Medication adherence

One of the most important ways people with chronic diseases can manage their health is by taking their medication as directed. The physician, health plan and patient can work together to find ways to do this.

Medication adherence measures

These quality measures evaluate the percentage of patients taking hypertension, diabetes or cholesterol medication who fill their prescriptions often enough to cover 80% or more of the time they are supposed to be taking the medication.

Medication types

- Hypertension medications: angiotensin-converting enzyme inhibitors, angiotensin II receptor blockers or direct renin inhibitors
- Diabetes medications: biguanides, sulfonylureas, thiazolidinediones, dipeptidyl peptidase IV inhibitors, GIP/GLP-1 receptor agonists, meglitinides or sodium-glucose cotransporter-2 inhibitors (excludes insulin)
- Cholesterol medications: statins

Measure specifications

These measures are defined as the percentage of plan members with prescriptions for either a diabetes, blood pressure or cholesterol medication who fill the prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

- **Numerator:** Number of enrolled members 18 years of age and older with a proportion of days covered (PDC) at 80% or higher.
- **Denominator:** Number of enrolled members 18 years of age and older with at least two fills of medication(s) during the measurement period.

Frequently asked questions

What are the medication adherence calculation changes for 2026?
The Centers for Medicare & Medicaid Services (CMS) will be removing inpatient and skilled nursing facility adjustments and risk adjusting the measures for member demographics such as age, gender, disability status and dual eligibility status.

What are the weighting changes for 2026?
CMS will move the medication adherence measures to single (1x) weighted for measure year 2026 due to the addition of risk adjustment. The medication adherence measures are expected to return to triple (3x) weighted in 2027.

How is medication adherence calculated?
PDC is the metric used to determine adherence—calculated by dividing the days of medication coverage by the number of days in the period being measured. The specific number of days included in the measurement period is determined based on the first fill date of the medication in the measurement year.

When does the medication adherence measurement period begin?
Medication adherence performance is calculated from Jan. 1 through Dec. 31 of the measurement year and depends on when the member has their first prescription filled.

How will the 80% adherence threshold be calculated?
Paid, non-reversed prescription claims submitted through the member's Part D benefit are included in the data set to calculate the 80% adherence rate. Therefore, no reporting is required by physicians.

Which patients are included in the medication adherence eligible population?
Patients are included in the measure calculation if they are a Medicare Part D beneficiary who had at least two prescription fills to treat the measure condition, filled on unique service dates and have at least 91 days of continuous Part D drug coverage.

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Communication with your patients

Humana may contact patients who might not be filling their medications on time to assist with refills or other barriers identified, at no additional cost. Educational materials may also be sent to patients about the importance of adherence and potential recommendations to overcome barriers, if appropriate.

The following practices may be helpful in improving adherence

Prescribe 90-day or 100-day prescription supplies

- 90-day or 100-day supplies for maintenance drugs may decrease the number of trips to the pharmacy.
- Consider utilizing system reminders or pop-ups to add a 90-day or 100-day supply reminder at time of prescribing.

Assess adherence barriers

Ask about adherence behaviors during each visit to identify and resolve patient-specific barriers.

Update prescriptions

If the strength or dosage changes, send an updated prescription to the patient's pharmacy to ensure accurate dosing.

Promote auto-fill programs

Encourage patients to sign up for automatic refills so they won't have to remember to refill prescriptions.

Recommend mail order

CenterWell Pharmacy® is a mail-order pharmacy that is an option for your Humana-covered patients and may help them with transportation barriers and adherence. Your patients have the sole discretion to choose their pharmacy. Other pharmacies are available in our network. Your Humana-covered patients should check their plan documents to verify their prescription benefits.

Educate

- Providers may help influence patients' medication adherence behaviors by educating patients about their medication. Studies show improvement in adherence by providing information about:[1]
  - Condition, treatment options and duration of therapy
  - Risks versus benefits of medication, importance of taking doses regularly and what to do if patients experience side effects
- Another way to promote adherence is by informing patients about potential risks of nonadherence. For example, a recent Humana healthcare research study revealed a correlation between medication adherence and newly diagnosed cognitive decline disorders.[2] Compared to those who did not fail any measures, the risk for newly diagnosed cognitive decline increased as follows:

	Percent increase of risk		
Number of failed measures	Any cognitive decline	Alzheimer's	Dementia
1	23%	27%	33%
2–3	37%	96%	58%
4+	64%	148%	105%

Additionally, you can refer patients to **tips for taking your medications as directed**.

References

1. "Understanding the role of educational interventions on medication adherence in hypertension: A systematic review and meta-analysis," Heart Lung 49(5) (Sept. 2020): 537-547, accessed March 18, 2026, doi: 10.1016/j.hrtlng.2020.02.039.
2. Patrick Racsa et al., "Association of medication adherence quality measures for diabetes, hypertension, and hyperlipidemia with cognitive decline," Journal of Family Medicine and Primary Care 12(11) (Feb. 2020): 2667-2675, accessed March 18, 2026, doi: 10.4103/jfmpc.jfmpc_935_23.

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