

2023

Medication Therapy Management Program (MTMP)

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan)

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) has our Pharmacy Benefit Manager, Magellan Rx Management, administer our Medication Therapy Management Program (MTMP). The Calendar Year 2023 (CY2023) MTMP offered to beneficiaries and prescribers is structured to meet both Centers for Medicare and Medicaid (CMS) compliance and the intent of the CMS MTMP, providing value-driven health care for Medicare Part D beneficiaries.

This program is not considered a benefit; it is a free service for all eligible beneficiaries. If a beneficiary does not wish to participate or wishes to stop participation in the program, the beneficiary must opt out. This is done by contacting UPHP Customer Services at the number listed below. UPHP Customer Service representatives will be prepared to answer questions about the MTMP.

For any questions, beneficiaries wishing to obtain additional information, or to opt out of the program, call your Care Coordinator or UPHP Medication Therapy Management Department at 1-877- 349-9324 (TTY: 711), seven days a week from 8 a.m. to 9 p.m. Eastern Time. The call is free. Beneficiaries or authorized individuals may also contact UPHP's MTM Department at our Pharmacy Benefit Manager, Magellan Rx Management, directly at 1-800-424-9342 (TTY: 711) between the hours of 9 a.m. to 7 p.m. Eastern time, Monday through Friday.

The MTMP helps beneficiaries and doctors manage prescribed drugs and reduce potential problems. Upon identification of a MTMP-eligible beneficiary, Magellan Rx Management begins contacting beneficiaries. In accordance with CMS requirements, targeted beneficiaries will be enrolled into the MTMP using an opt-out only method.

A welcome letter is sent to program-eligible beneficiaries within 60 days of identification of MTM eligibility. The welcome letter provides details of the program, an offer to schedule a Comprehensive Medication Review (CMR), and a description of program options (i.e. level of program participation, including option to opt out). Within 60 days of identification, Magellan Rx Management will also provide telephonic outreach to MTMP-eligible beneficiaries. Telephonic outreach is designed to promote the program, and encourage CMR participation.

Long-term care (LTC) beneficiaries are offered the same services as non-LTC beneficiaries. LTC beneficiaries receive a welcome letter and telephonic outreach to promote CMR participation, as outlined above. CMRs are performed at least annually for LTC and non-LTC beneficiaries, if the patient, caregiver, or other authorized individual elects to participate in the interactive review.

Quarterly Targeted Medication Reviews (TMRs) are performed for all active LTC and non-LTC beneficiaries.

Members in the MTM program will also receive information on the safe disposal of prescription medications that are controlled substances.

UPHP MTMP targets beneficiaries who are enrollees in the sponsor's Part D plan and meet either of the two criteria below:

1. A targeted beneficiary must have,

a. Three of the specific diseases listed below

- i. Alzheimer's disease
- ii. Bone Disease-Arthritis-Osteoporosis
- iii. Bone Disease-Arthritis - Osteoarthritis
- iv. Chronic Heart Failure (CHF)
- v. End Stage Renal Disease (ESRD)
- vi. Respiratory Disease-Chronic Obstructive Pulmonary Disease (COPD)

AND

b. Are taking a minimum of eight chronic or maintenance drugs

AND

c. Are likely to incur one-fourth of specified annual cost threshold (\$4,935) in previous three months.

2. Members with an active coverage limitation under a Drug Management Program.

UPHP's MTMP:

- Is designed to ensure that covered Part D drugs prescribed to targeted beneficiaries, are appropriately used to optimize therapeutic outcomes;
- Is designed to reduce the risk of adverse events for targeted beneficiaries;
- Will review for drug-drug interactions, drug herbal interactions, duplication of therapy, adherence, high risk medication use, over and underutilization, unnecessary drug therapy, adverse drug reactions, compliance issues, need for additional drug therapy, and appropriate dosing of medications,
- May be furnished by a pharmacist or other qualified provider; AND
- Includes prescriber and beneficiary interventions. Magellan Rx Management strives to actively engage beneficiaries in the CMR process, as beneficiary self-reported information is a critical component of an effective MTMP.

Magellan Rx Management Clinical Services staff conducting a CMR will be aware of situations where the cognitive status of the beneficiary reporting the information might be compromised. With a beneficiary demonstrating suspected cognitive impairment, staff assesses the situation and makes appropriate follow-up decisions and actions. If the beneficiary-suspected cognitive impairment is not due to an acute medical or psychiatric emergency, Magellan Rx Management

staff will ask the beneficiary if he or she would be more comfortable having someone else complete the CMR on their behalf (i.e. prescriber, caregiver, or health care proxy). If the beneficiary elects another individual to complete the CMR, Magellan Rx Management staff will document the beneficiary verbal consent and the full name and relation of the individual to the beneficiary, and then engage the elected representative.

If the beneficiary does not elect another individual to complete the CMR, Magellan Rx Management staff will inform the beneficiary that the CMR cannot be completed at that time, and document the suspected cognitive impairment details in the beneficiary electronic chart. All respective CMR follow-up activities remain unchanged.

Comprehensive Medication Review (CMR)

The Magellan Rx Management MTMP is in accordance with the CMS expectations that every MTMP will have both beneficiary- and prescriber-based interventions. All eligible beneficiaries who participate in a CMR will have their medications reviewed to optimize therapy and reduce risk.

For beneficiaries who elect to participate in a CMR, a Magellan Rx Management clinician will review the medications of each beneficiary with the MTMP eligible, and conduct a medication reconciliation that includes prescription, OTC, vitamins, and herbals. Other pertinent subjective information is gathered from the beneficiary. The CMR will include review of drug-drug interactions, drug herbal interactions, duplication of therapy, adherence, high risk medication use, over and underutilization, unnecessary drug therapy, adverse drug reactions, compliance issues, need for additional drug therapy, and appropriate dosing of medications. If a Magellan Rx Management clinician determines it is necessary, a request for clinical objective information is sent to the primary care provider of the beneficiary. Information collected provides the Magellan Rx Management MTMP Pharmacist with a profile of the MTMP beneficiary for assessment.

Once a CMR is completed, beneficiaries will receive (in compliance with the CY 2023 CMS requirements) a standardized written format including standard Cover Letter, Personal Medication List, and Medication Action Plan mailed to them.

The prescriber(s) for the MTMP-eligible beneficiary will receive a Magellan Rx Management Physician CMR Recommendation letter via fax which will include patient- specific subjective and objective clinical data as well as Pharmacist-identified intervention recommendation(s) from the CMR. At the discretion of the Pharmacist, in addition to faxing this consult to the prescriber(s), the Pharmacist may elect to follow up with the prescriber directly via telephone or mail.

Beneficiaries are encouraged to take their individualized written summary, specifically the Medication Action Plan and the Personal Medication List, with them when visiting their physician(s) to discuss the recommendations

Targeted Medication Review (TMR)

Magellan Rx Management performs quarterly TMRs for all active MTMP-eligible beneficiaries. Interventions are sent to patients based on their level of participation in the MTMP and severity of the identified drug-related problem. When recommendations exist, prescribers receive a TMR Recommendation letter by fax, regardless of the level of interaction by the patient. If a beneficiary chooses to opt of MTM services, TMR interventions are still offered to the prescriber(s).

On a quarterly basis, TMRs are performed by Magellan Rx Management under the MTMP for all eligible beneficiaries, regardless of their acceptance to participate in a CMR. TMRs are also performed on beneficiaries who choose to opt out of individual MTM services, such as the annual CMR, beneficiaries with cognitive impairment, and in any setting of care. TMRs identify medication-related problems for specific interventions using pharmacy claims data. Beneficiary prescribers are sent intervention letters that identify specific or potential medication related problems or other opportunities to optimize medication use. The prescriber is to assess the potential risk and contact the beneficiary or pharmacy if change in therapy is deemed appropriate. If the specific issue warrants additional outreach, follow up calls may be necessary to the beneficiaries and/or prescribers to ensure optimal therapy is achieved. The MTMP clinician will provide follow up interventions with beneficiaries and/or prescribers if necessary. The prescriber(s) may be contacted directly by telephone, in addition to receiving faxed or mailed information.

Additional Information

During the CMR consultation the qualified MTMP provider will review the importance of medication adherence with the beneficiary, their caregiver or other authorized individual. If the MTMP provider suspects issues with medication adherence, they will recommend additional tools and resources in an attempt to improve adherence. Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefit of both programs to enrollees.