Magellan Rx MANAGEMENT

MTM

# The Impact of Various Clinical Strategies on Achieving 5 Stars for the CMS Star Measure MTM Program Completion Rate for CMR

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## Purpose

- To obtain a 5-Star rating for CMS Star Rating measure D15-Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR) by leveraging various methods of member engagement and clinical intervention.

## Background

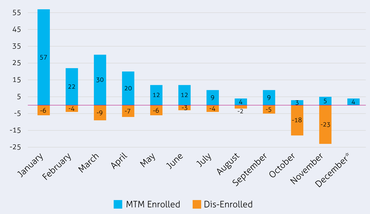
- As the United States healthcare system transitions away from fee-for-service models, the majority of health plans and insurers are emphasizing the importance of quality of care.
- Medication-related issues are among the top five greatest threats to the health of elderly patients; it has been estimated that 10.7% of hospital admissions in this population can be attributed to adverse drug events.[1]
- The involvement of medication experts, such as pharmacists, in patient care models has resulted in reduced drug errors and associated morbidities, improved patient outcomes, and reduced healthcare expenditures.[2]
- The provision of CMRs is a component of the clinical performance that the Centers for Medicare and Medicaid Services (CMS) requires all Medicare plans to report annually.
- To assist AlphaCare, a Dually Eligible Special Needs Plan (DSNP)[3], in improving the quality of care delivered to their Medicare beneficiaries, Magellan Rx Management (MRxM) developed and implemented a clinical program designed to specifically address the CMS Star Rating measure D15-MTM Program Completion Rate for CMR.
- The program completion rate is defined as the percent of MTM program enrollees who received a CMR during the measurement year.

## Methods

- The following engagement strategies and modes of clinical intervention were utilized throughout this program:
  - Member telephonic outreach
    - A highly trained staff consisting of MTM-certified clinical pharmacists, pharmacy technicians, and customer care associates reached out telephonically to the entire MTM-eligible population to offer a CMR.
  - Quarterly welcome letters
    - On a quarterly basis, all unengaged members were mailed letters to encourage them to participate in the MTM program.
  - Prescriber and pharmacy engagement
    - Prescriber offices and retail pharmacies were faxed materials requesting they encourage their eligible members to participate in the MTM program.
  - Collaboration with AlphaCare member care management (MCM) team
    - CMR appointments were coordinated between MRxM and the members' care manager to leverage a preexisting member relationship.
  - Expanded call hours
    - Extended traditional business hours (after 5 p.m.) to help reach members with busier schedules who were unavailable during standard hours.
  - Long-term care (LTC) facility caregivers and general primary care providers
    - Communicating with LTC staff and primary care providers allowed pharmacists to complete CMRs for members who otherwise would have been unable to do so themselves (e.g. due to cognitive impairment).
  - Partnership with visiting nurse services
    - Working synergistically with visiting nurse services allowed CMRs to be completed for MTM-eligible members who were recently discharged from the hospital.
  - Recurring enrollment updates
    - Due to the high turnover rate of DSNP membership, weekly enrollment updates were applied to the population to ensure focus remained on members who were still enrolled with AlphaCare.

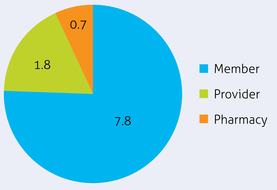
## Results

### Figure 1. MTM Enrollment and Plan Dis-Enrollment, by Month




*All members dis-enrolled from plan as of 12/31/2016

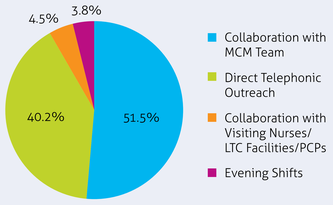
### Figure 2. Average Distribution of Contacts, per Member




Overall = 10.3 calls per member

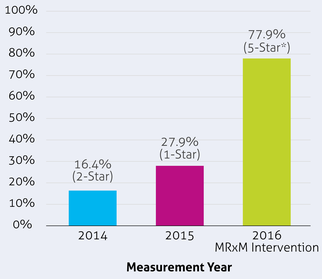
Note: This encompasses all MTM-eligible members, not just those with a completed CMR.

### Figure 3. Distribution of Engagement Strategies for Completed CMRs




N = 132

### Figure 4. CMR Completion Rate, 2014-2016




*Based on 2017 CMS Star cut points

## Discussion

- By leveraging various methods of member engagement and clinical intervention, AlphaCare was able to achieve the 5-Star benchmark for the CMS Star Rating measure D15-MTM Program Completion Rate for CMR, based on 2017 CMS Star Rating cut points.
- Collaboration with AlphaCare's MCM team yielded the highest percentage of CMRs (51.5%). Due to the preexisting relationship already built between the members and their respective care managers, utilizing them greatly increased engagement for members who may not have otherwise been reached.
- Since AlphaCare had a large proportion of DSNP membership, the population's enrollment fluctuated quite frequently. It became critical to factor in enrollment on a recurring basis to ensure outreach was reserved for and focused on those members who could positively impact the measure.
- On average, it took greater than 10 calls per MTM-eligible member to achieve a 77.9% CMR completion rate. The majority of the effort was focused on member calls; however, provider and pharmacy calls were helpful in obtaining updated contact information for members.

## Conclusion

- Different methods of engagement that vary in cost, outreach effort, and member volume contribute to an overall successful clinical strategy to maximize Star Ratings for measure D15-MTM Program Completion Rate for CMR.
- Such results support the efficacy and viability of a clinical program that incorporates overlapping synergies and care coordination with other healthcare professionals and customized outreach.
- In addition to impacting Star Rating measure D15-MTM Program Completion Rate for CMR, engaging individuals in a CMR may also have a positive impact on other Part C and D Star measures.
- It has been estimated that an overall 1-Star improvement for a health plan (from 3 to 4) is worth $50 per member per month.
- AlphaCare's DSNP membership largely resides in an urban environment, which can be a socioeconomic determinant of health outcomes. The level of clinical oversight and intervention provided with this clinical program was essential in connecting with and positively impacting many of these members.

## Limitations

- DSNP membership can change rapidly and resources may have been utilized on members who no longer impacted the measure.
- Even though multiple engagement methods were employed for the MTM-eligible population, a completed CMR was only attributed to the engagement method with which the CMR was completed; prior outreach/efforts may have encouraged a member to be more responsive.
- Quarterly member mailings and prescriber/pharmacy communications cannot be attributed directly to any completed CMRs. This makes it difficult to quantify the value of these services.

## References

1. Kongkaew C. Hospital admissions associated with adverse drug reactions: a systematic review of prospective observational studies. Ann Pharmacother. 2008 Jul;42(7):1017-25.
2. Medicare Payment Advisory Commission. Report to the Congress: Medicare Coverage of Nonphysician Providers; June 2002.
3. Centers for Medicare & Medicaid Services. Medicare Advantage/Part D Contract and Enrollment Data. December 2016.

## Disclosures

- This research was conducted by Magellan Rx Management and AlphaCare, both affiliates of Magellan Health, without external funding.