



ACUMEN

**Evaluation of the Part D Enhanced Medication
Therapy Management (MTM) Model:
Fourth Evaluation Report**

Appendix A: Enhanced MTM Participating Sponsors

The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare & Medicaid Services. Acumen, LLC assumes responsibility for the accuracy and completeness of the information contained in this report.

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APPENDIX A ENHANCED MTM PARTICIPATING SPONSORS

A.1 SilverScript Insurance Company/CVS Health

SilverScript Insurance Company/CVS Health’s (SilverScript/CVS) Enhanced MTM implementation is structured into five distinct interventions. All interventions use Part D claims for targeting, while one also uses Parts A and B claims, and another also uses Part B claims. Beneficiaries may qualify for one or more interventions if they meet intervention-specific targeting criteria, and each intervention generally consists of different services. Information in this appendix reflects SilverScript/CVS’s Enhanced MTM implementation as of the end of Model Year 4, unless noted otherwise.

A.1.1 Sponsor Overview

Region(s): 7 (VA); 11 (FL); 21 (LA); 25 (IA, MN, MT, ND, NE, SD, WY); 28 (AZ)

Plan Benefit Package(s): S5601-014, -022, -042, -050, -056

Number of Prescription Drug Plan (PDP) Enrollees:

Model Year 1: 794,182

Model Year 2: 1,002,916

Model Year 3: 986,835

Model Year 4: 852,880

Number of Enhanced MTM-Eligible Beneficiaries:

Model Year 1: 727,108 (91.6% of Model Year 1 enrollment)

Model Year 2: 869,253 (86.7% of Model Year 2 enrollment)

Model Year 3: 887,150 (89.9% of Model Year 3 enrollment)

Model Year 4: 815,325 (95.6% of Model Year 4 enrollment)

Sources: Medicare Advantage Prescription Drug (MARx) and Common Medicare Environment (CME).

Notes: Prescription Drug Plan (PDP) enrollment only includes Enhanced MTM-participating contract plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.1.2 Participating Organizations

SilverScript/CVS’s Enhanced MTM interventions are overseen by its Pharmacy Benefit Manager (PBM), CVS Caremark, and its parent company, CVS Health (collectively referred to hereafter as “CVS”). Table A.1.1 summarizes the roles of these organizations in Enhanced MTM.

Table A.1.1: SilverScript/CVS Enhanced MTM Partnerships

Organization	Role in SilverScript/CVS's Enhanced MTM Implementation
SilverScript Insurance Company (SSI)	<ul style="list-style-type: none"> • Enhanced MTM sponsor organization.
CVS	<ul style="list-style-type: none"> • Oversees the entire Enhanced MTM implementation. • For Pharmacy Advisor Counseling, Medication Therapy Counseling, and HealthTag interventions: <ul style="list-style-type: none"> ○ Conducts beneficiary targeting and outreach. ○ Delivers Enhanced MTM services. ○ Handles prescriber outreach. ○ Documents and reports Enhanced MTM services.
Accordant (CVS Subsidiary)	<ul style="list-style-type: none"> • For Specialty Pharmacy Care Management intervention: <ul style="list-style-type: none"> ○ Conducts beneficiary targeting and outreach. ○ Delivers Enhanced MTM services. ○ Handles prescriber outreach. ○ Documents and reports Enhanced MTM services.
OutcomesMTM ^a (External MTM vendor)	<ul style="list-style-type: none"> • Leverages the extensive network of retail and community pharmacies to deliver Enhanced MTM services for the Medication Therapy Counseling and Long-Term Care interventions.
Omnicare ^b (CVS Subsidiary)	<ul style="list-style-type: none"> • Participates in the OutcomesMTM pharmacy network to provide Enhanced MTM services to long-term care beneficiaries.

^a Added in August 2018 (Model Year 2) to provide additional support for Enhanced MTM service delivery.


^b Added in January 2019 (Model Year 3).

A.1.3 Enhanced MTM Interventions

As shown in Table A.1.2, four SilverScript/CVS Enhanced MTM interventions began in Model Year 1 and continue to date. These interventions focus on: (i) beneficiaries at risk for high health care expenditures (Medication Therapy Counseling intervention); (ii) beneficiaries with select rare diseases (Specialty Pharmacy Care Management intervention); (iii) beneficiaries with newly prescribed medications, adherence problems, or gaps in care (Pharmacy Advisor Counseling intervention); and (iv) flu, pneumonia, or shingles vaccination reminders (HealthTag intervention). SilverScript/CVS's only Enhanced MTM intervention addition occurred in the third quarter (Q3) of Model Year 2, when SilverScript/CVS began offering Enhanced MTM services to beneficiaries residing in long-term care facilities (Long-Term Care intervention).

Table A.1.2: SilverScript/CVS Enhanced MTM Intervention Implementation Milestones

	Model Year 1 (2017)				Model Year 2 (2018)				Model Year 3 (2019)				Model Year 4 (2020)			
Enhanced MTM Intervention	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Medication Therapy Counseling																
Specialty Pharmacy Care Management																
Pharmacy Advisor Counseling																
HealthTag (Vaccine)																
Long-Term Care																

 Intervention active in quarter

Enhanced MTM Intervention Targeting

Table A.1.3 provides an overview of SilverScript/CVS’s targeting processes for its five Enhanced MTM interventions.

Table A.1.3: SilverScript/CVS Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Medication Therapy Counseling (MTC)	<ul style="list-style-type: none"> • High Expenditures • Conditions 	Includes beneficiaries predicted to be at high risk for high health care expenditures based on a proprietary algorithm.	Part D
Specialty Pharmacy Care Management (SPCM)	<ul style="list-style-type: none"> • Conditions 	Identifies beneficiaries with rare conditions through (i) disease-specific algorithms that use medical and pharmacy claims or (ii) referrals from the beneficiary, health care providers, or CVS specialty pharmacy after verifying the beneficiary meets intervention targeting criteria.	Parts A, B, and D
Pharmacy Advisor Counseling (PAC)	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ New Med 	Identifies beneficiaries for brief counseling services pertaining to new medications or medication refills using pharmacy claims.	Part D
HealthTag	<ul style="list-style-type: none"> • Vaccine 	Identifies beneficiaries to receive flu, pneumonia, or shingles vaccine reminders or eligible for other SilverScript/CVS Enhanced MTM interventions.	Parts B and D
Long-Term Care ^b	<ul style="list-style-type: none"> • High Expenditures • Conditions 	Includes long-term care beneficiaries predicted to be at high-risk for high health care expenditures based on a proprietary algorithm.	Part D

^a High Expenditures: targeting based on high Medicare Parts A, B, and/or D expenditures; Conditions: targeting based on the presence of one or more chronic conditions; Med Use: targeting based on medication utilization; DTP (drug therapy problem): Med Use sub-category related to medication adherence issues, adverse drug reactions/interactions, gaps in care (e.g., needing additional drug therapy), dosage issues, and/or unnecessary or inappropriate drug therapy; New Med: Med Use sub-category related to newly prescribed medications; Vaccine: targeting beneficiaries based on the need for a vaccine.

^b Implemented in Model Year 2 to address the needs of long-stay long-term care residents.

Enhanced MTM Services

Table A.1.4 provides an overview of SilverScript/CVS’s Enhanced MTM services, which vary in their level of intensity, depending on the Enhanced MTM intervention. Three of these interventions provide both high- and low-intensity services, one provides high-intensity services only, and one provides low-intensity services only.

Table A.1.4: SilverScript/CVS Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Enhanced MTM Services
Medication Therapy Counseling (MTC) and Long-Term Care (LTC)	<ul style="list-style-type: none"> • CMR 	High	Recurrent	<ul style="list-style-type: none"> • Comprehensive Medication Review (CMR): <ul style="list-style-type: none"> ○ Conducted telephonically by a call center or in person by a community pharmacist.^c ○ Focus on identifying medication-related problems broadly related to indication, safety, effectiveness, and adherence. • Follow-up calls for CMR recipients: <ul style="list-style-type: none"> ○ Focus on any changes to medications and the status of any previously identified medication-related problems, new medication-related problems, or disease states not covered during previous phone calls. ○ Frequency generally driven by the number of disease states and pharmacist discretion.
	<ul style="list-style-type: none"> • TMR (beneficiary) 	High	One-time	<ul style="list-style-type: none"> • Patient Consultation (Targeted Medication Review [TMR])^d: A beneficiary-facing TMR consultation (e.g., over-the-counter medication consultation, medication assessment for high-risk medications, medication education).
	<ul style="list-style-type: none"> • TMR (prescriber) 	Low	One-time	<ul style="list-style-type: none"> • Prescriber Consultation (TMR)^d: A consultation between a pharmacist and beneficiary’s prescriber to resolve or prevent DTPs for which a change in therapy requires prescriber approval.
	<ul style="list-style-type: none"> • Medication Adherence (pharmacist) 	High	One-time	<ul style="list-style-type: none"> • Patient Adherence Consultation^d: A consultation between a pharmacist and beneficiary to identify, resolve, and/or prevent medication adherence issues (e.g., medication overuse or underuse).
	<ul style="list-style-type: none"> • Case/disease management 	High	One-time	<ul style="list-style-type: none"> • Comprehensive Diabetes Care Education^d: A consultation between a pharmacist and beneficiary focused on holistic diabetes self-management education.
	<ul style="list-style-type: none"> • Immunization assessment, reminder, and administration 	Low	One-time	<ul style="list-style-type: none"> • Immunization Reminders^d: Pharmacists encourage beneficiaries who have not received recommended vaccines to receive them. Pharmacists may provide the vaccine or refer the beneficiary to their prescriber’s office for vaccine administration. Pharmacists may also contact the beneficiaries’ prescribers about the importance of immunizations.

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Enhanced MTM Services
Specialty Pharmacy Care Management (SPCM)	<ul style="list-style-type: none"> • Case/disease management • Medication reconciliation 	High	Recurrent	<ul style="list-style-type: none"> • Initial assessment call: <ul style="list-style-type: none"> ○ Conducted telephonically by a primary nurse assigned to the beneficiary. ○ Focus on disease-specific beneficiary risk assessment completion. ○ Assigns the beneficiary a risk level that relates to the level of care management received. ○ Produces a collaboratively developed care plan that directs the focus of future follow-up. • Follow-up calls are directed by risk level, and focus on care optimization, symptom management, self-care, co-morbidities, and medication optimization. • Referrals for additional services designed to help beneficiaries identify appropriate community resources (e.g., financial assistance, support with activities of daily living, long-term planning), support beneficiaries with acute needs (e.g., hospitalization/discharge, scheduled surgery), and promote beneficiary engagement in their own care. • Educational resources include targeted articles, access to online education, and a monthly newsletter.
Pharmacy Advisor Counseling (PAC)	<ul style="list-style-type: none"> • TMR (beneficiary) • Adherence (pharmacist) 	High	One-time	<ul style="list-style-type: none"> • Targeted pharmacist services consist of brief clinical conversations telephonically or in person and may: <ul style="list-style-type: none"> ○ Explain the importance of a new medication and address cost barriers, as needed; ○ Reinforce the importance of continuing medication therapy, provide medication-specific information, and address any patient-specific issues; ○ Provide reminders about upcoming refills; ○ Provide information about a medication and health condition associated with the medication; ○ Reinforce the importance of medication to health outcomes, encourage refills, and address barriers; or ○ Discuss gaps in care with the beneficiary. • Education materials include condition-specific brochures and possible referrals to disease management programs and/or other health care providers.
	<ul style="list-style-type: none"> • TMR (prescriber) 	Low	One-time	<ul style="list-style-type: none"> • Targeted pharmacist services consist of informing prescriber about gaps in care.
HealthTag	<ul style="list-style-type: none"> • Immunization assessment, reminder, and administration 	Low	One-time	<ul style="list-style-type: none"> • Immunization Reminders: Flu, shingles, and pneumonia vaccination reminders provided to HealthTag-eligible beneficiaries.

^a “Significant services” were services for a given sponsor intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. See Table B.10.9 of Appendix B for a full list and definitions of these significant service categories.

^b High-intensity services are defined as those that involve interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that do not involve the beneficiary directly (i.e., services that are directed to the prescriber only) or involve only one-way sharing of information with the beneficiary (e.g., vaccine reminders or IVR).

^c Community pharmacy and additional call center capabilities were added in Model Year 2 when SilverScript/CVS added OutcomesMTM as a vendor.

^d These services were delivered by OutcomesMTM and not CVS. (OutcomesMTM and CVS provide services for the MTC intervention.) Only OutcomesMTM and Omnicare provide services for the Long-Term Care intervention.

A.1.4 Outreach Strategy

Table A.1.5 describes SilverScript/CVS’s beneficiary and prescriber outreach approach.

Table A.1.5: SilverScript/CVS Outreach Strategy Overview

Outreach Categories	SilverScript/CVS Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • Beneficiary outreach varies for each of the five Enhanced MTM interventions. • Mailed introductory letter for MTC, PAC, and SPCM interventions to notify beneficiaries of eligibility for Enhanced MTM services and describe the types of services and their benefits followed by: <ul style="list-style-type: none"> ○ Initial outreach to engage the beneficiary in Enhanced MTM services, which occurs telephonically, in person, or via interactive voice response (IVR)^a for the MTC intervention, telephonically or in person for the PAC intervention, and telephonically or via text for the SPCM intervention.^b • Beneficiary outreach for the LTC intervention occurs via the LTC facility, which contacts the beneficiary directly. • Beneficiary outreach (i.e., vaccination reminder) for HealthTag only occurs in community pharmacies when an eligible beneficiary visits the pharmacy to fill a prescription. • Following integration with the Epic Electronic Health Record (EHR), beneficiaries eligible for the SPCM intervention have the ability to submit secure messages to SPCM staff and schedule appointments for SPCM services through the Epic patient portal.^c
Prescriber Outreach	<ul style="list-style-type: none"> • Prescriber outreach is limited to post-service, and the nature of communication varies across Enhanced MTM interventions: <ul style="list-style-type: none"> ○ Following all MTC and LTC services, prescribers receive a list of medication-related problems and recommendations for addressing these problems for the MTC intervention. ○ For the SPCM intervention, prescriber communication is ongoing and may include updates about a beneficiary’s risk status, care coordination needs, vaccination status, etc. ○ Prescriber communication for the PAC intervention is primarily focused on gaps in care. ○ The HealthTag intervention does not involve any direct prescriber communication or outreach. • Outreach occurs telephonically, by fax, or by mail for the MTC, LTC, PAC, and SPCM interventions.

^a IVR was added near the end of Model Year 2 (2018) as an additional strategy to inform beneficiaries about their eligibility to receive a CMR service.

^b Text messaging capabilities were added to the SPCM intervention midway through Model Year 3 (June 2019) to supplement the existing telephone outreach to beneficiaries, depending on beneficiary preferences.

^c The functionality to enable secure messaging through Epic was implemented early in Model Year 3 (2019).

A.2 Humana

Humana offers two Enhanced MTM interventions—a risk-based intervention and a transitions-of-care intervention. The risk-based intervention uses Parts A, B, and D claims data to stratify beneficiaries into four risk groups based on their predicted cost risk to Humana. Beneficiaries receive outreach for services based on their risk category, identified drug therapy problems (DTPs), or chronic conditions. All beneficiaries with a recent hospital discharge are eligible to receive transitions-of-care medication reconciliation services. In Model Year 2 (2018), one of Humana’s Plan Benefit Packages (PBPs) lost its benchmark status. Consequently, low-income subsidy (LIS) beneficiaries previously enrolled in that PBP were automatically enrolled in other PBPs. Information in this appendix reflects Humana’s Enhanced MTM implementation as of the end of Model Year 4, unless noted otherwise.

A.2.1 Sponsor Overview

Region(s): 7 (VA); 11 (FL); 21 (LA); 25 (IA, MN, MT, ND, NE, SD, WY); 28 (AZ)

Plan Benefit Package(s): S5884-105, -108, -132, -145, -146

Number of PDP Enrollees:

Model Year 1: 457,433

Model Year 2: 287,528

Model Year 3: 255,604

Model Year 4: 226,697

Number of Enhanced MTM-Eligible Beneficiaries:

Model Year 1: 221,644 (48.5% of Model Year 1 enrollment)

Model Year 2: 180,158 (62.7% of Model Year 2 enrollment)

Model Year 3: 169,920 (66.5% of Model Year 3 enrollment)

Model Year 4: 156,908 (69.2% of Model Year 4 enrollment)

Sources: MARx and CME.

Notes: PDP enrollment only includes Enhanced MTM-participating contract-plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.2.2 Participating Organizations

Table A.2.1 presents Humana’s partners and their roles in Enhanced MTM as of the end of Model Year 4.

Table A.2.1: Humana Enhanced MTM Partnerships

Organization	Role in Humana’s Enhanced MTM Implementation
Humana Insurance Company	<ul style="list-style-type: none"> Enhanced MTM sponsor organization.
Humana Pharmacy Solutions	<ul style="list-style-type: none"> Oversees overall implementation of the Enhanced MTM Model for Humana Insurance Company. Performs beneficiary targeting and outreach for Enhanced MTM. Manages and handles payment for Enhanced MTM services.
OutcomesMTM	<ul style="list-style-type: none"> Administers Enhanced MTM interventions. Provides the technology platform for documentation and billing of Enhanced MTM services. Provides telephonic Enhanced MTM services through a call center.^a Leverages the extensive network of community pharmacies for Enhanced MTM service delivery.
Telephonic MTM Vendor ^b	<ul style="list-style-type: none"> Provides telephonic Enhanced MTM services through a call center.
Admission, Discharge, and Transfer (ADT) Data Vendor ^c	<ul style="list-style-type: none"> Provided state Health Information Exchange (HIE) data support to help identify beneficiaries with a recent hospital discharge for the transitions-of-care medication reconciliation service.

^a Humana discontinued use of the OutcomesMTM call center to provide telephonic Enhanced MTM services and transitioned to delivering all services solely by community pharmacies in Q3 of Model Year 4.

^b Added midway through Model Year 1 to provide additional support in the delivery of telephonic services, but discontinued in Q3 of Model Year 4 when Humana decided to stop using call centers to provide telephonic Enhanced MTM services.


^c Added in Model Year 2 to overcome barriers to using claims data for identifying beneficiaries recently discharged from a hospital. In Q3 of Model Year 4, Humana discontinued its use of state HIE data for transitions-of-care medication reconciliation service targeting.

A.2.3 Enhanced MTM Interventions

As shown in Table A.2.2, Humana did not add or discontinue any Enhanced MTM interventions since the start of the Model. Humana launched two Enhanced MTM interventions at the start of Model Year 1, and these interventions continued through the end of Model Year 4.

Table A.2.2: Humana Enhanced MTM Intervention Implementation Milestones

Enhanced MTM Intervention	Model Year 1 (2017)				Model Year 2 (2018)				Model Year 3 (2019)				Model Year 4 (2020)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Risk-Based																
Transitions of Care Medication Reconciliation																

 Intervention active in quarter

Enhanced MTM Intervention Targeting

Humana re-stratified its entire beneficiary population at the beginning of Model Year 4 (2020) using a new targeting approach for its risk-based intervention. The new targeting approach uses Parts A, B, and D data and involves predictive modeling that assigns risk scores based on predicted medical and pharmacy expenditures. In previous Model Years, Humana stratified beneficiaries using only Part D claims. Humana changed its targeting approach because it found the Part D claims-only approach generated risk scores that were more likely to fluctuate due to acute illness or injury. The new predictive approach using Parts A, B, and D data produces risk scores that are comparatively more stable over time (i.e., beneficiaries assigned to the high-risk tier are more likely to continually meet criteria for “high risk” over time).¹

Humana also changed the targeting approach for its transitions-of-care intervention in Q3 of Model Year 4. After using state HIEs to identify beneficiaries with a recent hospital discharge in Model Year 2 through early Model Year 4, Humana discontinued the use of state HIE data after its internal analysis found that using HIE data to target beneficiaries for the transitions-of-care intervention was not cost effective. Humana continued to offer this intervention through the remainder of Model Year 4 but relied solely on pharmacists to identify hospital discharges.

Table A.2.3 provides an overview of Humana’s targeting processes for its two Enhanced MTM interventions.

Table A.2.3: Humana Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Risk-Based	<ul style="list-style-type: none"> • High Expenditures • Med Use <ul style="list-style-type: none"> ○ DTP • Conditions 	Assigns beneficiaries into one of four risk groups (high-risk, medium-risk, low-risk, and monitoring) based on health care utilization, drug expenditures, and information about health status and chronic conditions. ^b Enhanced MTM service opportunities can also be identified by community pharmacists.	Parts A, B, and D
Transitions of Care Medication Reconciliation	<ul style="list-style-type: none"> • Transitions 	Identifies eligible beneficiaries in all risk groups with a recent hospital discharge to receive the transitions-of-care medication reconciliation service. Beneficiaries may be identified by community pharmacies or through ADT data leveraged from a state HIE. ^c	Parts A and B, HIE

^a Med Use: targeting based on medication utilization; DTP: targeting based on medication adherence issues, adverse drug reactions/interactions, gaps in care, dosage issues, and/or unnecessary or inappropriate drug therapy; Conditions: targeting based on the presence of one or more chronic conditions; High Expenditures: targeting based on high Medicare Parts A, B, and/or D expenditures; and Transitions: targeting beneficiaries who experience a recent discharge from the hospital.

^b Beneficiaries in the monitoring group are not targeted for Risk-Based intervention services.

^c Use of ADT data through state HIE began in Florida in Model Year 2 and was implemented in Louisiana and Virginia in Model Years 3 and 4, respectively. In Q3 of Model Year 4, Humana discontinued the use of ADT data through state HIEs in all three states.

¹ Consistent with previous Model Years, beneficiaries remain in the highest risk tier for which they qualify.

Enhanced MTM Services

Table A.2.4 provides an overview of Humana’s Enhanced MTM services for both of its Enhanced MTM interventions. For Humana’s Risk-Based intervention, services are tailored to beneficiaries’ risk profiles and the identification of drug utilization problems or specific chronic conditions. In Model Year 2, Humana added a flu immunization reminder to its Risk-Based intervention. However, Humana discontinued the service midway through Model Year 3 after determining that it was ineffective in driving beneficiary behavior change and duplicative of other efforts to increase flu vaccinations. Similarly, at the beginning of Model Year 4, Humana eliminated the comprehensive medication review (CMR) service from its Risk-Based intervention after its internal analyses found the service did not result in medical cost savings.

At the beginning of Model Year 4, Humana built upon its comprehensive diabetes care education service² and launched a new chronic conditions management service. The new service encompasses holistic disease management and education focusing on 10 different chronic conditions.³ Humana launched the chronic conditions management service after its internal analyses found that the comprehensive diabetes care education service was valuable in driving cost savings. However, after the first month of implementation, Humana reduced the number of chronic conditions targeted for this service to three conditions⁴ and discontinued consultations for low-risk beneficiaries because service uptake in the first month far exceeded budget expectations. In Q2 of Model Year 4, Humana stopped identifying new beneficiaries for chronic conditions management services to control the volume of services. Humana also discontinued the medication synchronization service in Q1 of Model Year 4 due to budgetary reasons.

² Implemented in Model Years 1-3.

³ Chronic conditions included hypertension, hyperlipidemia, diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), cardiovascular disease, depression, asthma, rheumatoid arthritis, and osteoarthritis.

⁴ Humana selected CHF, COPD, and cardiovascular disease because it anticipated the chronic conditions management service would have the largest impact on medical expenditures of beneficiaries with these three chronic conditions.

Table A.2.4: Humana Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Risk-Based	• CMR	High	Recurrent	• Comprehensive Medication Review (CMR)^c: A pharmacist reviewed all medications with the beneficiary, focusing on potential DTPs such as drug interactions or adherence issues. Beneficiaries received a summary of the CMR service that included medications reviewed, issues discussed, and recommendations, if applicable.
	• TMR (beneficiary)	High	One-time	• Patient Consultation (Targeted Medication Review [TMR])^d: A beneficiary-facing TMR consultation (e.g., over-the-counter medication consultation, medication assessment for high-risk medications, medication education).
	• TMR (prescriber)	Low	One-time	• Prescriber Consultation (TMR)^d: A consultation between a pharmacist and beneficiary’s prescriber to resolve or prevent DTPs for which a change in therapy requires prescriber approval.
	• Medication adherence (pharmacist)	High	One-time	• Patient Adherence Consultation^d: A consultation between a pharmacist and beneficiary to identify, resolve, and/or prevent medication adherence issues (e.g., medication overuse or underuse). • Medication Synchronization^{d,e}: Pharmacists synchronized beneficiaries’ medication fill dates.
		High	Recurrent	• Adherence Monitoring^{d,f}: Pharmacies accept accountability for beneficiaries’ medication adherence for certain drug classes and receive a bonus when targeted beneficiaries reach a specific adherence goal by the end of the year. Quarterly adherence monitoring checkpoints are conducted and barriers to adherence are identified and documented.
	• Case/disease management	High	Recurrent or one-time	• Chronic Conditions Management^g: A pharmacist consultation and follow-up services focusing on holistic chronic conditions self-management education. The number of follow-ups are determined by the beneficiaries’ risk score. High-risk beneficiaries receive up to three follow-ups, medium-risk beneficiaries receive up to two follow-ups, and low-risk beneficiaries do not receive any follow-up. Pharmacies are eligible for bonus payments upon completing all follow-ups with targeted high- and medium-risk beneficiaries.
• Immunization assessment, reminder, and administration	Low	One-time	• Flu Immunization Reminders^h: Beneficiaries who had not received a flu shot during flu season were encouraged by pharmacists to receive the vaccine. The pharmacist could either provide the vaccine or refer the beneficiary to their prescriber’s office for vaccine administration. Pharmacists could also contact beneficiaries’ prescribers regarding the need for immunization.	

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Transitions of Care Medication Reconciliation	<ul style="list-style-type: none"> Transitions of Care (medication reconciliation) 	High	One-time	<ul style="list-style-type: none"> Transitions-of-Care Medication Reconciliation: A pharmacist compares pre-admission medications with post-discharge medications to identify potential DTPs. After the service, the beneficiary and the beneficiary’s primary care provider receive a reconciled medication list. Beneficiaries in Florida who complete this service within 30 days of hospital discharge receive a monetary incentive.ⁱ

^a “Significant services” were services for a given sponsor intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. See Table B.10.9 of Appendix B for a full list and definitions of these significant service categories.

^b High-intensity services are defined as those that involve interactive discussions between a beneficiary and an Enhanced MTM provider. Low-intensity services are defined as those that do not involve the beneficiary directly or involve only one-way sharing of information with the beneficiary.

^c Humana discontinued the CMR service at the beginning of Model Year 4. Prior to Model Year 4, only high-risk beneficiaries were targeted to receive CMRs.

^d High-, medium-, and low-risk beneficiaries may be targeted.

^e The medication synchronization service was launched midway through Model Year 1 and discontinued in Q1 of Model Year 4. Humana reported eliminating the medication synchronization service because of budgetary concerns following the greater-than-anticipated uptake for its chronic conditions management services in Model Year 4.

^f The adherence monitoring service was only provided to high- and medium-risk beneficiaries in Model Year 1, and expanded to low-risk beneficiaries in Model Year 2.

^g Humana launched this new service, focusing on 10 chronic conditions, at the beginning of Model Year 4 in lieu of its comprehensive diabetes care education service. Shortly after launching, Humana decided to pare down the number of chronic conditions and stop identifying new beneficiaries for service delivery because service uptake far exceeded budget assumptions.

^h Humana launched flu immunization reminders for high- and medium-risk beneficiaries in Q4 of Model Year 2, but discontinued the service midway through Model Year 3 after determining that it was not effective in driving beneficiary behavior change and was duplicative of other efforts to increase flu vaccinations, and therefore was not adding value to the Risk-Based intervention.

ⁱ The incentive was implemented in Florida in Model Year 2 and continued through Model Year 4 to explore its effect on service completion.

A.2.4 Outreach Strategy

Table A.2.5 describes Humana’s approach to beneficiary and prescriber outreach.

Table A.2.5: Humana Outreach Strategy Overview

Outreach Categories	Humana Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • An initial letter invitation is mailed to all high-, medium-, and low-risk beneficiaries.^a • In-person or telephonic outreach is conducted for high-risk beneficiaries, beneficiaries identified for transitions-of-care medication reconciliation services, and beneficiaries identified for TMRs, to engage them in the specific services for which they are eligible. • Additional Enhanced MTM outreach methods include emails and web alerts^b to provide beneficiaries with general information about Enhanced MTM and encourage them to schedule an appointment. • Patient resource letters are mailed to beneficiaries eligible for medication adherence monitoring.
Prescriber Outreach	<ul style="list-style-type: none"> • Fax communication to prescribers includes patient summaries and recommendations for changes in therapy after the completion of CMRs, transitions-of-care medication reconciliations, and TMRs. • Telephonic outreach is used as needed to address urgent medication recommendations with the prescriber. • A small number of physician clinics with embedded pharmacists are leveraged to deliver Enhanced MTM services in these clinics, helping engage prescribers in Enhanced MTM implementation.

^a The letter invitation was launched at the beginning of Model Year 3. In Model Years 1 and 2, a postcard invitation was mailed to all high-, medium-, and low-risk beneficiaries.

^b Web-based outreach methods were launched toward the end of Model Year 1 and the beginning of Model Year 2. An informational web page was launched at the beginning of Model Year 3.

A.3 Blue Cross Blue Shield Northern Plains Alliance

The Blue Cross Blue Shield Northern Plains Alliance (BCBS NPA) offered five Enhanced MTM interventions in Model Year 4. One of these interventions primarily targets beneficiaries at high risk for adverse drug events (ADEs) based on multi-drug interactions. To determine beneficiaries' risk for ADEs, BCBS NPA risk-scores and stratifies its entire plan enrollment via an algorithm that uses Part D claims data and incorporates multi-drug interaction analyses. Call center pharmacists and community pharmacies provide services for high-risk beneficiaries. For other interventions, BCBS NPA uses Parts A, B, and D claims data to identify beneficiaries eligible to receive TMR-like services, transitions-of-care services, and/or chronic care management services from community pharmacies through a secondary platform. Information in this appendix reflects BCBS NPA's Enhanced MTM interventions as of the end of Model Year 4, unless noted otherwise.

A.3.1 Sponsor Overview

Region(s): 25 (IA, MN, MT, ND, NE, SD, WY)

Plan Benefit Package(s): S5743-001

Number of PDP Enrollees:

Model Year 1: 241,498

Model Year 2: 239,962

Model Year 3: 219,298

Model Year 4: 199,224

Number of Enhanced MTM-Eligible Beneficiaries:

Model Year 1: 50,723 (21.0% of Model Year 1 enrollment)

Model Year 2: 49,105 (20.5% of Model Year 2 enrollment)

Model Year 3: 73,352 (33.4% of Model Year 3 enrollment)

Model Year 4: 86,194 (43.3% of Model Year 4 enrollment)

Sources: Enhanced MTM Encounter Data Master File and CME.

Notes: PDP enrollment only includes Enhanced MTM-participating PBPs. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME. Due to irregular patterns in BCBS NPA's MARx data, BCBS NPA advised the evaluation team to use Encounter Data to define its Enhanced MTM-eligible population.

A.3.2 Participating Organizations

Table A.3.1 presents BCBS NPA’s current partners and their roles in Enhanced MTM.

Table A.3.1: BCBS NPA Enhanced MTM Partnerships

Organization	Role in BCBS NPA’s Enhanced MTM Implementation
Blue Cross Blue Shield Northern Plains Alliance (BCBS NPA)	<ul style="list-style-type: none"> Enhanced MTM sponsor organization.
ClearStone Solutions, Inc. (ClearStone)	<ul style="list-style-type: none"> Blue Cross Blue Shield of Minnesota affiliate. Administers BCBS NPA’s Part D Plan Benefit Package (PBP). Provides oversight and manages Enhanced MTM implementation.
Tabula Rasa HealthCare (TRHC)	<ul style="list-style-type: none"> External MTM vendor that works with ClearStone for BCBS NPA’s Enhanced MTM implementation. Performs beneficiary targeting, prioritization, outreach, Enhanced MTM service delivery, provider communication. Provides the proprietary web platform for documentation of medication risk stratification, medication risk scores, and Enhanced MTM services. Contracts with community pharmacies to provide Enhanced MTM services using TRHC’s proprietary web platform and reimburses these pharmacies for service completion.
DocStation ^a	<ul style="list-style-type: none"> External vendor that provides a secondary proprietary web platform to community pharmacies, used for other services in addition to Enhanced MTM. Leverages the proprietary algorithm that identifies care gaps based on disease state, medication, and other clinical factors to individualize beneficiary services. Partners with community pharmacies to provide services via a proprietary web platform. Provides ongoing performance incentives to community pharmacies through value-based reimbursements.

^a Added in Model Year 2.

A.3.3 Enhanced MTM Interventions

As shown in Table A.3.2 below, BCBS NPA made changes to the Enhanced MTM interventions offered to eligible beneficiaries over the first four Model Years. At the start of the Model, BCBS NPA offered a single Enhanced MTM intervention via its primary platform, TRHC’s risk mitigation platform, for beneficiaries at high risk for drug interactions. In Model Year 2, BCBS NPA launched a short-term, primarily education-focused opioid intervention for health care providers who either prescribed opioids with competing drugs or prescribed high volumes of opioids (Prescriber Opioid Education intervention), which concluded as planned later that year.⁵ Also in Model Year 2, BCBS NPA recruited and developed an extensive network of community pharmacies, in addition to the TRHC call center, that were trained and certified to

⁵ In previous evaluation reports, this intervention was referred to as the Opioid intervention.

perform interventions using the primary platform. Through its primary platform, BCBS NPA launched and completed a Low-Risk/High-Cost intervention with two discrete cohorts of beneficiaries in Model Years 2 and 3. However, BCBS NPA discontinued the Low-Risk/High-Cost intervention after Model Year 3 because internal analyses indicated that it was not driving significant medical savings for the target population. In Q3 of Model Year 2, BCBS NPA added a second proprietary web platform in community pharmacies, DocStation’s platform. Through this secondary platform, BCBS NPA launched new interventions targeting beneficiaries for brief services (e.g., new medication and adherence assessments, immunization compliance assessments, and medication reconciliation) in the community pharmacy setting (Community Pharmacy Smart Recommendations Intervention).⁶

In Model Year 3, BCBS NPA added two new interventions through the secondary platform: a transitions-of-care intervention and a chronic care management intervention, which included both hemoglobin A1c and blood pressure monitoring for beneficiaries with diabetes. In Q3 of Model Year 4, BCBS NPA implemented a new process for identifying social and financial needs of patients receiving services through the secondary platform and providing them with information and referrals to local resources. In Q4 of Model Year 4, BCBS NPA added another intervention through its secondary platform—an opioid intervention (Safe Opioid Use Assessment). The Safe Opioid Use Assessment intervention includes an initial opioid use disorder assessment for beneficiaries with new opioid prescriptions. After completing the assessment, pharmacists are presented with suggested services based on the beneficiary’s needs.

Table A.3.2: BCBS NPA Enhanced MTM Intervention Implementation Milestones

Enhanced MTM Intervention	Model Year 1 (2017)				Model Year 2 (2018)				Model Year 3 (2019)				Model Year 4 (2020)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
High-Risk	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Prescriber Opioid Education				■	■											
Low-Risk/High-Cost							■	■			■	■				
Community Pharmacy Smart Recommendations									■	■	■	■	■	■	■	■
Transitions of Care										■	■	■	■	■	■	■
Chronic Care Management											■	■	■	■	■	■
Safe Opioid Use Assessment															■	■

■ Intervention active in quarter

⁶ In Evaluation of the Part D Enhanced Medication Therapy Management (MTM) Model: First Evaluation Report, this intervention was referred to as the Community Pharmacy Light Touch intervention.

Enhanced MTM Intervention Targeting

Table A.3.3 provides an overview of BCBS NPA’s targeting process for each of its Enhanced MTM interventions.

Table A.3.3: BCBS NPA Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
High-Risk	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP 	Prioritizes outreach to beneficiaries who have the highest risk scores for potential multi-drug interactions and side effects based on types of medications. ^b	Part D
Prescriber Opioid Education ^c	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ Opioid 	Identified high-volume opioid prescribers to educate about opioid prescribing, and select beneficiaries with opioid medication risks.	Part D
Low-Risk/High-Cost ^d	<ul style="list-style-type: none"> • High Expenditures 	Identified a subset of beneficiaries with low risk scores and high medical expenditures.	Parts A and D
Community Pharmacy Smart Recommendations ^e	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ New Med • Vaccine 	Identifies beneficiaries who have begun new medications, have challenges with medication adherence, and/or need an immunization assessment/medication reconciliation among beneficiaries who fill their medications at participating community pharmacies.	Part D
Transitions of Care ^f	<ul style="list-style-type: none"> • Transitions 	Identifies beneficiaries who were recently discharged from hospital among those who fill their medications at participating community pharmacies.	Part D
Chronic Care Management	<ul style="list-style-type: none"> • Conditions • Med Use <ul style="list-style-type: none"> ○ Number of Meds 	Identifies beneficiaries with diabetes and at least 10 medications among those who fill their medications at participating community pharmacies.	Parts A, B, and D
Safe Opioid Use Assessment	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ Opioid 	Identifies beneficiaries with new opioid prescriptions in the previous 180 days among those who fill their medications at participating community pharmacies that have been trained to deliver the intervention.	Part D

^a Med Use: targeting based on medication utilization; DTP: targeting based on medication adherence issues, adverse drug reactions/interactions, gaps in care, dosage issues, and/or unnecessary or inappropriate drug therapy; New Med: targeting based on newly prescribed medications; Number of Meds: targeting based on a certain number of medications; Opioid: targeting based on opioid use or misuse; Conditions: targeting based on the presence of one or more chronic conditions; High Expenditures: targeting based on high Medicare Parts A, B, and/or D expenditures; Transitions: targeting beneficiaries who experience a recent discharge from the hospital; and Vaccine: targeting beneficiaries based on the need for a vaccine.

^b BCBS NPA modified its High-Risk intervention targeting approach in early Model Year 4 to prioritize outreach to members with the highest risk scores at the time of outreach from a subset of beneficiaries who reached a predetermined risk score threshold over the last 12 months. Previously, beneficiaries reaching the risk score threshold at any point over the last 12 months were targeted, regardless of their risk level at the time of outreach.

^c Short-term initiative that was implemented and completed in Model Year 2.

^d Implemented during Model Years 2 and 3, and discontinued thereafter.

^e Implemented in Model Year 2 in a phased approach after developing, testing, and refining targeting approaches.

^f Implemented in Model Year 3 after BCBS NPA’s vendor collaborated with pharmacists and health systems to develop the intervention and overcome barriers in using medical claims data to identify beneficiaries with recent discharge. Prior to this, community pharmacists identified beneficiaries with recent hospital discharges via discharge paperwork or other indicators during the pharmacist-beneficiary interaction.

Enhanced MTM Services

Table A.3.4 provides an overview of BCBS NPA's services for all of its Enhanced MTM interventions, many of which are delivered solely by community pharmacies. A CMR-type service known as the Medication Safety Review (MSR) is BCBS NPA's core Enhanced MTM service that is delivered in the High-Risk intervention by both a vendor call center and community pharmacies. Call center pharmacists may refer beneficiaries with financial or logistical needs for additional support.

In Model Year 2, BCBS NPA started offering beneficiary-facing services under its Community Pharmacy Smart Recommendations intervention (e.g., new medication assessment, medication adherence assessment, immunization compliance assessment, and medication reconciliation) either telephonically or in person in the community pharmacy setting via its secondary platform. In Model Year 3, BCBS NPA added two new interventions and corresponding services to be delivered through this platform. These included a medication reconciliation service for beneficiaries with a recent hospital discharge and various case/disease management services to achieve established clinical goals for beneficiaries targeted for the Chronic Care Management intervention. Beginning in Q3 of Model Year 4, community pharmacists referred patients receiving services through the platform to local resources if the pharmacist delivering the intervention identified needs that could be addressed through community resources. In Q4 of Model Year 4, BCBS NPA added the Safe Opioid Use Assessment intervention to determine beneficiaries' risk for opioid use disorder and provide relevant education depending on the risk level. This intervention is based on the ONE Rx program, which provides education about opioid misuse and accidental overdose.⁷

⁷ See <https://one-program.org> for more information.

Table A.3.4: BCBS NPA Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
High-Risk	• CMR	High	Recurrent	<ul style="list-style-type: none"> • Medication Safety Review (MSR): A call center/community pharmacist works with the beneficiary to update information about current medications. Within 72 hours of the medication reconciliation, the pharmacist conducts a detailed review of the targeted beneficiary’s medications and addresses potential DTPs related to the medication safety risks identified. The pharmacist and beneficiary develop a collaborative action plan, which is mailed to the beneficiary and sent to the preferred prescriber, along with any medication recommendations.
	• Medication reconciliation	High	One-time	<ul style="list-style-type: none"> • Medication Safety Review Lite (MSR-Lite): A call center/community pharmacist works with the beneficiary to update information about current medications, but is unable to connect with the beneficiary afterward to complete an MSR. In lieu of conducting a detailed medication review with the beneficiary, a call center pharmacist reviews the beneficiary’s reconciled medication list and follows up with the preferred prescriber if DTPs are identified. The call center pharmacist provides the prescriber with recommendations to remediate adverse drug event risks that they would have discussed with the beneficiary during a consultation.
	• TMR (prescriber)	Low	One-time	<ul style="list-style-type: none"> • Medication Safety Alert (MSA): For beneficiaries targeted for an MSR who have not completed a medication reconciliation or an MSR, a call center pharmacist reviews the beneficiary’s medication claims information, sends a mailer to the member identifying potential risks, and follows up with the preferred prescriber if risks are identified.
	• Cost-sharing and social support	High	One-time	<ul style="list-style-type: none"> • Forward Need: Beneficiaries receiving Enhanced MTM services via the primary platform and who are identified as having possible socioeconomic challenges may be contacted telephonically by a ClearStone Solutions social worker to assess the issue. If needed, the social worker will inform them about existing external programs that may be helpful.
Prescriber Opioid Education ^c	• TMR (prescriber)	Low	One-time	<ul style="list-style-type: none"> • Short-term initiative designed to increase prescribers’ awareness about opioid medication risks and help mitigate risks for patients. Targeted prescribers receive onsite (i.e., in-office) education about opioid prescribing, and call center pharmacists complete non-beneficiary-facing targeted medication safety reviews for a subset of beneficiaries with identified risks.

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Low-Risk/High-Cost ^d	• CMR	High	One-time	• Medication Safety Review (MSR): Low-risk/high-cost beneficiaries received one MSR service (described above).
	• Cost-sharing and social support	High	One-time	• Forward Need: Beneficiaries identified as having possible socioeconomic challenges may be offered the Forward Need service (described above).
Community Pharmacy Smart Recommendations	• TMR (beneficiary)	High	One-time	• New Medication Assessment: Assessment and counseling following the start of a new medication.
	• Medication adherence (pharmacist)	High	One-time	• Medication Adherence Assessment: Refill reminders if a beneficiary is non-adherent to a certain set of medications.
	• Immunization assessment, reminder, and administration	Low	One-time	• Immunization Compliance Assessment: Assessment of immunization status and delivery of vaccination, as appropriate.
	• Medication reconciliation	High	Recurrent	• Medication Reconciliation: Conducted if a beneficiary has not received a medication reconciliation within the last 6 months.
	• Cost-sharing and social support	High	One-time	• Whole Patient: A community pharmacist provides local resource information to beneficiaries identified as having possible socioeconomic challenges during an Enhanced MTM service generated via the secondary platform.
Transitions of Care	• Transitions of care (medication reconciliation)	High	One-time	• Transitions of Care Medication Reconciliation: A community pharmacist conducts medication reconciliation and an adverse drug event assessment if the beneficiary was recently discharged from a hospital, aiming to complete these services within 7 days of discharge.
	• Transitions of care (CMR)	High	One-time	• Transitions of Care Medication Review and Education: A community pharmacist conducts a medication review if the beneficiary was recently discharged from a hospital. The pharmacist may also provide education to the beneficiary, aiming to complete these services within 7 days of discharge.
	• Cost-sharing and social support	High	One-time	• Whole Patient: Beneficiaries identified as having possible socioeconomic challenges may be offered the Whole Patient service (described above).

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Chronic Care Management	• Case/disease management	High	Recurrent	• A community pharmacist documents the targeted beneficiary's blood pressure and hemoglobin A1c measurements, and selects services to achieve established clinical goals based on the beneficiary's unique needs and clinical profile. Pharmacies are eligible for a payment for keeping beneficiaries' blood pressure under control.
	• Cost-sharing and social support	High	One-time	• Whole Patient: Beneficiaries identified as having possible socioeconomic challenges may be offered the Whole Patient service (described above).
	• TMR (beneficiary)	High	One-time	• A community pharmacist may educate the targeted beneficiary about their medication regimen and/or work with the beneficiary to develop a home medication compliance regimen.
Safe Opioid Use Assessment	• TMR (beneficiary)	High	One-time	• Safe Opioid Use Assessment: A community pharmacist conducts an assessment to determine the beneficiary's risk for opioid use disorder. Pharmacists are presented with suggested services based on the beneficiary's need.
	• Cost-sharing and social support	High	One-time	• Whole Patient: Beneficiaries identified as having possible socioeconomic challenges may be offered the Whole Patient service (described above).

^a "Significant services" were services for a given sponsor-intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. See Table B.10.9 of Appendix B for a full list and definitions of these significant service categories. CMR: Comprehensive Medication Review; TMR; Targeted Medication Review.

^b High-intensity services are defined as those that involve interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that do not involve the beneficiary directly (i.e., services that are directed to the prescriber only) or involve only one-way sharing of information with the beneficiary (e.g., vaccine reminders or Interactive Voice Response).

^c Short-term initiative that was implemented and completed in Model Year 2.

^d Implemented in Model Years 2 and 3 only.

A.3.4 Outreach Strategy

Table A.3.5 describes BCBS NPA’s approach to beneficiary and prescriber outreach.

Table A.3.5: BCBS NPA Outreach Strategy Overview

Outreach Categories	BCBS NPA Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • High-Risk Intervention <ul style="list-style-type: none"> ○ Targeted beneficiaries receive a mailed brochure describing the Enhanced MTM intervention and its potential benefits and informing them of an upcoming call from either a partner call center or local pharmacy. Beneficiaries with the highest risk scores are prioritized for outreach.^a ○ When possible, a local community pharmacy initiates contact with the beneficiary either via phone or at prescription pick-up. Depending upon state law, either a pharmacy technician or pharmacist performs initial contact and completes a medication reconciliation. A local community pharmacist then performs the MSR. ○ In cases where beneficiaries are unreachable or do not use a community pharmacy in the network, beneficiaries are contacted by the vendor call center. ○ Additional outreach strategies are used in cases where beneficiaries are unresponsive or unreceptive to outreach attempts, including mailing letters and SMS text messaging.^b ○ Quarterly newsletters are sent to all beneficiaries targeted for the high-risk intervention, containing general information about services in addition to relevant seasonal content. ○ Call center staff make follow-up calls to beneficiaries four weeks after MSR completion to inquire about expected behavioral outcomes (e.g., whether the member met with the prescriber after the MSR, whether the member implemented any of the recommended changes). Beneficiaries who receive MSRs may also receive SMS text messages following the service.^c ○ Call center pharmacists may refer beneficiaries with financial or logistical needs to a social worker who serves as a resource navigator to connect members to financial/social services for additional support. ○ Targeted beneficiaries are encouraged to download a mobile application developed to help beneficiaries manage their medications.^d • Community Pharmacy Smart Recommendations, Transitions of Care, Chronic Care Management, and Safe Opioid Use Assessment Interventions <ul style="list-style-type: none"> ○ Community pharmacists engage beneficiaries via multiple touch points including inbound/outbound phone calls, appointment-based visits, and at prescription pick-up. ○ BCBS NPA prioritizes outreach to beneficiaries eligible for the Chronic Care Management intervention based on the number of medications.^e ○ If a call center pharmacist identifies beneficiary needs during delivery of an intervention, they can relay this information to a BCBS NPA social worker who will investigate local resources that may address the beneficiary’s needs. The social worker sends identified resources to the community pharmacist, who then shares the resources with the beneficiary.

Outreach Categories	BCBS NPA Approach
Prescriber Outreach	<ul style="list-style-type: none"> • Prescribers receive faxed, mailed, and electronic communications; and telephone outreach as needed to address medication recommendations. • Proactive fax outreach is used to inform prescribers about beneficiary eligibility for the High-Risk intervention. • Targets high-volume opioid prescribers of beneficiaries with opioid medication-related risks to receive education about opioid prescribing through the short-term Prescriber Opioid Education intervention.^f <ul style="list-style-type: none"> ○ All targeted prescribers received mailed educational materials. ○ A subset of targeted prescribers (~50) received onsite educational visits. • Prescribers of beneficiaries targeted for the High-Risk intervention can access a prescriber web portal where they can review and respond to their patients' medication action plans.^g • Provides community pharmacists with educational resources they can share with prescribers. Community pharmacists using the primary platform can receive a payment for outreach to prescribers with whom they have existing relationships.^h • Call center staff may follow up with prescribers who have not responded to or accepted pharmacist recommendations. • Pharmacists may proactively contact prescribers to obtain recent blood pressure and/or hemoglobin A1c measurements for beneficiaries targeted for the Chronic Care Management intervention.

^a In Q2 of Model Year 4, beneficiaries with high risk scores who had never participated in the High-Risk intervention were prioritized for outreach over beneficiaries who had previously participated.

^b The text messaging campaign was launched in Model Year 2 as an additional touch point opportunity for BCBS NPA.

^c Implemented in Model Year 2 (for high-risk beneficiaries only) to gather data on beneficiary acceptance of MTM recommendations.

^d The mobile application, designed by one of BCBS NPA's vendors, was released for beneficiary use in Q2 of Model Year 3. Reported uptake of the mobile application has been low, and BCBS NPA attributes this to the limited use of smartphones among the Enhanced MTM-eligible population.

^e Began in Q1 of Model Year 4.

^f Launched in Model Year 2.

^g The prescriber web portal was launched at the end of Model Year 3, though BCBS NPA reported low prescriber uptake in Model Year 4.

^h Started in Q3 of Model Year 4.

A.4 UnitedHealth Group

UnitedHealth Group (UnitedHealth) categorizes all participating plan beneficiaries as high- or low-risk based on a risk scoring algorithm using beneficiary characteristics and drug therapy problems (DTPs) identified through Part D claims. Beneficiaries receive a different suite and intensity of services based on their risk category. Beneficiaries may also receive additional services if they are recently discharged from the hospital or are late to refill their medications, as identified by Part D claims. Information in this appendix reflects UnitedHealth’s Enhanced MTM interventions as of the end of Model Year 4, unless noted otherwise.

A.4.1 Sponsor Overview

<p>Region(s): 7 (VA); 11 (FL); 21 (LA); 25 (IA, MN, MT, ND, NE, SD, WY); 28 (AZ)</p> <p>Plan Benefit Package(s): S5921-352, -356, -366, -370, -380</p> <p>Number of PDP Enrollees:</p> <ul style="list-style-type: none"> Model Year 1: 175,930 Model Year 2: 134,273 Model Year 3: 206,163 Model Year 4: 192,719 <p>Number of Enhanced MTM-Eligible Beneficiaries:</p> <ul style="list-style-type: none"> Model Year 1: 95,515 (54.3% of Model Year 1 enrollment) Model Year 2: 74,217 (55.3% of Model Year 2 enrollment) Model Year 3: 110,847 (53.8% of Model Year 3 enrollment) Model Year 4: 110,562 (57.4% of Model Year 4 enrollment)
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Sources: MARx and CME.

Notes: PDP enrollment only includes Enhanced MTM-participating contract-plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.4.2 Participating Organizations

Table A.4.1 presents UnitedHealth’s partners and their roles in Enhanced MTM as of the end of Model Year 4.

Table A.4.1: UnitedHealth Enhanced MTM Partnerships

Organization	Role in UnitedHealth’s Enhanced MTM Implementation
UnitedHealth	<ul style="list-style-type: none"> • Enhanced MTM sponsor organization. • Oversees Enhanced MTM Model implementation.
OptumRx	<ul style="list-style-type: none"> • Conducts Enhanced MTM intervention targeting. • Provides Enhanced MTM services and beneficiary outreach. • Leverages retail pharmacy network for Enhanced MTM Model implementation. • Conducts prescriber outreach. • Generates and provides Enhanced MTM reporting (MARx TC-91, Encounter Data, Monitoring Measures).
Eliza Corporation ^a	<ul style="list-style-type: none"> • Provides interactive voice response (IVR) telephone support for the Adherence Monitoring intervention automated refill reminders.

^a Added in Model Year 2 to support automated Adherence Monitoring intervention.

A.4.3 Enhanced MTM Interventions

As shown in Table A.4.2, UnitedHealth did not add or discontinue any Enhanced MTM interventions in Model Year 4. UnitedHealth launched two Enhanced MTM interventions at the start of Model Year 1, and a third intervention in Q2 of Model Year 2. All three interventions continued through the end of Model Year 4. UnitedHealth’s Enhanced MTM interventions focus on (i) select DTPs; (ii) transitions of care; and (iii) medication adherence.

Table A.4.2: UnitedHealth Enhanced MTM Intervention Implementation Milestones

Enhanced MTM Intervention	Model Year 1 (2017)				Model Year 2 (2018)				Model Year 3 (2019)				Model Year 4 (2020)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Risk-Based	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Transitions of Care	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Adherence Monitoring						■	■	■	■	■	■	■	■	■	■	■

■ Intervention active in quarter

Enhanced MTM Intervention Targeting

Table A.4.3 provides an overview of UnitedHealth’s targeting process for its Enhanced MTM interventions.

Table A.4.3: UnitedHealth Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Risk-Based	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ Number of Meds • Conditions 	Assigns a risk score based on beneficiaries’ demographic and clinical characteristics and drug therapy problems (DTPs). The risk score is used to assign beneficiaries to high or low risk categories.	Part D
Transitions of Care	<ul style="list-style-type: none"> • Transitions 	Uses predictive screening algorithm to identify beneficiaries (regardless of risk level) recently discharged from hospital. Discharge status is confirmed by a phone call to the beneficiary.	Part D
Adherence Monitoring ^b	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP 	Identifies beneficiaries who have filled a medication within medication classes used for CMS Star Rating adherence measures (e.g., statins, diabetes medications, hypertension medications) and are overdue for a refill.	Part D

^a Med Use: targeting based on medication utilization; DTP: targeting based on medication adherence issues, adverse drug reactions/interactions, gaps in care, dosage issues, and/or unnecessary or inappropriate drug therapy; Number of Meds: targeting based on a certain number of medications; Conditions: targeting based on the presence of one or more chronic conditions; and Transitions: targeting beneficiaries who experience a recent discharge from the hospital.

^b Implemented in Model Year 2.

Enhanced MTM Services

Table A.4.4 provides an overview of UnitedHealth’s tailored, beneficiary-specific Enhanced MTM services for each of its Enhanced MTM interventions. UnitedHealth varies the combination and content of services depending on intervention eligibility and beneficiary needs. In addition to the services described in Table A.4.4, UnitedHealth also provides beneficiaries with educational materials, including condition-specific information.

Table A.4.4: UnitedHealth Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Risk-Based	<ul style="list-style-type: none"> • CMR 	High	One-time	<ul style="list-style-type: none"> • “Lean” Comprehensive Medication Review (CMR): Medication review focusing on drug therapy problems (DTPs), which results in a portable medication list and educational materials about DTPs discussed during the CMR and/or related conditions (e.g., diabetes, chronic pain) sent to beneficiaries via mail. This service is conducted telephonically, or by a community pharmacist if the beneficiary is hard to reach by telephone.^c In the risk-based intervention, this service is delivered to high-risk beneficiaries only. High-risk beneficiaries may receive a TMR (described below) if new DTPs are identified by the next 90-day follow-up. • Pharmacists Referrals to Other Services: Beneficiaries are directed to existing services based on pharmacists’ clinical judgment and beneficiary needs identified during the Lean CMR. This service is delivered to high-risk beneficiaries only.
	<ul style="list-style-type: none"> • TMR (beneficiary) 	High	Recurrent	<ul style="list-style-type: none"> • Targeted Medication Review (TMR): If new DTPs are identified by the next 90-day follow-up, a pharmacist reviews the DTPs to determine whether beneficiaries will receive a TMR (beneficiary) or an additional Lean CMR. This service is delivered to high-risk beneficiaries only.
	<ul style="list-style-type: none"> • TMR (prescriber) 	Low	Recurrent	<ul style="list-style-type: none"> • TMR: If DTPs are identified during an automated TMR, the prescriber is contacted. There is no beneficiary-facing outreach. This service is delivered to high- and low-risk beneficiaries.
Transitions of Care	<ul style="list-style-type: none"> • Transitions of care (CMR) 	High	Recurrent	<ul style="list-style-type: none"> • Lean CMR: Similar to Lean CMR provided to high-risk beneficiaries but focuses on newly prescribed medications, review of discharge notes (if available), and how to avoid future hospital admissions. This results in similar post-Lean CMR materials as for the high-risk group, plus a medication action plan. • Follow-up Consultations: Occurs 10 days after the initial Lean CMR. Beneficiaries also continue to receive services associated with their risk group.
Adherence Monitoring ^d	<ul style="list-style-type: none"> • Medication adherence (automated) 	Low	One-time	<ul style="list-style-type: none"> • Automated Refill Reminder: If a medication adherence problem is identified during an automated review, a beneficiary receives an interactive voice response (IVR) telephone call, which provides the option to transfer to a dispensing pharmacy to refill medications.

^a “Significant services” were services for a given sponsor-intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. See Table B.10.9 of Appendix B for a full list and definitions of these significant service categories.

^b High-intensity services are defined as those that involve interactive discussions between a beneficiary and an Enhanced MTM provider. Low-intensity services are defined as those that do not involve the beneficiary directly or involve only one-way sharing of information with the beneficiary.

^c The community pharmacist component was piloted in Model Year 1 and fully implemented in Model Year 2 to support CMR provision for hard-to-reach beneficiaries. Beneficiaries were considered hard to reach if the telephone number on file was invalid or if they could not be reached after three outreach attempts.

^d Implemented in Model Year 2.

A.4.4 Outreach Strategy

Table A.4.5 describes UnitedHealth’s approach to beneficiary and prescriber outreach.

Table A.4.5: UnitedHealth Outreach Strategy Overview

Outreach Categories	UnitedHealth Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • High-risk beneficiaries are mailed an initial informational welcome packet with intervention-specific information and a call-in number. • High-risk and transitions-of-care beneficiaries receive outbound telephonic outreach. If the beneficiary is amenable to completing Enhanced MTM services, the beneficiary will be connected to a pharmacist for an immediate CMR, or if it is not a convenient time, the beneficiary will be scheduled for a CMR at a later date. After three unsuccessful attempts to reach high-risk beneficiaries by telephone, the case will be transferred to a retail pharmacy. • In Model Year 4, high-risk beneficiaries began receiving IVR calls as an additional form of outreach to schedule a CMR or receive a direct transfer to a pharmacist to deliver a CMR immediately. • Beneficiaries who are late to refill their medication receive an IVR refill reminder call. Beneficiaries are offered a direct transfer to their preferred pharmacy to refill their medication.
Prescriber Outreach	<ul style="list-style-type: none"> • Prescriber communication occurs primarily through fax. Pharmacists completing Enhanced MTM services contact prescribers by telephone only if severe drug therapy problems (DTPs) are detected after a Lean CMR with a high-risk or transitions-of-care beneficiary. • When a DTP is identified during an automated TMR, prescribers receive Enhanced MTM recommendations by fax or mail.

A.5 WellCare Health Plans

WellCare Health Plans (WellCare) offered four Enhanced MTM interventions in Model Year 4, each with a distinct focus. Targeting for all interventions, except the Hospital Discharge intervention, relied on Part D claims. The Hospital Discharge intervention used ADT (Admission, Discharge, and Transfer) data feeds through Florida and Arizona’s health information exchanges (HIEs). Two other interventions also used Parts A and B claims for chronic condition and/or risk identification. All interventions, except the Hospital Discharge intervention, involved a first phase of targeting to determine beneficiary eligibility and a second phase to determine which beneficiaries are offered services. Beneficiaries could qualify for one or more interventions. Although the core components of the Enhanced MTM services were similar across interventions, the combination and content of these services varied. Information in this appendix reflects WellCare’s Enhanced MTM implementation as of the end of Model Year 4, unless noted otherwise.

A.5.1 Sponsor Overview

Region(s): 7 (VA); 11 (FL); 21 (LA); 25 (IA, MN, MT, ND, NE, SD, WY); 28 (AZ)

Plan Benefit Package(s): S4802-012, -069, -083, -089, -092

Number of PDP Enrollees:

Model Year 1: 155,077

Model Year 2: 150,184

Model Year 3: 132,527

Model Year 4: 148,098

Number of Enhanced MTM-Eligible Beneficiaries:

Model Year 1: 110,455 (71.2% of Model Year 1 enrollment)

Model Year 2: 105,954 (70.5% of Model Year 2 enrollment)

Model Year 3: 97,878 (73.9% of Model Year 3 enrollment)

Model Year 4: 99,754 (67.4% of Model Year 4 enrollment)

Sources: MARx and CME.

Notes: PDP enrollment only includes Enhanced MTM-participating contract-plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.5.2 Participating Organizations

Table A.5.1 presents WellCare’s partners and their roles in Enhanced MTM.

Table A.5.1: WellCare Enhanced MTM Partnerships

Organization	Role in WellCare’s Enhanced MTM Implementation
WellCare	<ul style="list-style-type: none"> Enhanced MTM sponsor organization. Oversees Enhanced MTM implementation. Provides outreach, Enhanced MTM service delivery, provider communication. Documents and reports Enhanced MTM services.
RxAnte	<ul style="list-style-type: none"> Conducts beneficiary targeting. Assigns targeted beneficiaries to MTM vendors. Provides operational and outcomes reporting support for the ongoing management of Enhanced MTM implementation.
University of Florida Center for Quality Medication Management	<ul style="list-style-type: none"> Notifies beneficiaries eligible for Enhanced MTM about the Enhanced MTM Model. Provides outreach, Enhanced MTM service delivery, provider communication. Documents and reports Enhanced MTM services.
Mirixa Corporation ^a	<ul style="list-style-type: none"> Provided outreach, Enhanced MTM service delivery, provider communication. Documented and reported Enhanced MTM services.
OutcomesMTM ^b	<ul style="list-style-type: none"> Provides outreach, Enhanced MTM service delivery, provider communication Documents and reports Enhanced MTM services.
Eliza Corporation	<ul style="list-style-type: none"> Uses interactive voice response (IVR), email, and text to send medication adherence reminders to beneficiaries.
RR Donnelly	<ul style="list-style-type: none"> Develops and distributes a quarterly education newsletter to Enhanced MTM–eligible beneficiaries.
Healthwise	<ul style="list-style-type: none"> Provides clinical content for WellCare website.
Medkeeper	<ul style="list-style-type: none"> Maintains MTMExchange, a documentation system used for Enhanced MTM services by WellCare and University of Florida.
Audacious Inquiry	<ul style="list-style-type: none"> Florida health information exchange (HIE) vendor. Provides daily data feeds for the Hospital Discharge intervention.

^a Served as one of WellCare’s Enhanced MTM partners between Model Years 1 and 3. Mirixa Corporation was acquired by Cardinal Health in 2019 and integrated into OutcomesMTM.

^b Added at the beginning of Model Year 4 following the acquisition of Mirixa Corporation.


A.5.3 Enhanced MTM Interventions

As shown in Table A.5.2, WellCare launched four Enhanced MTM interventions in Q1 of Model Year 1: (i) medication adherence; (ii) opioid utilization; (iii) high drug utilization, and (iv) select DTPs. In Q3 of Model Year 3 (July 2019), WellCare discontinued the select DTPs intervention, after internal analyses revealed that Enhanced MTM services for the individual DTPs addressed by the intervention either produced no medical savings or the cost to provide services did not offset any savings. WellCare’s other three Enhanced MTM interventions that were implemented at the start of the Model continue to date. In Q1 of Model Year 3, WellCare added a new transitions-of-care intervention (Hospital Discharge) for beneficiaries residing in

Florida who were discharged after an inpatient hospital admission. In Q1 of Model Year 4, WellCare expanded this intervention to include beneficiaries residing in Arizona.

Table A.5.2: WellCare Enhanced MTM Intervention Implementation Milestones

Enhanced MTM Intervention	Model Year 1 (2017)				Model Year 2 (2018)				Model Year 3 (2019)				Model Year 4 (2020)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Medication Adherence																
Opioid Utilization																
Select Drug Therapy Problems																
High Utilizer																
Hospital Discharge																

 Intervention active in quarter

Enhanced MTM Intervention Targeting

Table A.5.3 provides an overview of WellCare’s targeting processes for its Enhanced MTM interventions.

Table A.5.3: WellCare Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Medication Adherence	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP • Conditions 	Identifies beneficiaries who are or who are likely to become non-adherent to medication classes used for CMS Star measures (statins, renin-angiotensin system antagonists, and oral anti-diabetics), anti-retroviral medications, ^b calcium channel blockers, and beta blockers. ^c	Parts A, B, and D
Opioid Utilization	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ Opioid 	Identifies beneficiaries who are or are potentially at risk for opioid abuse and/or overdose.	Part D
Select Drug Therapy Problems ^d	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP 	Identifies beneficiaries who have one or more select drug therapy problems.	Part D
High Utilizer	<ul style="list-style-type: none"> • Conditions • Med Use <ul style="list-style-type: none"> ○ Number of Meds 	Identifies beneficiaries who are taking multiple medications and who have certain chronic conditions.	Parts A, B, and D
Hospital Discharge	<ul style="list-style-type: none"> • Transitions 	Identifies beneficiaries residing in Florida and Arizona ^e who were recently discharged from an inpatient hospital admission.	HIE

^a Med Use: targeting based on medication utilization; DTP (drug therapy problem): Med Use sub-category related to medication adherence issues, adverse drug reactions/interactions, gaps in care (i.e., needing additional drug therapy), dosage issues, and/or unnecessary or inappropriate drug therapy; Conditions: targeting based on the presence of one or more chronic conditions; Opioid: Med Use sub-category related to opioid use or misuse; Number of Meds: Med Use sub-category related to beneficiaries who are prescribed a certain number of medications.

- ^b WellCare discontinued targeting for antiretroviral medications midway through Model Year 3 (July 2019) because internal data showed targeting beneficiaries based on this drug class did not produce medical savings.
- ^c WellCare began targeting beneficiaries taking calcium channel blockers and beta blockers for its Medication Adherence intervention at the beginning of Model Year 3 (2019) after internal analyses showed improving adherence to these medications represented an opportunity for increasing medical savings.
- ^d WellCare discontinued this intervention halfway through Model Year 3 (2019).
- ^e WellCare began targeting beneficiaries residing in Florida at the beginning of Model Year 3 (2019) and beneficiaries residing in Arizona at the beginning of Model Year 4 (2020).

Enhanced MTM Services

Table A.5.4 provides an overview of WellCare’s tailored, beneficiary-specific Enhanced MTM services for each of its Enhanced MTM interventions. The combination and content of WellCare’s services vary by intervention and beneficiary needs. In addition to the services described in Table A.5.4, WellCare also provides beneficiaries with educational materials, including a quarterly newsletter and online resources, and offers a “HealthLine Hotline,” which is promoted in beneficiary outreach and education materials and allows beneficiaries to initiate contact regarding medication questions or concerns.

Table A.5.4: WellCare Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Medication Adherence ^c	• CMR	High	Recurrent	<ul style="list-style-type: none"> • Comprehensive Medication Review (CMR): Collects beneficiary-specific health and medication information, including lifestyle/behavioral factors; assesses medication therapies to identify medication-related problems (MRPs); and develops a prioritized list of MRPs and creates a plan to resolve MRPs with the beneficiary, caregiver, and/or prescriber. • Quarterly Reviews: Follow-up medication reviews for beneficiaries who received a CMR.
	• Medication adherence (pharmacist)	High	One-time	<ul style="list-style-type: none"> • Targeted System-Generated Review: Involves a phone conversation with the beneficiary to discuss reasons for adherence or potential non-adherence.
	• Medication adherence (automated)	Low	One-time	<ul style="list-style-type: none"> • Interactive Voice Response (IVR): Uses automated calls, text, or email to provide refill reminders or other medication adherence services.
Opioid Utilization	• TMR (prescriber)	Low	Recurrent	<ul style="list-style-type: none"> • Targeted System-Generated Review: Involves prescriber communication to address opioid medication-related issues.
Select Drug Therapy Problems ^d	• TMR (prescriber)	Low	Recurrent	<ul style="list-style-type: none"> • Targeted System-Generated Review: Involves prescriber communication to address specific, pre-identified medication-related issues. The beneficiary is not typically involved in this service.
High Utilizer	• CMR	High	Recurrent	<ul style="list-style-type: none"> • CMR: Entails comprehensive review of health and medications (described above). • Quarterly Reviews: Follow-up reviews (described above).
Hospital Discharge	• Transitions of Care (CMR)	High	Recurrent	<ul style="list-style-type: none"> • CMR: Entails comprehensive review of health and medications (described above). • Quarterly Reviews: Follow-up reviews (described above).

^a “Significant services” were services for a given sponsor intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. See Table B.10.9 of Appendix B for a full list and definitions of these significant service categories.

^b High-intensity services are defined as those that involve interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that do not involve the beneficiary directly (i.e., services that are directed to the prescriber only) or involved only one-way sharing of information with the beneficiary (e.g., IVR).

^c Beneficiaries targeted for the Medication Adherence intervention who are considered high priority may receive any of the three service categories listed above, beneficiaries who are considered moderate priority may receive the Medication adherence (pharmacist) or Medication adherence (automated) service categories, and beneficiaries who are considered low priority may receive the Medication adherence (automated) service category only.

^d No beneficiaries who were newly eligible for the Select Drug Therapy Problems intervention were recommended to receive a service after the intervention was discontinued in July 2019. Beneficiaries who qualified for the intervention prior to July 2019 may have received the service subsequent to the intervention’s discontinuation.

A.5.4 Outreach Strategy

Table A.5.5 describes WellCare’s approach to beneficiary and prescriber outreach.

Table A.5.5: WellCare Outreach Strategy Overview

Outreach Categories	WellCare Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • WellCare uses a combination of call center and community pharmacies to conduct beneficiary outreach. • All eligible beneficiaries receive enrollment outreach by telephone to notify them that they may be contacted to receive Enhanced MTM services, followed by a mailed welcome letter to explain the Enhanced MTM Model and introduce the vendors that may be contacting them. <ul style="list-style-type: none"> ○ Eligible beneficiaries who are targeted to receive Enhanced MTM services may receive additional outreach by phone, in person, or via interactive voice response (IVR), depending on the intervention and services for which they are targeted. ○ Beneficiaries targeted for the Hospital Discharge intervention, who are not already eligible for other WellCare Enhanced MTM interventions, may receive outreach to complete the Transitions of Care (CMR) service before receiving enrollment outreach. • Outreach is coordinated for beneficiaries who are targeted for multiple interventions to not overburden beneficiaries with multiple, overlapping contact attempts. • Quarterly educational newsletters containing general medication, health, and lifestyle information are sent to all Enhanced MTM-eligible beneficiaries.
Prescriber Outreach	<ul style="list-style-type: none"> • Prescriber outreach occurs after an Enhanced MTM service. • After a CMR service, prescribers receive a copy of the beneficiary’s personalized medication list by fax to ensure the prescriber is aware of the beneficiary’s current medication regimen. • Recommendations for medication changes to the prescriber are prioritized based on the severity of the issue the recommendation addresses. • Pharmacists also consider the severity of the drug therapy problem (DTP) when deciding how to contact the prescriber to address the DTP (i.e., by fax, mail, or phone).

A.6 Blue Cross Blue Shield of Florida

In Model Year 4, Blue Cross Blue Shield of Florida (BCBS FL) offered eight Enhanced MTM interventions with intervention-specific targeting criteria. The Enhanced MTM interventions use a combination of data from Medicare Parts A, B, and D claims and the Florida Health Information Exchange (HIE) to target beneficiaries for services. While the types of services offered in the various interventions are similar, the focus areas of the services vary. Information in this appendix reflects BCBS FL’s Enhanced MTM interventions as of the end of Model Year 4, unless noted otherwise.

A.6.1 Sponsor Overview

<p>Region(s): 11 (FL) Plan Benefit Package(s): S5904-001 Number of PDP Enrollees: Model Year 1: 64,631 Model Year 2: 60,859 Model Year 3: 55,977 Model Year 4: 55,887 Number of Enhanced MTM-Eligible Beneficiaries: Model Year 1: 35,022 (54.2% of Model Year 1 enrollment) Model Year 2: 22,734 (37.4% of Model Year 2 enrollment) Model Year 3: 29,222 (52.2% of Model Year 3 enrollment) Model Year 4: 28,583 (51.1% of Model Year 4 enrollment)</p>
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Sources: MARx and CME.

Notes: PDP enrollment only includes Enhanced MTM-participating contract-plans. Enhanced MTM eligibility is conditional on enrollment in the participating PDP in the CME.

A.6.2 Participating Organizations

Table A.6.1 lists BCBS FL’s partners and their roles in Enhanced MTM implementation.

Table A.6.1: BCBS FL Enhanced MTM Partnerships

Organization	Role in BCBS FL’s Enhanced MTM Implementation
BCBS FL	<ul style="list-style-type: none"> Enhanced MTM sponsor organization, oversees Enhanced MTM implementation.
Genoa Medication Management Systems (GMMS)	<ul style="list-style-type: none"> Conducts Enhanced MTM intervention targeting and provides Enhanced MTM clinical services and outreach.
OutcomesMTM ^a	<ul style="list-style-type: none"> Provides Enhanced MTM clinical services and outreach.
OneCall ^a	<ul style="list-style-type: none"> Provides transportation services to qualifying beneficiaries in need of support to pick up prescriptions from the pharmacy.
GuideWell Connect ^b	<ul style="list-style-type: none"> Conducts prescriber outreach. Subsidiary of GuideWell Mutual Holding Corporation, which also owns BCBS FL.
Availity	<ul style="list-style-type: none"> A real-time information network connected to the state Health Information Exchange (HIE), used by BCBS FL and GMMS to support targeting efforts and services, and facilitate provider referrals for Enhanced MTM services.
Prime Therapeutics	<ul style="list-style-type: none"> Serves as BCBS FL’s pharmacy benefits manager (PBM), manages the co-pay waivers.
RxAnte	<ul style="list-style-type: none"> Provided predictive analytics for medication adherence targeting from late Model Year 1 (2017) to mid-Model Year 2 (2018).

^a Added in Model Year 4 (2020).

^b Added in Model Year 3 (2019).

A.6.3 Enhanced MTM Interventions

As shown in Table A.6.2, BCBS FL increased the number of its Enhanced MTM interventions over the course of the Model. In Model Year 1, BCBS FL launched six Enhanced MTM interventions, five of which continued through Model Year 4. In Model Year 2, BCBS FL added two new Enhanced MTM interventions and two transitions-of-care sub-interventions (the Transitions of Care Expansion intervention and Community-Based Hospital Readmission intervention).⁸ In Model Year 3, BCBS FL added one new intervention focusing on behavioral health.

In Model Year 4, BCBS FL discontinued the Specialty Drug Program intervention, noting that it did not significantly alter beneficiaries’ medications, health, and cost of care. BCBS FL also planned to implement a new intervention in Model Year 4 to limit hospitalizations due to complications from anticoagulants through in-home monitoring, but was unable to do so as the vendor performing monitoring services stopped accepting new clients.

⁸ The transitions-of-care intervention encompasses three smaller sub-interventions: (i) the Transitions of Care intervention, which includes beneficiaries contacted within 7 days of discharge; (ii) the Transitions of Care Expansion intervention, which includes beneficiaries contacted between 8 and 30 days of discharge; and (iii) the Community-Based Hospital Readmission intervention, which provides in-home services to beneficiaries residing in specific Florida counties. The first intervention was launched in Model Year 1, and the latter two in Model Year 2. In Model Year 4, BCBS FL suspended the Community-Based Hospital Readmission sub-intervention due to the COVID-19 public health emergency (PHE).

Table A.6.2: BCBS FL Enhanced MTM Intervention Implementation Milestones

Enhanced MTM Intervention	Model Year 1 (2017)				Model Year 2 (2018)				Model Year 3 (2019)				Model Year 4 (2020)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Hospital Prevention	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Diabetes Plus 3	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Anticoagulant	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Transitions of Care	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Medication Adherence	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Specialty Drug	■	■	■	■	■	■	■	■	■	■	■	■				
Continuity of Care					■	■	■	■	■	■	■	■	■	■	■	■
Statin Use in Persons with Diabetes							■	■	■	■	■	■	■	■	■	■
Behavioral Health									■	■	■	■	■	■	■	■

■ Intervention active in quarter

Enhanced MTM Intervention Targeting

Table A.6.3 provides an overview of BCBS FL’s targeting processes for its Enhanced MTM interventions.

Table A.6.3: BCBS FL Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories ^a	Targeting Process	Data Source
Hospital Prevention	<ul style="list-style-type: none"> • High Expenditures • Conditions 	Includes beneficiaries with a serious chronic condition, high expenditures, and a high risk score. ^b	Parts A, B, and D
Diabetes Plus 3	<ul style="list-style-type: none"> • Conditions 	Includes beneficiaries with diabetes and at least three other chronic conditions, and a high risk score. ^b	Parts A, B, and D
Anticoagulant	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ New Med 	Includes beneficiaries with a new anticoagulant prescription and a high risk score. ^b	Part D
Specialty Drug	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ New Med • Conditions 	Includes beneficiaries who have specialty drug prescriptions for select chronic conditions. ^c	Part D
Transitions of Care	<ul style="list-style-type: none"> • Transitions 	Includes any beneficiaries contacted within 30 days of a recent inpatient stay or emergency department (ED) visit for a chronic condition or recent inpatient hospitalization. ^d	Health Information Exchange (HIE)
Medication Adherence	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP 	Identifies beneficiaries who are likely to become non-adherent to drugs included in Medicare Star Ratings adherence measures. ^e	Part D
Continuity of Care	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ New Med • Conditions • High Expenditures 	Includes beneficiaries with a high risk score who were targeted to receive an Annual Medical Review (AMR) in the previous Model Year, but who no longer qualify in the current Model Year. ^f	Parts A, B, and D
Statin Use in Persons with Diabetes	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ DTP ○ Number of Meds • Conditions 	Includes beneficiaries who qualify for the CMS Star Ratings Statin Use in Persons with Diabetes measure.	Part D
Behavioral Health	<ul style="list-style-type: none"> • Med Use <ul style="list-style-type: none"> ○ Number of Meds • Conditions 	Includes beneficiaries with certain behavioral health conditions who take multiple medications and have a high risk score. ^f	Parts A, B, and D

^a High Expenditures: targeting based on high Medicare Parts A, B, and/or D expenditures; Conditions: targeting based on the presence of one or more chronic conditions; Med Use: targeting based on medication utilization; New Med: targeting based on newly prescribed medications; Transitions: targeting beneficiaries who experience a recent discharge from the hospital; DTP: targeting based on medication adherence issues, adverse drug reactions/interactions, gaps in care, dosage issues, and/or unnecessary or inappropriate drug therapy; Number of Meds: targeting based on a certain number of medications.

^b Risk score added to targeting criteria in Model Year 3.

^c In Model Year 1, the Specialty Drug intervention targeted beneficiaries who had any new specialty drug prescriptions. In Model Year 2, BCBS FL limited the targeting criteria to beneficiaries who took specialty drugs for certain chronic conditions. In Model Year 4, BCBS FL discontinued the Specialty Drug Program.

^d In Model Year 1, the Transitions of Care intervention targeted beneficiaries with a recent inpatient hospitalization. In Model Year 2, BCBS FL also included beneficiaries who had a recent ED visit.

^e For all Model Years, BCBS FL used a retrospective targeting approach for its Medication Adherence intervention. In the first half of Model Year 2, BCBS FL also used predictive targeting for this intervention.

^f Risk score added to targeting criteria in Model Year 4.

Enhanced MTM Services

Table A.6.4 provides an overview of BCBS FL’s tailored, beneficiary-specific Enhanced MTM services for each of its interventions. Depending on intervention eligibility and beneficiary needs, BCBS FL varies the combination and content of services provided. The number and length of the services vary by intervention and are based on pharmacists’ clinical discretion. In addition to the services described in Table A.6.4, BCBS FL operates a call-in line (“Ask the Pharmacist”) for beneficiaries to contact with medication-related questions or concerns. If a potential medication issue is identified when a beneficiary calls in, the beneficiary is eligible to receive a TMR (“Medication Review on Demand”).

Table A.6.4: BCBS FL Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Hospital Prevention, Diabetes Plus 3, Anticoagulant, Behavioral Health, and Specialty Drug ^c	<ul style="list-style-type: none"> • CMR • Cost/social support 	High	Recurrent	<ul style="list-style-type: none"> • Annual Medication Review (AMR): BCBS FL’s CMR that includes a pharmacist review of each medication to determine that it is appropriate for the beneficiary, effective for the medical condition, safe given co-morbidities and other medications being taken, and can be taken as intended. • Follow-up medication reviews (FMRs): Brief follow-up evaluations with a pharmacist. • Adherence barrier assessment: Investigates and addresses the reasons a beneficiary is non-adherent to medication classes used for CMS Star measures. • Transportation: BCBS FL arranges no-cost transportation (via taxi or a similar service) for beneficiaries who require transportation assistance to pick up their prescription medications.^d • Co-pay waivers: <ul style="list-style-type: none"> ○ Beneficiary Incentives: Co-pay discounts for eligible beneficiaries who initially decline to participate in Enhanced MTM services and/or are difficult to reach. ○ Cost-share reductions: No co-pay for certain generic medications for beneficiaries who state that cost is a barrier to medication adherence during a pharmacist encounter.
Transitions of Care	<ul style="list-style-type: none"> • Transitions of care (CMR) • Cost/social support 	High	Recurrent	<ul style="list-style-type: none"> • In-home visit: An in-home AMR, completed by a pharmacist for beneficiaries with high expenditures or recent emergency department (ED) visits residing in specific Florida counties.^e • AMR: A telephonic AMR for beneficiaries who are either ineligible or who opt out of receiving an in-home visit. • FMRs: Follow-up reviews (described above). • Transportation: Transportation assistance (described above). • Co-pay waivers: Discounted or eliminated co-pays (described above).
	<ul style="list-style-type: none"> • Transitions of care (prescriber) 	Low	One-time	<ul style="list-style-type: none"> • TMR: Involves a prescriber-facing TMR for beneficiaries eligible for the Transitions of Care intervention but unresponsive to outreach attempts or unreachable.
Medication Adherence	<ul style="list-style-type: none"> • Medication adherence (pharmacist) • Cost/social support 	High	One-time	<ul style="list-style-type: none"> • Adherence barrier assessment and prevention: Consists of a consultation between a pharmacist and beneficiary, the focus of which varies depending on the targeting approach described below. <ul style="list-style-type: none"> ○ Predictive – focuses on patient education and self-efficacy for medication adherence. ○ Retrospective – investigates and addresses why patients became non-adherent. • Co-pay waivers: Discounted or eliminated co-pays (described above).

Enhanced MTM Intervention	Significant Service Categories ^a	Level of Intensity ^b	Service Frequency	Service Description
Continuity of Care	<ul style="list-style-type: none"> • CMR • Cost/social support 	High	One-time	<ul style="list-style-type: none"> • FMRs: Follow-up reviews (described above). • Co-pay waivers: Discounted or eliminated co-pays (described above).
Statin Use in Persons with Diabetes	• TMR (beneficiary)	High	One-time	• TMR: Involves calling or sending a letter to a beneficiary if their provider has been unresponsive to outreach attempts recommending a statin be prescribed.
	• TMR (prescriber)	Low	One-time	• TMR: Involves a pharmacist sending a letter to a beneficiary’s provider to recommend prescribing a statin if one is not already prescribed.

^a “Significant services” were services for a given sponsor intervention that were not initial outreach or non-tailored education. There were 12 significant service categories used across sponsors. See Table B.10.9 of Appendix B for a full list and definitions of these significant service categories. CMR: Comprehensive Medication Review; TMR: Targeted Medication Review.

^b High-intensity services are defined as those that involve interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that do not involve the beneficiary directly (i.e., services that are directed to the prescriber only) or involve only one-way sharing of information with the beneficiary (e.g., vaccine reminders or Interactive Voice Response).

^c The Specialty Drug intervention was discontinued in Model Year 4.

^d Added in Model Year 4.

^e In-home transitions-of-care services were suspended in Model Year 4 due to the COVID-19 PHE.

A.6.4 Outreach Strategy

Table A.6.5 describes BCBS FL’s approach to beneficiary and prescriber outreach.

Table A.6.5: BCBS FL Outreach Strategy Overview

Outreach Categories	BCBS FL Approach
Beneficiary Outreach	<ul style="list-style-type: none"> • All beneficiaries are mailed a welcome packet with information about Enhanced MTM and a call-in number. • Beneficiaries who qualify for one or more of BCBS FL’s beneficiary-facing interventions receive telephonic outreach, unless otherwise noted.^a Beneficiaries who qualify for the Statin Use in Persons with Diabetes intervention may also receive targeted mailings. Beneficiaries in the Transitions of Care Community-Based Hospital Readmission intervention received an in-home service if they resided in Florida and agreed to participate.^b After an Annual Medication Review (a CMR service), patients are mailed a Medication Action Plan which includes pharmacist recommendations and a Personal Medication List.
Prescriber Outreach	<ul style="list-style-type: none"> • Prescriber communication occurs primarily through a provider portal and by fax. Pharmacists may call prescribers, if necessary, during Enhanced MTM service delivery. • When pharmacists recommend medication changes as a result of very-high-risk or high-risk beneficiaries’ Enhanced MTM service, their prescribers receive Provider Medication Action Plans (PMAPs), which list the recommended medication changes. Prescribers also receive instructions for responding to the PMAP. • If a moderate-risk beneficiary declines an Enhanced MTM service, the prescriber is sent proof of medication non-adherence. • As part of the Statin Use in Persons with Diabetes intervention, prescribers are sent a letter with pharmacist recommendations if a patient has diabetes but is not prescribed a statin medication. • BCBS FL encourages prescribers to participate in the Enhanced MTM Model and provides instructions for beneficiary referral through presentations at Florida health care organizations and relevant conferences.

^a BCBS FL planned to offer in-person community pharmacy services in Model Year 4; however, these services were not implemented due to the COVID-19 PHE. Community pharmacists instead delivered services telephonically in Model Year 4.

^b In-home transitions-of-care services were suspended in Model Year 4 due to the COVID-19 PHE.