Future Eligibility for Medicare Part D Medication Therapy Management among Dialysis Patients

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Introduction

• Medicare Part D plan sponsors are required to provide medication therapy management (MTM) services to targeted beneficiaries.

• Beginning in 2013, the Centers for Medicare & Medicaid Services will designate a drug as a Part D cost tabulation instead of an ESRD (as of 199 chronic condition targets for MTM).

• MTM services are to be provided to targeted beneficiaries to ensure that Plans must offer at least a minimum level of MTM services, including an annual in-person or telehealth comprehensive medication review that is used and that therapeutic outcomes are optimized.

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• One MTM eligibility criterion in 2012 is that patients receive dialysis treatment among dialysis patients.

• In 2014, coverage of both calcimimetics (i.e., cinacalcet) and phosphate binders will be included in Part D cost tabulations, gross Part D costs will be $7,897 and $4,410 PPPY in LIS and non-LIS patients, respectively.

• In this scenario, the percentages of LIS and non-LIS patients with costs less than $3,100 were 26% and 52%, respectively.

• With calcimimetics and phosphate binders excluded from Part D cost tabulations, gross Part D costs were $3,904 and $2,999 PPPY in LIS and non-LIS patients, respectively.

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Methods

• The cohort comprised ESRD patients who were alive during all of 2009.

• Patients received dialysis treatment, enrolled in Medicare Parts A and B as primary payer of health care services, and were enrolled in Medicare Part D during all of 2009.

• Only patients enrolled in standalone Part D plans were retained for analysis.

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Results

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Conclusions

• Cinacalcet and phosphate binders account for almost half of gross Part D drug costs.

• Shifting coverage of these medications from Part D to the ESRD PPS in 2014 will reduce Part D expenditures to such an extent that the majority of dialysis patients will not qualify for MTM offered by Part D plan sponsors.

• Dialysis patients are a medically complicated population. Patients take an average of 10 to 14 medications, have multiple comorbid conditions, and see multiple physicians.

• The design of gross Part D drug cost is that the dialysis procedure is an added complexity.

• Logically, MTM services offered by a pharmacist or some other qualified provider should be provided in the dialysis unit, in collaboration with other dialysis team members, including nephrologists, nurses, dietitians, and social workers.

• In light of the significant medication-related problems and poor medication adherence that have been described in this patient population, provision of MTM services in dialysis units may improve outcomes and simultaneously reduce health care-related costs.

• CMS should consider possible mechanisms to encourage dialysis providers to offer MTM services in the context of the recently implemented ESRD PPS.

Percentage of patients in 2009 with gross Part D costs less than $3100, before and after calcimimetics and phosphate binders are included in Part D cost tabulations, stratified by provider type and payer status

<table>
<thead>
<tr>
<th>Provider Type/Payer Status</th>
<th>Before Calcimimetics and Binders</th>
<th>After Calcimimetics and Binders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-LIS Patients</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>LIS Patients</td>
<td>40%</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Notes:** *PPPY* = per person per year, *LIS* = Low Income Subsidy, *DVA* = Department of Veterans Affairs, *DCI* = Dialysis Clinic, *SDO* = Southern District Organization, *Ind. HB* = Independent Hemodialysis, *FMC* = Fresenius Medical Care