



Medicare Part D Medication Therapy Management (MTM) Programs



How can this help you or others?

May 17, 2013

Do You Ever Hear This?

- “I cannot afford my medications.”
- “My mother is overmedicated.”
- “I do not know how to take my medications.”

What are Medication Therapy Management (MTM) Program Services?

- Medication Therapy Management (MTM): a patient-centric, comprehensive approach to improve medication use, reduce the risk of adverse events, and improve medication adherence.
- Comprehensive Medication Review (CMR): an interactive review of a beneficiary's medications, including prescription, over-the-counter (OTC) medications, herbal therapies and dietary supplements, that is intended to aid in assessing medication therapy and optimizing patient outcomes.
- Targeted Medication Review (TMR): a review of a beneficiary's medications to address specific or potential medication-related problems.

Why are MTM Services Beneficial?

- MTM services help to ensure that:
 - Beneficiaries and/or caregivers have a better understanding of all of their medications and how they should be managed;
 - The medication regimen being prescribed is reviewed for issues such as cost and proper administration; and,
 - Drug interactions and possible adverse effects are reviewed and addressed.

Background

- The Medicare Modernization Act of 2003 established the initial requirements for Part D sponsors' MTM programs.
- In 2006, initial regulations established a general framework for these programs but allowed for flexibility by the Part D sponsor.

Background

- Beginning in 2010, program requirements were significantly enhanced:
 - Tightened eligibility requirements;
 - Reduced cost threshold;
 - Opt-out enrollment.
- CMS identified a minimum level of MTM services that include:
 - Interventions for prescribers and beneficiaries;
 - An annual CMR with an individualized written summary for the beneficiary;
 - TMRs no less often than quarterly.

MTM Program Improvements: 2013

- Beginning January 2013, Part D plans must offer an annual CMR to all eligible beneficiaries, regardless of setting, including those living in long-term care facilities.
- CMR summaries in CMS' standardized format must be given to beneficiaries effective January 1, 2013.
- CMR completion rate will be a display measure for 2013, and a proposed plan rating measure for 2014.

Who is Eligible?

- In general, Part D plans must offer MTM services at no cost to targeted beneficiaries who:
 - Have multiple chronic health conditions, and
 - Are taking multiple Part D medications, and
 - Are likely to incur total annual costs for their Part D medications that meet or exceed a specific high-cost threshold (\$3,144 in 2013)
- Each Part D plan tailors its MTM eligibility criteria to meet the needs of its population in compliance with CMS requirements.
- Beneficiaries who meet all three criteria are auto-enrolled.
 - Participation is voluntary; a beneficiary may opt-out.
- Some Part D Plans are more inclusive by providing MTM services to members beyond those who meet CMS requirements.

What Has CMS Done to Increase Beneficiary Awareness?

- Multifaceted education approach through:
 - Expanded information about MTM in the 2013 Medicare and You Handbook
 - Easier access to plan-specific MTM information within Medicare Plan Finder
 - Consistent information about MTM programs on Part D plan websites
 - CMS encouraged Medicare Part D plan outreach to promote beneficiary participation in MTM programs.

Where and When Can MTM Occur?

- A Comprehensive Medication Review can be performed yearly either:
 - Face to Face,
 - By Telephone, or,
 - Through telehealth.
- In addition, Targeted Medication Reviews must be conducted at least quarterly with follow-up interventions if needed.

After a CMR Encounter...

- The beneficiary and/or caregiver will receive a summary of the CMR in CMS' standardized format including,
 - Cover Letter
 - Medication Action Plan
 - Personal Medication List
- These documents:
 - Will be provided by the MTM provider or plan
 - Will be sent within 14 days of the review
 - Can be shared by the beneficiary with their physician, other healthcare providers or caregiver

Cover Letter

< *MTM PROVIDER HEADER* >

< *PLAN LOGO* >

< *Insert date* >

< *Insert inside address* >

< *Insert salutation* >:

< *Additional space for optional
plan/provider use, such as
barcodes, document reference
numbers, beneficiary
identifiers, case numbers or
title of document* >

Thank you for talking with me on < *insert date of service* > about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you make sure that your medications are working.

Along with this letter are an action plan (Medication Action Plan) and a medication list (Personal Medication List). **The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.**

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other health care providers.
- Ask your doctors, pharmacists, and other healthcare providers to update them at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call < *insert contact information for MTM provider, phone number, days/times, TTY, etc.* >. < *I/We* > look forward to working with you and your doctors to help you stay healthy through the < *insert name of Part D Plan* > MTM program.

< *Insert closing, MTM provider signature, name, title, enclosure notations, etc.* >

Medication Action Plan

MEDICATION ACTION PLAN FOR < *Insert Member's name, DOB: mm/dd/yyyy* >

This action plan will help you get the best results from your medications if you:

1. Read "What we talked about."
2. Take the steps listed in the "What I need to do" boxes.
3. Fill in "What I did and when I did it."
4. Fill in "My follow-up plan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers. Share this with your family or caregivers too.

DATE PREPARED: < *INSERT DATE* >

What we talked about:

< *Insert description of topic* >

What I need to do:

< *Insert recommendations for beneficiary activities* >

What I did and when I did it:

< *Leave blank for beneficiary's notes* >

My follow-up plan (add notes about next steps):

< *Leave blank for beneficiary's notes* >

Questions I want to ask (include topics about medications or therapy):

< *Leave blank for beneficiary's notes* >

If you have any questions about your action plan, call < *insert MTM provider contact information, phone number, days/times, etc.* >.

Personal Medication List

PERSONAL MEDICATION LIST FOR < Insert Member's name, DOB: mm/dd/yyyy >

This medication list was made for you after we talked. We also used information from < insert sources of information >.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.

Keep this list up-to-date with:

- prescription medications
- over the counter drugs
- herbals
- vitamins
- minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED: < INSERT DATE >

Allergies or side effects:

Medication:

How I use it:

Why I use it:

Prescriber:

< Insert other title(s) or delete this field >:

Date I started using it:

Date I stopped using it:

Why I stopped using it:

Other Information:

If you have any questions about your medication list, call < insert MTM provider contact information, phone numbers, days/times, etc. >.

Now Let's Review How We Can Help Beneficiaries....

Step 1: Choose a Medicare Part D Plan

- If the beneficiary is not currently enrolled in a Medicare drug plan or would like to choose a new plan (if the beneficiary is already enrolled in a plan, skip to Step 2):
 - Visit <https://www.medicare.gov/find-a-plan>.
 - Have the beneficiary's Medicare card ready and follow the steps:
 - Enter the beneficiary's zip code.
 - Answer questions about his/her Medicare information.
 - Enter the medications the beneficiary takes.
 - Choose the pharmacy the beneficiary will use.
 - Refine your plan results by selecting type of drug plan.
 - Click "Continue to Plan Results." The options will be displayed in a table.
 - Compare star ratings, total costs and other factors to find the best plan for the beneficiary.
 - View the Medicare drug plans' MTM program eligibility information.

Step 2: Evaluate MTM Programs by Part D Plans

- If the beneficiary is already enrolled in a Medicare Part D plan:
 - Instruct the beneficiary to call the telephone number on the back of their insurance card to ask about MTM services, obtain information about the plan's MTM program eligibility information, and to find out if the beneficiary qualifies.
- If the beneficiary is choosing a new Part D plan:
 - Use the Medicare Plan Finder to find information on plan-specific MTM program requirements.
 - For the plans the beneficiary is considering for enrollment, visit the plan's website or call the toll-free number to ask the plan about MTM services, obtain information about the plan's MTM program eligibility information, and find out if he/she qualifies.

Medicare Part D Plan Finder: Plan Results

- After clicking “Get Plan Results”, a list of plan options will be generated based on beneficiary-specific information.
- This list of plan options will include information on MTM programs for members.

Medicare Health Plans with Drug Coverage

Medicare Advantage Plans with Drug Coverage offer both health and drug coverage. There are 9 plans in 35096 that match your preferences. [View 10](#) [View 20](#) [View 30](#)
View plan quality and performance ratings for all Medicare Health Plans with Drug Coverage

Compare Plans Sort Results by Lowest Estimated Annual Health and Drug Cost

First Plan Goes Here (PFFS) (H1111-111-1)
Organization: First Organization Goes Here

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions [?] and MTM Program [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating: [?]
<input type="checkbox"/> Retail Annual: \$337.20 Rest of 2012: \$224.80*	\$65.00 Drug: \$28.10 Health: \$36.90	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$7 - \$82, 33%	Doctor Choice: Any Willing Doctor Out of Pocket Spending Limit: \$5,000 In and Out-of-Network	All Your Drugs on Formulary: N/A Drug Restrictions: N/A Few Generics and Few Brands MTM Program: Yes	\$3,550	Plan too new to be measured Enroll

Second Plan Goes Here (HMO) (H2222-222-2)
Organization: Second Organization Goes Here

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions [?] and MTM Program [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating: [?]
<input type="checkbox"/> Retail Annual: \$326.40 Rest of 2012: \$217.60*	\$135.00 Drug: \$27.20 Health: \$107.80	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$5 - \$65, 33%	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: \$3,400 In-Network	All Your Drugs on Formulary: N/A Drug Restrictions: N/A Some Generics MTM Program: Yes	\$3,550	Caution - This plan got few ratings from Medicare 3 years in a row Enroll

Third Plan Goes Here (PPO) (H3333-333-3)
Organization: Third Organization Goes Here

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage [?], Drug Restrictions [?] and MTM Program [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating: [?]
<input type="checkbox"/> Retail Pharmacy Status: Preferred-Network Annual: \$1,644 Rest of 2012: \$1,108 Mail Order Annual: \$1,359 Rest of 2012: \$1,013	\$99.00 Drug: \$39.10 Health: \$59.90	Annual Drug Deductible: \$130 Health Plan Deductible: \$2,000 Out-of-Network Drug Copay/Coinsurance: \$8 - \$95, 29%	Doctor Choice: Any Doctor Out of Pocket Spending Limit: \$3,400 In-Network \$5,100 In and Out-of-Network	All Your Drugs on Formulary: Yes Drug Restrictions: Yes No Gap Coverage Lower Year Drug Costs MTM Program: Yes	\$5,100	2.5 out of 5 stars Enroll

Compare Plans

Notes:
Your costs may be different depending on your Part B premium, any Part D penalty that may apply, and whether you qualify for Extra Help from Medicare paying your drug costs.

* If you were to enroll in this plan today, your enrollment would be effective on May 1, 2012. Because your enrollment in 2012 would be for a partial year only, the total amount you would pay during the plan year is less than the full 12 month cost shown.

Medicare Part D Plan Finder: Eligibility Information

- Clicking the MTM Eligibility Information link will display that plan's MTM eligibility criteria.
- Alternatively, a toll-free number is provided for beneficiaries to contact the plan.

The screenshot displays three plan cards under the 'Drug Costs & Coverage' tab. Each card contains the following information:

- Plan Number One Goes Here:** (H1111-111) Plan Type: Local Preferred Provider Organization. Organization: Organization goes here. Members: 1-111-111-1111. Non Members: 1-111-111-1111. Coverage: Provides health and drug coverage. View Plan Medication Therapy Management (MTM) Program Eligibility Information [?]. Enroll button.
- Plan Number Two Goes Here:** (H2222-222) Plan Type: HMO. Organization: Organization goes here. Members: 1-222-222-2222. Non Members: 1-222-222-2222. Coverage: Provides health and drug coverage. View Plan Medication Therapy Management (MTM) Program Eligibility Information [?]. Enroll button.
- Plan Number Three Goes Here:** (H3333-333) Plan Type: Private Fee for Service. Organization: Organization goes here. Members: 1-333-333-3333. Non Members: 1-333-333-3333. Coverage: Provides health and drug coverage. View Plan Medication Therapy Management (MTM) Program Eligibility Information [?]. Enroll button.

Red arrows point to the 'View Plan Medication Therapy Management (MTM) Program Eligibility Information [?]' link in each plan card.

Medicare Part D Plan Finder: Eligibility Requirements

Plan Medication Therapy Management (MTM) Program Eligibility Information: Insert Plan Here (H0000-000)

If you are in a Medicare drug plan and take medications for different medical conditions, you may be eligible to receive free services through an MTM program. These services help make sure that your medications are working to improve your health. You can talk with a pharmacist or other health professional and find out how to get the most benefit from your medications. You can ask questions about costs, drug reactions, or other problems. You will get your own action plan and medication list after the discussion. These can be shared with your doctors or other health care providers.

You may qualify if you meet three (3) requirements:

REQUIREMENT 1: Your Health Conditions

You must have AT LEAST this many health conditions: 3

You must have some of THESE SPECIFIC health conditions:

Asthma

REQUIREMENT 2: Drugs You Take

You must be taking AT LEAST this many Part D drugs: 6

You must be taking some of THESE SPECIFIC types of drugs: Drugs to treat specific health conditions

REQUIREMENT 3: Your Drug Spending

Your total drug costs must be AT LEAST this much each year: \$3,144.

This drug cost dollar amount is estimated based on your out-of-pocket costs and the costs your plan pays for the medications for the calendar year. Your plan can help you determine if you may reach this dollar limit.

Contact the drug plan for more information about their MTM program and if you may qualify for it.

Step 3: Locate an MTM Provider

- If the beneficiary qualifies for his/her Part D plan's MTM program:
 - Instruct the beneficiary to contact his/her plan to find out how to receive MTM services and find a provider.
 - Have the beneficiary set up an appointment with a provider for their annual CMR.
 - Encourage the beneficiary to share results with his/her medical team as well as family or caregiver.
- If the beneficiary does not meet the eligibility criteria for the Part D plan's MTM program and is still interested in receiving MTM services, they may find additional information if they:
 - Talk with their pharmacist, or
 - Discuss MTM with their doctor or medical team.

Take Home Points

- MTM programs can help beneficiaries with managing their medications.
- Education is needed to access these services.
- You are in a perfect position to:
 - Increase awareness about MTM, and
 - Empower access to this valuable service.

Resources

- For more information, go to the MTM webpage on the CMS website at:
 - <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html>
- Part D MTMP Policy and Operations Help:
 - Email: PartD_MTM@cms.hhs.gov

Questions?

