

MODEL OVERVIEW

The Enhanced Medication Therapy Management (MTM) Model—which began in January 2017—is a 5-year Model to test whether modifications to traditional MTM requirements incentivize better medication management interventions, and thereby lead to improved therapeutic outcomes and reduction of Medicare expenditures. The Model provides Part D prescription drug plan sponsors with additional flexibilities and financial incentives not present under traditional MTM.

Model Design Innovations

- ✓ Increased flexibility to target enrollees and offer services tailored to enrollee characteristics
- ✓ Prospective payments to support implementation of interventions
- ✓ Performance-based payments in the form of a premium subsidy for reducing Medicare Parts A & B costs relative to a benchmark
- ✓ New eligibility and encounter data reporting requirements

PARTICIPANTS

6 Part D prescription drug plan sponsors representing 22 Plan Benefit Packages (PBPs) with 1.9M enrollees in 5 regions.

- *SilverScript/CVS, Humana, Blue Cross Blue Shield (BCBS) Northern Plains Alliance (NPA), UnitedHealth, WellCare, BCBS of Florida*

MODEL IMPLEMENTATION

Sponsors offered multiple Enhanced MTM interventions designed to identify and address medication related issues, each with its own criteria for eligibility and associated service(s).



Eligibility: Enrollees were eligible for distinct interventions based on sponsor-defined criteria (e.g., medication use, vaccine status, chronic conditions, high costs, hospital discharge).



Services: Services were intended to address specific needs, and included medication reconciliation, comprehensive and targeted medication reviews, and education. Sponsors offered enrollees different types and varied frequencies of services, depending on the intervention.

Model Year 3 Highlights

- **29 interventions** offered Modelwide, with half of the sponsors adding at least 1 new intervention
- **Most enrollees (1.1M)** eligible based on medication use, similar to previous Model Years
- **122K enrollees** eligible based on high costs, more than double the number in Model Year 1
- **25K enrollees** eligible based on hospital discharge, more than triple the number in Model Year 1
- **About 100K more services** delivered than in Model Year 2
- **28% of eligible enrollees** received high-intensity services and **22%** received low-intensity services, similar to previous Model Years

	Model Year 1 (2017)	Model Year 2 (2018)	Model Year 3 (2019)
Number of Enrollees	1.9M	1.9M	1.9M
Proportion of Enrollees Eligible for Enhanced MTM	65.9%	69.6%	73.7%
Proportion of Enrollees Receiving Enhanced MTM Services	22.6%	27.3%	29.8%

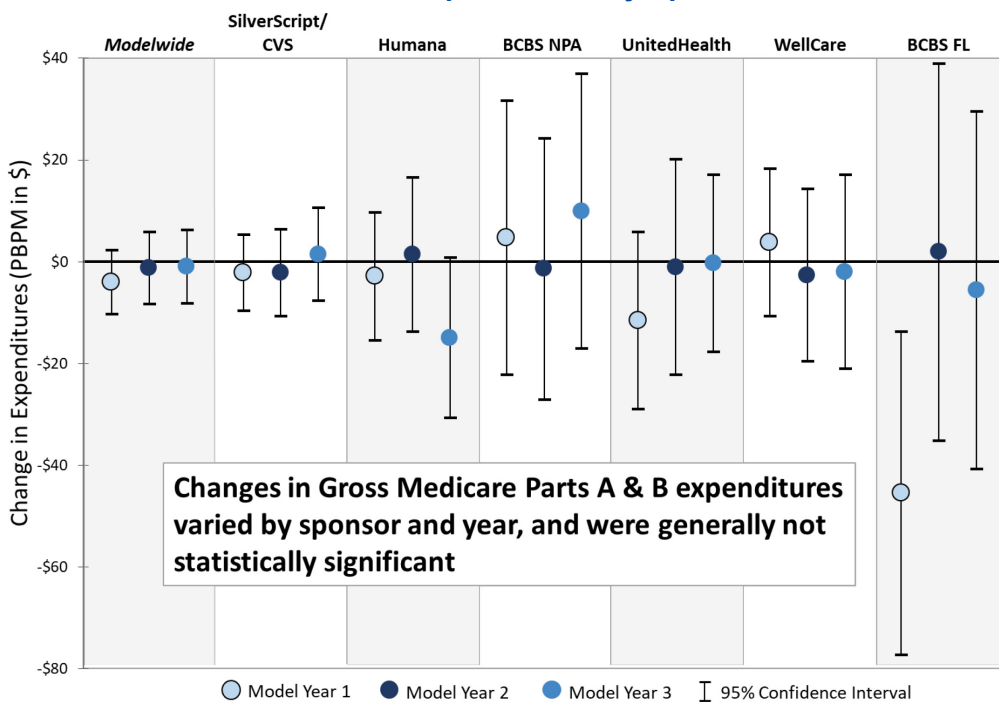
FINDINGS

Modelwide, there were no significant impacts on Gross or Net Medicare expenditures.

	Non-significant Reductions in Gross Expenditures	+	Projected Model Payments	=	Non-significant Increases in Net Expenditures	
	PBPM		PBPM Prospective + Performance		PBPM	Aggregate, in Millions
Model Year 3 (2019)	-\$1.00 [-8.21, 6.21]		\$4.64		\$3.64 [-3.57, 10.85]	\$72.43 [-71.20, 216.05]
Cumulative (2017 – 2019)	-\$2.21 [-7.60, 3.19]		\$4.64		\$2.43 [-2.96, 7.83]	\$146.69 [-178.64, 472.03]

PBPM = Per Beneficiary Per Month; 95% confidence intervals (CIs) are shown in square brackets. Estimates with CIs crossing 0 are not statistically significant, meaning the evaluation cannot confidently state whether spending increased or decreased.

Gross Expenditures By Sponsor



Additional Model Impacts

- Measures of medication use for diabetes showed **modest improvements**
- Measures of potentially unsafe medication use **did not improve**
- Reductions** in inpatient and institutional post acute-care spending were partially offset by **increases** in emergency, outpatient and ancillary service spending
- Inpatient expenditures related to ambulatory care sensitive conditions **decreased**, accounting for 17 percent of the decrease in total inpatient expenditures

KEY TAKEAWAYS

- > There were no statistically significant impacts on Medicare Parts A & B expenditures through the end of 2019, the third year of the five-year Model.
- > Medicare’s prospective and performance-based payments to sponsors for the Model were larger than the decreases in Medicare Parts A & B expenditures. The Model, therefore, generated net losses for Medicare, though the estimate is not statistically significant.
- > Estimated impacts suggest that the Model may be improving some beneficiary outcomes, and may have reduced certain types of costly utilization (e.g., hospital readmissions).
- > For most sponsors, efforts to expand and optimize Enhanced MTM interventions continued into Model Year 3, which led to continued increases in Modelwide eligibility for and receipt of services over time.