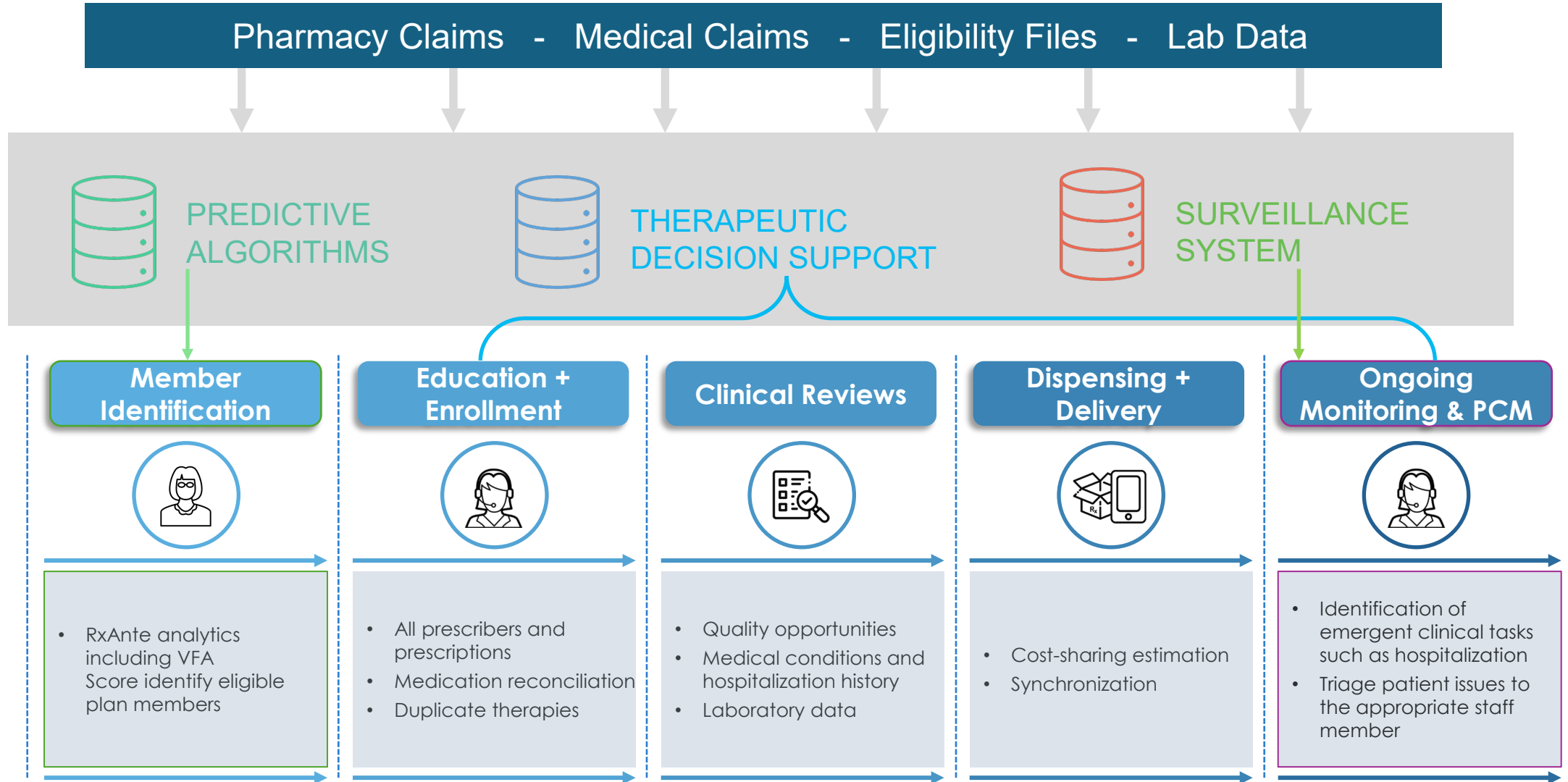
## **Medically complex**

- Average 9 chronic medications
- Average HCC Risk Score 2x higher
- 1 in 4 patients had  $\geq 1$  inpatient admission prior to enrollment
- High impact on Part D Stars measures  
(74-76% in adherence measures; avg 1-star adherence)

## **Social determinants of health**

- 86% reside in moderately to highly disadvantaged zip codes per Area of Deprivation Index
- 58% have some level of low-income subsidy
- 29% are <65 years of age, with disabling chronic condition

# Mosaic Pharmacy Service includes continuous data-driven pharmacy care management




# Pouch packaging, home delivery, and 30-day supplies improve safety and adherence with complex regimens

- Pre-sorted dose pouches improve convenience, safety, and adherence
- Pouches individually labeled with date / time of dose and contents
- Box has large easy-to-read label with images of each medication
- Patients receive 30 days of medication per cycle to reduce waste and ensure engagement



Number of packets to be taken at this time


Patient Name → **Smith, Jennifer**

Time and date contents of packet must be taken → **8:00 AM** Thursday August 31 1 of 1 

Contents of pack, including name, strength, and quantity of each medication to be taken

1	Atorvastatin 40 mg
1	Carvedilol 25 mg
1	Farxiga 10 mg
1	Lisinopril 20 mg
2	Spirolactone 25 mg

mosaic pharmacy service  
888-818-MEDS  
45999 Center Oak Plaza suite 120 Sterling, Va. 20166

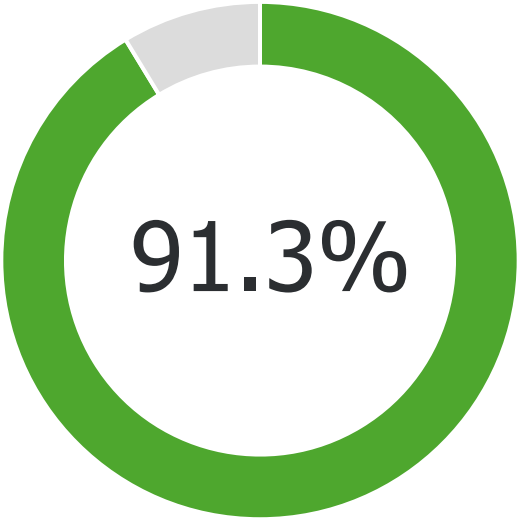
Expires: 01/01/26 

expiration date of packaged medication

“Mosaic packaging is a whole lot easier. I like it because it’s easier for me to dispense to her and saves 3-5 visits to the pharmacy per month.”

- Mosaic Member’s Husband and Caregiver

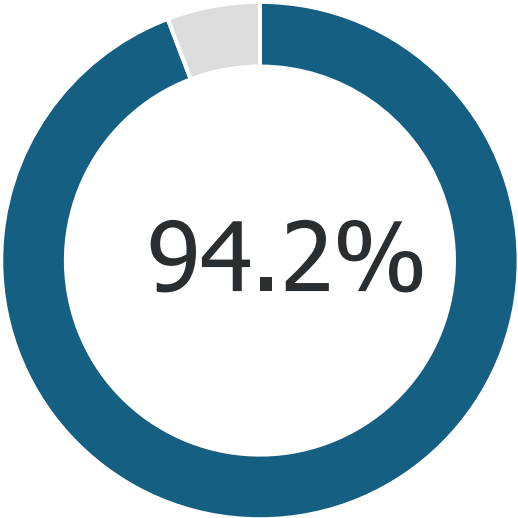
# Centene MAPD members enrolled with Mosaic achieved 5-Star performance across each of the Part D measures in 2024



Diabetes Medications

(N=1,190)

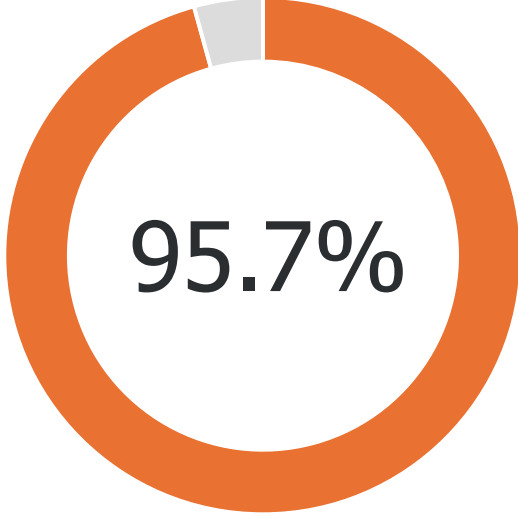
Recommended but not enrolled at 82.5% adherence



RAS Antagonists

(N=2,112)

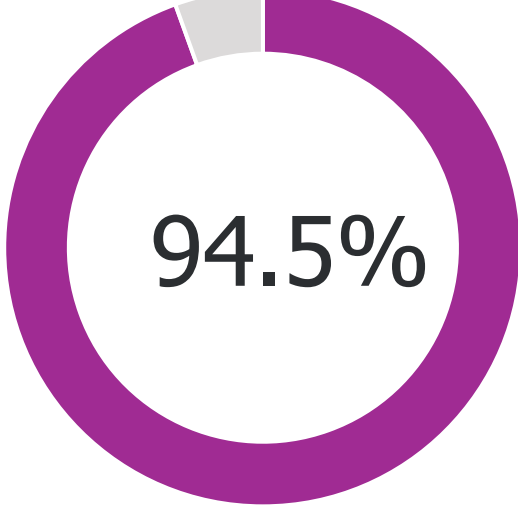
Recommended but not enrolled at 84.3% adherence



Statins

(N=2,655)

Recommended but not enrolled at 84.9% adherence



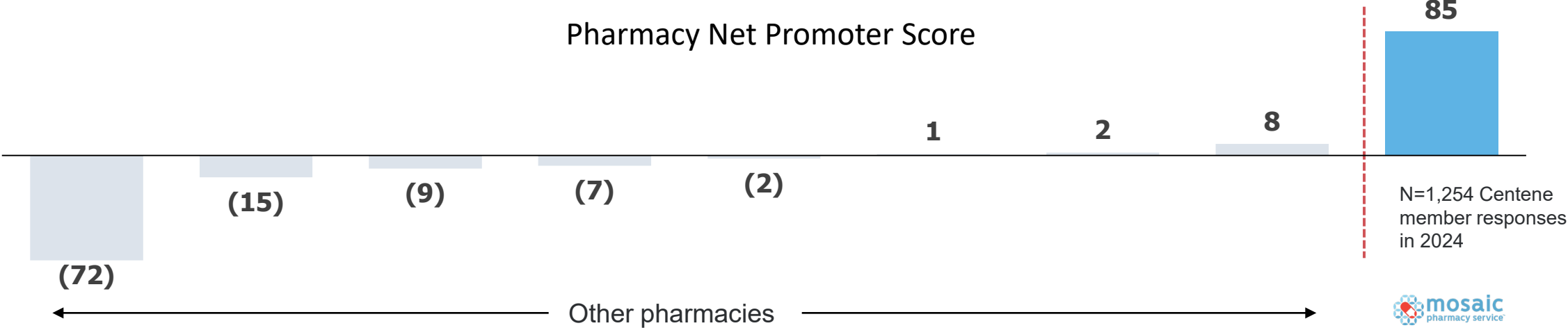
SUPD

(N=1,215)

Recommended but not enrolled at 88.1% attained

*Medication adherence assessed by calculating the proportion of days covered (PDC) using CMS Medicare Star Ratings measure specifications. 5-Star achievement based on the cut points for the 2025 Star Ratings for MAPD plans. Mosaic members include members who filled at least one in-therapy prescription for the measure with Mosaic Pharmacy while in-play for the measure, qualified for the Stars measure denominator per CMS specifications at year-end, and were enrolled with Mosaic Pharmacy and the health plan at year-end.*

# Mosaic delivers a superior member experience



Source: Comparably as of November 2024

## Centene Member Testimonials

“I am **so blessed** to have your service.”

“Thank you for caring about me – **you are the best!**”

“I am happy **to know someone cares** about me.”

“You are **the best pharmacy** I have ever dealt with – love you guys!”

“You guys are as **close to perfect** as anyone can get. **Best. Pharmacy. Ever.**”



# Conclusion

Aims of value-based pharmacy programs include...

- Analytic targeting of members most likely to benefit from pharmacy care management enhances program performance
- Structuring value-based incentives to reward engagement with at-risk members AND improved outcomes makes programs more effective and efficient
- A comprehensive value-based pharmacy care management program created dramatically improved outcomes for very complex and vulnerable members

# References

1. 2023 APM Measurement Infographic - Health Care Payment Learning & Action Network. Health Care Payment Learning & Action Network - Quality Care, Improved Health, and Lower Costs. Published October 26, 2023. Accessed March 4, 2025. <https://hcp-lan.org/apm-measurement-effort/2023-apm/2023-infographic/>
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4. Dworkin J. Pharmacists Help To Manage the Shortage of Primary Care Providers. Remote Care Partners. Published April 2024. Accessed March 31, 2025. <https://www.remotecarepartners.com/pharmacists-help-to-manage-the-shortage-of-primary-care-providers/>
5. Haddock R. The expanding role of today's community pharmacists. <https://www.fdsrx.com/expanding-role-community-pharmacists/>. Accessed May March 13, 2025.
6. Manouchehr Saljoughian, PharmD. "Top Challenges in Medication Therapy Management." *U.S. Pharmacist – The Leading Journal in Pharmacy*, 11 Feb. 2022, [www.uspharmacist.com/article/top-challenges-in-medication-therapy-management](http://www.uspharmacist.com/article/top-challenges-in-medication-therapy-management). Accessed 26 Mar. 2025.
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# Question and Answer

Please submit your questions using the Q&A feature at the bottom of your screen

# PQA Announcements



**PQA Convenes**  
**Artificial Intelligence in  
Medication Use Quality**

November 13  
Arlington, Va.

# PQA 25 LEADERSHIP SUMMIT

November 13-14

Arlington, Va.

# 2025 PQA Stakeholder Advisory Meetings

**Third Quarter SAM: August 13, 2025, 1-2 pm ET**

**Fourth Quarter SAM: October 22, 2025, 1-2 pm ET**



**PQA STAKEHOLDER  
ADVISORY MEETINGS**

# Measure Endorsement and Retirement Meeting

Thursday, September 18, 2025, 1-2 pm ET



**QUALITY  
MEASUREMENT**



## **Improving Quality Through Health Plan and Pharmacy Value-Based Partnerships**

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