

MTM and the CMR Completion Rate: What Community Pharmacists Need to Know

by Vera Pattah

As part of the Centers for Medicaid & Medicare Services (CMS) Star Ratings of Medicare Part D plans, pharmacies are being evaluated on their rate of completing comprehensive medication reviews (CMRs) for eligible patients. Therefore, it is worthwhile for pharmacy owners to review the CMR elements of Medicare Part D and understand how their pharmacy will be affected by their performance.

Medication therapy management (MTM) is a process whereby pharmacists can work directly with patients to optimize their medication use. It is a distinct group of services that improve and enhance therapeutic outcomes for individual patients. MTM covers a wide range of professional activities and responsibilities within the scope of practice of a licensed pharmacist, or any qualified health care provider. An MTM program is designed for patients to have the opportunity to ask any and all questions they may have about their medications, at any time. It is geared to help patients who are taking multiple prescription medications and have chronic conditions they need help managing.

Medicare Part D Plan sponsors are required to offer an MTM program for patients who meet certain criteria. MTM programs are required for patients with either a Medicare Advantage plan (MA) or stand-alone Part D Prescription Drug plans (PDP). The Medicare Part D MTM program is free for the patient. To be eligible and qualify for an MTM program, each patient must meet three requirements. The criteria as required by CMS for the 2015 plan year are as follows:

1. Have more than one chronic health condition from the following list:
 - a. Hypertension
 - b. Heart failure
 - c. Diabetes
 - d. Respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD), or any chronic lung disorders
 - e. Dyslipidemia
 - f. Mental health diseases, such as depression, bipolar disease, or schizophrenia
 - g. Arthritis, such as osteoarthritis, osteoporosis, or rheumatoid arthritis.

CMR QUALITY MEASURES A KEY COMPONENT IN FIVE- STAR RATINGS

The Centers for Medicaid & Medicare Services created a Five-Star Rating System for consumers, caregivers, and families to use to compare services based on health inspections, staffing, and quality measures (QMs). CMRs are included in these QMs. The CMS Star ratings for the 2016 year have been earned, based on the 2014 data; therefore, what is completed now will contribute to the Star ratings for the 2017 year. Other performance measures determined by network pharmacies are high-risk medication use in elderly patients aged 65 and older. Some of these medications include, but are not limited to, analgesics, antihistamines, and narcotic medications. Adherence to medications and oral diabetes medications are also included along with diabetes treatment.

2. Take at least two different medications.
3. Use medications that cost more than \$3,138 for the 2015 year combined (patient's costs and patient's plan costs).

A key component of MTM is a CMR. A CMR is an interactive medication review or consultation between a patient and a pharmacist or other health care provider. In most cases it will take less than thirty minutes with the patient and may be completed over the phone, if permitted by the plan. The review should include prescription medications, over-the-counter (OTC) medications, dietary supplements, herbal therapies, and dietary or exercise habits when applicable. This information is needed to identify drug therapy related issues, such as adverse events and interactions that may occur between drugs, supplements or food choices and to evaluate appropriate medication use.

A CMR may have many positive impacts, such as increasing adherence, eliminating side effects, reducing the risk of future adverse events and complications, helping patients to better understand their medications and how they work best, and saving costs. Patients are not required to participate in CMRs; they are, however, a benefit that comes with being enrolled in an MA or PDP insurance plan. It is recommended that patients undergo at least one CMR each year.

The annual CMR recommendation is strong enough that CMR completion rate will now affect the Part D Star Rating of plans beginning in 2016. Community pharmacists need to know that 2014 CMR data—information that is already in the books—will be used to determine a plan's performance on this measure. CMR completion rates for 2013, the latest calendar year analyzed, are 14.10 percent. There is a lot of room for improvement and plans will be pushing to increase these rates in coming years. Plan sponsors that refer CMRs to community pharmacies typically contract with a software vendor—Mirixa, OutcomesMTM, among others—to facilitate the referral, collect data, and issue reimbursement. Independent pharmacies that have not responded to 100 percent of referred cases in the past may want to make plans to improve in 2015 so there is a positive trend for the 2017 Part D Plan Year. ■

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Editor's Note: This is another in a continuing series of articles covering treatment of various health issues and how they relate to the Medicare Part D Star Ratings program.

STAFF CAN HELP SAVE TIME IN CMR

To save pharmacist's time, many pharmacy owners are using their staff to help with the administrative tasks associated with comprehensive medication reviews. The CMR process includes scheduling patients, conducting the CMR, evaluating the patient's medication related issues, drafting a medication action plan, sending a summary of recommendations to the patient's primary care provider, and completely documenting the encounter to submit a claim for reimbursement. Staff can set up appointments and collect medication lists prior to the patient's appointment, allowing for the pharmacist to have more quality time with the patient.