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

Appendix A: Enhanced MTM Participating Sponsors

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APPENDIX A   ENHANCED MTM PARTICIPATING SPONSORS

A.1   SilverScript/CVS Insurance Company

SilverScript/CVS Insurance Company's (SilverScript/CVS) Enhanced MTM implementation is structured into five distinct Enhanced MTM interventions. All interventions use Part D claims for targeting, 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 3, 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: 794,257
  Model Year 2: 1,003,077
  Model Year 3: 987,071
Number of Enhanced MTM-Eligible Beneficiaries:
  Model Year 1: 726,911 (91.5% of Model Year 1 enrollment)
  Model Year 2: 868,854 (86.6% of Model Year 2 enrollment)
  Model Year 3: 883,639 (89.5% of Model Year 3 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"). Appendix Table A.1.1 summarizes the roles of these organizations in Enhanced MTM.

Appendix Table A.1.1: SilverScript/CVS Enhanced MTM Partnerships

Organization	Role in SilverScript/CVS's Enhanced MTM Implementation
SilverScript Insurance Company (SSI)	• Enhanced MTM sponsor organization.

CVS	• Handles oversight of entire Enhanced MTM implementation.
	• For Pharmacy Advisor Counseling, Medication Therapy Counseling, and HealthTag interventions:
	  o Conducts beneficiary targeting and outreach.
	  o Delivers Enhanced MTM services.
	  o Handles prescriber outreach.
	  o Documents and reports Enhanced MTM services.

Accordant (CVS Subsidiary)	• For Specialty Pharmacy Care Management intervention:
	  o Conducts beneficiary targeting and outreach.
	  o Delivers Enhanced MTM services.
	  o Handles prescriber outreach.
	  o Documents and reports Enhanced MTM services.

OutcomesMTM[a]	• External MTM vendor that delivers Enhanced MTM services for Medication Therapy Counseling and Long-Term Care interventions only. • Leverages extensive network of retail and community pharmacies for Enhanced MTM service delivery.
Omnicare[b] (CVS Subsidiary)	• Participates as part of 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 in the delivery of Enhanced MTM services.
[b] Added in January 2019 (Model Year 3).

A.1.3 Enhanced MTM Interventions

As shown in Appendix Figure A.1.1, 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 costs (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) 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).

Appendix Figure A.1.1: SilverScript/CVS Enhanced MTM Intervention Implementation Milestones

Enhanced MTM Intervention	Model Year 1 (2017)				Model Year 2 (2018)				Model Year 3 (2019)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Medication Therapy Counseling (MTC) Specialty Pharmacy Care Management (SPCM) Pharmacy Advisor Counseling (PAC) HealthTag (HT)	●————————————————————————————→											
Long-Term Care (LTC)							●————————————————→					

●— Intervention start　　●— Intervention end　　→ Intervention ongoing
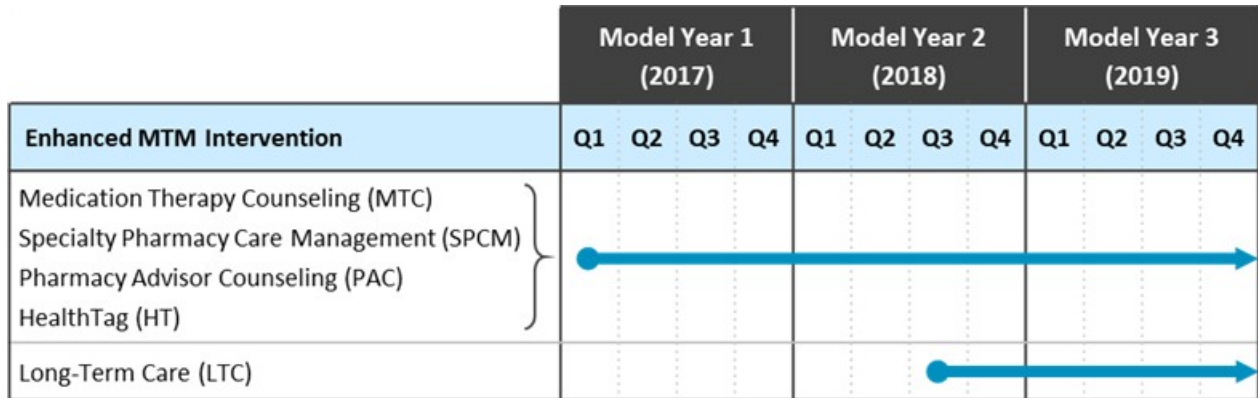
Enhanced MTM Intervention Targeting

Appendix Table A.1.2 provides a brief overview of SilverScript/CVS's targeting processes for its five Enhanced MTM interventions.

Appendix Table A.1.2: SilverScript/CVS Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories[a]	Targeting Process	Data Source
Medication Therapy Counseling (MTC)	• High Costs • Conditions	Includes beneficiaries who are predicted to be at high risk for high health care costs based on a proprietary algorithm.	Part D
Specialty Pharmacy Care Management (SPCM)	• 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 beneficiary meets intervention targeting criteria.	Parts A, B, and D

Pharmacy Advisor Counseling (PAC)	• Med Use
	  ○ DTP
	  ○ New Med
		Identifies beneficiaries for brief counseling services pertaining to new medications or medication refills using pharmacy claims.	Part D

HealthTag	• Vaccine	Identifies beneficiaries to receive vaccine reminders or reminders about eligibility for other SilverScript/CVS Enhanced MTM interventions.	Parts B and D
Long-Term Care[b]	• High Costs • Conditions	Includes long-term care beneficiaries who are predicted to be at high risk for high health care costs based on a proprietary algorithm.	Part D

[a] High Costs: targeting based on high Medicare Parts A, B, and/or D costs; 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

Appendix Table A.1.3 provides a brief overview of SilverScript/CVS's Enhanced MTM services, which vary in their level of intensity, depending on the Enhanced MTM intervention. Three of SilverScript/CVS's Enhanced MTM interventions provide both high- and low-intensity services, one provides high-intensity services only, and one provides low-intensity services only.

Appendix Table A.1.3: 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)	• CMR	High	Recurrent	• **Comprehensive Medication Review (CMR):** ○ Conducted telephonically by a call center or in person by a community pharmacist.[c] ○ Focuses on the identification of medication-related problems, broadly related to indication, safety, effectiveness, and adherence. • **Follow-up calls** for CMR recipients: ○ 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.
	• 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 the prescriber's 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).
	• Case/disease management	High	One-time	• **Comprehensive Diabetes Care Education[d]:** A consultation between a pharmacist and beneficiary focusing on holistic diabetes self-management education.
	• Immunization assessment, reminder, and administration	Low	One-time	• **Immunization Reminders[d]:** Beneficiaries who have not received recommended vaccines are encouraged by pharmacists to receive them. Pharmacists may provide the vaccine or refer the beneficiary for vaccine administration by their prescriber's office. Pharmacists may also contact the beneficiaries' prescribers regarding the need for immunization.

Enhanced MTM Intervention	Significant Service Categories[a]	Level of Intensity[b]	Service Frequency	Enhanced MTM Services

Specialty Pharmacy Care Management (SPCM)	• Case/disease management
	
	• Medication reconciliation
		High	Recurrent	• **Initial assessment call:**
				  o Conducted telephonically by a primary nurse assigned to the beneficiary.
				  o Focuses on completion of disease-specific beneficiary risk assessment.
				  o Assigns the beneficiary a risk level that relates to the level of care management received.
				  o Produces a collaboratively developed care plan that directs focus of future follow-up.
				• **Follow-up calls** directed by risk level, which focus on care optimization, symptom management, self-care, co-morbidities, and medication optimization.
				• **Referrals** to 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 activate beneficiaries in their care.
				• **Educational resources** include targeted articles, access to online education, and a monthly newsletter.

Pharmacy Advisor Counseling (PAC)	• TMR (beneficiary)
	
	• Adherence (pharmacist)
		High	One-time	• **Targeted pharmacist services** that consist of brief clinical conversations by phone or in person and may:
				  o Explain the importance of a new medication and address cost barriers, as needed;
				  o Reinforce the importance of continuing medication therapy, providing medication-specific information, and address any patient-specific issues;
				  o Provide reminders about upcoming refills;
				  o Provide information about a medication and health condition associated with the medication;
				  o Reinforce importance of medication to health outcomes, encourage refill, and address barriers; or
				  o Discuss gaps in care with beneficiary.
				• **Education materials** include condition-specific educational brochures and possible referrals to disease management programs and/or other health care providers.

	• TMR (prescriber)	Low	One-time	• **Targeted pharmacist service** that consists of informing prescriber about gaps in care.
HealthTag	• Immunization assessment, reminder, and administration	Low	One-time	• There are no services beyond 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 Appendix B.5.3 for a full list and definitions of these significant service categories.

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

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

[d] These services were delivered by OutcomesMTM only and were not delivered by 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

Appendix Table A.1.4 describes SilverScript/CVS's approach to beneficiary and prescriber outreach.

Appendix Table A.1.4: SilverScript/CVS Outreach Strategy Overview

Outreach Categories	SilverScript/CVS Approach
Beneficiary Outreach	- Beneficiary outreach varies for each of the five Enhanced MTM interventions. - Initial mailed introductory letter for MTC, PAC, and SPCM interventions notifying the beneficiary of their eligibility for Enhanced MTM services and describing the types of services and their benefits followed by: - Initial call or outreach to engage the beneficiary in Enhanced MTM services, which occurs by phone, in person, or via interactive voice response (IVR)[a] for the MTC intervention, by phone or in person for the PAC intervention, or by phone or text for the SPCM intervention.[b] - Beneficiary outreach for the LTC intervention occurs via the LTC facility, which is contacted directly. - Beneficiary outreach (i.e., vaccination reminder) for HealthTag occurs only in the community pharmacy setting 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	- Prescriber outreach is limited to post-service, and the nature of the communication varies across the Enhanced MTM interventions: - 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 by phone, fax, or mail for 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 process 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 Part D claims data to stratify beneficiaries into four risk groups determined by chronic conditions, gaps in care, and drug expenditures. Beneficiaries receive outreach for services based on their risk category, identified drug therapy problems (DTPs), or whether they have diabetes. 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 3, 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: 457,506
　Model Year 2: 287,568
　Model Year 3: 255,658
Number of Enhanced MTM-Eligible Beneficiaries:
　Model Year 1: 221,663 (48.5% of Model Year 1 enrollment)
　Model Year 2: 180,175 (62.7% of Model Year 2 enrollment)
　Model Year 3: 169,946 (66.5% of Model Year 3 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

Appendix Table A.2.1 presents Humana's partners and their roles in Enhanced MTM as of the end of Model Year 3.

Appendix Table A.2.1: Humana Enhanced MTM Partnerships

Organization	Role in Humana's Enhanced MTM Implementation
Humana Insurance Company	• Enhanced MTM sponsor organization.
Humana Pharmacy Solutions	• Administers 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	• Administers Enhanced MTM interventions. • Provides technology platform for documentation and billing of Enhanced MTM services. • Provides telephonic Enhanced MTM services. • Leverages extensive network of community pharmacies for Enhanced MTM service delivery.
Telephonic MTM Vendor[a]	• Provides telephonic Enhanced MTM services.
Admission, Discharge, and Transfer (ADT) Data Vendor[b]	• Provides 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] Added midway through Model Year 1 to provide additional support in the delivery of telephonic services.
[b] Added in Model Year 2 to overcome barriers of using claims data for identifying beneficiaries recently discharged from a hospital.

A.2.3 Enhanced MTM Interventions

As shown in Appendix Figure A.2.1, 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 3.

Appendix Figure A.2.1: Humana Enhanced MTM Intervention Implementation Milestones
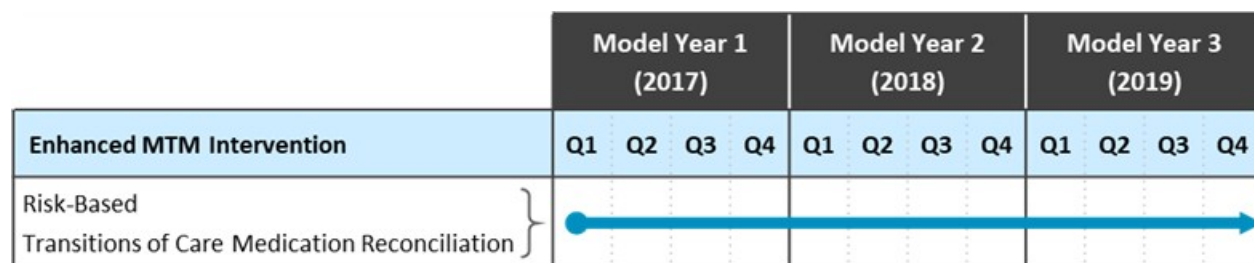
Enhanced MTM Intervention Targeting

Appendix Table A.2.2 provides a brief overview of Humana's targeting processes for its two Enhanced MTM interventions.

Appendix Table A.2.2: Humana Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories[a]	Targeting Process	Data Source
Risk-Based	• Med Use o DTP • Conditions • High Costs	Assigns beneficiaries into one of four risk groups (high-risk, medium-risk, low-risk, and monitoring), incorporating information about chronic conditions, gaps in care, and drug expenditures.[b] Enhanced MTM service opportunities can also be identified by community pharmacists.	Part D
Transitions of Care Medication Reconciliation	• Transitions	Identifies beneficiaries in all risk groups with a recent hospital discharge as eligible to receive the transitions-of-care medication reconciliation service. Beneficiaries may be identified by community pharmacies, through medical claims data, 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 Costs: targeting based on high Medicare Parts A, B, and/or D costs; 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 Model Year 2 and continued through Model Year 3 in select states.

Enhanced MTM Services

Appendix Table A.2.3 provides a brief overview of Humana's Enhanced MTM services for both of its Enhanced MTM interventions. Most services were beneficiary-facing and interactive. For Humana's Risk-Based intervention, services were tailored to beneficiaries' risk profiles and the identification of drug utilization problems or a specific condition (i.e., diabetes). 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 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. The transitions-of-care medication reconciliation service compared beneficiaries' pre-hospital and post-discharge medication lists to identify potential DTPs.

Appendix Table A.2.3: 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 reviews all medications with the beneficiary with a focus on potential DTPs such as drug interactions or adherence issues. Beneficiaries receive a summary of the CMR service that includes 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 the prescriber's 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 synchronize beneficiaries' medication fill dates.
		High	Recurrent	• **Adherence Monitoring[d,f]:** Pharmacies accept accountability for beneficiaries' medication adherence for certain drug classes. Pharmacies receive a bonus when targeted beneficiaries reach a specific adherence goal by year-end. Quarterly adherence monitoring checkpoints are conducted and barriers to adherence are identified and documented.
	• Case/disease management	High	One-time	• **Comprehensive Diabetes Care Education[d]:** A consultation between a pharmacist and beneficiary focusing on holistic diabetes self-management education.
	• Immunization assessment, reminder, and administration	Low	One-time	• **Flu Immunization Reminders[g]:** Beneficiaries who have not received a flu shot during the flu season are encouraged by pharmacists to receive the vaccine. The pharmacist may provide the vaccine or refer the beneficiary for vaccine administration by their prescriber's office. Pharmacists may also contact beneficiaries' prescribers regarding the need for immunization.
Transitions of Care Medication Reconciliation	• Transitions of Care (medication reconciliation)	High	One-time	• **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.[h]

[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. Please see Appendix B.5.3 for a full list and definitions of significant service categories.

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

[c] Only high-risk beneficiaries are 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.

[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] Only high- and medium-risk beneficiaries were targeted for flu immunization reminders. Humana launched flu immunization reminders 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.

[h] The incentive was implemented in Florida in Model Year 2 and continued through Model Year 3 to explore its effect on service completion rate. In the second half of Model Year 3, Humana began to use ADT data through Louisiana HIE for Transitions of Care Medication Reconciliation intervention targeting; however, an incentive was not offered to beneficiaries in Louisiana.

A.2.4 Outreach Strategy

Appendix Table A.2.4 describes Humana's approach to beneficiary and prescriber outreach.

Appendix Table A.2.4: Humana Outreach Strategy Overview

Outreach Categories	Humana Approach
Beneficiary Outreach	• 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,[b] 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[c] to provide beneficiaries with general information about Enhanced MTM and encourage them to schedule an appointment. • CMR reminders occur by interactive voice response (IVR) for beneficiaries who are eligible but have not yet received a CMR.[d] • Patient resource letters are mailed to beneficiaries eligible for medication adherence monitoring. • Despite plans to develop a beneficiary-facing mobile application, development efforts ceased in Model Year 3 due to a shift in organizational priorities.
Prescriber Outreach	• 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.[e] • 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 the clinics, helping to engage prescribers in Enhanced MTM.

[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] Telephonic outreach for the transitions-of-care medication reconciliation intervention was not fully operationalized until Model Year 2, when Humana's ADT data identification approach was piloted in Florida.

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

[d] Implemented midway through Model Year 1 to encourage targeted beneficiaries to participate in the service.

[e] Humana attempted proactive fax outreach to prescribers in Model Year 2 to inform them of beneficiary eligibility for Enhanced MTM; however, it was not found to be a valuable approach and increased burden on call center staff. Humana retired the proactive fax outreach to prescribers toward the end of Model Year 2.

A.3   Blue Cross Blue Shield Northern Plains Alliance

The Blue Cross Blue Shield Northern Plains Alliance (BCBS NPA) Enhanced MTM interventions primarily target 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 analysis. Also, BCBS NPA uses Part A claims to identify and target a subset of beneficiaries with high medical costs and low risk scores, and uses Parts A, B, and D claims data to identify beneficiaries to receive community pharmacy services and/or chronic care management interventions. Information in this appendix reflects BCBS NPA's Enhanced MTM interventions as of the end of Model Year 3, 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: 241,499
  Model Year 2: 239,964
  Model Year 3: 219,299
Number of Enhanced MTM-Eligible Beneficiaries:
  Model Year 1: 51,103 (21.1% of Model Year 1 enrollment)
  Model Year 2: 49,105 (20.5% of Model Year 2 enrollment)
  Model Year 3: 73,100 (33.3% of Model Year 3 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 alternatively use Encounter Data to define its Enhanced MTM-eligible population.

A.3.2 Participating Organizations

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

Appendix 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)	• Enhanced MTM sponsor organization.
ClearStone Solutions, Inc. (ClearStone)	• Affiliate of Blue Cross Blue Shield of Minnesota. • Administers BCBS NPA's Part D Plan Benefit Package (PBP). • Provides oversight and manages Enhanced MTM implementation.
Tabula Rasa HealthCare (TRHC)	• 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 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 provides reimbursement to these pharmacies for completing services.
DocStation[a]	• External vendor that provides a separate proprietary web platform to community pharmacies; this platform is used for other services in addition to Enhanced MTM. • Leverages 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 using DocStation's proprietary web platform and provides ongoing performance incentives to community pharmacies through value-based reimbursement.

[a] Added in Model Year 2.

A.3.3 Enhanced MTM Interventions

As shown in Appendix Figure A.3.1, below, BCBS NPA made changes to the Enhanced MTM interventions it offers to eligible beneficiaries over the first three Model Years. At the start of the Model, BCBS NPA offered a single Enhanced MTM intervention for beneficiaries at high risk for drug interactions via Tabula Rasa HealthCare's (THRC's) risk-mitigation platform. 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 (Opioid intervention), which concluded as planned later that year. 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

perform interventions using TRHC's risk-mitigation platform.[1] As planned, BCBS NPA launched and completed the Low-Risk/High-Cost intervention with one discrete cohort of beneficiaries in Model Year 2 and implemented the intervention again with a new cohort of beneficiaries beginning in Q3 of Model Year 3.

In Q3 of Model Year 2, BCBS NPA added a second proprietary web platform in community pharmacies, DocStation's platform.[2] Through this new 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[3]). In Model Year 3, BCBS NPA added two new interventions through DocStation's community pharmacy platform: a transitions-of-care intervention[4] and a diabetes management intervention,[5] which includes both hemoglobin A1c and blood pressure monitoring (Chronic Care Management intervention).

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[1] At the end of Model Year 3, approximately 320 community pharmacies were using TRHC's risk-mitigation platform.

[2] At the end of Model Year 3, approximately 300 community pharmacies were using DocStation's clinical platform.

[3] 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.

[4] Implemented in Model Year 3 after BCBS NPA's vendor worked collaboratively with pharmacists and health systems to develop the intervention and overcome barriers to using medical claims data for identifying beneficiaries with recent discharge.

[5] Implemented in Model Year 3 after preliminary testing with two pharmacies.

Appendix Figure A.3.1: BCBS NPA Enhanced MTM Intervention Implementation Milestones

Enhanced MTM Intervention	Model Year 1 (2017)				Model Year 2 (2018)				Model Year 3 (2019)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
High-Risk	●━━				━━	━━	━━	━━	━━	━━	━━	━▶
Opioid [a]					●━	━●						
Low-Risk / High-Cost							●━	━●		●━	━●	
Community Pharmacy Smart Recommendations							●━	━━	━━	━━	━━	━▶
Transitions of Care										●━	━━	━▶
Chronic Care Management Initiative										●━	━━	━▶

●━━ Intervention start   ━━● Intervention end   ━━▶ Intervention ongoing
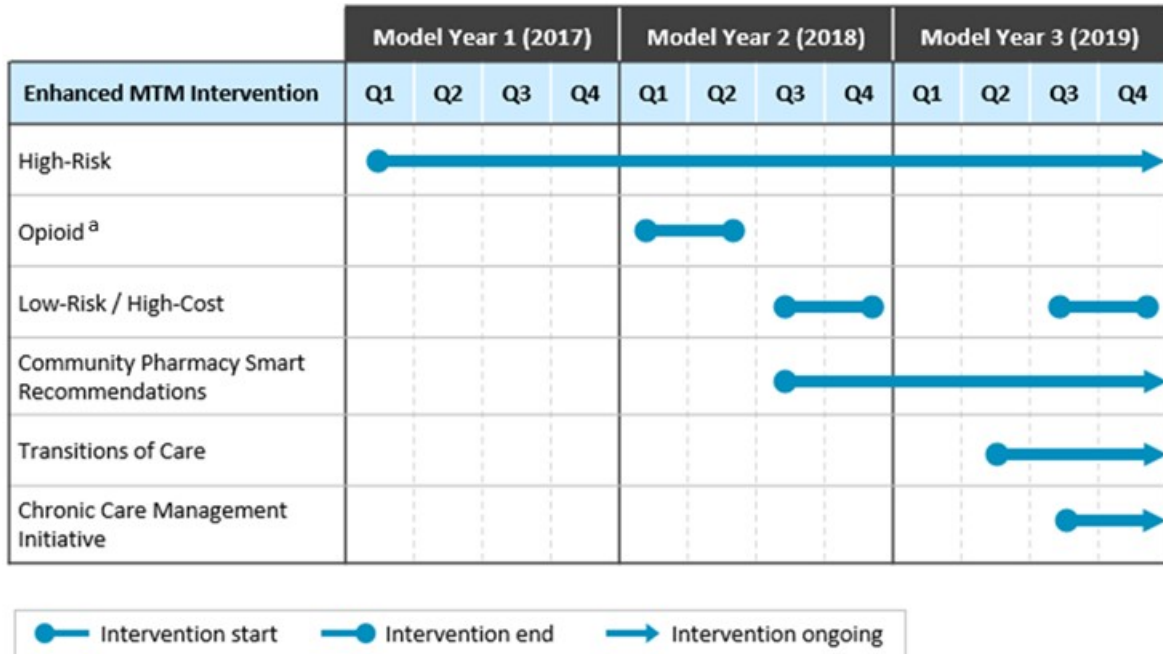
[a] The Opioid intervention was a short-term initiative that concluded, as scheduled, in Q2 of Model Year 2.

Enhanced MTM Intervention Targeting

Appendix Table A.3.2 provides a brief overview of BCBS NPA's targeting process for each of its Enhanced MTM interventions.

Appendix Table A.3.2: BCBS NPA Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories[a]	Targeting Process	Data Source
High-Risk	• Med Use o DTP	Identifies beneficiaries who have the highest risk scores for potential multi-drug interactions and side effects based on types of medications.	Part D
Opioid[b]	• Med Use o DTP o Opioid	Identified high-volume opioid prescribers for education about opioid prescribing and specific beneficiaries with identified opioid medication risks.	Part D
Low-Risk/ High-Cost	• High Costs	Identifies a subset of beneficiaries with a low risk score and high medical costs.	Parts A and D
Community Pharmacy Smart Recommendations[c]	• Med Use o DTP o New Med • Vaccine	Among beneficiaries who fill their medications at participating community pharmacies, identifies beneficiaries who have begun new medications, have challenges with medication adherence, need an immunization assessment, or need medication reconciliation.	Part D
Transitions of Care[d]	• Transitions	Among beneficiaries who fill their medications at participating community pharmacies, identifies beneficiaries who were recently discharged from hospital.	Part D
Chronic Care Management	• Conditions • Med Use o Number of Meds	Among beneficiaries who fill their medications at participating community pharmacies, identifies beneficiaries with diabetes and at least 10 medications.	Parts A, B, and 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 Costs: targeting based on high Medicare Parts A, B, and/or D costs; Transitions: targeting beneficiaries who experience a recent discharge from the hospital; and Vaccine: targeting beneficiaries based on the need for a vaccine.

[b] Short-term initiative that was implemented and completed in Model Year 2.

[c] Implemented in Model Year 2 in a phased approach after developing, testing, and refining targeting approaches.

[d] Implemented in Model Year 3 after BCBS NPA's vendor worked collaboratively with pharmacists and health systems to develop the intervention and to overcome barriers to using medical claims data for identifying beneficiaries with recent discharge. Before BCBS NPA implemented the Part D claims approach for identifying beneficiaries, community pharmacists identified beneficiaries with recent hospital discharges via discharge paperwork or other indicators during the pharmacist-beneficiary interaction.

Enhanced MTM Intervention Services

Appendix Table A.3.3 provides a brief overview of BCBS NPA's services for all of its Enhanced MTM interventions. A variety of services are offered by BCBS NPA, some 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 vendor call center and community pharmacies, and in the Low-Risk/High-Cost intervention by the vendor call center. As part of all BCBS NPA's call center interventions, pharmacists may refer beneficiaries with financial or logistical needs to financial/social services for additional support.

In Model Year 2, BCBS NPA started offering beneficiary-facing interventions (e.g., new medication assessment, medication adherence assessment, immunization compliance assessment, and medication reconciliation) either telephonically or in person in the community pharmacy setting. In Model Year 3, BCBS NPA expanded the services offered through the community pharmacy platform with the addition of a medication reconciliation service for beneficiaries with a recent hospital discharge and various services to achieve established clinical goals for beneficiaries targeted for its Chronic Care Management intervention.

Appendix Table A.3.3: 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	• **Medication Safety Review (MSR):** A call center pharmacist or community pharmacist works with the beneficiary to update information about current medications. Within 72 hours of the medication reconciliation, a call center pharmacist or community pharmacist conducts a detailed review of the targeted beneficiary's medications and addresses potential DTPs related to the medication safety risks identified through the targeting process. 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	• **Medication Safety Review Lite (MSR-Lite):** A call center pharmacist or 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, the 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 would have been discussed with the beneficiary during a consultation.
	• TMR (prescriber)	Low	One-time	• **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	• **Forward Need:** Beneficiaries identified as having possible socioeconomic challenges may be contacted telephonically to assess the issue and inform the beneficiary of existing external programs that may help the beneficiary.
Opioid[c]	• TMR (prescriber)	Low	One-time	• Short-term initiative designed to increase prescribers' awareness about opioid medication risks and to help mitigate risks for patients. Targeted prescribers received onsite (i.e., in-office) education about opioid prescribing, and call center pharmacists completed 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	• CMR	High	One-time	• **Medication Safety Review (MSR):** Low-risk/high-cost beneficiaries receive one MSR service (described above).
	• Cost-sharing and social support	High	One-time	• **Forward Need:** Beneficiaries identified as having possible socioeconomic challenges may be contacted telephonically to assess the issue and inform the beneficiary of existing external programs that may help the beneficiary.
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 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	Recurrent	One-time	• **Medication Reconciliation:** Conducts medication reconciliation if beneficiary has not received a medication reconciliation within the last 6 months.
Transitions of Care	• Transitions (med rec)	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 hospital, aiming to complete these services within 7 days from the day of hospital discharge.
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.
	• 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.

[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. Please see Appendix B.5.3 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 involved interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that did not involve the beneficiary directly (i.e., services that were directed to the prescriber only) or involved 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.

A.3.4 Outreach Strategy

Appendix Table A.3.4 describes BCBS NPA's approach to beneficiary and prescriber outreach.

Appendix Table A.3.4: BCBS NPA Outreach Strategy Overview

Outreach Categories	BCBS NPA Approach
Beneficiary Outreach	• **High-Risk Intervention** 　○ Targeted beneficiaries receive an initial 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 a local pharmacy. 　○ Service outreach occurs either by: 　　− A call center pharmacy technician calls the beneficiary, completes a medication reconciliation, and transfers to a pharmacist to complete the MSR or schedules a follow-up to complete the MSR with a pharmacist; or 　　− 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. The MSR is then performed by a local community pharmacist. 　○ Additional outreach strategies are used in cases where beneficiaries are unresponsive or unreceptive to outreach attempts, including mailing letters, assigning beneficiaries to the community pharmacy network, and leveraging SMS text messaging.[a] 　○ 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).[b] 　○ 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.[c] • **Low-Risk/High-Cost Intervention** 　○ Targeted beneficiaries receive an initial postcard followed by call center outreach. 　○ 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. • **Community Pharmacy Smart Recommendations, Transitions of Care, and Chronic Care Management Interventions** 　○ Community pharmacists engage beneficiaries via multiple touch points including inbound/outbound phone calls, appointment-based visits, and at prescription pick-up.

Outreach Categories	BCBS NPA Approach

Prescriber Outreach	• 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.[d]
	• High-volume opioid prescribers were targeted based on identification of beneficiaries with opioid medication-related risks to receive education about opioid prescribing through a short-term Opioid intervention.[e]
	  o All targeted prescribers received mailed educational materials.
	  o A small subset of targeted prescribers (~50) received onsite educational visits.
	• Prescribers are offered educational materials and continuing education training events.[e]
	• Pharmacists may proactively contact prescribers to collect recent blood pressure and/or hemoglobin A1c measurements for beneficiaries targeted for the Chronic Care Management intervention.

[a] Text messaging campaign was launched in Model Year 2 as an additional touch point opportunity for BCBS NPA.

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

[c] 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 limited use of smartphone technology among the population.

[d] Launched in Model Year 2.

[e] Initiated in Model Year 2, as planned. The second year of implementation included dedicated efforts to engage the prescriber population, and efforts continued throughout Model Year 3.

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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 3, unless noted otherwise.

A.4.1 Sponsor Overview

Region(s): 7 (VA); 11 (FL); 21 (LA); 25 (IA, MN, MT, ND, NE, SD, WY); 28 (AZ)
Plan Benefit Package(s): S5921-352, -356, -366, -370, -380
Number of PDP Enrollees:
  Model Year 1: 175,940
  Model Year 2: 134,280
  Model Year 3: 206,205
Number of Enhanced MTM-Eligible Beneficiaries:
  Model Year 1: 95,518 (54.3% of Model Year 1 enrollment)
  Model Year 2: 75,114 (55.9% of Model Year 2 enrollment)
  Model Year 3: 112,594 (54.6% of Model Year 3 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.4.2 Participating Organizations

Appendix Table A.4.1 presents UnitedHealth's partners and their roles in Enhanced MTM as of the end of Model Year 3.

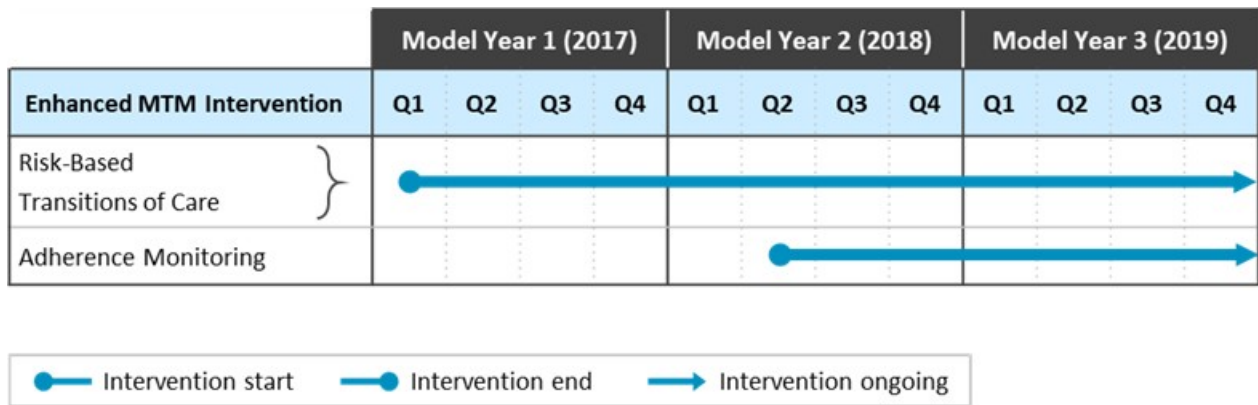**Appendix Table A.4.1: UnitedHealth Enhanced MTM Partnerships**

Organization	Role in UnitedHealth's Enhanced MTM Implementation
UnitedHealth	• Enhanced MTM sponsor organization. • Oversees Enhanced MTM Model implementation.
OptumRx	• 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]	• 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 Appendix Figure A.4.1, UnitedHealth did not add or discontinue any Enhanced MTM interventions in Model Year 3. 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 3. UnitedHealth's Enhanced MTM interventions focus on (i) select DTPs; (ii) transitions of care; and (iii) medication adherence.

Appendix Figure A.4.1: UnitedHealth Enhanced MTM Intervention Implementation Milestones

Enhanced MTM Intervention Targeting

Appendix Table A.4.2 provides a brief overview of UnitedHealth's targeting process for its Enhanced MTM interventions.

Appendix Table A.4.2: UnitedHealth Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories[a]	Targeting Process	Data Source

Risk-Based	• Med Use
	  ○ 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	• 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]	• Med Use ○ 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

Appendix Table A.4.3 provides a brief 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 Appendix Table A.4.3, UnitedHealth also provides beneficiaries with educational material, including condition-specific information.

Appendix Table A.4.3: UnitedHealth Enhanced MTM Service Overview

Enhanced MTM Intervention	Significant Service Categories[a]	Level of Intensity[b]	Service Frequency	Service Description
Risk-Based	• CMR	High	One-time	• **"Lean" Comprehensive Medication Review (CMR)**: Medication review focusing on drug therapy problems (DTPs), which results in a portable medication list and education materials about the DTPs discussed during the CMR and/or related conditions (e.g., diabetes, chronic pain) sent to beneficiaries via mail. This service is conducted via telephone, 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 Lean CMR. This service is delivered to high-risk beneficiaries only.
	• TMR (beneficiary)	High	Recurrent	• **Targeted Medication Review (TMR):** If new DTPs are identified by the next 90-day follow-up, a pharmacist reviews the DTPs to decide if beneficiaries will receive a TMR (beneficiary) or an additional Lean CMR. This service is delivered to high-risk beneficiaries only.
	• TMR (prescriber)	Low	Recurrent	• **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	• Transitions of care (CMR)	High	Recurrent	• **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 initial Lean CMR. Beneficiaries also continue to receive services associated with their risk group.
Adherence Monitoring[d]	• Medication adherence (automated)	Low	One-time	• **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. Please see Appendix B.5.3 for a full list and definitions of significant service categories.

[b] High-intensity services are defined as those that involved interactive discussions between a beneficiary and an Enhanced MTM provider. Low-intensity services are defined as those that did not involve the beneficiary directly or involved 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 provision of CMRs to hard-to-reach beneficiaries. Beneficiaries were considered hard to reach if the telephone number on file was invalid or if the beneficiary could not be reached after three telephonic outreach attempts.

[d] Implemented in Model Year 2.

A.4.4 Outreach Strategy

Appendix Table A.4.4 describes UnitedHealth's approach to beneficiary and prescriber outreach.

Appendix Table A.4.4: UnitedHealth Outreach Strategy Overview

Outreach Categories	UnitedHealth Approach
Beneficiary Outreach	• 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. • 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	• 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 via fax or mail.

A.5   WellCare

WellCare offered five Enhanced MTM interventions in Model Year 3, 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's health information exchange (HIE). 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 3, 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: 155,092
  Model Year 2: 150,201
  Model Year 3: 132,561
Number of Enhanced MTM-Eligible Beneficiaries:
  Model Year 1: 110,415 (71.2% of Model Year 1 enrollment)
  Model Year 2: 105,911 (70.5% of Model Year 2 enrollment)
  Model Year 3: 97,842 (73.8% of Model Year 3 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

Appendix Table A.5.1 presents WellCare's partners and their roles in Enhanced MTM.
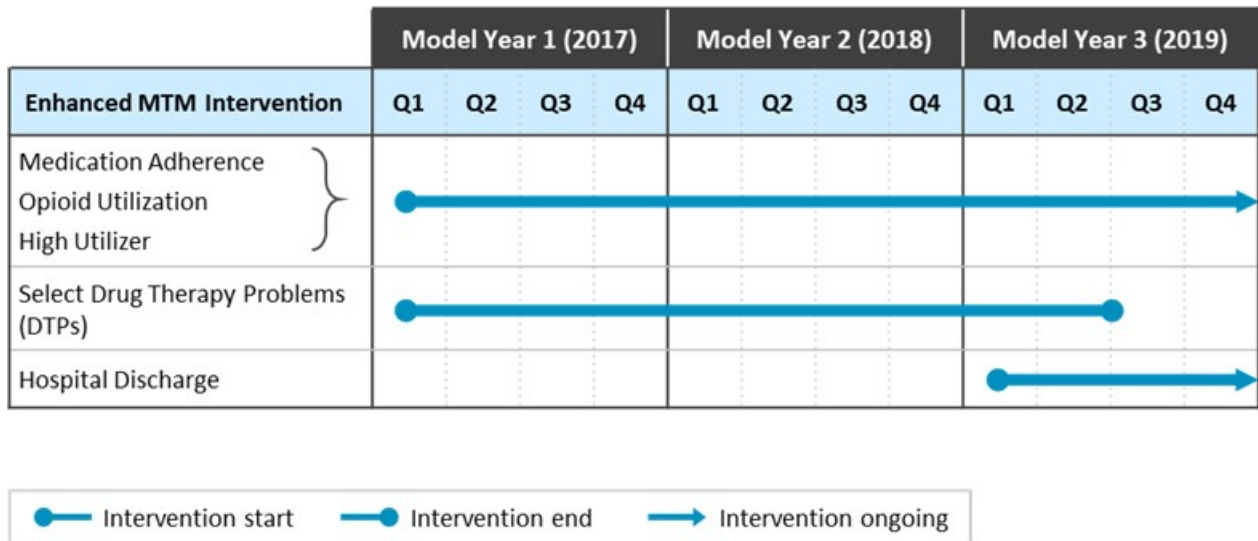
Appendix Table A.5.1: WellCare Enhanced MTM Partnerships

Organization	Role in WellCare's Enhanced MTM Implementation
WellCare	• Enhanced MTM sponsor organization. • Oversees Enhanced MTM implementation. • Provides outreach, Enhanced MTM service delivery, provider communication. • Documents and reports Enhanced MTM services.
RxAnte	• 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	• Notifies beneficiaries who are 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	• Provides outreach, Enhanced MTM service delivery, provider communication • Documents and reports Enhanced MTM services.
Eliza Corporation	• Uses interactive voice response (IVR), email, and text to send medication adherence reminders to beneficiaries.
RR Donnelly	• Develops and distributes a quarterly education newsletter to Enhanced MTM–eligible beneficiaries.
Healthwise	• Provides clinical content for WellCare website.
Medkeeper	• Maintains the MTMExchange, a documentation system used for Enhanced MTM services by WellCare and University of Florida.
Audacious Inquiry	• Florida health information exchange (HIE) vendor. • Provides daily data feeds for the Hospital Discharge intervention.

A.5.3 Enhanced MTM Interventions

As shown in Appendix Figure A.5.1, 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 did not produce medical savings or the cost to provide the services 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), to intervene with beneficiaries residing in Florida who were discharged after an inpatient hospital admission.

Appendix Figure A.5.1: WellCare Enhanced MTM Intervention Implementation Milestones

Enhanced MTM Intervention Targeting

Appendix Table A.5.2 provides a brief overview of WellCare's targeting processes for its five Enhanced MTM interventions.

Appendix Table A.5.2: WellCare Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories[a]	Targeting Process	Data Source
Medication Adherence	• Med Use ○ 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	• Med Use ○ Opioid	Identifies beneficiaries who are or are potentially at risk for opioid abuse and/or overdose.	Part D
Select Drug Therapy Problems	• Med Use ○ DTP	Identifies beneficiaries who have one or more select drug therapy problems.	Part D
High Utilizer	• Conditions • Med Use ○ Number of Meds	Identifies beneficiaries who are taking multiple medications and who have certain chronic conditions.	Parts A, B, and D
Hospital Discharge	• Transitions	Identifies Florida beneficiaries 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.

Enhanced MTM Services

Appendix Table A.5.3 provides a brief 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 Appendix Table A.5.3, WellCare also provides beneficiaries with educational material, 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.

Appendix Table A.5.3: 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	• **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	• **Targeted System-Generated Review:** Involves a phone conversation with the beneficiary to explore the reasons for adherence or potential non-adherence.
	• Medication adherence (automated)	Low	One-time	• **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	• **Targeted System-Generated Review:** Involves prescriber communication to address opioid medication-related issues.
Select Drug Therapy Problems[d]	• TMR (prescriber)	Low	Recurrent	• **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	• **CMR** • **Quarterly Reviews**
Hospital Discharge	• Transitions of Care (CMR)	High	Recurrent	• **CMR** • **Quarterly Reviews**

[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 Appendix B.5.3 for a full list and definitions of these significant service categories.

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

Appendix Table A.5.4 describes WellCare's approach to beneficiary and prescriber outreach.

Appendix Table A.5.4: WellCare Outreach Strategy Overview

Outreach Categories	WellCare Approach

Beneficiary Outreach	• 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.
	  o 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.
	  o 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	• Prescriber outreach is post-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 when deciding how to contact the prescriber to address the drug therapy problem (i.e., by fax, mail, or phone).

A.6 Blue Cross Blue Shield of Florida

Blue Cross Blue Shield of Florida (BCBS FL) offered nine 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 3, unless noted otherwise.

A.6.1 Sponsor Overview

Region(s): 11 (FL)
Plan Benefit Package(s): S5904-001
Number of PDP Enrollees:
  Model Year 1: 64,631
  Model Year 2: 60,858
  Model Year 3: 55,976
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: 29,233 (52.2% of Model Year 3 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.6.2 Participating Organizations

Appendix Table A.6.1 lists BCBS FL's partners and their roles in Enhanced MTM.

**Appendix Table A.6.1: BCBS FL Enhanced MTM Partnerships**

Organization	Role in BCBS FL's Enhanced MTM Implementation
BCBS FL	• Enhanced MTM sponsor organization, oversees Enhanced MTM implementation.
Genoa Medication Management Systems (GMMS)	• Conducts Enhanced MTM intervention targeting and provides Enhanced MTM clinical services and outreach.
GuideWell Connect[a]	• Conducts prescriber outreach. Subsidiary of GuideWell Mutual Holding Corporation, which also owns BCBS FL.
Availity	• 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 to Enhanced MTM services.
Prime Therapeutics	• Serves as BCBS FL's pharmacy benefits manager (PBM), manages the co-pay waivers.
RxAnte	• Provided predictive analytics for medication adherence targeting from late Model Year 1 (2017) to mid-Model Year 2 (2018).

[a] Added in Model Year 3 (2019).

A.6.3 Enhanced MTM Interventions

As shown in Appendix Figure A.6.1, BCBS FL increased the number of its Enhanced MTM interventions over the course of Model Years 1, 2, and 3. In Model Year 1, BCBS FL launched six Enhanced MTM interventions, which all continued through Model Year 3. 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).[6] In Model Year 3, BCBS FL added one new intervention focusing on behavioral health.

Appendix Figure A.6.1: BCBS FL Enhanced MTM Intervention Implementation Milestones

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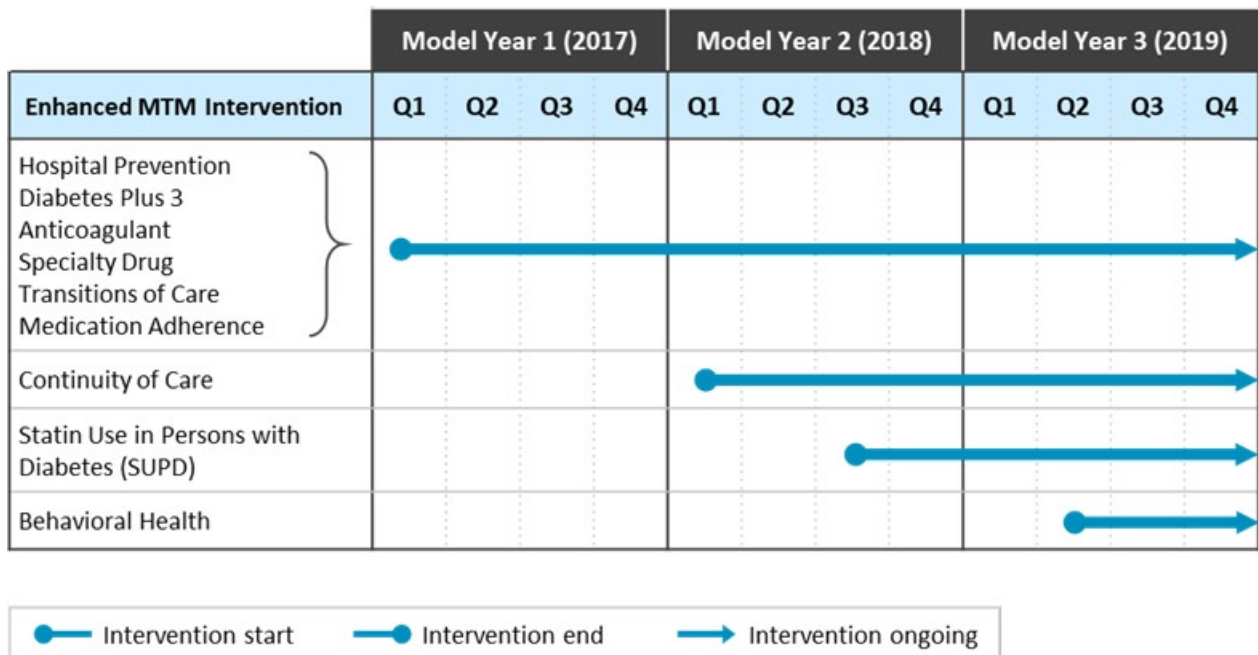
[6] BCBS FL's transitions-of-care intervention encompasses three smaller sub-interventions: (i) the Transitions of Care intervention, which includes beneficiaries contacted within 7 days of discharge; (ii) the Transitions of Care Expansion intervention, which includes beneficiaries contacted between 8 and 30 days after discharge; and (iii) the Community-Based Hospital Readmission intervention, which provides in-home services to beneficiaries residing in selected Florida counties. The first intervention was launched in Model Year 1, and the latter two in Model Year 2.

Enhanced MTM Intervention Targeting

Appendix Table A.6.2 provides a brief overview of BCBS FL's targeting processes for its nine Enhanced MTM interventions.

Appendix Table A.6.2: BCBS FL Enhanced MTM Intervention Targeting Overview

Enhanced MTM Intervention	Relevant Targeting Categories[a]	Targeting Process	Data Source
Hospital Prevention	• High Costs • Conditions	Includes beneficiaries who have a serious chronic condition and high expenditures.	Parts A, B, and D
Diabetes Plus 3	• Conditions	Includes diabetic beneficiaries who also have at least three other chronic conditions.	Parts A, B, and D
Anticoagulant	• Med Use ○ New Med	Includes beneficiaries who have a new anticoagulant prescription.	Part D
Specialty Drug	• Med Use ○ New Med • Conditions	Includes beneficiaries who have specialty drug prescriptions for selected chronic conditions.[b]	Part D
Transitions of Care	• Transitions	Includes any beneficiaries contacted within 30 days of a recent inpatient stay or emergency room (ER) visit for a chronic condition or recent inpatient hospitalization.[c]	Health Information Exchange (HIE)
Medication Adherence	• Med Use ○ DTP	Identifies beneficiaries who are likely to become non-adherent to drugs included in Medicare Star Ratings adherence measures.[d]	Part D
Continuity of Care	• Med Use ○ DTP ○ New Med • Conditions • High Costs	Includes beneficiaries who were targeted to receive an Annual Medical Review (AMR) in the previous Model Year, but no longer qualify in the current Model Year.	Parts A, B, and D
Statin Use in Persons with Diabetes	• Med Use ○ 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	• Med Use ○ Number of Meds • Conditions	Includes beneficiaries who have certain behavioral health conditions and take multiple medications.	Parts A, B, and D

[a] High Costs: targeting based on high Medicare Parts A, B, and/or D costs; 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] 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.

[c] 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 ER visit.

[d] In the first half of Model Year 2, BCBS FL used predictive targeting for the Medication Adherence intervention. In the second half of Model Year 2, BCBS FL targeted beneficiaries using a retrospective method.

Enhanced MTM Services

Appendix Table A.6.3 provides a brief overview of BCBS FL's tailored, beneficiary-specific Enhanced MTM services for each of its Enhanced MTM interventions. Depending on intervention eligibility and beneficiary needs, BCBS FL varies the combination and content of services. In addition, the number and length of the services vary by intervention and are based on pharmacists' clinical discretion. In addition to the services described in Appendix Table A.6.3, BCBS FL also operates a call-in line ("Ask the Pharmacist") that allows beneficiaries to contact BCBS FL with questions or concerns about their medications. If a potential medication issue is identified when a beneficiary calls in, the beneficiary is eligible to receive a TMR ("Medication Review on Demand").

Appendix Table A.6.3: 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, and Specialty Drug	• CMR
	• Cost/social support
		High	Recurrent	• **Annual Medication Review (AMR):** is BCBS FL's CMR and includes 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):** is a brief follow-up evaluation with a pharmacist.
				• **Adherence barrier assessment:** investigates and addresses the reasons a beneficiary is non-adherent to medication classes used for CMS Star measures.
				• **Co-pay waivers:**
				  o **Beneficiary Incentives**: offers co-pay discounts to eligible beneficiaries who initially decline to participate in Enhanced MTM services or are difficult to reach.
				  o **Cost-share reductions:** eliminates copay for certain generic medications for beneficiaries who state during a pharmacist encounter that cost is a barrier to medication adherence.

Transitions of Care	• Transitions of care (CMR) • Cost/social support	High	Recurrent	• **In-home visit:** provides an in-home AMR, completed by a pharmacist, to beneficiaries with high costs or recent emergency department (ED) visits residing in specific Florida counties. • **AMR:** consists of a telephonic AMR for beneficiaries who are not eligible for or opt not to receive an in-home visit. • **FMRs** • **Co-pay waivers**
	• Transitions of care (prescriber)	Low	One-time	• **TMR:** Involves a prescriber-facing TMR for beneficiaries who were eligible for the Transitions of Care intervention but unresponsive to outreach attempts or unreachable

Medication Adherence	• Medication adherence (pharmacist)
	• Cost/social support
		High	One-time	• **Adherence barrier assessment and prevention:** consists of a consultation between a pharmacist and beneficiary, the focus of which varies depending on the targeting approach, as described below.
				  o Predictive – focuses on patient education and self-efficacy for medication adherence
				  o Retrospective – investigates and addresses why patients became non-adherent
				• **Co-pay waivers**

Continuity of Care	• CMR • Cost/social support	High	One-time	• **FMRs** • **Co-pay waivers**

Enhanced MTM Intervention	Significant Service Categories[a]	Level of Intensity[b]	Service Frequency	Service Description
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.
Behavioral Health	• CMR • Cost/social support	High	Recurrent	• **AMR** • **FMRs** • **Co-pay waivers**

[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 Appendix B.5.3 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 involved interactive discussions between a beneficiary and an Enhanced MTM provider (often a pharmacist). Low-intensity services are defined as those that did not involve the beneficiary directly (i.e., services that were directed to the prescriber only) or involved only one-way sharing of information with the beneficiary (e.g., vaccine reminders or Interactive Voice Response).

A.6.4 Outreach Strategy

Appendix Table A.6.4 describes BCBS FL's approach to beneficiary and prescriber outreach.

Appendix Table A.6.4: BCBS FL Outreach Strategy Overview

Outreach Categories	BCBS FL Approach
Beneficiary Outreach	• All beneficiaries are mailed an initial informational 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. Beneficiaries in the Transitions of Care Community-Based Hospital Readmission intervention also receive an in-home service. Beneficiaries who qualify for the Statin Use in Persons with Diabetes intervention may also receive targeted mailings. • After an Annual Medication Review (a CMR service), patients are mailed a Medication Action Plan which includes the pharmacist recommendations and Personal Medication List.
Prescriber Outreach	• 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 any 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 gives instructions for beneficiary referral through presentations at Florida health care organizations and relevant conferences.