

# ABC'S OF MEDICATION THERAPY MANAGEMENT SERVICES

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# Look familiar?



# Objectives

- Discuss the effects of the aging population on the current practice of community pharmacy.
- Identify current MTM services being conducted in the pharmacy throughout a normal day.
- Describe documentation and billing processes specific to pharmacist-provided MTM services.
- Recognize the required elements to successfully bill MTM services.
- Complete an example MTM.

# Aging Population

- 80% of older adults have one chronic condition
- 50% have at least two chronic conditions
- By 2030 there will be about 71 million people over 65 years of age
  - Roughly 20% of population
- Estimated that 1.5 million preventable adverse events occur each year
  - Results in \$177 billion in injury and death

*“The State of Aging & Health in America 2013” accessed via web at*

*[http://www.cdc.gov/features/agingandhealth/state\\_of\\_aging\\_and\\_health\\_in\\_america\\_2013.pdf](http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf)*

# Arkansas Population

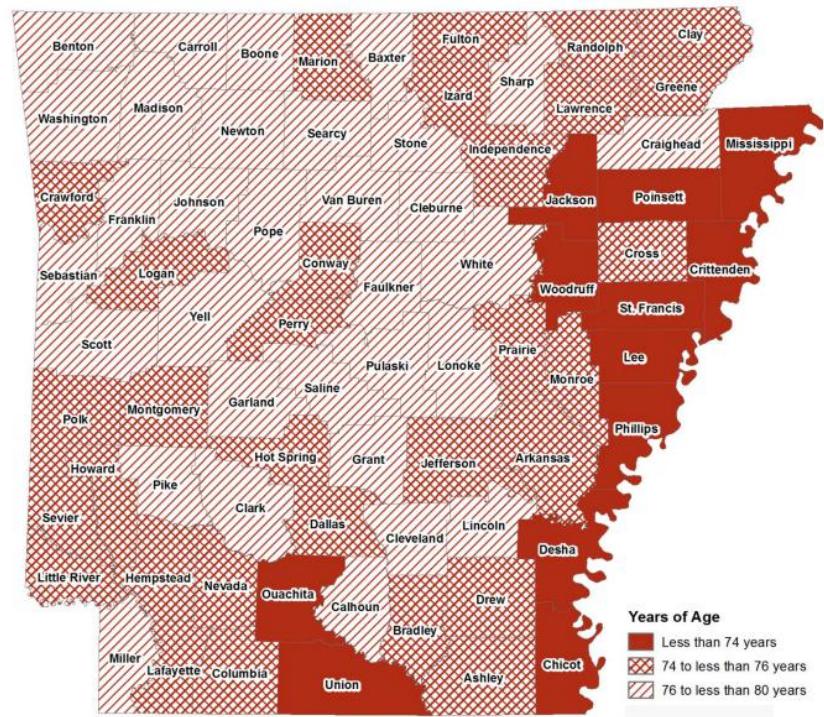
- Approximately 3 million people living in Arkansas
- 14% over 65 years of age
- 45% live in rural areas
- 25% do not use the Internet

**Table 2.1: The leading causes of death in Arkansas in 2008**

Rank	Cause of Death
1	Heart Disease
2	Cancer
3	Chronic Lung Disease
4	Stroke
5	Accidents
6	Alzheimer's Disease
7	Diabetes
8	Influenza and Pneumonia
9	Kidney Disease
10	Blood Poisoning

Data Source: Arkansas Department of Health

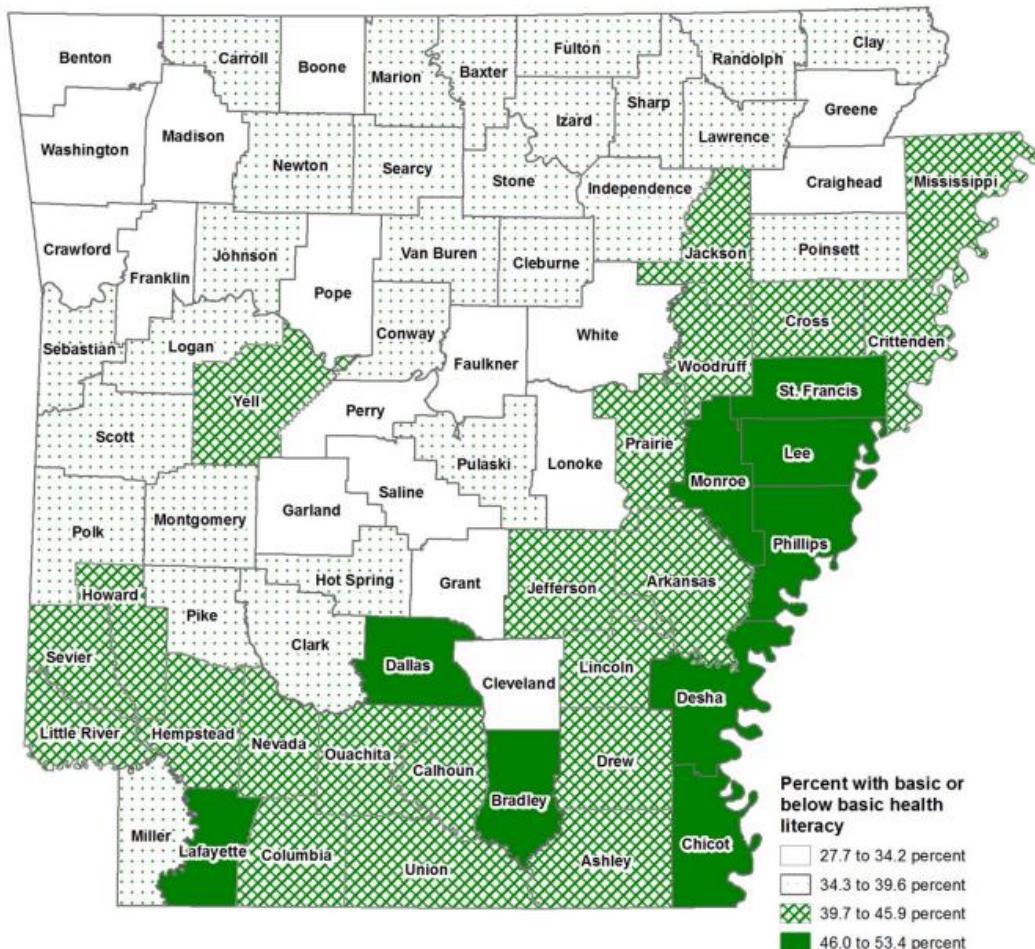
**Figure 2.1: Life expectancy in Arkansas by county in 2008**



Data Source: Arkansas Department of Health

*Figure from “Arkansas’s Big Health Problems and How We Plan to Solve Them”*

**Figure 4.1: Percent of Arkansas population with low health literacy**



Health literacy is defined as how well people can get and use information to make good choices about their health. Skills involved include reading, writing, listening, asking questions, doing math, and analyzing faces.

Ability to communicate and interact with others

*Figure from “Arkansas’s Big Health Problems and How We Plan to Solve Them”*

# Health Literacy in America and Arkansas

Health Literacy Category	Percent of Americans
Proficient	12%
Intermediate	53%
<b>Basic / Below Basic (low health literacy)</b>	36%

## Arkansas

- Estimated there are 820,000 adults in Arkansas health literacy
- Groups with low health literacy include:
  - **Age 65 and over**
  - African American and other minorities
  - Less than a high school education
  - Live in poverty
  - Live in rural areas

# Assessing Health Literacy

- **Below Basic** means being able to circle the date of a medical appointment on a hospital appointment slip or being able to read a set of short instructions to find out if it is okay to drink anything before a particular medical test.
- **Basic** means being able to read a clearly written brochure and give two reasons why a person with no symptoms of a disease should be tested for the disease.
- **Intermediate** means being able to read a prescription drug label to find out what time a person should take the drug or being able to use a chart to find a healthy weight for a person of a certain height.
- **Proficient** means being able to search through a complex document to find the meaning of a particular medical word or being able to figure out an employee's share of health insurance costs for a year by using a chart that shows the employee's monthly cost based on income and family size.

**Below basic and Basic are defined as “low health literacy.”**

# Improving Health Literacy

- Make health and safety information easy to understand
- Educate health care providers and students about health literacy
- “Universal precautions” approach

# Affordable Care Act and MTM

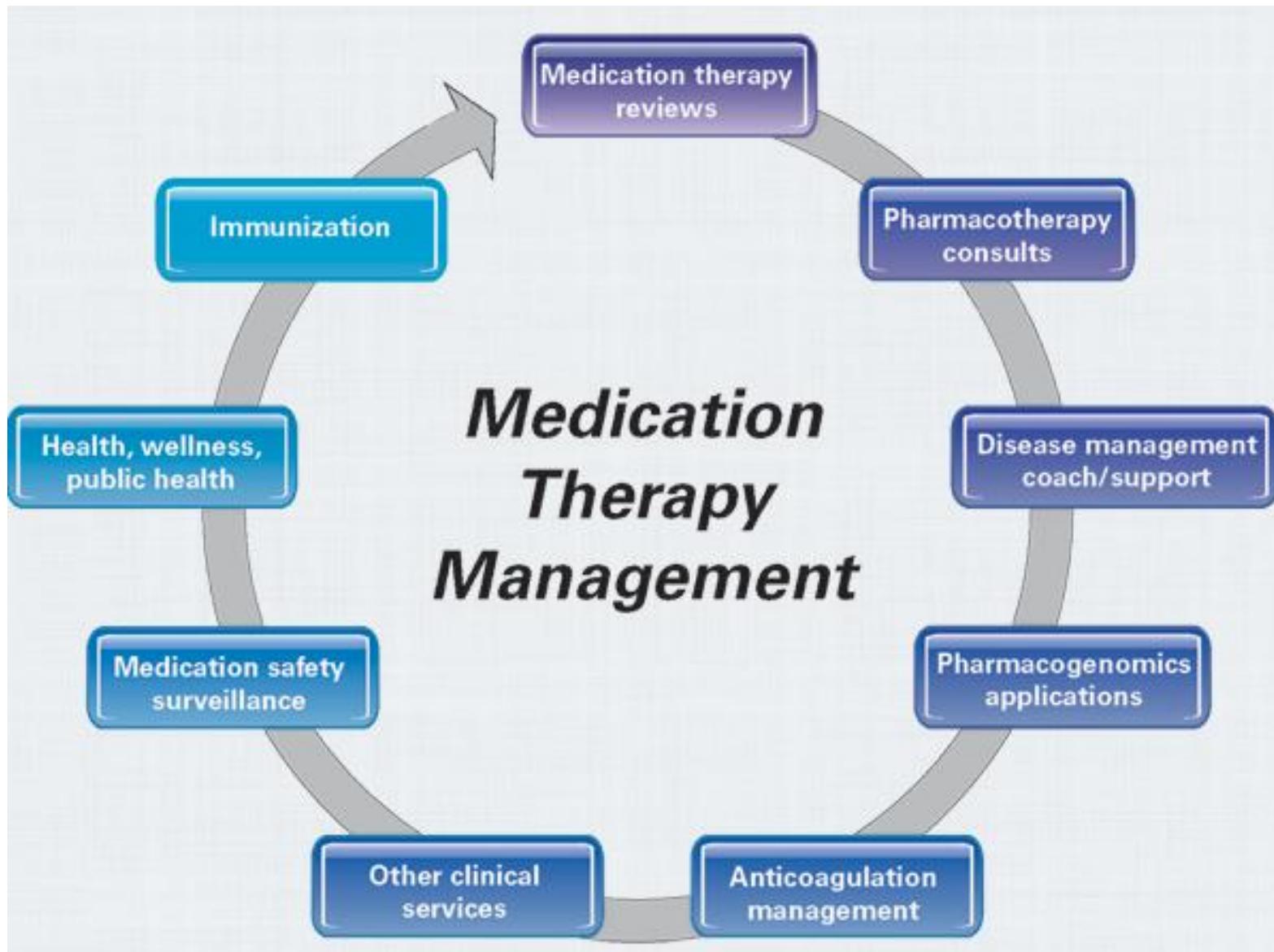
- “Medication Therapy Management” specifically mentioned 11 times in ACA
- Standardization for Part D MTM Programs
- Required interventions for MTM services
  - Annual comprehensive medication review (person to person or telehealth technologies “by a licensed pharmacists or other qualified provider).”
    - Review of individual’s medications, creation of a medication action plan or actions in consultation with individual and / or input from prescriber
    - Providing written or printed summary of results of review
    - Standardized format

# What is Medication Therapy Management?

- A service or group of services that optimize therapeutic outcomes for individual patients.
- Include medication therapy reviews, pharmacotherapy consults, anticoagulation management, immunizations, health and wellness programs and many other clinical services.
- Pharmacists provide medication therapy management to help patients get the best benefits from their medications by actively managing drug therapy and by identifying, preventing and resolving medication-related problems.

As defined in a consensus definition adopted by the pharmacy profession in 2004

# *Medication Therapy Management*



APhA MTM Central [www.pharmacist.com/mtm](http://www.pharmacist.com/mtm)

# MTM Services

	Total pharmacies	Percent of total
Pharmacies who offer MTM services (708 surveyed)	327	46%
Independents offering	102	14.4%
Chains offering MTM Services	225	32%
<i>37 pharmacies did not answer</i>		

Results of phone survey conducted by APA February 2012

# MTM Eligibility

- Calendar Year 2014
  - Have more than 1 chronic health condition, and
  - Take several different medications, and
  - Use medications that cost more than \$3017 for the year combined (patient's cost and plan's cost).
- Varies by plan

# Practice Setting

- MTM is not just for retail pharmacy settings
- Hospital discharges
- Ambulatory care settings
- Employer sites
- Phone
- Physician offices

# MTM and Star Ratings

## Significant Opportunity for Pharmacists!

Pharmacists can directly impact 5 Part D Patient Safety measures through MTM services:

Part D Measure	Description
<i>High risk medication</i>	% of patients taking medication considered to be high-risk in patients $\geq 65$ years old
<i>Diabetes treatment</i>	% of patients with both diabetes and hypertension whose treatment includes a RAS antagonist (ACEI/ARB/DRI)
<i>Adherence for diabetes medications</i>	% of patients whose adherence rate for diabetes medications is $\geq 80\%$ * <ul style="list-style-type: none"><li>Classes: biguanides, DPP-IV inhibitors, sulfonylureas, TZDs, incretin mimetic agents (proposed), meglitinides (proposed)</li><li>*Patients taking insulin are excluded from this measure</li></ul>
<i>Adherence for HTN (RAS antagonists)</i>	% of patients whose adherence rate for RAS antagonists is $\geq 80\%$
<i>Adherence for cholesterol (statins)</i>	% of patients whose adherence rate for statins is $\geq 80\%$

Table from *Star Measures 101: A Guide for OutcomesMTM Personal Pharmacists*

# Adverse Drug Events (ADE)

- Harms that result from medication use; when these harms result from a medication error, they are known as “preventable ADEs.”
- Estimated to affect more than 7 million patients
- Contribute to 7000 deaths
- Cost almost \$21 billion in direct medical costs across all care settings annually.
- In 2007, the Institute of Medicine (IOM) estimated that 1 medication error occurred per patient per day in hospital care.

National Burden of Preventable Adverse Drug Events Associated with Inpatient Injectable Medications: Healthcare and Medical Professional Liability Costs.  
Retrieved from: <http://www.ahbonline.com/issues/2012/november-december-2012-vol-5-no-7/1224-feature-1224>

# Marketing Component

- Patients
  - Part D
  - Third party
  - Cash
- Local physician / healthcare providers
- Employers



# Contacting Patient

- Phone numbers are given to pharmacies through online platforms
- Many times, the number given to the pharmacies from the Part D plan is not correct
- Check in your pharmacy software system for updated information
  - Remember, it is important to be able to contact patients in case there are questions about prescriptions

# How do I explain MTM to My Patients?

- Service provided to the patient at no cost where a pharmacist is assessing if:
  - All medications being taken have a purpose
  - **Any medications could be changed to save the patient money**
  - Medications are being monitored correctly
  - How a patient is taking their medication

# Make sure your patients know:

- The service is **offered at no charge**
- This consultation could save them a substantial amount of money
- Nothing will be changed without consulting with their doctor

## Steps to set up MTM services in your pharmacy.

1. Register for an MTM account at [www.getoutcomes.com](http://www.getoutcomes.com) and/or [www.mirixa.com](http://www.mirixa.com)
2. Do training modules on these sites to learn how to input and bill claims
3. Patients will be assigned to your account once they become eligible

# Logistics of MTM in the pharmacy

- Need an area in the store that is private or semi-private for the consultation.
  - Counseling area
  - Office
  - Tables in pharmacy
- Staffing arrangements
  - Most encounters last about thirty to forty five minutes, but can last up to 1 hour
  - If more time is needed, schedule a follow up

# Business Model

- Mission Statement
- Swot analysis
- Operational changes
  - Modify layout of pharmacy (semi-private counseling area)
  - Staffing need (utilize technicians and interns)
- Marketing
- Billing
- Implementation Plan

Writing a Business Plan for a New Pharmacy Services (APhA)  
[http://www.pharmacist.com/sites/default/files/files/mtm\\_writing\\_business\\_plan.pdf](http://www.pharmacist.com/sites/default/files/files/mtm_writing_business_plan.pdf)

# Financial Incentives

- Paid for service
  - Some plans will pay for follow up encounters
- Improved adherence
- Identify other health care needs
  - Immunizations
  - OTC items such as aspirin
- Increases patient loyalty to store

# Clinical Pharmacy Components to MTM

- Medication Therapy Problems (MTP)'s
- Standards of Care for specific diseases
- Monitoring for Safety and Efficacy

# Medication Therapy Problem

- Unnecessary medication
- Need for additional medication
- Ineffective medication
- Dosage too low / high
- Adverse drug event
- Non-adherence

# Standards of Care

- Diabetes
- Chronic Obstructive Pulmonary Disorder /  
Asthma
- Dyslipidemia
- Hypertension

# Diabetes

- Adherence with medications, diet, and physical activity
- Self monitoring of blood glucose
- A1C testing twice a year
  - Less than 7%
  - Point-of-care testing for A1C provides more timely treatment changes
- Receiving annual eye exam, lipid panel, and foot exams
- Immunizations
  - Pneumonia
  - Annual Flu
  - *Hepatitis B*

# Asthma / COPD

- Adherence (specifically inhaled corticosteroids)
- Symptom control
- Proper inhaler use
- Use of rescue inhalers
- Exacerbations or ER visits
- Need for oral corticosteroids
- Smoking Status
- Immunizations
  - Annual Flu
  - Pneumococcal

# Dyslipidemia

- Adherence with statin medication
- Lipid panel
- Patient specific goal for LDL

# Hypertension

- Adherence with medication, diet, and exercise
- Target blood pressure goals
- Monitoring blood pressure

# Monitoring for Safety and Efficacy

## Patient

- Blood pressure
- Glucose

## Pharmacist

- Warfarin
- Digoxin
- Lipid panel
- Kidney function
- A1C

# The Core Elements of MTM

- Medication Therapy Review
- Personal Medication Record
- Medication Action Plan
- Intervention and/or Referral
- Documentation and Follow Up

# Goal of the Medication Therapy Review

- Educate patients on their medications
- Address problems or concerns patients have regarding their medications
- Empower the patient to self-manage their medications and health conditions.

# Medication Therapy Review (MTR)

*“The MTR is a systemic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, and creating a plan to resolve them.”*

# Conducting the MTM Encounter

1. Verify all patient demographic information (address, phone number, etc.)
2. Ask the patients if they have any allergies to any medications
3. Have the patient tell you their daily routine of how they take their medication

# Points to remember during the MTM encounter

- Let them talk, take notes while they are talking, and ask questions as they go along
- If the patient is on a medication that is able to be monitored by the patient, see how often they test themselves
- This is also a good opportunity to ask about technique with testing supplies
- Remember to specifically ask them if they take any OTC meds, vitamins, or mineral

# Items That Must Be Addressed

- Demographic information confirmed
- *Drug Allergies*
- Medical Conditions (diabetes, hypertension, etc.)
- Current medications (specifically dose, prescriber, and time of day taken.)
- If had any vaccines (flu, pneumonia, etc.)
- *How much time was spent with patient*

# Questions to Ask During CMR

- What medications are you taking?
- What is the medication you are taking suppose to be treating?
- How do you take the medication?
- What problems or adverse reaction are you experiencing with the medication?

# Motivational Interviewing

Goal is to have patients talk themselves into making a change

- Four General Principles of Motivational Interviewing
  - Express Empathy
  - Develop Discrepancy
  - Roll with Resistance
  - Support Self-Efficacy
- Skills for Motivational Interviewing
  - Open-ended Questions
  - Affirmations
  - Reflective Listening
  - Summary Statements

# Medication Related Problems

- Indication
- Effectiveness
- Safety
- Adherence

# What should the pharmacists be asking themselves during the CMR?

- Compliance and adherence with medication regimen
- Cost efficient or non-indicated medications
- Potential interactions
- Physical signs of adverse drug reaction (e.g., jaundice, slurred speech, etc.)
- Disease states that are not being treated
- Appropriateness of dosage, frequency, route, and time of administration

# Special Considerations for Mirixa

- All safety and interchange alerts must be addressed and resolved before claim may be submitted
- In Mirixa, there is a section for you to write a note, but all interventions and flags must be handled individually in a different section

# Personal Medication Record

*A comprehensive record of the patient's medications (prescription and nonprescription medications, herbal products, and other dietary supplements).*

# What to include with medications on PMR?

- Drug Name, DOB,
- Date updated
- Allergies / Reactions to medications
- Medication
  - Brand and generic name, strength, dose
  - “How I use it”
  - “Why I use it”
  - Prescriber
  - Other comments like take with food, etc...

# Example of PMR

**PERSONAL MEDICATION LIST FOR < Insert Member's name, DOB: mm/dd/yyyy >**

(Continued)

<b>Medication:</b>	
<b>How I use it:</b>	
Why I use it: <i>&lt;Insert other title(s) or delete this field&gt;</i>	Prescriber:
<b>Date I started using it:</b> <b>Date I stopped using it:</b>	
Why I stopped using it:	

<b>Medication:</b>	
<b>How I use it:</b>	
Why I use it: <i>&lt;Insert other title(s) or delete this field&gt;</i>	Prescriber:
<b>Date I started using it:</b> <b>Date I stopped using it:</b>	
Why I stopped using it:	

<b>Medication:</b>	
<b>How I use it:</b>	
Why I use it: <i>&lt;Insert other title(s) or delete this field&gt;</i>	Prescriber:
<b>Date I started using it:</b> <b>Date I stopped using it:</b>	
Why I stopped using it:	

<b>Medication:</b>	
<b>How I use it:</b>	
Why I use it: <i>&lt;Insert other title(s) or delete this field&gt;</i>	Prescriber:
<b>Date I started using it:</b> <b>Date I stopped using it:</b>	
Why I stopped using it:	

<b>Medication:</b>	
<b>How I use it:</b>	
Why I use it: <i>&lt;Insert other title(s) or delete this field&gt;</i>	Prescriber:
<b>Date I started using it:</b> <b>Date I stopped using it:</b>	
Why I stopped using it:	

# Key Points to Remember for PMR

- Must be written at a literacy level of the patient
- Use the name of medication that is on patient's bottle
- Date of last review

# Medication-Related Action Plan

*A patient-centric document  
containing a list of actions for the  
patient to use in tracking progress  
for self-management.*

# Items to Include on MAP

- Primary care physician, pharmacist, and phone numbers for each
- Date of preparation
- Actions that can be completed by the patient (checking bp, glucose)
- Any changes in medication that have already been approved by the physician.
- Follow up appointments with pharmacist if applicable

# Example of a Medication Action Plan

< MTM PROVIDER HEADER >

< PLAN LOGO >

## MEDICATION ACTION PLAN FOR < Insert Member's name, DOB: mm/dd/yyyy >

This action plan will help you get the best results from your medications if you:

1. Read "What we talked about."
2. Take the steps listed in the "What I need to do" boxes.
3. Fill in "What I did and when I did it."
4. Fill in "My follow-up plan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers. Share this with your family or caregivers too.

DATE PREPARED: < Insert date >

What we talked about: < Insert description of topic >	
What I need to do: < Insert recommendations for beneficiary activities >	What I did and when I did it: < Leave blank for beneficiary's notes >

What we talked about:	
What I need to do:	What I did and when I did it:

What we talked about:	
What I need to do:	What I did and when I did it:

# Why do we make medication action plan?

- Encourages a patient-centered model of healthcare
- The goal of the MAP is to **empower** the patient to be an advocate for their healthcare.
- It also shows the progress the patient has made.

# Goal Setting

- Must be SMART
  - Specific
  - Measurable
  - Attainable
  - Reasonable
  - Time-Bound
- Example
  - Check blood sugar twice daily in the morning and evening for 1 week

# **Intervention and/or Referral**

*The pharmacist provides consultative services and intervenes to address medication-related problems; when necessary, the pharmacist refers the patient to a physician or other healthcare professional.*

# Making Recommendations to Physicians and other Care Givers

There are several ways to accomplish this:

- Call physician and speak with them or nurse, or leave a message
- Send office a fax detailing appointment and recommendations
- Send fax for each individual recommendation.

# Physician Communication Form

- Can be generated with from online platforms
- Create pharmacy specific templates

# Referral Criteria

- Suspected new disease
- If patient needs disease state management education (changing doses of medication)
- Identify the need for additional monitoring (warfarin, digoxin)

# Documentation and Follow Up

*MTM services are documented in a consistent manner and a follow up MTM visit is scheduled based on the patient's medication-related needs, or the patient is transitioned from one care setting to another.*

# Items to Be Documented

- Patient demographics
- Short SOAP note about encounter
- Education provided
- Communication with other healthcare providers on patient's behalf
- PMR
- MAP
- Follow-up
- Amount of time spent on patient

# CMR Worksheet

Comprehensive Medication Review	
<b>CMR Worksheet</b>	
Patient Name: _____	
D.O.B. _____ / _____ / _____ Phone #. (_____) _____	
Is the patient cognitively impaired? Yes / No	
Is the CMR with the patient? Yes / No	
If no, who is the CMR recipient?	
Name: _____	
Relationship to patient: _____	
CMR Recipient Address: _____	
City: _____	State: _____ ZIP: _____



## Medication Profile

## A Current Conditions

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Alzheimer's Disease          | <input type="checkbox"/> Chronic Alcohol/Drug Abuse | <input type="checkbox"/> GI Reflux/Ulcer conditions | <input type="checkbox"/> Parkinson's Disease  |
| <input type="checkbox"/> Anemia                       | <input type="checkbox"/> Chronic Lung Disorder      | <input type="checkbox"/> Hepatitis C                | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Anticoagulation              | <input type="checkbox"/> Chronic Pain               | <input type="checkbox"/> HIV/AIDS                   | <input type="checkbox"/> Schizophrenia        |
| <input type="checkbox"/> Autoimmune Disorders         | <input type="checkbox"/> Congestive Heart Failure   | <input type="checkbox"/> Constipation               | <input type="checkbox"/> Solid Hematologic    |
| <input type="checkbox"/> Benign Prostatic Hyperplasia | <input type="checkbox"/> COPD                       | <input type="checkbox"/> Multiple Sclerosis         | <input type="checkbox"/> Disorders            |
| <input type="checkbox"/> Birth Disorder               | <input type="checkbox"/> Depression                 | <input type="checkbox"/> Neurologic Disorders       | <input type="checkbox"/> Stroke               |
| <input type="checkbox"/> Cancer                       | <input type="checkbox"/> Dystonia                   | <input type="checkbox"/> Osteoporosis               |   |
|   | <input type="checkbox"/> Dyslipidemia               | <input type="checkbox"/> Ostegoros                  |   |
|   |   |   |   |

B Drug Allergies + Side Effects

Medication	Reaction	Medication	Reaction
▶		▶	
▶		▶	
▶		▶	

## C Medications

Workshop designed for multiple purposes, only CME must be documented using the Outcomes in the Context (OIC) form to be a valid claim.

## C Medications (continued)

## Medication Action Plan (MAP)

## Problems Identified During CMR

MEDICATION	DESCRIPTION OF THE PROBLEM	WHAT THE PATIENT SHOULD DO
1.		
2.		
3.		
4.		
5.		
6.		

# Encounter Worksheet

## Encounter Worksheet

PRESCRIPTION INFORMATION		
Patient Info/Rx Info		
Patient ID Number	Gender	Date of Birth
	M F	Y Y Y Y M M D D
Patient Contact Information		
Patient First Name _____ Last Name _____ Phone Number _____ Email Address _____		
Prescriber Information Name Rx Doctor _____ Name Rx Number _____ Health Care _____ Days Supply _____ Prescriber's National Drug Code _____ Name Rx Prescriber ID _____		
ENCOUNTER DOCUMENTATION Date of Encounter/Follow-up _____ Claim Number _____		
I. Indication For Service (REASON)	II. Service Provided (ACTION)	III. Outcome of Service (RESULT)
CMR - Complex Drug Therapy 100	Comprehensive Med Review (CMR) 200	CMR - Drug Therapy Problems Identified 300 CMR - No Drug Therapy Problems Identified 301 Patient Refused 380
Cost Effective Alternative 105	Prescriber Consultation 205	Initiated Cost Effective Drug 305 Prescriber Refused Recommendation 375 3 Attempts Unable to Reach Prescriber 378
Cost Effective Alternative 105	Patient Consultation 215	Patient Refused 380
New/Changed Prescription Therapy 110	Patient Education and Monitoring 210	Therapy Success (Resolved/Stable) 310 Therapy Failure (Unresolved/Worse) 320 Patient Refused 380
New/Changed OTC Therapy 117		
<b>DRUG THERAPY PROBLEM DETECTED:</b>		
<b>INDICATIONS</b>		
Needs Drug Therapy 120		
Unnecessary Prescription Therapy 125		
<b>EFRICACY</b>		
Suboptimal Drug 130		
Dose Too Low 135		
<b>SAFETY</b>		
Adverse Drug Reaction 140		
Drug Interaction 145		
Dose Too High 150		
<b>ADHERENCE</b>		
Overuse of Medication 155		
Underuse of Medication 160		
Inappropriate Admin/Technique 165		
<b>IV. Severity Level</b>		
<input type="checkbox"/> Level 1 Adherence Support	<input type="checkbox"/> Level 4 Prevented Additional Prescription Order	<input type="checkbox"/> Level 7 Prevented a Life Threatening Situation
<input type="checkbox"/> Level 2 Reduced Drug Costs	<input type="checkbox"/> Level 5 Prevented Emergency Room Visit	
<input type="checkbox"/> Level 3 Prevented a Physician Visit	<input type="checkbox"/> Level 6 Prevented Hospital Admission	
<b>V. Severity Level Rationale &amp; Additional Notes</b>		
<p>Pharmacy Name _____ NCPDP/NABP _____ RPH Initials _____</p> <p>_____</p> <p>_____</p> <p>_____</p>		



## DRUG THERAPY PROBLEM DETECTED:

### INDICATIONS

Needs Drug Therapy	120
Unnecessary Prescription Therapy	125

### EFFICACY

Suboptimal Drug	130
Dose Too Low	135

### SAFETY

Adverse Drug Reaction	140
Drug Interaction	145
Dose Too High	150

### ADHERENCE

Overuse of Medication	155
Underuse of Medication	160
Inappropriate Admin/Technique	165

# Follow Up

- Patient must be sent a Personal Medication Record
- With this, they should also receive a Medication Action Plan and a Follow Up letter
- These will automatically generate from online platforms

# General Requirements for Documentation by Outcomes

- Indication for services (reason)
  - Service provided (action)
  - Outcome of services (result)
- 
- Each claim must be submitted within 7 days of the date of the outcomes
  - Back-up Documentation must be retained for 10 years

# Requirements for Comprehensive Medication Review

- Reviewed and updated patient medication profile
  - Current conditions
  - Drug allergies and side effects
  - Medications (prescription, OTC, and vitamins)
    - Medication name and strength
    - Prescriber
    - Directions for use
    - Related Condition
- Problem(s) identified during CMR included on medication action plan
  - Description
  - What patient should do

# Requirements for Comprehensive Medication Review (continued)

- Date CMR completed
- Address to send follow up materials
- Document pharmacist's availability for questions
- Attest to reviewing patient's drug allergies and side effects, medications, and medication action plan
- Submit Claim

# Mirixa Platform Requirements

- Patient Meeting (face or telephone)
- Alert Resolution
- Assessment and Plan (as appropriate)
- Attestation and Authorization

# Patient Education / Monitoring

## Educational Checklist

- Name of drug
- Therapeutic class
- Directions for use
- Common side effects and warnings
- Missed dose actions
- Written materials

## Monitoring

- Symptoms
- Side effects
- Compliance
- Address patient questions

# Standardized Follow Up letter

< MTM PROVIDER HEADER >

< PLAN LOGO >

< Insert date >

< Additional space for  
optional plan/provider use,  
such as barcodes, document  
reference numbers, beneficiary  
identifiers, case numbers or  
title of document>

< Insert inside address >

< Insert salutation >:

Thank you for talking with me on < insert date of service > about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you make sure that your medications are working.

Along with this letter are an action plan (Medication Action Plan) and a medication list (Personal Medication List). The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other health care providers.
- Ask your doctors, pharmacists, and other healthcare providers to update them at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call <insert contact information for MTM provider, phone number, days/times, TTY, etc. >. < I/We > look forward to working with you and your doctors to help you stay healthy through the < insert name of Part D Plan > MTM program.

< Insert closing, MTM provider signature, name, title, enclosure notations, etc. >

# “Quick and Dirty” SOAP Note

- Subjective (patient reported information): medical history, family history, social history, complaints, allergies and/or reactions to drugs.
- Objective (known information): lab values, disease states, medications
- Assessment: Problem list
- Plan: actions needed to resolve problem list



# Problem List

1. THE PATIENT WAS NOT ROUTINELY MONITORING HIS BLOOD PRESSURE. GOAL BP <140/90.
2. THE PATIENT WAS UNAWARE OF ANY INDICATIONS FOR SINGULAIR.
3. THE PATIENT WAS TAKING FLUOXETINE IN THE EVENING WHICH MAY CAUSE INSOMNIA.
4. TAKING MELOXICAM PRN IS NOT ADEQUATELY CONTROLLING THE PATIENTS ACHE/PAINS.
5. THERE ARE GENERIC ANTIHISTAINES AVAILABLE THAT COULD BE CHEAPER THAN ALLEGRA© (FEXOFENADINE).
6. THE PATIENT IS NOT UP TO DATE ON ALL VACCINES.

# Documented Interventions

PLAN:

Counseled patient to:

CHECK BP AT LEAST TWICE WEEKLY.

EXERCISE AT LEAST 30 MINUTES A DAY MOST DAYS OF THE WEEK.

TAKE FLUOXETINE IN THE MORNING.

START TAKING MELOXICAM EVERYDAY WITH FOOD TO DECREASE  
BACK/NECK PAIN

GAVE PATIENT FLU VACCINE AND RECOMMENDED HE GET ONE EVERY  
FALL

CHECK TO SEE IF PATIENT GOT A PNUEMONIA SHOT

IMPROVE SLEEP WITH BETTER SLEEP HYGIENE

Contacted MD about indication for Singular©

Checked formulary for non-drowsy antihistamine

**SENT A MASTER MEDICATION LIST TO THE PATIENT AND A REMINDER OF ALL  
INTERVENTIONS.**

# Outcomes Payable Interventions

- Comprehensive Medication Review (CMR)
  - Face-to-face
  - Prior authorization for CMR over phone
  - 1 per calendar year
  - Can conduct additional if patient is discharged from the hospital (medication reconciliation).
- Targeted Intervention Program
- Pharmacists Initiated Claims

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## Welcome DEMO!

**Important!** All completed services in 2013 must be billed prior to 12/31/13! [View details](#)

0

Claims to review &amp; resubmit

3

Patients in progress

0

Scheduled CMRs

### Next 5 Patients with MTM Opportunities

The following patients have the greatest risk for medication-related problems. These MTM opportunities represent approximately **\$515** of potential revenue.

Patient Name	Date of Birth	Phone	MTM Opportunities
AGUM****, MERA****	12/18/1942		Needs CMR, 2 TIPs >
SILM****, MARS****	01/08/1944		Needs CMR, 2 TIPs >
ANDR****, R***	03/04/1954		Needs CMR, 1 TIP >
AYAI****, JUVA****	04/14/1957		Needs CMR, 1 TIP >
BAKU****, J***	06/30/1933		Needs CMR, 1 TIP >

[View more patients with MTM Opportunities](#)

### OUTCOMES TRAINING PHARMACY

Total # Patients: 1000

Report card coming soon!

### Patient Search

Last Name:

Date of Birth:

 mm/dd/yyyy

Patient ID:

[Search](#)

# Pharmacist Initiated Claims

- Cost Effective Alternative
- New / changed prescription therapy
- New / changed OTC Therapy

# Drug Therapy Problems Detected:

- Indications
  - Needs Drug Therapy
  - Unnecessary Prescription Therapy
- Efficacy
  - Suboptimal Drug
  - Dose too low
- Safety
  - Adverse Drug Reaction
  - Drug Interaction
  - Dose too high
- Adherence
  - Overuse / Underuse
  - Inappropriate admin / technique

# Targeted Intervention Program

- Reimbursed at \$20 per successful pharmacist intervention
- Plan or identified
- Examples of TIP's
  - Drug – Drug Interactions
  - Brand name medications
  - Inappropriate therapy

**High Risk Medication - Estrogens**

Data

JOYB

Date of I

To D

2 TIP

H

H

**Patient Name:** JOYB\*\*\*\* BENJ\*\*\*\* (ID #MTM00000867)

Print

**Medication:** JINTELI TAB 1MG-5MCG**Prescriber:** JAYESH PATEL | ph. (707) 423-2506 | fx. (707) 429-1158**Reason for Intervention**

The patient is currently prescribed estrogen therapy. Estrogen products have been placed on the Beer's List and Centers for Medicare and Medicaid Services (CMS) list of high risk medications for elderly patients. According to the North American Menopause Society on the use of estrogen and progesterone in postmenopausal women, estrogen alone products may increase breast cancer risk with long-term use, are not cardio-protective, and increase risk of thrombosis and stroke. Based on the appropriate indication, please consider one of the following alternative medications:

- For menopausal symptoms: Citalopram 20 mg
- For menopausal symptoms: Sertraline 25 mg
- For menopausal symptoms: Venlafaxine 37.5-75 mg/day
- For menopausal symptoms: Premarin vaginal cream 0.625 mg
- For menopausal symptoms: Estring
- For osteoporosis prevention: alendronate 70 mg weekly
- For osteoporosis prevention: Calcium w/ Vitamin D 1.2 g/day divided 3-4 times daily

**Action Needed**

Consult with the prescriber regarding your recommendation. This is often done via phone or fax using the OutcomesMTM prescriber communication document.

**What would you like to do with this TIP?****Remove - No Intervention Needed****Start a Claim for this TIP**

(Submit a claim even if you were unable to reach the patient  
or the patient/prescriber refused)

# Outcomes MTM Services

## Immunization MTM Service

- Patient must have had a comprehensive medication review in current calendar year
- Patient must receive vaccination
- Service is payable at \$20 **per vaccine recommended** by pharmacists and received by patient
  - In addition to payment for the vaccination
- *Does not include CheckMeds NC or Humana Focused programs*

### Medication Therapy Management (MTM) Program Immunization-Related Services Now Covered

Effective August 1, 2011 pharmacists participating in the Outcomes MTM program will be able to document and bill for a new MTM service related to immunizations. The service description and documentation requirements are below.

#### Service Description

The immunization MTM service includes:

1. Identification of appropriate patients for an immunization
2. Providing education to the patient on the need for the immunization
3. Consulting with the prescriber to obtain a prescription (if needed)
  - a. Standing protocols/collaborative drug therapy management agreements serve as a prescriber consultation
4. Verifying the immunization was administered (via the pharmacy or another health care provider)

An Outcomes-covered patient is eligible for an immunization MTM service if the patient has received a Comprehensive Medication Review (CMR) from the pharmacy within the current calendar year. If the patient refuses the CMR service, the patient is not eligible for the immunization-related services. Once a successful CMR has been delivered, immunization-related services for all immunizations are covered. The pharmacy is not required to administer the vaccination to bill for the MTM service.

This service is payable at \$20.

#### Documentation Requirements

The reason-action-result codes that apply to the immunization service are below and will only be available for pharmacists to document if a patient has received a CMR within the current calendar year.

1. REASON: Needs Immunization (121)
2. ACTION: Prescriber Consultation (205)
3. RESULT: Immunization Administered (331)
4. ECA LEVEL: Level 3 – Additional Physician Visit

Your Encounter Notes should include:

1. The clinical situation that supports the selection of Needs Immunization
2. The specific recommendation to the prescriber and the prescriber's response to the recommendation (vaccines administered via protocol should be documented as such)
3. The date the vaccine was administered by the pharmacy or another health care provider
4. Rationale to support the ECA level selected

The vaccine NDC should be documented in the Final Rx information.

#### Exclusions

This service is not billable for CheckMeds NC or Humana Focused programs.



# CPT Codes

<b>99605</b>	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, initial 15 minutes, with assessment, and intervention if provided; initial 15 minutes, new patient
<b>99606</b>	initial 15 minutes, established patient
<b>99607</b>	each additional 15 minutes (List separately in addition to code for the primary service)(Use 99607 in conjunction with 99605, 99606)

# More Miscellaneous Items for MTM

## Brown Bag Review or Welcome Review by CCRx

- Patient brings all of their prescription and OTC medications (including herbal remedies and supplements) to the appointment
- Pharmacist records patient's allergies and conditions
- Pharmacist evaluates the patient's overall medication regimen for appropriate use and safety
- Pharmacist assesses potential opportunities for cost-saving therapeutic interchange
- Pharmacist documents services conducted prior to billing

# Show Me the Money

- Outcomes Claims
  - \$60 for CMR
  - \$20 for each ***successful*** intervention
  - \$10 for patient consultations
- Mirixa Claims
  - \$60 for CMR
- Other reimbursement schedules
  - Around \$2 to \$3 per minute



# MTM Task Delegation

- Technicians
  - Gather medication information from computer and verify with patient
  - Follow up monitoring
  - **All data entry:** MAP, PMR, allergies, etc.
  - Billing of claim
- Interns
  - ***All tasks associated with MTM***

# Why should I implement MTM in my store?

- **Improves patient care**
- Increase script count and sales
- Cultivates good relationships with patients
- Finally getting reimbursed for services we already perform
- Good opportunity to advertise to patients what clinical services your pharmacy offers (cholesterol testing, immunizations, etc.)

# I have no extra time!

- The only extra time it requires is at the most **one to two hours**
- The appointments are scheduled by the pharmacy, therefore make them at times when the pharmacy is slower
- Use pharmacy interns and technicians
- The first few claims may take a little extra time

# Conclusion

- Why do MTM?
  - Benefits patient immensely
  - Increases sales directly and indirectly
  - Gets the pharmacist out from behind the counter
- This is pharmacy's chance to finally get reimbursed for the services we have already been performing for years.

# Discussion

- What can APA do to help our members conduct more MTM services?
- Disease specific continuing education?
- Barriers
- Pharmacist success stories

# References

- “Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model” Version 2.0; A joint initiative of the American Pharmacists Association and the National Association of Chain Drug Stores Foundation
- [www.mirixa.com](http://www.mirixa.com)
- [www.getoutcomes.com](http://www.getoutcomes.com)
- <http://www.pstac.org/services/mtms-codes.html>