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**Measure: D11 - MTM Program Completion Rate for CMR**

Title	Description
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Label for Stars: Members Who Had a Pharmacist (or Other Health Professional) Help them Understand and Manage Their Medications

Label for Data: Members Who Had a Pharmacist (or Other Health Professional) Help them Understand and Manage Their Medications

Description: Some plan members are in a program (called a *Medication Therapy Management* program) to help them manage their drugs. The measure shows how many members in the program had an assessment of their medications from the plan. The assessment includes a discussion between the member and a pharmacist (or other health care professional) about all of the member's medications. The member also receives a written summary of the discussion, including an action plan that recommends what the member can do to better understand and use his or her medications.

Metric: This measure is defined as the percent of Medication Therapy Management (MTM) program enrollees who received a Comprehensive Medication Review (CMR) during the reporting period.

Numerator = Number of beneficiaries from the denominator who received a CMR at any time during their period of MTM enrollment in the reporting period.

Denominator = Number of beneficiaries who were at least 18 years or older as of the beginning of the reporting period and who were enrolled in the MTM program for at least 60 days during the reporting period. Only those beneficiaries who meet the contracts' specified targeting criteria per CMS – Part D requirements pursuant to §423.153(d) of the regulations at any time in the reporting period are included in this measure. Beneficiaries who were in hospice at any point during the reporting period are excluded. Beneficiaries who were enrolled in the contract's MTM program for less than 60 days at any time in the measurement year are included in the denominator and the numerator if they received a CMR within this timeframe. Beneficiaries are excluded from the measure calculation if they were enrolled in the contract's MTM program for less than 60 days and did not receive a CMR within this timeframe. The date of enrollment is counted towards the 60 days but the opt-out date is not.

A beneficiary's MTM eligibility, receipt of CMRs, etc., is determined for each contract he/she was enrolled in during the measurement period. Similarly, a contract's CMR completion rate is calculated based on each of its eligible MTM enrolled beneficiaries. For example, a beneficiary must meet the inclusion criteria for the contract to be included in the contract's CMR rate. A beneficiary who is enrolled in two different contracts' MTM programs for 30 days each is therefore excluded from both contracts' CMR rates. The beneficiary is only included in the measure calculation for the contract(s) where they were enrolled at least 60 days. Beneficiaries with multiple records that contain varying information for the same contract are excluded from the measure calculation for that contract.

Beneficiaries may be enrolled in MTM based on the contracts' specified targeting criteria per CMS – Part D requirements and/or based on expanded, other plan-specific targeting criteria. Beneficiaries who were initially enrolled in MTM due to other plan-specific (expanded) criteria and then later met the contracts' specified targeting criteria per CMS – Part D requirements at any time in the reporting period are included in this measure. In these cases, a CMR received after the date of MTM enrollment but before the date the beneficiary met the specified targeting criteria per CMS – Part D requirements are included.

Primary Data Source: Part D Plan Reporting

Data Source Description: Additional data sources used to calculate the measure: Medicare Enrollment Database (EDB) File.

Data were reported by contracts to CMS per the Part D Reporting Requirements. Validation of these data was performed retrospectively during the 2021 Data Validation cycle.

Data Source Category: Health and Drug Plans

Exclusions: Contracts with an effective termination date on or before the deadline to submit data validation results to CMS (June 30, 2021) are excluded and listed as "No data available." The current MTM requirements are waived for the PBPs approved to participate in the Enhanced MTM Model and data on participating PBPs must not be reported per the Part D Reporting Requirements under the current MTM program. This MTM data will instead be reported in accordance with model terms and conditions and not included in the measure calculation.

MTM CMR rates are not provided for contracts that did not score at least 95% on data validation for the Medication Therapy Management Program reporting section or were not compliant with data validation standards/sub-standards for any of the following Medication Therapy Management Program data elements. We define a contract as being non-complaint if either it receives a "No" or a 1, 2, or 3 on the 5-point Likert scale in the specific data element's data validation.

- HICN (or MBI) or RRB Number (Element B)
- Met the specified targeting criteria per CMS – Part D requirements (Element F)
- Date of MTM program enrollment (Element I)
- Date met the specified targeting criteria per CMS – Part D requirements (Element J)
- Date of MTM program opt-out, if applicable (Element K)
- Received annual CMR with written summary in CMS standardized format (Element P)
- Date(s) of CMR(s) (Element Q)

MTM CMR rates are also not provided for contracts that failed to submit their MTM file and pass system validation by the reporting deadline or who had a missing data validation score for MTM. Contracts excluded from the MTM CMR Rates due to data validation issues are shown as "CMS identified issues with this plan's data." See Attachment M for more details on the MTM CMR completion rate measure scoring methodology.

Contracts can view their data validation results in HPMS (<https://hpms.cms.gov/>). To access this page, from the top menu select "Monitoring," then "Plan Reporting Data Validation." Select the appropriate contract year. Select the PRDVM Reports. Select "Score Detail Report." Select the applicable reporting section. If you cannot see the Plan Reporting Data Validation module, contact CMSHPMS\_Access@cms.hhs.gov.

Additionally, contracts must have 31 or more enrollees in the denominator in order to have a calculated rate. Contracts with fewer than 31 eligible enrollees are listed as "Not enough data available".

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Process Measure

Weighting Value: 1

Major Disaster: Higher measure star (2021-2022) for contracts with 25% or more enrolled affected by 2020 disasters.

Meaningful Measure Area: Medication Management

NQF #: Not Applicable

Data Display: Percentage with no decimal place

Reporting Requirements:	<b>1876 Cost</b>	<b>CCP w/o SNP</b>	<b>CCP with SNP</b>	<b>CCP with Only I-SNP</b>	<b>MSA</b>	<b>PDP</b>	<b>PFFS</b>
	Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:	<b>Type</b>	<b>1 Star</b>	<b>2 Stars</b>	<b>3 Stars</b>	<b>4 Stars</b>	<b>5 Stars</b>
	MA-PD	< 54 %	>= 54 % to < 72 %	>= 72 % to < 82 %	>= 82 % to < 89 %	>= 89 %
	PDP	< 31 %	>= 31 % to < 47 %	>= 47 % to < 61 %	>= 61 % to < 74 %	>= 74 %