2019 Medicare Part D Medication Therapy Management (MTM) Programs

Fact Sheet

Summary of
2019 MTM Programs

September 25, 2019

Discussion Topics

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- References

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- Summary

Background

- Under 42 CFR §423.153(d), a Part D sponsor must establish an MTM program that:

  - Ensures covered Part D drugs are used to optimize therapeutic outcomes through improved medication use,

  - Reduces the risk of adverse events,

  - Is developed in cooperation with licensed and practicing pharmacists and physicians,

  - May be furnished by pharmacists or other qualified providers.

References

- The CY 2019 Medication Therapy Management Program Guidance and Submission Instructions memo

https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Memo-Contract-Year-2019-Medication-Therapy-Management-MTM-Program-Submission-v-040618.pdf

References

- 2019 Call Letter

https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents-Items/2019Announcement.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending

- The MTM program annual cost threshold is updated for 2019 using the annual percentage increase of 1.94%, as specified in the Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies. Therefore, the 2019 MTM program annual cost threshold is $4,044.

Annual Review (1 of 2)

- A CMS-approved MTM program is one of several required elements in the development of a Medicare Part D sponsor's bid.

- Annually, sponsors must submit an MTM program description to CMS for review and approval in HPMS.

- CMS evaluates each program description as part of a Part D quality improvement requirement (42 CFR §423.153(d)), to ensure that it meets the current minimum requirements for the program year.

Annual Review (2 of 2)

- In 2019, there are 649 Part D contracts with an approved MTM program.
  - 543 Medicare Advantage prescription drug plans (MA-PDs).
  - 60 stand-alone prescription drug plans (PDPs), including Employer contract MTM programs.
  - 46 Medicare-Medicaid Plans (MMPs).

- All sponsors that are required to establish an MTM program have an approved program in place.

- This analysis includes characteristics of 2019 MTM program applications approved during the annual review in Spring 2018 and changes approved during the September 2018 and March 2019 update windows as of May 10, 2019.

Eligibility Criteria
Expanded Criteria

- The CMS eligibility targeting requirements are established as the minimum threshold. Sponsors may also offer MTM services to an expanded population of beneficiaries who do not meet the eligibility criteria under §423.153(d).

- In 2019, 27% of MTM programs use expanded eligibility requirements beyond CMS' minimum requirements.
  - An increase compared to 24% of programs in 2018.

Table 1. Percent of 2019 MTM Programs with Expanded Eligibility Criteria

Eligibility Criteria	# of Programs	% of Programs
Only target enrollees who meet the specified targeting criteria per CMS requirements	474	73.0%
Use Expanded Criteria: Target both enrollees who meet the specified targeting criteria per CMS requirements and enrollees who meet other plan-specific targeting criteria	175	27.0%
Total	**649**	**100.0%**

Eligibility Criteria
General Requirements

- Part D enrollees who have multiple chronic diseases, are taking multiple Part D drugs, and are likely to incur annual costs for covered Part D drugs that exceed a predetermined level are targeted for the MTM programs, as described in § 423.153(d)(1).

- The 2019 MTM program annual cost threshold is $4,044, as compared to $3,967 in 2018.

- The following information describes sponsors' eligibility criteria per CMS requirements, and do not reflect any expanded criteria.
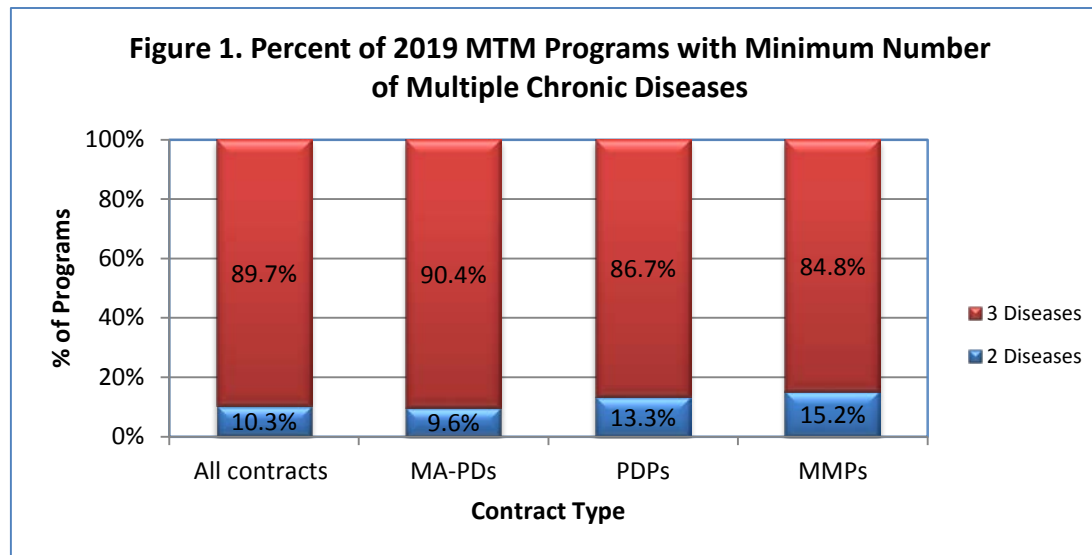
Eligibility Criteria
1. Have Multiple Chronic Diseases (1 of 6)

- Each program sets the minimum number of chronic conditions a beneficiary must have for MTM program eligibility.

- The MTM requirements establish both a ceiling and a floor for the minimum number of conditions that may be required.

- Sponsors may set this minimum threshold at two or three.

- Therefore, a plan sponsor has the discretion to determine whether to target beneficiaries with at least two chronic diseases or at least three chronic diseases.

Eligibility Criteria
1. Have Multiple Chronic Diseases (2 of 6)

- Just under 90% of 2019 programs target beneficiaries with at least three chronic diseases, an increase of about 2.4 percentage points compared to 2018.

Figure 1. Percent of 2019 MTM Programs with Minimum Number of Multiple Chronic Diseases

Contract Type	2 Diseases	3 Diseases
All contracts	10.3%	89.7%
MA-PDs	9.6%	90.4%
PDPs	13.3%	86.7%
MMPs	15.2%	84.8%

Eligibility Criteria
1. Have Multiple Chronic Diseases (3 of 6)

- Sponsors may target beneficiaries with any chronic diseases or target beneficiaries having specific chronic diseases.

- Sponsors are encouraged to consider including diseases in their targeting criteria to meet the needs of their patient populations and improve therapeutic outcomes.

- In defining multiple chronic diseases for eligibility, less than 0.5% (1 MA-PD contract) of 2019 programs are targeting beneficiaries with any chronic diseases, and over 99% are targeting beneficiaries with specific chronic diseases.
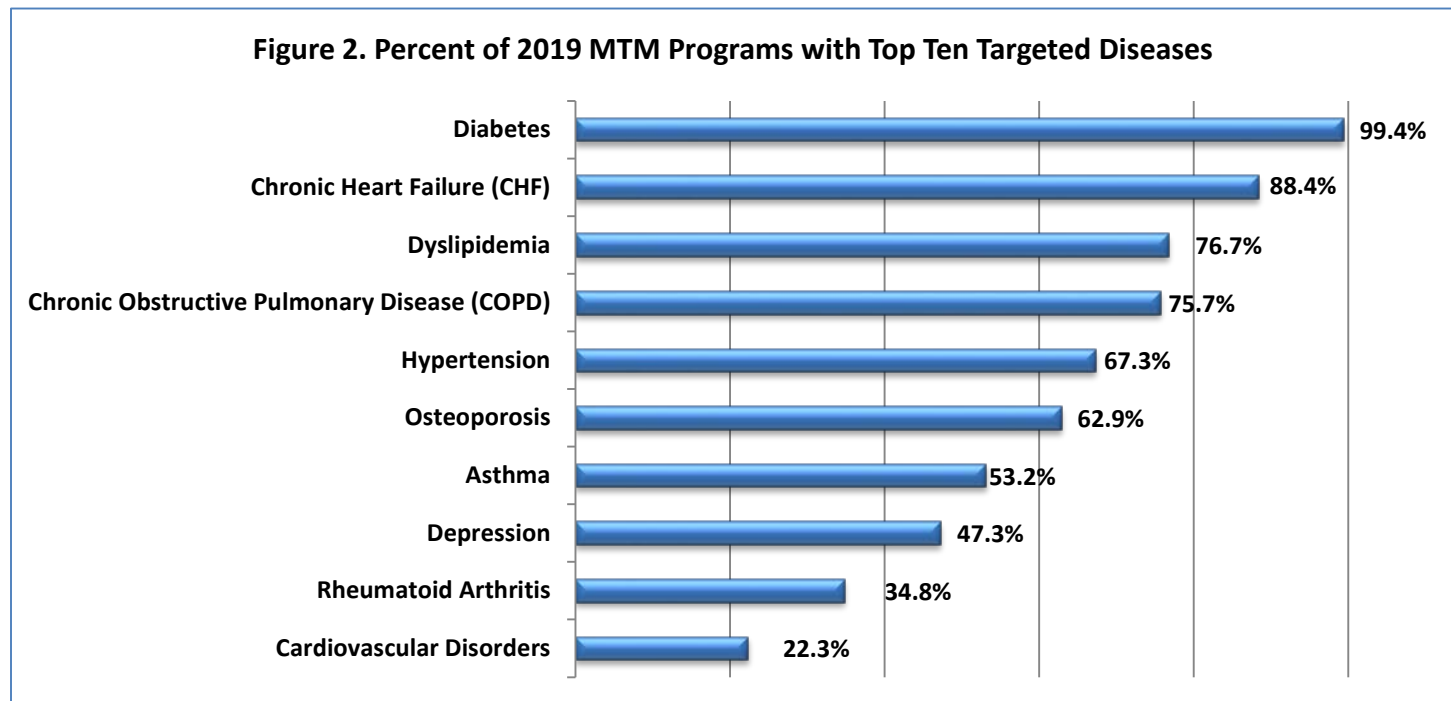
Eligibility Criteria
1. Have Multiple Chronic Diseases (4 of 6)

- If sponsors choose to target beneficiaries with specific chronic diseases, they should include at least five of the nine core chronic conditions.

  - Core chronic conditions are Alzheimer's Disease; Chronic Heart Failure; Diabetes; Dyslipidemia; End-Stage Renal Disease; Hypertension; Respiratory Disease (such as Asthma, Chronic Obstructive Pulmonary Disease, Chronic Lung Disorder); Bone Disease-Arthritis (such as Osteoporosis, Osteoarthritis, or Rheumatoid Arthritis); and Mental Health (such as Depression, Schizophrenia, Bipolar Disorder, or Chronic/Disabling Mental Health Conditions)

- Sponsors should target beneficiaries with any combination of the chronic diseases included in their criteria.

Eligibility Criteria
1. Have Multiple Chronic Diseases (5 of 6)

- Diabetes, Chronic Heart Failure (CHF), and Dyslipidemia remain the top targeted diseases in 2019 with Cardiovascular Disorders replacing ESRD as the 10th most targeted disease.

Figure 2. Percent of 2019 MTM Programs with Top Ten Targeted Diseases

Disease	Percent
Diabetes	99.4%
Chronic Heart Failure (CHF)	88.4%
Dyslipidemia	76.7%
Chronic Obstructive Pulmonary Disease (COPD)	75.7%
Hypertension	67.3%
Osteoporosis	62.9%
Asthma	53.2%
Depression	47.3%
Rheumatoid Arthritis	34.8%
Cardiovascular Disorders	22.3%

Multiple selections were allowed; not mutually exclusive.

Eligibility Criteria
1. Have Multiple Chronic Diseases (6 of 6)

- Other beneficiary conditions that are targeted by more than 10% of the 2019 MTM programs include:

  - ESRD (18.6%);

  - Alzheimer's Disease (14.3%);

  - HIV/AIDS (11.9%);

- Each program also sets the minimum number of covered Part D drugs a beneficiary must have filled for MTM program eligibility.

- The MTM requirements establish both a ceiling and a floor for the minimum number of drugs that may be required.

  – Sponsors may set this minimum threshold at any number equal to or between two and eight.

Eligibility Criteria
2. Take Multiple Part D Drugs (2 of 3)

- 77.7% of programs target beneficiaries who have filled at least eight covered Part D drugs. This is an increase from 71.3% in 2018.

Table 2. Percent of 2019 MTM Programs by Minimum Number of Covered Part D Drugs

Minimum Number of Covered Part D Drugs	% of all MTM Programs	% of MA-PD MTM Programs	% of PDP MTM Programs	% of MMP MTM Programs
2	0.5%	0.6%	0.0%	0.0%
3	0.5%	0.6%	0.0%	0.0%
4	1.7%	1.5%	3.3%	2.2%
5	3.5%	3.1%	1.7%	10.9%
6	3.5%	2.9%	5.0%	8.7%
7	12.6%	12.3%	18.3%	8.7%
8	77.7%	79.0%	71.7%	69.6%

- 10.5% of programs target beneficiaries taking any Part D drug to qualify for this requirement in 2019.

- The remaining programs target Part D drugs for chronic conditions (82.0%) or specific Part D drug classes (7.6%). The percentage of programs targeting beneficiaries taking any chronic or maintenance Part D drugs has increased, while the percentage of programs targeting specific Part D drug classes has decreased.

Eligibility Criteria
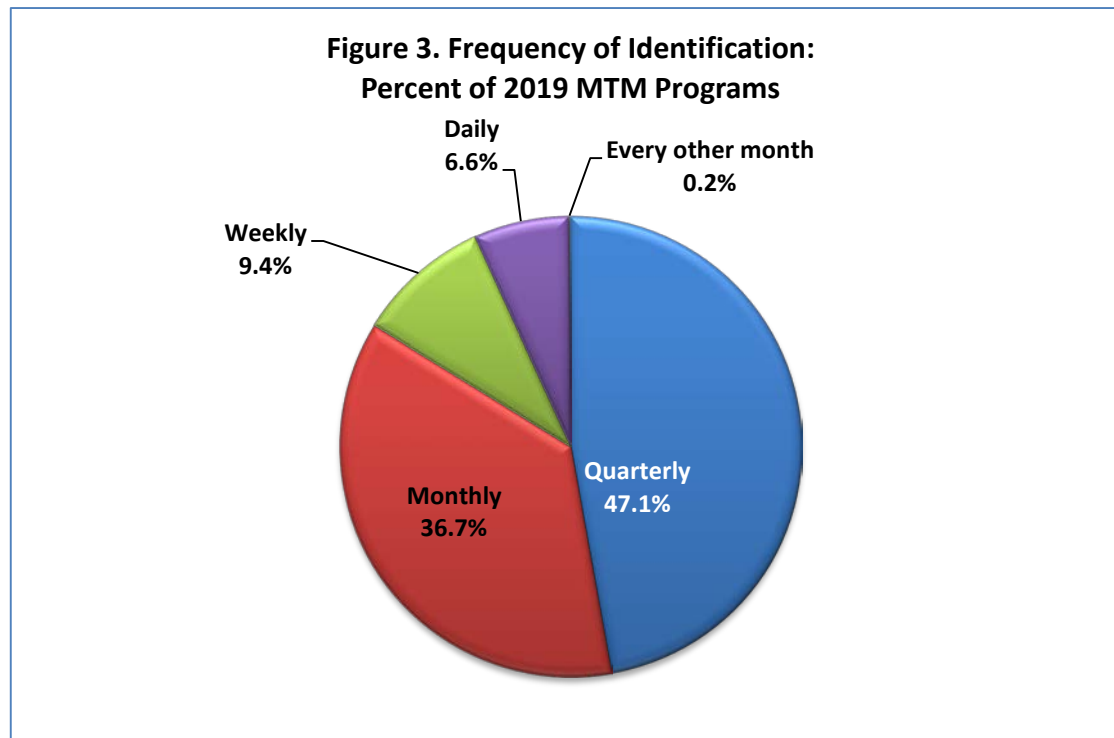## 3. Likely to Incur $4,044 for Covered Part D Drugs

- The sponsor must provide a description of the analytical procedure used when determining if a beneficiary is likely to incur the annual cost threshold for 2019.

- The description may include the specific threshold(s), formula, or criteria of their model.

- MTM programs in 2019 continue to apply varying cost threshold methodologies, but more than three-quarters of analyses (79.3% of programs) project annual drug costs based on covered Part D drug costs in the previous quarter.

Method of Enrollment (1 of 2)

- Sponsors must enroll beneficiaries using an opt-out method of enrollment only.

- Sponsors must target beneficiaries for enrollment in the MTM program at least quarterly during each plan year.

Method of Enrollment (2 of 2)

- Over 47% of the programs identify eligible beneficiaries quarterly and almost 37% identify beneficiaries monthly. Others target more frequently.

Figure 3. Frequency of Identification: Percent of 2019 MTM Programs

Daily 6.6%

Every other month 0.2%

Weekly 9.4%

Quarterly 47.1%

Monthly 36.7%

Data Sources Used for Eligibility Identification

- All MTM programs use drug claims data to identify eligible beneficiaries for their MTM programs in 2019.

- In addition, 21% of MTM programs also use medical data to identify eligible beneficiaries (21.9% of MA-PDs, 6.7% of PDPs, and 27.7% of MMPs). This is an increase from 2018 for all contract types.

- Sponsors use other types of data to aid with identification (1.4% use information collected from the beneficiaries, and 2.9% use laboratory data and/or health assessments). These are not mutually exclusive categories.

Required MTM Services
General Requirements

- Sponsors must offer a minimum level of MTM services to all eligible beneficiaries:

  - <u>Interventions for beneficiaries and prescribers</u>,

  - <u>An annual comprehensive medication review</u> (CMR) - interactive, person-to-person, or telehealth consultation performed by a pharmacist or other qualified provider for the beneficiary with an individualized, written summary in CMS' standardized format, and

  - <u>Quarterly targeted medication reviews</u> (TMRs) with follow-up interventions when necessary.

Required MTM Services
CMR Definition

The CMR is expected to meet the following professional service definition:

- *A CMR is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver and/or prescriber.*

- *A CMR is an interactive person-to-person or telehealth medication review and consultation conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider and is designed to improve patients' knowledge of their prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements, identify and address problems or concerns that patients may have, and empower patients to self manage their medications and their health conditions.*
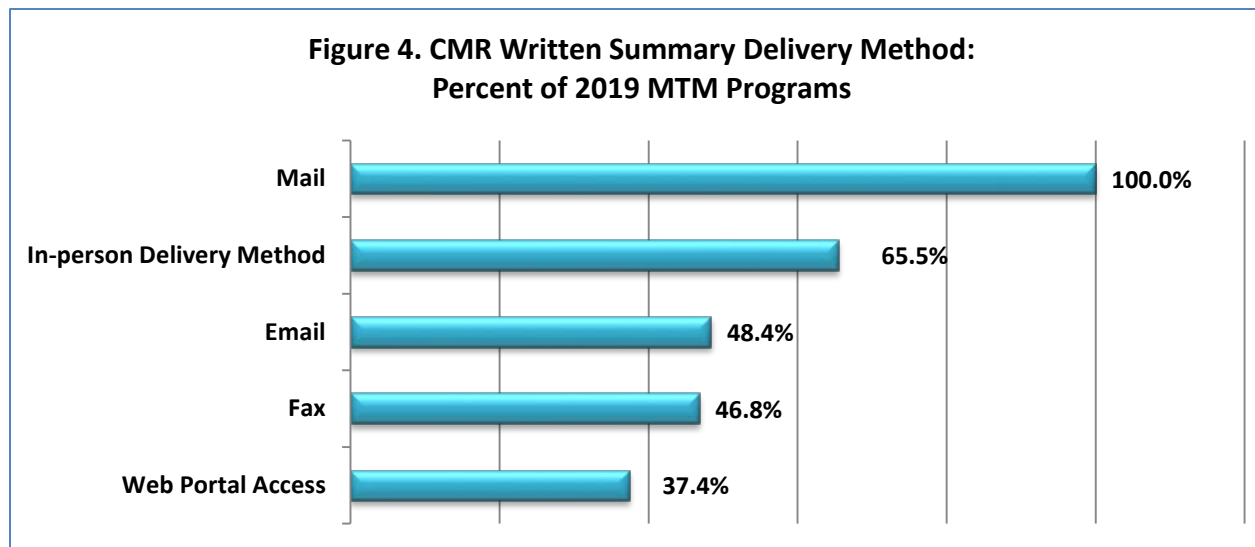
Required MTM Services
CMR Delivery Method

- All programs offer the interactive, person-to-person CMR consultation via the phone.

- 92.1% of programs also offer face-to-face CMRs. This is an increase from 2018 (89.6%).

- 74.3% of programs offer CMRs through telehealth technologies. This is a slight increase from 2018 (73.7%).

Required MTM Services
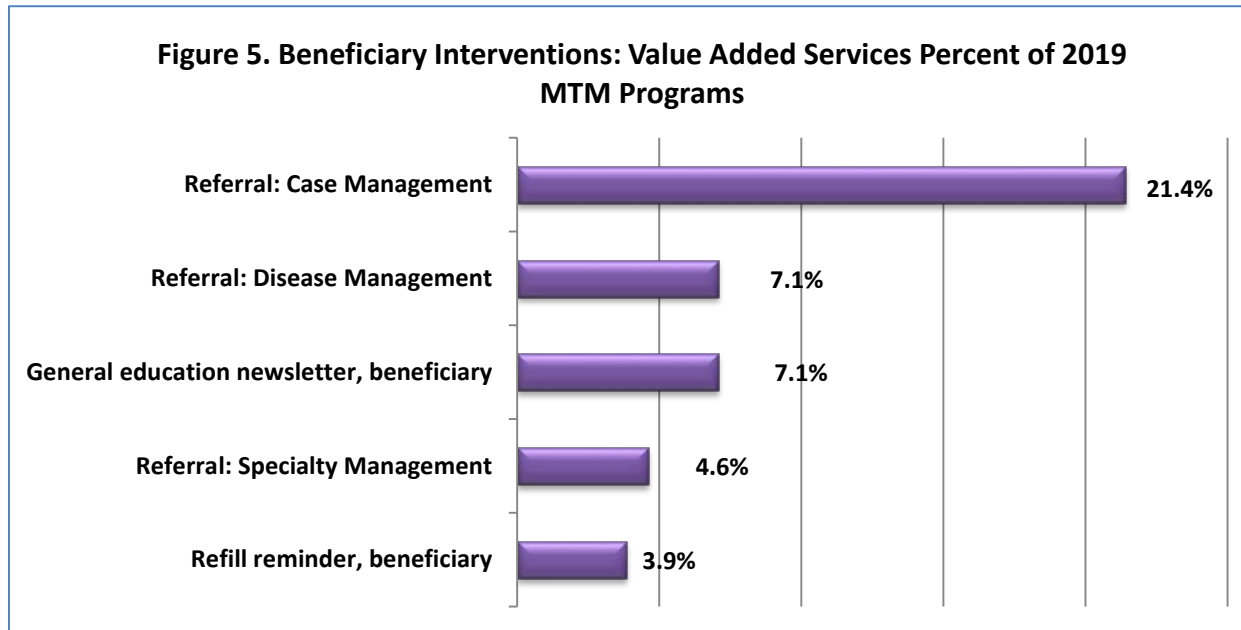## CMR Summary Delivery Method

- Programs are required to provide the CMR summary in CMS' standardized format. All programs provide the CMR summary by mail. Over 65% also provide the summary in person after the CMR, a 7 percentage point increase from 2018. 48.4% have delivery via email, an increase from 2018. Delivery by fax increased 6 percentage points.

Figure 4. CMR Written Summary Delivery Method: Percent of 2019 MTM Programs

Delivery Method	Percent
Mail	100.0%
In-person Delivery Method	65.5%
Email	48.4%
Fax	46.8%
Web Portal Access	37.4%

Multiple selections were allowed; not mutually exclusive.

Value Added Services

- Beyond the required services, sponsors provide additional value added services.

Figure 5. Beneficiary Interventions: Value Added Services Percent of 2019 MTM Programs

Service	Percent
Referral: Case Management	21.4%
Referral: Disease Management	7.1%
General education newsletter, beneficiary	7.1%
Referral: Specialty Management	4.6%
Refill reminder, beneficiary	3.9%

Multiple selections were allowed; not mutually exclusive.

Required MTM Services
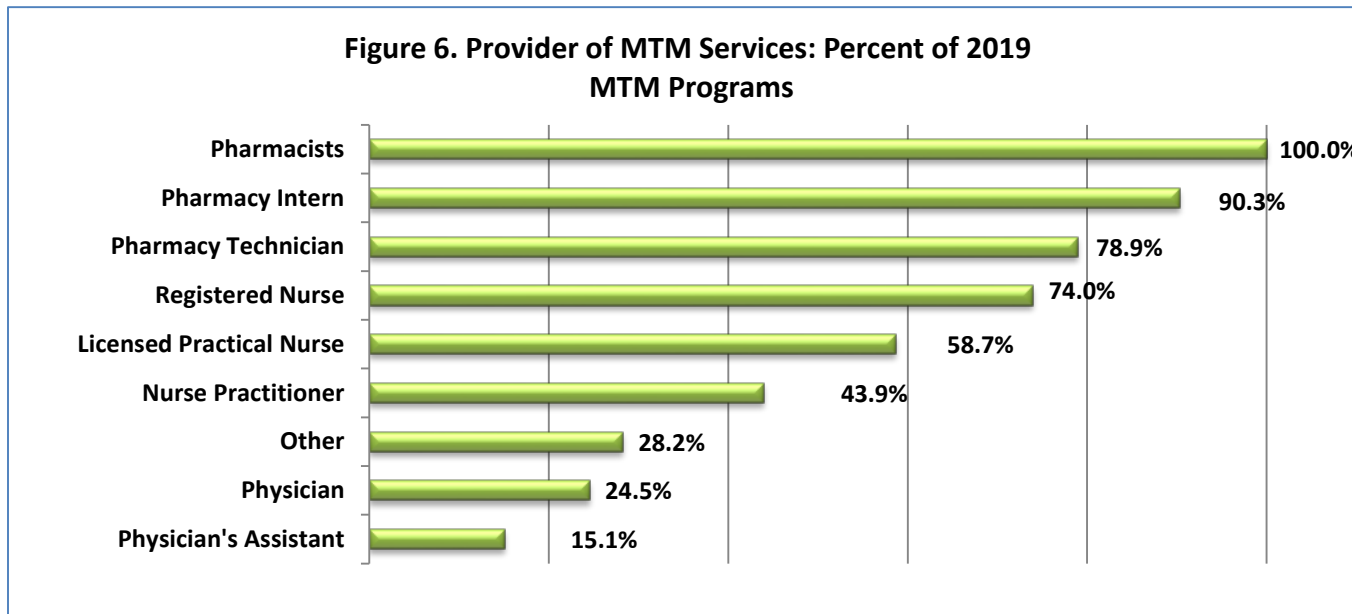## Prescriber Interventions

- Sponsors are required to offer interventions to the beneficiaries' prescribers.

- Interventions to resolve medication therapy problems or optimize therapy are delivered through a variety of methods:
  - 100% fax the consultations,
  - 97.8% provide phone consultations,
  - 86.3% provide mailed consultations.

- 26.4% also provide a copy of the beneficiary CMR Summary, a patient medication list, and/or a medication action plan to the prescriber.

MTM Providers

- MTM is considered an administrative cost (that is, a component of the plan's bid) by CMS.

- Part D sponsors are required to explain how their fees account for the time and resources associated with their MTM program.

- They have the flexibility to determine the billing mechanisms and establish fees for pharmacists and other qualified providers of MTM services.

- These arrangements are between the Part D sponsors and the providers of the services.

MTM Providers

- MTM services may be furnished by pharmacists or other qualified providers. Sponsors indicate if their MTM providers are pharmacists, physicians, registered nurses, and/or others.

Figure 6. Provider of MTM Services: Percent of 2019 MTM Programs

Provider	Percent
Pharmacists	100.0%
Pharmacy Intern	90.3%
Pharmacy Technician	78.9%
Registered Nurse	74.0%
Licensed Practical Nurse	58.7%
Nurse Practitioner	43.9%
Other	28.2%
Physician	24.5%
Physician's Assistant	15.1%

Non-Qualified MTM providers, such as pharmacy technicians, pharmacy students/interns, and case workers may be used as support staff to assist the qualified MTM providers. Multiple selections were allowed; not mutually exclusive.

MTM Providers

- Sponsors can use internal staff, outside personnel, or both for delivery of MTM services (multiple selections are allowed).

- In 2019, 55.3% of programs use internal staff (down from 58% in 2018), and 94.6% of programs use outside personnel (up from 92.2% in 2018).

MTM Providers

- Outside personnel may include a Prescription Benefit Manager (PBM) company, MTM vendor, disease management vendor, community pharmacists, LTC pharmacists, or others.

- Of the programs that use outside personnel,

  - 53.7% use a PBM (50.8% of all 2019 MTM programs). This is a slight increase from 2018.

  - 86.2% use an MTM vendor (81.5% of all programs). This is an increase in the percent of 2018 of programs that contracted with an MTM vendor.

  - These are not mutually exclusive categories.

Qualified Provider of CMR

- Over 82% of programs use pharmacy interns supervised by qualified pharmacists to deliver the CMR. 81% use MTM Vendor in-house Pharmacists.

- Over 72% of programs use Registered Nurses (a notable increase compared to 63.5% in 2018).

Table 3. 2019 MTM Programs: Qualified Provider of CMR

MTM Provider of CMR	% of Programs
Pharmacy intern under the direct supervision of a pharmacist	82.1%
MTM Vendor In-house Pharmacist	81.0%
Registered Nurse	72.3%
MTM Vendor Local Pharmacist	72.0%
Licensed Practical Nurse	58.1%
Plan Sponsor Pharmacist	53.8%
Nurse Practitioner	43.1%
MTM Vendor Pharmacist (unspecified)	40.2%
Plan Benefit Manager (PBM) Pharmacist	39.9%
MTM Vendor Long Term Care LTC Consultant Pharmacist	26.7%
Physician	23.0%
Long Term Care (LTC) Consultant Pharmacist	21.9%
Physician's Assistant	14.2%

Multiple selections were allowed; not mutually exclusive.

Highlights

- The annual cost threshold for 2019 is $4,044, which is 1.94% higher than the 2018 threshold ($3,967).
- While all programs offer CMRs via the telephone, the percentage of programs offering face-to-face and telehealth CMRs continues to increase.
- The percentage of programs using in-house staff to deliver CMRs has decreased from last year, while percentage of plans using outside staff increased.
- All programs use pharmacists to provide MTM services, and an increasing percentage of programs use pharmacy interns under direct pharmacist supervision.

Additional Resources

MTM Program webpage on CMS.gov:

- [CMS website](#) > Medicare > Prescription Drug Coverage Contracting > Medication Therapy Management

Annual Final Call Letter (Announcement):

- [CMS website](#) > Medicare > Medicare Advantage Rates & Statistics > Announcements and Documents

Resources:

- Part D MTMP Policy and Operations Help:
Email to PartD_MTM@cms.hhs.gov