

Findings at a Glance

Model Overview

The Enhanced Medication Therapy Management (MTM) Model, which began in January 2017 and ended in December 2021, tested whether modifications to traditional MTM requirements incentivized better medication management interventions, and led to improved therapeutic outcomes and reductions in Medicare expenditures.

Model Design Innovations

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

Participants

6 Part D prescription drug plan sponsors operated 22 plans in 5 regions: *SilverScript/CVS, Humana, Blue Cross Blue Shield Northern Plains Alliance (BCBS NPA), UnitedHealth, WellCare, Blue Cross Blue Shield of Florida (BCBS FL)*

Model Implementation: Stakeholder Perspectives

Feedback from sponsors, beneficiaries, prescribers, and pharmacy industry stakeholders highlighted that:

- Beneficiaries value services offered at clinically meaningful times and focused on cost savings, high-risk medications, and drug therapy problems.
- Comprehensive medication reviews (CMRs) may be particularly effective when offered selectively to certain beneficiaries, such as those with new medications, medication changes, or recent health changes.
- Beneficiaries value convenience and familiarity with the MTM provider when deciding whether to participate in MTM services. As such, telephonic outreach by community pharmacists with existing beneficiary relationships is an effective outreach and service delivery strategy.
- MTM services could complement broader chronic condition management efforts that may offer additional cost savings and improvements in beneficiary outcomes.

Findings: No Model Impacts on Gross and Net Expenditures

Modelwide, there were **no significant impacts** on gross or net Medicare expenditures cumulatively or in Model Year 5.

	Non-significant Decrease in Gross Expenditures + Model Payments* =		Non-significant Increase in Net Expenditures	
	PBPM	PBPM	PBPM	Aggregate, in Millions
Model Year 5 (2021)	-\$1.96 [-10.66, 6.73]	\$4.60	\$2.65 [-6.05, 11.34]	\$41.46 [-94.83, 177.59]
Cumulative (2017–2021)	-\$1.52 [-7.12, 4.07]	\$4.59	\$3.07 [-2.53, 8.66]	\$288.84 [-238.07, 814.81]

Notes: PBPM: per beneficiary per month; 95% confidence intervals are shown in square brackets. Estimates with confidence intervals including 0 are not statistically significant.

* Includes prospective and performance-based payments.

Findings: No Model Impacts on Gross Expenditures

For the Model as a whole:

- No impacts on gross Medicare expenditures cumulatively or in Model Year 5.

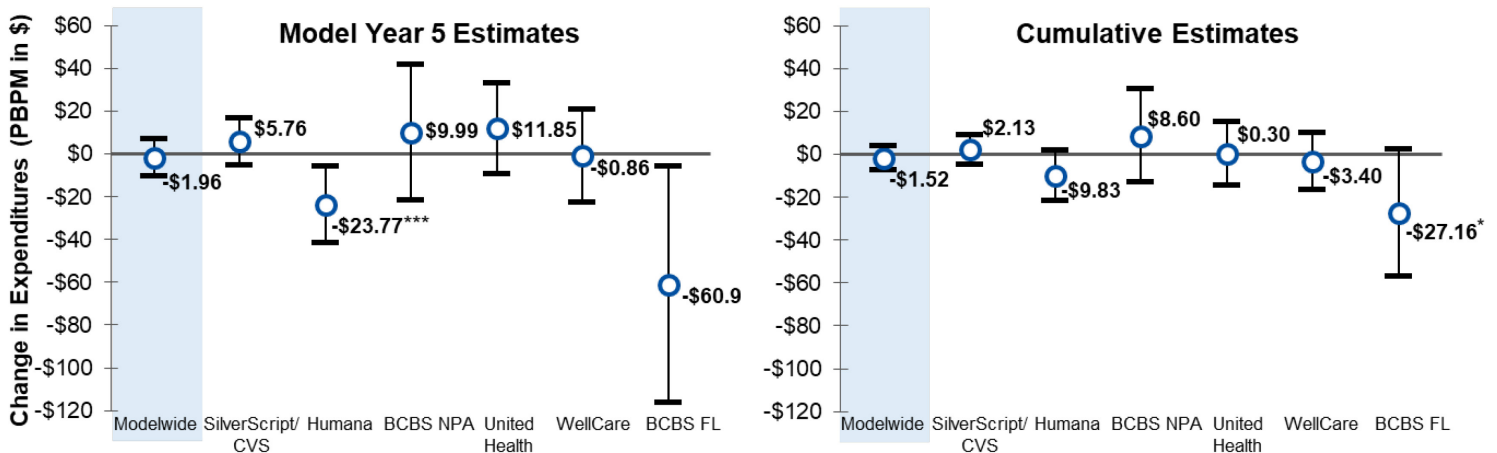
At the individual sponsor level:

- BCBS FL was the only sponsor with cumulative decreases in expenditures.
- In Model Year 5, there were decreases in expenditures only for Humana and BCBS FL.

Findings from supplemental analyses also show no Model impacts:

- No improvements on intermediate measures of medication use Modelwide or for any individual sponsor.
- No decreases in expenditures for the subgroup of beneficiaries who received an Enhanced MTM service Modelwide or for any individual sponsor.

In the absence of supporting findings, there is no clear explanation for how the Model's interventions could have caused the reductions in total expenditures for Humana and BCBS FL in Model Year 5.



Notes: * p-value < 0.10; ** p-value < 0.05; *** p-value < 0.01. MY: Model Year. Points represent difference-in-differences (DiD) estimates. Whiskers represent 95 percent confidence intervals.

Key Takeaways

- There were no statistically significant impacts on Medicare Parts A and B expenditures for the overall enrollee population in Model-participating plans.
 - Additional analyses also found no improvements for the smaller group of beneficiaries who received Enhanced MTM services.
- Medicare's prospective and performance-based payments to sponsors for the Model were larger than the non-significant decreases in Medicare Parts A and B expenditures.
- Sponsors, beneficiaries, and pharmacy industry stakeholders expressed support for the Model's flexibilities, because they facilitate a patient-centered approach to MTM, with services designed around a beneficiary's unique needs and provided at meaningful times.
- Despite a lack of Model impacts, lessons learned from the implementation of the Enhanced MTM Model can support future efforts by sponsors, stakeholders, and policymakers to improve the provision of MTM in Medicare Part D.