

Original Issue Date: 10/11/2022

Subject: Louisiana MTM Medicaid Program

Page 1 of 12

Original Approved By: Derick Hester

Original Approval Date: 10/11/2022

Review Approved By:

Review Approval Date:

Revision Approval Date:

Introduction

Louisiana Medicaid Medication Therapy Management (MTM) Services are a series of personalized consultations performed by qualified MTM providers to assess medication use for the presence of medication-related problems in adults and pediatrics.

Scope

This documents the process for the Louisiana Medicaid MTM program including program description, eligibility criteria, MTM services and reporting

Definitions

- **EmpowerRx** – Application used to qualify Medicaid Members in MTM Program
- **ETC** – Enhanced Therapeutic Class
- **ETL** – Extract, Transform, and Load Medicaid plan coverage
- **CMR** – Comprehensive Medication Review
- **LA** – Louisiana
- **LDH** – Louisiana Department of Health
- **MCD** – Medicaid
- **MCO** – Managed Care Organizations
- **MTM** – Medication Therapy management
- **MTMP** – Medication Therapy Management Program
- **SPBM** – Single Pharmacy Benefit Manager
- **TMR** – Targeted Medication Review
- **Vendor** – OutcomesMTM

Requirements

- Humana offers eligible LA MCD Members an MTM Program in compliance with the requirements from the State of Louisiana.
- The MCO shall have established a medication therapy management (MTM)

Original Issue Date:**Subject:** Louisiana MTM Medicaid Program

Page 2 of 12

Review Approved By:**Review Approval Date:**

program that: is comprehensive and patient-centered; is designed to increase medication adherence; is designed to ensure that medications are appropriately used to optimize therapeutic outcomes through improved medication use; is designed to reduce the risk of adverse events from medication therapy; may be administered by a pharmacist or other qualified provides, such as physicians, burse practitioners, physician assistants or nurses; shall be developed in cooperation with licensed and practicing pharmacists and physicians and; shall include coordination between the MCO, the enrollee, the pharmacist and the prescriber using various means of communication.

- To assess the enrollee's medication therapy, the MTM program shall include an interactive comprehensive medication review (CMR), which includes enrollee discussion and prescriber intervention if needed. This results in the creation of a written summary and is followed by frequent monitoring with further interventions as needed.
- The MCO shall ensure that all requirements are met regardless of whether the MCO utilizes a contractor for MTM services. The MCO and its contractor, if applicable, shall not limit the MTM services provided for enrollees meeting MTM criteria. MTM criteria must be approved by LDH pharmacy staff. MTM shall be executed as specified herein and as directed by LDH.
- The MCO shall enroll targeted enrollees in an opt-out method of enrollment only. This means enrollees may choose to opt-out of the program if desired at any time.
- The MCO shall auto-enroll the targeted enrollees each year when they meet the eligibility criteria, and they are considered enrolled in the MTM program unless the enrollee declines enrollment. The enrolled may refuse or decline individual services without having to disenroll from the MTM program.
- The MTM program may include enrollees with multiple chronic diseases or any specific chronic disease. If the MTM program is designed to target individual specific chronic diseases, then the program shall include at least three of the following:
 - Behavioral health (such as Alzheimer's disease, bipolar disorder, depression, schizophrenia, or other chronic/disabling mental health conditions);
 - Bone disease-arthritis (such as osteoporosis, osteoarthritis, or

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page 3 of 12

Review Approved By:

Review Approval Date:

rheumatoid arthritis);

- Cardiovascular disease (such as dyslipidemia, heart failure, or hypertension);
- Diabetes;
- End-stage renal disease (ESRD);
- Hepatitis C infection;
- Respiratory disease (such as asthma, chronic obstructive pulmonary disease (COPD), or chronic lung disorders); and
- Substance use disorder.
- The MCO should also offer MTM services to an expanded population of enrollees who do not meet the eligibility criteria but would benefit from MTM services. The MCO shall also leverage effective MTM to improve safety (e.g., increase adherence to medications, reduce the use of high-risk medications, and address issues of overutilization).
- The MCO shall offer a minimum level of MTM services to each enrollee in the program that includes all of the following:
 - Interventions for both enrollees and prescribers, as needed; and
 - An annual Comprehensive Medication Review (CMR) with written summaries created in a standardized format approved by LDH; and
 - Targeted Medication Reviews (TMRs), when needed, with follow-up interventions when necessary
- Comprehensive Medication Review (CMR) is a systematic process of:
 - Collecting patient-specific information;
 - Assessing medication therapies to identify medication-related problems;
 - Developing a prioritized list of medication-related problems;
 - Creating a plan to resolve them with the patient, caregiver and/or prescriber
- The MCO shall offer a CMR to all enrollees in the MTM program at least annually.

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page 4 of 12

Review Approved By:

Review Approval Date:

- The MCO shall offer to provide a CMR to newly targeted enrollees as soon as possible after enrollment into the MTM program, but no later than 60 days after being enrolled in the MTM program.
- The enrollee's CMR shall be conducted using an interactive, person-to-person review (including prescriptions, over-the-counter medications, herbal therapies and dietary supplements) performed by a pharmacist or other qualified provider, and may result in a recommended medication action plan.
- A written summary of the results of the review shall be provided to the targeted individual(s) in a standardized format approved by LDH and shall include the following:
 - Any concerns the enrollee may have regarding their drug therapy;
 - Purpose and instructions for use of the enrollee's medications; and
 - Personal medication list (including prescription, non-prescription drugs, and supplements) which will aid in assessing medication therapy and engaging the enrollee in management of his or her drug therapy.
- The MCO shall encourage enrollees to take their action plan and personal medication list from their CMR to any medical encounter (e.g., physician visit, pharmacy, or hospital admission). This summary shall serve as a valuable tool to share information across providers and help reduce duplicate therapy and drug-drug interactions.
- The MCO shall perform Targeted Medication Reviews (TMRs) when needed to address potential or specific medication-related problems, to assess any transition of care the enrollee may have experienced, or to monitor new, unresolved, or continued medication therapies. The findings of the TMR shall then be reviewed to determine if a follow-up intervention is needed for the enrollee or the prescriber. The MCO may determine how to tailor the follow-up intervention based on the specific needs or medication use issues of the enrollee. For example, these interventions may be person-to-person or telephonic.
- The MCO shall have a process in place to measure, analyze, and report the outcomes of their MTM program. This process shall include whether the goals of therapy have been reached and shall capture drug therapy recommendations and resolutions made as a result of MTM recommendations. A recommendation

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page 5 of 12

Review Approved By:

Review Approval Date:

is defined as a suggestion to take a specific course of action related to the enrollee's drug therapy. Examples of drug therapy problem recommendations made as a result of MTM services and recommendations include, but are not limited to:

- Needs additional therapy;
 - Unnecessary drug therapy;
 - Dosage too high;
 - Dosage too low;
 - Adverse drug reaction;
 - Medication non-adherence;
 - Initiate drug;
 - Change drug (such as product in different therapeutic class, dose, dosage form, quantity, or interval);
 - Discontinue or substitute drug (such as discontinue drug, generic substitution, therapeutic substitution, or formulary substitution); or
 - Medication adherence.
- 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.

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page 6 of 12

Review Approved By:

Review Approval Date:

- 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.

Procedures

Procedure to identify LA MCD member who qualify for LA MCD Medication Therapy Management services.

- LA MCD MTM Eligibility Overview
 - The eligibility criteria are determined based on the Humana criteria.
 - For the 2023 plan year, Humana has established the following LA MCD MTM participation parameters:
 - Have at least 1 of 3 defined chronic conditions:
 - Hypertension
 - Depression
 - Asthma
 - OR member is taking a high risk medication (HRM) from the following drug classes:
 - Anti-depressant

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page 7 of 12

Review Approved By:

Review Approval Date:

- Anti-anxiety
- Barbiturate
- Central alpha agonist
- Hypoglycemic
- Vasodilator
- Humana performs analysis on all covered LA MCD prescription claims data.
- The defined chronic conditions are inferred using pharmacy claims, specifically the Enhanced Therapeutic Class (ETC) that each member's medications falls into. The ETC to chronic condition mapping is reviewed and approved by the Humana P&T Committee at least annually.
- The HRM list of medications is compiled by the Senior Pharmacist Advisor and is reviewed at least annually.
- EmpowerRx will identify new LA MCD MTM-eligible members monthly.
- LA MCD MTM will remove termed members monthly and send updated eligibility membership to the MTM vendor. These are members who are deceased, opt-out of the LA MCD MTM Program or are disenrolled from LA MCD.
 - The vendor will send a weekly incremental file for members who choose to opt-out to Humana
- LA MCD MTM-eligibility runs are set up to run the 10th of each month.
- LA MCD Members MTM effective date is retro-dated to the 1st of the month.
- LA MCD MTM Business Requirements for Enrollment
 - Prescription claims data, stored in the Electronic Data Warehouse (EDW) is sent to the EmpowerRx application through the Medicaid Extract, Transform and Load (ETL) process on a daily basis. This claims data is used to determine which Humana LA MCD members are eligible for LA MCD MTM services.

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page 8 of 12

Review Approved By:

Review Approval Date:

- The member must be enrolled in Humana LA MCD plan.
 - Humana determines LA MCD MTM eligibility monthly. Once the member is LA MCD MTM he/she will remain eligible for the rest of the calendar year unless member opts-out of the program.
 - If an LA MCD MTM-eligible member loses their LA MCD the member will be reinstated in the LA MCD MTM Program once they are reinstated into the Humana LA MCD.
 - If member opts-out of the LA MCD MTM program the member will be opted out for the rest of the calendar year.
- LA MCD MTM Vendor
 - Humana will use and external vendor, OutcomesMTM, to provide MTM services and document in their platform the services for eligible LA MCD MTM members.
 - The MTM services will be provided by pharmacists utilizing the OutcomesMTM platform for documentation and invoicing of services.
 - The vendor will offer an annual CMR service
 - A patient takeaway letter will be sent to the member after the CMR that is in a standardized format approved by LDH
 - The vendor will provide but is not limited to the following TMR services:
 - Adherence Monitoring Program
 - Drug Interactions
 - High Risk Medications
 - Opioid (safe use, disposal, education)
 - Polypharmacy
 - Needs Drug Therapy
 - Adverse Drug Reaction
 - Unnecessary Drug Therapy

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page 9 of 12

Review Approved By:

Review Approval Date:

- Dose too low/high

- TMR services are triggered by the vendor's clinical rule engine utilizing prescription claims to identify potential medication therapy problems and potential gaps in care. These alerts are populated in the vendor's platform for qualified providers to complete the service.
- The qualified provider will review the alert and determine appropriate outreach to the member (phone call or in-person consultation) and/or appropriate outreach to the prescriber (phone call or fax) to resolve and complete the service.
- The qualified provider may also create a pharmacist identified encounter TMR in the OutcomesMTM platform and determine appropriate outreach to the member (phone call or in-person consultation) and/or appropriate outreach to the prescriber (phone call or fax) to resolve and complete the service.
- Services will be evaluated at least annually to ensure compliance with LDH requirements
- Vendor fee schedule found below is reviewed annually:



Louisiana MTM Medicaid Program

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page 10 of 12

Review Approved By:

Review Approval Date:

Service	Description	Per Intervention Fees
Comprehensive Medication Review (CMR)	The MTM provider conducts a real-time, interactive discussion with the member or member representative to review the entire medication profile— inclusive of prescription and non-prescription drugs, herbal products and nutritional supplements—to detect any conflicts, duplications or cost-saving opportunities. In follow-up, the MTM provider delivers a Patient Takeaway, which includes a current Medication List and Action Plan.	80,001+ Members \$69.91
		45,001- 80,000 Members \$70.76
		0-45,000 Members \$71.33
Medication Assessment	The MTM provider consults with the member to assess potential adverse events from the use of a medication with a heightened risk of causing significant harm. The pharmacist determines if the member is experiencing adverse events, assesses if the relevant disease state is controlled and educates on options to address any concerns identified.	N/A*
Patient Education	The MTM provider counsels the member about the member's medication regimen or healthcare topics, such as annual exams, screenings, lab tests or disease management.	N/A*
Needs Drug Therapy	The MTM provider consults with the prescriber on the member's behalf to close a potential gap in therapy.	N/A*
Drug Interaction	The MTM provider consults with the prescriber on the member's behalf to address possible adverse effects from taking two interacting medications simultaneously.	N/A*
Suboptimal Drug Selection	The MTM provider consults with the prescriber on the member's behalf to address medications that are potentially high risk for patients 65 years and older or instances where research may have shown the medication to be ineffective.	N/A*
Adherence Monitoring Program Enrolment TIP	The MTM provider engages the member throughout the calendar year to help the member achieve at least 80% adherence to the target medication. After successfully completing the initial TIP, the MTM Center receives additional insight into the member's medication use.	\$12.25
Adherence Monitoring Checkpoint	For the MTM Center that completed the initial TIP, Adherence Monitoring Checkpoints will appear quarterly.	\$12.25
Year-end Bonus	If the MTM Center completes all available checkpoints and the member reaches at least 80% PDC for the year, the pharmacy will be eligible for a year-end bonus.	\$36.25

† Validation fees apply when there is evidence of the change in therapy in prescription claims data post successful MTM service.
*Included interventions in the Per CMR Rate.

- LA MCD MTM program reporting will occur quarterly
 - The vendor will populate agreed upon fields in the reporting template and send via FTP to Humana
 - Humana IT will populate agreed upon fields in the reporting template and provide to MTM Strategies Analyst who will compile the report and send to the Humana Channel Development Medicaid Team for submission to LDH

UNCONTROLLED WHEN PRINTED. Check controlled location to verify this is the current version before use

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page 11 of 12

Review Approved By:

Review Approval Date:

Disclaimer

Humana follows all federal and state laws and regulations. Where more than one state is impacted by a particular issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained in Policy Source to ensure no modifications have been made.

Non-Compliance

Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules and regulations.

Original Issue Date:

Subject: Louisiana MTM Medicaid Program

Page **12** of **12**

Review Approved By:

Review Approval Date:

Any unlawful act involving Humana systems or information may result in Humana turning over any and all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found on Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).