Medicaid MTM Standards

November 2022

National MTM Advisory Board Mission Statement

Guiding the future of Medication Therapy Management through shared expertise and collaboration

About the National MTM Advisory Board

Formed in 2010, the National MTM Advisory Board brings together representatives from multiple stakeholder groups to build consensus and influence policy development in the Medication Therapy Management (MTM) industry. The Board incorporates a diverse mix of viewpoints and experience from payers and pharmacy providers. As thought leaders, members of the board address both the short- and long-term positioning of MTM services within the larger healthcare picture. Outcomes provides administrative support to the board.

Published by:

Contents

Overview

Why MTM is important (why should you adopt an MTM program)

In general, evidence consistently demonstrates that MTM is a clinically and financially effective intervention for Medicaid enrollees and other insured individuals. To create an effective MTM program it is important to understand the applicable governing bodies (including the State Medicaid Agency, State DUR Board and State Board of Pharmacy) that will impact the design of MTM program standards. It is recommended that State Medicaid Agencies and MCOs work in collaboration when defining the requirements of the MTM program to ensure optimal patient care and program outcomes. The recommendations included in the below document should be taken as minimum standards. We encourage states and MCOs to go beyond these standards to meet the needs of their state's Medicaid enrollees.

Why Standards are Beneficial

Standards allow for optimization and efficiency. In today's Medicaid environment each state is afforded the ability to craft MTM program guidance individually. Inconsistent program designs have then resulted in organizations expending outsized efforts to meet these designs within each state where they may operate. Although the customizable nature of the current way of operating has allowed states free reign in their design of programs, an opportunity exists to promote general standardization. The goal of this standardization would be to improve efficiency along with tracking and impacting patient outcomes from MTM service provision. To maintain a program of high quality it is recommended that the State Medicaid Agency create or leverage existing committees of partners across the state that would engage with the MTM Program. This committee would be tasked with evaluation and enhancement of the program to ensure the program remains true to its core objective and continues to evolve and meet the needs of the state's Medicaid enrollees. Examples of Committee members could include:

- Beneficiaries or Caregivers of Beneficiaries
  - Including Tribal Representatives
- State Medicaid Agency representatives
- State Board of Pharmacy representatives
- State Medical Board representatives

Objective for the Document

The objective of this document is to provide state Medicaid agencies with a playbook of guidance and considerations for implementing or modifying an MTM program within a state's broader Medicaid program. These standards are meant to help inform state Medicaid Agencies with best practices when implementing MTM where the state has adopted managed care practices for their Medicaid program. These standards may also be adopted within state-run Medicaid programs through legislative and regulatory action. Each primary section with the document will include:

1. An introduction/guidance to the content

2. Recommended language for a state Medicaid agency to reference and

3. Model language to represent what other states have adopted on the matter.

Definitions

Medication Therapy Management (MTM): A range of clinical services (including but not limited to Comprehensive Medication Reviews and Targeted Medication Reviews) that aim to assess patient-specific information to identify and prioritize medication-related problems to ensure optimum therapeutic outcomes. These services can be provided by, or under the supervision (remote, in-person, or otherwise) of, a licensed pharmacist to support the health of their patients. MTM can be leveraged as a strategy within the scope of the larger DUR program.

> Other definitions of MTM exist in different forms such as the definition adopted by The American Medical Association and published in the Current Procedure Terminology (CPT) Manual or the definition adopted by CMS for Medicare Part D.

Comprehensive Medication Review (CMR): Also known as Medication Therapy Review. An interactive person-to-person or telehealth medication review and consultation conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider and is designed to improve patients' knowledge of their prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements, identify and address problems or concerns that patients may have, and empower patients to self-manage their medications and their health conditions.

Targeted Medication Reviews (TMRs): TMRs may be performed to assess medication use, to monitor whether any unresolved issues need attention, to determine if new drug therapy problems have arisen, assess if the beneficiary has experienced a transition in care or follow-up interventions to the beneficiaries' prescribers to resolve medication-related problems. TMRs aim to couple patient education with appropriate intervention that optimize the targeted beneficiaries' medication use.

1.0 - General Requirements

1.1 Introduction/Guidance

Program requirements offer the backbone for a strong overall program design. The below language can be used verbatim when drafting the requirements, a state Medicaid program sets for the MCOs. In general, State Medicaid Agencies and MCOs should work in collaboration when defining the requirements of the program to ensure optimal patient care and program outcomes.

1.2 Recommended Language

- The MCO must implement a medication therapy management (MTM) program.
- The MCO's MTM program must include multiple layers of program service eligibility including:
  - Retro-active service eligibility: General eligibility for auto referral and targeting of MTM services.
  - Statewide initiative service eligibility: Focused on initiatives of the state Medicaid agency that may include but not be limited to: polypharmacy, social determinants of health, opioid safety, pediatric services, behavioral health, or adherence.
  - Pro-active service eligibility: Allows for the beneficiary, physician, or licensed healthcare practitioner to request MTM services to address immediate concerns or medications related issues that the pharmacist can address.
- The MTM program shall include participation from pharmacists in a variety of service settings with the potential to include in-person, telephonic, and videoconferencing interventions.
- MTM Programs should include coordination between the MCO, the enrollee, the pharmacist and the prescriber using various means of communication.
- The MCO will enroll targeted enrollees in an opt out method of enrollment only. Enrollees will be automatically enrolled into the MTM program with the ability to opt out.
- Reimbursement for MTM services provided by participating pharmacists shall be separate and above dispensing and ingredient cost reimbursement.
- There is no cost-sharing responsibility to the beneficiary for the MTM service.

1.3 Model Language – Ohio

The below model language is found in the Ohio Medicaid Provider Agreement for Managed Care Organization

- *The MCO must implement a medication therapy management (MTM) program.*

- *The MCO's MTM program must include but not be limited to MTM services focused on polypharmacy, opioids, pediatric services, behavioral health, and any other area identified by ODM to support ODM's population health strategy.*

  - *The MTM services for opioid services must include but are not limited to initiatives focused on the education and safe use of opioids as well as the proper disposal of opioids.*

  - *The MTM services for pediatric services must include but are not limited to initiatives focused on immunizations, asthma therapy, and treatment of upper respiratory infections.*

- The MTM services for behavioral health must include but are not limited to initiatives focused on polypharmacy and the use of antipsychotic medications in both adult and pediatric populations.

- As requested by ODM, the MCO must work with other MCOs, the OhioRISE Plan, the SPBM, ODM, and other stakeholders to develop MTM services, including the trigger events and MTM activities.

- As specified in Appendix P, Chart of Deliverables, the MCO must submit an MTM Program Description for its MTM program. The description must include but not be limited to the MTM triggering events, activity that occurs after a triggering event, how each MTM interaction is documented and reimbursed, and how an action plan will be initiated and monitored.

- As specified in Appendix P, Chart of Deliverables, the MCO must provide ODM with quarterly MTM Program Updates of key utilization and financial metrics for its MTM program.

2.0 - Eligibility/Targeting Criteria

2.1 Introduction/Guidance

- Eligibility requirements should be structured with two layers – one for MTM program eligibility and another layer for targeting a subset of those eligible for higher touch services such as Comprehensive Medication Reviews (CMRs). This allows for broader MTM program eligibility across the population while reserving higher cost services like Comprehensive Medication Reviews (CMRs) for those patients with more complex medication regimens.

2.2 Recommended Language

The MTM program must be available to all beneficiaries taking 1 or more chronic medication. Beneficiaries with 4 or more chronic disease states and whose drug therapy includes 5 or more chronic medications must be made eligible to receive high touch services such as a Comprehensive Medication Review. The State Medicaid Agency may elect to provide MTM services to beneficiaries with a lower number of disease states or medications in order to benefit certain statewide initiatives, but MCOs may not increase the above-stated minimums.

2.3 Model Language - Kansas

- *Beneficiaries with two (2) or more chronic disease states and whose drug therapy includes five (5) or more medications must be deemed to qualify for MTM services. The contractor(s) may elect to provide MTM services to beneficiaries with a lower number of disease states or medications, but the contractor(s) may not increase the above-stated minimums.*

3.0 - Performance/Outcomes Measures

3.1 Introduction/Guidance

The performance measures of a given state's MTM program are a vital means for setting the focus of the program. Performance measures allow MCOs to craft their programs in a way that best compliment the specific quality strategy of the state.

Financial penalties and incentives can be used for both program compliance and continuous performance improvement.

In general, State Medicaid Agency should work with MCOs to create minimum eligibility requirements that must be met before MCOs are held accountable to performance measures.

3.2 Recommended Language

A primary method for establishing performance measures is to leverage the measure specifications found in the Healthcare Effectiveness Data and Information Set (HEDIS) created and curated by the National Committee for Quality Assurance. We recommend using the below linked model documents as a primary source when a state is crafting the performance measures applicable to the MTM program.

3.3 Model Language – Multiple States

Kansas – Page 3 - 14

https://www.kancare.ks.gov/docs/default-source/policies-and-reports/quality-measurement/_20210428-eqr-annual-tech-report---final-report.pdf?sfvrsn=c1a8511b_0

Louisiana – Page 7 - 9

https://ldh.la.gov/assets/medicaid/EQRO/2021/AnnualTechnicalReport2019-2020AggregateReport.pdf

Ohio – Page 27 – 30

https://medicaid.ohio.gov/static/About+Us/QualityStrategy/Measures/QualityReview/SFY-2020-External-Quality-Review-Technical-Report.pdf

4.0 - MTM Service Definitions and Documentation

4.1 Introduction/Guidance

Service definitions and documentation expectations are an important base on which to build a program. Adequate service definitions are the starting point that will allow participants of that MTM program to fully understand the approach desired by the State Medicaid Agency to run the MTM program. Informed documentation expectations will ensure that standards of service provision are followed, and that program reporting and monitoring will run smoothly.

4.2 Recommended Language

MTM Service Definitions

First, State Medicaid agencies should work in coordination with their state board of pharmacy to leverage and adopt, where necessary, foundational service definitions that include:

1. A medical benefit covered services definition of MTM services
2. A pharmacy benefit definition of MTM services

By adopting both a medical and pharmacy benefit definition for MTM services the Medicaid agency will be afforded the ability to create a more robust Medicaid MTM program that accounts for both sides of a patient's benefit. See Model Language for example content from both the American Medical Association and the Oregon Board of Pharmacy, respectively.

Based on the above service definitions, State Medicaid Agencies should work in collaboration with MCOs to define the specific services that will be deployed to meet the needs and strategy of the State Medicaid Program. Below are examples of potential MTM services libraries that could be deployed based on the strategy of the state.

Example 1: Improving the health of mothers and babies

If a State Medicaid Agency is focused on improving the health of mothers and babies the below MTM services could be included in the State's MTM program

- Patient Education About Medication Risk in Pregnancy
- Patient Education About Gestational Diabetes Support
- Social Determinants of Health Assessment
- Patient Education for Infant Immunization Assessment
- Patient Education on the Benefits of a Well-Child Exam

Example 2: Managing Chronic Conditions – Hypertension

If a State Medicaid Agency is focused on improving the health of patients diagnosed with hypertension, the below MTM services could be included into that State's MTM program.

- Disease State Education - Hypertension
- Adherence to Medications for Chronic Disease Management
- Consultation on New ACE-Inhibitor Therapy
- Comprehensive Medication Review

Example 3: Improving Overall Adherence for Patients

If a State Medicaid Agency is focused on improving the overall medication adherence of patients the below MTM services could be included into that State's MTM program.

- Transition to 90-day fill to Promote Medication Adherence
- Check In with Patient Regarding Medication Adherence
- Longitudinal Monitoring of Medication Adherence

Service Documentation

State Medicaid Agencies should work in collaboration with MCOs and other stakeholders to set service documentation standards. These service documentation standards should be required for adoption by all participating MCOs in the State Medicaid program. Documentation standards can be enforced through program reporting and performance/outcome measures leveraged by the state to uphold program quality.

4.3 Model Language

Medical Benefit Definition – AMA CPT Manual 2022

Medication therapy management (MTM) services describe a face-to-face patient assessment and intervention as appropriate, by a pharmacist, upon request. MTMS is provided to optimize the response to medication or manage treatment-related medication interactions or complication.

MTMS includes the following documented elements: Review of pertinent patient history, medication profile (prescription and nonprescription), and recommendations for improving health outcomes and treatment compliance. These codes are not to be used to describe the provision of product-specific information at the point of dispensing or any other routine dispensing-related activities."

Pharmaceutical Services Benefit Definition – Oregon Board of Pharmacy

(1) Medication Therapy Management (MTM) is a distinct service or group of services that is intended to optimize the therapeutic outcomes of a patient. Medication Therapy Management can be an independent service provide by a pharmacist or can be in conjunction with the provision of a medication product with the objectives of:

(a) Enhancing appropriate medication use;

(b) Improving medication adherence;

(c) Increasing detection of adverse drug events;

(d) Improving collaboration between practitioner and pharmacist; and

(e) Improving outcomes.

(2) A pharmacist that provides MTM services shall ensure that they are provided according to the individual needs of the patient and may include but are not limited to the following:

(a) Performing or otherwise obtaining the patient's health status assessment;

(b) Developing a medication treatment plan for monitoring and evaluating the patient's response to therapy;

(c) Monitoring the safety and effectiveness of the medication therapy;

(d) Selecting, initiating, modifying or administering medication therapy in consultation with the practitioner where appropriate;

(e) Performing a medication review to identify, prevent or resolve medication related problems;

(f) Monitoring the patient for adverse drug events;

(g) Providing education and training to the patient or the patient's agent on the use or administration of the medication;

(h) Documenting the delivery of care, communications with other involved healthcare providers and other appropriate documentation and records as required. Such records shall:

(A) Provide accountability and an audit trail; and

(B) Be preserved for at least three years and be made available to the Board upon request except that when records are maintained by an outside contractor, the contract must specify that the records be retained by the contractor and made available to the Board for at least three years.

(i) Providing necessary services to enhance the patient's adherence with the therapeutic regimen;

(j) Integrating the medication therapy management services within the overall health management plan for the patient; and

(k) Providing for the safe custody and security of all records and compliance with all relevant federal and state laws and regulations concerning the security and privacy of patient information.

5.0 - Reporting Requirements

5.1 Introduction/Guidance

Reporting is an important part in determining the results and efficacy of an MTM Program. The below recommended reporting language is written to document not only the action of providing MTM services, but the quality and value of those services. Writing MTM standards allows a State Medicaid Agency the opportunity to align reporting requirements for their MTM standards with other reporting processes and requirements already in place for medical and pharmacy claims.

5.2 Recommended Language

- The MCO must provide state with MTM Program Updates of key utilization and financial metrics for its MTM program.
- Reporting cadence will be agreed upon between the MCO and the State Medicaid agency
- MTM service categories to be defined and set by the State Medicaid Agency. Examples include the below and would represent a subset of MTM services within each:
  - Medication Adherence
  - Cost-Saving Therapy Alternative
  - Evidence-based Medication Use
  - Medication Assessment
- MTM Program Updates must include the below minimum data elements

Minimum Data Elements

Data Element	Definition
Total Membership	Count of members in the Medicaid program
Total Enrolled Members	Count of members who have hit eligibility criteria for the MTM program
Opt Out – Request by member	Count of members who have opted out of the MTM program due to member request
Opt Out – Other	Count of members who have opted out of the MTM program due to other reasons not represented by default categories
Disenrollment from Plan	Count of members who have disenrolled from plan
Death	Count of members who have passed away
Total Number of MTM Opportunities Identified	Total cumulative count of MTM opportunities identified
Total Number of MTM Services completed	Total cumulative count of MTM services completed by qualified providers
MTM Opportunities Identified by MTM Service Category	Count of MTM opportunities identified. Value should be presented for each MTM service category included in the program. See column titled "MTM Opportunities Identified" in the example breakout below.
Attempted MTM Services by MTM Service Category	Count of attempted MTM services. Value should be presented for each MTM service category included in the program. See column titled "Attempted MTM Services" in the example breakout below.
Attempt Rate by MTM Service Category	Count of attempted MTM services divided by all available services. Value should be calculated for each MTM service category included in the program. See column titled "Attempt Rate" in the example breakout below
Completed MTM Services by MTM Service Category	Count of MTM services completed. Value should be presented for each MTM service category included in the program. See column titled "Completed MTM Services" in the example breakout below.
Completion Rate by MTM Service Category	Count of completed MTM services divided by all available services. Value should be calculated for each MTM service included in the program. See column titled "Completion Rate" in the example breakout below.
Validation Rate by MTM Service	Count of completed MTM services that are validated through analysis of prescription claims history divided by all completed MTM services. Value should be calculated for each MTM service included in the program where prescription claims data would be available to conduct validation.

Example Breakout by MTM Service Category

MTM Service Category	Description	MTM Opportunities Identified	Attempted MTM Services	Attempt Rate	Completed MTM Services	Completion Rate	Validation Rate
Drug Interaction	A category of services identified for patients currently taking medications with a heightened risk of causing patient harm.						
Cost Effective Therapy Alternative	A category of services identified for patients where a more cost effective medication alternative may be available						
…	…						

Data to not include

We also identified that some data elements that have been included into state reporting provide limited ability to represent the value of the MTM program and therefore are not recommended for inclusion.

Data Element	Definitions
F2F vs. Telephonic CMRs	Count of CMR services provided face to face compared to telephonic
Number of MTM Centers	Count of MTM centers completing services in the reporting period
Membership at the beginning vs. End of the enrollment period	One number representing the count of eligible members identified at the beginning of the enrollment period and one number representing the count of eligible members end of the enrollment period

5.3 Model Language - Louisiana

Reporting is an important factor in determining the effectiveness of an MTM program. The MCO shall document interventions, contact attempts, number of enrollees enrolled, and other associated parameters. Report requirements include, but are not limited to the following:

- *Enrollee enrollment parameters;*
- *Number of contact encounters and contact-related outcomes;*
- *Number of MTM interventions, both telephonic and face-to-face;*
- *Number of comprehensive medication reviews;*
- *Number of drug therapy problems identified, such as potential drug-drug interactions, adverse events, or the simplification of a complex regimen with the same therapeutic benefit; and*
- *Number of drug therapy problems resolved, such as modifications to drug dose, form, or frequency or changes in drug regimen due to identification of potential adverse event or interaction.*
- *If specific disease states are targeted, the MCO shall include the following:*
    - *Number of drug-related parameters improved, such as improved adherence in disease-specific medication regimen, modifications in drug therapy to reflect appropriate current treatment guidelines, or disease-related laboratory test monitoring;*
    - *Percentage of the MCO's enrollee population with each targeted disease state that received MTM services; and*
    - *An example of a positive outcome demonstrated by MTM interventions for each targeted disease state. Examples include improvement in blood pressure measurements, A1C levels, LDL levels, etc.*

This information shall be submitted to LDH on a quarterly basis, by the 30th day of the month following the end of the reporting period.

References

Centers for Disease Control and Prevention. Pharmacist-Provided Medication Therapy Management in Medicaid. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2021.

Louisiana Medicaid MCO Manual

> https://ldh.la.gov/assets/medicaid/MCOManual_2022-02-02_published.pdf

Ohio Medicaid MCO Provider Agreement (Page 99)

> https://managedcare.medicaid.ohio.gov/wps/wcm/connect/gov/38e87337-f168-4a0f-a341-d3379b5dcf9c/MCO+Provider+Agreement_2021+06+29_final+for+signature.pdf?MOD=AJPERES&CVID=nGHQqH.

Ohio Medicaid Quality Indices and Scoring Methodology

> https://medicaid.ohio.gov/static/Providers/ManagedCare/ProgramAppendix/2020/ODM-Quality-Indices-Scoring.pdf

CMS Quality of Care External Quality Review

> https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html

American Medical Association Current Procedure Terminology Manual. 2022, p 850.

Oregon Board of Pharmacy Laws & Rules - MTM definition p. 53

Full MTM Standards Template

The purpose of this template is to provide a comprehensive set of all recommended language available in each subsection of this standards document.

General Requirements

- The MCO must implement a medication therapy management (MTM) program.
- The MCO's MTM program must include multiple layers of program service eligibility including:
    - Retro-active service eligibility: General eligibility for auto referral and targeting of MTM services
    - Statewide initiative service eligibility: Focused on initiatives of the state Medicaid agency that may include but not be limited to: polypharmacy, social determinants of health, opioids, pediatric services, behavioral health, or adherence.
    - Pro-active service eligibility: Allows for the beneficiary, physician, or licensed healthcare practitioner to request MTM services to address immediate concerns or medications related issues that the pharmacist can address.
- The MTM program shall include participation from pharmacists in a variety of service settings with the potential to include in-person, telephonic, and videoconferencing interventions.
- MTM Programs should include coordination between the MCO, the enrollee, the pharmacist and the prescriber using various means of communication.
- The MCO will enroll targeted enrollees in an opt out method of enrollment only. Enrollees will be automatically enrolled into the MTM program with the ability to opt out.
- Reimbursement for MTM services provided by participating pharmacists shall be separate and above dispensing and ingredient cost reimbursement
- There is no cost-sharing responsibility to the beneficiary for the MTM service

Eligibility/Targeting Criteria

The MTM program must be available to all beneficiaries taking 1 or more chronic medication. Beneficiaries with 4 or more chronic disease states and whose drug therapy includes 5 or more chronic medications must be made eligible to receive a Comprehensive Medication Review. The State Medicaid Agency may elect to provide MTM services to beneficiaries with a lower number of disease states or medications in order to benefit certain statewide initiatives, but MCOs may not increase the above-stated minimums.

Performance/Outcomes measures

A primary method for establishing performance measures is to leverage the measure specifications found in the Healthcare Effectiveness Data and Information Set (HEDIS) created and curated by the National Committee for Quality Assurance. We recommend using the below linked model documents as a primary source when a state is crafting the performance measures applicable to the MTM program.

Kansas – Page 3 - 14

> https://www.kancare.ks.gov/docs/default-source/policies-and-reports/quality-measurement/_20210428-eqr-annual-tech-report---final-report.pdf?sfvrsn=c1a8511b_0

Louisiana – Page 7 - 9

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MTM Service Definitions and Documentation

MTM Service Definitions

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2. A pharmacy benefit definition of MTM services

By adopting both a medical and pharmacy benefit definition for MTM services the Medicaid agency will be afforded the ability to create a more robust Medicaid MTM program that accounts for both sides of a patient's benefit. See Model Language for example content from both the American Medical Association and the Oregon Board of Pharmacy, respectively.

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If a State Medicaid Agency is focused on improving the health of patients diagnosed with hypertension, the below MTM services could be included into that State's MTM program.

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- Transition to 90-day fill to Promote Medication Adherence
- Check In with Patient Regarding Medication Adherence
- Longitudinal Monitoring of Medication Adherence

Service Documentation

State Medicaid Agencies should work in collaboration with MCOs and other stakeholders to set service documentation standards. These service documentation standards should be required for adoption by all participating MCOs in the State Medicaid program. Documentation standards can be enforced through program reporting and performance/outcome measures leveraged by the state to uphold program quality.

Reporting Requirements
- The MCO must provide state with MTM Program Updates of key utilization and financial metrics for its MTM program.
- Reporting cadence will be agreed upon between the MCO and the State Medicaid agency
- MTM Program Updates must include the below minimum data elements
- MTM service categories to be defined and set by the State Medicaid Agency. Examples include the below and would represent a subset of MTM services within each:
  - Adherence
  - Cost-Saving Alternative
  - Drug Interaction
  - Suboptimal Drug Selection
  - Medication Assessment

Minimum Data Elements

Data Element	Definition
Total Membership	Count of members in the Medicaid program
Total Enrolled Members	Count of members who have hit eligibility criteria for the MTM program
Opt Out – Request by member	Count of members who have opted out of the MTM program due to member request
Opt Out – Disenrollment from Plan	Count of members who have opted out of the MTM program due to disenrollment from plan
Opt Out – Death	Count of members who have opted out of the MTM program due to death
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Validation Rate by MTM Service	Count of completed MTM services that are validated through analysis of prescription claims history divided by all completed MTM services. Value should be calculated for each MTM service included in the program where prescription claims data would be available to conduct validation.

Example Breakout by MTM Service Category

MTM Service Category	Description	MTM Opportunities Identified	Attempted MTM Services	Attempt Rate	Completed MTM Services	Completion Rate	Validation Rate
Drug Interaction	Applies to the presentation of a patient in need of an immunization						
Medication Assessment	Applies to the presentation of a patient using a medication with a heightened risk of causing patient harm.						
…	…						

Data to not include

We also identified that some data elements that have been included into state reporting provide limited ability to represent the value of the MTM program and therefore are not recommended for inclusion.

Data Element	Definitions
F2F vs. Telephonic CMRs	Count of CMR services provided face to face compared to telephonic
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