

# Employers as health plan sponsors: *How to contract for CMM services*

Adding CMM as a health benefit involves a decision concerning whether CMM is *carved into* the services provided by the PBM or medical benefits carrier or *carved out* to an external CMM provider. A carved-in program is typically the easiest to implement, as it does not require transfer of real-time medical records from the PBM and medical carrier to another vendor. With a carved-in program, the PBM is the logical choice for the provision of CMM services because they administer most medication use. However, there must be real-time exchange of medical records between the PBM and the medical carrier to enable the CMM team to access all of the information needed to provide the best quality services and assure that specialty medications covered under medical benefits are addressed.

With either method of delivery, it is important to provide a clear description of the process of CMM expected to be delivered ([see the 10 Steps to Achieve CMM](#)). The PBM and medical carrier may explain that they already provide medication therapy management (MTM) services to Medicare recipients and that these services can be extended to your non-Medicare members. However, MTM is typically a one-time, medication-focused process, while CMM is patient-focused, more comprehensive and includes coordinated care planning and follow-up to assure the desired clinical outcomes are achieved.

For employers with an upcoming PBM or medical carrier contract renewal but who are not yet prepared to implement CMM as a health benefit, use this time to set the stage for future implementation by negotiating:

- The right to amend the contract to allow for changes in or termination of provided services and implementation of new benefits administered by the vendor of your choice. Exclusivity clauses should be eliminated from the contract. Employers should consider inviting the current vendor to respond to their

request for proposal (RFP) processes as a means to counter objections.

- Required use of available, clinically proven pharmacogenomic (PGx) testing to guide decision making in prior authorization for medication use.
- Step-therapy waiver requirements and financial penalties related to formulary use if, through CMM and/or pharmacogenomic means, a specific medication is determined to be most appropriate for the patient.

## Preparing to contract for CMM services

The scope of services described in the employer RFP for CMM services may vary depending upon the aspects of service desired. For example, in addition to delivery of the 10-step CMM process, employers may want vendors to assist covered members in identifying sources of financial assistance for medications or lower-cost site of care alternatives for infusion therapy.

Discussions with organizations that have already integrated CMM services are valuable for identification of complementary services and lessons learned. Asking the vendor to describe their menu of available services may be enlightening as well. Keep in mind, most traditional PBMs and health plans will be accustomed to providing medication therapy management programs (MTM) that are not comprehensive and/or integrated focusing on the *drug* (formulary management, step-therapy, etc.) rather than the *service delivery* component required to ensure appropriate use of medications. At times, they may mix the terms “MTM” with “CMM” but have little awareness of the distinct and important differences.

In addition to seeking standard information from potential CMM vendors, employers should consider inclusion of the following RFP items:

## Administrative and Past Performance Review

- A copy of the vendor's most recent annual financial report or statement.
- Identification and contact information for current clients with integrated CMM services; ask the vendor to offer a clear distinction between contacts for those CMM services provided by the PBM and services provided by medical carriers.
- Names and contact information of at least three former clients with integrated CMM services and reason(s) for termination of service delivery.
- Names and contact information of primary individuals who will be responsible for your account.
- Names, credentials, titles, state(s) of licensure and clinical experience backgrounds of all members of the team that will be responsible for implementation and continuing administration of CMM services.
- Availability of appropriate vendor staff to participate in discussions with you and your PBM/medical carrier and to provide an independent perspective on potential impacts to the benefits plan and to covered members who would be impacted by proposed benefit design changes, to include: formulary changes, implementation of new benefits programs and required governmental changes.
- Description of the security standards used to protect personal health information.
- Copy of the discrimination avoidance policy and explanation of how the policy is monitored and enforced.
- Copy of the conflicts of interest policy and description of how the policy is monitored and enforced.
- Confirmation that the vendor will execute the Business Associate Agreement approved by your organization with any negotiated and agreed-upon change.

## CMM Service Capabilities

- Description of the medication management programs MTM and CMM<sup>1</sup> the vendor offers that will optimize medication outcomes; what outcomes they can measure, and how they are measured; and advantages and disadvantages of each program.
- Description (to include operating definition of CMM) of their integrated CMM services; they should offer a clear distinction between those CMM services provided by the PBM and services provided by medical carriers with a clear description of how they share data, ensure accountability and report on program success (cost, quality, patient satisfaction).
- Describe the tools, programs and payment strategies that the vendor uses to support team-based, interprofessional care around the medication use process.
- Describe how medications are managed during transitions of care or for those members who are on multiple medications, seeing multiple providers, or have multiple chronic conditions, and how are the services coordinated?
- Description of how the vendor proposes to perform the services, and with whom, identified in the RFP scope of services for CMM.
- Examples and frequency of reports included as base services under the contract and cost structure for requested ad hoc reporting.
- Description of how fraud, waste or medication overuse, underuse and misuse is identified and addressed as part of the provided services and examples of their findings for other clients.
- Description of how necessary clinical information or data to perform CMM services will be obtained and shared with the care providers, including responsibilities of each organization involved in data acquisition, dissemination and use.

<sup>1</sup> Note, traditional PBMs and most health plans will be unfamiliar with the term "comprehensive medication management" and may refer to these programs as "MTM". Understand the difference and push for integrated programs (not just adherence programs). See "Employer Resources from GTMRx" below for more information.

- Description of the role the vendor will have in contacting covered members or their physicians about CMM program elements, enrollment and the process that will be followed—member and provider communications.
- Description of issues or problems the vendor expects to encounter in providing CMM services for your organization, with examples of how similar issues or problems have been addressed with other clients.
- Provision of an implementation plan, including time frames.
- Description of how the vendor proposes to integrate PGx testing services into the CMM process and disclosure of the PGx testing partner (if other than the vendor).
- Description of the strategies that the vendor currently uses to identify, manage and monitor specialty drugs and in what way CMM services will be delivered to mitigate risks associated to ensure appropriate use of these medications.

## Disclosures and Conflicts of Interest

- Copy of their code of conduct or standards for professional behavior and explanation of how employees are held accountable for understanding and following these.
- Copy of the discrimination avoidance policy and explanation of how the policy is monitored and enforced.
- Copy of the conflicts of interest policy and description of how the policy is monitored and enforced.
- Description of any potential conflicts of interest the vendor would have in providing the requested scope of services.
- Description of any relationships and/or contacts the vendor, its officers or employees have had with any of your organization’s board members, officers or employees within the last 12 months.

- Description of any remuneration or anything of value provided directly or indirectly by the vendor or its board members, officers or employees to your organization, board members, officers or employees.
- Description of any incidents in the past five years in which the vendor, a board member, officer or an employee has been:
  - a defending party in a legal proceeding before a court related to the provision of services included in the RFP scope of services;
  - the subject of a governmental regulatory agency inquiry, investigation or charge; or
  - been involved in the submission of a liability insurance claim involving the RFP scope of services.

It goes without saying that after vendor selection, the terms of the contract should be developed in collaboration with the organization’s purchasing and legal representatives. The chosen vendor will then typically provide a revisable contract template as a starting point for further development and negotiations.

As CMM emerges as the standard of care for high-quality medication delivery and use, additional information concerning vendor selection and contracting will be added to this toolkit, along with tips from our experts. We encourage those involved in these activities to share their learnings, successes and experiences with the GTMRx Institute. [GTMR](#)

### *Employer Resources from GTMRx*



**3-MINUTE READ:** [CMM vs MTM: Patient Focused Process vs. Medication Focused Activity](#)



**3-MINUTE READ:** [Employers: How Comprehensive is your Medication Therapy Management Program?](#)



**13-MINUTE READ:** [Comprehensive Medication Management in Benefits Design: A Toolkit for Employers](#)