MEDICARE PART D POLICY
MEDICATION THERAPY MANAGEMENT
Policy Number: 5-B

Coverage Statement
This Policy is applicable to: Medco PDP, Beneficiaries, Enhanced PDPs, Client PDPs and Client MA-PDs, to the extent covered under the Medco client agreement.

Purpose
This document outlines MTMP services to eligible Part D enrollees.

Definitions
Comprehensive Medication Review (CMR): A review of a beneficiary’s medications, including prescription, over-the-counter (OTC) medications, herbal therapies and dietary supplements, that is intended to aid in assessing medication therapy and optimizing patient outcomes.

Personalized Medication Record (PMR): A written list of medications a member is taking produced subsequent to review with the pharmacist.

Medication Therapy Management Program (MTMP): A service or program that optimizes therapeutic outcomes for individuals through improved medication use.

Targeted Beneficiaries for Medco’s MTMP will be Medco Part D enrollees who:
- Have multiple chronic diseases,
- Are taking multiple Part D drugs, and
- Are likely to incur annual costs for covered Part D drugs that exceed the maximum amount set forth by CMS. This amount will be increased in subsequent years by the annual percentage specified in §423.104(d)(5)(iv) of this part.
- Medco offers an MTM program that adheres to CMS regulations and guidelines. All MTM qualifying beneficiaries are enrolled in the Part D plan’s MTM program.

MTMP Client Enrollment and CMS Application Validation
Medco files an MTM program for the Medco PDP with CMS. All clients must share their approved annual HPMS MTM application or written refusal to the assigned account team. The account team will enter into BA Module “MTM Setup and Registration” for the MTM business owner to review and approve. Medco offers the following options for MTM program support to clients:
- Identify members who qualify for the program;
- Identify and notify members of enrollment in the program; and
- Identify and notify members of enrollment in program and provide all CMS required MTM services.

MTMP for Targeted Beneficiaries
As part of its Quality Assurance Program, Medco has developed an MTMP designed for Targeted Beneficiaries that Medco (or client as applicable) identifies in accordance with CMS’s guideline.
See Medco Policy 5-E: Drug Utilization Review and Quality Assurance.

Medco has established an MTMP that:

• 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; and
• May distinguish between services in ambulatory and institutional settings.
• The MTMP was developed and is maintained in cooperation with licensed and practicing program pharmacists and physicians.
• Is designed to be coordinated with any care management plan established for a Targeted Beneficiary who is enrolled in a chronic care improvement program (CCIP) regulated by Section 1807 of the Medicare Modernization Act.

Identification of Beneficiary into the MTMP

• The MTM program enrolls beneficiaries using an “opt out” method only
• The CMS requirement is that the MTM program targets beneficiaries for enrollment on a quarterly or more frequent basis. Medco’s standard practice is to target beneficiaries for enrollment on a monthly basis.
• The MTM program must include at least four of the following seven chronic diseases for targeting members:
  o Hypertension
  o Heart Failure
  o Diabetes
  o Dyslipidemia
  o Respiratory Disease (such as asthma, chronic obstructive pulmonary disease (COPD), or chronic lung disorders)
  o Bone Disease-Arthritis (such as osteoporosis, osteoarthritis or rheumatoid arthritis)
  o Mental Health (such as depression, schizophrenia, bipolar disorder, or chronic and disabling disorders.
• Members for identification must:
  o Have multiple chronic diseases, but plans may not mandate more than three diseases
  o Take multiple Part D drugs, but plans may not mandate more than eight drugs
• Likely to incur annual costs for covered Part D drugs that exceed the maximum amount set forth by CMS. This amount will be increased in subsequent years by the annual percentage specified in §423.104(d)(5)(iv) of this part.

Inform Beneficiary of MTM Enrollment

Notification: Medco sends out a welcome letter to the beneficiary within 8 weeks of program enrollment. The letter includes the following information:

• “You have been enrolled in the program”
• Invitation to call the MTM Pharmacist
• Invitation for receive a comprehensive medication review
• Option to opt out of the program or any aspect of the program by calling Medco

The Beneficiary may:

• Call to opt out of the program, member is disenrolled from the program
• Call to decline a CMR, but remain enrolled in the program
• Not respond to the notice, they remain enrolled. For this population, Medco performs one IVR call
• Respond positively to the notice, remain enrolled.
Individuals who originally opt out of the MTM program may opt in again. Medco tracks and reports all individual selections.

**MTMP Interventions**

Medco offers a minimum level of MTM services including interventions for both beneficiaries and prescribers, an annual CMR for the beneficiary including an interactive, person-to-person consultation, and an individualized written summary of interactive consultation and quarterly targeted medication reviews.

Medco will offer a CMR to all enrolled beneficiaries who call in to speak to a Pharmacist.

1. Pharmacists will perform all CMRs
   a. Review of medications to assess medication use and identify medication-related problems
      i) In-person or other interactive methods such as over the telephone
      ii) Further assessment of medication history (such as OTC medications or supplements that is outside claims data), health status, clinical information, adverse events or other issues that could affect medication use or other outcomes.
      iii) Summarize interaction and provide individualized “takeaway” to the beneficiary such as a PMR.
      iv) Enrolled beneficiaries who do not call in will not receive a CMR nor a personalized medication record (PMR)

2. Enrolled beneficiaries will receive only one CMR per year, but may receive follow up person-to-person interventions if they contact our MTM program. Also, contacts from Medco pharmacists may be scheduled at the pharmacist’s discretion. Medication issues arising during the CMR may lead to a prescriber communication (fax or phone call)

3. Enrolled beneficiaries may receive up to quarterly PMRs per year if they request them

4. Medco will offer interventions to prescribers to resolve medication-related problems or other opportunities to optimize the targeted beneficiary’s medication use. These interactions may be passive (e.g. fax or mailed) or interactive (by phone) when determined necessary.

5. Medco will utilize retrospective programs to perform quarterly targeted medication reviews. Physicians of enrolled beneficiaries will receive quarterly targeted intervention via phone, fax or mail, if unresolved drug utilization patterns of their patients trigger an alert.

6. All intervention materials will have language that invites providers and beneficiaries to call Medco.

For beneficiaries in a LTC setting, Medco will provide beneficiary with quarterly medication review and interventions with the exception of offering interactive the CMR component.

**MTMP Plan Expectations**

Medco’s MTMP will ensure:

- The MTMP will not include discriminatory exclusion criteria. If an enrollee meets all three of the required criteria as described by the Plan, the enrollee will be eligible for MTM intervention;
- Beneficiaries will not be disenrolled from the MTMP program if they no longer meet one or more of the MTMP eligibility criteria as defined above, and will remain in the MTMP program for the remainder of the calendar year;
- The MTMP will serve and provide interventions for enrollees who meet all three of the
required criteria at the beginning of the year, as defined above, regardless of setting (e.g., ambulatory, long term care, etc.);

- The Plan will put into place safeguards against discrimination based on the nature of its MTM interventions (i.e., TTY if phone-based, Braille if mail-based, etc.).
- The MTMP will provide other prescription drug quality improvement interventions to beneficiaries who do not meet all three of the required MTMP criteria as described by the plan, however, these cannot be considered for MTM reimbursement by CMS.
- The MTMP will promote continuity of care by performing an end-of-year analysis that identifies current MTM program participants who will continue to meet the eligibility criteria for the next program year for the same plan.
- The MTMP will have procedures in place to drive participation and follow-up with beneficiaries that do not respond to initial offers for MTM services.
- The MTMP will use more than one approach when possible to reach all eligible patients who may wish to receive MTM services.
- The MTMP will analyze and evaluate their MTMP and make changes to continuously improve their programs.

**Mid-Year MTMP Changes**

In the event that changes to the MTMP are necessary during the plan year, CMS will consider approval for the following:

- Part D sponsors may make positive changes to the plan-designed eligibility criteria for multiple chronic diseases, multiple covered Part D drugs, or analytical procedures used to determine if a beneficiary is likely to incur annual costs in excess of the yearly amount as defined by CMS and will be increased in subsequent years by the annual percentage specified in §423.104(d)(5)(iv)
- Part D sponsors may make program enhancements or maintenance changes.
- Part D sponsors may make changes to the provider of MTM services or any fee schedules established for pharmacists and other MTM providers if using outside personnel;
- Part D sponsors may not make any negative changes to their MTMP.

MTMP requests for changes during the program year may be submitted to CMS during any of the three Update Cycle windows: **March 1-March 10, June 1-June 10, and September 1- September 10.** Requests for changes to an approved MTMP that would be effective for an upcoming program year should be submitted to CMS during the **September 1-September 10** update cycle window.

Clients must inform Medco of their intention to make a mid-year change at least 90 days prior to the cycle window.

**MTMP Reporting to CMS**

- Medco will provide CMS with information regarding the procedures and performance of its MTMP program, in accordance with the guidelines specified by CMS.
- Medco will deliver MTM reporting annually, to both CMS and its clients, as applicable under its client agreements (Client PDPs, and MA-PDs will report MTMP data to CMS).

The following data elements are required:

- Number of CMRs
- Number of targeted medication reviews
- Number of prescriber interventions
• Changes in therapy directly resulting from the MTM interventions
• The method used to enroll beneficiaries into MTM
• Number of beneficiaries who met the eligibility criteria
• Number of beneficiaries who participated in MTM
• Number of beneficiaries who discontinued participation from the MTM
• Number of beneficiaries who discontinued participation from the MTM due to death
• Number of beneficiaries who discontinued participation from the MTM due to disenrollment from the Contract
• Number of beneficiaries who discontinued participation from the MTM at their request
• Number of beneficiaries who discontinued participation from the MTM for a reason not specified in data elements 9-11
• Number of beneficiaries who declined to participate in the MTM
• Number of beneficiaries whose participation status in the MTM is pending
• Prescription cost of all medications for all beneficiaries participating in the MTM (as of the last day of the reporting period specified) on a per MTM beneficiary per month basis
• Number of covered Part D 30 day equivalent prescriptions on a per MTM beneficiary per month basis

Medco will provide required reporting elements for beneficiaries identified as being eligible for the MTM.

These reports will be generated and delivered to clients 4 weeks prior to CMS submission deadline. Medco will store all CMS provided MTM reports for up to 10 years.

Disclosure
Medco will disclose to CMS upon request the amount of management and dispensing fees. Medco will also disclose the portion paid for MTM services to pharmacists and others.
References

1. 42CFR §423.153
2. CMS Prescription Drug Benefit Manual Chapter 7 Medication Therapy Management and Quality Improvement Program (02/19/10)
3. Medco Policy Number 5 -E: Drug Utilization Review and Quality Assurance
5. 2011 Medicare Final Rule Chapter 7 MTM

Schedule

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Policy Committee Approval: Woody Eisenberg – Chair

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<td>12/21/2010</td>
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<td>Caryn Schulsinger</td>
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