

30.2 – Targeted Beneficiaries

(Rev. 11, Issued: 02-19-10, Effective/Implementation Date: 03-01-10)

Part D sponsors are expected to target beneficiaries who:

1. Have multiple chronic diseases;

- *In defining multiple chronic diseases, sponsors cannot require more than three chronic diseases as the minimum number of multiple chronic diseases and sponsors must target at least four of the following seven core chronic conditions:*
 1. *Hypertension;*
 2. *Heart Failure;*
 3. *Diabetes;*
 4. *Dyslipidemia;*
 5. *Respiratory Disease (such as asthma, chronic obstructive pulmonary disease (COPD), or chronic lung disorders;*
 6. *Bone Disease-arthritis (such as osteoporosis, osteoarthritis, or rheumatoid arthritis);*
 7. *Mental Health (such as depression, schizophrenia, bipolar disorder, or chronic and disabling disorders).*

2. Are taking multiple Part D drugs; and

- *In defining multiple Part D drugs, sponsors cannot require more than 8 Part D drugs as the minimum number of multiple covered Part D drugs. Sponsors may set this minimum threshold at any number equal to or between two and eight.*

3. Are likely to incur annual costs for covered Part D drugs that exceed a predetermined level as specified by the Secretary.

- *For CY 2010 the cost threshold will be \$3000, and sponsors' targeting criteria should be adjusted accordingly.*

Sponsors are required to target beneficiaries for enrollment at least quarterly during the year to allow more Medicare beneficiaries to have access to the MTM program earlier in the year. For example, daily, weekly, monthly, or quarterly targeting frequencies would meet this requirement. However, CMS also expects Part D sponsors to promote continuity of care by performing an end-of-year analysis that identifies current MTM program participants who will continue to meet the eligibility criteria for the next program year for the same plan. This targeting could be done to auto-enroll eligible beneficiaries in the plan's MTM program early in the next program year in order to provide MTM interventions with less interruption.

Additionally, sponsors are required to enroll targeted beneficiaries into MTM programs using only an opt-out method. A beneficiary that meets the targeting criteria would be auto-enrolled and considered to be enrolled unless he/she declines enrollment. The enrolled beneficiaries may refuse or decline individual services without having to disenroll from the program. This requirement will allow Medicare beneficiaries to have more access to MTM services and increase member compliance and enrollment into these programs. Part D sponsors are reminded that if an enrollee chooses to opt-out of the plan's MTM program, they must continue to apply their existing drug utilization management program to ensure the beneficiary receives high quality prescription drug coverage.

Although plans decide how potential providers of MTM services are informed of MTM qualified beneficiaries, CMS envisions that the most common method for identifying targeted beneficiaries to individuals responsible for providing the services (e.g., pharmacists), will be system edits, computerized notices that appear on the pharmacists' computer when a beneficiary fills a prescription. CMS expects that *sponsors* and pharmacists will coordinate these edits as part of the terms and conditions of their contracts. *Therefore, Part D sponsors* need to develop appropriate mechanisms for identifying and notifying targeted beneficiaries who are eligible for MTMP services.

Should an enrollee desire to permanently opt-out of the plan's MTM program, the plan *should* honor the request and not re-target the beneficiary in future contract years; however, if the enrollee actively seeks enrollment into the MTMP at a later time, perhaps due to a level of care change, the plan must allow the enrollee to participate as long as *he or she* meet the necessary MTMP requirements.

Although participation in MTMPs is voluntary for beneficiaries, CMS hopes they will participate to improve their therapeutic outcomes. Beneficiaries must not be denied access to prescription drugs based upon failure to participate in MTMPs.