



October 19, 2015

TO: Members, Subcommittee on Health

FROM: Committee Majority Staff

RE: Hearing entitled “Examining the Medicare Part D Medication Therapy Management Program”

I. INTRODUCTION

On October 21, 2015, at 10:15 a.m. in 2322 Rayburn House Office Building, the Subcommittee on Health will hold a hearing entitled “Examining the Medicare Part D Medication Therapy Management Program.”

II. WITNESSES

Panel 1

- Mr. Tim Gronniger, Director of Delivery System Reform, Centers for Medicare and Medicaid Services.

Panel 2

- Mr. Lawrence Kocot, Principal and National Leader, Center for Healthcare Regulatory Insight, KPMG LLP;
- Mr. Mark Merritt, President and Chief Executive Officer, Pharmaceutical Care Management Association;
- Mr. Jesse McCullough, Director, Field Clinical Services, Rite Aid Corporation; and,
- Dr. Richard Thomas Benson, Associate Director of Stroke, MedStar Washington Hospital Center.

III. BACKGROUND

In 2003, when the Medicare Modernization Act was signed into law, establishing the Medicare Part D program, the Medication Therapy Management (MTM) program was created. The goal of MTM is to ensure that covered Part D drugs are appropriately used to optimize therapeutic outcomes through improved medication use for beneficiaries enrolled in standalone Prescription Drug plans and Medicare Advantage Prescription Drug plans.¹

On September 28, 2015, Centers for Medicare and Medicaid Services (CMS) announced a new model that will be run out of the CMS Center for Medicare and Medicaid Innovation (CMMI): the Part D Enhanced Medication Therapy Management model.² This new model will examine if providing Part D Prescription Drug Plans more flexibility in MTM design and additional incentives will result in better outcomes for the MTM program.

Some have recommended reforming the current MTM program so it better serves beneficiaries. For example, MedPAC stated in its 2014 comments on the Medicare Part D Proposed Rule that, “after seven years, it may be time to question whether MTM programs offered through PDPs have the capacity to significantly improve beneficiaries’ drug regimens.”³ CMS has commented that MTM must “evolve” so it can “become a cornerstone of the Medicare Prescription Drug Benefit.”⁴

IV. STAFF CONTACTS

If you have any questions regarding this hearing, please contact Josh Trent, Clay Alspach, or Adrianna Simonelli at (202) 225-2927.

¹ 42 U.S.C. 1395w-104

² [CMS Announces Part D Enhanced Medication Therapy Management Model](#)

³ [MedPAC 2014 Comment Letter](#)

⁴ [Medicare Prescription Drug Benefit: Final Rule](#)