

CMMI Enhanced Medication Therapy Management Model



Presentation to

*Prescriptions for a Healthy
America*

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The CMS Innovation Center was created by the Affordable Care Act to develop, test, and implement new payment and delivery models

“The purpose of the [Center] is to test innovative payment and service delivery models to **reduce program expenditures...while preserving or enhancing the quality of care** furnished to individuals under such titles”

Section 3021 of
Affordable Care Act

Three scenarios for success

1. Quality improves; cost neutral
2. Quality neutral; cost reduced
3. Quality improves; cost reduced (best case)

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking

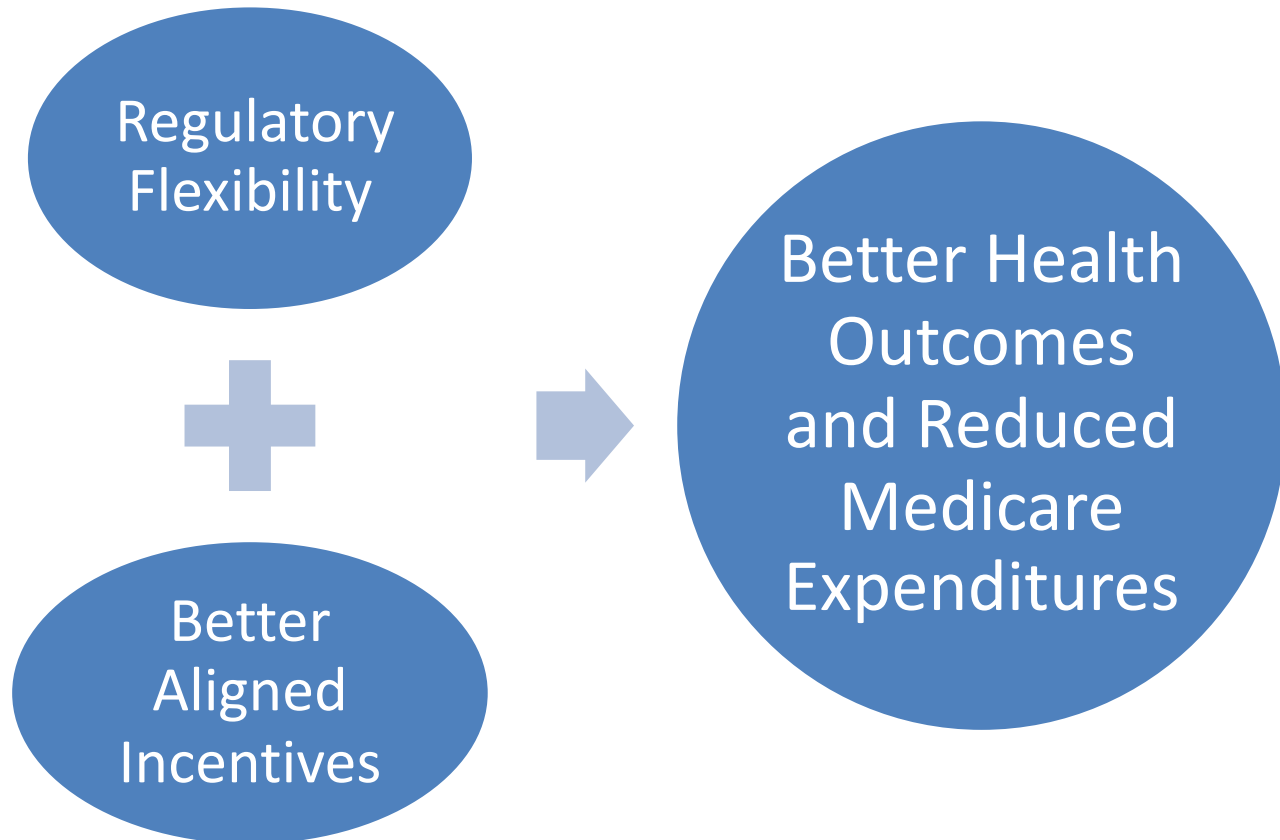


Part D Enhanced Medication Therapy Management (MTM) Model

- Enhanced MTM, when implemented correctly, can **improve health care and outcomes for patients** and has the potential to **lower overall health costs**
- The **current MTM program in Part D has not achieved its full potential**, due to the current statutory and regulatory restrictions:
 - Limited ability to target high-risk enrollees
 - Limited ability to vary interventions (currently only allowed to provide comprehensive medication review)
 - Lack of strong incentives to reduce Medicare FFS expenses.

Part D Enhanced Medication Therapy Management (MTM) Model

Enhanced MTM model tests whether:



Elements of Enhanced MTM: Tailored and Individualized

Aim: To supply at-risk enrollees with tailored, individualized MTM services that address their specific obstacles

Targeting

Participants stratify risk of preventable healthcare expenses due to medication non-adherence

Engagement

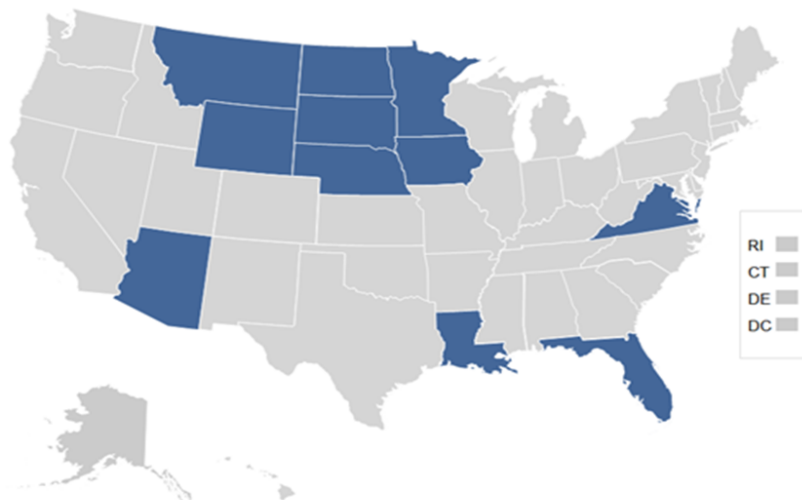
Targeted enrollees are contacted through outreach aimed to reach enrollees “where they are”

Interventions

Engaged enrollees identify their barriers to optimal medications usage; interventions are tailored to overcome specific obstacles

Enhanced MTM Duration and Regions

- Will begin **January 1, 2017** with a **5-year performance period**
- CMS will test the model in **5 Part D regions**
 - Region 7 (Virginia)
 - Region 11 (Florida),
 - Region 21 (Louisiana),
 - Region 25 (Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming)
 - Region 28 (Arizona).



Source: Centers for Medicare & Medicaid Services

Model Data Collection

- Monthly MARx reporting of targeted enrollees
- Enhanced MTM Encounter Data
 - New quarterly data reporting of all interactions between model services and high-risk enrollees
 - Data consists of 17 standardized data elements (e.g. SNOMED CT for clinical terms, RxNorm for drugs, etc.)
 - Pharmacy industry working to standardize codes for reporting of MTM services
- Beneficiary and plan monitoring
 - Including complaint data monitoring and surveys of both the beneficiaries and plans

Current Enhanced MTM Status

- Applicants approved to participate for plan year 2017
- Re-application for plan year 2018 underway
 - Only PY 2017 participants may apply
 - Plans may propose new Enhanced MTM strategies
 - New prospective payment amounts
- Medicare FFS claims data sharing began in October

Enhanced MTM Participants for 2017

Participating Part D Sponsor	Part D Regions
CVS Health	Arizona, Florida, Louisiana, Virginia, Great Plains Region
Humana Insurance Company	Arizona, Florida, Louisiana, Virginia, Great Plains Region
UnitedHealthcare	Arizona, Florida, Louisiana, Virginia, Great Plains Region
WellCare Prescription Insurance Co.	Arizona, Florida, Louisiana, Virginia, Great Plains Region
Blue Cross and Blue Shield of Florida, Inc.	Florida
Blue Cross and Blue Shield Northern Plains Alliance	Great Plains Region

Enhanced MTM in Model Years 2-5

- CMS anticipates that over the course of the five-year model participants will refine and improve their Enhanced MTM strategies
- Plans may propose to change their Enhanced MTM programs during the model performance period:
 - Between plan years to expand upon successful elements and replace ineffective strategies
 - During plan years to strategically redirect resources to more effective interventions