Policy:	MA.6106
Title:	**Medication Therapy Management**
Department:	Medical Management
Section:	Pharmacy Management
CEO Approval:	*/s/ Michael Hunn 10/31/2024*
Effective Date:	01/01/2006
Revised Date:	01/01/2025
Applicable to:	☐ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines CalOptima Health's Medication Therapy Management (MTM) program, in compliance with the Centers for Medicare & Medicaid Services (CMS) MTM processes and standards.

II. POLICY

A. On an annual basis, CalOptima Health shall develop an MTM program in cooperation with licensed and practicing Pharmacists and Providers.

B. CalOptima Health shall submit the MTM program description annually to CMS for review and approval during the appropriate MTM program submission window.

C. The MTM program includes elements to:

1. Promote and enhance Member understanding of the appropriate use of medications to optimize therapeutic outcomes.

2. Reduce the risk of potential adverse events, including adverse drug interactions, associated with medications through Member education, counseling, and other appropriate means.

3. Increase Member Medication Adherence with medication refill reminders, special packaging, and other case specific aids.

4. Detect adverse drug events and patterns of medication utilization. This will include, but not be limited to overutilization, underutilization, suboptimal dosing, appropriateness of therapy, medications without a clear indication, identifying side effects related to drug therapy, polypharmacy, drug-drug interactions, drug-food interactions, and drug-disease interactions.

5. Coordinate with CalOptima Health's care management plan established for a targeted individual under a chronic care improvement program (CCIP).

D. CalOptima Health identifies Members eligible for the MTM program and shall provide MTM program services, in accordance with the provisions of this Policy.

E. CalOptima Health safeguards against discrimination based on the nature of MTM interventions (i.e., TTY if phone based, Braille if mail based, etc.).

F. CalOptima Health does not deny a Member's access to prescription drugs based on the Member's failure to participate in the MTM program.

G. CalOptima Health uses the MTM program to detect, evaluate, and resolve medication issues to ensure cost-effective medication use and the highest quality clinical outcomes for Members.

H. CalOptima Health reimburses Qualified Providers participating in the MTM program in accordance with the current program year's fee schedule. CalOptima Health lists the reimbursement rates in the annual CMS MTM program submission.

I. Upon request, CalOptima Health shall disclose to CMS the amount of the management and dispensing fees, and the portion paid for the MTM program services to CMS approved Qualified Providers. Such reports are protected under the provisions of Section 1927(b)(3)(D) of the Social Security Act.

J. The MTM program may distinguish between services in ambulatory and institutional settings. Where in institutional settings, the Comprehensive Medication Review (CMR) Provider may choose to meet the patient or caregiver at the Member's facility or complete the review telephonically.

K. CalOptima Health enrolls a Targeted Beneficiary using an opt-out method of enrollment only, as provided in this Policy.

L. CalOptima Health targets Members for enrollment in the MTM program at least quarterly during each year, according to the CMS approved MTM program methodology.

M. CalOptima Health offers a CMR to all Members enrolled in the MTM Program at least annually, and this includes Members who are in a Long-Term Care (LTC) setting.

N. CalOptima Health's MTM services are furnished by a Pharmacist or other Qualified Provider.

O. CalOptima Health shall not make any positive or negative changes to the approved MTM program within a given contract year without first receiving approval by CMS.

III. PROCEDURE

A. Member Identification and Targeting

1. Targeted Beneficiaries. CalOptima Health identifies Members eligible for enrollment in the MTM program if they meet the characteristics of at least one (1) of the following two (2) groups:

a. Group 1

i. Member has medical claims for three (3) or more of the following core chronic conditions:

a) Alzheimer's Disease;

b) Bone disease-arthritis (including osteoporosis, osteoarthritis, and rheumatoid arthritis);

c) Chronic congestive heart failure (CHF);

d) Diabetes;

e) Dyslipidemia;

f) End-Stage Renal Disease (ESRD);

g) Human immunodeficiency virus/Acquired immunodeficiency syndrome (HIV/AIDS);

h) Hypertension;

i) Mental health (including depression, schizophrenia, bipolar disorder, and other chronic/disabling mental health conditions); or

j) Respiratory Disease (including asthma, chronic obstructive pulmonary disease (COPD), and other chronic lung disorders).

ii. Member is receiving eight (8) or more maintenance Part D medications per quarter; and

iii. Member is likely to incur annual costs for Covered Part D Drugs that exceed a dollar threshold prescribed by CMS; for Calendar Year 2025 the threshold is $1,623.00.

a) CalOptima Health calculates the total pharmacy claims for a Member on a quarterly basis.

b) CalOptima Health considers a Member as likely to incur an annual cost of $1,623.00 if the Member has $405.75 or more in paid claims for the quarter being evaluated.

b. Group 2

i. Members identified as At-Risk Beneficiaries (ARBs) as defined at 42 CFR section 423.100 as set forth in CalOptima Health Policy MA.6104: Opioid Medication Utilization Management.

2. CalOptima Health's Pharmacy Management will apply the same requirements for targeting regardless of whether the Member meets the criteria under Group 1, Group 2, or both.

3. On a quarterly basis, CalOptima Health's Pharmacy Management Department identifies Members who meet the criteria for inclusion in the MTM program through pharmacy and medical claims data. Pharmacy claims data is used to determine maintenance Part D medication counts and the annual Part D medication cost. Medical claims data are used to identify core disease states as determined appropriate by CalOptima Health Pharmacy Department.

4. CalOptima Health notifies a Member who qualifies for the MTM program by sending an MTM invitation letter via United States (U.S.) mail.

a. Qualified Members are auto enrolled into the CalOptima Health MTM program and will remain enrolled through the contract year unless the Member opts out of the MTM program entirely.

b. Qualified Members may refuse or decline individual services (TMR, CMR) without having to disenroll from the MTM program.

c. In addition to invitation letters, CalOptima Health conducts telephonic, text, e-mail and/or member portal outreaches to qualified Members to increase CMR participation as a second approach to offer MTM services.

5. CalOptima Health shall auto-enroll the Targeted Beneficiary each contract year when he or she meets the eligibility criteria, and he or she is considered enrolled, unless the Member declines enrollment or requests to be disenrolled by the opt-out methodology. CalOptima Health's presumption is the Member opts out for the applicable contract year unless the Member explicitly states the opt-out is permanent or requests not to be contacted again regarding MTM.

   a. A Member enrolled in CalOptima Health's MTM program may refuse or decline services without having to disenroll from the MTM program.

   b. Should an identified Member desire to permanently opt-out of the MTM program, CalOptima Health honors the request and does not re-target the Member in future contract years.

      i. If the Member actively seeks enrollment in the MTM program at a later time, CalOptima Health allows the Member to participate as long as he or she meets the necessary MTM requirements.

6. Opt-outs shall be recorded by CalOptima Health Staff as follows:

   a. Opt-outs due to plan disenrollment will be documented with an opt-out date corresponding to the last date of plan eligibility.

   b. Opt-out dates due to death will be documented with an opt-out date corresponding to the last date of plan eligibility in accordance with CMS PCUG Guidance, Chapter 2, 50.2.3.

   c. Member-level opt-out requests shall be documented as the receipt date of the Member's written notification or date of the verbal request. If a verbal request is received by CalOptima Health's Customer Service Department, it shall be documented in the Customer Service call logging system and the Pharmacy Department shall be notified of the opt-out.

B. Services provided in the MTM program include, but are not limited to:

1. Offering a face-to-face or synchronous telehealth CMR at least annually by a Qualified Provider as indicated in the current year's MTM program submission to CMS. CMRs will include an interactive and comprehensive review of a Member's over-the-counter (OTC) medications, vitamin/herbal/dietary supplements, and prescription medications. Qualified Providers shall provide a summary of the results of the CMR to the Member in CMS' standardized format within fourteen (14) calendar days of the completed CMR.

   a. When the CMR is completed, CalOptima Health will print and mail all documents in accordance with the Facilities Department mailroom procedure and CalOptima Health policy, as appropriate.

   b. CalOptima Health offers the CMR to newly targeted Members within sixty (60) calendar days after being enrolled in the MTM program.

c. For Members enrolled in MTM the previous contract year who continue to meet criteria in the current contract year, the CMR is offered within one (1) year (i.e., 365 days) of the last CMR offer.

d. For cognitively impaired Members, CalOptima Health reaches out to the Member's prescriber, caregiver or other authorized individual to complete the CMR. This applies to Members in all settings, including LTC.

   i. CalOptima Health's Pharmacy Management Department collects documentation and/or will provide rationale when making the determination that a Member is cognitively impaired and unable to participate in the CMR.

e. Members may invite other individuals, such as their caregiver or authorized individual, to join them in the CMR.

f. CalOptima Health recognizes the challenges of performing CMRs in the LTC setting and engages Qualified Providers to perform the CMR who have experience engaging Members, prescribers and ancillary health care professionals in the LTC setting.

   i. When possible, CalOptima Health coordinates MTM activities with the care plan meeting to assess current regimens.

2. Formulation of CMS-approved standardized format documents which include a medication list and action items discussed with the Member during the CMR interview.

3. Evaluation and monitoring of a Member's response to drug therapy;

4. Coordination of medication therapy with other care management services, such as case management; and

5. Performing quarterly TMRs. TMRs systematically look for drug therapy issues. CalOptima Health's MTM vendor provides outreach to prescribers via fax in accordance with the methodologies outlined in MTM vendor's policy, CSS Health Operations Support Policy and Procedure Manual, as referenced herein. Educational newsletters are mailed to Members who are in the program. Also, follow-up interventions will be provided, if necessary, for all Members enrolled in the MTM program.

   a. If a Member declines the annual CMR, CalOptima Health still offers interventions to the prescriber and performs TMRs at least quarterly to assess medication use on an on-going basis.

   b. CalOptima Health performs TMR interventions to the beneficiary's prescribers irrespective of the CMR acceptance or completion.

6. Provide information about 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 accordance with criteria established in Title 42, Code of Federal Regulations, section 422.111(j) and as outlined in the approved annual CMS MTM program submission.

7. On a quarterly basis, CalOptima Health's Pharmacy Management Department shall:

a. Notify a Member's Primary Care Provider (PCP) of the Member's participation in the MTM program to ensure coordination between the MTM program and the care provided by the PCP; and

b. Provide a list of Members participating in the MTM program to the CalOptima Health Case Management Department to ensure coordination between the MTM program and the Medicare chronic care improvement program (CCIP) under Section 1807 of the Social Security Act.

C. While offering the CMR, the Qualified Provider shall:

1. Review the Member's medication profile with respect to:

a. Therapeutic duplication;

b. Appropriateness of therapy, including medically accepted indications (MAI);

c. Appropriateness of dosing;

d. Drug to drug interactions;

e. Drug to disease interactions;

f. Contraindications;

g. Adverse effects;

h. Subtherapeutic response; and

i. Overutilization as evidenced by:

i. Controlled substances, especially opiates;

ii. Excessive quantities; or

iii. High doses.

2. Underutilization as evidenced by:

a. Poor adherence; or

b. Subtherapeutic dose.

3. Potential Fraud and Abuse;

4. Multiple prescribers; and

5. Other parameters as determined by the Qualified Provider on a case-by-case basis.

a. Provide individual education to the Member regarding appropriate medication use;

b. Utilize interventions to improve adherence to prescribed medication regimens, such as directed counseling, special packaging, or refill reminders; and

c. Contact the Member's Prescriber, as necessary, to recommend changes to the medication regimen.

D. CalOptima Health's Pharmacy Management Department shall measure the effectiveness of the MTM program through:

1. High risk medication utilization;

2. The number of physician-accepted drug therapy recommendations;

3. Annual pharmacy expenditures per Member;

4. Member satisfaction surveys; and

5. The number of drug therapy resolutions other than physician-accepted recommendations, such as medication adherence.

E. CalOptima Health shall report to CMS specific data on the MTM program in the manner prescribed by CMS. CalOptima Health shall report information annually related to the implementation of the MTM program that may include, but is not limited to:

1. Number of Members identified for the MTM program;

2. Number of Members participating in the MTM program;

3. Number of Members who are eligible, but declined participation in the MTM program; and

4. Total drug cost for Members in MTM on a per MTM-enrolled Member per month basis.

F. CalOptima Health increases Member awareness about the MTM program and promotes its value by ensuring Customer Service representatives and staff are trained and familiar with the MTM program.

1. CalOptima Health loads MTM eligibility into the Customer Service call system which provides eligibility information to Customer Service representatives.

G. CalOptima Health also includes a separate section on MTM on their website that includes:

1. CalOptima Health's specific MTM program eligibility requirements;

2. A statement informing Members who to contact at CalOptima Health for more information, with customer service personnel prepared to answer questions about the MTM program;

3. High-level summary of services offered as part of the MTM program;

4. A statement explaining the purpose and benefits of MTM, and that it is a free service for eligible Members;

5. A description of how the Member will be notified by CalOptima Health that they are eligible and enrolled in the MTM program;

6. Statements on how Members will be contacted and offered services by CalOptima Health,

including the CMR and TMR, and a description of how the reviews are conducted and delivered, including time commitments and materials Members will receive; and

7. A statement on how the Member may obtain MTM service documents, including a blank copy of the Medication List posted on the website.

H. All MTM documentation is subject to the record retention requirements outlined in the Medicare Managed Care Manual Chapter 11: 110.4.3.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. Applications from Medicare Advantage Prescription Drug Plans (MA-PD) Sponsors
B. California Business and Professions Code, §4040
C. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
D. CalOptima Health Policy MA.6104: Opioid Medication Utilization Management
E. Centers for Medicare & Medicaid Services (CMS) Prescription Drug Benefit Manual, Chapter 7 – Medication Therapy Management and Quality Improvement Program, Revised 02/19/2010
F. "Contract Year 2025 Part D Medication Therapy Management Program Guidance and Submission Instructions," Health Plan Management System (HPMS) Memorandum, Issued 05/06/2024
G. Centers for Medicare & Medicaid Services (CMS) PCUG Guidance, Chapter 2, 50.2.3
H. Clarest Health (MTM Vendor) - Clinical Operations Policy and Procedure Manual
I. Medicare and Medicaid Programs; Contract Year 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly. Issued 01/19/2021.
J. Medicare Managed Care Manual Chapter 11: 110.4.3
K. Medicare Modernization Act, Section 1860D-4(c)(2)
L. Medicare Program; Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Program for Contract Year 2024—Remaining Provisions and Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly (PACE). Issued 04/23/2024. "Technical Instructions for the Standardized Format for Part D Medication Therapy Management (MTM) Program Comprehensive Medication Review (CMR) Summary FORM CMS-10396 (07/31/2025)," Health Plan Management System (HPMS) Memorandum, Issued 09/17/2024.
M. Social Security Act, §1807
N. Title 42, Code of Federal Regulations (CFR), §§422.111(j), 423.100, and 423.153(d)(e)

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
08/06/2020	Regular Meeting of the CalOptima Board of Directors
04/01/2021	Regular Meeting of the CalOptima Board of Directors

Date	Meeting
12/20/2021	Special Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2006	MA.6106	Medication Therapy Management	OneCare
Revised	02/01/2008	MA.6106	Medication Therapy Management	OneCare
Revised	02/01/2011	MA.6106	Medication Therapy Management	OneCare
Revised	01/01/2012	MA.6106	Medication Therapy Management	OneCare
Revised	05/01/2012	MA.6106	Medication Therapy Management	OneCare
Revised	10/01/2014	MA.6106	Medication Therapy Management	OneCare
Revised	06/01/2015	MA.6106	Medication Therapy Management	OneCare OneCare Connect
Revised	07/01/2016	MA.6106	Medication Therapy Management	OneCare OneCare Connect
Revised	11/01/2016	MA.6106	Medication Therapy Management	OneCare OneCare Connect
Revised	12/01/2017	MA.6106	Medication Therapy Management	OneCare OneCare Connect
Revised	02/01/2018	MA.6106	Medication Therapy Management	OneCare OneCare Connect
Revised	10/01/2018	MA.6106	Medication Therapy Management	OneCare OneCare Connect
Revised	08/06/2020	MA.6106	Medication Therapy Management	OneCare OneCare Connect
Revised	04/01/2021	MA.6106	Medication Therapy Management	OneCare OneCare Connect
Revised	12/20/2021	MA.6106	Medication Therapy Management	OneCare OneCare Connect
Revised	12/31/2022	MA.6106	Medication Therapy Management	OneCare
Revised	02/01/2023	MA.6106	Medication Therapy Management	OneCare
Revised	01/01/2024	MA.6106	Medication Therapy Management	OneCare
Revised	01/01/2025	MA.6106	Medication Therapy Management	OneCare

IX. GLOSSARY

Term	Definition
Abuse	A Provider practice that is inconsistent with sound fiscal, business, or medical practice, and results in an unnecessary cost to CalOptima Health and the OneCare program, or in reimbursement for services that are not Medically Necessary or that fail to meet professionally recognized standards for health care. It also includes Member practices that result in unnecessary cost to CalOptima Health and the OneCare program.
At-Risk Beneficiary (ARB)	A Part D eligible individual who is determined to be at-risk for misuse or abuse of a frequently abused drug in accordance with the requirements for drug management programs at *42 CFR* 423.153(f). Additional guidance about Part D drug management programs is available at https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/RxUtilization.html (Rev. 1, Issued: July 31, 2018; Effective/Implementation: 01-01-2019)
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Comprehensive Medication Review (CMR)	A process of collecting Member-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the Member, caregiver and/or prescriber. It is designed to improve Member's knowledge of their prescriptions, OTC medications, identify and address problems or concerns the Member may have, and empower Members to self-manage their medications and health conditions.
Covered Part D Drug	A Covered Part D Drug includes: 1. A drug that may be dispensed only upon a Prescription, approved by the Food and Drug Administration (FDA), used and sold in the United States, and used for a medically accepted indication as set forth in Section 1927(k)(2)(A) of the Social Security Act; 2. A biological product described in sections 1927(k)(2)(B)(i) through (iii) of the Social Security Act; 3. Insulin described in section 1927(k)(2)(C) of the Social Security Act; 4. Medical supplies associated with the delivery of insulin; and 5. A vaccine licensed under section 351 of the Public Health Service Act and its administration.
Drug Management Program (DMP)	Program to address Members at-risk for misuse or abuse of frequently abused drugs (FADs).
End Stage Renal Disease (ESRD)	That stage of kidney impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplantation to maintain life. End Stage Renal Disease is classified as Stage V of Chronic Kidney Disease. This stage exists when renal function, as measured by glomerular filtration rate (GFR), is less than 15ml/min/1.73m^2 and serum creatinine is greater than or equal to eight, unless the Member is diabetic, in which case serum creatinine is greater than or equal to six (6). Excretory, regulatory, and hormonal renal functions are severely impaired, and the Member cannot maintain homeostasis.
Fraud	An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law, in accordance with Title 42 Code of Federal Regulations section 455.2, Welfare and Institutions Code section 14043.1(i)

Term	Definition
Long Term Care (LTC)	A variety of services that help Members with health or personal needs and Activities of Daily Living over a period of time. Long Term Care (LTC) may be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities.
Medication Adherence	The extent to which a person takes medications as prescribed by their health care Providers.
Medication Therapy Management (MTM)	A program of drug therapy management furnished by a Pharmacist and that is designed to: 1. Assure that Covered Part D Drugs are appropriately used to optimize therapeutic outcomes through improved medication use; and 2. Reduce the risk of adverse events, including adverse drug interactions.
Member	A beneficiary enrolled in a CalOptima Health program.
Over-the-Counter (OTC)	Defined as products available for purchase without a prescription.
Overutilization Monitoring System (OMS) Criteria	Criteria determined by CMS annually to identify Part D beneficiaries whom CMS believes are at the highest risk of adverse events or overdose due to their level of opioid use and/or obtaining them from multiple prescribers/pharmacies.
Pharmacist	A person to whom the State Board of Pharmacy has issued a license, authorizing the person to practice pharmacy.
Primary Care Provider (PCP)	A physician who focuses his or her practice of medicine to general practice or who is a board certified or board eligible internist, pediatrician, obstetrician/gynecologist, or family practitioner. The PCP is responsible for supervising, coordinating, and providing initial and primary care to Members, initiating referrals, and maintaining the continuity of Member care under OneCare.
Provider (Part D)	All contracted Providers including physicians, Non-physician Medical Practitioners, ancillary providers, and facilities or institutions who are licensed to furnish Covered Services.
Qualified Provider	An individual who completes the Interactive, person-to-person Comprehensive Medication Review (CMR) with written summaries as defined in the current MTM Program approved by CMS.
Targeted Beneficiary	A CalOptima Health Member who meets the eligibility criteria of the MTM program, which includes having at least three (3) qualifying core chronic diseases, is taking eight (8) or more Part D medications per quarter, and one who is likely to incur annual costs for Covered Part D Drugs greater than or equal to the MTM annual cost threshold as further identified in this Policy.
Targeted Medication Review (TMR)	A review focused on specific or potential medication-related problems. The identified problem is communicated directly to the Member's prescriber.