**BACKGROUND**

Medicare Advantage Prescription Drug (MA-PD) plans must meet certain requirements regarding to cost control and quality improvement including establishment of a Medication Therapy Management Program (MTMP) approved by the Centers for Medicare and Medicaid (CMS). This policy supports Kaiser Foundation Health Plan of Washington (KFHPWA) MA-PD plans’ commitment to meet the CMS requirements in the Prescription Drug Benefit Manual, Chapter 7 – Medication Therapy Management and Quality Improvement Program.

**POLICY**

KFHPWA MA-PD plans offer a Medication Therapy Management Program (MTMP) designed to ensure that covered Part D drugs prescribed to targeted members are appropriately used to optimize therapeutic outcomes for these members through improved medication use and reduce the risk of adverse events, including adverse drug interactions.

The KFHPWA MA-PD MTMP is developed in cooperation with licensed and practicing pharmacists and physicians and is furnished by pharmacists or other qualified providers.

**DEFINITIONS**

**Comprehensive Medication Reviews (CMR)**

Interactive, person-to-person consultations with the MTMP member conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider. The CMR is designed to improve patients’ knowledge of their prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements, identify and address problems or concerns that patients may have, and empower patients to self-manage their medications and their health outcomes. A CMR is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems and creating a plan to resolve them with the patient, caregiver and/or prescriber.
Targeted Medication Reviews (TMR)

A TMR is a targeted medication reviewed performed at least quarterly for all MTMP patients regardless of active patient participation in the program or receipt of a CMR. The pharmacist will review medication use for potential opportunities to improve medication therapy. When necessary, the pharmacist will reach out to the patient and/or prescriber to make recommendations to improve drug therapy through interactive or passive means, depending on the results of the TMR. Follow-up interventions with the patient’s healthcare team may be done via telephone, FAX, U.S. mail, electronic medical record messaging, or face-to-face.

Provision of MTMP Services

The KFHPWA MA-PD MTMP is furnished by KFHPWA Pharmacists, local non plan sponsor Pharmacists, and other support staff.

The Clinical Pharmacist Manager, or designee must approve and grant all Pharmacists and support staff access to the KFHPWA electronic medical record system (EPIC). EPIC is used for documentation of MTMP services.

Targeted Members

KFHPWA MA-PD plans target members who have multiple chronic diseases, are taking multiple Part D drugs, and are likely to incur costs for covered Part D drugs that exceed a predetermined level as set by CMS each year.

MTMP Enrollment, Targeting, and Disenrollment

KFHPWA MA-PD plans enroll targeted members using an opt-out method of enrollment:

- Members meeting the targeting criteria are auto-enrolled and considered to be enrolled unless the member requests to be disenrolled.
- Participation in the KFHPWA MTMP is voluntary and enrolled MTMP members may refuse or decline individual services without having to disenroll from the MTMP.
- Once enrolled in the KFHPWA MTMP, TMRs will be performed at least quarterly with follow-up interventions as necessary, and the annual CMR will be offered in a timely manner. KFHPWA MTMP will not wait for the beneficiary to accept the offer for the CMR before performing TMRs or providing interventions to the beneficiary's prescriber.
- Members who choose to opt-out of the KFHPWA MA-PD plan’s MTMP will continue to be subject to all other KFHPWA MA-PD Drug Utilization Management services.
- Members who voluntarily opt-out of the MTMP will not be re-targeted for enrollment in future contract years; however, if they actively seek enrollment into the MTMP at a later time, KFHPWA will allow the member to participate, provided he or she meets the necessary MTMP requirements.

KFHPWA MA-PD plans target members for enrollment at least quarterly.

KFHPWA MA-PD plans promote continuity of care by performing an end-of-year analysis to identify program participants who will continue to meet the MA-PD plan’s eligibility criteria for the next program year in order to provide MTM interventions with less interruption. KFHPWA MA-PD plans use claims from the previous year to base these projections.
Notification of Enrollment

KFHPWA Pharmacy Administration support staff notifies eligible MTMP members via United States (U.S.) Mail and/or phone of enrollment into the program and of the opportunity to schedule a CMR with a CMS Program approved practitioner.

MTMP Services

KFHPWA Pharmacists provide MTMP services to enrolled members or authorized individuals and enrolled members’ prescribers as appropriate. These services include:

Comprehensive Medication Reviews:
- Offered to all targeted members at least annually using passive and active means of communication, regardless of setting. A CMR offer will be completed no later than 60 days after being enrolled in the program.
- CMRs are interactive, person-to-person, and conducted either face-to-face or via telephone;
- Include documentation of the CMR consultation with the member;
- Include provision of written “take-away” summaries of CMR consultation using the required CMS standardized format via U.S. mail including:
  - a beneficiary cover letter;
  - a personal medication list, and
  - a medication action plan with pharmacist recommendations for monitoring, education or self-management

Targeted Medication Reviews:
- Ongoing monitoring of medication therapy via TMRs for all enrolled MTMP members, performed at least quarterly;
- Recommendations for patients, resulting from a TMR, delivered either face-to-face, via telephone or sent via U.S. mail where additional intervention is necessary;
- Contacting prescribers via phone, U.S. mail, fax, secure email or electronic medical records to offer interventions seeking to resolve medication-related problems or identify other opportunities to optimize the targeted members’ medication use.

Targeted members may refuse a CMR or other individual services without having to disenroll from the program. Members who have refused a CMR continue to receive TMR’s at least quarterly. KFHPWA Pharmacists continue to offer interventions to the prescriber where members have refused an initial CMR.

Cognitively Impaired Beneficiaries

In the event a targeted member is cognitively impaired or otherwise unable to participate in a CMR, KFHPWA MA-PD MTM service providers will reach out to the member’s caregiver, prescriber, or other authorized individual to take part in the member’s CMR. This applies to members in any setting. In the event KFHPWA MTM service providers are unable to identify an alternate individual who is able to participate in the CMR, the KFHPWA MA-PD MTM program will continue to perform TMRs at least quarterly with follow-up patient or provider interventions when necessary.

MTMP Services and LTC Members

KFHPWA MA-PD plans identify enrolled MTMP members that are in the LTC setting at the time of initial enrollment. MTMP members in the LTC setting receive multiple offers for a CMR via U.S. mail and/or by phone and/or FAX and receive TMR’s at least quarterly. KFHPWA Pharmacists offer interventions to these members’ prescribers seeking to resolve medication-related problems or identify other opportunities to optimize the targeted members’ medication use in the LTC setting.
**MTMP Team Meetings**

The KFHPWA MTMP Team, made up of the Health Plan Administration Manager of Pharmacy Medicare Programs, Pharmacy Program Managers/Coordinators, the Pharmacy Report/Analysis Manager and other staff meets each month to review and perform quality checks on the current plan year MTMP enrollment stats and program operations. This team is responsible for identifying MTMP issues or new developments and recommending solutions and new processes as required.

**MTMP Annual Application**

The KFHPWA MTMP Team reviews the MTMP program requirements for the next plan year to ensure continued compliance with all CMS requirements and approves the final plan year application prior to MTMP program submission via the Health Plan Management System (HPMS) MTMP module.

The KFHPWA Manager of Pharmacy Medicare Programs or designee submits a detailed MTMP program description to CMS each year for review and approval via the HPMS MTMP module. This submission will include all information required by CMS for the annual submission using the MTMP module template and free text fields available in HPMS.

HPMS attestations for the MTM Program Submission are completed by the VP National Medical (Kaiser Permanente).

**MTMP Outcomes Measured**

KFHPWA MA-PD plans measure MTMP outcomes submitted for each plan year approved MTMP Application and as otherwise required by CMS.

**MTMP Fees**

KFHPWA MA-PD plans do not charge fees to KFHPWA MA-PD MTMP members because the program is conducted by KFHPWA in-house Clinical Pharmacists and other practitioners without additional cost. KFHPWA supporting staff are compensated as part of their KFHPWA employment salary.

**MTM Participation Forms**

KFHPWA will help ensure beneficiary satisfaction by conducting outreach attempts via letter, phone and secure message. In the event, that at least 2 outreach attempts are unsuccessful, a MTM participation form will be sent via USPS mail to confirm the best date and time for enrollees to receive a CMR. Enrollees may choose to notify the plan of their intent to not be included in the KFHPWA MTM Program.

The KFHPWA Clinical Coordinator, or designee, will identify enrollees who have not responded to welcome letter and telephonic outreach for inclusion in the mailing. The KFHPWA IT-POOF or KFPHWA clinical departments will fulfill the mailing and include a return envelope.

CMS released a memo to all Medicare Advantage Organizations and Prescription Drug Plan Sponsors on February 22, 2017. The memo provided best practice recommendations for Medicare Advantage Organizations (MAOs) to complete three outreach attempts to support the gathering of clinical documentation. Given the memo is to be applied to situations that involve both contracted and non-contracted providers providing supporting documentation for clinical determinations it is out of scope for the MTMP.
**MTMP Mid-Year Changes**

KFHPWA MA-PD plans submit any and all mid-year MTMP changes to CMS for review and approval during the CMS MTMP update cycle windows for the applicable plan year prior to implementation of any requested changes.

**Special Considerations**

KFHPWA Pharmacists and support staff will provide Relay Translator, TTY services and materials in Braille for members requiring materials in alternative formats upon request.

KFHPWA MA-PD plans will not establish discriminatory exclusion criteria if a member met the initial plan year targeting criteria. KFHPWA Pharmacy Administration will examine the MTMP targeting criteria each year as needed to minimize racial disparities in MTMP eligibility.

The KFHPWA MTMP Team will analyze and evaluate the KFHPWA MA-PD MTMP and make changes to constantly improve the program.

KFHPWA MTMP Pharmacists may conduct medication reconciliation for MTMP-eligible members who are experiencing a key transition of care, with the goal of increasing patient safety and quality of care. This service includes medication reconciliation and telephonic patient counseling for patients identified as high risk for hospital readmission, in addition to standard MTMP services.

**Reporting**

KFHPWA MA-PD plans will meet all CMS reporting requirements for MTMP, including member level outcomes reporting as defined by CMS.

**Records Retention**

KFHPWA MA-PD plans comply with the CMS requirement for records retention for the current contract period and 10 prior contract periods to ensure the availability to CMS, Department of Health and Human Services (DHHS), the Comptroller General, or their designee, access to Medicare Advantage Organization facilities and records to evaluate through inspection or other means.

**Internal Audit Process**

KFHPWA MA-PD plans comply with the CMS requirement for conducting internal audits and reporting internal audit results and findings as required by CMS. All KFHPWA operational areas with responsibility for ensuring compliance with CMS requirements must complete internal audits as directed by the Director of Medicare Programs and Compliance.

Medicare Programs and Compliance reports internal audit results to CMS Regional office as required.

**Corrective Action**

Corrective actions are self-identified by operational departments, or identified by Medicare Programs and Compliance and are implemented by operational areas. Correction Action Plan (CAP) implementation is initiated with oversight by Medicare Programs and Compliance.

Operational area reporting frequency is weekly or monthly to Medicare Programs and Compliance.

Medicare Programs and Compliance and the KP National Compliance Office (NCO) report to CMS as required.
KFHPWA Medicare Advantage Compliance Program

All KFHPWA Medicare Advantage policies and procedures are reviewed and approved annually per the KFHPWA Medicare Advantage Compliance Program requirements.

APPLICABILITY

This policy and procedure supports the requirements stated in this document and is approved for Kaiser Foundation Health Plan of Washington (KFHPWA) Medicare Advantage plans.