

**Tim Gronniger's Hearing  
"Medicare Part D MTM Program"  
Before  
E&C Health Subcommittee**

**October 21, 2015**

**Attachment — Additional Questions for the Record**

**The Honorable Representative Joseph R. Pitts**

- 1. In response to questions posed by Ranking Member Green, you stated that if the CMS MTM model "data is strong enough and we were able to demonstrate improvements in quality, there would be opportunities to expand the model before the demonstration concludes in 2022." Understanding that the non-interference clause under Part D prevents CMS from interceding in the negotiations between pharmacists, plans, and manufacturers, would CMS need the support of new statutory authority to implement changes to the Part D MTM program? If not, could you please cite the statutory authority CMS believes it has to implement reforms under the MTM program, including the types of reforms permissible?**

**Answer:** Section 1115A(c) of the Social Security Act grants the Secretary authority to expand successful Innovation Center models, if they either reduce Medicare expenditures without reducing the quality of care or improve the quality of care without increasing expenditures and meet other statutory criteria. If the Enhanced Medication Therapy Management model proves successful and satisfies these criteria, it could potentially be expanded (including on a national basis) under this authority. CMS does not anticipate that waiver of the non-interference clause would be required.

In addition to possible formal expansion under § 1115A(c) authority, the results of this model could also be used to inform policy in other ways. Specifically, lessons from this model could inform potential changes to MTM policies and rules in integrated care models, or be adopted by other types of health plans, such as those in state Medicaid programs or exchange plans. Whether additional statutory authority was required to implement such changes would need to be determined on a case-by-case basis.