

Comments in response to Center for Medicare and Medicaid Innovations: Request for Information on Health Plan Innovation Initiatives at CMS

November 3, 2014

AMCP provided responses to the CMS Center for Medicare and Medicaid Innovation request for information (RFI) on Medicare Part D and Medicaid medication therapy management (MTM), integration of Medicare Part D into accountable care organizations (ACOs), and other issues. AMCP's responses are outlined below. If you have any questions regarding this submission please contact Edith A. Rosato, RPh, IOM, CEO AMCP at erosato@amcp.org or 703-683-8416.

The entire RFI may be accessed here: <http://innovation.cms.gov/Files/x/HPI-RFI-ResponseForm.pdf>

Question 2: What challenges, if any, exist within the current MTM program and/or benefit structure guidelines?

AMCP response

AMCP strongly supports MTM and looks forward to working with CMS and other stakeholders to improve the existing program to ensure better medication use, beneficiary outcomes, and lowered costs. The current MTM program requires Medicare PDPs to spend time and resources targeting the defined population, some of whose medication use patterns and medical history do not require MTM interventions. CMS and the Medicare population would be better served in identification of beneficiaries using a problem-based approach that target beneficiaries' medical issues, including disease states and specific medication problems, such as adverse drug events and non-adherence. This approach may be combined with predictive modeling, including data analytics, to identify beneficiaries who require MTM interventions. AMCP believes that CMS and other stakeholders should also focus on adoption of health information technology (HIT) solutions to encourage adoption of standardized electronic coding and interoperability of health information among all stakeholders. This is an important step to enhance MTM and should be considered a priority. CMS should work with the Office of the National Coordinator for Health Information Technology and other stakeholders to ensure that MTM data may be shared and transmitted to state health information exchanges (HIEs) in a bi-directional manner.

Question 3: Do you recommend greater flexibility for targeting and/or service requirements under an enhanced MTM program to improve outcomes for beneficiaries and Medicare?

AMCP response

Yes

As noted above, CMS should consider a problem-based approach and allow PDPs to use predictive modeling to identify beneficiaries who require MTM. This approach would shift the current focus of MTM programs on targeting beneficiaries based on regulatory requirements to a more clinical focus in order to resolve health issues. In the commercial market, plans have greater ability to design MTM programs effective for adult learners to enhance appropriate medication utilization and outcomes. Better

programs targeted toward a Medicare population could be implemented if funds currently used to meet the regulatory mandates are shifted to problem resolution.

AMCP also recommends that CMS examine the effectiveness of comprehensive medication reviews and targeted medication reviews. AMCP members have shown differing levels of success with each approach and there is a growing body of peer-reviewed evidence to show benefit from each approach. AMCP is collecting this information and will forward to CMS. This is further evidence that PDPs should be given flexibility in designing MTM program.

Question 6: Are there any other issues or factors that CMS should take into account when considering collaboration with PDPs to develop a model that combines MTM strategies, risk stratification, differential cost sharing, and financial incentives?

AMCP response

Once again, AMCP encourages CMS to consider the use of performance-based payments for PDPs that effectively use MTM to resolve problems. AMCP also encourages CMS to further examine the relationship between the Medicare Star Ratings program and MTM to determine whether medication therapy management services in quality metrics are a better indicator of health outcomes success in comparison to regulatory targets.

Question 21: What factors should CMS consider if it were to develop a model test that allows plans to include a broader range of remote access technologies in the basic benefit package, beyond the telehealth technologies that are covered in Original Medicare?

AMCP response

AMCP understands that this section is targeted primarily to MA-PDs, but as noted above, CMS should encourage adoption of health information technology solutions for MTM, particularly implementation of existing codes and the integration of MTM and other pharmacy data into state HIEs. CMS should also encourage ONC and others to urge states to allow PDPs and other managed care organizations to obtain access to prescription drug monitoring program data (PDMPs) for purposes of developing risk assessments for misuse and abuse of controlled substances. Greater electronic information exchange of full patient medical records, including lab tests, medications, and diagnoses, could improve the use a team based medical care combined with data analytics to better identify Medicare beneficiaries who would benefit from MTM.

Question 26: Is there anything CMS should do to enable cooperation and better care coordination between provider organizations such as ACOs and MA and MA-PD health plans?

AMCP response

AMCP encourages CMS to consider integration of PDPs into ACOs and not limit it to MA-PDs. This is particularly important to consider because according to Kaiser Family Foundation, only 30% of Medicare beneficiaries are currently enrolled in a Medicare Advantage plan and furthermore, most ACOs currently operate using the original Medicare model. CMS should assess input, including AMCP's from the CMMI December 2013 RFI on integration of PDPs into ACOs. AMCP's comments may be found here:

[http://www.amcp.org/uploadedFiles/Production_Menu/Policy_Issues_and_Advocacy/Letters, Statements and Analysis - docs/2014/CMS-AMCPCComments_ACO_PartDintegration_Feb2014.pdf](http://www.amcp.org/uploadedFiles/Production_Menu/Policy_Issues_and_Advocacy/Letters,_Statements_and_Analysis_-_docs/2014/CMS-AMCPCComments_ACO_PartDintegration_Feb2014.pdf).

Question 28: Would you recommend that CMS implement a Medicaid managed care model in any of the areas listed below? Choose one (pharmacy and MTM; value-based insurance design; remote access technologies; hospice care; long term services and supports; behavioral health; provider incentive arrangements such as ACOs).

AMCP response

AMCP's primary selection is MTM, but we will discuss behavioral health as a key component.

Medicaid beneficiaries would greatly benefit from pharmacists-provided MTM services. This population is much less defined at any given moment than the Medicare population and many beneficiaries often change coverage status. As a result state Medicaid programs and Medicaid managed care plans must find ways to track and monitor these beneficiaries. For example, AMCP members have identified that the Medicaid population would benefit from behavioral and mental health interventions in addition to MTM interventions for other chronic conditions. Medicaid managed care organizations have found success in using pharmacists in conjunction with case managers to allow beneficiaries to use a dedicated phone line to contact pharmacists, and to meet beneficiaries in clinics or their homes to manage medications and their conditions. Integration of pharmacists, physicians, and other health care providers is the key to success. Pharmacist provider status for Medicare and Medicaid services would be a prudent step to allow federal and state governments to allow pharmacists to be a more active participant in direct patient care and critical medication interventions to improve outcomes and reduce costs. This step could also encourage use of pharmacists in ACOs and other integrated care models in both the Medicare and Medicaid programs.