

## { MANAGED CARE OUTLOOK }

# Medication management not well defined in MMA

## MTM benefit needs standardized criteria, reporting requirements and reimbursement

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**M**edication therapy management (MTM) has long been a part of the pharmacy lexicon and is based on the premise that the right medication in the right dose gets to the right patient. This is to ensure that optimal outcomes are achieved with the highest safety. Numerous examples of pharmacy programs in diverse settings utilize the skills of the pharmacist to optimize drug therapy and improve outcomes and assure safety. The Veterans Administration, academia, health plans, as well as community pharmacies have all been settings where medication management of the patient has occurred.

The importance of MTM has been recognized by the Medicare Modernization Act's (MMA) requirement that prescription drug plans (PDPs) and Medicare Advantage drug plans (MA-PDs) under Medicare Part D provide MTM programs to certain eligible Medicare Part D beneficiaries at no additional cost.

### MTM PROGRAM CRITERIA

An eligible beneficiary must meet certain high-risk criteria established by the Centers for Medicare and Medicaid Services (CMS). By definition these beneficiaries suffer from multiple diseases, are on multiple Part D-covered drug therapies and are expected to reach an annual drug spend of \$4,000 for Part D-covered medications. To date, CMS has not developed criteria clearly defining acceptable activities of an MTM program other than that the program must optimize therapeutic outcomes and reduce adverse effects. The

type of services and how those services are to be delivered, whether in writing or during face-to-face consultations has not been determined. While these programs must optimize therapeutic outcomes and reduce adverse effects, the reporting requirements defined by CMS only include the number of patients offered the services, the number of patients who declined, the number of patients enrolled, and the total prescription cost of all medications on a per-member per-month basis for the MTM participants.

The first reporting of MTM activities by Part D providers to CMS occurred in August (for activity from January 1 through June 30) and the second period will report will be available in February 2007 (which encompasses activity from January 1, 2006, through December 31, 2006). Moreover, while CMS is not looking at outcomes derived from these programs, as the requirement for MTM evolves, additional reporting requirements are expected to result.

Without this clear definition, providers of PDPs and MTM programs have been left with a broad interpretation of the regulation, which has resulted in inconsistent program component offerings. In addition, the inclusion of MTM programs in Medicare Part D has led to the anticipation that pharmacists will seek reimbursement for activities that will allow the profession to bill payers for MTM services in addition to providing the drug product. To successfully bill for these services, documented outcomes from these services will need to be produced.

For pharmacists to bill and payers to reimburse, these programs must demonstrate a reasonable return to the payer. This return must be measured in terms of economic savings and in the improvement of quality as well as safety for the Medicare beneficiary.

As of this writing, efforts to establish standardized MTM criteria are under way by the Academy of Managed Care Pharmacy and other organizations. **MHE**

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