



American Academy
of Value Based Care

Medicare STAR RAS Antagonists Adherence Quick Reference Guide

2025

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1. MEASURE SNAPSHOT

CMS Part D Star Measure: D09 - Medication Adherence for Hypertension (RAS antagonists) (MA-H)

Definition: Percentage of **Medicare Part D members aged ≥18 years** who filled prescriptions for a renin-angiotensin system (RAS) antagonist (ACE inhibitors, ARBs, or direct renin inhibitors) to cover **≥80% of days** in the measurement period.^{1,2}

Measure Weight: Triple-weighted (3x) under Star Ratings; MA≈30% of total Part D rating^{1,2}

Exclusions: Members in hospice, palliative care, ESRD, advanced illness/frailty programs, or long-term care facilities, **MAH specific exclusion: prescription for sacubitril/valsartan.**^{1,2}

2025 Financial Impact: **\$12.7 billion** in total Quality Bonus Payments (QPBs) across all MA-PD contracts.³; **\$372–\$438 per enrollee annually** (depending on plan performance tier)³

Star Thresholds:¹⁻⁵

- **Adherent Patient:** PDC ≥80%
- **4-Star Plan:** >80% members adherent (historical 4 Star minimum)
- **5-Star Plan:** >88% members adherent (historical standard)
- Achieving 5 stars requires very high medical adherence(MA), typically requiring that over 90% of its members achieve the ≥ 80% PDC threshold
- 2024 analysis of the **2025 Star Ratings cutpoints** demonstrated high and rising thresholds for MA
 - **MAH (Hypertension): ≥ 93%**

CMS Cut Points:¹

Plan Type	1 Star	2 Star	3 Star	4 Star	5 Star
MA-PD	< 84%	84% – <88%	88% – <91%	91% – <93%	≥ 93%
PDP	< 88%	88% – <90%	90% – <91%	91% – <93%	≥ 93%

Current Industry Performance (2024 → 2025 Trend)^{4,5}

- **62%** of enrollees are in **4+ star contracts, down from 79% in 2023⁴**
- **Only 1.8%** of members are in **5-star contracts**, reflecting increased adherence variability and plan stratification risk⁴

Financial Stakes by Rating

Star Rating	Benchmark Bonus	Rebate	Marketing Rights
5 stars	5% increase + QBP	70%	Year-round enrollment
4.5 stars	5% increase + QBP	70%	Standard windows

4 stars	5% increase + eligible for QBP	65%	Standard windows
< 4 stars	None	50-65%	Limited

2. PDC CALCULATION

Formula

$$PDC = \frac{\text{Total days with medication available}}{\text{Days in measurement period}} \times 100$$

Success Threshold: $\geq 80\%$ PDC

Calculation Rules (Non-Negotiable)^{6,7}

	Specification (2025 CMS/PQA Standard)	Operational Note
Measurement Start Date	Date of first RAS antagonist fill ≥ 91 days before December 31	Ensures sufficient observation window for annual PDC
Member Eligibility	Becomes eligible at 2nd fill within measurement year	Confirms chronic use vs trial
Data Source	Part D Pharmacy claims only (paid by plan)	Samples, cash-pays, 340B fills excluded
Supply Overlap	Overlapping days shift forward (no double-count)	Avoids inflated PDC (>100% errors)
Hospital or SNF Days	Excluded from denominator if covered stay > 7 days	Avoids penalizing temporary non-access
Class Aggregation	ACE + ARB + Direct Renin Inhibitors = one RAS class	Therapy switch counts as continuous adherence
End of Measurement	Dec 31 or disenrollment date (whichever comes first)	Defines final denominator for PDC calculation
Hospital or SNF Days	Excluded from denominator if covered stay > 7 days	Avoids penalizing temporary non-access
Class Aggregation	ACE + ARB + Direct Renin Inhibitors = one RAS class	Therapy switch counts as continuous adherence
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