Medication Therapy Management Program

Title 42 CFR Part 423, Subpart F, “Cost Control and Quality Improvement Requirements for Part D sponsors,” established requirements that Part D sponsors must meet under the Social Security Act. One of the requirements is for AlphaCare to provide a Medication Therapy Management Program (MTMP). In general, CMS mandates that MTMP:

- Is designed to ensure that covered Part D drugs prescribed to targeted beneficiaries are appropriately used to optimize therapeutic outcomes through improved medication use;
- Is designed to reduce the risk of adverse events, including adverse drug interactions, for targeted beneficiaries;
- May be furnished by a pharmacist or other qualified provider;
- May distinguish between services in ambulatory and institutional settings. While services and interventions may vary across settings, the MTMP eligibility criteria cannot;
- Must be developed in cooperation with licensed and practicing pharmacists and physicians.

This requirement does not apply to Medicare Advantage Private Fee for Service (MA-PFFS) or PACE organizations. However, CMS encourages the aforementioned organizations to establish an MTM program to improve quality for Medicare beneficiaries. For more details, refer to Chapter 7 – Medication Therapy Management and Quality Improvement Program of the Prescription Drug Benefit Manual. Each spring, AlphaCare is required to submit its MTMP for CMS approval. Changes to original submission are allowed during an open window period after the close of the previous quarter. MTMP approval is based on meeting the following requirements: eligibility criteria, method of enrollment, MTM service offering, MTM providers and measuring MTM participation statistics.

Eligibility Criteria

The MTMP enrollees qualify for MTMP by meeting eligibility requirements that include having multiple chronic diseases, taking multiple Part D drugs and incurring an annual Part D drug cost specified by CMS. The threshold for calendar year 2013 is $3,144.00. The minimum frequency for eligibility determination is quarterly. Additionally, AlphaCare is required to perform an end-of-year analysis for eligibility to promote continuity of care. Eligibility determinations should not contain any exclusionary or discriminatory criteria.
Multiple chronic diseases criteria
AlphaCare may select either 2 or 3 chronic diseases of which at least five of the following nine core chronic diseases must be included:

- Alzheimer’s Disease
- Chronic Heart Failure (CHF)
- Diabetes
- Dyslipidemia
- End-Stage Renal Disease (ESRD)
- Hypertension
- Respiratory Disease (Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disorders)
- Bone Disease-Arthritis (Osteoporosis, Osteoarthritis, or Rheumatoid Arthritis)
- Mental Health (Depression, Schizophrenia, Bipolar Disorder, or Chronic and Disabling Disorders)

Multiple Covered Part D Drugs Criteria
AlphaCare may select 2 to 8 covered Part D drugs and indicate the type of covered Part D drugs: any Part D drugs, chronic/maintenance drugs, or specific Part D drug classes.

Total Drug Spend Criteria
The required annual drug cost threshold is determined by CMS. The annual total drug spend (TDS) for 2013 is set at $3,144.00. The AlphaCare must provide a description of the analytical procedure used when determining if a beneficiary is likely to incur this annual cost threshold. The description may include the specific threshold(s), formula, or information on the model used.

Method of Enrollment
AlphaCare must enroll targeted beneficiaries using an opt-out method of enrollment only. An opt-out beneficiary remains eligible to participate for MTMP services for the remainder of the calendar year.

MTM Program Services
The minimum level of MTM services for each beneficiary enrolled in MTMP includes beneficiary and prescriber directed intervention programs, offering an interactive comprehensive medication review (CMR) by a pharmacist or other qualified provider at follow-up interventions when necessary.

Beneficiary Interventions
A CMR must be offered at least annually and targeted medication reviews must be performed at least quarterly. A CMR is a review of a beneficiary’s medications, including prescription, over-the-counter (OTC) medications, herbal and dietary supplements. This review is required for assessing medication therapy and optimizing patient outcomes. The CMR must be completed through an interactive person-to-person consultation with the eligible beneficiary. This real-time interaction may be face-to-face or telephonic. Documentation and summary of the consultation must be
provided to the beneficiary (e.g., a personal medication list, medication action plan, or recommendations for monitoring, education, or self-management).

For targeted beneficiaries enrolled in the MTM program that reside in a long term care (LTC) setting, AlphaCare can deliver the CMR to the beneficiary’s representative. AlphaCare must still perform quarterly medication reviews and offer interventions targeted to the beneficiaries, as these are requirements for all beneficiaries enrolled in the program regardless of setting and regardless of whether or not they decline the CMR offer. The targeted medication reviews assess medication use, monitor whether there are any unresolved issues that require attention or any new drug therapy problems, and/or issues with the transition of care. AlphaCare must provide follow-up interventions as necessary.

Prescriber Intervention
AlphaCare is required to offer interventions to the beneficiaries’ prescribers to optimize medication therapy by resolving drug therapy issues. AlphaCare may use multiple methods of communication. These include fax, mail, or phone.

MTM Providers
CMS considers MTM a cost (included in the plan bid). AlphaCare is required to explain how their fees account for the time and resources associated with their MTM program. They have the flexibility to determine the billing mechanisms and establish fees for pharmacists and other qualified providers associated with providing the MTM services. These arrangements are between AlphaCare and the providers of the services. Per CMS requirements, the MTM services may be furnished by pharmacists or other qualified providers. These are not mutually exclusive, and AlphaCare may utilize any single type of qualified provider or any combination of providers.

Reporting Requirements
AlphaCare is required to submit beneficiary-level reports, including receipt of a CMR, the number of targeted medication reviews, the number of prescriber interventions, and the number of changes in therapy directly resulting from the interventions. These data are due to CMS in February of each year following the close of a MTM calendar year.

MedImpact MTM Full Service Offering
MedImpact’s MTM Full Service includes a pharmacist-run call center. The standard offering is an opt-out enrollment program and qualifies beneficiaries who meet the following criteria:

1. Have at least two chronic conditions from the following list of chronic diseases: Chronic Heart Failure (CHF), Diabetes, Dyslipidemia, Hypertension, Asthma, and Chronic Obstructive Pulmonary Disease (COPD);
2. Take at least 6 chronic/maintenance medications, all of which must be covered Part D drugs;

3. Incur a TDS of $786.00 per quarter or $3,144.00 per year. Criteria variations from the MedImpact MTMP standard offering can be customized and supported for AlphaCare with CMS approved MTMP submissions. An end-of-year analysis for eligibility is performed to support the continuity of care requirement.

**AlphaCare MTMP Responsibilities**

- Provide CMS approved MTMP submission (pdf file)
- Provide eligibility data file updates with beneficiary phone numbers
- Provide current beneficiary plan start and end dates
- Provide disenrollment reason

**MedImpact MTMP Responsibilities**

The MedImpact MTMP Full Service includes the following services that are CMS compliant and focus on CMS Star Rating measures:

- Determine MTMP eligibility and provide reporting monthly
- Send beneficiaries Introductory Letter to schedule a CMR and provide the option to opt-out
- Perform annual telephonic CMR for MTMP eligible beneficiaries and follow up if necessary. The annual CMR can be a three-way conversation between the participating beneficiary, the AlphaCare case manager, and the Medication Management Center pharmacist or other qualified provider
- Provide the Medication Action Plan with specific tasks/responsibilities for the beneficiary resulting from the CMR process
- Provide Personal Medication List of reconciled medications that the beneficiary is taking
- Provide monthly Targeted Medication Reviews (TMR) focused on cost savings, safety concerns, adherence to national treatment guidelines, and CMS Star Rating measures
- Provide prescriber interventions and communications via fax, mail, or phone
- Provide medication review to the authorized representative for cognitively impaired beneficiaries
- Support prescription claim data file coordination for MTMP services
- Provide beneficiary-level MTM data to support annual CMS reporting requirements
- Conduct annual MTMP beneficiary satisfaction survey
- Calculate anticipated MTMP ROI

**Conclusion**

We hope this information is helpful to you in understanding our process for managing this CMS requirement. Please feel free to contact us should you have any questions.