CMS Part D Enhanced MTM Model

Jennifer Brock:

Part D Enhanced Medication Therapy Management: Proposed Encounter Data Specifications. My name is Jennifer Brock and I will be moderating today's learning event. During this learning event, we will walk through the proposed Part D enhanced MTM encounter data specifications posted for public comment on February 26, 2016. This learning event is open to all Part D sponsors and other stakeholders who are interested in learning about the Part D Enhanced MTM encounter data specifications. Before we get started, I would like to point out a few tips so we can have a successful learning event. First, since we are recording this event all attendee phone lines have been placed in a listening only mode. The recording from today's learning event will be emailed to registered attendees following today's webinar.

Second, while there will be no formal question and answer period during today's event you are encouraged to submit any questions you might have into the Q&A box to the right of your webinar screen. All questions will be compiled and responses to distinct questions not previously addressed will be posted online at the CMMI enhanced MTM model webpage. You may also email questions to enhancedMTM@CMS.HHS.gov following this event. If you have any technical questions or concerns during today's event, please submit a question into the Q&A box. Charles Gluck, who is our producer, will be happy to assist you.

Finally, a PDF copy of the slides for today's presentation can be easily accessed by clicking in the link under the download presentation box located in the bottom right-hand corner of your webinar screen. Okay, let's get started. I would like to now briefly introduce our presenters. Gregory Woods and Nicholas Minter from the Innovation Center will begin by kicking off this discussion. Next, Justine Wagner, Ilene Harris, and Evan Perlman from IMPAQ International will discuss topics on the proposed enhanced MTM data specifications. Finally, Au'Sha Washington from the Innovation Center will wrap up the discussion with closing remarks. And now, I will turn the presentation over to Gregory Woods. Gregory?

Gregory Woods:

Thank you, and thank you to everyone for taking the time and joining us this afternoon for an exploration of our proposed enhanced MTM encounter data specifications. Before we get into the main substance of today's webinar, I'd like to briefly orient attendees on the Center for Medicare and Medicaid Innovation, the Division of Health Plan Innovation and the Enhanced Medication Therapy model. The Center for Medicare and Medicaid Innovation also known as the Innovation Center was created by the Affordable Care Act and effectively serves as CMS's research and development arm. The Innovation Center's mission is to test models or demonstration projects that are intended to either reduce program expenditures, enhance the quality of care, or both within Medicare/Medicaid and/or CHIP. To date the Innovation Center has launched over 30 new payment and delivery models; again, what might more informally be called demonstrations or pilots.

The Division of Health Plan Innovation, which is a division within the Innovation Center focuses on models that work with health plans, specifically with a focus on Medicare Advantage and Medicare Part D. To date, the Division of Health Plan Innovation has announced two models -- the Medicare Advantage Value Based Insurance Design model and the Part D Enhanced Medication Therapy Management model. Both of those models were announced in September of 2015. And will begin operation in January of 2017.

I should also say the Division of Health Plan Innovation is currently contemplating additional potential areas for additional model tests and on an ongoing basis we welcome feedback from all stakeholders about potential areas for innovation. I'd now like to give a high level overview of the Enhanced Medication Therapy Management model and I would -- for those who may not be totally familiar with the model I would also refer them to our website where there are -- there is significantly more detail available. The Enhanced Medication Therapy Management model as I said, was announced in September of 2015. This model will have a five-year model performance period beginning in 2017 and ending in 2021. Eligible prescription drug plans to participate in the model are standalone basic plans with a minimum enrollment of 2,000 in five select Part D regions. Regions 7, 11, 21, 25, and 28 — that's Virginia, Florida, Louisiana, Arizona, and the upper Midwest/Plains region. There are several key elements in this model including increased flexibility to vary the intensity and types of medication therapy management items, and services that are offered to individual beneficiaries. The intent of this model is to better align medication therapy management goals and plan's financial incentives by providing both a prospective payment to plans in order to support their enhanced MTM interventions and also for plans that are successful at reducing fee-for-service medical expenditures a performance payment in the form of an additional premium subsidy for enrollees.

In addition, the model will support interests within selected applications with the opportunities for learning and diffusion to share information of mutual interest of participants and non-proprietary lessons learned. Again, for more information regarding this model please visit the website which is at innovation.cms.gov/initiatives/enhancedMTM.

Before I hand the presentation over to our next presenter, I just wanted to note that there will be a brief two minute evaluation survey, an opportunity for feedback immediately following today's webinar. We appreciate all feedback and look forward to hearing from you and please do take a moment at the end of today's event to answer the brief questionnaire that will appear on your screen. In general I would just like to reiterate that model participant's success in this model is our success and we consider your input and feedback very carefully and in general encourage all stakeholders to continue to provide feedback to CMS moving forward. With that, I will hand it over to Nicholas Minter who's the team lead for the Enhanced MTM model.

Nicholas Minter:

Thank you very much, Greg. I want to give just a very brief update on the -- on the model application process before we start going over the data specifications. As Greg discussed, we have — you know, there was an application process. That application deadline was January 8, 2016. Since that time CMS has been reviewing applications and, you know, making determinations as to, you know what enhanced MTM interventions targeting and engagement

programs will be in the first year of the model. We plan to contact provisionally approved applicants of their determination by early April with that provisional determination status. After that determination CMS will issue guidance and there will be a process by which in mid-July — or by mid-July, forgive me — all provisionally approved applications will need to access their applications and provide additional details on the target and engagement in their activities that have been -- that are being proposed. If there are modifications or new activities that's when those will be added to the application. CMS expects that contracting arrangements will be more finalized and therefore finer details can be added to the application. We expect the enrollment estimates that have been submitted as part of the bid to be aligned with those estimates that are being included as part of the Part D submission process. And also any other supporting documentation or actuarial estimates associated with the model will need to be updated and resubmitted at that time. You know, this is a broad overview. We expect to issue further specific and detailed guidance on this update window beginning in April.

So, the only other thing I want to note is that, you know, this is a provisional approval process that we're discussing here. Final approval to participate in the model will be formalized as an addendum to the Part D agreement in September in conjunction with the Part D contracting process. So, just to give a little bit of background on, you know, the reason that we are having this webinar today — as was mentioned previously this past Friday we released an HPMS memo that was attached to a proposed enhanced MTM encounter data specifications document as well as an addendum that had a data library as well as specific examples. We are inviting public comment on that document until 5 p.m. Tuesday, April 26, 2016. Please email or submit comments otherwise to enhancedMTM@cms.hhs.gov. That email address is where we are collecting comments.

The rest of this presentation will generally be headed and I should say ushered very capably by IMPAQ International who has worked with CMS to develop the encounter data and the monitoring measurement specifications, which we will also go over today. As I said they will — they will be walking through the specification plan, discussing the purpose of the encounter data, and also directing specific areas where, you know, we are interested in public feedback.

Otherwise, I would encourage folks to please read the documents that were released on Friday with the context provided in this model and please, you know, as we've said, we believe that your feedback is completely essential in ensuring that this model and all facets thereof are a success. Next slide, please.

So briefly, just to go over today's objectives, you know, we plan to introduce the proposed enhanced MTM data elements for those of you who have not had time or the energy to dig deeply into the document yet. We hope to set context around, you know, what sort of decisions and what our intents are behind the decisions that have been made in this document. We will explain some of the encounter data files including walking through some of the records. We will also introduce proposed monitoring measures that will be used by our implementation contractor, you know, as stated and is probably obvious to monitor sort of usage and performance in the model. And we also, again, we encourage stakeholders to please submit comments on these measures by the deadline of April 26, 2016. Now, and with that general preview if you will I will turn over the presentation to Justine Wagner of IMPAQ International.

Justine Wagner:

Thank you, Nicholas. And good afternoon everyone. As Nicholas mentioned today, I will be explaining the key features of the proposed enhanced MTM encounter data structure. My colleagues Dr. Ilene Harris and Evan Perlman will dive into more details during their portions of today's presentation but for the next five slides I will simply summarize the proposed structure. First, the proposed structure is designed to be flexible in order to capture all participating sponsors' enhanced MTM approaches. Next, the proposed structure is designed to leverage existing code sets such as SNOMED CT codes, NPIs, Healthcare Provider Taxonomy Codes, RXCUIs and HCPCS level two codes.

Next, the proposed structure is designed to be long rather than wide. By long, we mean that each record represents individual enhanced MTM touch points as they occur chronologically. A wide data structure would have been if we proposed SNOMED CT codes to be coupled or grouped into a single row or record. Again, we have proposed a long rather than wide enhanced MTM data structure. Another key feature of the enhanced MTM encounter data is that there are 17 unique encounter data elements. These consist of six record identifiers, three service identifiers, and eight additional identifiers. Encounter records are proposed to be unique at the record and version level, which I will explain further on the next slide.

Next, as I mentioned on the previous slide each enhanced MTM touch point is an encounter and we have proposed every enhanced MTM encounter be represented by the encounter code data element. As Ilene and Evan will discuss, when available, SNOMED CT codes are required to be entered as the encounter code. And finally, as explained in the specification plan that was distributed for public comment, quarterly enhanced MTM encounter data files are due one month after the close of every quarter with the exception of the first quarterly submission (Q1 2017), which will be due four months after the close of the quarter. So please refer to section 2.6 of the specification plan for more details about the data submission schedule. As previously mentioned, there are six proposed record identifiers. All record identifiers are required fields and consist of record, version, CMS contract ID, plan benefit package ID, beneficiary HICN, and beneficiary sequence.

On this slide, we provide an excerpt of example number two, which Ilene will walk through shortly to demonstrate how record and version represent the unique key for the proposed data structure. In this example, you see from the second to last column (beneficiary sequence) that the Part D sponsor is recording the first seven enhanced MTM encounters for beneficiary repeating A which all occurred on September 9, 2017 as records 5,201 through 5,207. This sponsor has previously recorded 5,200 enhanced MTM encounters and will continue to generate incrementally numbered records throughout its participation in the five year enhanced MTM model.

There are three proposed service identifiers. All service identifiers are required fields and consist of encounter date, encounter code, and encounter code description. And finally, there are eight proposed additional identifiers. All of these are situationally required and consist of provider identifier, provider type, other provider type description, service location, drug product identifier, DMEPOS service, beneficiary incentive, and amount of cost sharing provided. It is

important to note here that the drug product identifier element repeats 10 times. This means that every enhanced MTM encounter data file will consist of 26 fields.

So, although there are 17 unique data elements, 26 total fields will be submitted as part of every quarterly submission. And at this time I would like to turn the presentation over to my IMPAQ colleague Dr. Ilene Harris.

Ilene Harris:

Thank you, Justine. So for the next segment of the webinar I will be presenting examples of encounter data to illustrate how the encounter data can be constructed. Because targeted beneficiary populations and MTM approaches may vary significantly across sponsors I want to emphasize that it's important that the encounter data be comprehensive and flexible. So we proposed the use and approach of the enhanced MTM encounter data that allows CMS to track enhanced MTM activities and surfaces received by the beneficiaries.

The intent of this structure is to give the sponsors flexibility in how they structure their enhanced MTM programs and how they document their activities using the encounter data. So I will review what MTM encounters actually are. I will provide some examples of encounter records and codes. And finally, I will illustrate all of these concepts in specific example MTM encounter data records. And all of the information that I'm presenting is included in the specification plan. So, what are enhanced MTM encounters? Essentially, they are the records of services delivered to Medicare beneficiaries enrolled in a Part D prescription drug plan that is participating in the CMMI enhanced MTM model. The encounter records will be used for measuring and monitoring quality, service utilization, and compliance among model participants. It's also anticipated that the encounter data will be used to evaluate the effectiveness of the Enhanced MTM model and help track the outcomes and/or Medicare expenditures.

I would like to point out two things about which the encounter data are not, as illustrated in the last two bullets of this slide. Encounter data are not tied to per service payment for Medicare to the PDP plan and encounter data do not include any payment information. So, encounter data capture the four major components of enhanced MTM activities — referrals, procedures, issues, and outcomes. This slide briefly reviews the operational definitions for each of these activities and I will get into more detail as we get into encounter data examples. Justine provided an overview of the data structure of the MTM encounter data. I want to just briefly review that before I get into the examples and then finally, later on in the webinar my colleague Evan Perlman will provide additional details. Each encounter record is assigned a series of identifiers and those six variables are listed on the slide; Justine mentioned each encounter records is unique at the record version level. What's important here with regard to enhanced MTM encounters is that the variable 'beneficiary sequence' indicates the temporal order in which the MTM encounters occurred. That helps us reconstruct a story about the MTM services which the beneficiary received. There are also specific encounter data elements that provide additional information -- the encounter date, the encounter code, and the encounter description. And, as Justine mentioned there are additional elements that are situationally required that give additional, more information about each encounter.

As I mentioned previously MTM encounters data capture MTM activities that we categorize into referrals, procedures, issues, and outcomes. So I'd like to review some examples of what these types of activities would be and some examples of MTM encounter data records. The referral type of encounter documents who notifies or who refers the beneficiary to receive enhanced MTM. Some examples are listed on the slide — a beneficiary could be referred by a healthcare professional such as a physician or other healthcare provider. The patient could refer him or herself. The referral could have been issued because of a transition from acute care to home. Another example is if the beneficiary met auto-referral targeting criteria. Reporting enhanced MTM encounters for beneficiaries that meet auto-referral targeting criteria is optional since this information can be captured elsewhere. However, Part D sponsors may choose to include auto-referral as an enhanced MTM encounter record to clearly demonstrate what initiated the sequence of enhanced MTM encounters for a particular beneficiary. Another kind of activity of the MTM encounter — that the MTM encounter data captur3e are the procedures or services that might be provided. These encounters document what interventions the beneficiary received. Some examples are listed on the slide.

A procedure might be an assessment of compliance. It might be providing patient education or it might be a drug regimen review. Or a procedure might involve a consultation with another healthcare provider or with a patient. Finally, well not finally, but first we have issues. Issues refer to the documentation of the beneficiary's medication therapy issues that were observed during the encounter. Some examples are listed on the slide. Medication therapy issues could be an unnecessary medication, the need for additional medication, documenting poly-pharmacy, a wrong dose, a drug interaction, or non-compliance. An outcome documents what happened following an MTM procedure. This could be an outcome of the patient, which are — some examples are listed on the slide such as toward the bottom of the last of the patient's condition improved, a transition of care, or the patient died. Outcome encounters could also document what actually happened with regard to the recommendation that was made such as whether the drug was discontinued, whether a dose was changed, or whether a recommendation was accepted or refused by the prescriber. So, how do we capture all of this information? We propose adopting the SNOMED system of coding. And for those who are not familiar with SNOMED CT — SNOMED CT — stands for the Systematized Nomenclature of Medicine -- Clinical Terms and is a clinical coding standard for an electronic exchange of health information.

It's a required standard in the interoperability specifications as defined by the U.S. Health Care Information Technology Panel. SNOMED CT is owned by the Health Terminology Standards Development Organization which is an international organization located in Denmark. In the U.S., the National Library of Medicine is a member of the IHTSDO and distributes SNOMED CT codes at no cost. One does have to sign up for a license to use the codes, but again, this is at no cost. Further information about SNOMED codes can be found at the website listed on the slide. So, here are some examples of SNOMED CT codes that are relevant to medication therapy management activities. This is just a handful of the hundreds of thousands of SNOMED CT codes that exist and among them there are perhaps hundreds of codes that are relative with MTM. The slide shows the SNOMED CT code and the description taken directly from the SNOMED CT database.

I then added on a column to illustrate what enhanced MTM activity — that is referral, procedure, issue, or outcome — that the code may represent. Note that it's possible for a code to describe two types of enhanced MTM activities. So for example as shown in the last row on the slide the code for transition of care may describe an outcome for one encounter for one beneficiary and a referral and another encounter for another beneficiary.

We are proposing to encourage the use of SNOMED CT codes whenever possible however we do recognize that it is possible that in your enhanced MTM program there may be an activity in which a SNOMED code does not exist. If that occurs, we propose that plan sponsors use the code ZZZZZ as their encounter code entry and enter a text description to describe the encounter. The text description may be up to 100 characters. So there are — we've thought about some examples that we believe there is not a relevant existing SNOMED code. For example, met sponsors auto-referral targeting criteria, which I mentioned is an optional type of coding. Or met the sponsor's CMS-approved criteria for cost sharing assistance.

As I mentioned, there are hundreds of thousands of SNOMED codes available so if in the rare instance that the plan — the plan cannot identify a relevant SNOMED CT code the plan sponsor can contact the value set steward to assist with identifying an appropriate code. More information about SNOMED CT code value sets will be included in the forthcoming enhanced MTM model encounter data companion guide. So, as shown in the following four examples that I will walk you through, the proposed data structure allows for creativity in enhanced MTM model design and does not necessarily require the strict format of the traditional MTM model of a comprehensive medication review followed by one or more targeted medication reviews. I will walk through the examples involving four different beneficiaries who received enhanced MTM services.

The beneficiary HICN field and other identifying variables that Justine reviewed are not shown in these slides due to space constraints but all fields for these examples are included in the encounter data examples worksheet in the appendix of the specification plan. This first example shows how a sponsor could document a full sequence of enhanced MTM activities. This example demonstrates a comprehensive submission of services that were provided to the same patient. All of the major components were submitted by the sponsor including referrals, medication therapy issues, interventions or procedures, and outcomes. The beneficiary was informed of his eligibility for MTM as shown in beneficiary sequence one. In this case, plans began — the plan began providing their services to the beneficiary without needing a referral from a physician.

As a result of complication on February 1, 2017 sequence number two the MTM provider identified two medication therapy issues. One, the patient was taking multiple medications for chronic diseases and two; the patient had an adverse drug interaction. These are shown in sequences three and four. During the consultation on February 1st, the provider also discussed compliance issues with the patient, which is documented in beneficiary sequence number five. Then, on February 10th, the MTM provider consulted with the patient's physician and the recommendations were accepted as shown in sequences number six and seven.

After one of the problem medications was stopped in sequence number eight, five days later the MTM provider set up a medication reminder system, shown in sequence number nine. This was performed at the patient's home, which is noted with the service location code of 12. Then, on March 5th, the MTM provider had another consultation with the patient over the phone and made an observation related to the patient's compliance and overall condition. Then two months later on May 7, 2017 the patient was self-referred after a transition from acute care to home and the patient received a phone consultation the same day. The targeted medication therapy review led to several condition specific medication reviews with the MTM provider. The provider recorded an encounter documenting that the patient received chronic disease education and noted an outcome that the patient's condition was poor. Encounters are submitted quarterly as Justine mentioned. And so there is no need to wait for any further outcome encounters to occur before submitting these records. In this case, the sponsor would have recorded the first 12 encounters that would have — that took place between January and March during the first quarterly reporting period and subsequent encounters taking place in May would be reported in the second quarterly reporting period. With the exception as Justine mentioned for the first two quarterly reporting periods they would both be submitted simultaneously at the end of July.

In the next example a beneficiary self-referred to the program on September 9, 2017. The MTM provider determined that the beneficiary was receiving unnecessary drug therapy and this was recorded using the appropriate SNOMED CT code in sequence number two. The beneficiary then received a number of services the same day including a health literacy assessment, which found that the beneficiary had deficient knowledge of his medication shown in sequence numbers three and four. The MTM provider also provided medication education in sequence number five, a medication reminder chart in sequence number six, and chronic disease education in sequence number seven. In this case, it could be inferred that the medication education and the chronic disease education were provided as a result of the findings of deficient knowledge. However, it's not required or necessary for the sponsor to indicate any cause or effect relationship between encounters and the data but rather that the sponsor sequences the encounters in the order in which they occur. If there are follow up encounters at a later point for this beneficiary this sequence for the beneficiary would continue with the next sequence number being eight. Since in this example, since encounter data must be submitted quarterly, all records would be submitted with the sponsor's quarter three 2017 file submission. Note that in this example the sponsor did report the drug product identified for the drugs identified as unnecessary in sequence number two.

Depending on the SNOMED code that was entered by sponsors encounter data submissions require sponsors to enter accompanying situationally required information. Encounter data files without the proper identifiers will be rejected according to the front-end logic checks. In this third example, the plan sponsor offered CMS approved cost sharing as an MTM service and reported each cost sharing service as a separate encounter. This encounter sequencing format can potentially also be used for when the sponsor is offering other free or discounted services such as devices or transportation. If sponsors offer cost sharing to beneficiaries the cost sharing criteria must be approved by CMS. In this example, the beneficiary's encounters begin on July 3, 2017 with a referral from a healthcare professional shown in sequence number one. On the same day the sponsor notes multiple chronic disease and poly-pharmacy in sequences numbers two and three. Three days later the MTM provider performs a comprehensive medication

assessment and a compliance assessment finding non-compliance as shown in sequence numbers four through six. The next day, on July 7th the sponsor records a referral by the payer in this case the sponsor because the beneficiary meets the sponsor's approved criteria to receive cost sharing assistance. And on the next slide in sequence number either the encounter for meeting her sponsor's cost sharing assistance criteria is recorded.

Cost sharing assistance is provided and reported in sequence number nine. Note that since there is not a SNOMED CT code for providing cost sharing assistance the encounter code is entered as ZZZZZ and an encounter code description is provided. Assessment for eligibility for cost sharing assistance and the provision of this assistance is carried out monthly from this point forward such as in sequences numbered — sequence numbers 10 and 13. Additional months are shown in the appendix of the specification plan. Drug and cost sharing amount information can also be seen in this example in the appendix. The sponsor also performed recurring compliance assessments on a monthly basis. The results of these assessments are recorded as encounters as well as you can see for example in sequence number 11 and 12. Since encounter data must be submitted quarterly all records shown in this example would be submitted with the sponsors quarter three 2017 file submission. In this final example, the beneficiary is initially targeted based on the sponsor's auto-targeting criteria as shown in sequences one through three. During the course of the MTM care process the patient enters the hospital.

On January 2nd during an initial medication review without the patient's direct involvement the patient is noted to be taking multiple chronic disease medications and to be under the care of multiple providers which is shown in sequence numbers four through six. The MTM provider recommends stopping one of the medications but the prescriber refuses the recommendation and this is shown in sequence numbers seven, eight, and nine. Two weeks later on January 27, 2017 the patient experienced a transition from acute care to home and recommendation is made and accepted to stop one medication due to side effects and change another medication. Another drug is also changed to a more cost effective option and the patient is noted to be in stable condition. Since all of these encounters in this example occurred in January 2017 they would be submitted with the sponsor's Q1, quarter one 2017 file submission.

So, in summary an enhanced MTM encounter should document the following categories of MTM activity. A referral which documents who notified or who referred the beneficiary to receive MTM, a procedure which documents what service or intervention the beneficiary received, and issue which documents the beneficiary's medication therapy issue, and an outcome or what happened following an MTM procedure including recommendations made or assessments of the beneficiary's health status. The beneficiary sequence indicates the temporal order in which MTM encounter is able to show the story of the beneficiary's MTM experiences.

We are proposing that sponsors use existing SNOMED CT codes to document these MTM activities and a forthcoming Enhanced MTM model encounter data companion guide will have instructions on how to access the SNOMED CT code sets for use in the encounter data. And now I will turn the webinar over to my IMPAQ colleague Evan Perlman.

Evan Perlman:

Thank you very much, Ilene. In the following slides I'll be covering four topics. The first is why and how to correct and update your enhanced MTM encounter data submissions. Then, I'll review the file submission format. Then I'll do a walkthrough of the data elements including definitions and allowable values and finally we'll discuss proposed monitoring measures that CMS will use to monitor the implementation of the Enhanced MTM model. First, I'll discuss data corrections and updates. CMS requires that participating sponsors submit complete and accurate enhanced MTM encounter data. Sponsors will be able to submit corrections in updates along with each quarterly submission. This can be either because the sponsors have identified an error or they were notified that perhaps a beneficiary's information has changed or perhaps because IMPAQ's or CMS' validation and quality assurance work has indicated some inconsistent or erroneous data. To correct a previously submitted record sponsors will use the record and version data elements. The record number of the new version would be the same but the version number will increase by one. All other values should be the same as in the old version except the ones that appear to be corrected. In this example, the sponsor is correcting two records. In record one a correction is made to the HICN and the encounter date. For record two, the HICN is corrected in version two but the encounter date was originally correct and remains the same.

On the next slide, I will discuss the file submission format. We propose to collect the enhanced MTM encounter data in a tab delimited ASCII file format, which includes a header record containing variable names. The file naming convention will be MTM encounter underscore your contract ID underscore the quarter indicated by one through four and underscore the four digit year. More information on the file format, where to submit files, how to submit files, and guidelines that can help you keep in mind expectations for file size will be included in the forthcoming Enhanced MTM model encounter data companion guide. Now I'll walk through the proposed data element specifications. My colleagues have previously demonstrated how you can use these data elements to report your Enhanced MTM model activities. For each data element these slides will show the variable name, label, the definition, the optionality, the allowable values, and the source. By optionality we mean whether the variable is required — that is must always be populated with a value, or whether it is situationally required meaning that it may not be appropriate to use it in all situations. And by source we mean whether the list of allowable values comes from CMS, the Part D sponsors, or some other organization. This first group of variables are those that are used to identify records and claims. The record and version ID together represent a unique key identifying each new or corrected record.

The value of the record increases by one for each new record and the value of the version increases by one for each correction of an existing record. Contract and PDP IDs should be familiar to you from their use in other CMS data collections. The next two data elements identify the beneficiary and the sequence of encounters. Beneficiary HICN is a standard identifier used across CMS data collections. You may also use the beneficiary's RRB number instead as needed. Sequence as demonstrated earlier in the presentation shows the order in which an enhanced MTM encounter occurred for each beneficiary. The sequence increases by one with each new encounter for that beneficiary. It does not reset. If the beneficiary leaves the plan and later reenrolls the sequence should continue where it left off. The next groups of data

elements describe basic information about the encounters. The encounter date is the date the encounter occurs. This can be any date during the quarterly reporting period. The encounter code, as we've demonstrated earlier, is any SNOMED CT code identifying the enhanced MTM encounter. If an appropriate SNOMED CT code isn't available sponsors should use the code ZZZZZ. The encounter code description is a text description of the encounter code. For SNOMED CT codes this could be any of the descriptions provided in a value set, whether they're preferred or alternative descriptions.

If the code ZZZZZ is used sponsors should enter text to describe the encounter. The next set of data elements describes service providers and locations. We anticipate that most of the enhanced MTM service providers will have NPIs. The NPI number uniquely identifies individuals or organizations and is available through the NPPES. We also anticipate that encounters may frequently involve multiple providers. For example, a pharmacist might reach out to a beneficiary's primary care physician to discuss a drug list. In these cases, we define the service provider as the provider that initiated the enhanced MTM service. In this case, that would be the pharmacist that reached out. If a provider did not have an NPI number use the code NA. The following — the next variable, the provider type, indicates the health care provider taxonomy code that describes the service provider. If the provider doesn't fit in one of these codes — for example, if the service provider is a call center -- you'd use other and then describe the other provider type in that variable. The service location indicates where the service was provided. For example, the pharmacy, the beneficiary's home or other locations. These location codes come from the CMS place of service code set. If the service was delivered via tele-health or email you would enter the code "remote". This is not one of the codes in the CMS place of service code set but we include it as an allowable value because we anticipate many enhanced MTM encounters will take place remotely.

Finally, please note that these variables are all situationally required. Depending on the encounter code used it may or may not be appropriate to identify the service provider and location. Final set of data elements are also situationally required. They identify drugs and other services. The drug ID is the RXCUI code for the product associated with the medication therapy issue. The DMEPOS service is a HCPCS code that describes products, supplies, or services that may be provided. For beneficiary incentive sponsors will provide a text description of any CMS approved service, product, or incentive that is not otherwise captured by another data element which can include things such as gift cards or medication reminder devices. Finally, if CMS-approved cost sharing is being provided, sponsors should enter the amount of cost sharing in the amount of cost sharing provided variable. Now, we'll review some proposed monitoring measures. CMS intends to use enhanced MTM encounter data to assess the program's implementation and effectiveness. The goal of these measures are to verify that approved services are reaching targeted populations and to identify barriers and successes. Measures may be calculated for sub-populations of interest based on targeting approaches. This could include separating the populations into sub-populations of different chronic disease or different beneficiary associated demographic groups such as regional groups or low-income status.

I want to emphasize as with the rest of the encounter data that the measures will not be used for payment calculations. Measure results at CMS's discretion may be shared with model participants for purposes of learning and monitoring improvement. And during the public comment period and as we move forward with the model, measure specifications and measure sets may be adjusted and updated to reflect public comment and to address the ultimately approved enhanced MTM plans. The next slide will show some examples of proposed measures. Again, these measures are all under development to help CMS monitor the implementation of the model. Sponsors should not feel that these measures prescribe a certain approach to enhanced MTM. The final measures ultimately will be able to account for the diverse enhanced MTM approaches that CMS will ultimately approve. The proposed measures will include — or may include — the percentage of beneficiaries discharged from the hospital who received enhanced medication therapy management services, the percentage of targeted beneficiaries with at least one medication therapy issue, and the percentage of MTM recommendations that were ultimately implemented. Now I'll turn the presentation over to Au'Sha Washington at CMS for closing remarks.

Au'Sha Washington:

Thank you, Evan. Hi everyone, I'm Au'Sha Washington a member of Enhanced MTM team and co-lead for learning systems. We would like to wrap up the main substance of the webinar with a review of key takeaways. So, as a reminder, proposed enhanced MTM encounter data specifications leverage existing code sets and are designed to be flexible in order to capture all participating sponsor's enhanced MTM approaches. Enhanced MTM encounter data and proposed monitoring measures will be used for measuring and monitoring quality, serve as utilization and compliance with Enhanced MTM model participation and contacts requirements. Certainly enhanced MTM encounter data and proposed monitoring measures are not used for reimbursement or payment calculations. Finally, proposed enhanced MTM encounter data specifications, measure sets, and measure specifications will be updated to reflect public comment. So, in regards to public comment stakeholders are invited to submit comments to EnhancedMTM@cms.hhs.gov as Nick mentioned until Tuesday, April 26, 2016 5 p.m. For questions pertaining to today's event and to propose learning event topics please email enhancedMTM@cms.hhs.gov.

Furthermore, visit the Part D Enhanced MTM model webpage to access model specific details including our previous learning events and supplemental information. The recording, transcript, and slides from today's events will be available on the CMMI website and that website is https://innovation.cms.gov/initiatives/enhancedMTM. Forgive me for that, it's on the slide. So, I'm going to hand it over to the moderator.

Jennifer Brock:

Thank you so much, Au'Sha. And thank you so much to everyone who participated in today's learning event it is a great event and I'm really excited to be here personally. Before closing today's event we would greatly appreciate it if everyone would take a couple of minutes to provide us with feedback pertaining to today's learning event. All feedback is confidential and will be used to improve future learning events. To do this draw your attention to the web links

box to the right middle of your screen. Click on the link in the box labeled survey and select browse to. Okay, with that I would like to formally close today's webinar. Thank you everyone for participating and thank you to our speakers.

[end of transcript]