

## **STATEMENT OF WORK**

### **Medication Therapy Management Program (MTMP) Improvements Contract: Develop Standards for Delivery and Documentation of MTM Services in Medicare Part D**

#### **I. BACKGROUND**

The Medicare Modernization Act of 2003 (MMA) under Title 42 CFR Part 423, Subpart D, established the requirements that Part D sponsors must meet with regard to cost control and quality improvement including a general framework for Medication Therapy Management (MTM) programs.

The Affordable Care Act (ACA) under Section 10328 required improvements in Part D MTM programs in order to increase consistency, refine the targeting criteria, and define basic service level expectations. Under section § 423.153(d), sponsors must offer a minimum level of medication therapy management services for each beneficiary enrolled in the MTM program that includes annual comprehensive medication reviews (CMRs) furnished person-to-person or using telehealth technologies by a licensed pharmacist or other qualified provider with written or printed summary in CMS standardized format provided to the beneficiary, and quarterly targeted medication reviews (TMRs) with follow-up interventions when necessary. Through extensive engagement with stakeholders, CMS developed the Standardized Format for the beneficiary's CMR summary, which Part D sponsors have been required to use since January 1, 2013. The Standardized Format contains a Cover Letter (CL), Medication Action Plan (MAP), and Personal Medication List (PML).

CMS will continue partnering with industry stakeholders to develop consensus standards for further improvements to Part D MTM programs in order to 1) assure consistent delivery of MTM services, including CMRs and TMRs, 2) evaluate outcomes at the beneficiary level, and 3) align MTM processes and procedures, including the Standardized Format for the CMR summary, with developing health information technology (HIT). This task order will support these objectives.

#### **II. PURPOSE**

During the development of the Standardized Format from 2011 through 2012 and subsequent feedback in 2013, several substantive changes were proposed by stakeholders, but were not implemented due to a lack of broad consensus among stakeholders, limited experience with the forms, and the potential burden associated with making those revisions. Some stakeholders also requested greater specificity for the required content of fields in the three summary forms, and others suggested standardization of the MTM processes and procedures to improve consistency in Part D MTM programs. CMS is also aware of developing HIT standards for MTM communications and electronic health records, and the importance of integrating MTM services into standard healthcare practices and systems. All of these factors must be carefully considered

in order to assure the development of fully functional Part D MTM documents, including further revisions to the Standardized Format.

The purpose of this task order is to develop revisions to the Standardized Format for the CMR summary based on consensus standards for requirements, processes, procedures, and documentation of Medicare Part D MTM program services (i.e., CMRs and TMRs); and consideration of integration with healthcare practices and developing HIT standards and systems. These efforts will improve the delivery of MTM services in Medicare Part D and assure that beneficiaries experience consistent MTM services across plan sponsors, and may also inform revisions to the Part D MTM reporting requirements and development of new Part D MTM measures.

#### SPECIFIC TASKS – Base Period and Option Years

To complete this task order, the Contractor shall perform the tasks described below.

##### **Task A. Project management**

The Contractor shall provide ongoing oversight and reporting of the project status for the major tasks and ensure that sufficient resources are deployed, timeframes are met, and that the project remains within budget.

A.1. Attend Kick-off Meeting: The Contractor shall attend a meeting in Baltimore, Maryland with the COR and relevant CMS staff to outline the draft project plan for completion of tasks. The Contractor shall submit an electronic version of the agenda 2-3 days prior to initiating the meeting. A written summary of the meeting shall be submitted electronically by the Contractor 3-5 business days after the meeting.

A.2. Project Management Plan: The Contractor shall provide (1) a draft project management plan for CMS review and approval; and (2) a briefing on the project management plan.

The Contractor shall provide as part of their project planning an outline of the how they shall complete the required tasks within the specified time frame. The plan shall include detail on the hours for completion of each task and subtask, milestones and projected delivery dates. The project plan shall include consideration of CMS required timelines for development of revisions to the Standardized Format for CMR summary, Part D MTM reporting requirements, and Star Ratings MTM measures.

After receiving comments from CMS, the Contractor shall provide a final project management plan.

A.3. Project Status Conference Calls: The Contractor shall participate in at least monthly conference calls or more frequently as requested by either party, with the CMS Contracting Officer Representative (COR) and relevant CMS staff. The calls shall be used as a mechanism

for discussing and managing administrative and project issues as they arise. The Contractor shall submit an electronic version of the agenda 2-3 days prior to initiating the call. A written summary of the conference call shall be submitted, electronically, by the Contractor 3-5 business days after the call. The agenda and summary shall capture tasks, decisions, and action items.

During the CMS Paperwork Reduction Act (PRA) process, biweekly teleconference calls may be scheduled at the discretion of the COR. It is anticipated that these more frequent calls may be needed during development of the initial PRA packages, analyses of the 60- and 30-day comments, and preparation of the 30-day and final PRA packages.

These meetings shall be held by teleconference; although in-person meetings may be scheduled if needed at the discretion of the COR. The meetings shall be conducted between the Contractor, the COR and any CMS subject matter experts. Other CMS stakeholders may be invited to attend meetings at the COR's discretion.

A.4. Monthly Status, Expenditure and Progress Reports: The Contractor shall provide to the COR and Contract Specialist, on a monthly basis, a written status report detailing money spent or obligated to date; correlate money spent/obligated to work completed; expected expenditures over the 30 days following each monthly report to match activities/deliverables and other pertinent information to be specified by the COR as the project evolves. The expenditure report shall provide all costs associated with the task order including past month expenditures, to-date expenditures, and significant deviations from planned expenditures. This is to include a discussion of planned versus actual resource consumption by major task area, using the project management plan as a reference point.

The Contractor shall provide to the COR and the Contract Specialist an updated monthly progress report for each project conducted under the task order. Information shall include, but not be limited to:

- Project milestones;
- Problems encountered and anticipated, and recommended solutions;
- Key findings of the expert panel and recommendations for potential revisions to Part D MTM program requirements;
- Deliverables due;
- Deliverables submitted and dates completed;
- Key staff responsible;
- Activities planned for the following month;
- Contractor's expectations of the COR or other CMS staff during the following month (e.g., review of deliverables submitted, delivery of data or other items).

Monthly reports shall be submitted within 10 days following the end of the month, with one electronic copy to the CMS COR, and one copy accompanying the Contractor's invoice voucher. Vouchers shall not be processed without submission of a monthly progress report. The Contractor shall email the COR when the invoice voucher has been sent to CMS.

A.5. Attend Final Meeting: The Contractor shall meet with the COR and staff in Baltimore to present and discuss the project and final report at the end of the task order.

Three weeks prior to the meeting, the Contractor shall submit a draft final report that describes the work conducted, tasks completed, and relevant findings and recommendations. After receipt of comments, the Contractor shall make any necessary revisions and submit a final report for CMS COR approval prior to the final meeting.

One week prior to the meeting, the Contractor shall submit agenda and briefing materials for the presentation. A written summary of the meeting shall be submitted electronically by the Contractor 3-5 business days after the meeting.

**Task B. Perform a literature review and environmental scan to assess the state of MTM services applicable to this task order**

The Contractor shall perform a literature review and environmental scan to 1) compile information describing guidelines, processes, procedures, documentation, health information technology and industry standards related to the delivery of MTM services throughout the healthcare industry (i.e., not limited to Part D MTM services), including CMRs and TMRs, 2) identify issues that influence whether or not patients complete health-related homework assignments from their healthcare providers, which may apply to beneficiaries' use of the CMR summary forms, and 3) support development of a survey of beneficiaries regarding MTM services (Task H). The Contractor shall request additional information and references from potential stakeholder representatives when soliciting participants for the expert panel. The Contractor shall submit a draft report to CMS of the environmental scan and literature review. After receiving comments from the COR, the Contractor shall submit a final report to CMS.

**Task C. Form an expert panel of MTM program stakeholders to assist with review of current MTM programs and services and develop recommendations for changes and standards for Part D MTM programs, services, and documentation, as well as other topics related to Part D MTM programs**

The Contractor shall convene an expert panel of MTM program stakeholders to assist with review of current MTM programs and services and develop recommendations for changes and standards for Part D MTM programs, services, and documentation. The Contractor shall solicit participants for the expert panel to assure representation of MTM stakeholder groups, including representatives and/or advocates of plan sponsors, MTM providers, beneficiaries, pharmacists, physicians, academics, standard-setting organizations, and health information specialists. The Contractor shall work closely with the COR to identify candidates for the expert panel and develop the solicitation. The COR will consider the Contractor's recommendations when selecting candidates for the solicitation and choosing the panelists from those candidates and other interested parties who want to participate in the expert panel. After approval by the COR, the Contractor shall send the solicitation to candidates to request their participation in the expert

panel and to request information for the literature review and environmental scan. The expert panel is expected to include up to thirty panelists, although the size of the panel may vary at the discretion of the Contractor with approval from the COR.

**Task D. Convene meetings of the expert panel to develop consensus standards for Part D MTM services, including CMRs, TMRs, recommendations for revisions to the Standardized Format for the CMR summary, and other topics related to Part D MTM programs**

The Contractor shall plan, coordinate, and facilitate the expert panel meetings, including compilation of the agenda materials for review by the panelists and preparation of meeting minutes. The Contractor shall prepare draft summations of the information gathered from environmental scan and literature review (Task B) for discussion with the expert panel as applicable for topics described herein. The draft summations shall be submitted to CMS, and after receiving comments from the COR, the final summations shall be distributed to and discussed with the expert panel as appropriate. The final topic summations shall be included in the meeting minutes. The meeting minutes shall also describe key findings from expert panel meetings and recommendations for potential revisions to Part D MTM programs, including but not limited to CMRs, TMRs, the Standardized Format, MTM program submission and reporting requirements, beneficiary and prescriber awareness of MTM services, content of plan sponsors' MTM webpages, and new or revised MTM measures.

Webinar format shall be used for panel meetings, with discussion based on materials provided electronically to panelists in advance of the meeting. Expert panel meetings shall be scheduled for one-hour sessions on a monthly basis, with additional exchange of information by email as needed for efficient use of panelists' time. The first meeting of the expert panel shall be held in August 2014. CMS anticipates that the expert panel will meet 10 times in the Base Year, 12 times in Option Year 1 (OY1), and 6 times in Option Year 2 (OY2). The meeting schedule may be changed as needed for completion of required tasks at the discretion of the COR with agreement from the Contractor and the expert panel. The primary focus of the expert panel is to develop consensus standards for delivery of MTM services in Medicare Part D, specifically CMRs, revisions to the Standardized Format, and TMRs. Additional aspects of MTM services may be considered by the expert panel as time allows. The Contractor shall submit the draft expert panel meeting agendas and draft meeting minutes to CMS. After receiving comments from the COR, the Contractor shall prepare the final agendas and meeting minutes for distribution to the expert panel.

CMS identified potential topics to be considered by the expert panel and periods for review, which appear below. The Contractor shall propose alternate and/or additional topics, order of topics and allotted time for review as deemed appropriate in the draft project plan to support the purpose of this task order for consideration by CMS. Additionally, the expert panel may also provide recommendations on the issues to be discussed and their order of discussion in the expert panel meetings. However, the deliverables shall be delivered in accordance with the schedule in Section IV, especially Task G for timely completion of the revisions to the Standardized Format,

the Paperwork Reduction Act process, and subsequent OMB approval no later than January 2017. Changes in the discussion topics, periods of review, and deliverables schedule must be approved in advance by the COR.

1. Opening Meeting: Define the panel's scope of work and process, and define MTM in the context of Medicare Part D. (August 2014)
2. CMRs
  - a. Definition, purpose, value, and service level expectations for delivery of CMRs. (September 2014)
  - b. Venues and methods of delivery of CMRs and impact on structure and procedures. (October 2014)
  - c. Process, forms and content of a CMR. (November 2014)
  - d. Standardized Format – identify open issues for clarification through subsequent beneficiary interviews. (December 2014)
  - e. Definitions of medication-related problems, recommendations, and resolutions for prescribers, patients, and for others. (January 2015)
  - f. Interventions with prescribers, beneficiaries, and others. (February 2015)
  - g. Applicable health information technology and meaningful use, if applicable. (March 2015)
  - h. Crosswalks for medical terminology and codesets into plain language. (April 2015)
  - i. Intersection of CMR process, forms, and terminology with the practice of medicine. (May 2015)
  - j. Content and format for the CMR summary for beneficiaries, including feedback from beneficiaries, research on completion of homework assignments, individual field specifications, and reporting recommendations to prescribers. (June 2015)
  - k. Develop consensus recommendations for delivery of CMRs in Medicare Part D. (July 2015)
  - l. Review proposed revisions of the Standardized Format for subsequent testing. (August 2015)
  - m. Review results of general stakeholder feedback on proposed revisions to Standardized Format. (September 2015)
  - n. Review results of testing the revised Standardized Format with beneficiaries. (March 2016)
3. TMRs
  - a. Definition, purpose, value, and service level expectations for delivery of TMRs. (October 2015)
  - b. Methods, process and content of a TMRs. (November 2015)
  - c. Definitions of medication-related problems, recommendations, and resolutions for prescribers, patients, and for others. How do these differ for TMRs when compared to CMRs? (December 2015)
  - d. Interventions with prescribers, beneficiaries, and others. How do these differ for TMRs when compared to CMRs? (January 2016)
  - e. Applicable health information technology and meaningful use, if applicable. How

- do these differ for TMRs when compared to CMRs? (February 2016)
- f. Crosswalks for medical terminology and codesets into plain language. How do these differ for TMRs when compared to CMRs? (April 2016)
  - g. Intersection of TMR process, forms, and terminology with the practice of medicine. How do these differ for TMRs when compared to CMRs? (May 2016)
  - h. Content and format for the TMR results communicated to prescribers and beneficiaries. (June 2016)
  - i. Develop consensus recommendations for delivery of TMRs in Medicare Part D. (July 2016)
4. Develop recommendations for consensus standards for MTMP services for eventual stakeholder feedback. (August 2016)
  5. Review feedback from stakeholders concerning the expert panel's recommendations for consensus standards for MTM Services (CMRs and TMRs) in Medicare Part D (October 2016)
  6. Open agenda for unresolved discussion topics. (December 2016)
  7. Closing meeting: Review accomplishments of the expert panel. (February 2017)

The Contractor shall arrange to use technology that will allow the COR and other CMS staff to observe the expert panel meetings and provide feedback as needed during the panel meetings. The Contractor shall arrange to digitally record all interviews, and shall review recordings to find most illustrative clips to support the final recommendations for consensus standards and revisions to the Standardized Format.

The Contractor shall submit copies of all video, audio, and computer tapes/files/diskettes generated during the expert panel meetings to the CMS COR. All data submitted to the government will contain appropriate documentation and become exclusive property of the Government upon completion. As these copies are not deliverables per se, but documentation of efforts of the Contractor on behalf of the Government, they are not subject to additional 508 Compliance requirements described in Section III below. Wherever feasible, CMS would prefer to receive these files in digital format, rather than on tapes or diskettes.

**Task E. Compile industry feedback for the proposed recommendations for consensus standards and recommendations for revisions for certain topics for Part D MTM programs described in Task D. above**

The Contractor shall prepare a draft Health Plan Management Systems (HPMS) memo for CMS to distribute to industry stakeholders for their comments concerning draft recommendations for consensus standards for Part D MTM programs resulting from the meetings of the expert panel and input from CMS (topic 4). After receiving comments from the COR, the Contractor shall submit a final HPMS memo to CMS. The Contractor shall compile and analyze the feedback from stakeholders and prepare a draft report for discussion with the expert panel (topic 5). After receiving comments from the COR, the Contractor shall prepare the final report for discussion with the expert panel.

**Task F. Develop final recommendations for the consensus standards and the revisions described in E. above**

Based upon discussion with the expert panel and input from CMS, the Contractor shall prepare a draft report of the final recommendations for proposed consensus standards for Part D MTMP services and revisions to Part D MTM programs. After receiving comments from the COR, the Contractor shall submit a final report to CMS.

**Task G. Prepare final revisions to the Standardized Format for the CMR summary and related educational materials**

1. In preparation for discussion of the Standardized Format with the expert panel (topic 2j above), the contractor shall assess beneficiary and caregiver satisfaction with the CMR summary in Standardized Format, identify areas of dissatisfaction, and compile their preferences for changes to the Standardized Format. The Contractor shall interview up to 9 MTM providers from varying service models (e.g., in-person, immediate delivery of CMR summary, telephonic, community pharmacy, long-term care) who performed CMRs with beneficiaries or their caregivers to gain input on their satisfaction and experience with the Standardized Format in order to develop meaningful questions for the direct beneficiary and caregiver interviews. The Contractor shall submit a draft of all interview materials to CMS, and after receiving comments from the COR, submit final interview materials to CMS. After finalizing the questions to be asked of beneficiaries, the Contractor shall assist CMS to gain OMB approval via the FastTrack PRA process and then implement cognitive interviews of 30 beneficiaries and caregivers in March to April 2015 to gather their satisfaction with the Standardized Format and their use and preferences for the Standardized Format.

The Contractor shall select and solicit the MTM providers, and recruit a diverse set of beneficiaries and caregiver for interviews with assistance and approval from CMS. MTM providers may suggest beneficiaries and caregivers for subsequent interviews. The Contractor shall send CMS-approved discussion materials via express delivery to the beneficiaries and caregivers prior to their cognitive interviews. At the end of February, all Part D plans submit a data file to CMS that identifies beneficiaries who received MTM services, which, if necessary and approved by the COR, may support recruitment of participants.

All interviews should be performed telephonically to provide a broad sample of participants to the extent possible, but may be in-person or through focus groups if approved by the COR. In addition to topics suggested by the MTM providers, issues to be discussed with beneficiaries shall include, but are not limited, to the following:

- a. Are beneficiaries satisfied with their CMRs and CMR summary forms?
- b. Do beneficiaries suggest any changes that would increase their satisfaction?
- c. Did the Cover Letter provide sufficient explanation for the documents?

- d. Do beneficiaries keep notes of their follow-up actions and questions on the MAP?
- e. Do beneficiaries prefer an open format rather than boxed fields in the MAP, such as a two-field format (what we talked about, what I need to do), or three fields (add a notes section)?
- f. Do beneficiaries prefer a separate notes field on the MAP and PML rather than workspace for each MAP issue and medication on PML?
- g. Would they prefer the reminder check-box textbox in the PML instructions to be converted to text within the instructions?
- h. Do beneficiaries use the date fields in the PML?
- i. Should the goals of therapy be added to the PML, perhaps instead of the optional data fields?
- j. Do beneficiaries want a wallet card medication list included in the Standardized Format? If yes, given space limitations of a wallet card, what content is needed and what font size is acceptable?
- k. Should the PML precede the MAP?

After receiving OMB approval and completing the interviews, the Contractor shall prepare a draft report of findings from the interviews to CMS, and after receiving comments from the COR, submit a final report to CMS. The final report will be discussed with the expert panel in June 2015 (topic 2j above).

2. The Contractor shall propose revisions to the Standardized Format based on prior work of the expert panel and the previous cognitive interviews with beneficiaries and caregivers, discuss the proposed revisions with expert panel (topic 2l above), and prepare an updated set of proposed revisions. The Contractor shall draft a HPMS memo for CMS to request Pre-PRA comments from stakeholders, which the Contractor shall compile and use to propose final draft revisions for further testing after approval by CMS. The Contractor shall assist CMS to gain OMB FastTrack approval and test the final draft Standardized Format with 50 beneficiaries through cognitive interviews. The Contractor shall select and solicit the beneficiaries and caregivers for cognitive interviews with assistance and approval from CMS. The participants in Task G.1 may not be recruited as subjects for testing the proposed revisions to the Standardized Format. The Contractor shall send CMS-approved discussion materials via express delivery to the beneficiaries and caregivers prior to their cognitive interviews.

The Contractor shall discuss the results of the testing with CMS and the expert panel to inform further revisions to the Standardized Format. After approval from CMS of any further revisions to the Standardized Format, the Contractor shall prepare the initial PRA package and submit it to CMS. CMS will submit the PRA package for publication, and complete the required 60- and 30-day comment periods. The Contractor shall compile and analyze the 60- and 30-day public comments, prepare proposed responses to the

comments, submit summary and detailed reports to CMS, and prepare the 30-day and final PRA packages. The Contractor shall revise the educational materials (e.g., the instructions document and FAQs) for the new Standardized Format. After receiving OMB approval, the changes to the Standardized Format will take effect on January 1, 2018.

3. The Contractor shall arrange to use technology that will allow the COR and other CMS staff to observe the interviews. The Contractor shall arrange to let the COR provide feedback to interviewers during the research process before completing interviews at the COR's discretion.

The Contractor shall arrange to digitally record all interviews. The Contractor shall review recordings to find most illustrative clips to demonstrate points in the report and support the recommendations.

The Contractor shall submit copies of all video, audio, and computer tapes/files/diskettes generated during the interviews to the CMS COR. All data submitted to the government will contain appropriate documentation and become exclusive property of the Government upon completion. As these copies are not deliverables per se, but documentation of efforts of the Contractor on behalf of the Government, they are not subject to additional 508 Compliance requirements described in Section III below. Wherever feasible, CMS would prefer to receive these files in digital format, rather than on tapes or diskettes.

#### **Task H. Develop survey of beneficiaries who received MTM services**

During the Base Year, the Contractor shall develop a survey for beneficiaries who received Part D MTM services. Previously prepared survey questions (see Attachment A) ask about beneficiaries' CMRs, their satisfaction, and the structure of the summary forms. However, CMS requires the survey to also assess TMRs and the CMR process (e.g., delivery method, time required) and beneficiary outcomes resulting from the MTM services, such as how they use the CMR summary forms, better understanding of their medications, improved management of their medications, or resolution of a particular medication-related problem, in order to inform future revisions to the TMR and CMR processes and structure of the CMR summary forms. The Contractor shall submit draft survey questions to CMS, and after receiving comments from the COR, the Contractor shall conduct testing of the survey questions in up to 3 cycles of 9 beneficiaries who had received Part D CMRs. The Contractor shall send CMS-approved discussion materials via express delivery to the beneficiaries and caregivers prior to their cognitive interviews. The beneficiaries participating in Task G.1 may be recruited as subjects for testing the MTM survey questions. Iterative modifications to improve the effectiveness of the survey questions shall be made prior to each cycle of testing in consultation with CMS. After conclusion of testing, the Contractor shall prepare a draft report of the study and final survey questions. After receiving comments from the COR, the Contractor shall submit a final report to CMS no later than May 2015.

## **Task I. Ad Hoc Tasks**

The Contractor shall perform various ad hoc tasks related to this task order as needed in coordination with and at the discretion of the COR if funding and resources are available and such tasks will not negatively impact other project deliverables. Four potential ad hoc tasks appear below with suggested dates for performing these tasks; however, the ad hoc tasks are subject to change as needed based on discussion between the Contractor and the COR as the project progresses. As described in Task D, any key findings or recommendations from the expert panel discussions or from the Contractor related to the following ad hoc tasks shall be highlighted in the meeting minutes, rather than waiting for completion of these ad hoc tasks.

### **1. Propose methods to increase beneficiary and prescriber awareness of MTM services**

The Contractor shall perform an environmental scan and literature review for information related to the education of beneficiaries and prescribers about the value and content of MTM services, and prepare a draft report no later than February 2015. After approval from the COR, the Contractor shall request review and feedback from the expert panel (via email or during meetings of the expert panel if time allows and approved by the COR) on ways to increase beneficiary and prescriber awareness of MTM services. The Contractor shall submit a draft report of recommendations to CMS, and after receiving comments from the COR, submit a final report to CMS no later than May 2015.

### **2. Develop recommendations for improvements to Part D plan MTM webpages**

The Contractor shall review and analyze a representative sample of Part D plan MTM webpages after January 1, 2015, and prepare a draft report of its findings no later than February 2015. After approval from the COR, the Contractor shall request review and feedback from the expert panel (via email or during meetings of the expert panel if time allows and approved by the COR) on ways to improve the content of Part D plan MTM webpages. The Contractor shall submit a draft report of recommendations to CMS, and after receiving comments from the COR, submit a final report to CMS no later than May 2015.

### **3. Develop recommendations for revisions to the Part D MTM Reporting Requirements**

The Contractor shall prepare recommendations for revisions to Part D MTM reporting requirements no later than October 2016 based on prior discussions of the expert panel about CMRs and TMRs. After approval from the COR, the Contractor shall request review and feedback from the expert panel (via email or during meetings of the expert panel if time allows and approved by the COR). The Contractor shall submit a draft report of final recommendations to CMS, and after receiving comments from the COR, submit a final report to CMS no later than December 2016.

4. Develop recommendations for new or revised MTM ratings measures

The Contractor shall prepare recommendations for new or revised MTM ratings measures no later than December 2016 based on prior discussions of the expert panel about CMRs and TMRs. After approval from the COR, the Contractor shall request review and feedback from the expert panel (via email or during meetings of the expert panel if time allows and approved by the COR). The Contractor shall submit a draft report of final recommendations to CMS, and after receiving comments from the COR, submit a final report to CMS no later than February 2017.

### **III. DELIVERABLES**

As needed, the Contractor shall create mock websites, print materials, or other communications in the course of completing this task order. Although such websites, print materials and other communications may be of a temporary nature, they shall be created and maintained according to CMS standards, policies and procedures. These include, but may not be limited to:

1. 29 U.S.C. 794d (Rehabilitation Act as amended)
2. 36 CFR 1194 (508 Standards)
3. [www.access-board.gov/sec508/508standards.htm](http://www.access-board.gov/sec508/508standards.htm) (508 standards)
4. FAR 39.2 (Section 508)
5. CMS/HHS Standards, policies and procedures (Section 508)

In addition, all contract deliverables are subject to these 508 standards as applicable. Regardless of format, all Web content or communications materials produced, including text, audio or video materials -- must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors) or consultants responsible for preparing or posting content must comply with applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents above. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194, as set forth in the SOW shall be the responsibility of the Contractor or consultant

The Contractor shall provide copies of all deliverables associated with the task in virus-free soft copy formats via email and/or CD-ROM. The COR may request hard copies as necessary. All electronic files shall be submitted in a format that is compatible with Microsoft Office 2010. This is subject to change, and the Contractor shall be prepared to submit deliverables in any new CMS standard.

### **IV. SCHEDULE**

The deliverables shall be given to the COR based on the following schedule. CMS shall review each draft report and return comments to the Contractor within seven (7) business days. The

Contractor shall address CMS' comments, correct the deliverable as necessary, and return the final product to the COR within three (3) business days after receiving comments.

**Schedule of Deliverables – Base Period**

<b>Deliverables</b>	<b>Due Date(s)</b>
<b>A. Project Management</b>	
Attend Kick-off Meeting	June 16, 2014
Draft Project Management Plan	June 16, 2014
Final Project Management Plan	June 30, 2014
Project Status Conference Calls	Every Month, as needed
Monthly Status, Expenditure and Progress Reports	Due by the 15 <sup>th</sup> of the following month, copy to COR and Contract Specialist
<b>B. Perform a literature review and environmental scan. Submit final report to CMS.</b>	
September 2014	
<b>C. Form an expert panel</b>	
July 2014	
<b>D. Convene monthly meetings of the expert panel for Task D topics, with agenda, discussion materials, and meeting minutes.</b>	
August 2014 to May 2015	
<b>G.1. Assess beneficiary and caregiver satisfaction with the CMR summary in Standardized Format, identify areas of dissatisfaction, and compile their preferences for changes to the Standardized Format.</b>	
Interview MTM providers	October 2014
Develop final questions for beneficiary and caregiver interviews	November 2014
Submit FastTrack PRA documentation to CMS	December 15, 2014
Solicit participants	February to March 2015
Interview participants	March to April 2015
Submit final report to CMS	May 2015
<b>H. Develop survey of beneficiaries who received MTM services</b>	
Submit final report and survey to CMS	May 2015
<b>I.1. Propose methods to increase beneficiary and prescriber awareness of MTM services.</b>	
Submit final report to CMS	May 2015
<b>I.2. Develop recommendations for improvements to Part D plan MTM webpages</b>	
Submit final report to CMS.	May 2015

### Schedule of Deliverables – Option Period 1

<b>Deliverables</b>	<b>Due Date(s)</b>
A. Project Management	
Project Status Conference Calls	Every Month, as needed
Bi-weekly Teleconference Calls	Every 2 weeks as needed for OMB PRA process
Monthly Status, Expenditure and Progress Reports	Due by the 15 <sup>th</sup> of the following month, copy to COR and Contract Specialist
D. Convene monthly meetings of the expert panel for Task D topics, with agenda, discussion materials, and meeting minutes.	
Report to CMS of consensus recommendations for delivery of CMR services	August 2015
Report to CMS of consensus recommendations for delivery of TMR services	July 2016
G.2. Prepare final revisions to the Standardized Format for the CMR summary and related educational materials.	
Prepare draft revisions to the Standardized Format	July to August 2015
Submit to CMS draft HPMS memo to request feedback from sponsors and MTM providers on revised Standardized Format	September 2015
Compile and analyze stakeholder feedback and prepare revisions for testing with beneficiaries.	October to November 2015
Assist CMS to gain OMB approval through the FastTrack process	November to December 2015
Test revised Standardized Format with beneficiaries	January to February 2016
Prepare final revised Standardized Format for the PRA package.	March 2016
Develop Standardized Format initial PRA package and submit to CMS.	March to April 2016

### Schedule of Deliverables – Option Period 2

<b>Deliverables</b>	<b>Due Date(s)</b>
A. Project Management	
Project Status Conference Calls	Every Month, as needed
Bi-weekly Teleconference Calls	Every 2 weeks as needed for OMB PRA process
Monthly Status, Expenditure and Progress Reports	Due by the 15 <sup>th</sup> of the following month, copy to COR and Contract Specialist
Attend Final Meeting and submit Final Report	May 16, 2017
D. Convene monthly meetings of the expert panel for	
	June to August 2016, October 2016,

<b>Deliverables</b>	<b>Due Date(s)</b>
Task D topics, with agenda, discussion materials, and meeting minutes.	December 2016, and February 2017.
Report to CMS on proposed recommendations for consensus standards for MTM services and program revisions for eventual stakeholder feedback	August 2016
E. Compile industry feedback for the proposed recommendations for consensus standards and recommendations for revisions to Part D MTM programs	
Draft HPMS memo requesting stakeholder feedback	August 2016
Report of analyses of stakeholder comments	September 2016
F. Develop final recommendations for consensus standards and recommendations for revisions to Part D MTM programs	
Final report of recommendations to CMS	November 2016
G.2. Prepare final revisions to the Standardized Format for the CMR summary and related educational materials.	
Review 60-day comments and revise the Standardized Format as needed	July 2016
Submit 30-day PRA package and submit to CMS	August 2016
Review 30-day comments and revise Standardized Format as needed	October 2016
Submit final PRA package to CMS	November 2016
Receive OMB approval of revised Standardized Format	December 2016 to January 2017
Submit to CMS the revised educational materials and FAQs for new Standardized Format	February 2017
I.3. Develop recommendations for revisions to the Part D MTM Reporting Requirements	
Submit final report to CMS	December 2016
I.4. Develop recommendations for new or revised MTM measures	
Submit final report to CMS	February 2017

## **V. CONTRACTOR REQUIREMENTS**

The Contractor shall furnish all of the necessary services, qualified personnel, material, equipment and facilities, not otherwise provided by CMS, as needed to perform the requirements of this Statement of Work (SOW).

## **VI. QUALITY ASSURANCE**

It is imperative that the results of this, and subsequent inquiries, be reliable enough to be suitable for public dissemination, in the event that HHS/CMS decides to do so.

### A. Contractor Quality Assurance

The Contractor shall establish a complete Quality Control Program to assure the requirements of the task order is provided as specified.

The program shall include, but not be limited to, the following:

- An inspection system covering all of the services to be performed under the task order. It shall specify areas to be inspected on either a schedule or unscheduled basis and the title of the individual(s) who will do the inspection.
- A method for identifying deficiencies in the quality of services performed before the level of performance becomes unacceptable. The Contractor shall maintain a file for all inspections conducted and of all the corrective actions to be taken. This documentation shall be made available to the Contracting Officer or designated authority upon request.

### B. Government Quality Assurance

The government reserves the right to perform reasonable inspections over the course of this task order. This shall include monitoring meetings, reviewing written deliverables, and independent analysis of all task order activities before, during and after performance.

### C. Acceptance Criteria for Services and Deliverables

The COR will use objective and subjective measures to evaluate the Contractor's deliverables and performance. To ensure services performed by the Contractor satisfy CMS' objectives as described in the SOW above, CMS will evaluate all services and deliverables in accordance with the following standards:

- Deliverables shall conform to current CMS policy and procedures;
- The Contractor shall write and edit all deliverables to a professional standard commensurate with its industry's highest standards;
- The Contractor shall undertake quality assurance measures to verify the accuracy of the deliverables.

## **Attachment A. Sample Questions for Beneficiary MTM Survey**

**The following questions are about your Medicare Part D MTM (Medication Therapy Management) program.**

1. Are you enrolled in your Medicare Part D MTM program?
  - Yes
  - No
2. If yes, how long have you been enrolled in the Medicare Part D MTM program?
  - Less than 6 months
  - More than 6 months but less than 1 year
  - More than 1 year but less than 3 years
  - 3 years or more
  - Don't know
3. Did a health care provider, such as a pharmacist, contact you to review your medications or conduct a comprehensive medication review?
  - Yes
  - No (Note: If no, the respondent would be told to "Skip to Question X" or the MTM portion of the survey would end here.)
4. If yes, during the discussion about your medications, how satisfied were you with the amount of time the provider spent with you?
  - Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied
  - Not sure
5. During the discussion about your medications, how often do you feel that the provider carefully listened to you?
  - Always
  - Sometimes
  - Never
6. During the discussion about your medications, how often were you given the chance to ask questions?
  - Always
  - Sometimes
  - Never
7. When the discussion about your medications ended, did you have any concerns that you did not get a chance to discuss?
  - Yes
  - No

8. Overall, how satisfied are you with the Medication Therapy Management Program or medication review provided by your Medicare Part D plan?
- Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied
  - Not sure

**The following questions are about the letter you received following the discussion about your medicines.**

9. When you received the letter about MTM, did you recognize the letter as not being “junk” mail?
- Yes
  - No
10. How easy was the letter to read?
- Very easy
  - Somewhat easy
  - Not at all easy
11. How easy was the letter to understand?
- Very easy
  - Somewhat easy
  - Not at all easy
12. Overall, how satisfied are you with the letter you received?
- Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied
  - Not sure

**The next set of questions is about the Medication Action Plan that you received. (Show a picture of the Medication Action Plan)**

13. How easy was the Medication Action Plan to read?
- Very easy
  - Somewhat easy
  - Not at all easy
14. How easy was the Medication Action Plan to understand?

- Very easy
  - Somewhat easy
  - Not at all easy
15. Was the Medication Action Plan helpful?
- Yes
  - No
16. Overall, how satisfied are you with the Medication Action Plan?
- Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied
  - Not sure

**The next set of questions is about the Personal Medication List. (Show a picture of the Personal Medication List)**

17. How easy was the Personal Medication List to read?
- Very easy
  - Somewhat easy
  - Not at all easy
18. How easy was the Personal Medication List to understand?
- Very easy
  - Somewhat easy
  - Not at all easy
19. Was the Personal Medical List helpful?
- Yes
  - No
20. Do you still have your Personal Medication List?
- Yes
  - No
21. If yes, do you keep your Personal Medication List current?
- Yes
  - No
22. Overall, how satisfied are you with your Personal Medication List?
- Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied
  - Not sure