

# Medication Therapy Management

## 2023 Program Overview



Medication Therapy Management (MTM) is a static single weighted Star Measure. Performance is assessed by the percentage of MTM eligible members who received a Comprehensive Medication Review (CMR) during the measurement year.

The MTM program is designed to support the health and safety of members by optimizing drug therapy. CMS mandates that health plans administer MTM services at no cost to qualified members. MTM eligible members are automatically enrolled in the program and sent an induction letter that welcomes them into the program and provides the opportunity to request a CMR.

### Benefits of MTM

Over 4 billion prescriptions are written annually in the United States, and four out of five patients who visit a physician leave with at least once prescription. Medications are involved in 80 percent of all treatments and impact every aspect of a patient's life. The two most commonly identified drug therapy problems in patients receiving comprehensive medication management services as 1) the member requires additional drug therapy for prevention or synergistic care or 2) the drug dosages need to be titrated to achieve therapeutic levels that reach the intended therapy goals.

Drug therapy problems occur every day and add substantial costs to the health care system, for example:

- Drug related morbidity and mortality costs exceed \$200 billion annually in the US.
- Medicare beneficiaries with multiple chronic illnesses see an average of 13 different physicians, have 50 different prescriptions filled per year and are 100 times more likely to have a preventable hospitalization.

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/or access and aims to offer solutions to optimize clinical outcomes.

- Provider surveys have indicated that MTM services provide value in the following ways:
  - Increased patient satisfaction
  - Increased quality of care
- A 2013 IMS Health study showed patients participating in MTM programs consistently experienced:
  - Improved medication adherence
  - Discontinued use of certain high-risk medications
  - Patients who received a CMR experienced significant improvements in the quality of their drug regimens, while those who did not incurred on average \$1,034 more inpatient costs.

### Highmark's MTM Program

Pharmacy drug claims are used to qualify members for the MTM program. To qualify for the program the following must be met:

- Only attributed members who meet the specific targeting criteria per MCS requirements will be included in the measurement denominator.
- Minimum number of covered Part D Drugs must be 7 chronic or maintenance drugs.
- Minimum of 3 chronic diseases which include:
  - Osteoporosis
  - Rheumatoid Arthritis

- Chronic Heart Failure (CHF)
- Dyslipidemia
- Diabetes
- Depression
- Chronic Obstructive Pulmonary Disease (COPD)
- Annual drug costs exceeding \$4,935 per CMS for 2023 drug claims.

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).

### **Numerator Compliance Requirements**

Qualified MTM attributed members must complete an interactive, person to person, Comprehensive Medication Review to be compliant with the measure.

MTM services must be administered to members according to a CMS approved program.

- Eligible members will be reflected on Monthly Stars Care Gap Reports.
- CMR completion will be seen as compliant.
- Providers participating in the Provider Led CMR program have the capability to complete CMRs for their attributed MTM eligible members.
- Providers may contact Highmark via phone at 1-888-328-2535 to schedule a CMR for members residing in the states of Pennsylvania, West Virginia, Delaware, Alabama, New York, North Carolina, Ohio and Virginia.
- For members residing in any other state, please contact Adhere Health at 1-877-468-0072 to schedule a CMR.
- Or Providers may fill out the MTM Referral Request form on the Provider Resource Center and fax to Highmark at 1-833-887-4676.
  - The MTM Referral Request Form is located on the Provider Resource Center > Value-Based Reimbursement Programs > Medicare Advantage Stars > Medication Therapy Management > Practice Tools.

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