Comprehensive medication review – Coming soon to a nursing home near you!

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Beginning in 2013, nursing home residents who are beneficiaries of Part D plans are eligible for the same services currently provided to Part D beneficiaries in the community setting.1 The primary component of this service is an annual comprehensive review of their medications with an individualized written summary provided to them in a standardized format within 14 days of the medication review (Appendix). Previously, nursing home residents were exempt from this requirement but the Affordable Care Act was amended in 2012 to include targeted Part D beneficiaries in all care settings, including nursing homes.2

1. Program description

The goals of the program are to promote the safe and effective use of medications and to provide education or counseling to the beneficiary and/or caregiver(s) for safe and appropriate medication use.

If your nursing home residents are enrolled in a Part D MTM program, they will receive a printed standardized summary, Form CMS-10396, as a reference about their CMR.3 This summary will include a Cover Letter, Medication Action Plan, and Personal Medication List (Appendix). Your residents are encouraged to share these documents with you and other health care providers at their regular visits and request updates as needed. The interactive Comprehensive Medication Review (CMR) can be conducted any time during the year. Targeted Medication Reviews (TMRs) are processed throughout the year, but no less often than quarterly, to identify specific or potential medication-related problems. You may be contacted by the MTM provider if a TMR identifies a potential medication-related problem for your patient. Other communications may be sent to you periodically throughout the year. These communications are intended to help resolve other potential medication-related problems or identify other opportunities to optimize your resident’s medication use (Fig. 1).

2. Cognitively impaired beneficiaries

When taken at face value, the intent behind inclusion of nursing home residents in the required annual CMR is positive, however, barriers may thwart achievement of the intended outcome. The Centers for Medicaid & Medicare (CMS) acknowledged that nursing facility beneficiaries may be “cognitively impaired and cannot make decisions regarding [their] medical needs.” CMS recommends that plan sponsors coordinate with long-term care consulting pharmacists to determine if a beneficiary in the LTC setting is cognitively impaired and cannot accept the offer to participate in a CMR. CMS cautions Part D plans that they must be able to present documentation or a rationale for these determinations. The presence of cognitive impairment does not remove responsibility of Part D plans to deliver MTM services to nursing home residents, unless they are deemed “not interviewable.”

It is unclear how Part D plans will respond to the challenge of determining whether or not a beneficiary is cognitively impaired to the extent that they cannot participate in their care decisions. Given availability of Minimum Data Set (MDS) 3.0 information in these residents, it has been suggested that the Brief Interview for Mental Status (BIMS) score will be applied.4 In the most recent release of interim guidance from CMS an “interviewable” resident was defined as one with a BIMS score of 8–15.3 Thus, residents with BIMS scores of less than 8 may be considered “not interviewable” cognitively impaired.

When residents are deemed “not interviewable” then the MTM provider may reach out to you in order to clarify your resident’s medical history prior to a review of information received from the resident during the review, such as why and how they are supposed to use their medications. Additionally, CMS has indicated that when due

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to cognitive impairment, the LTC resident cannot participate in their own CMR, the MTM provider should reach out to the prescriber, caregiver, or other authorized individual, such as the resident’s health care proxy or legal guardian, to take part in the beneficiary’s CMR. A written summary in CMS’s Standardized Format must be provided following each CMR, whether the CMR is provided to the beneficiary, or to the authorized individual who may take part in the CMR if the beneficiary cannot participate. Thus, it is quite conceivable that the consultant pharmacist or other MTM provider will be approaching prescribers to participate in the resident’s CMR.

3. Role of the consultant pharmacist

CMS has indicated that the LTC consultant pharmacist is a valuable resource for the delivery of CMRs. Part D plans have been encouraged to consider making arrangements that include the LTC consultant pharmacist in conducting Part D MTM services for targeted beneficiaries in LTC.

4. Compare and contrast DRR/MRR with CMR

The Consultant Pharmacist will continue to provide Drug Regimen Reviews (DRR or MRR) and if requested by the resident’s Part D plan will also provide the CMR. While there are similarities between DRR and CMR there are several main differences:

- Both services are federally mandated in nursing home residents
  - DRR/MRR once every 30 days
  - CMR once annually
- DRR/MRR is conducted in every resident whereas CMR will be conducted only in targeted beneficiaries
- DRR/MRR recommendations are provided to the facility nursing staff or prescriber whereas CMR is provided to the resident (unless cognitively impaired)
- DRR/MRR recommendations are written in professional language whereas CMR are written in lay language (4th grade reading level)
- DRR/MRR is a review of all medications over about a 10 min interval but CMR is a face-to-face interview with the resident expected to take about 30–40 min

5. Nursing home/assisted living facility

The facility has no explicit requirements for conducting CMR, but will play an important role in helping the consultant pharmacist determine if the resident is “interviewable” or cognitively impaired. If the resident is cognitively impaired, the facility caregiver, prescriber or authorized individual will need to receive the face-to-face (or telephone) interview for the CMR. It will be important that the medical record has documentation regarding the resident’s inability to participate in their own CMR if significant cognitive impairment is present.

Lastly, facilities should know that the CMR is required by CMS and Part D plans will be funding these services. Facilities will continue to be financially responsible for DRR/MRR but will not be charged for CMR.

6. Summary

There remain numerous unanswered questions pertaining to the roll-out and implementation of the CMR requirement in LTC. Some Part D plans have established relationships with MTM providers and are prepared to launch the expanded MTM program in January while others may be slow to apply the standard in a nursing home population. How Part D plans define “cognitive impairment” and the alternate individual acceptable to participate on behalf of the beneficiary in the CMR may vary widely. Quarterly TMRs may be added on to monthly DRR/MRR

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**Fig. 1.** Features of comprehensive medication review in long-term care.
reviews or may replace monthly reviews at least 4 times during the calendar year.

References


Appendix

Standardized Format

The Cover Letter

The Cover Letter reminds your patient of their CMR, introduces the Medication Action Plan and Personal Medication List, and describes how to contact the MTM program.

The Personalized Medication List

The Personal Medication List is a reconciled list of the medications used by your patient at the time of the review. Information from your patient, Medicare Part D claims data, or other sources may be used to develop the list. It is intended to help your patient understand their medications and how they relate to their treatment plans. Your patient can make notes on their Personal Medication List such as when and why they stopped taking a medication.

The Medication Action Plan

(no more than 2 pages)

The Medication Action Plan describes the specific action items for your patient to help resolve issues of current drug therapy and achieve the goals of medication treatment. Your patient can keep notes of their progress and use it to clarify and discuss any concerns about their medications and treatment plans with you. The MTM provider will send separate recommendations to you if needed.