

Medicare Part D Medication Therapy Management Program

CY 2012

Express Scripts Medication Therapy Management Program (MTMP) is designed to enhance targeted members' overall health and reduce wasteful healthcare spending.

Targeting Criteria

Beneficiaries must meet all of the following criteria for enrollment in the MTMP

1. At least three of the following chronic conditions (based on prescription claims data)
 - Hypertension
 - Diabetes
 - Dyslipidemia
 - Chronic Heart Failure (CHF)
 - Asthma/Chronic Obstructive Pulmonary Disease (COPD)
 - Depression
 - Osteoporosis
2. At least seven, chronic, Part D covered medications
3. An estimated annual Part D covered medication spend of at least \$3000 (based on \$750 drug spend in previous quarter)

Targeting Frequency

Claims data will be analyzed on a weekly basis to identify members qualifying for MTMP.

Enrollment Method

Targeted beneficiaries will be enrolled into the program using an opt out only method.

Interventions

1. Once a member is enrolled in the plan, they will receive an Intro letter, welcoming them to the plan and inviting them to participate in a Comprehensive Medication Review (CMR) by returning the appointment card or calling a toll free number. Also included in the Intro letter is a Personal Medication Record (PMR) which is based on pharmacy claims data and a Medication Action Plan (MAP) which includes general best practices for taking medications and questions to ask when starting a new medication.
2. Once a member has scheduled a CMR, they have a 1:1 consultation with a pharmacist or licensed pharmacy intern under the supervision of a pharmacist to discuss medication usage (including Over the Counter medications), identify medication related problems and discuss disease management questions for the conditions they qualified for. After the 1:1 consultation the beneficiary is mailed an updated PMR and MAP (with recommendations) based on the consultation with the pharmacist as a "take-away".
3. Regardless if the beneficiary completes a CMR, we perform Targeted Medication Reviews (TMR) which are performed at least quarterly and can be as often as weekly based on member specific

alerts. TMRs focus on cost savings, treatment guidelines, safety issues, and elderly issues. TMRs are categorized and triaged. Some alerts are acted on immediately and some are held for quarterly contact. We contact the beneficiaries by letter or call depending on the alert level.

4. Prescriber outreach is made via fax or call based on information from the TMRs. These communications can include requests to add or change drug therapy, information about drug-drug interactions or safety issues. We also can provide FYI communications to the providers when we have given a communication to the beneficiary, such as cost savings opportunities or adherence issues.
5. Long term care (LTC) beneficiaries offer the same TMR services but we do not provide CMRs for these beneficiaries.

Outcomes Measured and Reported

We provide monthly reporting to clients which includes

- Service Summary Report
- Beneficiary Detail
- Intervention Summary
- Intervention Detail
- Education Summary
- Satisfaction Summary – TMRs and CMRs

We provide CMS required elements for reporting on a yearly basis

- Total number of beneficiaries identified to be eligible for, and was automatically enrolled in, the MTMP
- Total number of beneficiaries who opted-out of enrollment in the MTMP
- The number of beneficiaries who opted-out of enrollment in the MTMP due to death
- The number of beneficiaries who opted-out of enrollment in the MTMP due to disenrollment from the Plan
- The number of beneficiaries who opted-out of enrollment in the MTMP at their request
- The number of beneficiaries who opted-out of enrollment in the MTMP for a reason not specified
- Total Part D Prescription Cost for MTMP Enrollees
- Total number of 30-day prescription equivalents
- The number of beneficiaries offered a CMR
- The number of beneficiaries who received a CMR
- A data file containing each eligible beneficiary and required elements including: contract #, HICN #, name, DOB, LTC enrollment, date of MTM enrollment, opt out date and reason (if applicable), date received CMR, number of TMRs, number of prescriber interventions and number of changes to drug therapy as a result of MTM interventions.