



# 2015 Medicare Part D Medication Therapy Management (MTM) Programs



## Fact Sheet

Summary of  
2015 MTM Programs

*August 21, 2015*

# Discussion Topics

- Background
- Highlights from 2015 Call Letter
- Annual Review
- Characteristics of 2015 MTM Programs
- Summary

# Background

- Under 42 CFR §423.153(d), a Part D sponsor must establish an MTM program that:
  - Ensures covered Part D drugs are used to optimize therapeutic outcomes through improved medication use,
  - Reduces the risk of adverse events,
  - Is developed in cooperation with licensed and practicing pharmacists and physicians,
  - May be furnished by pharmacists or other qualified providers.

# Highlights from 2015 Final Call Letter (1 of 4)

- Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Reviews (CMR) Measure remains a Part D Display Measure for 2015 using 2013 data.
  - This measure will be added to the Part D Star Ratings for 2016 as a process measure (given a weight of 1).
  - Sponsors' MTM eligibility rates by contract will be posted along with the MTM CMR measure rates.

*Part C and Part D Star Ratings and Display Measures are posted at:*

*<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html>*

*2015 Call Letter is available at: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2015.pdf>*

# Highlights from 2015 Final Call Letter (2 of 4)

- Pursuant to the Paperwork Reduction Act (PRA), minor changes to the text of the CMR summary standardized format were proposed and final changes were effective January 1, 2015.
  - Part D sponsors are required to provide an individualized, written summary in CMS' standardized format to beneficiaries after a CMR as part of the MTM program.

MTM Program Standardized Format, Instructions and FAQs are posted at:

<http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html>

# Highlights from 2015

## Final Call Letter (3 of 4)

- CMS conducted an MTM monitoring effort to assess Part D sponsors' ability to implement their CMS-approved MTM programs in compliance with regulations and guidance, and summarized the findings.
- CMS will develop new audit performance elements for MTM programs, which may be piloted as early as 2015.
- Sponsors are encouraged (but not required) to also offer MTM services to beneficiaries who meet the sponsors' internal criteria for retrospective identification of opioid overutilization, but do not otherwise qualify for MTM.

# Highlights from 2015

## Final Call Letter (4 of 4)

- We encourage industry to develop and use standards for Health Information Technology (HIT) for MTM service documentation and to reach consensus on more robust definitions for MTM, CMRs, and drug therapy recommendations and resolutions for service delivery and performance measurement.
- Sponsors may incorporate additional costs of providing MTM services to an expanded population of beneficiaries who do not meet the eligibility criteria under §423.153(d) in the administrative costs in their bids.

# Annual Review (1 of 2)

- A CMS-approved MTM program is one of several required elements in the development of a Medicare Part D sponsor's bid.
- Annually, sponsors must submit an MTM program description to CMS for review and approval in the Health Plan Management System (HPMS).
- CMS evaluates each program description as part of a Part D quality improvement requirement (42 CFR §423.153(d)), to ensure that it meets the current minimum requirements for the program year (which are described throughout this Fact Sheet).



# Annual Review (2 of 2)

- In 2015, there are 677 Part D contracts with an approved MTM program.
  - 538 Medicare Advantage prescription drug plans (MA-PDs).
  - 70 stand-alone prescription drug plans (PDPs), including Employer contract MTM programs.
  - 69 Medicare-Medicaid Plans (MMPs).
- All sponsors that are required to establish an MTM program have an approved program in place.
- This analysis includes characteristics of 2015 MTM program applications approved during the annual review in Spring 2014 and changes approved during the September 2014 and March 2015 update windows as of March 18, 2015.

# Eligibility Criteria

## Expanded Criteria

- The CMS eligibility targeting requirements are established as the minimum threshold. Sponsors may also offer MTM services to an expanded population of beneficiaries who do not meet the eligibility criteria under §423.153(d).
- In 2015, almost 24% of MTM programs use expanded eligibility requirements beyond CMS' minimum requirements.
  - Increase compared to 19%, or 130, programs in 2014.

**Table 1. Percent of 2015 MTM Programs with Expanded Eligibility Criteria**

<b>Eligibility Criteria</b>	<b># of Programs</b>	<b>% of Programs</b>
<b>Only target enrollees who meet the specified targeting criteria per CMS requirements</b>	516	76.2%
<b>Use Expanded Criteria: Target both enrollees who meet the specified targeting criteria per CMS requirements and enrollees who meet other plan-specific targeting criteria</b>	161	23.8%
<b>Total</b>	<b>677</b>	<b>100.0%</b>

# Eligibility Criteria

## General Requirements

- Part D enrollees who have multiple chronic diseases, are taking multiple Part D drugs, and are likely to incur annual costs for covered Part D drugs that exceed a predetermined level are targeted for the MTM programs, as described in § 423.153(d)(1).
- The 2015 MTM program annual cost threshold is \$3,138.
- The following information describes sponsors' eligibility criteria per CMS requirements, and do not reflect any expanded criteria.

# Eligibility Criteria

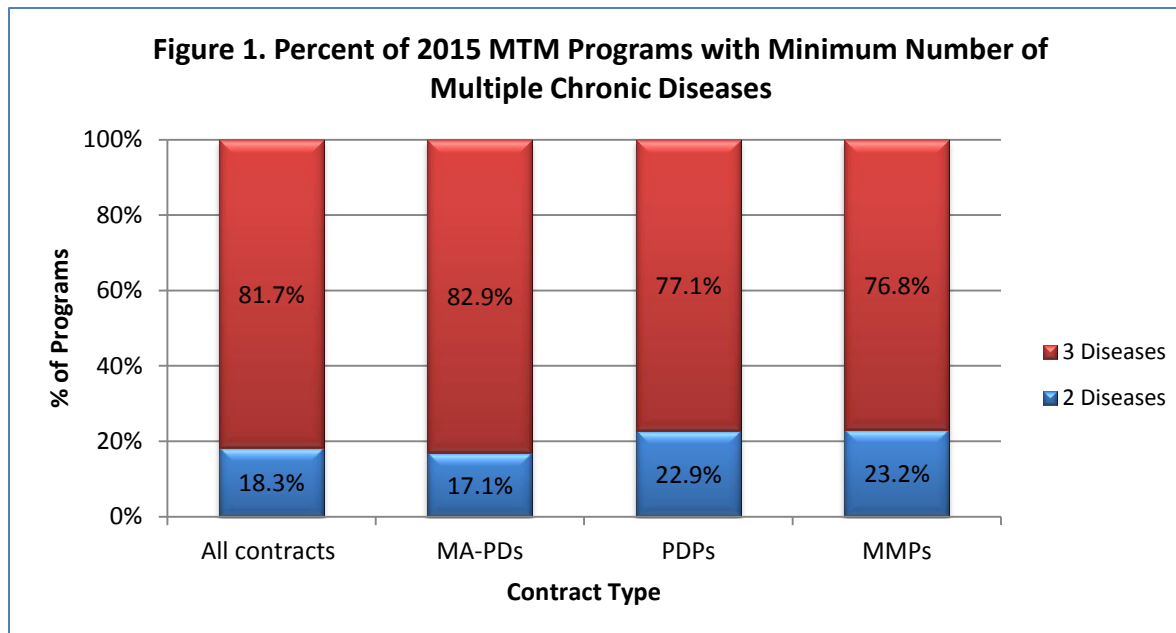
## 1. Have Multiple Chronic Diseases (1 of 6)

- Each program sets the minimum number of chronic conditions a beneficiary must have for MTM program eligibility.
- The MTM requirements establish both a ceiling and a floor for the minimum number of conditions that may be required.
- Sponsors may set this minimum threshold at two or three.
- Therefore, a plan sponsor has the discretion to determine whether to target beneficiaries with at least two chronic diseases or at least three chronic diseases.

# Eligibility Criteria

## 1. Have Multiple Chronic Diseases (2 of 6)

- Approximately 82% of 2015 programs target beneficiaries with at least three chronic diseases.



# Eligibility Criteria

## 1. Have Multiple Chronic Diseases (3 of 6)

- Sponsors may target beneficiaries with any chronic diseases or target beneficiaries having specific chronic diseases.
- Sponsors are encouraged to consider including diseases in their targeting criteria to meet the needs of their patient populations and improve therapeutic outcomes.
- In defining multiple chronic diseases for eligibility, 3.2% of 2015 programs are targeting beneficiaries with any chronic diseases, and 96.8% are targeting beneficiaries with specific chronic diseases.

# Eligibility Criteria

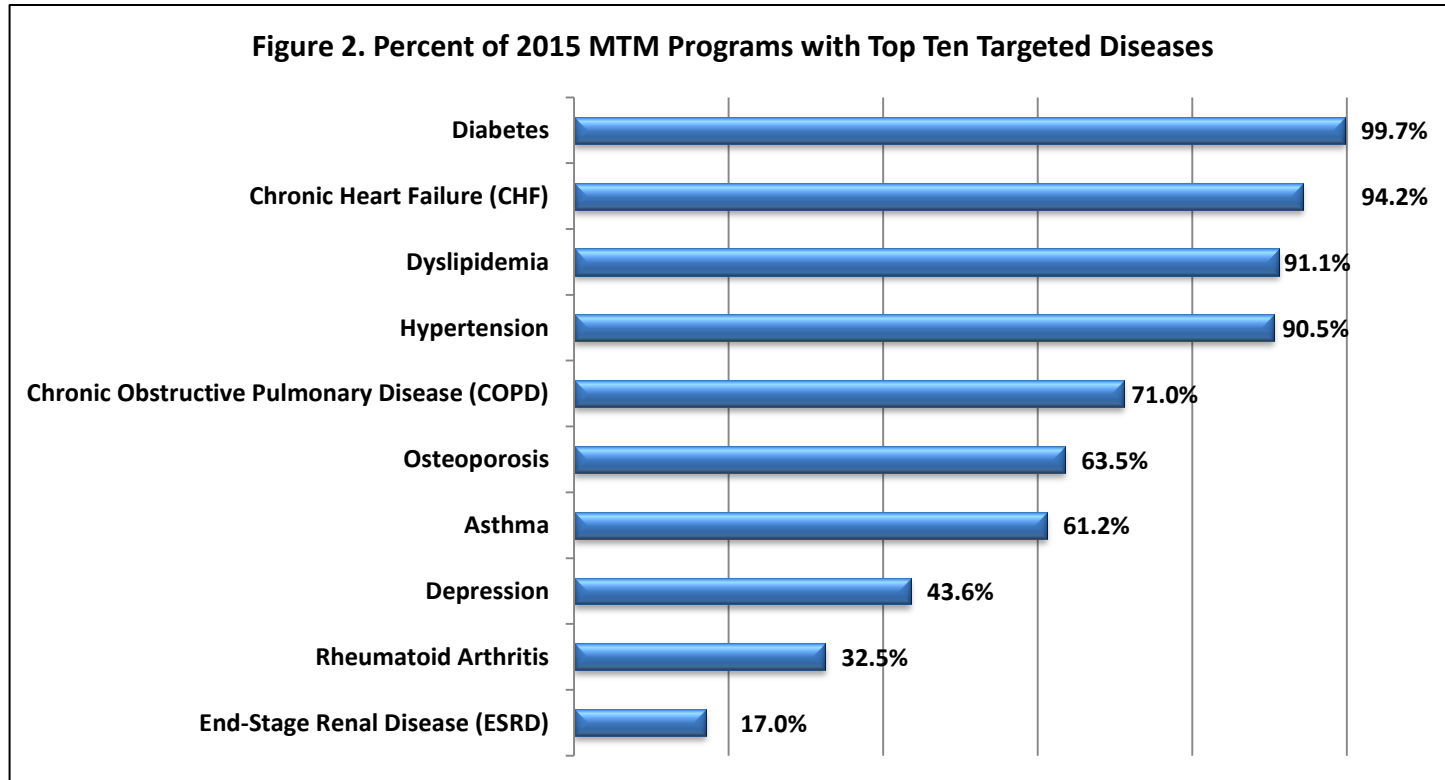
## 1. Have Multiple Chronic Diseases (4 of 6)

- If sponsors choose to target beneficiaries with specific chronic diseases, they should include at least five of the nine core chronic conditions.
- Sponsors should target beneficiaries with any combination of the chronic diseases included in their criteria.

# Eligibility Criteria

## 1. Have Multiple Chronic Diseases (5 of 6)

- Diabetes, Chronic Heart Failure (CHF), Dyslipidemia, and Hypertension remain the top targeted diseases in 2015.



Multiple selections were allowed; not mutually exclusive.



# Eligibility Criteria

## 1. Have Multiple Chronic Diseases (6 of 6)

- Other beneficiary conditions that are targeted by more than 10% of the 2015 MTM programs include:
  - HIV/AIDS (14.3%);
  - Cardiovascular Disorders (13.7%);
  - Osteoarthritis (12.3%);
  - Alzheimer's Disease (10.5%);
  - Chronic Lung Disorders (10.5%).

# Eligibility Criteria

## 2. Take Multiple Part D Drugs (1 of 3)

- Each program also sets the minimum number of covered Part D drugs a beneficiary must have filled for MTM program eligibility.
- The MTM requirements establish both a ceiling and a floor for the minimum number of drugs that may be required.
  - Sponsors may set this minimum threshold at any number equal to or between two and eight.

# Eligibility Criteria

## 2. Take Multiple Part D Drugs (2 of 3)

- Approximately 56% of programs target beneficiaries who have filled at least eight covered Part D drugs.

**Table 2. Percent of 2015 MTM Programs by Minimum Number of Covered Part D Drugs**

Minimum Number of Covered Part D Drugs	% of all MTM Programs	% of MA-PD MTM Programs	% of PDP MTM Programs	% of MMP MTM Programs
2	1.6%	1.5%	1.4%	2.9%
3	0.7%	0.7%	1.4%	0.0%
4	2.1%	1.9%	2.9%	2.9%
5	6.1%	5.9%	4.3%	8.7%
6	16.5%	15.4%	15.7%	26.1%
7	17.0%	15.6%	31.4%	13.0%
8	56.0%	58.9%	42.9%	46.4%

# Eligibility Criteria

## 2. Take Multiple Part D Drugs (3 of 3)

- 17.1% of programs allow any Part D drug to qualify for this requirement.
- The remaining programs require Part D drugs for chronic conditions (72.1%) or specific Part D drug classes (10.8%).

# Eligibility Criteria

## 3. Likely to Incur \$3,138 for Covered Part D Drugs

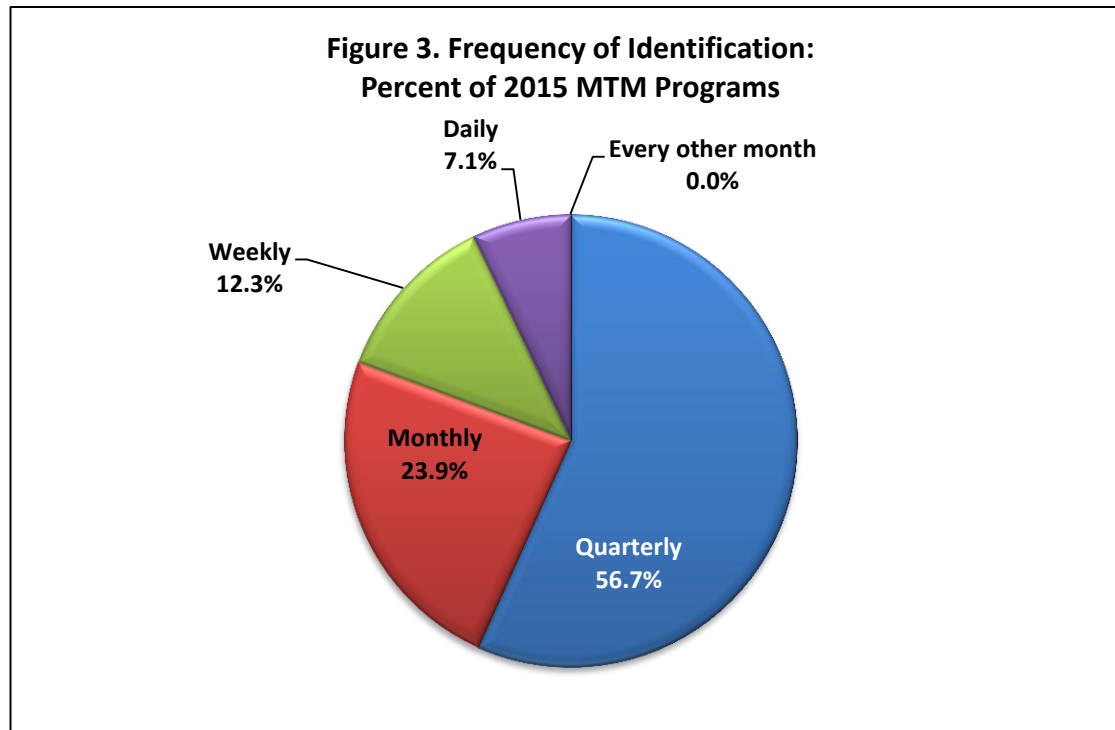
- The sponsor must provide a description of the analytical procedure used when determining if a beneficiary is likely to incur the annual cost threshold for 2015.
- The description may include the specific threshold(s), formula, or criteria of their model.
- MTM programs in 2015 continue to apply varying cost threshold methodologies, but almost three-quarters of analyses (74.0% of programs) project annual drug costs based on covered Part D drug costs in the previous quarter.

# Method of Enrollment (1 of 2)

- Sponsors must enroll beneficiaries using an opt-out method of enrollment only.
- Sponsors must target beneficiaries for enrollment in the MTM program at least quarterly during each plan year.

# Method of Enrollment (2 of 2)

- Almost 57% of the programs identify eligible beneficiaries quarterly and 24% identify beneficiaries monthly. Others target more frequently.



# Data Sources Used for Eligibility Identification

- Almost all MTM programs use drug claims data to identify eligible beneficiaries for their MTM programs in 2015.
- In addition, 23% of MTM programs also use medical data to identify eligible beneficiaries (25.8% of MA-PDs versus 5.7% of PDPs versus 18.8% of MMPs).
- Sponsors use other types of data to aid with identification (4.4% use information collected from the beneficiaries, and 1.6% use laboratory data). These are not mutually exclusive categories.



# Required MTM Services

## General Requirements

- Sponsors must offer a minimum level of MTM services to all eligible beneficiaries:
  - Interventions for beneficiaries and prescribers,
  - An annual comprehensive medication review (CMR) - interactive, person-to-person, or telehealth consultation performed by a pharmacist or other qualified provider for the beneficiary with an individualized, written summary in CMS' standardized format, and
  - Quarterly targeted medication reviews (TMRs) with follow-up interventions when necessary.

# Required MTM Services

## CMR Definition

The CMR is expected to meet the following professional service definition:

- *A CMR is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver and/or prescriber.*
- *A CMR is an interactive person-to-person or telehealth medication review and consultation conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider and is designed to improve patients' knowledge of their prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements, identify and address problems or concerns that patients may have, and empower patients to self manage their medications and their health conditions.*

# Required MTM Services

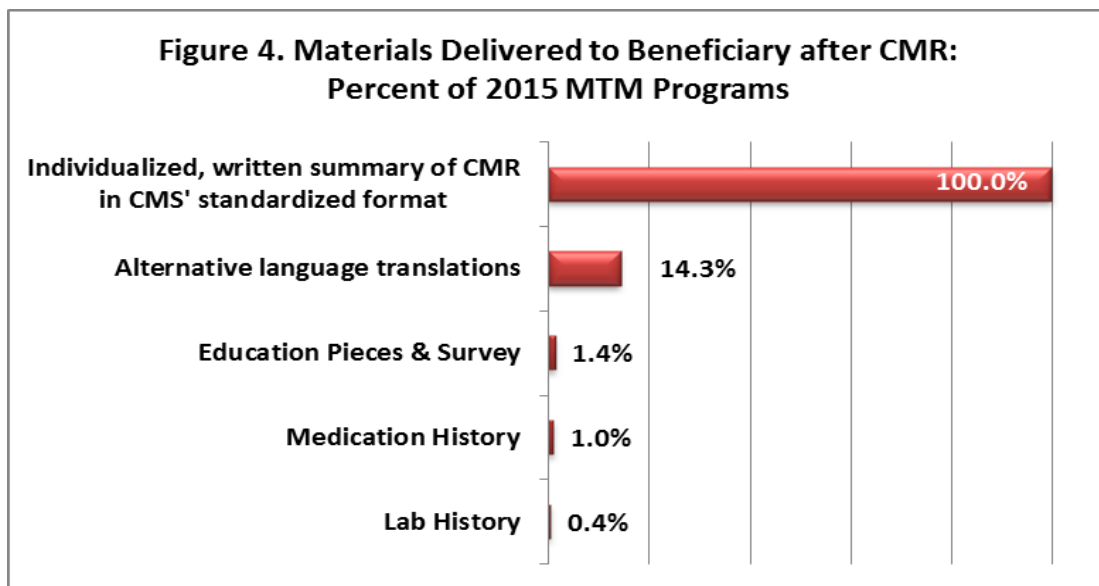
## CMR Delivery Method

- 100% of programs offer the interactive, person-to-person CMR consultation via the phone.
- 57.5% of programs also offer face-to-face CMRs.
- 15.7% of programs offer CMRs through telehealth technologies.

# Required MTM Services

## Materials Delivered to Beneficiary after CMR

- An individualized, written summary in CMS' standardized format is required to be delivered following each CMR.
- More than 14% of programs also provide alternative language translations.

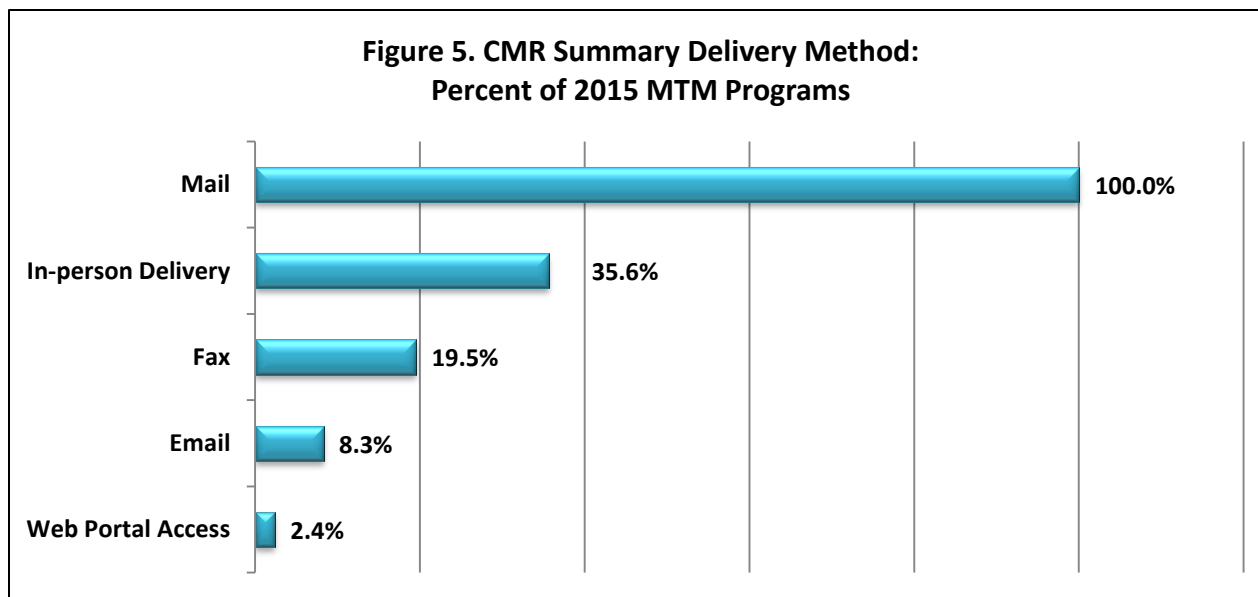


Multiple selections were allowed; not mutually exclusive.

# Required MTM Services

## CMR Summary Delivery Method

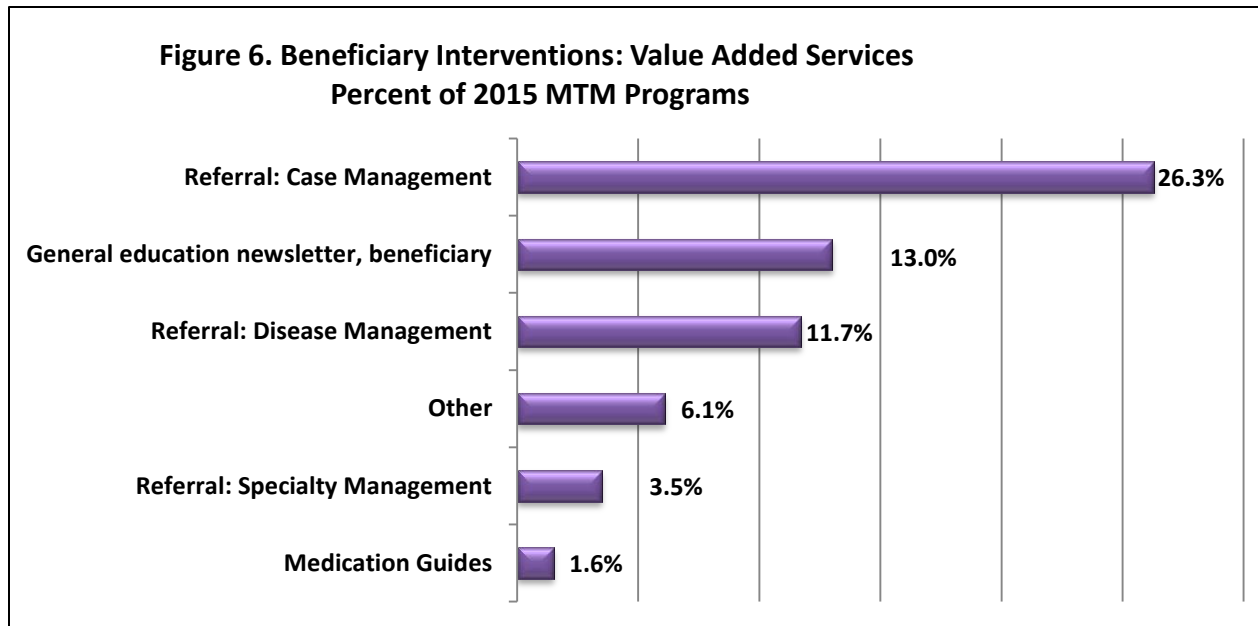
- 100% of programs provide the CMR summary in CMS' standardized format by mail. Over 35% also provide the summary in person after the CMR, and 19.5% have fax delivery.



Multiple selections were allowed; not mutually exclusive.

# Value Added Services

- Beyond the required services, sponsors provide additional value added services.



The 'Other' beneficiary interventions represent a variety of over 10 different miscellaneous interventions to improve medication use, outreach, or perform utilization management. Multiple selections were allowed; not mutually exclusive.

# Required MTM Services

## Prescriber Interventions

- Sponsors are required to offer interventions to the beneficiaries' prescribers.
- Therefore, 100% of MTM programs offer interventions to prescribers to resolve drug therapy problems or optimize therapy, which are delivered through a variety of methods.
  - 97.3% fax the consultations,
  - 93.4% provide mailed consultations,
  - 83.0% provide phone consultations.
- Over 24.4% also provide a patient medication list to the prescriber.

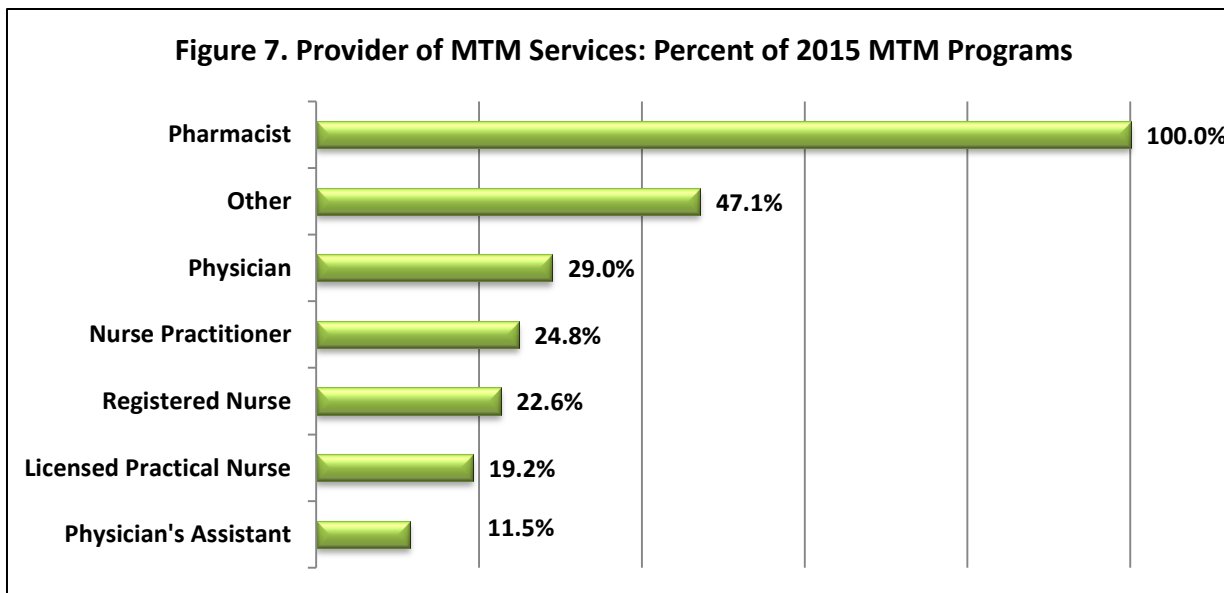
# MTM Providers (1 of 5)

- MTM is considered an administrative cost (that is, a component of the plan's bid) by CMS.
- Part D sponsors are required to explain how their fees account for the time and resources associated with their MTM program.
- They have the flexibility to determine the billing mechanisms and establish fees for pharmacists and other qualified providers of MTM services.
- These arrangements are between the Part D sponsors and the providers of the services.



# MTM Providers (2 of 5)

- MTM services may be furnished by pharmacists or other qualified providers. Sponsors indicate if their MTM providers are pharmacists, physicians, registered nurses, and/or others.



'Other' resources include support staff to assist in providing these services such as pharmacy technicians, pharmacy students/interns, and case workers.

Multiple selections were allowed; not mutually exclusive.

# MTM Providers (3 of 5)

- Sponsors can use internal staff, outside personnel, or both for delivery of MTM services (multiple selections are allowed).
- In 2015, 32.5% of programs use internal staff (down from 45.7% in 2014), and 90.4% of programs use outside personnel.
- A higher share of PDPs use outside personnel compared to MA-PDs or MMPs.

# MTM Providers (4 of 5)

- Outside personnel may include a Prescription Benefit Manager (PBM) company, MTM vendor, disease management vendor, community pharmacists, LTC pharmacists, or others.
- Of the programs that use outside personnel,
  - 66.0% use a PBM (59.7% of all 2015 MTM programs).
  - 80.9%% use an MTM vendor (73.1% of all programs). This is up from 2014 in which 78.9% of programs contracted with an MTM vendor.
  - These are not mutually exclusive categories.

# Qualified Provider of CMR

- Over 66% of programs use MTM vendor in-house pharmacists to deliver the CMR. 28% use MTM vendor local pharmacists.
- Over 30% of programs use plan sponsor pharmacists, and over 28% use PBM pharmacists.

**Table 3. 2015 MTM Programs: Qualified Provider of CMR**

<b>MTM Provider of CMR</b>	<b>% of Programs</b>
<b>MTM Vendor In-house Pharmacist</b>	66.9%
<b>Plan Sponsor Pharmacist</b>	30.6%
<b>Plan Benefit Manager (PBM) Pharmacist</b>	28.5%
<b>MTM Vendor Local Pharmacist</b>	27.9%
<b>Nurse Practitioner</b>	24.5%
<b>Physician</b>	20.5%
<b>Registered Nurse</b>	18.3%
<b>Licensed Practical Nurse</b>	16.8%
<b>Local Pharmacist</b>	14.6%
<b>Long Term Care (LTC) Consultant Pharmacist</b>	12.1%
<b>Physician's Assistant</b>	10.9%
<b>Hospital Pharmacist</b>	0.1%

Multiple selections were allowed; not mutually exclusive.

# Highlights

- The 2015 Call Letter described steps we are taking to ensure that MTM programs are in compliance with regulations and related guidance, increase standardization among these programs, and encourage the use of MTM services to reduce the overutilization of opioids.
- A higher percent of MTM programs in 2015 use expanded eligibility requirements to offer MTM services to beneficiaries who do not meet the eligibility criteria under section 423.153(d).
- All programs use pharmacists to provide MTM services, and an increasing percentage of programs have contracted with outside vendors.
- The percent of programs that offer the CMR face-to-face remains high (almost 58%), and all programs offer the CMR via the phone.

# Additional Resources

MTM Program webpage on CMS.gov:

- [CMS website](#) > Medicare > Prescription Drug Coverage Contracting > Medication Therapy Management

Annual Final Call Letter (Announcement):

- [CMS website](#) > Medicare > Medicare Advantage Rates & Statistics > Announcements and Documents

Resources:

- Part D MTMP Policy and Operations Help:  
Email to [PartD\\_MTM@cms.hhs.gov](mailto:PartD_MTM@cms.hhs.gov)