



ACUMEN

**Evaluation of the Part D Enhanced Medication
Therapy Management (MTM) Model:
Second Evaluation Report**

Appendix A: Enhanced MTM Participating Sponsors

The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare & Medicaid Services. Acumen, LLC assumes responsibility for the accuracy and completeness of the information contained in this report.

TABLE OF CONTENTS

- Appendix A Enhanced MTM Participating Sponsors 4**
- A.1 SilverScript/CVS Insurance Company 4
 - A.1.1 Sponsor Overview..... 4
 - A.1.2 Participating Organizations..... 4
 - A.1.3 Enhanced MTM Interventions 5
 - A.1.4 Outreach Strategy 11
- A.2 Humana..... 12
 - A.2.1 Sponsor Overview..... 12
 - A.2.2 Participating Organizations..... 12
 - A.2.3 Enhanced MTM Interventions 13
 - A.2.4 Outreach Strategy 16
- A.3 Blue Cross Blue Shield Northern Plains Alliance 17
 - A.3.1 Sponsor Overview..... 17
 - A.3.2 Participating Organizations..... 17
 - A.3.3 Enhanced MTM Interventions 18
 - A.3.4 Outreach Strategy 23
- A.4 UnitedHealth Group..... 24
 - A.4.1 Sponsor Overview..... 24
 - A.4.2 Participating Organizations..... 24
 - A.4.3 Enhanced MTM Interventions 25
 - A.4.4 Outreach Strategy 28
- A.5 WellCare 29
 - A.5.1 Sponsor Overview..... 29
 - A.5.2 Participating Organizations..... 29
 - A.5.3 Enhanced MTM Interventions 30
 - A.5.4 Outreach Strategy 34
- A.6 Blue Cross Blue Shield of Florida (BCBS FL)..... 35
 - A.6.1 Sponsor Overview..... 35
 - A.6.2 Participating Organizations..... 35
 - A.6.3 Enhanced MTM Interventions 36
 - A.6.4 Outreach Strategy 41

LIST OF TABLES AND FIGURES

- Appendix Table A.1: SilverScript/CVS Enhanced MTM Partnerships..... 5
- Appendix Figure A.1: SilverScript/CVS Enhanced MTM Intervention Implementation
Milestones 6
- Appendix Table A.2: SilverScript/CVS Enhanced MTM Intervention Targeting Overview 7
- Appendix Table A.3: SilverScript/CVS Enhanced MTM Service Overview..... 8
- Appendix Table A.4: SilverScript/CVS Outreach Strategy Overview..... 11
- Appendix Table A.5: Humana Enhanced MTM Partnerships 13
- Appendix Figure A.2: Humana Enhanced MTM Intervention Implementation Milestones 13
- Appendix Table A.6: Humana Enhanced MTM Intervention Targeting Overview 14
- Appendix Table A.7: Humana Enhanced MTM Service Overview 15
- Appendix Table A.8: Humana Outreach Strategy Overview 16
- Appendix Table A.9: BCBS NPA Enhanced MTM Partnerships 18
- Appendix Figure A.3: BCBS NPA Enhanced MTM Intervention Implementation Milestones .. 19
- Appendix Table A.10: BCBS NPA Enhanced MTM Intervention Overview 20
- Appendix Table A.11: BCBS NPA Enhanced MTM Service Overview 21
- Appendix Table A.12: BCBS NPA Outreach Strategy Overview..... 23
- Appendix Table A.13: UnitedHealth Enhanced MTM Partnerships 24
- Appendix Figure A.4: UnitedHealth Enhanced MTM Intervention Implementation Milestones 25
- Appendix Table A.14: UnitedHealth Enhanced MTM Intervention Targeting Overview 26
- Appendix Table A.15: UnitedHealth Enhanced MTM Service Overview 27
- Appendix Table A.16: UnitedHealth Outreach Strategy Overview 28
- Appendix Table A.17: WellCare Enhanced MTM Partnerships 30
- Appendix Figure A.5: WellCare Enhanced MTM Intervention Implementation Milestones 31
- Appendix Table A.18: WellCare Enhanced MTM Intervention Targeting Overview 31
- Appendix Table A.19: WellCare Enhanced MTM Service Overview 33
- Appendix Table A.20: WellCare Outreach Strategy Overview..... 34
- Appendix Table A.21: BCBS FL Enhanced MTM Partnerships..... 35
- Appendix Figure A.6: BCBS FL Intervention Implementation Milestones..... 36
- Appendix Table A.22: BCBS FL Enhanced MTM Intervention Targeting Overview..... 37
- Appendix Table A.23: BCBS FL Enhanced MTM Service Overview..... 39
- Appendix Table A.24: BCBS FL Outreach Strategy Overview 41

APPENDIX A ENHANCED MTM PARTICIPATING SPONSORS

This appendix contains detailed information about sponsors participating in the Enhanced MTM Model, including their partnerships for Model implementation, the Enhanced MTM interventions offered, and sponsors' outreach strategies with beneficiaries and prescribers.

A.1 SilverScript/CVS Insurance Company

SilverScript/CVS Insurance Company's (SilverScript/CVS) Enhanced MTM services are structured into five distinct Enhanced MTM interventions. All interventions use Part D claims, one also uses Parts A and B claims, and another also uses Part B claims for targeting. Beneficiaries may qualify for one or more interventions if they meet intervention-specific targeting criteria, and each intervention generally consists of different services. Information in this appendix reflects SilverScript/CVS's Enhanced MTM implementation as of the end of Model Year 2, unless noted otherwise.

A.1.1 Sponsor Overview

Region(s): 7 (VA); 11 (FL); 21 (LA); 25 (IA, MN, MT, ND, NE, SD, WY); 28 (AZ)

Plan Benefit Package (s): S5601-014, -022, -042, -050, -056

Number of Prescription Drug Plan (PDP) Enrollees:

Model Year 1: 794,328

Model Year 2: 1,003,208

Number of Enhanced MTM-eligible Beneficiaries:

Model Year 1: 726,974 (91.5% of Model Year 1 enrollment)

Model Year 2: 868,976 (86.6% of Model Year 2 enrollment)

Sources: Enhanced MTM eligibility data in the Medicare Advantage and Prescription Drug system (MARx), and PDP enrollment data in the Common Medicare Environment (CME), accessed in June 2019.

Notes: PDP enrollment only includes Enhanced MTM-participating contract plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.1.2 Participating Organizations

SilverScript/CVS's Enhanced MTM interventions are overseen by its Pharmacy Benefit Manager (PBM), CVS Caremark, and its parent company, CVS Health (collectively referred to hereafter as "CVS"). Appendix Table A.1 summarizes the roles of these organizations in Enhanced MTM.

Appendix Table A.1: SilverScript/CVS Enhanced MTM Partnerships

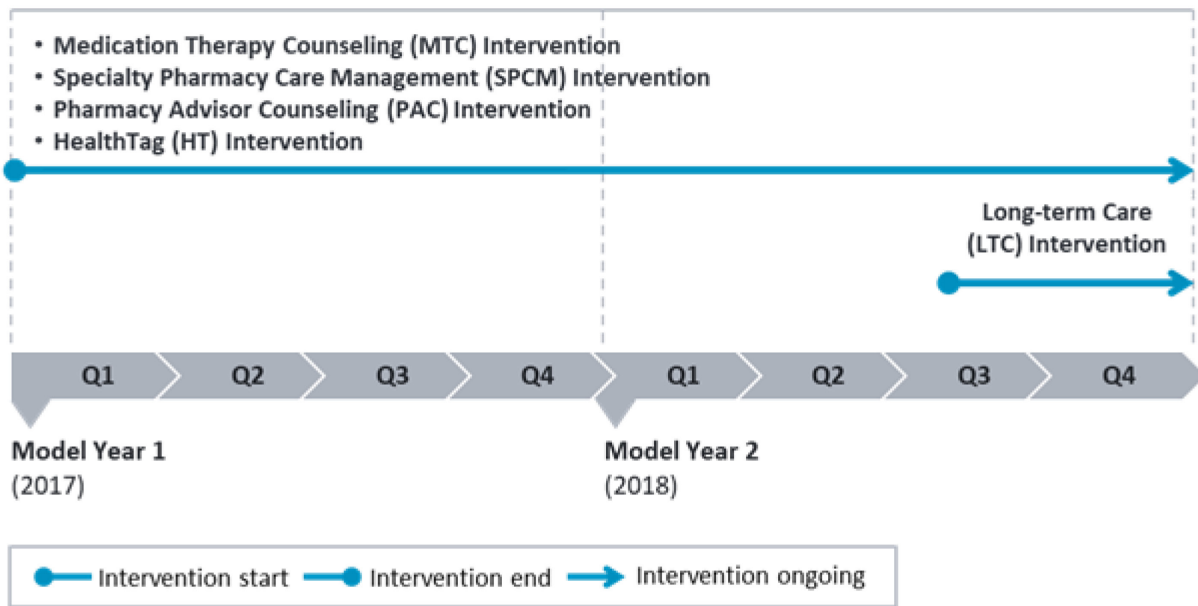
Organization	Role in SilverScript/CVS’s Enhanced MTM Implementation
SilverScript Insurance Company (SSI)	<ul style="list-style-type: none"> • Enhanced MTM sponsor organization
CVS	<ul style="list-style-type: none"> • Handles oversight of entire Enhanced MTM implementation • For Pharmacy Advisor Counseling, Medication Therapy Counseling, and HealthTag interventions: <ul style="list-style-type: none"> ○ Conducts beneficiary targeting and outreach ○ Delivers Enhanced MTM services ○ Handles prescriber outreach ○ Documents and reports Enhanced MTM services
Accordant (CVS Subsidiary)	<ul style="list-style-type: none"> • For Specialty Pharmacy Care Management intervention: <ul style="list-style-type: none"> ○ Conducts beneficiary targeting and outreach ○ Delivers Enhanced MTM services ○ Handles prescriber outreach ○ Documents and reports Enhanced MTM services
OutcomesMTM ^a	<ul style="list-style-type: none"> • External MTM vendor that delivers Enhanced MTM services for Medication Therapy Counseling and Long-term Care interventions only • Leverages extensive network of retail and community pharmacies for Enhanced MTM service delivery

^a Added in August 2018 (Model Year 2) to provide additional support in the delivery of Enhanced MTM services.

A.1.3 Enhanced MTM Interventions

As shown in Appendix Figure A.1, four SilverScript/CVS Enhanced MTM interventions began in Model Year 1 and continue to date. These interventions focus on: (i) beneficiaries at risk for high health care costs (Medication Therapy Counseling intervention); (ii) beneficiaries with select rare diseases (Specialty Pharmacy Care Management intervention); (iii) beneficiaries with newly prescribed medications, adherence problems, or gaps in care (Pharmacy Advisor Counseling intervention); and (iv) vaccination reminders (HealthTag intervention). SilverScript/CVS’s only Enhanced MTM intervention addition occurred in the third quarter (Q3) of Model Year 2, when SilverScript/CVS began offering Enhanced MTM services to beneficiaries residing in long-term care facilities (Long-Term Care intervention).

Appendix Figure A.1: SilverScript/CVS Enhanced MTM Intervention Implementation Milestones



Enhanced MTM Intervention Targeting

Appendix Table A.2 provides a brief overview of SilverScript/CVS’s targeting processes for its five Enhanced MTM interventions.

Appendix Table A.2: SilverScript/CVS Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Medication Therapy Counseling (MTC)	<ul style="list-style-type: none"> • High Costs • Conditions 	Includes beneficiaries who are predicted to be at high risk for high health care costs based on a proprietary algorithm.	Part D
Long-term Care ^b	<ul style="list-style-type: none"> • High Costs • Conditions 	Includes long-term care beneficiaries who are predicted to be at high risk for high health care costs based on a proprietary algorithm.	Part D
Specialty Pharmacy Care Management (SPCM)	<ul style="list-style-type: none"> • Conditions 	Identifies beneficiaries with rare conditions through (i) disease-specific algorithms that use medical and pharmacy claims or (ii) referrals from the beneficiary, health care providers, or CVS specialty pharmacy after verifying beneficiary meets intervention targeting criteria.	Parts A, B, and D
Pharmacy Advisor Counseling (PAC)	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ New Med 	Identifies beneficiaries for brief counseling services pertaining to new medications or medication refills using pharmacy claims.	Part D
HealthTag	<ul style="list-style-type: none"> • Vaccine 	Identifies beneficiaries based on Parts B and D data to receive vaccine reminders or reminders about eligibility for other SilverScript/CVS Enhanced MTM interventions.	Parts B and D

^a Med Use: targeting based on medication utilization; DTP (drug therapy problem): Med Use sub-category related to medication adherence issues, adverse drug reactions/interactions, gaps in care (e.g., needing additional drug therapy), dosage issues, and/or unnecessary or inappropriate drug therapy; New Med: Med Use sub-category related to newly prescribed medications; Conditions: targeting based on the presence of one or more chronic conditions; High Costs: targeting based on high Medicare Parts A, B, and/or D costs; and Vaccine: targeting beneficiaries based on the need for a vaccine.

^b Implemented in Model Year 2 to address the needs of long-stay long-term care residents.

Enhanced MTM Services

Appendix Table A.3 provides a brief overview of SilverScript/CVS’s Enhanced MTM services, which vary in their level of intensity, depending on the Enhanced MTM intervention. Three of SilverScript/CVS’s Enhanced MTM interventions provide both high- and low-intensity services, one provides high-intensity services only, and one provides low-intensity services only.

Appendix Table A.3: SilverScript/CVS Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Enhanced MTM Services
Medication Therapy Counseling (MTC) and Long-term Care (LTC)	<ul style="list-style-type: none"> • CMR 	High	Recurrent	<ul style="list-style-type: none"> • Comprehensive Medication Review (CMR): <ul style="list-style-type: none"> ○ Conducted telephonically by a call center or in person by a community pharmacist^c ○ Focuses on the identification of medication-related problems (MRPs), broadly related to indication, safety, effectiveness, and adherence. • Follow-up calls for CMR recipients: <ul style="list-style-type: none"> ○ Focus on any changes to medications and the status of any previously identified MRPs, new MRPs, or disease states not covered during previous phone calls. ○ Frequency generally driven by the number of disease states and pharmacist discretion.
	<ul style="list-style-type: none"> • TMR (beneficiary) 	High	One-time	<ul style="list-style-type: none"> • Patient Consultation (Targeted Medication Review [TMR])^d: A beneficiary-facing TMR consultation (e.g., over-the-counter medication consultation, medication assessment for high-risk medications, medication education).
	<ul style="list-style-type: none"> • TMR (prescriber) 	Low	One-time	<ul style="list-style-type: none"> • Prescriber Consultation (TMR)^d: A consultation between a pharmacist and beneficiary’s prescriber to resolve or prevent DTPs for which a change in therapy requires the prescriber’s approval.
	<ul style="list-style-type: none"> • Medication Adherence (pharmacist) 	High	One-time	<ul style="list-style-type: none"> • Patient Adherence Consultation^d: A consultation between a pharmacist and beneficiary to identify, resolve, and/or prevent medication adherence issues (e.g., medication overuse or underuse).
	<ul style="list-style-type: none"> • Case/disease management 	High	One-time	<ul style="list-style-type: none"> • Comprehensive Diabetes Care Education^d: A consultation between a pharmacist and beneficiary focusing on holistic diabetes self-management education.
	<ul style="list-style-type: none"> • Immunization assessment, reminder, and administration 	Low	One-time	<ul style="list-style-type: none"> • Immunization Reminders^d: Beneficiaries who have not received recommended vaccines are encouraged by pharmacists to receive them. Pharmacists may provide the vaccine or refer the beneficiary for vaccine administration by their prescriber’s office. Pharmacists may also contact the beneficiaries’ prescribers regarding the need for immunization.

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Enhanced MTM Services
Specialty Pharmacy Care Management (SPCM)	<ul style="list-style-type: none"> • Case/disease management • Medication reconciliation 	High	Recurrent	<ul style="list-style-type: none"> • Initial assessment call: <ul style="list-style-type: none"> ○ Conducted telephonically by a primary nurse assigned to the beneficiary. ○ Focuses on completion of disease-specific beneficiary risk assessment. ○ Assigns the beneficiary a risk level that relates to the level of care management received. ○ Produces a collaboratively developed care plan that directs focus of future follow-up. • Follow-up calls directed by risk level, which focus on care optimization, symptom management, self-care, co-morbidities, and medication optimization. • Referrals to additional services designed to help beneficiaries identify appropriate community resources (e.g., financial assistance, support with activities of daily living, long-term planning), support beneficiaries with acute needs (e.g., hospitalization/discharge, scheduled surgery), and activate beneficiaries in their care. • Educational resources include targeted articles, access to online education, and a monthly newsletter.
Pharmacy Advisor Counseling (PAC)	<ul style="list-style-type: none"> • TMR (beneficiary) • Adherence (pharmacist) 	High	One-time	<ul style="list-style-type: none"> • Targeted pharmacist services that consist of brief clinical conversations by phone or in person and may: <ul style="list-style-type: none"> ○ Explain the importance of a new medication and address cost barriers, as needed; ○ Reinforce the importance of continuing medication therapy, providing medication-specific information, and address any patient-specific issues; ○ Provide reminders about upcoming refills; ○ Provide information about a medication and health condition associated with the medication; ○ Reinforce importance of medication to health outcomes, encourage refill, and address barriers; or ○ Discuss gaps in care with beneficiary. • Education materials include condition-specific educational brochures and possible referrals to disease management programs and/or other health care providers.
	<ul style="list-style-type: none"> • TMR (prescriber) 	Low	One-time	<ul style="list-style-type: none"> • Targeted pharmacist service that consists of informing prescriber about gaps in care.
HealthTag	<ul style="list-style-type: none"> • Immunization assessment, reminder, and administration 	Low	One-time	<ul style="list-style-type: none"> • There are no services beyond vaccination reminders provided to HealthTag-eligible beneficiaries.

^a “Significant services” were services for a given sponsor intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. Please see Section 3 (“What Services Were Provided under the Enhanced MTM Model?”) and Table 3.2 for a full list and definitions of these significant service categories.

^b High-intensity services are defined as those that involved interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that did not involve the beneficiary directly (i.e., services that were directed to the prescriber only) or involved only one-way sharing of information with the beneficiary (e.g., vaccine reminders or interactive voice response [IVR]).

^c Community pharmacy and additional call center capabilities added in Model Year 2.

^d These services were delivered by OutcomesMTM network pharmacies only and were not delivered by CVS’s call center.

A.1.4 Outreach Strategy

Appendix Table A.4 describes SilverScript/CVS’s approach to beneficiary and prescriber outreach.

Appendix Table A.4: SilverScript/CVS Outreach Strategy Overview

Outreach Categories	SilverScript/CVS Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • Beneficiary outreach varies for each of the five Enhanced MTM interventions. • Initial mailed introductory letter for MTC, PAC, and SPCM interventions notifying the beneficiary of their eligibility for Enhanced MTM services and describing the types of services and their benefits followed by: <ul style="list-style-type: none"> ○ Initial call or outreach to engage the beneficiary in Enhanced MTM services, which occurs by phone or in person for the PAC and MTC interventions, or by phone only for the SPCM intervention. • Beneficiary outreach for the LTC intervention occurs via the LTC facility, which is contacted directly. • Beneficiary outreach (i.e., vaccination reminder) for HealthTag occurs only in the CVS retail pharmacy setting when an eligible beneficiary visits the pharmacy to fill a prescription.
Prescriber Outreach	<ul style="list-style-type: none"> • Prescriber outreach is limited to post-service, and the nature of the communication varies across the Enhanced MTM interventions: <ul style="list-style-type: none"> ○ Following all MTC and LTC services, prescribers receive a list of medication-related problems and recommendations for addressing these problems for the MTC intervention. ○ For the SPCM intervention, prescriber communication is ongoing and may include updates about a beneficiary’s risk status, care coordination needs, vaccination status, etc. ○ Prescriber communication for the PAC intervention is primarily focused on gaps in care. ○ The HealthTag intervention does not involve any direct prescriber communication or outreach. • Outreach occurs by phone, fax, or mail for MTC, LTC, PAC, and SPCM interventions.

A.2 Humana

Humana offers two Enhanced MTM interventions—a risk-based intervention and a transitions-of-care intervention. The risk-based intervention uses Part D claims data to stratify beneficiaries into four risk groups determined by chronic conditions, gaps in care, and drug expenditures. Beneficiaries receive outreach for services based on their risk category, identified drug therapy problems (DTPs), or whether they have diabetes. All beneficiaries with a recent hospital discharge are eligible to receive transitions-of-care medication reconciliation services. In Model Year 2 (2018), one of Humana’s Plan Benefit Packages (PBPs) lost its benchmark status. Consequently, low-income subsidy (LIS) beneficiaries previously enrolled in that PBP were automatically enrolled in other PBPs. Information in this appendix reflects Humana’s Enhanced MTM implementation as of the end of Model Year 2, unless noted otherwise.

A.2.1 Sponsor Overview

<p>Region(s): 7 (VA); 11 (FL); 21 (LA); 25 (IA, MN, MT, ND, NE, SD, WY); 28 (AZ)</p> <p>Plan Benefit Package(s): S5884-132, -105, -108, -145, -146</p> <p>Number of PDP Enrollees:</p> <ul style="list-style-type: none">Model Year 1: 457,563Model Year 2: 287,600 <p>Number of Enhanced MTM-eligible Beneficiaries:</p> <ul style="list-style-type: none">Model Year 1: 221,676 (48.4% of Model Year 1 enrollment)Model Year 2: 180,189 (62.7% of Model Year 2 enrollment)

Sources: Enhanced MTM eligibility data in the Medicare Advantage and Prescription Drug system (MARx), and PDP enrollment data in the Common Medicare Environment (CME), accessed June 2019.

Notes: PDP enrollment only includes Enhanced MTM-participating contract-plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.2.2 Participating Organizations

Appendix Table A.5 presents Humana’s partners and their roles in Enhanced MTM as of the end of Model Year 2.

Appendix Table A.5: Humana Enhanced MTM Partnerships

Organization	Role in Humana’s Enhanced MTM Implementation
Humana Insurance Company	<ul style="list-style-type: none"> Enhanced MTM sponsor organization
Humana Pharmacy Solutions	<ul style="list-style-type: none"> Administers the Enhanced MTM Model for Humana Insurance Company Performs beneficiary targeting and outreach for Enhanced MTM Manages and handles payment for Enhanced MTM services
OutcomesMTM	<ul style="list-style-type: none"> Administers Enhanced MTM interventions Provides technology platform for documentation and billing of Enhanced MTM services Provides telephonic Enhanced MTM services Leverages extensive network of community pharmacies for Enhanced MTM service delivery
Telephonic MTM Vendor ^a	<ul style="list-style-type: none"> Provides telephonic Enhanced MTM services
Admission, Discharge, and Transfer (ADT) Data Vendor ^b	<ul style="list-style-type: none"> Provides state Health Information Exchange (HIE) data support to help identify beneficiaries with a recent hospital discharge for the transitions-of-care medication reconciliation service

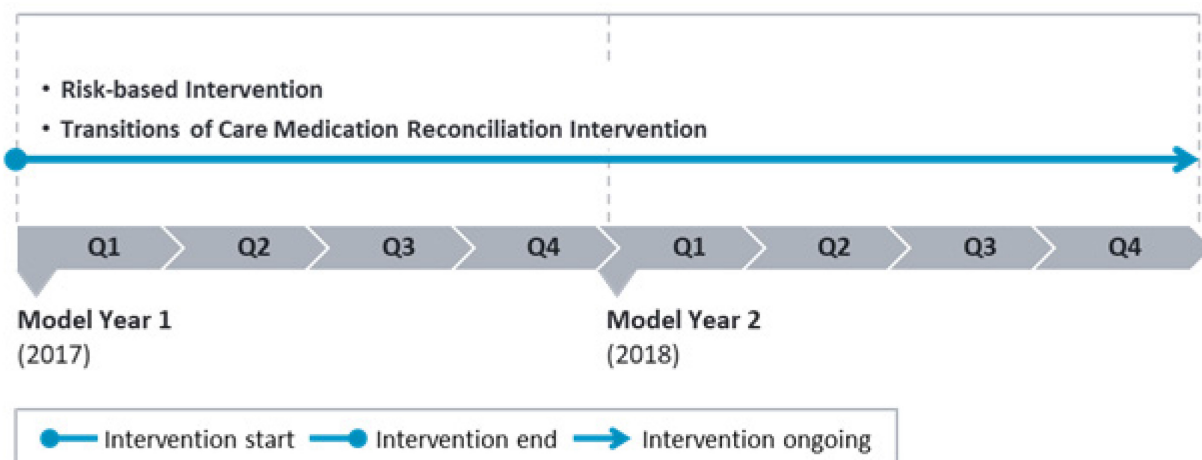
^a Added midway through Model Year 1 to provide additional support in the delivery of telephonic services.

^b Added in Model Year 2 to overcome barriers of using claims data for identifying beneficiaries recently discharged from a hospital.

A.2.3 Enhanced MTM Interventions

As shown in Appendix Figure A.2, Humana did not add or discontinue any Enhanced MTM interventions since the start of the Model. Humana launched two Enhanced MTM interventions at the start of Model Year 1, and these interventions continued through the end of Model Year 2.

Appendix Figure A.2: Humana Enhanced MTM Intervention Implementation Milestones



Enhanced MTM Intervention Targeting

Appendix Table A.6 provides a brief overview of Humana’s targeting processes for its two Enhanced MTM interventions.

Appendix Table A.6: Humana Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Risk-based	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ◦ DTP • Conditions • High Costs 	Assigns beneficiaries into one of four risk groups (high-risk, medium-risk, low-risk, and monitoring), incorporating information about chronic conditions, gaps in care, and drug expenditures. ^b Enhanced MTM service opportunities can also be identified by community pharmacists.	Part D
Transitions of Care Medication Reconciliation	<ul style="list-style-type: none"> • Transitions 	Identifies beneficiaries in all risk groups with a recent hospital discharge as eligible to receive the transitions-of-care medication reconciliation service. Beneficiaries may be identified by community pharmacies, through medical claims data, or through Admission, Discharge, and Transfer (ADT) data leveraged from a state HIE. ^c	Parts A and B, HIE

^a Med Use: targeting based on medication utilization; DTP (drug therapy problem): Med Use sub-category, targeting based on medication utilization, specifically related to medication adherence issues, adverse drug reactions/interactions, gaps in care (i.e., needing additional drug therapy), dosage issues, and/or unnecessary or inappropriate drug therapy; Conditions: targeting based on the presence of one or more chronic conditions; High Costs: targeting based on high Medicare Parts A, B, and/or D costs; and Transitions: targeting based on recent discharge from the hospital.

^b Beneficiaries in the monitoring group are not targeted for Risk-based Intervention services.

^c Use of ADT data through the state HIE was piloted in Florida in Model Year 2.

Enhanced MTM Services

Appendix Table A.7 provides a brief overview of Humana’s Enhanced MTM services for both of its Enhanced MTM interventions. Most services were patient-facing and interactive. For Humana’s Risk-based Intervention, services were tailored to beneficiaries’ risk profiles and the identification of drug utilization problems or a specific condition (i.e., diabetes). The transitions-of-care medication reconciliation service compared beneficiaries’ pre-hospital and post-discharge medication lists to identify potential DTPs.

Appendix Table A.7: Humana Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Risk-based	• CMR	High	Recurrent	• Comprehensive Medication Review (CMR)^c : A pharmacist reviews all medications with the beneficiary with a focus on potential drug therapy problems (DTPs) such as drug interactions or adherence issues. Beneficiaries receive a summary of the CMR service that includes medications reviewed, issues discussed, and recommendations, if applicable.
	• TMR (beneficiary)	High	One-time	• Patient Consultation (TMR)^d : A beneficiary-facing TMR consultation (e.g., over-the-counter medication consultation, medication assessment for high-risk medications, medication education).
	• TMR (prescriber)	Low	One-time	• Prescriber Consultation (TMR)^d : A consultation between a pharmacist and beneficiary’s prescriber to resolve or prevent DTPs for which a change in therapy requires the prescriber’s approval.
	• Medication adherence (pharmacist)	High	One-time	• Patient Adherence Consultation^d : A consultation between a pharmacist and beneficiary to identify, resolve, and/or prevent medication adherence issues (e.g., medication overuse or underuse). • Medication Synchronization^{d,e} : Pharmacists synchronize beneficiaries’ medication fill dates.
		High	Recurrent	• Adherence Monitoring^{d,f} : Pharmacies accept accountability for beneficiaries’ medication adherence for certain drug classes and receive a bonus when targeted beneficiaries reach a specific adherence goal by year-end. Quarterly adherence monitoring checkpoints are conducted and barriers to adherence are identified and documented.
	• Case/disease management	High	One-time	• Comprehensive Diabetes Care Education^d : A consultation between a pharmacist and beneficiary focusing on holistic diabetes self-management education.
	• Immunization assessment, reminder, and administration	Low	One-time	• Flu Immunization Reminders^g : Beneficiaries who have not received a flu shot during the flu season are encouraged by pharmacists to receive the vaccine. The pharmacist may provide the vaccine or refer the beneficiary for vaccine administration by their prescriber’s office. Pharmacists may also contact beneficiaries’ prescribers regarding the need for immunization.
Transitions of Care Medication Reconciliation	• Transitions of Care (medication reconciliation)	High	One-time	• Transitions-of-care Medication Reconciliation : A pharmacist compares pre-admission medications with post-discharge medications to identify potential DTPs. After the service, the beneficiary and the beneficiary’s primary care provider receive a reconciled medication list. Beneficiaries who complete this service within 30 days of hospital discharge receive a monetary incentive. ^h

^a “Significant services” were services for a given sponsor intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. Please see Section 3 (“What Services Were Provided under the Enhanced MTM Model?”) and Table 3.2 for a full list and definitions of significant service categories.

^b High-intensity services are defined as those that involved interactive discussions between a beneficiary and an Enhanced MTM provider. Low-intensity services are defined as those that did not involve the beneficiary directly or involved only one-way sharing of information with the beneficiary.

^c Only high-risk beneficiaries are targeted to receive CMRs.

^d High-, medium-, and low-risk beneficiaries may be targeted.

^e The medication synchronization service was launched midway through Model Year 1.

^f The Adherence Monitoring service was only provided to high- and medium-risk beneficiaries in Model Year 1, and expanded to low-risk beneficiaries in Model Year 2.

^g Only high- and medium-risk beneficiaries are targeted for flu immunization reminders.

^h The incentive was implemented in Model Year 2 in Florida to explore its effect on service completion rate.

A.2.4 Outreach Strategy

Appendix Table A.8 describes Humana’s approach to beneficiary and prescriber outreach.

Appendix Table A.8: Humana Outreach Strategy Overview

Outreach Categories	Humana Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • An initial postcard invitation is mailed to all high-, medium-, and low-risk beneficiaries. • In-person or telephonic outreach is conducted for high-risk beneficiaries, beneficiaries identified for transitions-of-care medication reconciliation services,^a and beneficiaries identified for TMRs, to engage them in the specific services for which they are eligible. • Additional Enhanced MTM outreach methods include emails and web alerts^b to provide beneficiaries with general information about Enhanced MTM and encourage them to schedule an appointment. • CMR reminders occur by interactive voice response (IVR) for beneficiaries who are eligible but have not yet received a CMR.^c • Patient resource letters are mailed to beneficiaries eligible for medication adherence monitoring.
Prescriber Outreach	<ul style="list-style-type: none"> • Fax communication to prescribers includes patient summaries and recommendations for changes in therapy after the completion of CMRs, transitions-of-care medication reconciliations, and TMRs. • Telephone outreach is used as needed to address urgent medication recommendations with the prescriber. • A small number of physician clinics with embedded pharmacists are leveraged to deliver Enhanced MTM services in the clinics, helping to engage prescribers in Enhanced MTM.

^a Telephonic outreach for the transitions-of-care medication reconciliation intervention was not fully operationalized until Model Year 2, when Humana’s ADT data identification approach was piloted in Florida.

^b Web-based outreach methods were launched toward the end of Model Year 1 and the start of Model Year 2.

^c Implemented midway through Model Year 1 to encourage beneficiary to participate in the service.

A.3 Blue Cross Blue Shield Northern Plains Alliance

The Blue Cross Blue Shield Northern Plains Alliance (BCBS NPA) Enhanced MTM interventions target a subset of beneficiaries for Enhanced MTM services based on a risk-scoring algorithm that uses Part D claims data and incorporates multi-drug interaction analysis that identifies risk of Adverse Drug Events (ADEs). Beneficiaries are eligible to receive Enhanced MTM services based on their medication risk score. Also, BCBS NPA uses Part A claims to identify a subset of beneficiaries with high medical costs and low risk scores, and uses Part D claims data to identify beneficiaries to receive brief community pharmacy services. Information in this appendix reflects BCBS NPA's Enhanced MTM interventions as of the end of Model Year 2, unless noted otherwise.

A.3.1 Sponsor Overview

<p>Region(s): 25 (IA, MN, MT, ND, NE, SD, WY) Plan Benefit Package (s): S5743-001 Number of PDP Enrollees: Model Year 1: 241,500 Model Year 2: 239,969 Number of Enhanced MTM-eligible Beneficiaries: Model Year 1: 51,209 (21.2% of Model Year 1 enrollment) Model Year 2: 49,105 (20.5% of Model Year 2 enrollment)</p>

Sources: Enhanced MTM eligibility data in the Encounter Data Master File, accessed in Q2 2019, and PDP enrollment data in the Common Medicare Environment (CME), accessed in June 2019.

Notes: PDP enrollment only includes Enhanced MTM-participating contract-plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME. Due to irregular patterns in BCBS NPA's MARx data over the course of Model Years 1 and 2, BCBS NPA advised the evaluation team to alternatively use Encounter Data to define its Enhanced MTM-eligible population.

A.3.2 Participating Organizations

Appendix Table A.9 presents BCBS NPA's current partners and their role in Enhanced MTM.

Appendix Table A.9: BCBS NPA Enhanced MTM Partnerships

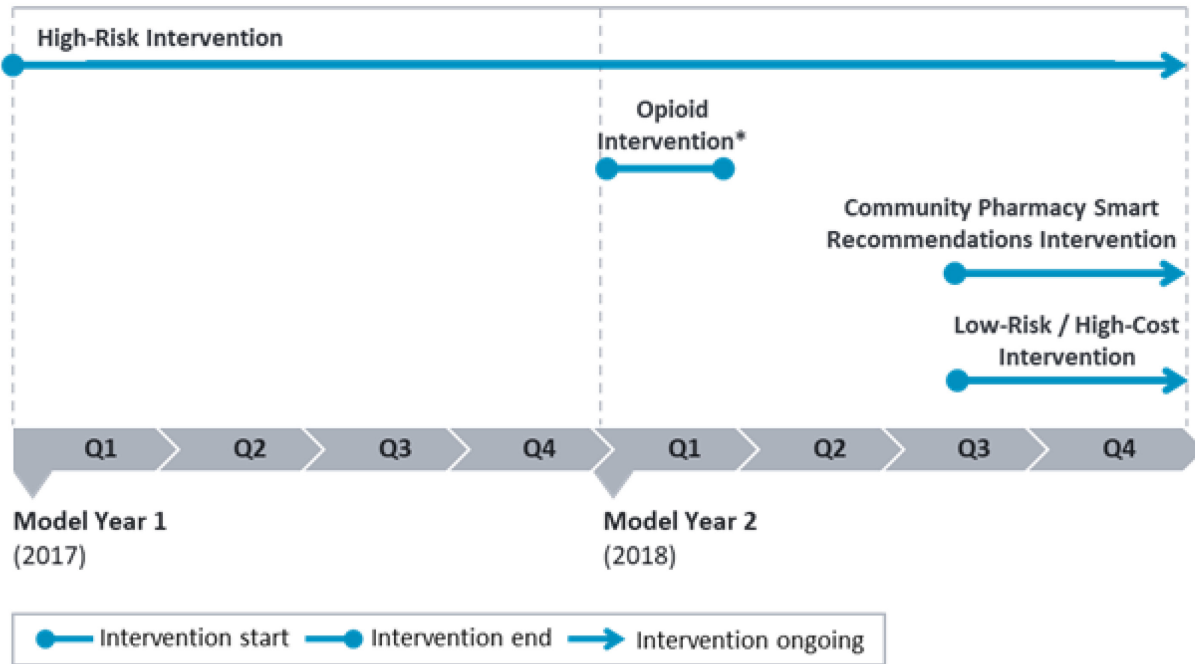
Organization	Role in BCBS NPA’s Enhanced MTM Implementation
Blue Cross Blue Shield Northern Plains Alliance (BCBS NPA)	<ul style="list-style-type: none"> Enhanced MTM sponsor organization
ClearStone Solutions, Inc. (ClearStone)	<ul style="list-style-type: none"> Affiliate of Blue Cross Blue Shield of Minnesota Administers BCBS NPA’s Part D Plan Benefit Package (PBP) Provides oversight and manages Enhanced MTM implementation
Tabula Rasa HealthCare (TRHC)	<ul style="list-style-type: none"> External MTM vendor that works with ClearStone for BCBS NPA’s Enhanced MTM implementation Performs beneficiary targeting, prioritization, outreach, Enhanced MTM service delivery, provider communication Provides proprietary web platform for documentation of medication risk stratification, medication risk scores, and Enhanced MTM services Contracts with community pharmacies to provide Enhanced MTM services using TRHC’s proprietary web platform and provides reimbursement to these pharmacies for completing services
DocStation ^a	<ul style="list-style-type: none"> External vendor that provides a separate clinical platform to community pharmacies; this platform is used for other services in addition to Enhanced MTM Provides pharmacists with clinical recommendations based on disease state, medications, and other clinical factors to personalize brief services for beneficiaries to receive while in the pharmacy

^aAdded in Model Year 2.

A.3.3 Enhanced MTM Interventions

As shown in Appendix Figure A.3, below, BCBS NPA made changes to the Enhanced MTM interventions it offers to eligible beneficiaries over the course of Model Years 1 and 2. At the start of the Model, BCBS NPA offered a single Enhanced MTM intervention for beneficiaries at high risk for drug interactions. At the beginning of Model Year 2, BCBS NPA launched a short-term, primarily education-focused opioid intervention for health care providers who either prescribed opioids with competing drugs or prescribed high volumes of opioids (Opioid Intervention). In Q3 of Model Year 2, BCBS NPA launched two new interventions: one targeting beneficiaries for brief services (e.g., new medication and adherence assessments) in the community pharmacy setting (Community Pharmacy Smart Recommendations Intervention), and another focused on beneficiaries at low risk for drug interactions but with high medical costs (Low-Risk/High-Cost Intervention).

Appendix Figure A.3: BCBS NPA Enhanced MTM Intervention Implementation Milestones



**The Opioid Intervention was a short-term initiative that concluded, as scheduled, in Q1 of Model Year 2*

Enhanced MTM Intervention Targeting

Appendix Table A.10 provides a brief overview of BCBS NPA’s targeting process for each of its Enhanced MTM interventions.

Appendix Table A.10: BCBS NPA Enhanced MTM Intervention Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
High-Risk	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP 	Identifies a subset of beneficiaries who are at high risk for potential multi-drug interactions and side effects based on types of medications. ^b	Part D
Community Pharmacy Smart Recommendations	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ New Med • Vaccine 	Includes all beneficiaries who fill their medications at participating pharmacies that use the Smart Recommendation platform and identifies those who have begun new medications, have challenges with medication adherence, need an immunization assessment, or need medication reconciliation.	Part D
Opioid ^c	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ High-risk Med 	Identified high-volume opioid prescribers for education about opioid prescribing and specific beneficiaries with identified opioid medication risks.	Part D
Low-Risk/High-Cost	<ul style="list-style-type: none"> • High Costs 	Identifies a subset of beneficiaries with a low risk score and high medical costs.	Parts A and D

^a Med Use: targeting based on medication utilization; DTP (drug therapy problem): Med Use sub-category related to medication adherence issues, adverse drug reactions/interactions, gaps in care (i.e., needing additional drug therapy), dosage issues, and/or unnecessary or inappropriate drug therapy; New Med: Med Use sub-category related to newly prescribed medications; High-risk Med: Med Use sub-category related to beneficiaries who take certain high-risk medications; Vaccine: targeting beneficiaries based on the need for a vaccine; and High Costs: targeting based on high Medicare Parts A, B, and/or D costs.

^b In Model Year 2, BCBS NPA included additional medication risk factors to the algorithm used to identify at-risk beneficiaries.

^c Short-term initiative that was implemented and completed in Model Year 2.

Enhanced MTM Intervention Services

Appendix Table A.11 provides a brief overview of BCBS NPA’s Enhanced MTM services for all of its Enhanced MTM interventions. A CMR-type service known as the Medication Safety Review (MSR) is BCBS NPA’s core Enhanced MTM service that is delivered in the High-Risk and Low-Risk/High-Cost interventions. As part of these two interventions, call center pharmacists may refer beneficiaries with financial or logistical needs to a social worker who serves as a resource navigator to connect beneficiaries to financial/social services for additional support.

Appendix Table A.11: BCBS NPA Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
High-Risk	• CMR	High	Recurrent	<ul style="list-style-type: none"> • Medication Safety Review (MSR): A call center pharmacist or community pharmacist works with the beneficiary to update information about current medications. Within 72 hours of the medication reconciliation, a call center pharmacist or community pharmacist conducts a detailed review of the targeted beneficiary’s medications and addresses potential medication safety risks identified through the targeting process. The pharmacist and beneficiary develop a collaborative action plan, which is mailed to the beneficiary and their preferred prescriber, along with any medication recommendations.
	• Medication reconciliation	High	One-time	<ul style="list-style-type: none"> • Medication Safety Review Lite (MSR-Lite): A call center pharmacist or community pharmacist works with the beneficiary to update information about current medications, but is unable to connect with the beneficiary afterward to complete an MSR. In lieu of conducting a detailed medication review with the beneficiary, the call center pharmacist reviews the beneficiary’s reconciled medication list and follows up with the preferred prescriber if risks are identified. The call center pharmacist provides the prescriber with recommendations to remediate adverse drug event risk that would have been discussed with the beneficiary during a consultation.
	• TMR (prescriber)	Low	One-time	<ul style="list-style-type: none"> • Medication Safety Alert (MSA): For beneficiaries targeted for an MSR who have not completed a medication reconciliation or an MSR, a call center pharmacist reviews the beneficiary’s medication claims information, sends a mailer to the member identifying potential risks, and follows up with the preferred prescriber if risks are identified.
	• Cost-sharing and social support	High	One-time	<ul style="list-style-type: none"> • Forward Need: Beneficiaries identified as having possible socioeconomic challenges may be contacted telephonically to assess the issue and inform the beneficiary of existing external programs that may help the beneficiary.
Low-Risk/High-Cost	• CMR	High	One-time	<ul style="list-style-type: none"> • Medication Safety Review (MSR): Low-risk/high-cost beneficiaries receive one MSR service (described above).
	• Cost-sharing and social support	High	One-time	<ul style="list-style-type: none"> • Forward Need: Beneficiaries identified as having possible socioeconomic challenges may be contacted telephonically to assess the issue and inform the beneficiary of existing external programs that may help the beneficiary.

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Opioid	<ul style="list-style-type: none"> TMR (prescriber) 	Low	One-time	<ul style="list-style-type: none"> Short-term initiative designed to increase prescribers' awareness about opioid medication risks and to help mitigate risks for patients. Targeted prescribers received onsite (i.e., in-office) education about opioid prescribing, and call center pharmacists completed non-beneficiary-facing targeted medication safety reviews for a subset of beneficiaries with identified risks.
Community Pharmacy Smart Recommendations	<ul style="list-style-type: none"> TMR (beneficiary) 	High	One-time	<ul style="list-style-type: none"> New Medication Assessment^c: Assessment and counseling following the start of a new medication
	<ul style="list-style-type: none"> Medication adherence (pharmacist) 	High	One-time	<ul style="list-style-type: none"> Medication Adherence Assessment^c: Refill reminders if beneficiary is non-adherent to a certain set of medications.
	<ul style="list-style-type: none"> Immunization assessment, reminder, and administration 	Low	One-time	<ul style="list-style-type: none"> Immunization Compliance Assessment^d: Assessment of immunization status and delivery of vaccination, as appropriate.
	<ul style="list-style-type: none"> Medication reconciliation 	High	One-time	<ul style="list-style-type: none"> Medication Reconciliation^d: Conducts medication reconciliation if beneficiary has not received a medication reconciliation within the last 6 months.

^a “Significant services” were services for a given sponsor-intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. Please see Section 3 (“What Services Were Provided under the Enhanced MTM Model?”) and Table 3.2 for a full list and definitions for these significant service categories. CMR = Comprehensive Medication Review. TMR = Targeted Medication Review.

^b High intensity services are defined as those that involved interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that did not involve the beneficiary directly (i.e., services that were directed to the prescriber only) or involved only one-way sharing of information with the beneficiary (e.g., vaccine reminders or Interactive Voice Response).

^c As planned, this intervention was launched midway through Model Year 2. In the previous Evaluation Report, this intervention was referred to as the Community Pharmacy Light Touch Intervention.

^d Services were launched at the end of Model Year 2. The Immunization Compliance Assessment was launched later in Model Year 2 due to its complexity. The Medication Reconciliation service—not originally included in BCBS NPA’s application—was submitted by the sponsor as a mid-year change.

A.3.4 Outreach Strategy

Appendix Table A.12 describes BCBS NPA’s approach to beneficiary and prescriber outreach.

Appendix Table A.12: BCBS NPA Outreach Strategy Overview

Outreach Categories	BCBS NPA Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • High-Risk Intervention <ul style="list-style-type: none"> ○ Targeted beneficiaries receive an initial mailed brochure describing the Enhanced MTM intervention and its potential benefits and informing them of an upcoming call from either a partner call center or a local pharmacy. ○ Service outreach occurs either by: <ul style="list-style-type: none"> – A call center pharmacy technician calls beneficiary, completes a medication reconciliation, and schedules an MSR with pharmacist; or – A local community pharmacy initiates contact with the beneficiary either via phone or at prescription pick-up. Depending upon state law, either a pharmacy technician or pharmacist performs initial contact, completes a medication reconciliation, and schedules an MSR with a pharmacist. ○ Additional outreach strategies are used in cases where beneficiaries are unresponsive or unreceptive to outreach attempts, including mailing letters, assigning beneficiaries to the community pharmacy network, and leveraging SMS text messaging.^a ○ Quarterly newsletters are sent to all beneficiaries targeted for the high-risk intervention, containing general information about services in addition to relevant seasonal content. ○ Call center staff make follow-up calls to beneficiaries four weeks after MSR completion to inquire about expected behavioral outcomes (e.g., whether the member met with the prescriber after the MSR, whether member implemented any of the recommended changes).^b ○ Call center pharmacists may refer beneficiaries with financial or logistical needs to a social worker who serves as a resource navigator to connect members to financial/social services for additional support. • Low-Risk/High-Cost Intervention <ul style="list-style-type: none"> ○ Targeted beneficiaries receive an initial postcard followed by call center outreach. ○ Call center pharmacists may refer beneficiaries with financial or logistical needs to a social worker who serves as a resource navigator to connect members to financial/social services for additional support. • Community Pharmacy Smart Recommendations Intervention <ul style="list-style-type: none"> ○ Pharmacists engage beneficiaries via multiple touch points including inbound/outbound phone calls, appointment-based visits, and at each prescription pick-up.
Prescriber Outreach	<ul style="list-style-type: none"> • Prescribers receive faxed and mailed communications and telephone outreach as needed to address medication recommendations. • Proactive fax outreach is used to inform prescribers about beneficiary eligibility for the high-risk intervention.^c • High-volume opioid prescribers were targeted based on identification of beneficiaries with opioid medication-related risks to receive education about opioid prescribing through a short-term Opioid Intervention. <ul style="list-style-type: none"> ○ All targeted prescribers received mailed educational materials. ○ A small subset of targeted prescribers (~50) received onsite educational visits. • Prescribers are offered educational materials and continuing education training events.^c

^a Text messaging campaign was launched in Model Year 2 as an additional touchpoint opportunity for BCBS NPA.

^b Implemented in Model Year 2 (for high-risk beneficiaries, only) to gather data on beneficiary acceptance of MTM recommendations.

^c Initiated in Model Year 2, as planned. BCBS NPA’s second year of implementation included dedicated efforts to engage the prescriber population.

A.4 UnitedHealth Group

UnitedHealth Group (UnitedHealth) categorizes all participating plan beneficiaries as high- or low-risk based on a risk scoring algorithm using beneficiary characteristics and drug therapy problems (DTPs) identified through Part D claims. Beneficiaries receive a different suite and intensity of services based on their risk category. Beneficiaries may also receive additional services if they are recently discharged from the hospital or are late to refill their medications, as identified by Part D claims. Information in this appendix reflects UnitedHealth’s Enhanced MTM interventions as of the end of Model Year 2, unless noted otherwise.

A.4.1 Sponsor Overview

<p>Region(s): 7 (VA); 11 (FL); 21 (LA); 25 (IA, MN, MT, ND, NE, SD, WY); 28 (AZ)</p> <p>Plan Benefit Package (s): S5921-352, -356, -366, -370, -380</p> <p>Number of PDP Enrollees:</p> <p>Model Year 1: 175,945</p> <p>Model Year 2: 134,283</p> <p>Number of Enhanced MTM-eligible Beneficiaries:</p> <p>Model Year 1: 95,520 (54.3% of Model Year 1 enrollment)</p> <p>Model Year 2: 75,532 (56.3% of Model Year 2 enrollment)</p>

Sources: Enhanced MTM eligibility data in the Medicare Advantage and Prescription Drug system (MARx), and PDP enrollment data in the Common Medicare Environment (CME), accessed in June 2019.

Notes: PDP enrollment only includes Enhanced MTM-participating contract-plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.4.2 Participating Organizations

Appendix Table A.13 presents UnitedHealth’s partners and their roles in Enhanced MTM as of the end of Model Year 2.

Appendix Table A.13: UnitedHealth Enhanced MTM Partnerships

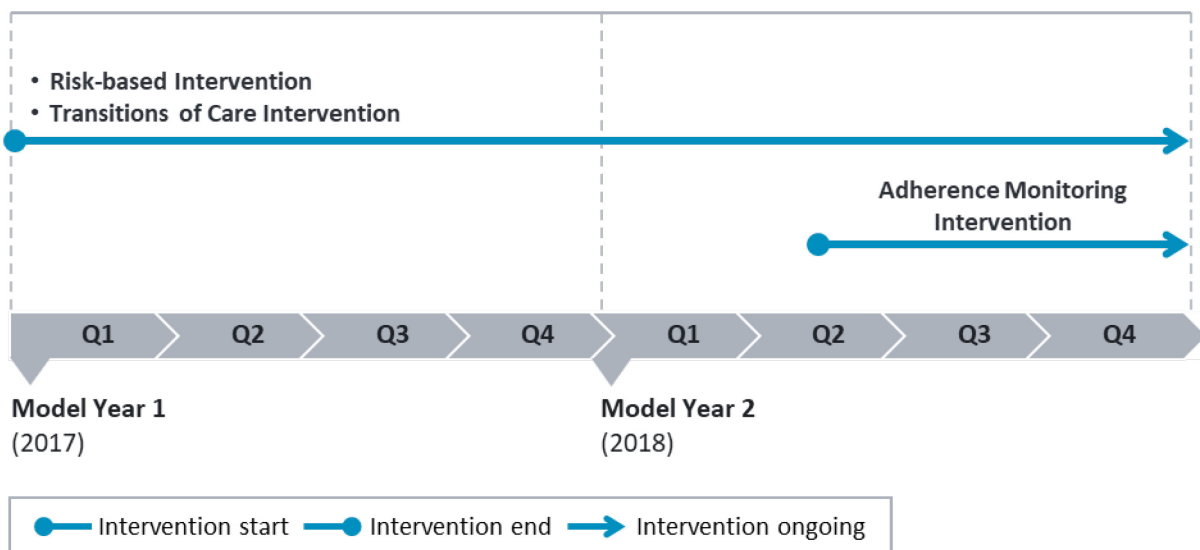
Organization	Role in UnitedHealth’s Enhanced MTM Implementation
UnitedHealth	<ul style="list-style-type: none"> Enhanced MTM sponsor organization Oversees Enhanced MTM Model implementation
OptumRx	<ul style="list-style-type: none"> Conducts Enhanced MTM intervention targeting Provides Enhanced MTM services and beneficiary outreach Leverages retail pharmacy network for Enhanced MTM Model implementation Conducts prescriber outreach Generates and provides Enhanced MTM reporting (MARx TC-91, Encounter Data, Monitoring Measures)
Eliza Corporation ^a	<ul style="list-style-type: none"> Provides interactive voice response (IVR) telephone support for the Adherence Monitoring Intervention automated refill reminders

^a Added in Model Year 2 to support automated Adherence Monitoring intervention.

A.4.3 Enhanced MTM Interventions

As shown in Appendix Figure A.4, UnitedHealth launched two Enhanced MTM interventions at the start of Model Year 1, and these interventions continued through the end of Model Year 2. UnitedHealth added an automated adherence monitoring intervention in Model Year 2. UnitedHealth’s Enhanced MTM interventions focus on (i) select drug therapy problems (DTPs); (ii) transitions of care; and (iii) medication adherence.

Appendix Figure A.4: UnitedHealth Enhanced MTM Intervention Implementation Milestones



Enhanced MTM Intervention Targeting

Appendix Table A.14 provides a brief overview of UnitedHealth’s targeting process for its Enhanced MTM interventions.

Appendix Table A.14: UnitedHealth Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Risk-based	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ Number of Meds • Conditions 	Assigns a risk score based on beneficiaries' demographic and clinical characteristics and drug therapy problems (DTPs). The risk score is used to assign beneficiaries to high or low risk categories.	Part D
Transitions of Care	<ul style="list-style-type: none"> • Transitions 	Uses predictive screening algorithm to identify beneficiaries (regardless of risk level) recently discharged from hospital. Discharge status is confirmed by a phone call to the beneficiary.	Part D
Adherence Monitoring ^b	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP 	Identifies beneficiaries who have filled a medication within medication classes used for CMS Star Rating adherence measures (e.g., statins, diabetes medications, hypertension medications) and are overdue for a refill.	Part D

^a Med Use: targeting based on medication utilization; DTP (drug therapy problem): Med Use sub-category related to medication adherence issues, adverse drug reactions/interactions, gaps in care (i.e., needing additional drug therapy), dosage issues, and/or unnecessary or inappropriate drug therapy; Number of Meds: Med Use sub-category related to beneficiaries who are prescribed a certain number of medications; Conditions: targeting based on the presence of one or more chronic conditions; and Transitions: targeting based on recent discharge from the hospital.

^b Implemented in Model Year 2.

Enhanced MTM Services

Appendix Table A.15 provides a brief overview of UnitedHealth’s tailored, beneficiary-specific Enhanced MTM services for each of its Enhanced MTM interventions. UnitedHealth varies the combination and content of services depending on intervention eligibility and beneficiary needs. In addition to the services described in Appendix Table A.15, UnitedHealth also provides beneficiaries with educational material, including condition-specific information.

Appendix Table A.15: UnitedHealth Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Risk-based	<ul style="list-style-type: none"> • CMR 	High	One-time	<ul style="list-style-type: none"> • “Lean” Comprehensive Medication Review (CMR): Medication review focusing on drug therapy problems (DTPs), which results in a portable medication list and education materials about the DTPs discussed during the CMR and/or related conditions (e.g., diabetes, chronic pain) sent to beneficiaries via mail. This service is conducted via telephone, or by a community pharmacist if the beneficiary is hard to reach by telephone.^c In the risk-based intervention, this service is delivered to high-risk beneficiaries only. High-risk beneficiaries may receive a TMR (described below) if new DTPs are identified by the next 90-day follow-up. • Pharmacists Referrals to Other Services: Beneficiaries are directed to existing services based on pharmacists’ clinical judgment and beneficiary needs identified during Lean CMR. This service is delivered to high-risk beneficiaries only.
	<ul style="list-style-type: none"> • TMR (beneficiary) 	High	Recurrent	<ul style="list-style-type: none"> • Targeted Medication Review (TMR): If new DTPs are identified by the next 90-day follow-up, a pharmacist reviews the DTPs to decide if beneficiaries will receive a TMR (beneficiary) or an additional Lean CMR. This service is delivered to high-risk beneficiaries only.
	<ul style="list-style-type: none"> • TMR (prescriber) 	Low	Recurrent	<ul style="list-style-type: none"> • TMR: If DTPs are identified during an automated TMR, the prescriber is contacted. There is no beneficiary-facing outreach. This service is delivered to high- and low-risk beneficiaries.
Transitions of Care	<ul style="list-style-type: none"> • Transitions of care (CMR) 	High	Recurrent	<ul style="list-style-type: none"> • Lean CMR: Similar to Lean CMR provided to high-risk beneficiaries but focuses on newly prescribed medications, review of discharge notes (if available), and how to avoid future hospital admissions. This results in similar post-Lean CMR materials as for the high-risk group, plus a medication action plan. • Follow-up Consultations: Occurs 10 days after initial Lean CMR. Beneficiaries also continue to receive services associated with their risk group.
Adherence Monitoring ^d	<ul style="list-style-type: none"> • Medication adherence (automated) 	Low	One-time	<ul style="list-style-type: none"> • Automated Refill Reminder: If a medication adherence problem is identified during an automated review, a beneficiary receives an interactive voice response (IVR) telephone call, which provides the option to transfer to a dispensing pharmacy to refill medications.

^a “Significant services” were services for a given sponsor-intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. Please see Section 3 (“What Services Were Provided under the Enhanced MTM Model?”) and Table 3.2 for a full list and definitions for these significant service categories.

^b High-intensity services are defined as those that involved interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that did not involve the beneficiary directly (i.e., services that were directed to the prescriber only) or involved only one-way sharing of information with the beneficiary (e.g., vaccine reminders or Interactive Voice Response).

^c The community pharmacist component was piloted in Model Year 1 and fully implemented in Model Year 2 to support provision of CMRs to hard-to-reach beneficiaries. Beneficiaries were considered hard to reach if the telephone number on file was invalid or if the beneficiary could not be reached after three telephonic outreach attempts.

^d Implemented in Model Year 2.

A.4.4 Outreach Strategy

Appendix Table A.16 describes UnitedHealth’s approach to beneficiary and prescriber outreach.

Appendix Table A.16: UnitedHealth Outreach Strategy Overview

Outreach Categories	UnitedHealth Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • High-risk beneficiaries are mailed an initial informational welcome packet with intervention-specific information and a call-in number. • High-risk and transitions-of-care beneficiaries receive outbound telephonic outreach. If the beneficiary is amenable to completing Enhanced MTM services, the beneficiary will be connected to a pharmacist for an immediate CMR, or if it is not a convenient time, the beneficiary will be scheduled for a CMR at a later date. After three unsuccessful attempts to reach high-risk beneficiaries by telephone, the case will be transferred to a retail pharmacy. • Beneficiaries who are late to refill their medication receive an IVR refill reminder call. Beneficiaries are offered a direct transfer to their preferred pharmacy to refill their medication.
Prescriber Outreach	<ul style="list-style-type: none"> • Prescriber communication occurs primarily through fax. Pharmacists completing Enhanced MTM services contact prescribers by telephone only if severe drug therapy problems (DTPs) are detected after a Lean CMR with a high-risk or transitions-of-care beneficiary. • When a DTP is identified during an automated TMR, prescribers receive Enhanced MTM recommendations via fax or mail.

A.5 WellCare

WellCare offers four Enhanced MTM interventions, each with a distinct focus. Targeting for each intervention relies on Part D claims. Two interventions also use Parts A and B claims for chronic condition and/or risk identification. All interventions involve a first phase of targeting to determine beneficiary eligibility and a second phase to determine which beneficiaries are offered services. Beneficiaries may qualify for one or more interventions. Although the core components of the Enhanced MTM services are similar across interventions, the combination and content of these services vary. Information in this appendix reflects WellCare’s Enhanced MTM implementation as of the end of Model Year 2, unless noted otherwise.

A.5.1 Sponsor Overview

Region(s): 7 (VA); 11 (FL); 21 (LA); 25 (IA, MN, MT, ND, NE, SD, WY); 28 (AZ)
Plan Benefit Package (s): S4802-069, -083, -012, -089, -092
Number of PDP Enrollees:
Model Year 1: 155,103
Model Year 2: 150,218
Number of Enhanced MTM-eligible Beneficiaries:
Model Year 1: 110,345 (71.1% of Model Year 1 enrollment)
Model Year 2: 105,843 (70.5% of Model Year 2 enrollment)

Sources: Enhanced MTM eligibility data in the Medicare Advantage and Prescription Drug system (MARx), and PDP enrollment data in the Common Medicare Environment (CME), accessed in June 2019.

Notes: PDP enrollment only includes Enhanced MTM-participating contract-plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.5.2 Participating Organizations

Appendix Table A.17 presents WellCare’s partners and their role in Enhanced MTM as of the end of Model Year 2.

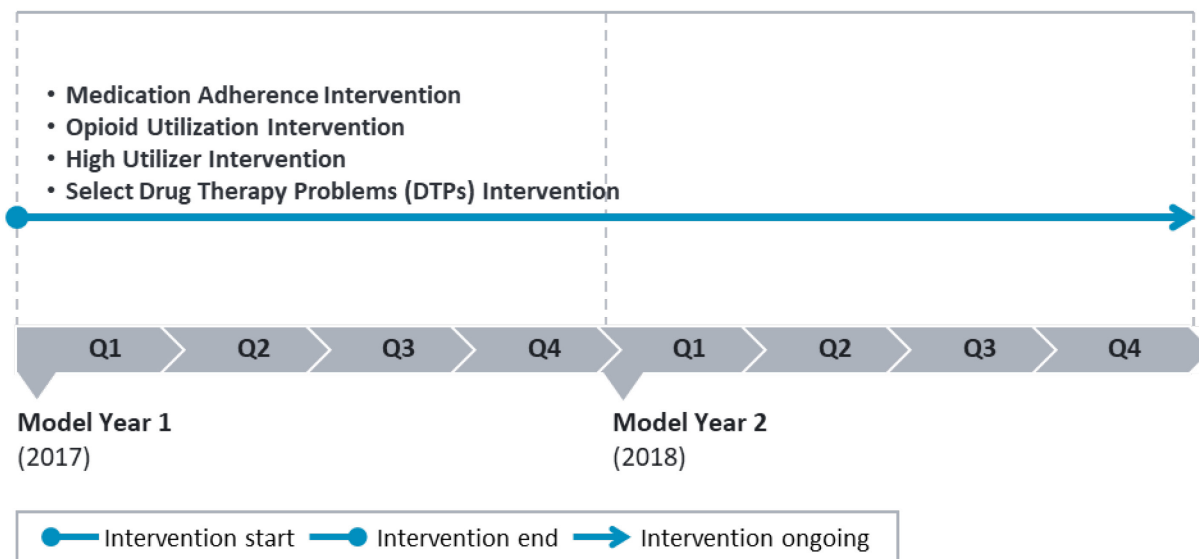
Appendix Table A.17: WellCare Enhanced MTM Partnerships

Organization	Role in WellCare’s Enhanced MTM Implementation
WellCare	<ul style="list-style-type: none"> • Enhanced MTM sponsor organization • Oversees Enhanced MTM implementation • Provides outreach, Enhanced MTM service delivery, provider communication • Documents and reports Enhanced MTM services
RxAnte	<ul style="list-style-type: none"> • Conducts beneficiary targeting • Assigns targeted beneficiaries to MTM vendors • Provides operational and outcomes reporting support for the ongoing management of Enhanced MTM implementation
University of Florida Center for Quality Medication Management	<ul style="list-style-type: none"> • Notifies beneficiaries who are eligible for Enhanced MTM about the Enhanced MTM Model • Provides outreach, Enhanced MTM service delivery, provider communication • Documents and reports Enhanced MTM services
Mirixa Corporation	<ul style="list-style-type: none"> • Provides outreach, Enhanced MTM service delivery, provider communication • Documents and reports Enhanced MTM services
Eliza Corporation	<ul style="list-style-type: none"> • Uses interactive voice response (IVR), email, and text to send medication adherence reminders to beneficiaries
Staywell	<ul style="list-style-type: none"> • Develops and distributes a quarterly education newsletter to Enhanced MTM–eligible beneficiaries
Healthwise	<ul style="list-style-type: none"> • Provides clinical content for WellCare website
Medkeeper	<ul style="list-style-type: none"> • Maintains the MTMExchange, a documentation system used for Enhanced MTM services by WellCare and University of Florida

A.5.3 Enhanced MTM Interventions

As shown in Appendix Figure A.5, below, WellCare did not add or discontinue any Enhanced MTM interventions since the start of the Model. WellCare launched four Enhanced MTM interventions at the start of Model Year 1, and these interventions continued through the end of Model Year 2. WellCare’s Enhanced MTM interventions focus on (i) medication adherence; (ii) opioid utilization; (iii) select drug therapy problems (DTPs); and (iv) high drug utilization among beneficiaries with certain chronic conditions.

Appendix Figure A.5: WellCare Enhanced MTM Intervention Implementation Milestones



Enhanced MTM Intervention Targeting

Appendix Table A.18 provides a brief overview of WellCare’s targeting processes for its four Enhanced MTM interventions.

Appendix Table A.18: WellCare Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Medication Adherence	<ul style="list-style-type: none"> Med Use <ul style="list-style-type: none"> DTP Conditions 	Identifies beneficiaries who are or who are likely to become non-adherent to medication classes used for CMS Star measures or anti-retroviral medications.	Parts A, B, and D
Opioid Utilization	<ul style="list-style-type: none"> Med Use <ul style="list-style-type: none"> High-risk Med 	Identifies beneficiaries who are or are potentially at risk for opioid abuse and/or overdose.	Part D
Select Drug Therapy Problems	<ul style="list-style-type: none"> Med Use <ul style="list-style-type: none"> DTP 	Identifies beneficiaries who have one or more select drug therapy problems.	Part D
High Utilizer	<ul style="list-style-type: none"> Med Use <ul style="list-style-type: none"> Number of Meds Conditions 	Identifies beneficiaries who are taking multiple medications and who have certain chronic conditions.	Parts A, B, and D

^a Med Use: targeting based on medication utilization; DTP (drug therapy problem): Med Use sub-category related to medication adherence issues, adverse drug reactions/interactions, gaps in care (i.e., needing additional drug therapy), dosage issues, and/or unnecessary or inappropriate drug therapy; High-risk Med: Med Use sub-category related to beneficiaries who take certain high-risk medications; Number of Meds: Med Use sub-category related to beneficiaries who are prescribed a certain number of medications; Conditions: targeting based on the presence of one or more chronic conditions.

Enhanced MTM Services

Appendix Table A.19 provides a brief overview of WellCare’s tailored, beneficiary-specific Enhanced MTM services for each of its Enhanced MTM interventions. The combination and content of WellCare’s services vary by intervention and beneficiary needs. In addition to the services described in Appendix Table A.19, WellCare also provides beneficiaries with educational material, including a quarterly newsletter and online resources, and offers a “HealthLine Hotline,” which is promoted in beneficiary outreach and education materials and allows beneficiaries to initiate contact regarding medication questions or concerns.

Appendix Table A.19: WellCare Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Medication Adherence ^c	• CMR	High	Recurrent	<ul style="list-style-type: none"> • Comprehensive Medication Review (CMR): Collects beneficiary-specific health and medication information, including lifestyle/behavioral factors; assesses medication therapies to identify medication-related problems (MRPs); and develops a prioritized list of MRPs and creates a plan to resolve MRPs with the beneficiary, caregiver, and/or prescriber. • Quarterly Reviews: Follow-up medication reviews for beneficiaries who received a CMR.
	• Medication adherence (pharmacist)	High	One-time	<ul style="list-style-type: none"> • Targeted System-Generated Review: Involves a phone conversation with the beneficiary to explore the reasons for adherence or potential non-adherence.
	• Medication adherence (automated)	Low	One-time	<ul style="list-style-type: none"> • Interactive Voice Response (IVR): Uses automated calls, text, or email to provide refill reminders or other medication adherence services.
Opioid Utilization	• TMR (prescriber)	Low	Recurrent	<ul style="list-style-type: none"> • Targeted System-Generated Review: Involves prescriber communication to address opioid medication-related issues.
Select Drug Therapy Problems	• TMR (prescriber)	Low	Recurrent	<ul style="list-style-type: none"> • Targeted System-Generated Review: Involves prescriber communication to address specific, pre-identified medication-related issues. The beneficiary is not typically involved in this service.
High Utilizer	• CMR	High	Recurrent	<ul style="list-style-type: none"> • CMR • Quarterly Reviews

^a “Significant services” were services for a given sponsor-intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. Please see Section 3 (“What Services Were Provided under the Enhanced MTM Model?”) and Table 3.2 for a full list and definitions for these significant service categories.

^b High-intensity services are defined as those that involved interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that did not involve the beneficiary directly (i.e., services that were directed to the prescriber only) or involved only one-way sharing of information with the beneficiary (e.g., vaccine reminders or IVR).

^c Beneficiaries targeted for the Medication Adherence intervention who are considered high priority may receive any of the service categories, beneficiaries who are considered moderate priority may receive the Medication adherence (pharmacist) or Medication adherence (automated) service categories, and beneficiaries who are considered low priority may receive the Medication adherence (automated) service category only.

A.5.4 Outreach Strategy

Appendix Table A.20 describes WellCare’s approach to beneficiary and prescriber outreach.

Appendix Table A.20: WellCare Outreach Strategy Overview

Outreach Categories	WellCare Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • WellCare uses a combination of call center and community pharmacies to conduct beneficiary outreach. • All eligible beneficiaries receive telephone outreach notifying them that they may be contacted to receive Enhanced MTM services, followed by a mailed welcome letter to explain the Enhanced MTM Model and introduce the vendors that may be contacting them. <ul style="list-style-type: none"> ◦ Eligible beneficiaries who are targeted to receive Enhanced MTM services may receive additional outreach by phone, in-person, or via interactive voice response (IVR), depending on the intervention and services for which they are targeted. • Outreach is coordinated for beneficiaries who are targeted for multiple interventions to not overburden beneficiaries with multiple, overlapping contact attempts. • Quarterly educational newsletters containing general medication, health, and lifestyle information are sent to all Enhanced MTM eligible beneficiaries.
Prescriber Outreach	<ul style="list-style-type: none"> • Prescriber outreach is post-service. • After a CMR service, prescribers receive a copy of the beneficiary’s personalized medication list by fax to ensure the prescriber is aware of the beneficiary’s current medication regimen. • Recommendations for medication changes to the prescriber are prioritized based on the severity of the issue the recommendation addresses. • Pharmacists also consider the severity of the drug therapy problem when deciding how to contact the prescriber to address the drug therapy problem (i.e., by fax, mail, or phone).

A.6 Blue Cross Blue Shield of Florida (BCBS FL)

The Blue Cross Blue Shield of Florida (BCBS FL) Enhanced MTM interventions use a combination of data from Medicare Parts A, B, and D claims and the Florida Health Information Exchange (HIE) to target beneficiaries for services. BCBS FL offers multiple Enhanced MTM interventions with intervention-specific targeting criteria. While the types of services offered in the different interventions are similar, the focus areas of the services vary. Information in this appendix reflects BCBS FL’s Enhanced MTM interventions as of the end of Model Year 2, unless noted otherwise.

A.6.1 Sponsor Overview

<p>Region(s): 11 (FL)</p> <p>Plan Benefit Package(s): S5904-001</p> <p>Number of PDP Enrollees: Model Year 1: 64,631 Model Year 2: 60,860</p> <p>Number of Enhanced MTM-eligible Beneficiaries: Model Year 1: 35,022 (54.2% of Model Year 1 enrollment) Model Year 2: 22,735 (37.4% of Model Year 2 enrollment)</p>

Sources: Enhanced MTM eligibility data in the Medicare Advantage and Prescription Drug system (MARx), and PDP enrollment data in the Common Medicare Environment (CME), accessed in June 2019.

Notes: PDP enrollment only includes Enhanced MTM-participating contract-plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.6.2 Participating Organizations

Appendix Table A.21 lists BCBS FL’s partners and their role in Enhanced MTM.

Appendix Table A.21: BCBS FL Enhanced MTM Partnerships

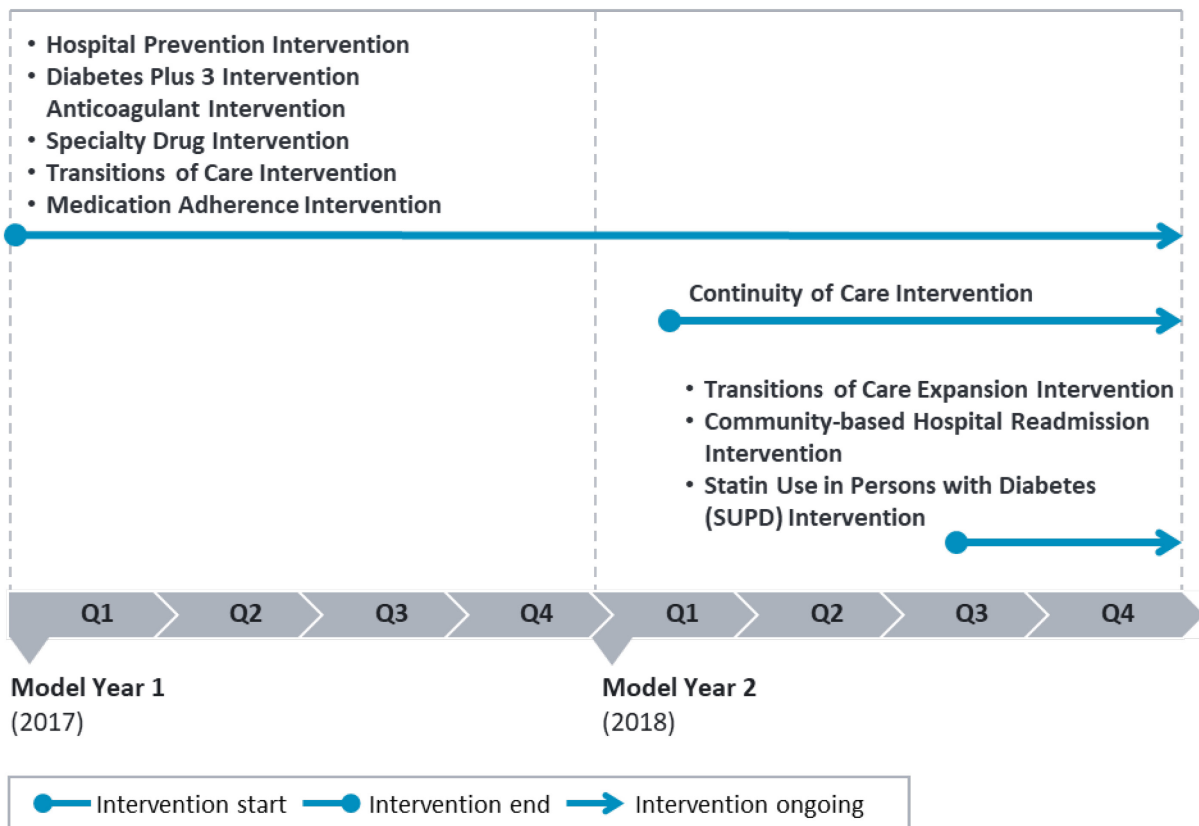
Organization	Role in BCBS FL’s Enhanced MTM Implementation
BCBS FL	<ul style="list-style-type: none"> Oversees Enhanced MTM implementation, Enhanced MTM sponsor organization.
Genoa Medication Management Systems (GMMS)	<ul style="list-style-type: none"> Conducts Enhanced MTM intervention targeting and provides Enhanced MTM clinical services and outreach.
GuideWell Connect	<ul style="list-style-type: none"> Conducts prescriber outreach. Subsidiary of GuideWell Mutual Holding Corporation, which also owns BCBS FL.
RxAnte ^a	<ul style="list-style-type: none"> Provided predictive analytics for medication adherence targeting.
Availity	<ul style="list-style-type: none"> A real-time information network connected to the state Health Information Exchange (HIE), used by BCBS FL and GMMS to support targeting efforts and services and facilitate provider referrals to Enhanced MTM services.
Prime Therapeutics	<ul style="list-style-type: none"> Serves as BCBS FL’s pharmacy benefits manager (PBM), manages the co-pay waivers.

^a Added late Model Year 1 to mid-Model Year 2.

A.6.3 Enhanced MTM Interventions

As shown in Appendix Figure A.6, BCBS FL increased the number of its Enhanced MTM interventions over the course of Model Years 1 and 2. BCBS FL launched six Enhanced MTM interventions in Model Year 1, which all continued through Model Year 2. In Model Year 2, BCBS FL added two new Enhanced MTM interventions and two transitions-of-care sub-interventions (the Transitions of Care Expansion intervention and Community-based Hospital Readmission intervention).¹

Appendix Figure A.6: BCBS FL Intervention Implementation Milestones



¹ BCBS FL’s transitions-of-care intervention encompasses three smaller sub-interventions: (i) the Transitions of Care Intervention, which includes beneficiaries contacted within 7 days of discharge; (ii) the Transitions of Care Expansion Intervention, which includes beneficiaries contacted between 8 and 30 days after discharge; and (iii) the Community-based Hospital Readmission Intervention, which provides in-home services to beneficiaries residing in selected Florida counties. The first intervention was launched in Model Year 1, and the latter two in Model Year 2.

Enhanced MTM Intervention Targeting

Appendix Table A.22 provides a brief overview of BCBS FL’s targeting processes for its eight Enhanced MTM interventions.

Appendix Table A.22: BCBS FL Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Hospital Prevention	<ul style="list-style-type: none"> • Conditions • High Costs 	Includes beneficiaries who have a serious chronic condition and high expenditures.	Parts A, B, and D
Diabetes Plus 3	<ul style="list-style-type: none"> • Conditions 	Includes diabetic beneficiaries who also have at least three other chronic conditions.	Parts A, B, and D
Anticoagulant	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ High-risk Med ○ New Med 	Includes beneficiaries who have a new anticoagulant prescription.	Part D
Specialty Drug	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ New Med • Conditions 	Includes beneficiaries who have specialty drug prescriptions for selected chronic conditions. ^b	Part D
Medication Adherence	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP 	Identifies beneficiaries who are likely to become non-adherent to drugs included in Medicare Star Ratings adherence measures. ^c	Part D
Transitions of Care ^d	<ul style="list-style-type: none"> • Transitions 	Includes any beneficiaries contacted within 30 days of a recent inpatient stay or emergency room (ER) visit for a chronic condition or recent inpatient hospitalization. ^e	Health Information Exchange (HIE)
Continuity of Care ^f	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ High-risk Med ○ New Med • Conditions • High Costs 	Includes beneficiaries who were targeted to receive an Annual Medical Review (AMR) in the previous Model Year, but no longer qualify in the current Model Year.	Parts A, B, and D
Statin Use in Persons with Diabetes ^f	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ Number of Meds • Conditions 	Includes beneficiaries who qualify for the CMS Star Ratings Statin Use in Persons with Diabetes measure.	Part D

^a Med Use: targeting based on medication utilization; High-risk Med: Med Use sub-category related to beneficiaries who take certain high-risk medications; New Med: Med Use sub-category related to newly prescribed medications; DTP (drug therapy problem): Med Use sub-category related to medication adherence issues, adverse drug reactions/interactions, gaps in care (i.e., needing additional drug therapy), dosage issues, and/or unnecessary or inappropriate drug therapy; Number of Meds: Med Use sub-category related to beneficiaries who are prescribed a certain number of medications; Conditions: targeting based on the presence of one or more chronic conditions; High Costs: targeting based on high Medicare Parts A, B, and/or D costs; and Transitions: targeting based on recent discharge from the hospital.

^b In Model Year 1, the Specialty Drug intervention targeted beneficiaries who had any new specialty drug prescriptions. In Model Year 2, BCBS FL limited the targeting criteria to beneficiaries who took specialty drugs for certain chronic conditions.

^c In the first half of Model Year 2, BCBS FL used predictive targeting for the Medication Adherence intervention. During the latter half of Model Year 2, BCBS FL targeted beneficiaries using a retrospective method.

^d BCBS FL’s transitions-of-care intervention encompasses three smaller sub-interventions: (i) the Transitions of Care Intervention, which includes beneficiaries contacted within 7 days of discharge; (ii) the Transitions of Care Expansion

Intervention, which includes beneficiaries contacted between 8 and 30 days after discharge; and (iii) the Community-based Hospital Readmission Intervention, which provides in-home services to beneficiaries residing in selected Florida counties. The first intervention was launched in Model Year 1, and the latter two in Model Year 2.

^e In Model Year 1, the Transitions of Care intervention targeted beneficiaries with a recent inpatient hospitalization. In Model Year 2, BCBS FL also included beneficiaries who had a recent ER visit.

^f Implemented in Model Year 2.

Enhanced MTM Services

Appendix Table A.23 provides a brief overview of BCBS FL’s tailored, beneficiary-specific Enhanced MTM services for each of its Enhanced MTM interventions. BCBS FL varies the combination and content of services depending on intervention eligibility and beneficiary needs. In addition, the number and length of the services vary by intervention and are based on pharmacists’ clinical discretion. In addition to the services described in Appendix Table A.23, BCBS FL also operates a call-in line (“Ask the Pharmacist”) that allows beneficiaries to contact BCBS FL with questions or concerns about their medications. If a potential medication issue is identified when a beneficiary calls in, the beneficiary is eligible to receive a TMR (“Medication Review on Demand”).

Appendix Table A.23: BCBS FL Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Hospital Prevention, Diabetes Plus 3, Anticoagulant, and Specialty Drug	<ul style="list-style-type: none"> • CMR • Cost/social support 	High	Recurrent	<ul style="list-style-type: none"> • Annual Medication Review (AMR) is BCBS FL’s CMR and includes pharmacist review of each medication to determine that it is appropriate for the beneficiary, effective for the medical condition, safe given co-morbidities and other medications being taken, and can be taken as intended. • Follow-up medication reviews (FMRs) is a brief follow-up evaluation with a pharmacist. • Adherence barrier assessment: investigates and addresses the reasons a beneficiary is non-adherent to medication classes used for CMS Star measures. • Co-pay waivers: <ul style="list-style-type: none"> ○ Beneficiary Incentives: offers co-pay discounts to eligible beneficiaries who initially decline to participate in Enhanced MTM services or are difficult to reach. ○ Cost-share reductions: eliminates copay for certain generic medications for beneficiaries who state during a pharmacist encounter that cost is a barrier to medication adherence. • Ask a Pharmacist: a hotline for medication-related questions.
Medication Adherence	<ul style="list-style-type: none"> • Medication adherence (pharmacist) • Cost/social support 	High	One-time	<ul style="list-style-type: none"> • Adherence barrier assessment and prevention <ul style="list-style-type: none"> ○ Predictive – focuses on patient education and self-efficacy for medication adherence ○ Retrospective – investigates and addresses why patients became non-adherent • Co-pay waivers • Ask a Pharmacist
Transitions of Care	<ul style="list-style-type: none"> • Transitions of care (CMR) • Cost/social support 	High	Recurrent	<ul style="list-style-type: none"> • Annual Medication Review (AMR) • Follow-up medication reviews (FMRs) • Co-pay waivers • Ask a Pharmacist
	<ul style="list-style-type: none"> • Transitions of care (prescriber) 	Low	One-time	<ul style="list-style-type: none"> • TMR (prescriber): Involves a one-time prescriber-facing TMR for beneficiaries who were eligible for the Transitions of Care intervention but unresponsive to outreach attempts or unreachable
Continuity of Care	<ul style="list-style-type: none"> • CMR • Cost/social support 	High	One-time	<ul style="list-style-type: none"> • Follow-up medication reviews (FMRs) • Co-pay waivers • Ask a Pharmacist
Statin Use in Persons with Diabetes	<ul style="list-style-type: none"> • TMR (prescriber) 	Low	One-time	<ul style="list-style-type: none"> • Targeted Medication Review (TMR): involves a pharmacist sending a letter to a beneficiary’s provider to recommend prescribing a statin if one is not already prescribed.

- ^a “Significant services” were services for a given sponsor-intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. Please see Section 3 (“What Services Were Provided under the Enhanced MTM Model?”) and Table 3.2 for a full list and definitions for these significant service categories.
- ^b High-intensity services are defined as those that involved interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that did not involve the beneficiary directly (i.e., services that were directed to the prescriber only) or involved only one-way sharing of information with the beneficiary (e.g., vaccine reminders or Interactive Voice Response).

A.6.4 Outreach Strategy

Appendix Table A.24 describes BCBS FL’s approach to beneficiary and prescriber outreach.

Appendix Table A.24: BCBS FL Outreach Strategy Overview

Outreach Categories	BCBS FL Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • All beneficiaries are mailed an initial informational welcome packet with intervention-specific information and a call-in number. • All beneficiaries who qualify for one or more of BCBS FL’s beneficiary-facing interventions receive telephonic outreach. Beneficiaries in the Transitions of Care Community-based Hospital Readmission intervention also receive an in-home service. • After an Annual Medication Review (a CMR service), patients are mailed a Medication Action Plan which includes the pharmacist recommendations and Personal Medication List.
Prescriber Outreach	<ul style="list-style-type: none"> • Prescriber communication occurs primarily through a provider portal and by fax. Pharmacists may call prescribers, if necessary, during Enhanced MTM service delivery. • When pharmacists recommend medication changes as a result of very-high-risk or high-risk beneficiaries’ Enhanced MTM service, their prescribers receive Provider Medication Action Plans (PMAPs), which list the recommended medication changes. Prescribers also receive instructions for responding to the PMAP. • If a moderate-risk beneficiary declines an Enhanced MTM service, the prescriber is sent any proof of medication non-adherence. • As part of the Statin Use in Persons with Diabetes intervention, prescribers are sent a letter with pharmacist recommendations if a patient has diabetes but is not prescribed a statin medication. • BCBS FL encourages prescribers to participate in the Enhanced MTM Model and gives instructions for beneficiary referral through presentations at Florida health care organizations and relevant conferences.