

Understanding What CMM Legislation Does and Doesn't Do

Myth: CMM legislation will increase health insurance costs.

Fact: Evidence shows Comprehensive Medication Management (CMM) decreases costs, with an ROI as high as 12:1. CMM legislation ensures that patients will have access to CMM. In Minnesota, total health expenditures decreased from \$11,965 to \$8,197 per patient.¹ Cost is reduced largely due to decreased hospital readmission rates, physician visits, emergency department admissions, and eliminating unnecessary medications. When each medication is individually assessed to determine that it is appropriate for the patient, effective to treat the medical condition, and safe given the patient's comorbidities and other medications being taken, the patient has a clear care plan including follow-up evaluations to ensure clinical goals are met.

North Dakota's recent Health Care Cost Study, commissioned by the Insurance Department, specifically identified the need for medication optimization as a tool to control healthcare costs. The Cost Study identified that improved medication management represents "a major opportunity for cost savings and health improvement." The Cost Study indicates that the state can reasonably expect to see lower hospital-related utilization and substantial cost savings.

Myth: CMM legislation will lead to consumer confusion and existing health plan medication management benefits are good enough.

Fact: The current state of care is leading to poor medication-related outcomes. The ND Insurance Department's Cost Study specifically identified the need for improved medication optimization. There is much more confusion around patient's individual care without this service. CMM is a service provided for those patients with the greatest risk of medication adverse events. This includes when patients are:

1. Suffering from multiple diseases, being treated by multiple physicians
2. Transitioning from one setting of care to another, such as a recent discharge from the hospital
3. Being treated for complex diseases that require multiple medications and may require balancing clinical goals with patient costs and quality of life

Each of these situations can contribute to overuse or underuse of medications which can lead to higher costs and worse outcomes. CMM centers around a comprehensive plan developed by the care team for the patient and caregivers to ensure clarity on current and future goals of therapy. 95.3% of patients agreed or strongly agreed that their overall health and well-being had improved because of team-based medication management services.²

Myth: Nothing prevents physicians and pharmacists from providing comprehensive medication management services today.

Fact: While pharmacists are licensed to provide these services, health insurers in some states like North Dakota refuse to reimburse care teams for providing this type of care. That is why the ND

¹ The Outcomes of Implementing and Integrating Comprehensive Medication Management in Team-Based Care: A Review of the Evidence on Quality, Access, and Costs, December 2022. <https://gtmr.org/resources/comprehensive-medication-management-via-telehealth-modality-in-team-based-care-a-review-of-the-evidence-on-quality-access-and-costs-december-2022/>

² Ramalho de Oliveria D, Brummel AR, Miller DB. Medication therapy management: 10 years of experience in a large integrated health care system. *Journal of Managed Care Pharmacy* 2010; 16(3):185-95.

insurance cost report specifically recommended creating a mechanism to support care teams providing medication management services.

Myth: Insurers might need to create a brand new credentialing process for pharmacists.

Fact: No new credentialing process will be required. CMM legislation specifically allows insurers to utilize the existing credentialing process of facilities and insurers already have relationships with independent pharmacists across the state. Any further credentialing is entirely at the discretion of the insurer.

Myth: Insurers might be required to separately contract with every pharmacist.

Fact: The bill does not require insurers to separately contract with every pharmacist. The purpose of CMM legislation is to allow physician-led care teams to partner with pharmacists to provide improved medication management services. Payment for these services could be made to physician practices or clinics that partner with pharmacists to provide these services, and with which insurers already have contracts. This is a common practice used to pay for services provided by non-physician providers. In rural areas it may be more efficient to contract directly with pharmacists to provide these services, but this is not required by the legislation.

Myth: There might not be appropriate procedural codes to cover CMM services.

Fact: No new codes need to be created. Existing incident-to-billing codes including evaluation and management can be used to provide these services. These codes cover the services provided by the care team and ensure all patient needs are consistently met during their care.

Myth: The bill might somehow change scope of practice.

Fact: The bill specifically says that it “...may not be construed to expand or modify pharmacist scope of practice.” The legislation is intended to allow physician-led teams to be reimbursed for CMM services provided to their patients, including when they partner with a pharmacist to provide those services.

Myth: CMM legislation seeks to replicate the Medicare MTM program.

Fact: CMM is under-recognized and often confused with the more limited MTM program under Medicare Part D. The current Medication Therapy Management (MTM) services billed through the drug benefit are not sufficient as stated by the ND health care cost report. CMM legislation proposes a comprehensive, team-based approach to medication management that improves on existing offerings to ensure patients consistently receive CMM services that are appropriately designed to achieve the cost savings and quality improvements envisioned in the Cost Study. Existing programs implemented by most insurers and the Medicare program do not achieve these goals. Individualized medication management cannot be effectively delivered solely by reviewing claims, or from a call center, or by an IT tool. CMM requires direct engagement with the pharmacist, the treating physicians and other members of the care team to develop and carry out a coordinated plan.