

# Centers for Medicare and Medicaid Services Support for Medication Therapy Management (Enhanced Medication Therapy Management) Testing Strategies for Improving Medication Use Among Beneficiaries Enrolled in Medicare Part D

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## KEYWORDS

- Medication therapy management • Part D prescription drug benefit
- Centers for Medicare and Medicaid Services • Drug therapy problems

## KEY POINTS

- With the implementation of Medicare Part D prescription drug coverage, eligible Medicare beneficiaries now have access to MTM services. The requirements for MTM have evolved since its inception affording providers the opportunity to improve care delivery.
- As MTM providers, pharmacists are integral to the success of ensuring appropriate medication use throughout the care continuum for older adults.
- The ongoing “enhanced” MTM initiative will inform the industry on best practices for MTM and help ideally to create future standards.

Older adults in the United States use a disproportionate amount of medications. Because the number of medications has been shown to be a strong predictor for medication-related problems, it is no surprise that older adults are at greater risk.<sup>1</sup> This problem spans beyond the health and well-being of the elderly by also raising

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the financial burden of health care. According to a recent study, the misuse of medications contributes to \$500 billion in international health care spending and more work needs to be done to focus on older adults.<sup>2</sup> In America, medication-related problems in the older adult population are associated with an annual expense of \$8 billion.<sup>3</sup> With the US aged population growing at a faster rate than ever before, the need to ensure safe medication management for older adults presents an urgent need in the health care community. This article discusses the evolution of the Medicare Part D medication therapy management (MTM) program overseen by the Centers for Medicare and Medicaid Services (CMS) and the implications on addressing polypharmacy.

## BACKGROUND

“Medication therapy management is a service or group of services that optimizes therapeutic outcomes for individual patients. MTM services include medication therapy reviews, pharmacotherapy consults, anticoagulation management, immunizations, health and wellness programs and many other clinical services. Pharmacists provide MTM to help patients get the best benefits from their medications by actively managing drug therapy and by identifying, preventing and resolving medication-related problems.”<sup>4</sup> In 2006, the Medicare Part D prescription drug benefit program began through insurance companies as a voluntary program. It was required that every Part D plan offer an MTM program to improve the quality of prescribing. The requirements for MTM programs: under 423.153(d), a Part D sponsor must have established an MTM program that ensures optimum therapeutic outcomes for targeted beneficiaries through improved medication use, reduces the risk of adverse events, is developed with licensed and practicing pharmacists and physicians, describes the resources and time required to implement the program, establishes the fees for MTM providers, and may be furnished by pharmacists or other qualified providers.

The initial CMS regulations established a general framework for providing MTM services, allowing Medicare Part D plan sponsors flexibility to promote best practices. Annually, Part D sponsors must submit MTM program descriptions for CMS to review and approve. After analyzing common practices, CMS significantly enhanced the requirements for MTM programs starting in 2010. There were more robust requirements for MTM programs including reporting and documenting that have evolved since 2006. **Fig. 1** displays the key changes in the requirements, discussed in the upcoming sections.

## MEDICATION THERAPY MANAGEMENT PROGRAM TARGETING REQUIREMENTS

In general, each Medicare Part D program must enroll targeted beneficiaries using an opt-out method when they meet the eligibility criteria. Since the start of the MTM program in 2006, the main components of eligibility have remained, and include the number of disease states, the number of medications, and a cost threshold. For 2017, the following sections describe the minimum eligibility requirements as put forth by CMS, but plans have the choice to be less restrictive with their criteria.<sup>5</sup>

### ***Multiple Chronic Conditions***

Beneficiaries must have multiple chronic diseases, with three chronic diseases being the maximum number a Part D plan sponsor may require for targeted enrollment. Of note, sponsors may set this minimum threshold at two or three. Additionally, Part D sponsors may target beneficiaries with any chronic diseases or target beneficiaries

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