Part D Enhanced Medication Therapy Management (MTM) Model Test

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Center for Medicare and Medicaid Innovation

- Center for Medicare and Medicaid Innovation (Innovation Center)
  - Created by the Affordable Care Act
  - Tasked with developing and testing “innovative payment and service delivery models to reduce program expenditures ... while preserving or enhancing the quality of care” in Medicare, Medicaid, or CHIP

- Examples of Innovation Center models include:
  - Medicare Advantage Value-Based Insurance Design Model Test
  - Pioneer ACOs
  - Bundled Payments for Care Improvement
  - Partnership for Patients
Health Plan Innovation

• Innovation Center work on Health Plan Innovation:
  – November 2014: Issued RFI requesting public feedback on potential model approaches
  – September 2015: Announced the first Health Plan Innovation models
    • Medicare Advantage Value-Based Insurance Design
    • Part D Enhanced Medication Therapy Management
  – Additional potential models are currently under consideration and/or in development.
Why an Enhanced MTM Model?

• Medication Therapy Management refers to activities that aim to optimize medication use by patients
  – Medicare Part D plans are required to have an MTM program that targets beneficiaries at high risk of medication-related health issues

• Currently, standalone Part D sponsors are not incentivized to fund MTM programs above a minimum level

• Current MTM regulations require uniform service offerings to all who meet the plan’s approved criteria without regard to differences in individuals’ actual needs for assistance.
Does providing regulatory flexibility and financial incentives to standalone Part D plans encourage more targeted and effective MTM programs?

- More beneficiaries impacted
- Quality (health care quality, outcomes, and customer satisfaction)
- Cost (Medicare expenses across Parts A, B, and D)
Beneficiary Impact

- MTM programs that work to identify and subsequently target barriers to medication management
- Outreach strategies that reach beneficiaries in a clear and effective way
- Interventions that properly address barriers to medication management in a tailored, personalized manner
What Does the Enhanced MTM Model Test?

• 5-year Performance Period
  – Regulatory Flexibilities
  – Financial Incentives
  – Increased Access to Medicare Data
Regulatory Flexibilities

- The model provides a limited waiver of the following Part D requirements:
  - MTM requirements
  - Uniformity requirements
  - Disclosure requirements
  - MLR requirements for MTM
Financial Incentives

• Prospective Payment for MTM Program
  – Per member per month (PMPM) payment outside of the bid
  – Vary by programs proposed
  – Approval based on program scope and comparison to other proposals
Financial Incentives

• Performance Payment
  – $2 PMPM premium reduction for plan beneficiaries
  – Awarded annually for 2% reduction in plan enrollees for Medicare Parts A and B expenditures
  – Compared to a benchmark that projects what spending would have been absent the model
  – Payment made 2 years after performance year
    • Payment for year 1 will be made in year 3 of the model
Increased Access to Medicare Data

- Plans may request access to Parts A and B data for their enrollees to improve health care operations involving quality improvement and/or care coordination.
- To be used for targeting groups of beneficiaries at high risk of medication-related issues.
- CMS is exploring the feasibility of providing data on alignment with ACOs and other CMMI models to improve system linkages with pharmacists and providers.
Current Medication Management Issues: Pharmacists

• A primary goal of the model is to promote stronger linkages between PDPs, pharmacists, and prescribers.

• Limitations of current MTM programs:
  – Pharmacists are often not utilized fully or effectively.
  – Information exchange between pharmacists and prescribers is often lacking.

• The Enhanced MTM model does not directly pay pharmacists; they can be paid only through a participating PDP or MTM vendor.
Current Medication Management Issues: Prescribers

• Currently prescribers face barriers to ensuring proper medication management.
  – Prescribers often lack a complete picture of a patient’s prescriptions.
  – They lack the time to educate patients on proper medication management.

• Potential prescriber benefits for participating in the model:
  – Access to up-to-date accurate prescription records that reduce prescription of duplicative or contraindicated medications.
  – Synergies with ACO model
  – Linkages between clinical care, consultations, and data to improve patient quality of care

• The model does not permit plants to compensate prescribers for services rendered
Model Duration and Plan Eligibility

Model Duration

• Five-year performance period,
• Incentive payments will continue in years 6 and 7

Plan Eligibility

• Standalone basic Part D Plan with at least 2,000 enrollees and 2 years of Part D experience
• Approved for Part D participation for plan year 2017
• Not be under sanction by CMS or any law enforcement entity (including the OIG) as of April 2016
Eligible Regions

• Eligible regions include:

While participation is voluntary, in order to participate, a multi-regional sponsor must participate in all regions in which it offers a qualifying plan.
Data Reporting Requirements

• Plans will be required to report:
  – MTM Encounter Data
    • SNOMED coding for MTM interventions (and other data)
    • CMS plans to issue further guidance in near future
  – Plan-developed metrics for:
    • Progress assessment
    • Internal Learning System
• Participants may not advertise participation in pre-enrollment marketing materials.

• Plans may convey truthful and accurate information when asked directly by potential enrollees; CMS may require disclaimer language to accompany.
Monitoring

• CMS will monitor participating plans to ensure compliance with accepted proposals, including analyzing the following data:
  – MTM Encounter Data
    • Eligible plans must clearly identify targeted populations, engagement strategies, and interventions in their application.
  – Beneficiary impacts (1-800-Medicare, etc.)
  – Impact on Star Ratings
    • CMS will observe effects on related measures (adherence).
    • Aim is to hold non-participants harmless for differences in model participants scores
Evaluation

• Longitudinal case-control study design:
  – Comparison with similar beneficiaries enrolled in Basic Part D plans that are not selected
    • Comparison group based on a variety of measurable dimensions, including but not limited to patient- and market-specific characteristics
  – A pre/post case control study design, comparing 3 years of pre-model data with model performance data

• Key metrics (including but not limited to):
  – Overall expenditures
  – Utilization Quality measures
Application Process

• Request for Application
  – Released October 2015
  – Actuarial Instructions Release Date: October 2015
  – Online Version Available Late November 2015
  – Applications Due January 2016
  – Provisionally Accepted Applications Updated: July 2016

• Enhanced MTM Model Email: EnhancedMTM@cms.hhs.gov

• FAQs posted online regularly at http://innovation.cms.gov/initiatives/enhancedmtm/

• Applications evaluated based on:
  – Likelihood of program targeting at-risk populations, and implementing effective engagement strategies and interventions
  – Proposals should be able to achieve performance payment if effective through clinically plausible and financially reasonable interventions.
Modifying Enhanced MTM Programs

• Can you modify an Enhanced MTM program after the program has begun?
• In the middle of a plan year?
  – Yes, but the proposed scope (and prospective payment) cannot change
• Between plan years?
  – Yes, and plans may alter their prospective payment proposals during this time.
  – CMS will provide more guidance at a later date
Upcoming Learning Events

• Model will include several events aimed to promote learning and diffusion among participants.

• Medication Therapy Management Data Exchange: state of the art of MTM related coding transactions and interoperable data exchange
  – Planned for November 18, 2015
  – More information coming late October
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Questions?