

The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

# Medication Therapy Management

For Ferris State University  
College of Pharmacy

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## MTM is

- ▶ An intervention opportunity to engage patient and providers
- ▶ A requirement of Medicare Part D providers
- ▶ Includes an opt-out program for patients

# What started it all

- ▶ Medicare Modernization Act of 2003
  - ▶ Requires Medicare Part D Prescription Drug Plans to include MTM services
  - ▶ To be delivered by a qualified healthcare professional beginning in 2006
- ▶ Centers for Medicare and Medicaid Services (CMS)

# CMS Med D criteria

Patients who have:

- ▶ 2 or 3 Chronic Diseases are a minimum
- ▶ 81% of plans target beneficiaries with at least 3 chronic diseases

Patients taking:

- ▶ Each program sets a minimum number of covered Part D drugs
- ▶ Between 2 and 8 drugs
- ▶ >57% target beneficiaries who have filled  $\geq 8$  covered Part D Drugs

# Top targeted diseases in 2017

Disease state	%	Disease state	%
Diabetes	100	Depression	49
CHF	93	Rheumatoid Arthritis	30
Dyslipidemia	87	CV disease	16
HTN	85	HIV/AIDs	15
COPD	75	ESRD	15
Asthma	70	Hepatitis C	14
Osteoporosis	64	Osteoarthritis	12

# CMS Med D criteria cont.

## Cost criteria

- ▶ Likely to incur \$4379 in 2018 for covered Part D drugs
- ▶ Cost is made up of:
  - ▶ Ingredient
  - ▶ Dispensing fee
  - ▶ Sales tax
  - ▶ Vaccine administration fee
- ▶ Projection is based on:
  1. claims within program year or
  2. historical claims from previous year

# CMS Cost Thresholds

## Projected cost thresholds

- ▶ In 2017: \$3919
- ▶ In 2018: \$4379
- ▶ In 2019: \$4894

**\*\*Growing at an annual rate of 11.75%**



# Minimum Cost Threshold for Med Part D Beneficiaries per CMS Annual Cost Projection

Year	Age	Annual Cost Threshold
2015	49	3138
2016	50	3507
2017	51	3919
2018	52	4379
2019	53	4894
2020	54	5469
2021	55	6111
2022	56	6829
2023	57	7632
2024	58	8529
2025	59	9531
2026	60	10651
2027	61	11902
2028	62	13301
2029	63	14863
2030	64	16610
2031	65	18562
2032	66	20742
2033	67	23180
2034	68	25903
2035	69	28947
2036	70	32348
2037	71	36149

# CMS Med D minimum thresholds

- ▶ Method of enrollment
  - ▶ Identify eligible beneficiaries
  - ▶ 49% of plans do so every 3 months
  - ▶ 28% do so on a monthly basis
- ▶ Plans may also offer MTM services
  - ▶ Patients with specific disease states
  - ▶ Commercial and Medicaid
  - ▶ Indigent populations

# CMS required MTM services

A minimum level of services need to be provided to all eligible beneficiaries

1. Interventions for beneficiaries and prescribers
2. An annual Comprehensive Medication Review (CMR) needs to be offered
  - ▶ Person to person (face to face)
  - ▶ Telephonic
  - ▶ Telehealth - live video, store and forward, remote patient monitor, mobile health
3. Targeted Medication Review (TMR)

# How?

- ▶ MTM services through community pharmacies via programs managed by MTM platforms
  - ▶ Connect™
  - ▶ Mirixa™
  - ▶ Socrates™
  - ▶ Catamaran™
  - ▶ Champs™

# Who provides these services?

- CMS mandates that these services be performed by a pharmacist or other qualified provider for the beneficiary

Providers (plans currently allow)	Percentage (%)
Pharmacists	100
Pharmacy Interns	74
RN	38
PHT	34
LPN	30
MD or DO	26
NP	23
Other	15

# How is MTM provided?

- ▶ Telephonic <100%
- ▶ The number of plans allowing face-to-face and telehealth continues to increase
- ▶ The number of plans providing alternative language translations more than doubled from 2015 to 2016

# MTM services

What if the beneficiary is unable to participate?

- ▶ Pharmacist or other qualified provider may complete the CMR with
  - ▶ Caregiver
  - ▶ Other authorized individual (e.g.. Family member)
  - ▶ Beneficiary's prescriber

Any questions



# What are Star Ratings?

## *CMS implemented the 5 Star Quality Rating System*

- ▶ Monitor quality of Medicare Part D plans
- ▶ Health plans face rewards and consequences based on ratings
- ▶ Most recent CMS release (Oct 2017) - no plan in existence <5 years received 4 or 5 stars

# Health Plans are rated on multiple measures

1. Staying Healthy Screening Tests
2. Managing Chronic Conditions
3. Member ratings of the health plan
4. Member complaints and Medicare problems
5. Handling of Customer appeals

# MTM Specific Measures

1. High Risk Medications
2. Diabetes therapy
3. Medication Adherence
  - ▶ Diabetes
  - ▶ HTN
  - ▶ Cholesterol
  - ▶ Antidepressants
  - ▶ Inhaled Steroids
4. Needs Drug Therapy
5. Suboptimal Drugs

# Star Ratings

- ▶ These 5 measures account for almost half of a plan's total score from CMS
- ▶ Health Plans earning high star ratings qualify for federal bonus payments and can market their plans year-round to consumers

# CMS Star Ratings

Measures that pharmacies directly affect

1. Adherence

- ▶ Oral diabetic agents
- ▶ Cholesterol (statins)
- ▶ Hypertension (RAS antagonists - ACE-I and ARB)

2. Medication Safety

- ▶ Appropriate use of high risk medication in the elderly (Beers' list)
- ▶ Correct medication recommended for diabetes, CVD, cholesterol

# CMS Ratings and CMR Completion Rates

- ▶ Until recently was only a display measure for Star Ratings (no real value)
- ▶ Completion of a CMR became a full measure for Medicare plans in 2016
- ▶ 2 year lag between the action and reward year for Star Ratings -plans are receiving recognition for work which was done in 2016, in 2018

# How CMR completion rate is calculated

$$\text{CMR completion rate} = \frac{\text{Eligible members who received a CMR}}{\text{\# CMR-eligible Medicare Part D members}}$$

# CMR Completion Rates

- ▶ Completion of MTM opportunities today
- ▶ More critical than ever
- ▶ Will affect us years down the road
- ▶ Your patient's health
- ▶ Your pharmacy's star ratings
- ▶ Your revenue



# Star Ratings and your pharmacy

- ▶ *CMS does NOT issue star ratings for pharmacies - only health plans*
- ▶ However, plans can assess how their network pharmacies meet medication management measures by reviewing claims
- ▶ This allows health plans to issue their own ratings to pharmacies and evaluate which ones are better at meeting CMS-defined quality measures

# Star Ratings and DIR fees (Direct and Indirect Remuneration)

- ▶ Health plan issue ratings to pharmacies
- ▶ Rewarding them with preferred networks to include pharmacy with ↑ star ratings
- ▶ Send CMR eligible and TMR to pharmacies with good patient outcomes
- ▶ Bottom line - improve your pharmacy's star ratings by ↑ # of patients and ↑ the revenue you are likely to receive
- ▶ Pharmacies **can also impact their DIR fees**—and ultimately increase their overall reimbursement—by improved performance.
- ▶ By excelling at clinical services like MTM, a pharmacy **can ↓ its DIR fees**.

## CMR Completion Rate Cut Points MAPD



$\geq 76.8\%$



$\geq 58.1\%$  to  $< 76.8\%$



$\geq 47.8\%$  to  $< 58.1\%$



$\geq 33.2\%$  to  $< 47.8\%$



$< 33.2\%$

# MTM across many populations

- ▶ Medicare Part D
- ▶ Commercial plans
- ▶ Managed care Michigan Medicaid

Any questions

# Implementing MTM in your practice

- ▶ Resources available
  - ▶ Health plans
  - ▶ APhA and MPA
  - ▶ CMS
  - ▶ Platforms available
    - ▶ Connect™
    - ▶ Mirixa™
    - ▶ Catamaran™
    - ▶ Socrates™
    - ▶ Champs™
- ▶ Your staff

## MTM in your workflow

- ▶ Look to your staff
- ▶ Identify champion to manage CMRs
  - ▶ Does not have to be a pharmacist
- ▶ Ask your preceptor?
  - ▶ Let them use you - the student in this case is the teacher

# Total Pharmacy Team Effort

- ▶ Technicians and pharmacists can identify plan beneficiaries at any point in the workflow
  - ▶ Order reception and entry
  - ▶ Pharmacist verification
  - ▶ Fill station
  - ▶ Product review
  - ▶ Product sale and delivery
  - ▶ Patient calls (interactive voice response and outbound)



# How to identify opportunities?

- ▶ Your platform software
- ▶ Call patients
- ▶ Attach leaflets to identify at out window
- ▶ Use your software to identify patients in ready bin
- ▶ At P.O.S.

# Why do we care?

- ▶ A transition to a value based payment system means a transition to how we practice pharmacy
- ▶ Pharmacist taking a more active role in overall patient healthcare
  - ▶ Provider status for the pharmacist
- ▶ Pharmacists are knowledgeable and accessible
- ▶ Medicare requirement
  - ▶ 2018 Star Rating is linked to CMR completion rates (2016)
- ▶ Payers - Preferred Networks

## The MTM Bottom Line

- ▶ MTM is the key to improving health outcomes and to decrease overall healthcare costs
- ▶ ↑ revenue
- ▶ ↑ patient health

# What are the barriers?

- ▶ Time
- ▶ Knowledge
- ▶ Technology
- ▶ Buy in from patients - strategies
- ▶ Buy in from staff
- ▶ Acceptance from supervisors
- ▶ Acceptance from Providers - prescribers, hospitals, etc.

# Complementary programs

1. Medication Synchronization
  - ▶ Increased medication use
  - ▶ Increased customer satisfaction
  - ▶ Improved workflow
  - ▶ Better inventory control
  - ▶ Higher Star Rating for plan
2. TMR
3. Adherence/Technique

# Complementary programs to CMR/TMR

## Medication Adherence Quarterly

- ▶ Some plans actually provide validation payments to pharmacies that show adherence improvement
- ▶ An underuse prescription is identified (<80%) and enrolled into a program with 4 quarterly checkpoints
- ▶ If after 4 quarterly checks patient is still 80% compliant, pharmacy receives a validation payment from the health plan
- ▶ This is Pay-per-performance
- ▶ This incentive to pharmacists gives inertia
- ▶ Recognition for cognitive services

# MTM services outside Medicare Part D mandated by States

States with mandated non-MPD	
Iowa	Ohio
Minnesota	Oregon
Missouri	Texas
Mississippi	Wisconsin
Colorado	New Mexico

## What happens if you do not accept cases?

- ▶ Cases will be referred back to the platform go to pharmacists, or a call center
- ▶ Also, remember that we defined that the typical Medicare Part D patient who is identified as needing a CMR spends about \$4000



## Accept cases

- ▶ Typical Med Part D patient who needs a CMR spends >\$4000 annually
- ▶ Seize the opportunity to earn that revenue

# Billing additional claims

## What you need to document?

1. Initial consultation date
2. Identify a problem
3. Suggest a solution (new OTC therapy, new rx therapy, etc.)
4. Patient initiates or prescriber authorizes and patient initiates therapy
5. Patient has positive outcome with therapy upon follow up

## Recommended resources

- ▶ Clinical Pharmacology™
- ▶ Lexicomp™
- ▶ Drug Facts and Comparisons™
- ▶ Merck Manual™
- ▶ Michigan Automated Prescription Service
- ▶ Michigan Care Improvement Registry

Any questions

## MTM - #Icandothis

- ▶ John Smith
- ▶ Jan 1, 1951 (67 year old male)
- ▶ 123 State St Traverse City, MI
- ▶ 231-555-1212
- ▶ Allergies-none
- ▶ Health conditions-none

Medication	How it is taken	Comments	Condition	Problem
Metformin 500mg	1 T QD	FBG= 150s, A1c= 7.8	Diabetes	
Amlodipine 10mg	1 T QD		CV - HTN	
Carvedilol 12.5mg	1 T BID		CVD	
Paroxetine 20mg	1 T QD		Depression	
Symbicort 80-4.5mcg	1 puff BID		COPD	
Proair 90mcg/act	2 puffs TID to QID		COPD	
Dexilant 60mg	1 C QD		GERD	
Aspirin 325mg	1 T QD		CV prevention	
Co-Q 10 100mg	1 C QD		CV prevention	
Atorvastatin 20mg	1 T QD		High Cholesterol	
Multivitamin	1 T QD		Supplement	
Vitamin D3 10000 U	1 C QD		Supplement	
Fish oil 500mg	1 C QD		Supplement	
St. Johns Wort	1 C BID		Depression	
Pneumovax 23		Feb 2015		
Influenza		Oct 2017		
Tdap		July 2006		

# Problems found

# Before Submitting

- ▶ Did all sig codes translate?
- ▶ Are medication directions written in language my patient will understand?
- ▶ Did I list all drug allergies and side effects?
- ▶ Did I update current conditions to match what the patient told me?
- ▶ Will my patient understand what he/she should do for each item listed in the MAP?
- ▶ Did I address all plan mandated therapeutic interchange opportunities?
- ▶ Submit CMR, print patient takeaway and deliver to patient!



# References

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Any questions