DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

News Flash – Are you billing correctly for ordered/referred services? Will you be impacted when the Centers for Medicare & Medicaid Services (CMS) turns on the edits for these services? See the revised MLN Matters® articles SE1221, SE1011, and MLN fact sheets “Medicare Enrollment Guidelines for Ordering/Referring Providers” and “The Basics of Medicare Enrollment for Physicians Who Infrequently Receive Medicare Reimbursement” to learn what you need to do.

A Physician’s Guide to Medicare Part D Medication Therapy Management (MTM) Programs

Provider Types Affected

This MLN Matters® Article Special Edition about Medication Therapy Management (MTM) services is intended for physicians, pharmacists, nurses, and other health care providers who treat Medicare beneficiaries with Part D coverage.

Provider Action Needed

This MLN release is intended to make you aware of changes in Medicare Part D MTM programs that will affect your patients, and introduce you to three new MTM forms that your patients are likely to share with you.

Your patients may ask you if they would benefit from MTM services. If you have patients enrolled in Part D MTM programs, you may also be contacted by MTM providers who are required to monitor patients’ medication therapies from all their health care providers. This may result in recommendations that are shared with you about unsafe or dangerous interactions and therapeutic alternatives. Your patients may also receive recommendations about how to use their medications properly.

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MTM Providers Are Important Partners with You

MTM providers work with physicians to deliver the best medication therapy to patients and to coordinate their medication therapy across multiple practitioners. The latest clinical information is used by MTM providers when reviewing patients’ medication therapy, such as updates to the Beers criteria for high-risk medications and revised monographs for old and new medications. MTM providers also listen to patients’ concerns about their medications and may offer recommendations to physicians and patients to help achieve their goals of therapy. As always, physicians make the final decisions about changes in drug therapy.

When Will MTM Providers Contact You?

Your patients enrolled in MTM may receive an interactive Comprehensive Medication Review (CMR) any time during the year.

- The MTM provider may reach out to you in order to clarify your patient’s medical history prior to a review or information received from your patient during the review, such as why and how they are supposed to use their medications.

- After a CMR, the MTM provider may contact you with questions or recommendations about your patient’s medications, or your patient may call you to discuss suggestions they received from the MTM provider.

Targeted Medication Reviews (TMRs) are processed throughout the year, no less often than quarterly, to identify specific or potential medication-related problems. You may be contacted by the MTM provider if a TMR identifies a potential medication-related problem for your patient.

Other communications may be sent to you periodically throughout the year. These communications are intended to help resolve other potential medication-related problems or identify other opportunities to optimize your patient’s medication use.

What is Changing?

Beginning January 2013, if your patients are enrolled in a Part D MTM program, they will receive a printed standardized summary, Form CMS-10396, as a reference about their CMR. This summary will include a Cover Letter, Medication Action Plan, and Personal Medication List. Your patients are encouraged to share these documents with you and other healthcare providers at their regular visits and request updates as needed. Examples of the three forms follow:

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Cover Letter

- The Cover Letter reminds your patient of their CMR, introduces the Medication Action Plan and Personal Medication List, and describes how to contact the MTM program.

Dr. Jane Doe  
1500 Main Street  
Anytown, MD 21201

January 30, 2013

Mr. John Smith  
999 Straight Road  
Washington, DC 20008

Dear Mr. Smith:

Thank you for talking with me on January 14, 2013 about your health and medications. Medicare’s MTM (Medication Therapy Management) program helps you make sure that your medications are working.

Along with this letter are an action plan (Medication Action Plan) and a medication list (Personal Medication List). The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other healthcare providers.
- Ask your doctors, pharmacists, and other healthcare providers to update them at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call Dr. Jane Doe at 1-800-222-3333 between the hours of 9am and 5pm, Monday through Friday. I look forward to working with you and your doctors to help you stay healthy through the Birchwood Medicare Plus MTM program.

Sincerely,  
Jane Doe  
PharmD  
Pharmacy Manager

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Medication Action Plan

- The Medication Action Plan describes the specific action items for your patient to help resolve issues of current drug therapy and achieve the goals of medication treatment. Your patient can keep notes of their progress and use it to clarify and discuss any concerns about their medications and treatment plans with you.

- The MTM provider will send separate recommendations to you if needed.

Personal Medication List

- The Personal Medication List is a reconciled list of the medications used by your patient at the time of the review. Information from your patient, Medicare Part D claims data, or other sources may be used to develop the list. It is intended to help your patient understand their medications and how they relate to their treatment plans. Your patient can make notes on their Personal Medication List such as when and why they stopped taking a medication.
• You can use the Personal Medication List as verification of your patient’s current medication regimen and provide written adjustments, as needed. The medication list can also improve communication with you and other healthcare providers seen by your patient.

How Do You Refer Patients to MTM Services?

Calling the prescription drug plan directly is the best way to find out if your patient is eligible for that plan’s MTM services. You can also refer your patient to their local State Health Insurance Assistance Program (SHIP) office. A local SHIP counselor can be found through a search function at https://shiptalk.org/public/home.aspx?ReturnUrl=%2fdefault.aspx on the SHIPtalk.org website.

Summary

Medicare Part D MTM programs promote coordinated care and improve medication use through services that engage the patient, their physicians, and other healthcare providers. Starting in 2013, you will begin to see three new forms that your patients may receive if they are enrolled in a Part D MTM program. These forms are intended to

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provide the patient with information about their medication use and also be used as a platform for discussion with you and their other health care providers.

**Additional Information**

For additional information about Medicare Part D MTM programs and the standardized CMR summary documents, go to [http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html) on the CMS website.

Please send any general questions about Part D MTM programs to PartD_MTM@cms.hhs.gov via e-mail. Questions about a specific plan’s MTM services or eligibility criteria should be addressed to that Part D plan.

**News Flash -** Vaccination is the Best Protection Against the Flu - Each office visit is an opportunity to check your patients' seasonal influenza (flu) and pneumonia immunization status and to start protecting your patients as soon as your 2012-2013 seasonal flu vaccine arrives. Ninety percent of flu-related deaths and more than half of flu-related hospitalizations occur in people age 65 and older. Seniors also have an increased risk of getting pneumonia, a complication of the flu. Remind your patients that seasonal flu vaccinations and a pneumococcal vaccination are recommended for optimal protection.

Medicare provides coverage for one seasonal influenza virus vaccine per influenza season for all Medicare beneficiaries. Medicare generally provides coverage of pneumococcal vaccination and its administration once in a lifetime for all Medicare beneficiaries. Medicare may provide coverage of additional pneumococcal vaccinations based on risk or uncertainty of beneficiary pneumococcal vaccination status. Medicare provides coverage for these vaccines and their administration with no co-pay or deductible. Also, don’t forget to immunize yourself and your staff. Know what to do about the flu!

Remember – The influenza vaccine plus its administration is a covered Part B benefit. The influenza vaccine is NOT a Part D covered drug. CMS will provide information and a link to the 2012-2013 Influenza Vaccine prices when they are available. For more information on coverage and billing of the flu vaccine and its administration, please visit the [CMS Medicare Learning Network® Preventive Services Educational Products](http://www.medicare.gov/medicare-learning-network/Pages/default.aspx) and [CMS Immunizations](http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Immunization.html) web pages. While some providers may offer the flu vaccine, others can help their patients locate a vaccine provider within their local community. [HealthMap Vaccine Finder](http://www.healthmap.org) is a free, online service where users can search for locations offering flu vaccines.

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