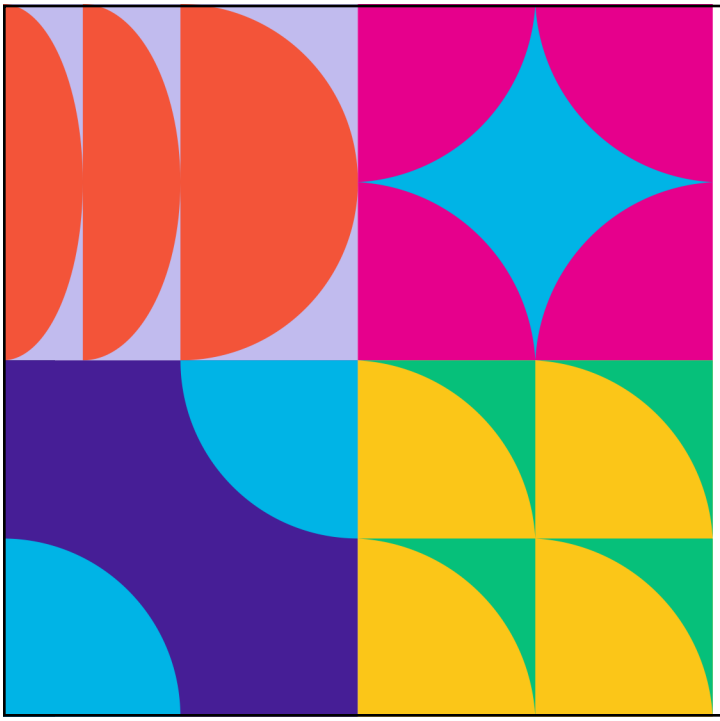


Making Performance-Based Care Pay Off

Rosalyn Otting, PharmD, BCGP, LSSGB
Richard Stryker, BS Pharmacy, RPh
Theresa Tolle, BPharm, FAPhA

Description

Hear directly from pharmacy leaders navigating performance-based care across diverse practice settings. Find out how to succeed in pay-for-performance environments by leveraging patient services, care models, and payer partnerships. Identify practical opportunities to improve quality performance and turn it into sustainable revenue for your pharmacy.

Meet the Faculty

Rosalyn Otting,
PharmD, BCGP, LSSGB
Senior Manager,
Clinical Transformation – Pharmacy
PQS by Innovaccer

Richard Stryker,
BS Pharmacy, RPh
Owner/Pharmacist
Bayshore Pharmacy

Theresa Tolle,
BPharm, FAPhA
President
Bay Street Pharmacy

Rosalyn Otting

Rosalyn Otting, PharmD, BCGP, is the Senior Manager of Clinical Transformation at PQS by Innovaccer, where she serves as a quality measure subject matter expert overseeing pharmacy quality measures and clinical program development. Her experience in value-based and performance-driven pharmacy care spans over eight years of clinical practice caring for complex older adults through the Program of All-Inclusive Care for the Elderly (PACE). Rosalyn earned her Doctor of Pharmacy from the University of Michigan and is a Lean Six Sigma Certified Green Belt for Healthcare.

Richard Stryker

Richard P. Stryker, R.Ph., is a second-generation pharmacy owner of Bayshore Pharmacy, a landmark of independent care in Atlantic Highlands, New Jersey for over 60 years, dedicating his career to evolving the traditional pharmacy model into a modern community wellness hub.

Bayshore Pharmacy transitioned from a local drugstore to an accredited center for clinical excellence recently securing ADA accreditation for Diabetes Self-Management Education and Support (DSMES) program. A fierce advocate for the independent pharmacy model, Richard believes that personalized consultation and local roots are the keys to better patient outcomes.

Theresa Tolle

Theresa Tolle is owner of Bay Street Pharmacy in Sebastian, Florida, providing immunizations, point-of-care testing, value-based care, long-term care at home, compliance packaging, non-sterile compounding, DSMES-accredited diabetes education, and medical equipment. She is Past President of the American Pharmacists Association, Lead Luminary of CPESN Florida, and a Board Member of the Pharmacy Quality Alliance. She also serves on NCPA's Legislative and PAC Committees and the Community Advisory Board for Orlando Health Sebastian. A recipient of multiple awards, including NCPA's 2023 Willard B. Simmons Independent Pharmacist of the Year, Theresa is a graduate of the University of Florida College of Pharmacy.

Disclosures

- Rosalyn Otting and Richard Stryker have no relevant financial relationships with ineligible companies to disclose.
- Theresa Tolle reports a financial relationship with GSK as a paid speaker (ended July 2024). All relevant financial relationships have been mitigated.
- Rosalyn Otting discloses that AI tools were utilized to generate content included in this presentation.

Funding for this course was provided by Cencora.

Recording, capturing, or sharing any part of this presentation is strictly prohibited. This includes the use of AI note-taking tools, audio/video devices, or screen capture technology. Please help us protect the privacy of our speakers and the integrity of the educational content.

Learning Objectives

Upon completion of this activity, learners should be able to:

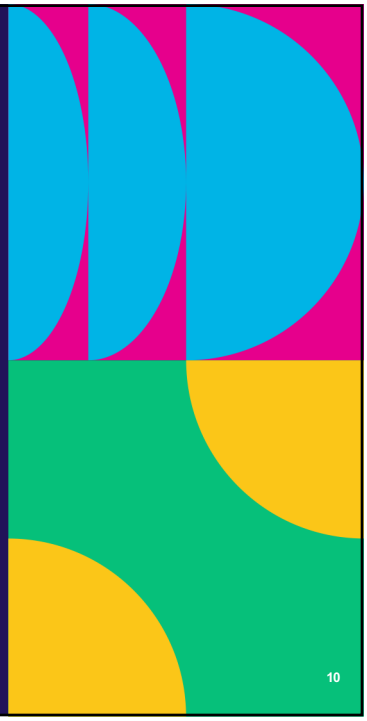
- Describe key performance measures used in payer quality programs and their impact on reimbursement.
- Evaluate how payer quality programs and performance networks influence service priorities and revenue opportunities.
- Prioritize pharmacy services that improve performance in value-based care models.
- Analyze operational and partnership strategies that enable success in pay-for-performance environments.
- Select practical interventions to improve quality performance and strengthen care delivery, operational consistency, and revenue potential.

Acronyms and Abbreviations

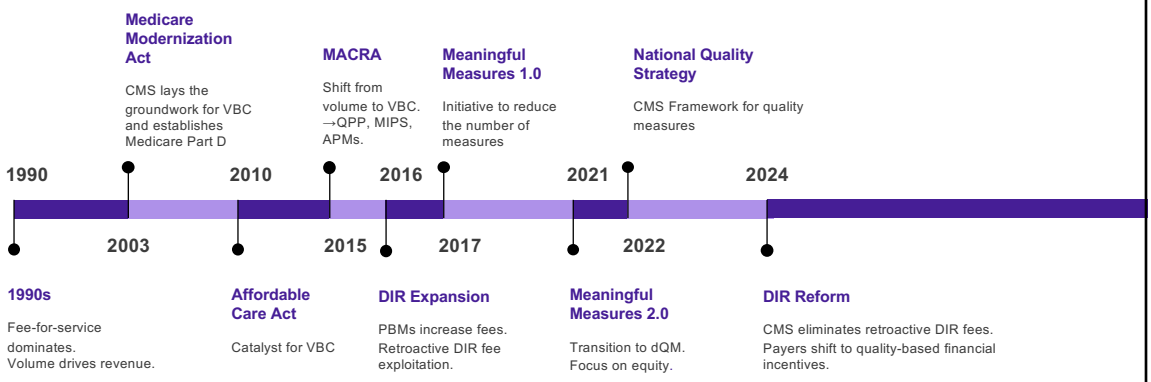
A1c	Glycated Hemoglobin
ACA	Affordable Care Act
ACO REACH	Accountable Care Organization Realizing Equity, Access, and Community Health
AHRQ	Agency for Healthcare Research and Quality
APMs	Alternative Payment Models
BG	Blood Glucose
BP	Blood Pressure
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CBP	Controlling Blood Pressure
CCM	Chronic Care Management
CMR	Comprehensive Medication Review
CMS	Centers for Medicare & Medicaid Services
COB	Concurrent Opioids and Benzodiazepines
CPA	Collaborative Practice Agreement
CPT	Current Procedural Terminology
DIR	Direct and Indirect Remuneration
dQM	Digital Quality Measures
DSME/DSMT	Diabetes Self-Management Education and Training
E/M	Evaluation and Management
FFS	Fee-for-Service
FtP	Flip the Pharmacy
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Healthcare Effectiveness Data and Information Set
HOS	Health Outcomes Survey
LOINC	Logical Observation Identifiers Names and Codes
MA	Medicare Advantage
MACRA	Medicare Access and CHIP Reauthorization Act
MIPS	Merit-based Incentive Payment System
MTM	Medication Therapy Management
MY	Measurement Year
NCQA	National Committee for Quality Assurance
OPA	Office of Population Affairs
P4P	Pay-for-Performance
PBM	Pharmacy Benefit Manager
PDC	Proportion of Days Covered
POCT	Point-of-Care Testing
Poly-ACH	Polypharmacy: Use of Anticholinergic Medications in Older Adults
PQA	Pharmacy Quality Alliance
QPP	Quality Payment Program
QBP	Quality Bonus Payment
RASA	Renin-Angiotensin System Antagonist
RPM	Remote Patient Monitoring
SEP	Special Enrollment Period
SNOMED	Systematized Nomenclature of Medicine
SPC	Statin Therapy for Patients with Cardiovascular Disease
SRY	Star Rating Year
SUPD	Statin Use in Persons with Diabetes
VBC	Value-Based Care

ThoughtSpot | CEimpact

The Performance-Based Care Landscape



Regulatory Shift to Value-Based Care

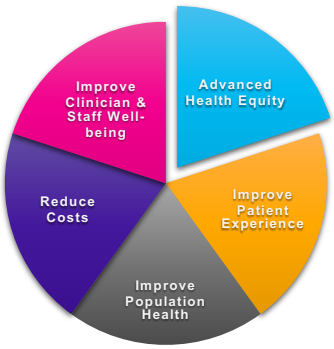


ACA, Pub. L. No. 111-148 (2010); MACRA, Pub. L. No. 114-10 (2015); CMS Meaningful Measures 2.0 (2021); CMS National Quality Strategy (2022).

The "Why" of Performance-Based Care

Triple Aim

Quadruple Aim



Quintuple Aim

Berwick et al. *Health Aff.* 2008;27(3):759–769; Bodenheimer & Sinsky. *Ann Fam Med.* 2014;12(6):573–576; Nundy et al. *JAMA.* 2022;327(6):521–522.

ThoughtSpot | CEimpact

Key Performance Measures for Pharmacy

Performance Measures 101

Measure Stewards *create* **Measure Sets** *used in* **Measure Programs**

An organization that owns, maintains, and acts as the primary contact for a quality performance measure.

- PQA
- NCQA
- CMS
- AHRQ
- OPA
- The Joint Commission

A collection of standardized measures used to evaluate performance.

- HEDIS
- Medicaid Core Sets
- Medicare Star Ratings Measures
- HCBS Set
- PQA Measures Set
- CAHPS Survey Set
- HOS

A program that uses standardized measures to determine performance and tie it with consequences or incentives.

- Medicare Star Ratings Program
- MIPS/QPP
- Medicaid Quality Programs
- ACO REACH
- Hospital Compare
- ORYX

CMS Part C & D Star Ratings Technical Notes, Measurement Year 2026; PQA Performance Measures (2026); NCQA HEDIS Measures (2026).

Key Performance Measures for Pharmacy

Measure	Goal	Program	Pharmacy Role
Medication Adherence, Diabetes	Adherence: 80% PDC	Stars	Med sync; refill reminders; adherence support; specialized packaging; MTM
Medication Adherence, RASA	Adherence: 80% PDC	Stars	
Medication Adherence, Statins	Adherence: 80% PDC	Stars	
Controlling Blood Pressure	Annual BP reading; BP controlled	Stars / HEDIS	BP monitoring; referral; MTM; adherence support
Diabetes Care – Blood Sugar Controlled	Annual A1c test; A1c controlled	Stars / HEDIS	A1c monitoring; education; MTM; adherence support
Statin Use in Persons with Diabetes	All people with diabetes prescribed a statin	Stars	Identify gaps; initiate statin therapy conversation; referral
MTM CMR Completion Rate	MTM performed for eligible patients	Stars	Conduct & document comprehensive med reviews
Care for Older Adults	Medication review; medication list documented; functional status assessment (*previously pain assessment*)	Stars / HEDIS	Med review & documentation; functional status assessment
COB / Poly-ACH	Reduce polypharmacy	Stars	Identify polypharmacy; risk vs. benefit consult; deprescribing

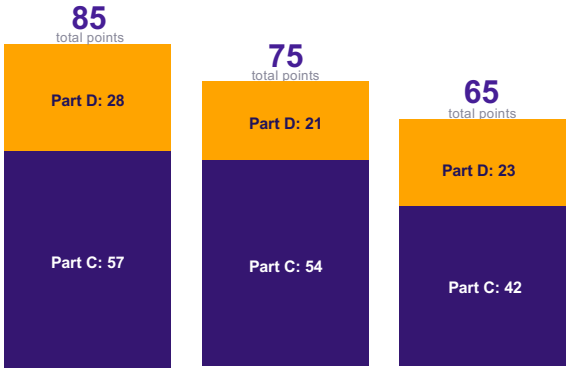
CMS Part C & D Star Ratings Technical Notes, Measurement Year 2026; CMS Part C & D Star Ratings Measures and Weights, Measurement Year 2027; PQA Performance Measures (2026); NCQA HEDIS Measures (2026).

ThoughtSpot | CEimpact

Payer Quality Programs & Performance Networks

Medicare Part C and D Star Ratings

Total measures and points decrease each year, while Part D accounts for a growing share of the overall score



	MY 2025 (SRY 2027)	MY 2026 (SRY 2028)	MY 2027 (SRY 2029)
Part C measures	32	30	25
Part C total points	57	54	42
Part D measures	13*	13*	11
Part D total points	28*	21*	23
Total Measures	**45**	**43**	**35**
Total Points	**85**	**75**	**65**

*MTM moved to display measure in MY2025 and MY2026

ThoughtSpot | CEimpact 17

CMS Part C & D Star Ratings Technical Notes, Measurement Year 2025–2027; CMS Final Rule, Calendar Year 2025; CMS Final Rule, Calendar Year 2026.

Medicare Advantage Star Ratings Tiers & Bonus Payments

Star Rating	Benchmark Bonus	Rebate %	QBP	Additional Benefits
★★★★★ 5 Stars	+5%	70%	✓	Year-round Special Enrollment Period Double bonus in qualifying counties (+10%)
★★★★½ 4.5 Stars	+5%	70%	✓	Standard open enrollment Rebate funds supplemental benefits
★★★★ 4.0 Stars	+5%	65%	✓	3.5 → 4.0 can unlock ~$20 million revenue for a 40,000-member plan
The 4-Star Cutoff				
★★★½ 3.5 Stars	None	65%	✗ NO	3.5 → 3.74 (no bonus) vs. 3.76 → 4.0 (bonus!)
★★★ 3.0 Stars	None	50%	✗ NO	Enrollment growth significantly lower than ≥4★ plans
★★ <3 Stars	None	50%	✗ NO	CMS may terminate after 3 years New applications blocked at ≤2.5★

Total MA Quality Bonus Payments: $12.7 billion in 2025 (up from $3 billion in 2015).
Only ~40% of MA plans achieved ≥4 stars in 2025. The 4-star threshold can mean 13–18% more annual revenue for a plan.

ThoughtSpot | CEimpact 18

CMS Medicare Advantage Quality Bonus Payment 2026; CMS Part C & D Star Ratings Technical Notes, Measurement Year 2026.

Performance Networks

Preferred Network Status

PBMs tier pharmacies by quality performance and contract terms. Patients are incentivized to use preferred pharmacies with lower out-of-pocket costs. Non-preferred pharmacies risk patient attrition due to higher costs or days' supply limitations.

Pay-for-Performance

Traditional FFS pays a flat dispensing fee regardless of outcomes. P4P contracts tie bonus payments or penalties to quality measure scores. Pharmacies that excel on adherence, MTM completion, and gap closure can earn additional revenue.

Risk Models

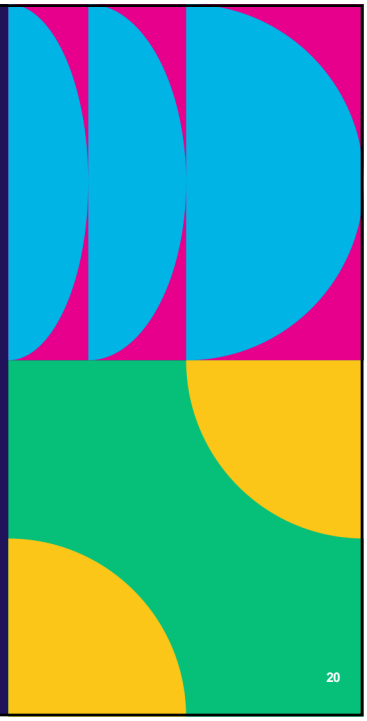
Medicare Advantage plans operate on risk-adjusted capitation. Every quality gap a pharmacy closes reduces plan cost and protects Star Rating revenue. Positioning the pharmacy beyond dispensing as a clinical partner opens doors to payer relationships and shared-savings arrangements.

Billing Beyond the Prescription

The medical billing model lags when it comes to pharmacy inclusion. Pharmacists can bill with CPT/HCPCS codes and can close care gaps using coding systems like SNOMED or LOINC. MTM, POCT, E/M, RPM, DSMT, immunizations, and more are billable. Opportunities vary by state, but this revenue is often left on the table.

ThoughtSpot | CEimpact

Pharmacy Services that Pay



■ **Poll the Audience**

What percent of your overall daily activities involve opportunities for performance-based care?

A Greater than 50%

B Between 25% and 50%

C Less than 25%

D We are doing some but are unsure of the percent

E What is performance-based care?

Common Pharmacy Revenue Streams

Medication Synchronization

- Aligns refill dates
- Reduces adherence gaps

→ Frees up staff capacity for clinical services
→ Drives medication adherence measures

Point-of-Care Services

- BP
- A1c
- Lipid monitoring
- Test-to-treat

→ Generates clinical data that supports CBP, diabetes, and cardiovascular monitoring measures

MTM & Gap-in-Care Outreach

- CMR completion rate
- SUPD, SPC, COB

→ Impacts Part D Star measures
→ Improves the quality of care provided by addressing gaps

Expanding Pharmacy Revenue Opportunities

Accreditation

Diabetes Self-Management Education (DSME) accreditation enables pharmacies to **bill Medicare Part B for diabetes education services**.

Accreditation demonstrates clinical credibility to payers and enables value-based contracts unavailable to non-accredited sites.

Remote Patient Monitoring

RPM programs allow pharmacies to track patient vitals (BP, BG, weight) between visits using connected devices. **CMS reimburses RPM setup and monthly monitoring under CPT codes**.

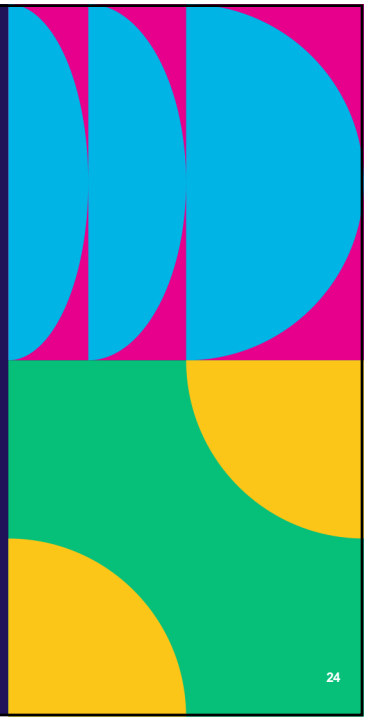
For adherence-driven measures, like CBP and Diabetes - Blood Sugar Controlled, RPM provides real-time data and allows for real-time intervention.

Collaborative Practice Agreements

CPAs authorize pharmacists to initiate and modify drug therapy under a supervising physician protocol. In states with broad CPA authority, **pharmacists can adjust therapies for services that qualify for billing**, directly improving quality measure performance.

ThoughtSpot | CEimpact

Implementing a Successful Program



■ Poll the Audience

How integrated are your pharmacy's performance measure efforts in daily workflow?

- **A** Fully integrated - performance measures are part of our standard daily practice
- **B** Mostly integrated - used regularly but not consistently across all staff
- **C** Partially integrated - done sometimes but not systematically
- **D** Just getting started - exploring how to implement performance measures
- **E** Not yet integrated - performance measures are new to our pharmacy

Flip the Pharmacy

Changing from a *dispensing model* to a *clinical patient care model*.

Study purpose: To evaluate the sustainability of patient care services at community pharmacies participating in FtP.

Key Components:

Med Sync Optimization
Optimize medication synchronization to free up staff time for expanded clinical patient care services

Program Coaching
Dedicated Team Lead coaches staff on model integration and workflow within the pharmacy

Educational Resources
Coach, webinars, written materials, and electronic care plans provided to support service adoption

Ferreri et al. *J Am Pharm Assoc.* 2026;66(3):103084.

RESEARCH ARTICLE

Community pharmacy practice transformation: Evaluating sustainability of patient care services

Stefanie P. Ferreri*, Jennifer L. Bacci, William R. Doucette, Christopher Daly, Randy McDonough, Jessica Roller, Melissa Somma McGivney, Megan G. Smith, Kim C. Coley

Flip the Pharmacy

Key Barriers

Workflow Integration

Integrating clinical patient care services into existing dispensing workflows was the most frequently cited barrier.

- Competing time demands
- Limited private consultation space
- Scheduling logistics

Payment for Services

Securing reliable reimbursement for pharmacy services posed significant sustainability challenges.

- Complex administrative burden
- Payer confusion across MTM, CMR, and CCM models
- Uncertain reimbursement rates

Table 2
Characteristics of pharmacies in cohort 1 of Flip the Pharmacy initiative

Type of pharmacy (N = 210)	N (%)
Single independent	97 (46%)
Multiple independent	82 (39%)
Outpatient health system	4 (2%)
Grocery store	4 (2%)
Chain	1 (0.5%)
Federally Qualified Health Center	1 (0.5%)
Clinic-based	1 (0.5%)
Did not report	20 (9.5%)
Average number of prescriptions per wk	1428 (SD 1046)
Average number of pharmacists	3 (SD 1.8)
Average number of support staff	8.4 (SD 6.8)
Average community-based residents	0.2 (SD 0.5)
Average student pharmacists	3.9 (SD 4.5)

Abbreviation used: SD, standard deviation.

Ferreri et al. *J Am Pharm Assoc.* 2026;66(3):103084.

Flip the Pharmacy

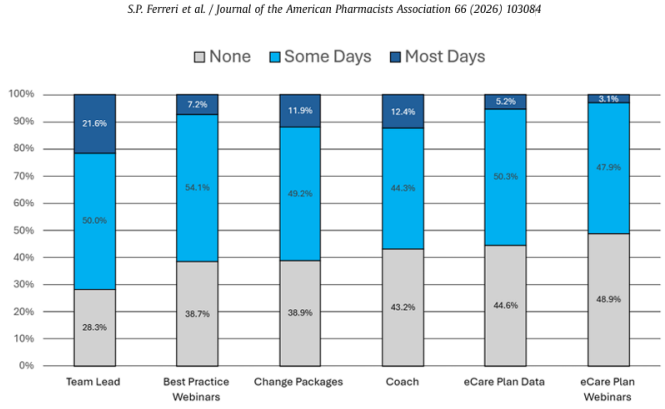


Figure 2. Continuation of resource use (days per month).

Sustainability if…

Staff investment and involvement
- Designated staff team lead
- Educational materials are provided
- Respected leaders promote the service

Organizational support
- Infrastructure: Staffing, facilities, policies and procedures

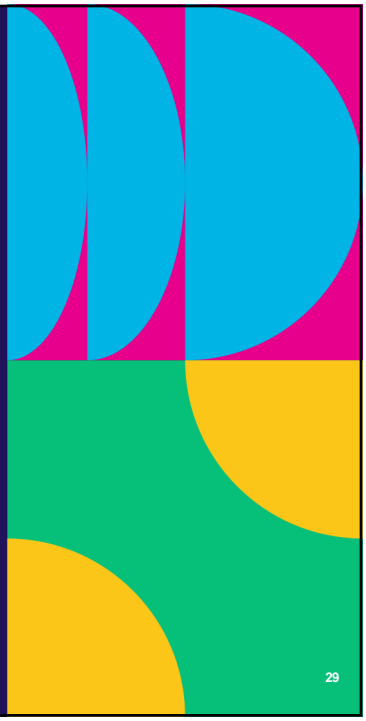
Optimization of workflow to free up staff time
- Med sync

Reimbursement is the **key factor** for sustainability

Ferreri et al. *J Am Pharm Assoc.* 2026;66(3):103084.

ThoughtSpot | CEimpact

Panel Discussion: From Theory to Practice



Panel Discussion: From Theory to Practice

Prioritizing Opportunities

Finding Opportunities

How do you identify new performance-based opportunities for your pharmacy?

Revenue & Quality Measures

What surprised you most about how performance measures translated into revenue?

Service Prioritization

How do you decide which services deserve your attention when resources are limited?

High-Impact Opportunities

Which services have generated the greatest return for your pharmacy?

Making Performance-Based Care Work

Team Engagement

How did you gain staff buy-in and maintain accountability?

Workflow Integration

What operational changes had the greatest impact on success?

Overcoming Challenges

What barriers have you encountered and how did you address them?

Growing & Sustaining Success

Advancing Your Practice

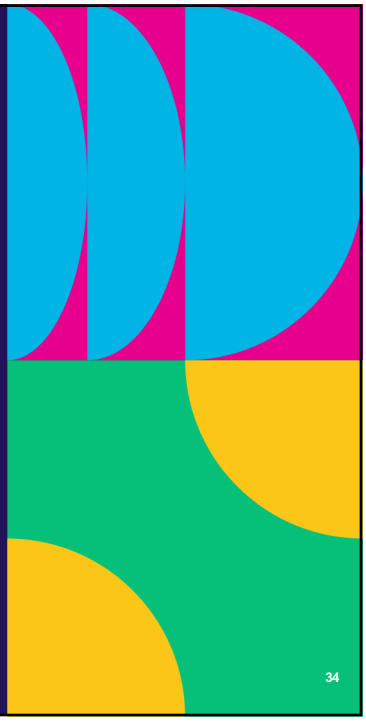
For pharmacies considering diabetes accreditation or DSME programs, is it worth it?

Future Opportunities

Where do you see the biggest opportunity in the next 3 to 5 years?

ThoughtSpot | CEimpact

What is the one lesson learned or best practice you want your peers to remember?

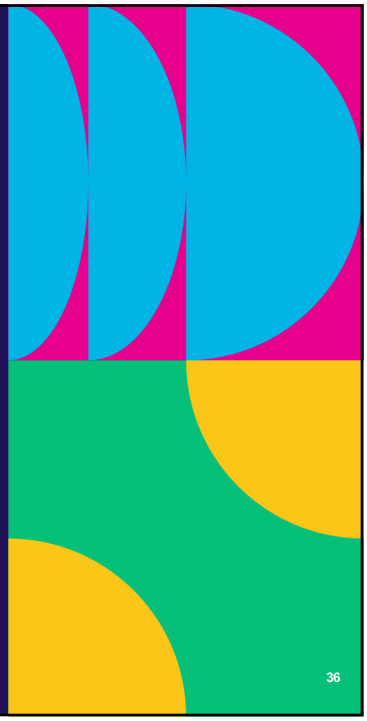


Key Takeaways

- Focus on the quality measures that drive performance and reimbursement
- Prioritize services that align with payer incentives, patient needs, and pharmacy goals
- Integrate performance activities consistently into daily workflow through staff engagement and accountability
- Continuously identify and evaluate new opportunities to improve quality and revenue
- Start with one opportunity, measure results, and build from there

ThoughtSpot | CEimpact

Reflection Question: What is one next step you will take as a result of this session?



Questions?

References

1. Patient Protection and Affordable Care Act. Pub. L. No. 111-148, 124 Stat. 119. March 23, 2010.
2. Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Pub. L. No. 108-173, 117 Stat. 2066. December 8, 2003.
3. Medicare Access and CHIP Reauthorization Act of 2015. Pub. L. No. 114-10, 129 Stat. 87. April 16, 2015.
4. Centers for Medicare & Medicaid Services. Meaningful Measures 2.0: Moving from Measurement to Improvement. CMS.gov. Published 2021.
5. Centers for Medicare & Medicaid Services. CMS National Quality Strategy. CMS.gov. Published 2022.
6. Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Aff.* 2008;27(3):759–769.
7. Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. *Ann Fam Med.* 2014;12(6):573–576.
8. Nundy S, Cooper LA, Mate KS. The quintuple aim for health care improvement: a new imperative to advance health equity. *JAMA.* 2022;327(6):521–522.
9. National Committee for Quality Assurance. HEDIS Measures and Technical Specifications. NCQA.org. Accessed 2026.
10. Pharmacy Quality Alliance. PQA Performance Measures. PQA.net. Accessed 2026.
11. Centers for Medicare & Medicaid Services. 2025 Medicare Part C and D Star Ratings Technical Notes. CMS.gov. Published 2024.
12. Centers for Medicare & Medicaid Services. 2026 Medicare Part C and D Star Ratings Technical Notes. CMS.gov. Published 2025.
13. Centers for Medicare & Medicaid Services. 2027 Medicare Part C and D Star Ratings Measures and Weights. CMS.gov. Published 2026.
14. Centers for Medicare & Medicaid Services. Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program and Medicare Prescription Drug Benefit Program. Final Rule. 89 Fed. Reg. 30448. April 23, 2024.
15. Centers for Medicare & Medicaid Services. Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly. Final Rule. 90 Fed. Reg. 15792. April 15, 2025.
16. Centers for Medicare & Medicaid Services. Contract Year 2027 and Certain Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program and Medicare Prescription Drug Benefit Program. Final Rule. 91 Fed. Reg. 17384. April 6, 2026.
17. Centers for Medicare & Medicaid Services. Medicare Advantage Quality Bonus Payment. 42 CFR §422.266. 2026.
18. Centers for Medicare & Medicaid Services. Medicare Prescription Drug Benefit Program: Preferred Pharmacy Networks. 42 CFR §423.505. 2026.
19. Centers for Medicare & Medicaid Services. Remote Patient Monitoring: CPT Codes 99453, 99454, 99457. MLN Matters SE20016. CMS.gov. Updated 2023.
20. American Pharmacists Association. Diabetes Self-Management Education Accreditation Program. Pharmacist.com. Accessed 2026.
21. National Association of Boards of Pharmacy. Pharmacist Collaborative Practice Agreements by State. NABP.pharmacy. Accessed 2026.
22. Ferreri SP, Bacci JL, Doucette WR, et al. Community pharmacy practice transformation: evaluating sustainability of patient care services. *J Am Pharm Assoc.* 2026;66(3):103084.