Department:	Pharmacy Management	**Original Approval:**	10/26/2006
Policy No:	PM556	**Last Approval:**	12/18/2025
Policy Title:	Medication Therapy Management Program Policy		
Approved By:	Clinical Services Leadership Team		
Dependencies:	N/A		

Purpose

This policy describes the way Community Health Plan of Washington (CHPW) administers its Centers for Medicare and Medicaid Services (CMS)-approved Medication Therapy Management Program (MTMP).

Policy

CHPW engages its Pharmacy Benefit Manager (PBM) to implement and maintain the MTMP. The MTMP is designed to improve members' use of their medications. This program is administered by the trained clinical pharmacist or licensed pharmacy intern under the supervision of a pharmacist. The program is designed to meet CMS MTMP requirements for designated calendar years and follows CMS requirements regarding mid-year changes to the approved MTMP.

Eligibility

Once the member becomes Part D eligible, the member's prescription claims history will be scanned to determine eligibility for enrollment into the MTMP.
A member must meet ALL three of the following criteria to be eligible for the MTMP:

- The member has 3 or more Medicare-targeted chronic disease states;
- The member has filled 8 or more covered Part-D chronic/maintenance medications, and;
- The member is likely to incur annual costs for covered Part-D medications that exceed a predetermined level as specified by the Secretary of the Department of Health and Human Services (DHHS).

Enrollment Methods

Members meeting the above MTMP eligibility criteria may enroll in the following ways:

- Long-Term Care (LTC) patients are automatically enrolled.

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

- The enrollment method is by member opt-out only for non-LTC patients.

For any enrollment method, a member, their authorized representative, or their physician may request at any time that the member's participation in the program be discontinued.

Program Structure

The MTMP is managed and maintained by the PBM. All clinical MTMP enhancements or changes are reviewed by an external, independent group of licensed and practicing pharmacists and physicians with expertise in the relevant field of review and/or the elderly. A member who meets the MTMP criteria as described above will be automatically enrolled in the program and sent a letter explaining the program. This letter invites the member to participate in a free one-on-one consultation session with a pharmacist or licensed pharmacy intern [i.e., Comprehensive Medication Review (CMR)] and gives them the opportunity to opt out if desired. Members can request the CMR or opt out by returning an enclosed form or calling a toll-free number provided in the letter. A pharmacist or licensed pharmacy intern may make calls to supplement the letter in which they may offer a member to participate in a CMR or provide an opportunity to opt-out of the MTMP. During the CMR, the pharmacist and/or intern will:

- conduct a comprehensive discussion of all medications (including over-the-counter medications) with the member;
- discuss disease specific issues and answer any questions the member may have, and;
- identify/discuss potential and actual medication related problems and suggest targeted action plans to address each of the problems.

After the CMR, the member will be mailed a completed Personal Medication Record (PMR) and Medication Action Plan (MAP) in the CMS standardized format (CMS-10396).

The PBM pharmacist who performs the CMR communicates medication related issues identified during the CMR with the member's physician via phone or fax to discuss the issues. The PBM pharmacist also sends a letter to the physician to explain the program and provides a report of the CMR (the member's PMR and MAP).

Irrespective of participation and completion of a CMR, the PBM pharmacists perform Targeted Medication Reviews (TMRs) for all MTM-qualified non-LTC and LTC members on a quarterly basis. Prescriber outreach is also made via fax or phone based on information derived from the TMRs. Also, PBM pharmacists contact the members by letters or telephone calls depending on the specific TMR alert.

The member will not be disenrolled from the MTMP if they no longer meet all the eligibility criteria and will remain in the MTMP for the remainder of the calendar year.

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Follow-up consultations with the PBM pharmacist are scheduled as needed based on each interaction.

CHPW has the ability to complete CMRs and TMRs or complete opt-out requests utilizing the PBMs MTM interface. This is referred to as a "hybrid" platform. The CHPW clinical pharmacist receives training on and utilizes the PBM's proprietary MTM software in a manner that is compliant with CMS, as well as the PBM's internal policies.

CHPW has contracted with an additional vendor to improve MTM access at community pharmacies and clinics. Clinicians in these settings can complete CMRs through the Outcomes platform. The results from these efforts will be aggregated to populate our total CMR completion rate at the end of the year.

Program Oversight and Evaluation
CHPW routinely reviews MTMP report provided by the PBM to ensure the MTMP meets CMS regulatory requirements.
CHPW also evaluates the report according to the following measures:

- Total number of beneficiaries identified to be eligible for, and automatically enrolled in, the MTMP
- Introductory letter sent within 60 days of qualification in MTMP and offered a CMR including beneficiaries who are in Long Term Care (LTC) settings.
- Total number of beneficiaries who opted-out of enrollment in the MTMP
- The number of beneficiaries who were opted-out of enrollment in the MTMP due to death
- The number of beneficiaries who were 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
- The number of beneficiaries offered a CMR
- The number of beneficiaries who received a CMR
- The prescription cost of all covered Part D medications of a member who received a CMR per MTMP criteria during the reporting month

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

- Number of covered Part D 30-day equivalent prescriptions of a member who received a CMR per MTMP criteria during the reporting month

On an annual basis, CHPW receives a CMS-mandated MTMP report from the PBM for CMS reporting. CHPW reviews and audits the report to ensure the data is accurate and all required reporting data elements are included as outlined in Medicare Part D Technical Specifications and Reporting Requirements documents.

Telephone Consumer Protection Act

CHPW and the PBM comply with the Telephone Consumer Protection Act passed by Congress in 1991. Delegated staff who perform outbound calls are provided training during the onboarding process on this federal requirement. Recurring training is performed annually thereafter.

The PBM updates a Do Not Call database list on a weekly basis. The PBM relies on one or more of the following to allow calls to members: 1.) an established business relationship; 2.) expressed consent; 3.) the HIPAA exception.

List of Appendices

Attach the appendices themselves on separate pages at the end of the document. If no appendices are attached, replace content in this section and type, "None."

A. CY 2023 MTMP CMS Submission H5826 Final
B. Detailed Revision History

Citations & References

CFR	42 CFR § 423.153	
WAC		
RCW		
LOB & Contract Citation	☐ **WAHIMC**	
	☐ **BHSO**	
	☐ **Wraparound**	
	☐ **SMAC**	
	☐ **HH**	
	☐ **AHE**	
	☒ **MA/DSNP**	Prescription Drug Benefit Manual Chapter 7
	☐ **CS**	
Other Requirements		
NCQA Elements	PHM 7	

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

References	

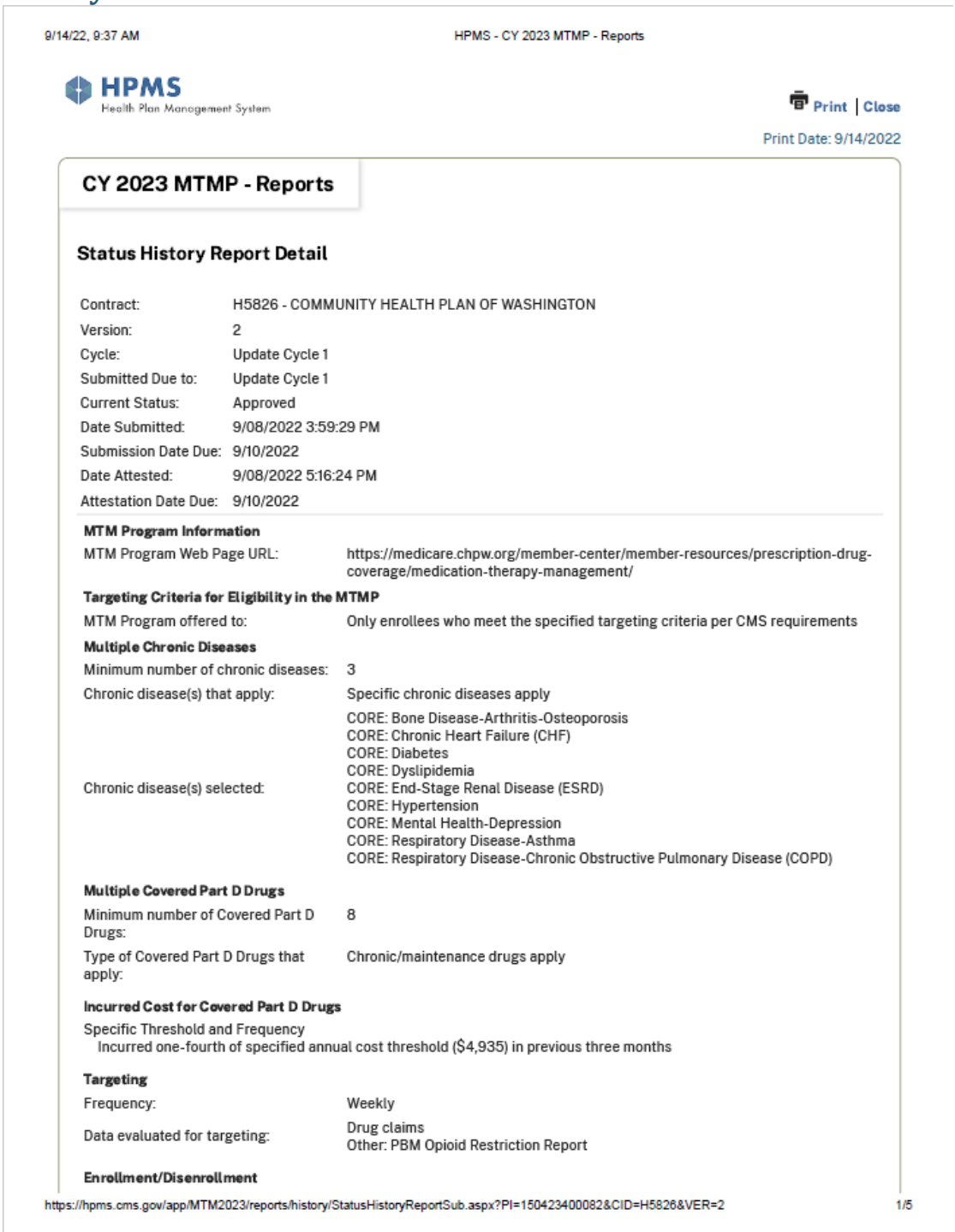
Revision History

SME Review:	10/06/2002; 01/13/2009; 08/05/2009; 09/11/2009; 02/12/2010; 04/21/2010; 03/14/2011; 03/26/2012; 02/21/2013; 03/24/2014; 01/25/2015; 03/10/2016; 03/01/2017; 03/02/2018; 03/08/2019; 07/31/2019; 12/18/2019; 02/25/2020; 02/27/2020; 02/23/2021; 02/22/2022; 09/14/2022; 09/29/2022; 10/03/2023; 12/16/2025
Approval:	09/09/2009; 04/30/2010; 03/23/2011; 04/04/2012; 04/19/2013; 04/23/2014; 03/11/2015; 03.18.2016; 03/14/2017; 03/13/2018; 03/13/2019; 03/06/2020; 03/02/2021; 02/28/2022; 10/03/2022; 10/26/2023; 12/18/2025

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Appendix A: CY 2023 MTMP - Enter/Edit

Verify Submission



9/14/22, 9:37 AM HPMS - CY 2023 MTMP - Reports

HPMS
Health Plan Management System

Print | Close

Print Date: 9/14/2022

CY 2023 MTMP - Reports

Status History Report Detail

Contract:	H5826 - COMMUNITY HEALTH PLAN OF WASHINGTON
Version:	2
Cycle:	Update Cycle 1
Submitted Due to:	Update Cycle 1
Current Status:	Approved
Date Submitted:	9/08/2022 3:59:29 PM
Submission Date Due:	9/10/2022
Date Attested:	9/08/2022 5:16:24 PM
Attestation Date Due:	9/10/2022

MTM Program Information

MTM Program Web Page URL:	https://medicare.chpw.org/member-center/member-resources/prescription-drug-coverage/medication-therapy-management/

Targeting Criteria for Eligibility in the MTMP

MTM Program offered to:	Only enrollees who meet the specified targeting criteria per CMS requirements

Multiple Chronic Diseases

Minimum number of chronic diseases:	3
Chronic disease(s) that apply:	Specific chronic diseases apply
Chronic disease(s) selected:	CORE: Bone Disease-Arthritis-Osteoporosis CORE: Chronic Heart Failure (CHF) CORE: Diabetes CORE: Dyslipidemia CORE: End-Stage Renal Disease (ESRD) CORE: Hypertension CORE: Mental Health-Depression CORE: Respiratory Disease-Asthma CORE: Respiratory Disease-Chronic Obstructive Pulmonary Disease (COPD)

Multiple Covered Part D Drugs

Minimum number of Covered Part D Drugs:	8
Type of Covered Part D Drugs that apply:	Chronic/maintenance drugs apply

Incurred Cost for Covered Part D Drugs

Specific Threshold and Frequency
Incurred one-fourth of specified annual cost threshold ($4,935) in previous three months

Targeting

Frequency:	Weekly
Data evaluated for targeting:	Drug claims Other: PBM Opioid Restriction Report

Enrollment/Disenrollment

https://hpms.cms.gov/app/MTM2023/reports/history/StatusHistoryReportSub.aspx?PI=150423400082&CID=H5826&VER=2 1/5

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Method of enrollment:	Opt-Out only
Interventions	
Recipient of interventions:	Beneficiary Prescriber Caregiver Pharmacy/Pharmacist(s)
Specific beneficiary interventions:	Interactive, Person-to-Person, Comprehensive Medication Review, annual Interactive, person-to-person or telehealth consultation Face-to-face Phone Telehealth Materials delivered to beneficiary after the interactive, person-to-person CMR consultation Individualized, written summary of CMR in CMS' standardized format (includes beneficiary cover letter, medication action plan, and personal medication list) Delivery of individualized written summary of CMR in CMS' standardized format Mail Fax Email Web Portal Access In-person Delivery Method Other: text message Targeted medication reviews, at least quarterly, with follow-up interventions when necessary Information on the safe disposal of prescription drugs that are controlled substances Method(s) of delivery for the safe disposal information Welcome letter/MTM program enrollment package Other: standardized format
Specific prescriber interventions:	Prescriber interventions to resolve medication-related problems or optimize therapy Phone consultation Mailed consultation Faxed consultation Emailed consultation Electronic data interchange consultation Other: In person consultation Other: Text consultation Patient Medication list Delivery of a copy of beneficiary CMR summary Other: patient recommended to do list
Specific caregiver interventions:	Same as beneficiary interventions designated above
Specific pharmacy/pharmacist(s) interventions:	Same as prescriber interventions designated above
Detailed description of the MTM interventions your program will offer for both beneficiaries and prescribers:	MTM eligible members are automatically enrolled into the program after meeting qualification criteria. Once a member qualifies for MTM they are sent an introductory letter within 60 days that provides an explanation of the program, provides instructions to opt out, offers the opportunity to request a Comprehensive Medication Review (CMR), and includes information on the safe disposal of prescription drugs that are controlled substances, and this includes enrollees who are in long term care (LTC) settings. The member may request a CMR by calling the provided toll free number. Members that request a CMR will be contacted for a one on one consultation with a qualified MTM provider. We may also attempt to contact qualified members, or their caregivers, via phone, text, or other electronic method of communication to offer their CMR within 60 days of qualification. Meanwhile, all members that have not opted out of the program receive ongoing Targeted Medication Reviews (TMRs) on at least a quarterly basis with each update of prescription claims. TMRs identify opportunities for interventions based on systematic drug utilization review and may include cost savings, adherence to national consensus treatment

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

	guidelines, adherence to prescribed medication regimens, and safety concerns. TMRs that identify drug therapy problems are categorized and triaged based on the severity of the problem. The member, caregiver, or prescriber is then contacted in person or via phone, text, mail, email, electronic data exchange, or fax as appropriate for review of potential drug therapy changes. TMR generated intervention opportunities that result in outreach to the member or caregiver may allow an additional opportunity for the MTM vendor to offer the member or caregiver a CMR. Members or caregivers that accept the CMR receive the CMR as outlined below. Additionally, members, or their caregivers, may receive a CMR offer and or have the opportunity to complete a CMR with a qualified MTM provider while at their provider office, pharmacy, or LTC facility. In addition, LTC facility information may be provided to assist in outreach to LTC members or their caregivers. CMRs may also be completed directly with the prescriber over the phone, through telehealth, or face to face in the prescriber office if the beneficiary is cognitively impaired. Interventions resulting from person to person TMRs, non person to person TMRs, and CMRs may result in prescriber contact in person or via fax, phone, text, email, electronic data exchange, or mail, when appropriate.
Detailed description of your MTM program's annual comprehensive medication review, including an interactive, person-to-person, or telehealth consultation and the provision of an individualized, written summary in CMS' standardized format:	Comprehensive Medication Reviews (CMRs) are completed as a one on one consultation with a qualified MTM provider. CMR completion will be via telephone, telehealth or face to face. During the CMR, the entire medication profile for the member is reviewed (including prescriptions, OTCs, herbal supplements and samples) for appropriateness of therapy. The purpose and direction of each medication are reviewed with the recipient of the CMR and documented on the Personal Medication List (PML). Disease specific goals of therapy and medication related problems may be discussed, as well as any specific questions. After the CMR, the member is provided the standardized post CMR takeaway letter which includes a Recommended To-Do List detailing the conversation with the MTM provider and a PML through mail, fax, email, web portal access, text message, or in person delivery.
Detailed description of how your MTM program will perform targeted medication reviews, at least quarterly, with follow-up interventions when necessary:	All members that have not opted out of the program receive ongoing Targeted Medication Reviews (TMRs) on at least a quarterly basis with each prescription claim update and each time the member should have a prescription claim for a chronic medication. At the end of each quarter, all enrolled members are reviewed to ensure that a TMR was performed that quarter. If a TMR was not performed due to not receiving any prescription claims for the member during that quarter, the system will complete a TMR in the absence of new claims to ensure compliance. TMRs identify opportunities for interventions based on systematic drug utilization review and may include cost savings, adherence to national consensus treatment guidelines, adherence to prescribed medication regimens, and safety concerns. TMRs that identify drug therapy problems are categorized and triaged based on the severity of the alert. The member, caregiver, or prescriber is then contacted in person or via phone, text, mail, email, electronic data exchange, or fax as appropriate for review of potential drug therapy changes. TMR alerts that result in outreach to the member or caregiver may allow an additional opportunity for the MTM vendor to offer the member or caregiver a CMR. Members or caregivers that accept the CMR receive the CMR as outlined above. Interventions resulting from person to person TMRs, non person to person TMRs, and CMRs may result in prescriber contact in person or via fax, phone, text, email, electronic data exchange, or mail, when appropriate.
Detailed description of how your MTM program will provide enrollees with information regarding the safe disposal of prescription drugs that are controlled substances, drug take back programs, in-home disposal and cost-effective means to safely dispose of such drugs:	Every member who qualifies for the MTMP will receive information regarding the safe disposal of prescription drugs that are controlled substances, drug take back programs, in home disposal and cost effective means to safely dispose of such drugs in their introductory letter that is sent within 60 days of qualification into the program. If we do not have contact information on file for the member, or we have a history of bad contact information, we will send the introductory letter if updated contact information is received.
Detailed description of any other value added MTM services that your MTM program will offer:	
Change Request Field Description:	updated formatting due to a copy paste error.

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Resources

Provider of MTM services:

In-house staff
Pharmacist
Outside personnel
Medication Therapy Management vendor
Name of vendor: Tabula Rasa health care group
In-house Pharmacists
Local Pharmacists
Long Term Care Consultant Pharmacist
Physician
Registered Nurse
Licensed Practical Nurse
Nurse Practitioner
Physician's Assistant
Pharmacy intern under the direct supervision of a pharmacist
Pharmacy technician
Name of vendor: Outcomes incorporated
In-house Pharmacists
Local Pharmacists
Physician
Registered Nurse
Nurse Practitioner
Physician's Assistant
Pharmacy intern under the direct supervision of a pharmacist
Other: MTM vendor pharmacist

Qualified Provider of Interactive, Person-to-Person CMR with written summaries:

Physician
Registered Nurse
Licensed Practical Nurse
Plan Sponsor Pharmacist
MTM Vendor Local Pharmacist
MTM Vendor In-house Pharmacist
MTM Vendor Long Term Care Consultant Phamacist
Nurse Practitioner
Physician's Assistant
Pharmacy intern under the direct supervision of a pharmacist
Other: MTM vendor pharmacist

Change Request Field Description: adding plan sponsor in house pharmacist to support with CMR completions.

Fees

Medication Therapy Management vendor: Fees are covered as part of the services of the Medication Therapy Management vendor contract without being priced out separately

Outcomes Measured

Part D Reporting Requirements
Medication issues resolved
Cost avoidance savings
Member satisfaction

Additional Information 1

Description: To promote continuity of care for MTM members qualified in previous years, and to qualify new members as early in the program year as possible, previous year prescription claims are used when available to determine qualification.Frequency of eligibility criteria analysis will be determined by the Medicare Part D plan sponsor as stated in the Targeting section. Eligibility determination will occur as early in the year as possible and continue throughout the year until the specified last eligibility analysis date. Following the initial program setup, eligibility determination occurs with each data feed provided by the plan sponsor or their representative, unless less frequent targeting has been selected. Targeted Medication reviews are

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

completed at least quarterly, or with each update of prescription claims, and continue throughout the year until the specified last analysis date.Furthermore, additional modes of support are provided to ensure accessibility and care delivery to members. This includes, but not limited to, TTY services, capability to print in braille, language support in hundreds of languages via a language translation line, and coordination of care between case management and long-term care facilities.

Additional Information 2

Description:

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

HPMS
Health Plan Management System

Print | Close

Print Date: 9/14/2022

CY 2023 MTMP - Reports

Status History Report Detail

Contract:	H5826 - COMMUNITY HEALTH PLAN OF WASHINGTON
Version:	2
Cycle:	Update Cycle 1
Submitted Due to:	Update Cycle 1
Current Status:	Approved
Date Submitted:	9/08/2022 3:59:29 PM
Submission Date Due:	9/10/2022
Date Attested:	9/08/2022 5:16:24 PM
Attestation Date Due:	9/10/2022

MTM Program Information

MTM Program Web Page URL:	https://medicare.chpw.org/member-center/member-resources/prescription-drug-coverage/medication-therapy-management/

Targeting Criteria for Eligibility in the MTMP

MTM Program offered to:	Only enrollees who meet the specified targeting criteria per CMS requirements

Multiple Chronic Diseases

Minimum number of chronic diseases:	3
Chronic disease(s) that apply:	Specific chronic diseases apply
Chronic disease(s) selected:	CORE: Bone Disease-Arthritis-Osteoporosis CORE: Chronic Heart Failure (CHF) CORE: Diabetes CORE: Dyslipidemia CORE: End-Stage Renal Disease (ESRD) CORE: Hypertension CORE: Mental Health-Depression CORE: Respiratory Disease-Asthma CORE: Respiratory Disease-Chronic Obstructive Pulmonary Disease (COPD)

Multiple Covered Part D Drugs

Minimum number of Covered Part D Drugs:	8
Type of Covered Part D Drugs that apply:	Chronic/maintenance drugs apply

Incurred Cost for Covered Part D Drugs

Specific Threshold and Frequency
Incurred one-fourth of specified annual cost threshold ($4,935) in previous three months

Targeting

Frequency:	Weekly
Data evaluated for targeting:	Drug claims Other: PBM Opioid Restriction Report

Enrollment/Disenrollment

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

Appendix B: Detailed Revision History

Revision Date	Revision Description	Revision Made By
10/26/2006	Minor Formatting	Rachel Koh
01/13/2009	Review for style and formatting	Sunny Otake
08/05/2009	Content Update	Jennifer Mui
09/09/2009	Approval	MMLT
09/11/2009	Edit for clarity and style; reformat	Jennifer Carlisle
02/12/2010	Content Update	Maria Chan
04/21/2010	Content Update	Maria Chan
04/30/2010	Approval	MMLT
03/14/2011	Content Update	Maria Chan
03/23/2011	Approval	MMLT
03/26/2012	Content Update on MTMP process	Maria Chan
04/04/2012	Approval	MMLT
02/21/2013	Content Update on MTMP process	Maria Chan
04/19/2013	Approval	MMLT
03/24/2014	Review and content update	Annie Lam
04/23/2014	Approval	MMLT
01/25/2015	Review with no changes	Lauren Pope
03/11/2015	Approval	MMLT
03/10/2016	Added Telephone consumer Protection Act section	Mary Eckhart
03/18/2016	Approval	MMLT
03/01/2017	Moved to new template	Mary Eckhart
03/14/2017	Approval	MMLT
03/02/2018	Moved to new template.	Mary Eckhart
03/13/2018	Approval	MMLT
03/08/2019	Minor changes	Rebecka Braband
03/13/2019	Approval	MMLT
07/31/2019	No Changes. Updated Citations table.	Rebecka Braband
12/18/2019	Updated number of minimum medications	Fran McGaugh
02/25/2020	Reviewed. Updated Citations table	Rebecka Braband
02/27/2020	Reviewed. Added explanation of the role of the CHPW clinical pharmacist.	Ivan Figueira
02/28/2020	Reviewed and approved	Omar Daoud
3/6/2020	Approved	Yusuf Rashid

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.

03/06/2020	Approval	CMO Cabinet
02/23/2021	Updated appendix	Erin Riddle
02/23/2021	Reviewed	Omar Daoud
03/01/2021	Approval	Yusuf Rashid
03/02/2021	Approval	CMO Cabinet
02/22/2022	Reviewed, no changes. Department approval.	Omar Daoud
02/28/2022	Approval	CMO Cabinet
09/14/2022	Reviewed. Added Outcomes vendor	Erin Riddle
09/29/2022	Approved	Omar Daoud
10/03/2022	Approval	CMO Cabinet
10/03/2023	Reviewed. Added calls supplementing letters in offering CMR or opt-out.	Brittney Kessel
10/24/2023	Reviewed the updates and no concerns	Omar Daoud
10/26/2023	Approved	Clinical Services Leadership Team
01/22/2025	No changes	Omar Daoud
01/24/2025	Approved	Clinical Services Leadership Team
12/16/2026	No changes	Omar Daoud
12/18/2025	Approved	Clinical Services Leadership Team

Data contained in this document is considered confidential and proprietary information and its duplication, use, or disclosure is prohibited without prior approval of Community Health Plan of Washington.