



DualChoice

Medication Therapy Management Program Frequently Asked Questions (FAQs)

This FAQs sheet offers questions and answers about the 2025 Medication Therapy Management (MTM) program. A CMS-approved MTM program is one of several required elements in the development of a bid as a Medicare Part D sponsor. IEHP DualChoice (HMO DSNP) submitted an MTM program in our bid.

Each year, sponsors like IEHP DualChoice must submit an MTM program description to CMS for review and approval. CMS evaluates each program description a part of a Part D quality improvement requirement to ensure it meets the minimum requirements for the program year.

PROGRAM REQUIREMENTS

1. What is the annual cost threshold?

The annual cost threshold is \$1,623 for 2025.

MEMBER ELIGIBILITY CRITERIA

2. Where can IEHP DualChoice Member eligibility criteria for the MTM Program be found?

The 2025 eligibility criteria can be found on the MTM pages of the IEHP website at www.iehp.org.

3. How do IEHP DualChoice Members find out if they're eligible?

Those who may be eligible will receive a letter directly from IEHP DualChoice. In addition, IEHP Dual Choice Members who meet the established CMS criteria for the annual Part D Medicare MTM Program will be auto-enrolled in the program. They will be sent a welcome packet in the beginning of the year with the option to opt-out of the program. If they do not opt-out they will receive all services (CMR and TMR) for the MTM program throughout the year.

PROGRAM STRUCTURE (INCLUDES CORE SERVICES PERIOD, ONGOING MAINTENANCE PERIOD, CHECK-INS WITH CLINICAL PHARMACISTS, AND FREQUENCY LIMITS)

4. What are the requirements for the first 12 months of the MTM Program?

IEHP DualChoice must enroll targeted beneficiaries using an opt-out method of enrollment only. Therefore, IEHP DualChoice must auto-enroll the targeted beneficiaries each year when they meet the eligibility criteria, and they are considered enrolled unless they decline it.

The enrolled beneficiaries may refuse or decline individual services without having to disenroll in the MTM program.

5. What are the requirements for the ongoing maintenance period of the MTM Program services?

As a Part D sponsor, IEHP DualChoice must have established an MTM program that:

- Is designed to ensure that covered Part D drugs prescribed to targeted beneficiaries are used appropriately to optimize therapeutic outcomes through improved medication use
- Is designed to reduce the risk of adverse events, including adverse drug interactions, for targeted beneficiaries
- May be furnished by a pharmacist or other qualified Provider
- May distinguish between services in ambulatory and institutional settings, and
- Must be developed in cooperation with licensed and practicing pharmacists and physicians.

Please refer to the Provider Manual for criteria and details for the ongoing maintenance period.

6. What are the services required in the MTM program and when should they be provided?

Once a beneficiary has enrolled in the MTM program, sponsors should begin:

- Performing **Targeted Medication Reviews** (TMRs) at least quarterly with follow-up interventions as necessary, and
- Providing Prescriber interventions, and
- Offering the annual CMR in a timely manner

7. How long can the IEHP DualChoice member stay in the program, once enrolled?

The beneficiaries should stay enrolled in the program for the remainder of the calendar year. Targeting and enrollment, if eligible, would occur again the following calendar year. Note that sponsors should not disenroll a beneficiary from the MTM program if they no longer meet one or more of the three eligibility criteria as defined on the MTM pages of the IEHP website.

8. Does the beneficiary need to enroll each calendar year?

Yes. However, the medical record should indicate the member's medical condition or circumstance that warrants repeat or additional participation in the MTM program.

9. What are the MTM services provided to each beneficiary enrolled in the program?

Sponsors must offer a minimum level of MTM services to each beneficiary enrolled in the program that includes all the following:

1. Intervention for Beneficiaries, Caregivers, Prescribers, and Pharmacy/Pharmacists.
2. An annual Comprehensive Medication Review (CMR) with written summaries in the CMS's standard format.
 - The CMR must include an interactive, person-to-person or telehealth consult performed by a Pharmacist or other qualified Provider, and may result in a recommended medication action plan
 - If a beneficiary is offered the annual CMR and is not able to accept the offer to participate due to cognitive impairment, the Pharmacist or other qualified provider may perform the CMR with the beneficiary's Prescriber, caregiver or other authorized individual.
3. Quarterly TMRs with follow-up interventions, when necessary.
4. Information about safe disposal of prescription drugs that are controlled substances, drug take back programs, in-home disposal and cost-effective means to safely dispose of such drugs.

DELIVERY METHODS

10. Which delivery methods are allowable for MTM Program services?

For in-person delivery, IEHP DualChoice Members are physically present. Virtual delivery is conducted either through synchronous live audio and video telehealth communication or through asynchronous store and forward telehealth communication, which can be mobile phone based. Virtual delivery can be accessed from any location, such as the IEHP DualChoice Member's home, without a practitioner or coach present. Combination refers to any combination of in-person or virtual delivery methods.

11. For virtual delivery, does a licensed practitioner need to be present with the IEHP DualChoice Member for reimbursement purposes?

No, the IEHP DualChoice Member does not need to be physically present with a provider to receive MTM Program services for the virtual delivery method (asynchronous or synchronous telehealth communications).

Yes, the IEHP DualChoice Member can participate in the MTM program from home or another location for the virtual delivery method (asynchronous or synchronous telehealth

communications).