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**March 3, 2008**

To: All Part D plans

From: Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit Group

Subject: Contract Year 2009 Medication Therapy Management Program (MTMP) Submission

Each Part D Sponsor is required to incorporate a Medication Therapy Management Program (MTMP) into their Plans' benefit structure. Annually, Sponsors must submit a MTMP description to CMS for review and approval. A CMS-approved MTMP is one of several required elements in the development of Sponsors' bids for contract year (CY) 2009. The minimum Part D requirements for MTMP, CMS expectations, and a review of information that must be included with the MTMP submission are provided in Attachment 1 at the end of this memo.

**All Part D Sponsors, including renewing and new applicant MA-PDs and PDPs, must submit a medication therapy management program (MTMP) by April 7, 2008, 5:00pm E.S.T.** The MTMP requirement does not apply to MA Private Fee for Service (MA-PFFS) organizations, as described in 42 CFR §422.4 (a)(3). However, considering MA-PFFS organizations have an equal responsibility to provide a quality Part D product, CMS encourages MA-PFFS organizations to establish a MTMP to improve quality for Medicare beneficiaries.

The CY 2009 MTMP submission should be submitted through the Health Plan Management System (HPMS) in the MTMP Submission module under "Plan Formularies." This interface was established to enable Part D Sponsors to enter, edit, and submit their MTMP descriptions within HPMS at the contract level. A technical user's manual for accessing the HPMS, navigating through the MTMP Submission module, and performing Plan functions is available for download through the HPMS MTMP Submission module. The submitted MTMP descriptions should be as detailed as possible. A CY2009 MTMP submission template is provided in Attachment 2. This template serves as a guide to the information that must be entered in the HPMS MTMP Submission module.

The submission gate in HPMS is currently open. The MTM Upload gate will be closed at 5:00pm E.S.T. on April 7, 2008 and will only be reopened if your Contract requires resubmission of your MTMP to correct deficiencies. If your Contract needs to submit your MTMP outside of the initial submission upload and resubmission processes, please email your request to have the submission gate opened to [partd\\_mtm@cms.hhs.gov](mailto:partd_mtm@cms.hhs.gov).

CMS will communicate with each Contract regarding the status of their MTMP review (including if the MTMP requires resubmission to correct deficiencies or if the MTMP meets all of the minimum requirements for CY 2009). Communications will be sent via email to the HPMS MTMP Main Contact and Medicare Compliance Officer. Please ensure that your contact information is up-to-date in HMPS under the Contract Management section. Additionally, quarterly CMS posts a list of MTM contacts by state for each Part D Contract on the CMS website.

We appreciate your continued cooperation in administering the Medicare drug benefit. Questions regarding the MTM submission process should be sent via email to [partd\\_mtm@cms.hhs.gov](mailto:partd_mtm@cms.hhs.gov). If you have any questions on accessing the HPMS MTMP module, please contact the HPMS Help Desk at 1-800-220-2028.

## **Attachment 1 Medication Therapy Management Program Requirements**

### ***Requirements for Medication Therapy Management Program (MTMP)***

- Under §423.153(d), a Medicare Part D Sponsor must establish a Medication Therapy Management Program (MTMP) that:
  - Is designed to ensure that covered Part D drugs prescribed to targeted beneficiaries are appropriately used to optimize therapeutic outcomes through improved medication use;
  - Is designed to reduce the risk of adverse events, including adverse drug interactions, for targeted beneficiaries;
  - Is developed in cooperation with licensed and practicing pharmacists and physicians,
  - May be furnished by pharmacists or other qualified providers;
  - May distinguish between services in ambulatory and institutional settings;
  - Describes the resources and time required to implement the program if using outside personnel and establishes the fees for pharmacists or others;
  - Is coordinated with any care management plan established for a targeted individual under a chronic care improvement program (CCIP)

### ***Requirements for Qualifying for Medication Therapy Management (MTM)***

- Targeted beneficiaries are enrollees in the Sponsor's Part D plan who:
  - Have multiple chronic diseases AND
  - Are taking multiple Part D drugs AND
  - Are likely to incur annual costs of at least \$4000 for all covered Part D drugs (predetermined level specified by the Secretary)

### ***Additional CMS Expectations***

- Once enrolled in the MTMP, a beneficiary will not be disenrolled if they no longer meet one or more of the MTMP eligibility criteria as defined and will remain enrolled in the MTMP program for the remainder of the calendar year.
- Your Plan's MTMP will serve and provide interventions for beneficiaries who meet all three of the required criteria as defined above regardless of setting (i.e. ambulatory, long term care, etc.)
- Your Plan's MTMP will not include discriminatory exclusion criteria. If a beneficiary meets all three of the required criteria as described by your plan, the beneficiary should be eligible for enrollment into the MTMP.
- CMS encourages the provision of other prescription drug quality improvement interventions to beneficiaries who do not meet all three of the required MTMP criteria as described by your plan, however, these cannot be considered for MTM reimbursement by CMS.
- Your Plan will safeguard against discrimination based on the nature of your MTM interventions (i.e. TTY if phone based, Braille if mail based, etc.)

### ***Information that MUST be included with the MTMP Application***

- Criteria #1: Multiple Chronic Diseases
  - Provide the number of chronic diseases a beneficiary must have to meet this criterion. (Note: the definition of multiple is any number 2 or more)
  - Provide the specific name of each chronic disease that applies or if any chronic disease applies.
  - Example: A beneficiary must have 2 out of 4 of the following chronic diseases - diabetes, asthma, heart failure, and hypertension.
- Criteria #2: Multiple Covered Part D Drugs
  - Provide the number of covered Part D drugs that a beneficiary must have filled to meet this criterion. (Note: the definition of multiple is any number 2 or more)
  - Provide the type of covered Part D drugs that applies (i.e. any Part D drug, chronic/ maintenance drugs, disease-specific, specific Part D drug classes).
  - Example: A beneficiary must have filled any 5 or more distinct covered Part D drugs.
- Criteria #3: Part D drug cost of \$4,000
  - Provide a detailed description of the analytical procedure used to determine if a beneficiary is likely to incur annual costs of at least \$4,000 for all covered Part D drugs.
  - Example 1: Provide the monthly or quarterly dollar threshold per beneficiary for covered Part D drugs (the specific threshold should be provided).
  - Example 2: Describe the predictive model used to identify beneficiaries who are likely to incur this annual cost.

- Procedure and frequency of identifying beneficiaries
- Methods of enrollment and disenrollment
- Type, frequency and recipient of interventions
- Resources and who will provide MTM services. If using personnel outside of your company, describe how you take into account resources used and time required to provide the prescribed MTMP service
  - Example: Number of FTEs, Type of staff (i.e. pharmacist), etc.
- How fees will be established for MTMP if using outside personnel. If establishing fees for pharmacists or others, provide the amount of fee respective to MTMP management and the fee paid for the provider of the MTM.
  - Example: \$XXX per hour, per service, per diem, per member, etc.
  - If fees are covered as part of the services of the global PBM or vendor contract (without being priced out separately), note this in your submission. If the Plan is charged a fee by the PBM or vendor within the contract, then a description of the specific fees needs to be reported.
- Methods of documenting and measuring outcomes
- Coordination with care management plans established for a targeted beneficiary under a chronic care improvement program, if applicable.

**Attachment 2 Medication Therapy Management Program Submission Template for Contract Year 2009**

- This template serves as a guide to the information that must be entered in the Health Plan Management System (HPMS) Medication Therapy Management Program (MTMP) Submission module.

**A. Targeting Criteria for Eligibility in the MTMP:**

A Medicare beneficiary must meet **ALL** three criteria to be eligible for the MTMP.

1) Multiple Chronic Diseases:

- Identify the minimum number of chronic diseases that a beneficiary must have in order to meet this criteria for the MTMP:
- Provide the name of each chronic disease that applies.
  - Any chronic disease applies **OR**
  - Specific chronic diseases apply (check 'X' all that apply)

	AIDs/HIV		Dyslipidemia
	Alzheimer's/ Dementia		ESRD/Renal Failure/CKD
	Anemia		GI/Reflux/Ulcer Conditions
	Anticoagulation		Heart Failure
	Asthma		Hepatitis C
	Behavioral Health		Hypertension
	BPH		Multiple Sclerosis
	Cancer		Osteoarthritis
	Cerebrovascular Disease		Osteoporosis
	Chronic Pain		Parkinson's Disease
	COPD		Rheumatoid Arthritis
	Diabetes		Other:
	Other:		Other:
	Other:		Other:
	Other:		Other:

2) Multiple Covered Part D Drugs:

- Identify the minimum number of covered Part D drugs that a beneficiary must have filled to meet this criteria for the MTMP
- Provide the type of covered Part D drugs that apply:
  - Any Part D drug applies **OR**
  - Chronic/maintenance drugs apply **OR**
  - Disease-specific drugs apply related to chronic diseases **OR**
  - Specific Part D drug classes apply (check 'X' all that apply)

	ACE-Inhibitors		Beta-blockers
	Alpha blockers		Bronchodilators
	Angiotensin II receptor blockers (ARBs)		Calcium channel blockers
	Anticoagulants		Disease-Modifying Anti-Rheumatic Drugs (DMARDs)
	Antidepressants		Diuretics
	Antiemetics		Insulins
	Antihyperlipidemics		Interferons
	Antihypertensives		Oral hypoglycemics
	Antineoplastics		Proton Pump Inhibitors
	Antipsychotics		Selective serotonin reuptake inhibitors (SSRIs)
	Antiretroviral therapy		Tumor Necrosis Factors (TNFs)
	Other:		Other:
	Other:		Other:
	Other:		Other:

3) Incurred Cost for Covered Part D Drugs:

- a) Provide a description of the analytical procedure used to determine if a beneficiary is **likely to incur** annual costs of at least \$4,000 for all covered Part D drugs:

**B. Identification**

*(Provide the procedure and frequency of identifying beneficiaries for your MTMP. This may include the type and source of the data used in the identification procedure.)*

**C. Enrollment/ Disenrollment**

Method of enrollment (check 'X' one):

- Opt-in  
 Opt-out  
 Combination of opt-in/ opt-out  
 Other:

*(Provide methods of enrollment and disenrollment.)*

**D. Interventions**

Recipient of interventions (check 'X' all that apply):

- Beneficiary  
 Provider  
 Other:

*(Provide description of the type, frequency and recipient of intervention(s).)*

**E. Resources**

Provider of MTM services (check 'X' all that apply):

- In-house staff  
     Pharmacist  
     Physician  
     Registered Nurse  
     Other:  
 Outside personnel (check 'X' all that apply)  
     PBM  
         Pharmacist  
         Physician  
         Registered Nurse  
         Other:  
     Disease Management vendor  
         Pharmacist  
         Physician  
         Registered Nurse  
         Other:  
     Medication Therapy Management vendor  
         Pharmacist  
         Physician  
         Registered Nurse  
         Other:  
     Community pharmacists  
     Long Term Care pharmacists  
     Other:

*(Provide a description of who will provide MTM services. If using personnel outside of your company, describe how you will take into account resources used and time required to provide the prescribed MTMP service.)*

**F. Fees**

*(Describe how fees will be established. If establishing fees for pharmacists or others, provide the amount of fee respective to MTMP management and the fee paid for the provider of the MTM.)*

**G. Outcomes Measured**

*(Describe methods of documenting and measuring outcomes of interventions.)*

**H. Additional Information**

*(Provide other information related to your MTMP policies and procedures including coordination with care management plans established for a targeted beneficiary under a chronic care improvement program CCIP, if applicable.)*

**I. Additional Information (section 2)**

*(If there is any additional information that was not included in the other sections, please include it here.)*

**J. Additional Information (section 3)**

*(If there is any additional information that was not included in the other sections, please include it here.)*