

MODEL OVERVIEW

The Enhanced Medication Therapy Management (MTM) Model, which began in January 2017, is a 5-year Model that tests whether modifications to traditional MTM requirements incentivize better medication management interventions, and thereby lead to improved therapeutic outcomes and reductions in 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 a sponsor’s 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 expenditures 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) in 5 regions

Sponsors include: SilverScript/CVS, Humana, Blue Cross Blue Shield (BCBS) Northern Plains Alliance (NPA), UnitedHealth, WellCare, BCBS of Florida

MODEL IMPLEMENTATION



In Model Year 4, total plan enrollment was 1.7M, an 11% decline from the previous Model Year. About 501,000 enrollees (30% of all enrollees) received Enhanced MTM services in Model Year 4.



Half of the sponsors made changes to their Enhanced MTM interventions, including refining targeting approaches, modifying services, and adding or discontinuing interventions.

FINDINGS: MODEL IMPACTS

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

	Non-significant Change in Gross Expenditures		+	Projected Model Payments*		=	Non-significant Increase in Net Expenditures	
	PBPM			PBPM			PBPM	Aggregate, in Millions
Model Year 4 (2020)	\$0.97 [-6.91, 8.86]			\$4.74			\$5.71 [-2.17, 13.60]	\$103.73 [-39.47, 247.11]
Cumulative (2017 – 2020)	-\$1.16 [-6.56, 4.25]			\$4.60			\$3.45 [-1.95, 8.86]	\$270.35 [-153.19, 694.67]

PBPM = Per Beneficiary Per Month; **95% confidence intervals (CIs)** are shown in square brackets. Estimates with CIs including 0 are not statistically significant.

* Includes prospective and performance-based payments

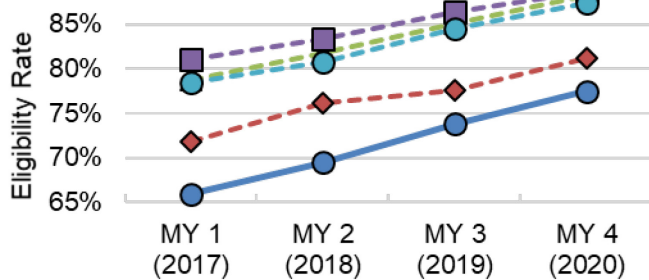


This report focused on certain enrollee subgroups that may be more likely than the overall enrollee population to be eligible for and benefit from Model services. These subgroups included:

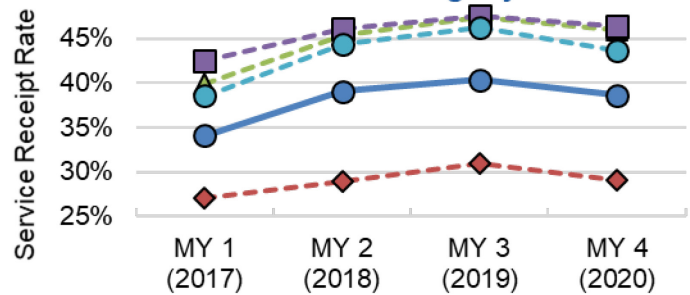
- Enrollees eligible for the low-income subsidy
- Medically complex enrollees: enrollees with 2+ chronic conditions, diabetes, drug therapy problems

FINDINGS: ELIGIBILITY, SERVICE RECEIPT, AND SUBGROUP IMPACTS

Eligibility Rates Increased through Model Year (MY) 4



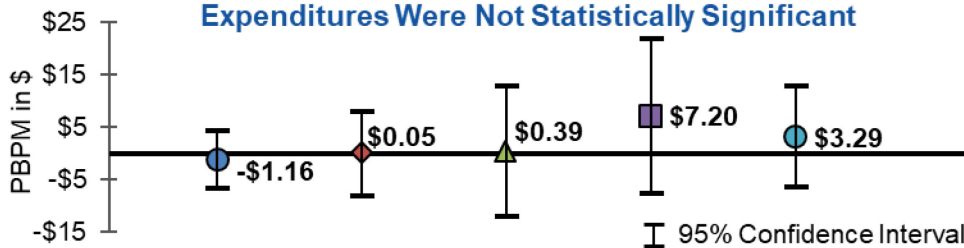
Service Receipt Rate among Eligible Enrollees Decreased Slightly in MY 4



Compared to the overall enrollee population:

- Eligibility and service receipt rates were higher for the medically complex subgroup.
- Eligibility rates were higher for low-income subsidy enrollees, but service receipt rates were lower.

Cumulative Estimated Changes in Gross Expenditures Were Not Statistically Significant



Cumulative change in gross Medicare A/B expenditures was small and not statistically significant for the overall enrollee population and for all enrollee subgroups.

- All Enrollees
- ◆ Low-income Subsidy
- ▲ 2+ Chronic Conditions
- Diabetes
- Drug Therapy Problems

KEY TAKEAWAYS

- There continue to be no statistically significant impacts on Medicare Parts A & B expenditures for the overall enrollee population in Model-participating plans.
- In addition, Medicare's prospective and performance-based payments to sponsors for the Model continue to be larger than the non-significant decreases in Medicare Parts A & B expenditures.
- Findings from subgroup analyses suggest that enrollees eligible for the low-income subsidy and enrollees with medically complex profiles did not benefit more from the Model compared to the overall enrollee population.
 - Despite high eligibility and service receipt rates for medically complex enrollees, there were no significant impacts on Medicare Part's A & B expenditures for this subgroup.
 - Setting-specific impacts were generally similar for the enrollee subgroups and all-enrollee cohort.
 - There were decreases in inpatient expenditures and admissions related to ACSCs for both the medically complex subgroup and the all-enrollee cohort.