Summary: Amends part D (Voluntary Prescription Drug Benefit Program) of title XVIII (Medicare) of the Social Security Act (SSA) to require that the medication therapy management (MTM) services prescription drug plan (PDP) sponsors offer to targeted beneficiaries include: (1) an annual comprehensive medication review furnished by a licensed pharmacist; (2) provision of a written summary of the review to the patient; and (3) follow-up interventions as warranted.

Next steps:
- March 23, 2012 – Implementation to begin for plan years after this date

Additional information:
- Center for Medicare and Medicaid Services (CMS) resources for medication therapy management (MTM) services -- http://www.cms.gov/PrescriptionDrugCovContra/082_MTM.asp
- American Pharmacists Association core elements of a MTM service model -- http://www.pharmacist.com/AM/Template.cfm?Template=/CM/ContentDisplay.cfm&ContentId=15581
- Lewin Group report on MTM services -- http://www.pharmacist.com/AM/Template.cfm?Template=/CM/ContentDisplay.cfm&ContentId=15581
- National Council on Aging model programs for medication management -- http://www.healthyagingprograms.org/content.asp?sectionid=70

Long summary:
Sec. 10328. Improvement in part D medication therapy management (MTM) programs. For plan years beginning after 2012, prescription drug plan (PDP) sponsors must offer medication therapy management (MTM) services to Part D enrollees who have multiple chronic conditions, who take multiple covered Part D drugs and who incur annual costs for those drugs above a threshold set by the Center for Medicare and Medicaid Services (CMS). Those services include (1) annual comprehensive medication review furnished by a licensed pharmacist, and (2) written post-review summary, by pharmacists or other qualified providers, which may include a medication action plan, and (3) follow-up interventions as warranted.

Quarterly review and auto-enrollment. PDP sponsors must have in place a process for quarterly review of medication use of enrollees who are at risk but not enrolled in MTM programs, including those who experienced care transitions, if the sponsor has access to that information. PDP
sponsors must have in place an auto-enrollment process for MTM services for enrollees that also permits enrollees to opt out.

**Rule of construction.** Clarifies that CMS may broaden or modify services required under MTM programs and may study such programs in the new CMS Innovation Center.

**Legislative text:**

**SEC. 10328. IMPROVEMENT IN PART D MEDICATION THERAPY MANAGEMENT (MTM) PROGRAMS.**

(a) **In general.**—Section 1860D–4(c)(2) of the Social Security Act (42 U.S.C. 1395w–104(c)(2)) is amended—

(1) by redesignating subparagraphs (C), (D), and (E) as subparagraphs (E), (F), and (G), respectively; and

(2) by inserting after subparagraph (B) the following new subparagraphs:

‘‘(C) **REQUIRED INTERVENTIONS.**—For plan years beginning on or after the date that is 2 years after the date of the enactment of the Patient Protection and Affordable Care Act, prescription drug plan sponsors shall offer medication therapy management services to targeted beneficiaries described in subparagraph (A)(ii) that include, at a minimum, the following to increase adherence to prescription medications or other goals deemed necessary by the Secretary:

‘‘(i) An annual comprehensive medication review furnished person-to-person or using telehealth technologies (as defined by the Secretary) by a licensed pharmacist or other qualified provider. The comprehensive medication review—

‘‘(I) shall include a review of the individual’s medications and may result in the creation of a recommended medication action plan or other actions in consultation with the individual and with input from the prescriber to the extent necessary and practicable; and

‘‘(II) shall include providing the individual with a written or printed summary of the results of the review. The Secretary, in consultation with relevant stakeholders, shall develop a standardized format for the action plan under subclause (I) and the summary under subclause (II).

‘‘(ii) Follow-up interventions as warranted based on the findings of the annual medication review or the targeted medication enrollment and which may be provided person-to-person or using telehealth technologies (as defined by the Secretary).

‘‘(D) **ASSESSMENT.**—The prescription drug plan sponsor shall have in place a process to assess, at least on a quarterly basis, the medication use of individuals who are at risk but not enrolled in the medication therapy management program, including individuals who have experienced a transition in care, if the prescription drug plan sponsor has access to that information.

‘‘(E) **AUTOMATIC ENROLLMENT WITH ABILITY TO OPT OUT.**—The prescription drug plan sponsor shall have in place a process to—

‘‘(i) subject to clause (ii), automatically enroll targeted beneficiaries described in subparagraph (A)(ii), including beneficiaries identified under subparagraph (D), in the medication therapy management program required under this subsection; and

‘‘(ii) permit such beneficiaries to opt-out of enrollment in such program.’’.

(b) **Rule of construction.**—Nothing in this section shall limit the authority of the Secretary of Health and Human Services to modify or broaden requirements for a medication therapy management program under part D of title XVIII of the Social Security Act or to study new models for medication therapy management through the Center for Medicare and Medicaid Innovation under section 1115A of such Act, as added by section 3021.