DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-16-16
Baltimore, Maryland 21244-1850

CMS/
CENTERS for MEDICARE & MEDICAID SERVICES

CENTER FOR BENEFICIARY CHOICES

DATE: March 7, 2007

TO: All Part D Plans

FROM: Cynthia G. Tudor, Ph.D., Director, Medicare Drug Benefit Group

SUBJECT: Contract Year 2008 Medication Therapy Management Program (MTMP) Submission

Each Part D Sponsor is required to incorporate a Medication Therapy Management Program (MTMP) into their plans' benefit structure. Annually, Sponsors must submit a MTMP description to CMS for review and approval. A CMS-approved MTMP is one of several required elements in the development of Sponsors' bids for contract year (CY) 2008.

All Part D Sponsors, including renewing and new applicant MA-PDs and PDPs, must submit a medication therapy management program (MTMP) by April 2, 2007, 5:00pm E.S.T. MA Private Fee for Service (MA-PFFS) organizations, as described in 42 CFR §422.4 (a)(3), may be waived from the MTMP requirement. However, considering MA-PFFS organizations have an equal responsibility to provide a quality Part D product, CMS encourages MA-PFFS organizations to establish a MTMP to improve quality for Medicare beneficiaries and submit to their program to CMS for review.

The CY 2008 MTMP submission should be uploaded through the Health Plan Management System (HPMS) in the MTM Submission module under "Plan Formularies."   The submission gate in HPMS will be open from March 16, 2007 to April 2, 2007. One MTMP should be submitted per Contract ID. MTMP descriptions should be as detailed as possible including policies and procedures and submitted using the provided CY 2008 MTMP submission template. The CY2008 MTMP submission template will be available for download through the HPMS MTM Submission module and will also be posted at:
http://www.cms.hhs.gov/PrescriptionDrugCovContra/08.asp#TopOfPage

CMS will communicate to each Contract via **partd_mtm@cms.hhs.gov** regarding the status of their MTMP review (including if the MTMP requires resubmission to correct deficiencies or if the MTMP meets all of the minimum requirements for CY 2008). The MTM Upload gate will be closed at 5:00pm E.S.T. on 4/2/2007 and will only be reopened if your Contract requires resubmission of your MTMP to correct deficiencies. If your Contract needs to submit your MTMP outside of the initial submission upload and resubmission processes, please email your request to have the submission gate opened to **partd_mtm@cms.hhs.gov**.

The minimum Part D requirements for MTMP, CMS expectations, and a review of information that must be included with the MTMP submission are provided in the attached document.

Additionally, please ensure that your MTM contact information is up-to-date in HMPS under the Contract Management section. CMS posts a list of MTM contacts for each Part D Contract quarterly by state at:
http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/MTMContactList.pdf

We appreciate your continued cooperation in implementing the Medicare drug benefit. Questions regarding the MTM submission process should be sent via email to **partd_mtm@cms.hhs.gov**.

Medication Therapy Management Program Requirements

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 criterion. (Note: the definition of multiple is any number 2 or more)
    - 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 criterion. (Note: the definition of multiple is any number 2 or more)
    - 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 detailed 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.

- o Example 3: Describe the predictive model used to identify beneficiaries who are likely to incur this annual cost.
- Procedure and frequency of identifying beneficiaries
- Methods of enrollment and 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
  - o Example: Number of FTEs, Type of staff (i.e. pharmacist), etc.
- How fees will be established for MTMP if using outside personnel. If establishing fees for pharmacists or others, provide the amount of fee respective to MTMP management and the fee paid for the provider of the MTM.
  - o Example: $XXX per hour, per service, per diem, per member, etc.
  - o If fees are covered as part of the services of the global PBM or vendor contract (without being priced out separately), note this in your submission. If the Plan is charged a fee by the PBM or vendor within the contract, then a description of the specific fees needs to be reported.
- Methods of documenting and measuring outcomes
- Coordination with care management plans established for a targeted beneficiary under a chronic care improvement program, if applicable.