

**MODEL OVERVIEW**

The Part D Enhanced Medication Therapy Management (MTM) Model is a 5-year model which was launched in January 2017. It examines whether providing Part D sponsors with design flexibilities and payment incentives will lead to improved therapeutic outcomes and reduction of net Medicare expenditures. This report summarizes the experience of the first 20 months of the Model.

- **Design flexibilities:** The Model allows Part D drug plan sponsors to change who is eligible for MTM services and to vary the types of services they provide. This gives greater flexibility than is allowed under the Traditional MTM approach. The traditional approach required Part D plans to offer uniform services such as comprehensive and targeted medication reviews to beneficiaries with certain pre-defined characteristics.
- **Payment incentives:** The Model includes two types of financial incentives. Plans receive additional funding for any administrative costs for providing MTM services. This is offered in the form of a prospective per enrollee payment. Sponsors are also eligible to receive incentive payments if they reduced Medicare spending in their identified population below a targeted savings amount. This incentive payment was designed to reward sponsors who successfully targeted and provided MTM services that resulted in reduced preventable healthcare utilization and produced net savings.

**PARTICIPANTS**

**6** Part D Drug Plan Sponsors

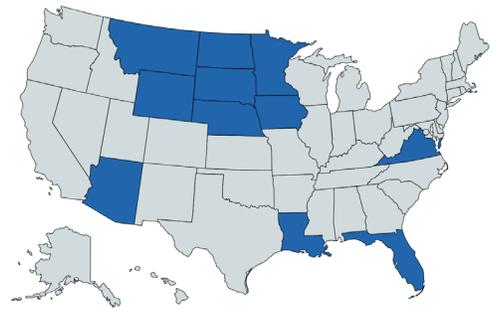
**22** Standalone Part D Plans

**2.2M** Part D beneficiaries served by these plans

**1.6M** Beneficiaries identified by sponsors as eligible to receive Enhanced MTM services

Two largest sponsors: SilverScript/CVS 56%, Humana 16% of sample

Participating plans were drawn from 5 Prescription Drug Plan Regions  
Four Sponsors had plans in all 5 regions



**More beneficiaries were targeted to receive Enhanced MTM services**

Sponsors expanded access to MTM services in response to the Enhanced MTM Model's provisions.

**Under traditional MTM targeting:**

**7.9%** of beneficiaries met the required criteria for MTM services in 2016

**Under Enhanced MTM targeting:**

**71.7%** of beneficiaries were deemed eligible to receive MTM services in 2017

The proportion of the enrolled population deemed eligible for Enhanced MTM services varied significantly between sponsors.

% Eligible	Sponsor
<b>87.7%</b>	<b>SilverScript / CVS Insurance Company</b>
73.6%	WellCare
65.7%	Blue Cross Blue Shield Northern Plains Alliance
59.4%	UnitedHealth Group (UHG)
54.9%	Blue Cross Blue Shield of Florida
<b>54.7%</b>	<b>Humana</b>

### FINDINGS

#### **Sponsors varied the intensity of services provided based on their assessment of beneficiary need and clinical risk.**

- Sponsors were able to tailor their targeting efforts with **predictive analytics** to identify the likelihood of future drug-related problems, future high spending, or a recent hospital discharge. They used **risk stratification** to determine eligibility and intensity of services.
- Sponsors used targeting to identify where to offer “lighter touch” services. New or expanded lighter touch services included opening an “ask a pharmacist” phone line, transition of care services, and automated vaccination or refill reminders. Sponsors could also use their targeting to decide to not offer any medication therapy management services to portions of their eligible population.

#### **Sponsors continued to use the eligibility criteria of Traditional MTM but relaxed the thresholds. They also sought to reach out to new populations previously missed.**

- Sponsors still used the presence of **multiple chronic conditions** or the **number of medications** or **high annual drug spending** to identify beneficiaries. While continuing to serve the populations targeted by Traditional MTM, most relaxed the cut off criteria in these areas to reach out to lower risk beneficiaries.
- A number of sponsors targeted beneficiaries with **unsafe drug use** including non-adherence and high drug use.
- Sponsors attempted to reach out to **recently hospitalized** beneficiaries for MTM services. These transition of care programs proved challenging to implement due to issues related to the timely availability of discharge data.
- 91% of the beneficiaries who qualified for Traditional MTM prior to the Model continued to be eligible for services.

#### **New partners were used to provide MTM services to the expanded eligible population.**

- **Call Centers:** All sponsors continued the use of call centers for beneficiary outreach. Interviewees noted challenges with beneficiaries being reluctant to respond to phone outreach due to fear of scams and not understanding the services being offered. Some sponsors mentioned challenges with verifying contact information.
- **Community Pharmacies:** Two sponsors added new community pharmacy networks while two had networks in place. Community pharmacists were viewed as a way of connecting more directly with enrollees and improving outreach with hard to engage beneficiaries. Start-up challenges noted include pharmacists having difficulty doing timely interventions due to community pharmacy staffing models and workflows; inconsistent documentation and billing of Enhanced MTM services and challenging logistics for conducting quality assurance reviews in this setting.
- **Outside Partners:** Sponsors partnered with a wide variety of outside vendors to implement their Enhanced MTM programs and provide MTM services. Vendors reported spending up to 2/3 of their time on Enhanced MTM tasks.

#### **Implementation of the new data reporting requirements was challenging for sponsors.**

- Sponsors submitted Enhanced MTM encounter data using **SNOMED CT** codes. Incorporation and use of these codes was complex and challenging resulting in substantial variation across sponsors.

### KEY TAKEAWAYS

The Enhanced MTM Model increased the number of beneficiaries eligible for Enhanced MTM services (71.7% of enrollees in 2017) compared to the Traditional MTM program (7.9% of enrollees in 2016). Sponsors retained targeting elements used under their Traditional MTM programs, but added new populations and interventions. Under the Model, sponsors used new methods to identify beneficiaries at risk of incurring high expenditures or experiencing potentially inappropriate polypharmacy, and tailored services to beneficiaries’ needs.

A descriptive examination of the Enhanced MTM eligible population suggests stable rates of medication safety and adherence outcomes for the time period examined in this report. Future reports will include a more complete assessment of the impact of this Model on beneficiary outcomes including whether there are changes relative to a comparison group.