MA/PDP Operational User Group Call March 15, 2006
Medication Therapy Management (MTM) Submissions
Contract Year 2007

To: Renewing and new applicant MA-PDs and PDPs (excluding PACE or PFFS plans)

Submission Deadline: April 10, 2006, 5:00pm E.S.T.

Method of Submission: Please use the provided template for electronic submission of MTM program for contract year 2007 to **partd_mtm@cms.hhs.gov**

Requirements for Medication Therapy Management Program (MTMP)
- Under §423.153(d), a Part D sponsor must have established a Medication Therapy Management Program (MTMP) that:
    - Ensures optimum therapeutic outcomes for targeted beneficiaries through improved medication use
    - Reduces the risk of adverse events
    - Is developed in cooperation with licensed and practicing pharmacists and physicians
    - Describes the resources and time required to implement the program if using outside personnel and establishes the fees for pharmacists or others
    - May be furnished by pharmacists or other qualified providers
    - May distinguish between services in ambulatory and institutional settings
    - Is coordinated with any care management plan established for a targeted individual under a chronic care improvement program (CCIP)

Requirements for Qualifying for Medication Therapy Management (MTM)
- Targeted beneficiaries are enrollees in the sponsor's Part D plan who:
    1. Have multiple chronic diseases AND
    2. Are taking multiple Part D drugs AND
    3. Are likely to incur annual costs of at least $4000 for all covered Part D drugs (predetermined level specified by the Secretary)

Additional CMS Expectations
- Once enrolled in the MTMP, a beneficiary will not be disenrolled if they no longer meet one or more of the MTMP eligibility criteria as defined and will remain enrolled in the MTMP program for the remainder of the calendar year.
- Your Plan's MTMP will serve and provide interventions for beneficiaries who meet all three of the required criteria as defined above regardless of setting (i.e. ambulatory, long term care, etc.)
- Your Plan's MTMP will not include discriminatory exclusion criteria. If a beneficiary meets all three of the required criteria as described by your plan, the beneficiary should be eligible for enrollment into the MTMP.
- CMS encourages the provision of other prescription drug quality improvement interventions to beneficiaries who do not meet all three of the required MTMP criteria as described by your plan, however, these cannot be considered for MTM reimbursement by CMS.
- Your Plan will safeguard against discrimination based on the nature of your MTM interventions (i.e. TTY if phone based, Braille if mail based, etc.)

Information that MUST be included with the MTMP Application
- Criteria #1: Multiple Chronic Diseases
    - Provide the number of chronic diseases a beneficiary must have to meet this criteria.
    - Please provide the name of each chronic disease that applies.
    - Example: A beneficiary must have 2 out of 4 of the following chronic diseases - diabetes, asthma, heart failure, and hypertension.

- Criteria #2: Multiple Covered Part D Drugs
  - Provide the number of covered Part D drugs that a beneficiary must have filled to meet this criteria.
  - Please provide the type of covered Part D drugs that applies (i.e. chronic medications, all medications, disease-specific, etc.).
  - Example: A beneficiary must have filled any 5 or more distinct covered Part D drugs.

- Criteria #3: Part D drug cost of $4,000
  - Provide a description of the analytical procedure used to determine if a beneficiary is **likely to incur** annual costs of at least $4,000 for all covered Part D drugs.
  - Example 1: Monthly or Quarterly dollar threshold per beneficiary for covered Part D drugs.
  - Example 2: Certain drugs for high cost disease states.

Description of MTMP, such as, but not limited to:
- Procedure and frequency of identifying beneficiaries
- Methods of enrollment/disenrollment
- Type, frequency and recipient of interventions
- Who will provide MTM services. If using personnel outside of your company, describe how you take into account resources used and time required to provide the prescribed MTMP service
  - Example: Number of FTEs, Type of staff (i.e. pharmacist), etc.
- How fees will be established for MTMP. If establishing fees for pharmacists or others, provide the amount of management, dispensing fees, or other payment.
  - Example: $XXX per hour, per service, per diem, etc.
- Methods of documenting and measuring outcomes
- Coordination with care management plans established for a targeted beneficiary under a chronic care improvement program

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Reminders

Reporting Requirements for MTM for 2006
- Reporting periods
  - Period 1: January 1 – June 30; Data due to CMS/HPMS August 31, 2006.
  - Period 2: January 1 – December 31; Data due to CMS/HPMS February 28, 2007.
- Data elements to be self-reported by Plans
  - Number of beneficiaries identified who meet criteria
  - Number of beneficiaries participating in the program
  - Number of beneficiaries who disenrolled
  - Number of beneficiaries who declined to participate
  - Total prescription drug cost per MTMP beneficiary per month
- Additionally, CMS requests that Part D Plan Sponsors retain beneficiary level data related to MTM and have the ability to provide upon request.

MTM Program List of Contacts
- For a list of contacts for each MTM program go to: http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/MTMcontacts_12.14.05.pdf
- Updated on a quarterly basis

Questions

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