DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

DATE: May 22, 2020

TO: All Prescription Drug Plans, Medicare Advantage- Prescription Drug Plans, and Medicare-Medicaid Plans

FROM: Amy Larrick Chavez-Valdez, Director
Medicare Drug Benefit and C & D Data Group

SUBJECT: 2021 Medication Therapy Management Program Information and Submission Instructions

This memorandum provides information to Part D sponsors regarding contract year (CY) 2021 Medication Therapy Management (MTM) programs. New and renewing Medicare Advantage Prescription Drug Plans (MA-PDs), stand-alone Prescription Drug Plans (PDPs), and Medicare-Medicaid Plans (MMPs) may rely on the CY 2020 MTM Program guidance and submission instructions memorandum, dated April 5, 2019, which can be found on the CMS Part D MTM webpage at https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM, in addition to the information provided in this memorandum.

Important Dates for 2021 MTM Program Submissions and Attestations

The 2021 deadlines are as follows:

Action	Date
Release of the CY 2021 MTM Program submission module in HPMS (12:01 a.m. EDT).	June 8, 2020
Deadline for submission of CY 2021 MTM Programs (11:59 p.m. PDT).	June 22, 2020
Deadline for submission of CY 2021 MTM Program attestations in HPMS (11:59 pm PDT).	July 6, 2020

A technical user's manual titled, HPMS CY 2021 MTM Program User's Guide, will be available for download through the CY 2021 MTM Program Submission module under Documentation.

Annual Eligibility Threshold

Per section 1860D-4(c)(2)(a)(ii)(I) of the Social Security Act (the Act), Part D plans are required to target enrollees for enrollment in the plan's MTM program who meet all of the following criteria: have multiple chronic diseases, are taking multiple Part D drugs, and are likely to incur annual Part D drug costs that meet or exceed a certain threshold. Per 42 C.F.R. §423.153(d), for 2012 and subsequent years, the annual cost threshold for targeting beneficiaries is specified as costs for covered Part D drugs in an amount greater than or equal to $3,000 increased by the annual percentage specified in 42 C.F.R. §423.104(d)(5)(iv). The 2020 MTM program annual cost threshold is $4,255. The 2021 MTM program annual cost threshold is determined by updating the 2020 MTM program annual cost threshold using the annual percentage increase of 2.85% as specified in the Announcement of Calendar Year (CY) 2021 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies. Therefore, the 2021 MTM program annual cost threshold is $4,376.

Standardized Format

An individualized, written summary in CMS' standardized format must be provided following each comprehensive medication review (CMR). The current standardized format, detailed instructions for implementation, and frequently asked questions are posted on the CMS Part D MTM webpage. The standardized format for the CMR summary must be approved by the Office of Management and Budget (OMB) through the Paperwork Reduction Act (PRA) process. OMB has approved the current version of the standardized format (CMS-10396; OMB control number: 0938-1154) until August 31, 2020. Based on feedback from limited cognitive interviews with consumers and other stakeholders conducted in 2018, we proposed revisions to the standardized format to optimize the utility of the CMR summary for beneficiaries while reducing burden on Part D sponsors. The revised format will be available for public comment in 2020 on the Federal Register through the PRA process. Once approved, the standardized format and instructional documents will be updated on the CMS MTM webpage.

Reminders regarding Cognitively Impaired Beneficiaries and CMRs

While providers are required to offer a CMR to all beneficiaries enrolled in the MTM program, regardless of setting, CMS explains in the preamble to the *Medicare Program; Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs for Contract Year 2013 and Other Changes; Final Rule* (77 FR 22140), that when the beneficiary is cognitively impaired and cannot make decisions regarding his or her medical needs (that is, is unable to accept the offer to participate), we recommend that the pharmacist or qualified provider reach out to the beneficiary's prescriber, caregiver, or other authorized individual, such as the beneficiary's health care proxy or legal guardian, to take part in the beneficiary's CMR. However, this recommendation applies only to those situations where fulfilment of that statutory obligation is not reasonably possible because the beneficiary is cognitively impaired; it does not apply to situations where there is no evidence of cognitive impairment, if the sponsor is unable to reach the beneficiary (such as no response by mail, no response after one or more phone attempts, or lack of phone number or address), or if the beneficiary declines the CMR offer. If

asked, plan sponsors should be able to present documentation or a rationale for these determinations to reach out to an individual other than the beneficiary to take part in the CMR.

CMS would also like to remind sponsors that they are expected to put in place safeguards against discrimination based on the nature of their MTM interventions. Other relevant federal regulations to keep in mind when structuring an MTM program include: Federal Communications Commission requirements for accessibility, as defined in 47 CFR Part 64 Subpart F; Americans with Disabilities Act (ADA): SUBCHAPTER II - PUBLIC SERVICES, PART A - Prohibition Against Discrimination and Other Generally Applicable Provisions; 21st Century Communications and Video Accessibility Act (CVAA); and the standards for Part D sponsor communications and marketing found at 42 CFR § 423.2268(a)(7).

For questions related to Part D MTM Programs, please email PartD_MTM@cms.hhs.gov. If you have any questions on accessing the HPMS MTM Program Submission module, please contact the HPMS Help Desk at 1-800-220-2028.