Medication Therapy Management (MTM)

Topic	Explanation
Measure Type	Static Star Measure
Description of the Measure	• The percentage of MTM eligible members who received a Comprehensive Medication Review (CMR) during the measurement year. • The CMR is a one-on-one consultation between a health care provider and a member and is designed to optimize a member's experience with drug therapy. This standard of care ensures that all medications (prescriptions, over-the-counter drugs, and vitamins/herbal supplements) are individually assessed to determine appropriateness, effectiveness, and safety based on a member's comorbidities. An individualized care plan is created with the member and identifies goals of therapy with appropriate follow-up to achieve desired clinical outcomes as well as information on how to safely dispose of unused medications.
Eligible Population	• CMS mandates that health plans administer MTM services at no cost to qualified members. • Pharmacy drug claims are used to qualify members for the MTM program. Only attributed members who meet the specified targeting criteria per CMS requirements will be included in the measurement denominator. • The criteria is as follows: - Minimum number of covered Part D drugs: seven - Type of covered Part D drugs that apply: Chronic/Maintenance Drugs - Chronic diseases as determined by drug claims (minimum of 3 chronic conditions from below): • Bone disease — arthritis — osteoporosis • Bone disease — arthritis — rheumatoid arthritis • Chronic heart failure • Diabetes • Dyslipidemia • Mental health — depression • Respiratory disease — chronic obstructive pulmonary disease (COPD) - Drug spend based on drug claims for qualifying medications — $4,935 • Members who do not meet the above criteria are also enrolled in the MTM program if Highmark determines the member to be an At-Risk Beneficiary (ARB) according to data in CMS's Overutilization Monitoring System (OMS). • Eligible members may elect to opt out of CMR completion when contacted by the MTM Pharmacy Team; however, opt-outs must be documented in the CMR system within 60 days of becoming MTM Program eligible to be removed from the denominator. Members who opt out after the 60-day time period will be denoted as non-compliant provided that they do not complete a CMR.

Topic	Explanation
Eligible Population (continued)	• Medication Therapy Management has a continuous enrollment of 60 days post eligibility date; therefore, members who cease to breathe after 60 days remain in the denominator. • Members qualified after November 1 of the measurement year will not be included in final scoring unless a CMR is completed.
Compliant Member	Qualified MTM members must complete an interactive, person-to-person, comprehensive medication review to be compliant with the measure. With member approval, a member's caregiver may complete a CMR on their behalf.
How to Submit to Highmark Inc.	CMRs must be conducted by Highmark Pharmacy, Highmark's vendor (AdhereHealth), or Highmark contracted MTM providers.
Best Practices	MTM services must be administered to members according to a CMS-approved program. Eligible members will be reflected on Monthly Star Care Gap Reports. • Review Monthly Star Care Gap MTM detail reports for patients who have become eligible. • Develop process for timely patient contact and encourage completion of CMR with the MTM Pharmacy Team via office personnel and/or through written communication via letters issued on behalf of the practice. • Discuss the benefits of completing the CMR with your patients during AWV and other office visits. • To schedule a CMR on behalf of your patient, use the MTM Referral Request Form located on the Provider Resource Center > Value-Based Reimbursement Programs > Medicare Advantage Stars > Medication Therapy Management> Practice Tools and fax to 833-887-4676. • Utilize Highmark's predesigned member letter templates and other informational resources that are located on the Provider Resource Center. • Doximity is an application that allows the user to display the phone number of a provider's office while calling members from outside the office. Practices and entities that have agreed to Doximity have an approximate compliance rate of 89%.
Other	The MTM program aims to optimize a member's experience with their drug therapy by fostering a member's understanding of their health and wellness associated with drug therapy. More specifically, the one-on-one consultation aims to identify barriers related to medication use — such as side effects, cost, and access — and aims to offer solutions to optimize clinical outcomes.

Key Additional Resources

Additional information can be found on the Provider Resource Center under **Value-Based Reimbursement Programs Overview**, in the **Medicare Advantage Stars** section.