

MTM: Basics and Beyond

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Outcomes MTM Program Policy &
Procedure Guide

Pharmacist Objectives

1. Describe the different type of MTM opportunities and how to identify who is eligible for medication therapy management
2. Identify different platforms for completing MTM cases and how to use each platform
3. Complete necessary documentation for MTM reimbursement



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Pharmacy Technician Objectives

1. Identify potential candidates for MTM.
2. Assist in patient outreach and scheduling of MTM appointments.
3. Understand reimbursement documentation and assist in completion



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Medication Therapy Management

“MTM is a patient-centric and comprehensive approach to improve medication use, reduce the risk of adverse events, and improve medication adherence.” – CMS 2016 Program



MTM is REQUIRED by CMS



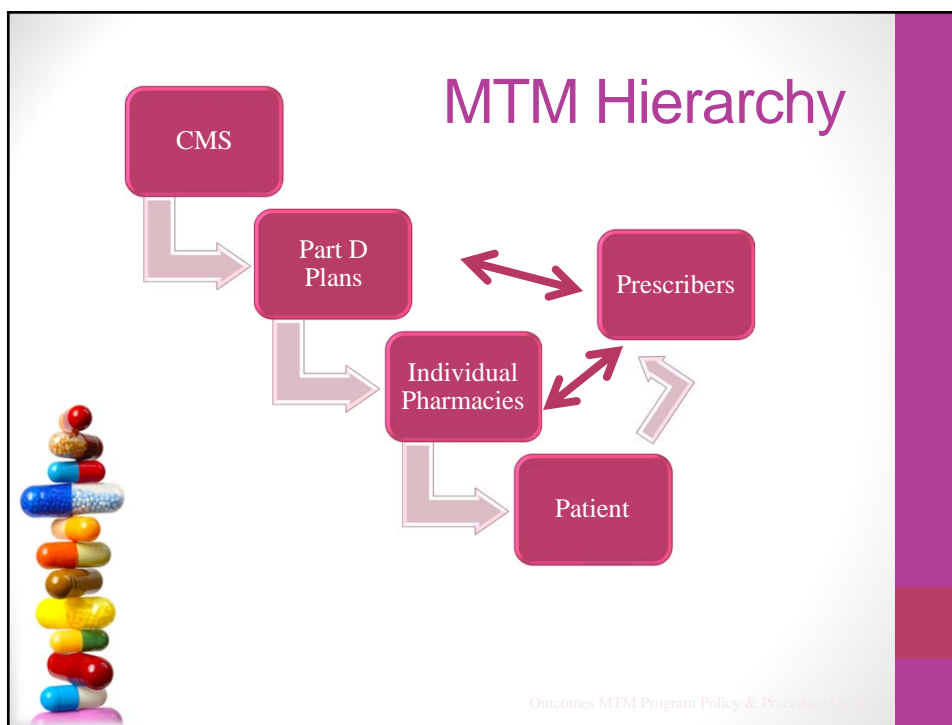
OFFICIAL NOTICE

Here Ye Here Ye:

ALL PART D SPONSORS MUST PROVIDE AN MTM PROGRAM

-Programs must be resubmitted
Annually for approval with bid

*~ Medicare Modernization Act of 2003
Centers for Medicare & Medicaid Services*



- In 2014, there were 686 active Part D contracts with an approved MTM program.
 - 582 Medicare Advantage prescription drug plans (MA-PDs).
 - 77 standalone prescription drug plans (PDPs), including Employer contract MTM programs.
 - 27 Medicare-Medicaid Plans (MMPs).



Qualified Provider of CMR

- Over 60% of programs use an MTM Vendor In-house pharmacist to deliver the CMR. Over 26% use an MTM Vendor Local Pharmacist.
- Over 42% of programs use a Plan Sponsor Pharmacist, and over 11% use LTC consultant pharmacists.

Table 3. Qualified Provider of CMR

MTM Provider of CMR	% of Programs
MTM Vendor In-house Pharmacist	60.1%
Plan Sponsor Pharmacist	42.1%
Plan Benefit Manager (PBM) Pharmacist	28.4%
Nurse Practitioner	27.6%
MTM Vendor Local Pharmacist	26.5%
Local Pharmacist	19.5%
Licensed Practical Nurse	19.2%
Registered Nurse	18.7%
Physician's Assistant	13.9%
Physician	13.4%
Long Term Care (LTC) Consultant Pharmacist	11.2%

Multiple selections were allowed; not mutually exclusive.

MTM Opportunities

- CMR- Comprehensive Medication Review
- TMR- Targeted Medication Review
- Star Ratings
 - Adherence: Hypertension, Diabetes, Cholesterol
 - High Risk Medications
- Drug-Drug Interactions



MTM Opportunities

- CMR- Comprehensive Medication Review
 - Interactive medication review of ALL current prescriptions, OTCs, and supplements by pharmacist to aid in assessing medication therapy and optimizing patient outcomes
 - **Required for all eligible beneficiaries annually**
 - Required to provide patient takeaway in the standardized format – **REQUIRED TO DELIVER WITHIN 14 DAYS!**
 - CMR Cover letter
 - MAP (Medication Action Plan)
 - PML (Personalized Medication List)
 - Spanish Standardized Format available



MTM Opportunities

- TMR- Targeted Medication Review
 - “A follow-up intervention to address specific or potential medication-related problems, assess medication use, monitor whether unresolved issues need attention, determine if new drug therapy problems have arisen, and assess if the patient has experienced a transition in care.”- Pharmacist Letter
 - **Required at least quarterly**



IDENTIFYING PATIENTS

Outcomes MTM Program Policy &
Procedures Update

Who could benefit?

- Multiple maintenance medications/ disease states
- Complex therapy regimens
- Patients with multiple prescribers
- Patients who need immunizations
- Recent transitions of care
- Long-term care patients
- **Eligible Part D beneficiaries**



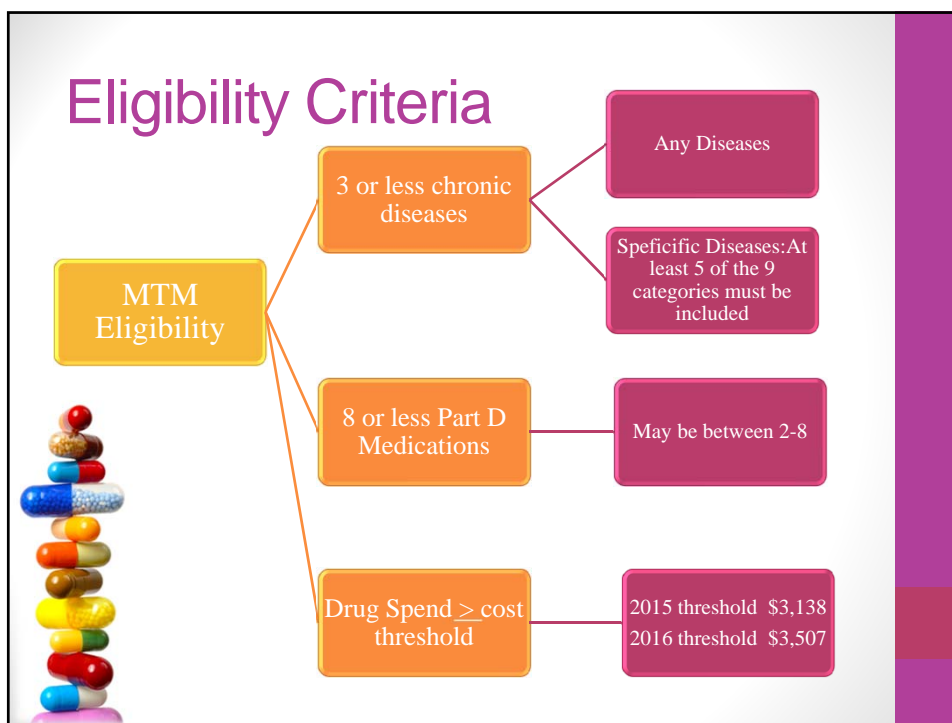
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Part D MTM Program Enrollment

- Auto-enrolled when eligibility criteria is met
- Opt-out only method
 - May refuse/ decline individual services without disenrollment from the entire MTM Program
- If patient no longer meets eligibility, beneficiary remains in the program for the remainder of calendar year
- Part D sponsors perform an analysis at the end of the year to identify current participants who will again meet the eligibility criteria for the next year
 - Sponsors may use claims from a previous or current year for projections.
- Sponsors are expected to use more than one approach when possible to reach all eligible targeted beneficiaries for services



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Targeting Requirements

- Sponsors must target beneficiaries for enrollment in the MTM program at least quarterly during each year.
- To qualify you must meet the 3 standards:
 - 1.) Have multiple chronic diseases, with **three chronic diseases** being the maximum number a Part D plan sponsor may require for targeted enrollment
 - 2.) Are taking multiple Part D drugs, with **eight Part D drugs** being the maximum number of drugs a Part D plan sponsor may require for targeted enrollment;
 - 3.) Are likely to incur **threshold annual costs** for covered Part D drugs greater than or equal to the specified MTM cost threshold.

Targeting

- 1. Have multiple chronic diseases, with **three chronic diseases being the maximum** number a Part D plan sponsor may require for targeted enrollment; sponsors may set this minimum threshold at 2 or 3
- If sponsors choose to target beneficiaries with specific chronic diseases, they should include a condition from **at least five of the following nine** core chronic conditions:
 - Alzheimer's Disease
 - Chronic Heart Failure (CHF)
 - Diabetes
 - Dyslipidemia
 - End-Stage Renal Disease (ESRD)
 - Hypertension
 - Respiratory Disease
 - Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung disorders
 - Bone Disease-Arthritis
 - Osteoporosis, Osteoarthritis, or Rheumatoid Arthritis
 - Mental Health
 - Depression, Schizophrenia, Bipolar Disorder, or Chronic and disabling disorders



Targeting

- 2.) Are taking multiple Part D drugs, with **eight Part D drugs being the maximum** number of drugs a Part D plan sponsor may require for targeted enrollment
- Cannot require > 8 Part D drugs for eligibility
- Sponsors may set this minimum threshold at any number equal to or between 2 and 8.



Targeting

- 3. Are likely to incur annual costs for covered Part D drugs greater than or equal to the specified MTM cost threshold.

- 2015 threshold is \$3,138
- 2016 threshold is \$3,507



- To determine annual cost the following are considered:
 - Ingredient cost, dispensing fee, sales tax, and vaccine administration fee (if applicable)
 - This projection may be based on claims within the program year or based on historical claims from the previous year.

Additional Targeting

- Anti-hypertensive Medication
 - Support the Millions Hearts™ Initiatives to control high blood pressure and improve access and adherence to these medications
- Opioid overutilization
 - Especially in the treatment of patients with chronic non-cancer pain.
 - May meet the sponsor's internal criteria for retrospective identification of opioid overutilization, but do not otherwise qualify for MTM



Cognitively Impaired

- If beneficiary is cognitively impaired or otherwise unable to participate you must find someone else to participate in the CMR
- Reach out to:
 - Beneficiary's prescriber
 - Caregiver
 - Other authorized individual (ex: resident's health care proxy or legal guardian)
- This applies to beneficiaries in any setting and is not limited to beneficiaries in long term care (LTC). **
 - *In addition to monthly drug regimen reviews
- If MTM provider cannot identify another individual who is able to participate in the CMR, a CMR cannot be performed, but sponsors are required to perform TMRs at least quarterly with follow-up interventions when necessary and to perform prescriber interventions.
- Plan sponsors should be able to present documentation/rationale for these determinations.



PROGRAM PLATFORMS

Outcomes MTM Program Policy &
Prescription Guide

Platforms



Mirixa® Clients

- Aetna
- Care1st
- CDPHP
- Clinical Pharmacy Associates
- CVS Caremark
- HEB
- RxResults
- RxResults
- The Assist Group
- **UHC Louisiana Medicaid MTM Program**
- US Script
- Viva Health
- WellCare



Mirixa® Programs

- Star Ratings
- Adherence
- MTM
- Care Gaps
- Disease Management
- Welcome Review



Star Ratings

- Focus is on meeting CMS Five-Star Rating measures and potentially earn quality bonus payments for your plan.
- Program targets five Part D patient measures as well as the majority of Part C measures that are applicable to pharmacy-based programs.



Adherence

- MirixaPro identifies adherence gaps based on Proportion of Days Covered (PDC), persistency or other rules as defined by the sponsor. Once the gap is identified, the pharmacist can then work with the patient and the prescriber to figure out causes for non-adherence and develop individualized strategies to resolve the issues.
- Patient education materials can be made available on MirixaPro and follow-up sessions are encouraged to support behavior change and long-term health.



MTM

- The core component of MTM is an interactive Comprehensive Medication Review (CMR). Using MirixaPro to document CMRs and quarterly Targeted Medication Review follow-ups, pharmacists can easily provide:
 - Patient outreach
 - Patient profile updates
 - Personal medication lists (PML)
 - Clinical issues reviews
 - Interventions and resolutions
 - Medication action plan (MAP)
 - Documentation and attestation



Care Gaps

- By finding adherence gaps based on Proportion of Days Covered or a missing Rx based on treatment guidelines, pharmacists can discuss these gaps with patients and create patient-specific plans for resolution.
- Facilitating behavior change is a way to improve patient outcomes and can reduce medical costs for a health plan. Resolving issues related to gaps in care also positively influences a health plan's CMS Five-Star Rating.



Formulary Alignment

- The MirixaPro platform compares a patient's medication with the health plan's formulary and notes where alternative medications can be substituted. The pharmacist can then work with the patient and the physician to make beneficial changes.
- It is also possible to create a customized list of specific therapeutic interchanges your plan wishes to target. For patients taking a targeted medication, alerts to facilitate a review or interchange can be timed to coincide with an upcoming refill.



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Disease management

- Disease management
 - Mirixa's Disease Management programs focus on improving patients' knowledge of conditions, optimizing medications, and empowering patients through personalized action plans, thereby increasing adherence to their medications, improving patients' ability to self-manage and monitor chronic conditions and reducing ER visits



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Welcome Review

- Designed to assist new plan enrollees in transitioning to new prescription drug plan formulary options, the program compares their current medications to your prescription drug plan's formulary, flagging opportunities that will enable the pharmacist to initiate clinically necessary and/or cost-saving changes. The pharmacist can also assist with any exceptions or prior authorization requests if needed.



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WELCOME TO MIRIXA!

Preparing Your Pharmacy for Success



Next Steps

- Ensuring that your pharmacy has identified Authorized Users to access the MirixaProSM platform
- Confirming that all users' accounts contain the necessary information, particularly a current email address
- Understanding how to sign in to the MirixaPro platform (and obtain sign-in support if necessary)
- Utilizing the Home Page of the MirixaPro platform as a road map to guide you in using the platform
- Understanding program goals and workflows
- Reviewing program documents
- Understanding how to obtain training and support

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If you need assistance setting up users:

Contact Mirixa Support
Monday – Friday 8:30 a.m. – 5:30 p.m. ET,
excluding holidays

- **E-Mail Support**
From the Training and Support page of the MirixaPro platform, click the “**Contact Support Center**” link and submit the contact form provided.
- **Telephone Support**
Call our U.S. Toll Free Number –
1.866.218.6649

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MirixaPro Platform Home Page Review

- **Case Summary** – Lists all of the cases at your pharmacy within various status categories
- **Active Programs** – Lists all of the active programs in which your pharmacy is contracted to participate
- **Training & Support** – Provides links to training and support resources offered through the MirixaPro platform
- **Best Practice Resources** – Provides insights and best practices offered by other pharmacists in Mirixa's network
- **What's New** – Offers news about the MirixaPro platform and programs offered by Mirixa, including links to Program Service Descriptions for current patient care programs



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Taking Prompt Action on Cases



When cases are assigned to your pharmacy, you must promptly act on them. Here are some steps you can take to meet case deadlines:

- Make sure the email address associated with your user account on the MirixaPro platform is current, and check that email account regularly for case notifications
- Schedule a session with a patient soon after receiving a case for that patient
- Monitor deadlines for cases assigned to your pharmacy, so that cases don't expire before you have taken the required action


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Helpful Reports

- Open Cases
 - You will be emailed lists of patients who have been targeted and have active cases
- Billing Report
 - Ability to track submitted claims for payment status
- Case Aging Report
 - Ability to determine how long a case has been assigned to you
- Pharmacy User Report



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Billing Report

Report Date: **Vednesday, May 21, 2014**
 3:18 PM Eastern Time
 Group: **Training Network**
 Program: **Rainwater Advantage Health**
 Start Date: **01/01/2014**
 End Date: **n/a - Entire**

This information is defined when you generate the report.

NCPDP	NPI	Case ID	Claim ID	Claim Completion Date	Program Name	Total Billed	Provider Name	Patient Name	Claim Status	Type of Service	Decline Reason (if Any)
D01678	30516	6419	01/01/2014	Rainwater Advantage Health	\$10.00	Ryan Burger	Norben Zegmoo	Submit Pending	Face to Face Session (9905)		
D01678	30517	6422	01/01/2014	Rainwater Advantage Health	\$10.00	Ryan Burger	Scott Zepo	Submit Pending	Face to Face Session (9905)		
D10881	30538	6419	02/01/2014	Rainwater Advantage Health	*	Kim Marshall	Margaret Angelisberger	Submit Pending	Declined MTM (9900)	Submit Pending	
D549342	34969	6362	09/01/2014	Rainwater Advantage Health	\$10.00	Justin Hoffman	Wendy Standard	Submit Pending	Face to Face Session (9905)	Submit Pending	
D549342	34970	6363	09/01/2014	Rainwater Advantage Health	*	John Marx	Ellen Standard	Submit Pending	Declined MTM (9900)	Submit Pending	
D549342	30247	6405	02/01/2014	Rainwater Advantage Health	*	John Marx	Steven Monaguel	Submit Pending	Declined MTM (9900)	Submit Pending	
D822753	34972	6440	06/01/2014	Rainwater Advantage Health	*	John Marx	William Isenbower	Submit Pending	Declined MTM (9900)	Submit Pending	
D822753	34972	6441	09/01/2014	Rainwater Advantage Health	*	John Marx	Brian Fields	Submit Pending	Declined MTM (9900)	Submit Pending	
D822753	34974	6515	06/01/2014	Rainwater Advantage Health	*	Kim Marshall	Albert Arasaraman	Submit Pending	Declined MTM (9900)	Submit Pending	
D822753	34975	6559	09/01/2014	Rainwater Advantage Health	*	Ryan Burger	Oscar Pratt	Submit Pending	Declined MTM (9900)	Patient deceased	
						\$480.00					

Case ID – a unique identifier assigned to each case in the Mirixa system

Claim ID – a unique identifier assigned to each completed case once it is authorized and billed. Claim ID will match the Rx number on the remittance sheet which accompanies reimbursement checks

Claim Completion Date – the date the case was authorized and billed

Total Billed - Total reimbursement rate for this

Claim Status – the current status of a completed case in the Mirixa system:

- "Submit Pending" – not yet forwarded to the third-party processing service
- "Submitted" – has been forwarded to the third-party processing service

Type of Service – The type of service selected from a drop down

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Case Aging Report

Report Date: **Tuesday, May 27, 2014 2:41**
 PM Eastern Time
 Group: **Mirixa Ted**
 Program(s): **Rainwater Advantage Health**
 Age in Days: **15**
 Threshold:

This information is defined when you generate the report.

Pharmacy	NCPDP	Phone	Fax	Address	City	State	Case Id	Program	Status	Assigned Date	Days Since Assignment
Augustus's Apothecary	D096096	(518) 641-3230	(415) 555-1212	One Rx Way	Reston	VA	38515	CCRx MTM 2014	New	2/14/2014	102
ABCDE Training Pharmacy	D096661	(518) 641-3231	(415) 555-1213	500 Patroon Creek Blvd.	Albany	NY	34960	CCRx MTM 2015	New	1/7/2014	140
ABCDE Training Pharmacy	D096661	(518) 641-3232	(415) 555-1214	601 Van Ness Ave	Albany	NY	34961	CCRx MTM 2016	In Progress	1/7/2014	140
Cherry Blossom Drugs	D822753	(518) 641-3233	(415) 555-1215	802 Van Ness Ave	Reston	VA	34976	CCRx MTM 2017	New	1/8/2014	138
Giraffe's Drugs	D822753	(518) 641-3234	(415) 555-1216	603 Van Ness Ave	Reston	VA	34977	CCRx MTM 2018	New	1/9/2014	138
Cherry Blossom Drugs	D822753	(518) 641-3235	(415) 555-1217	804 Van Ness Ave	Reston	VA	34978	CCRx MTM 2019	In Progress	1/9/2014	138
Bottle's Empty Pharmacy	D822753	(518) 641-3236	(415) 555-1218	605 Van Ness Ave	Reston	VA	34979	CCRx MTM 2020	In Progress	1/9/2014	138
Kangaroo Pharmacy	D822753	(518) 641-3237	(415) 555-1219	606 Van Ness Ave	Reston	VA	34980	CCRx MTM 2021	In Progress	1/9/2014	138

Case ID – unique identifier assigned to each patient case

Program – contracted program for the case

Status – the current status of the case within the MirixaPro workflow

Assigned Date – date case was assigned to this pharmacy; from this date, pharmacies have 7 days to schedule an appointment and 30 days to complete the service

Days Since Assignment – number of days since the case was assigned to the pharmacy

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Star Ratings Reimbursements

Program Name	Geographic Restriction	Case Expiration	Pharmacy Payment Rates*
CVS Caremark Star Ratings Program	None	21 Days	Initial Case \$20 Follow-up Case \$10 Declined Case \$2.50
SSI Performance Network Program	None	21 Days	\$12 Per Alert
CVS Caremark Medicare Part D Star Ratings Program	None	21 Days	\$12 Per Alert
CVS Caremark Adherence Improvement Program	None	21 Days	\$12 Per Alert
Health Spring Star Ratings Program	None	30 Days	Initial Case \$35 Follow-up Case \$35
SSI Performance Network Adherence Program	None	21 Days	\$12 Per Alert
SSI Performance Network Drug Therapy Intervention Program	None	60 Days	\$12 Per Alert
US Script Star Ratings Program	None	60 Days	\$25 per alert resolved per the PSD
WellCare Star Ratings Program	None	30 Days	Case \$30

Outcomes MTM Program Policy & Procedures

MTM Reimbursement

Program Name	Geographic Restriction	Case Expiration	Pharmacy Payment Rates*
Aetna Commercial MTM Program	None	60 Days	CMR \$60 TMR \$40
2015 CVS Caremark SilverScript MTMP	None	30 Days	CMR \$60
2015 CVS Caremark Standard MTMP	None	30 Days	CMR \$60
2015 CVS Caremark Standard Plus MTMP	None	30 Days	CMR \$60
2015 CVS Caremark Non-Standard MTMP	None	30 Days	CMR \$60
2015 CVS Caremark AvMed MTMP	None	30 Days	CMR \$60
CVS Caremark Medicaid MTM	None	30 Days	CMR \$60
ESI Commercial Medication Therapy Management (MTM)	None	45 Days	CMR \$60 TMR \$20
Prime Therapeutics Medicare MTM 2015	None	30 Days	CMR \$60
RxResults MTM	None	30 Days	CMR \$70 TMR \$40
UHC Louisiana Medicaid MTM Program	Louisiana	45 Days	CMR \$60 TMR \$35
US Script Medicare MTM Program 2015	None	45 Days	CMR \$60
US Script MTM Program	None	45 Days	CMR \$60
VIVA Health Medicare MTM Program 2015	None	45 Days	CMR \$60
WellCare MTM Program 2015	None	45 Days	CMR \$60

*Each payment is per case (CMR case or TMR case, as indicated) served in accordance with the PSD.

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Formulary Alignment Reimbursement

Program Name	Geographic Restriction	Case Expiration	Pharmacy Payment Rates*
ESI 1:1 Pharmacy Outreach Program	None	30 Days	\$20 per Successful Interchange*
UHS Formulary Alignment Program	None	30 Days	\$20 per case served per the PSD in which the prescriber is contacted \$10 per case served per the PSD without prescriber contact See service dispositions in PSD

*A Successful Interchange is one to which the patient and prescriber both agree, resulting in the dispensing of a prescription for the approved alternative medication to replace the medication targeted for interchange, as long as this occurs within a designated period after the current supply of the targeted medication runs out and the claim for the alternative medication is not reversed.

Outcomes MTM Program Policy & Procedures

OUTCOMES® MTM

Outcomes MTM Program Policy &
Procedures

Outcomes Clients

- Humana
- UnitedHealthcare
 - Several subgroups
- Amerigroup Louisiana
- United American
-



Outcomes MTM Program Policy & Procedures Overview

Outcomes Programs

- Comprehensive Medication Review (CMR)
- Prescriber Consultation
- Patient Adherence Consultation
- Patient Education & Monitoring
- TIP®



Outcomes MTM Program Policy & Procedures Overview

CMR

- Comprehensive Medication Review (200)
 - CMR- Drug Therapy Problems Identified (300)
 - CMR- NO Drug Therapy Problems Identified (301)



Outcomes MTM Program Policy & Procedure Guide

Prescriber Consultation

- | | |
|---------------------------------------|--|
| • Cost Effective Alternative (105) | • Unnecessary Prescription Therapy (125) |
| • Prescriber Consultation (205) | • Discontinued Therapy (335) |
| • Initiated Cost Effective Drug (305) | • Suboptimal Drug (130) |
| • Needs Drug Therapy (120) | • Dose Too Low (135) |
| • Initiated New Therapy (330) | • Increased Dose (345) |
| • Needs Immunization (121) | • Changed Drug (340) |
| • Immunization Administered (331) | • Adverse Drug Reaction (140) |
| | • Decreased Dose (355) |
| | • Drug Interaction (145) |
| | • Dose Too High (150) |



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Patient Adherence Consultation

- Needs Medication Synchronization (122)
- Patient Consultation (215)
- Medications Synchronized (322)
- Needs Health Test- HA1C (126)
- Provided Health Test (326)
- Overuse of Medication (155)
- Altered Adherence (360)
- Adherence monitoring (173)
- Patient Monitored/ Enrolled (373)
- Monitoring checkpoint Complete (374)
- Underuse of Medication (160)
- Inappropriate Admin/Technique (165)
- Altered Administration/ Technique (365)
- Needs check-in (171)
- Adherence Check-in complete (371)
- 90 day: Needs check-in (172)
- 90 day: Adherence Check-in complete (372)



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Patient Education & Monitoring

- New or Changed Prescription Therapy (110)
- Needs Patient Education (114)
- Therapy Success (310)
- Therapy Failure (320)
- Patient Education Provided (314)
- New or Changed OTC Therapy (117)
- Needs Pregnancy Test (127)
- Provided Pregnancy Test and counseling (327)
- Needs Follow-up for Pregnancy Test (128)
- Completed Pregnancy test follow-up (328)



Outcomes MTM Program Policy & Procedure Guide

TIP®

- OutcomesMTM Targeted Intervention Program (TIP)
- TIPs are pre-identified possible drug therapy problems identified by OutcomesMTM and available in the MTM Opportunity list in the Connect platform.
- The information provided within each TIP is for support purposes only and does not replace the clinical decision making of a practicing pharmacist.
- All decisions relating to the provision, nature, and/or extent of services provided shall remain exclusively within the discretion of the practicing pharmacist. A pharmacist is required to assess the validity and clinical appropriateness of a TIP prior to contacting patients and/or prescribers.



Outcomes MTM Program Policy & Procedures Overview

Adherence Monitoring Program

- Aims to improve and/or maintain adherence to targeted medications. OutcomesMTM prompts pharmacists to enroll select patients into the program and monitor patient adherence to targeted medications at least quarterly by documenting a patient consultation checkpoint.
- Once a patient is enrolled in the program, the pharmacy that enrolled the patient is accountable for the patient's adherence to the targeted medication for the remainder of the year. If all checkpoints are documented and the patient achieves at least 80% adherence, the pharmacy is eligible for a year-end bonus. Bonus payments vary by plan.



Outcomes MTM Program Policy & Procedures Overview

Severity Levels

- Level 1: Adherence Support
- Level 2: Reduced Medication Costs
- Level 3: Prevented a Physician Visit
- Level 4: Prevented an Additional Prescription Order
- Level 5: Prevented an Emergency Room Visit
- Level 6: Prevented a Hospital Admission
- Level 7: Prevented a Life-Threatening Situation



Outcomes MTM Program Policy & Procedures

Billing Requirements



- MTM claims must be submitted within **7 days** of the date the outcome was determined
- Documentation and billing is encouraged to be completed immediately upon completion of service to minimize the risk of the patient no longer being eligible at time of submission. Will not be paid for services provided that were not billed while patient was eligible.
- **Back-up documentation used during service is required to be retained onsite for 10 years**
 - Includes prescriber notes, Encounter Worksheets, or anything not captured in the Connect platform that would support the claim
 - Each claim should be documented and billed by the pharmacist that provided the service. Technicians and students may assist but are not allowed to provide the services independently.



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OUTCOMESMTM™
The Face-to-Face Difference

Getting Started - New Users

To provide MTM services for OutcomesMTM programs, you must have a user profile and be linked to a contracted pharmacy. To create a unique user profile for the Connect Platform, you will provide profile information, complete our online training and request access to the pharmacies for which you will provide MTM services.

Log In to My Account

Log In

Create an Account

1. Go to outcomesmtm.com.

2. Click Create an Account

If you previously created a profile with us and cannot log in, contact 877.237.0050 for assistance.

3. Complete Your Profile

Full name

Your role(s) [help me choose](#)

☐ Pharmacist
☐ Technician
☐ Client
☐ Pharmacy Corporate Administrator

Employee ID number (optional)

Choose your username:

Create a password:
 [Show](#)

Re-enter your password:
 [Show](#)

Pharmacists:
If you will submit claims on behalf of other pharmacists, select both Pharmacist and Technician. The Technician role allows you to document claims and name a service provider other than yourself.

Students:
Select Technician. Upon receiving your license, call 877.237.0050 to have your role changed to Pharmacist.

If your chain requires this information, enter it here. If you are unsure, please refer to your supervisor or MTM lead.

The username must be at least 6 characters long. Choose something easy to remember, such as your email or the username for your work computer.

Password must include:

- 8 characters or more
- 1 uppercase letter
- 1 lowercase letter
- 1 number, and
- 1 special character

It cannot contain:

- your username
- your first name
- your last name
- the word "outcomes"
- the word "password"

OutcomesMTM Policy & Procedure Guide

OUTCOMESMTM™
The Face-to-Face Difference

4. Complete Training

Log into your new account to familiarize yourself with our programs by completing the Personal Pharmacist™ Training.

Training takes about an hour to complete, however you may view the modules over multiple sittings. The modules review important information such as covered services and platform navigation.

5. Link to Your Pharmacy

After successfully completing training, add the NABP/NCPPD numbers for the pharmacies that you would like to link to your account.

When you submit your NABP request, this pop-up box will appear:

Your request has been submitted!

It can take up to 5 business days for OutcomesMTM to review and approve your request (in cases where chain administrator approval is required, it may take longer).

OK

Find more program information, helpful templates and answers to frequently asked questions under Resources and Help.

6. Managing Future Pharmacy Links

Should you need to add or delete pharmacies from your account in the future, click your name in the upper right corner and select Manage Pharmacies from the drop-down menu.

OutcomesMTM Policy & Procedure Guide


OUTCOMESMTM™
The Face-to-Face Difference

Documenting a CMR


A Comprehensive Medication Review (CMR) is an interactive, person-to-person review and consultation of a patient's completed medication regimen performed in real-time by a pharmacist. Following the review, a standard Patient Takeaway must be provided to the patient. The takeaway follows CMS' required format including cover letter, personal medication list and medication action plan. An optional CMR Worksheet is available under Resources in the Connect™ Platform to assist you with gathering all required information from the patient. A patient must be targeted for a CMR in order to bill for this service.

1 Select the CMR & Action Plan tab from the patient's profile.

Use patient-friendly language for all fields as the information listed will appear on the Patient Takeaway. This takeaway serves as a reference for the patient and can be shared with family members, prescribers and other care providers.


 A patient is targeted for a CMR if the To Do tab indicates Needs Comprehensive Medication Review (CMR).

Remember to also complete all TIPS that you discussed during the CMR.




Outcomes MTM Program Policy & Procedure Guide

Are you in the “Zone”



- **Fraud, Waste and Abuse**
 - The detection and resolution of drug therapy problems is central to the OutcomesMTM program. Therefore, OutcomesMTM assigns each pharmacy a “Quality Assurance Zone” to prevent fraud, waste and abuse. These zones are designed to identify pharmacies whose activity is atypical in OutcomesMTM programs.
- **Red Zone: BAD**
- **Yellow Zone: WARNING~ CHANGE YOUR PRACTICE**
- **Green Zone: Keep completing cases as usual**



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Pharmacist Initiated Tips

- Pharmacists can start claims for interventions
- It is up to the plan to determine what interventions they will reimburse
 - Example : Needs Immunization/ Administered Immunization
 - (Must have a completed CMR to use)



Outcomes MTM Program Policy & Procedures Chapter 1

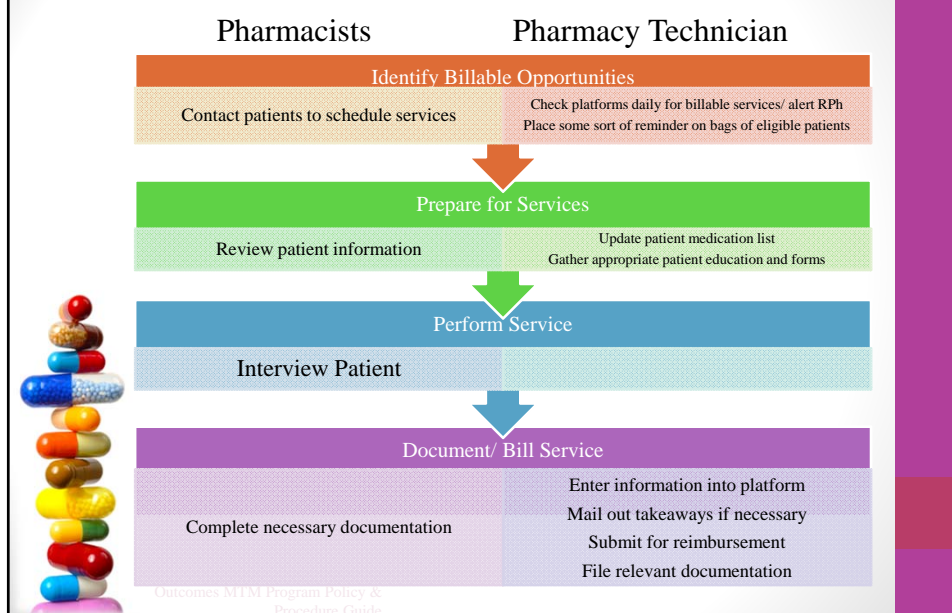
Steps to get started

1. Get contracted/ signed up! Figure out your login information MONDAY!
2. Logistics: Who/ Where/ When
3. Speak to key providers
4. Marketing/ Education- get your staff PUMPED about MTM
5. Develop a workflow system



Outcomes MTM Program Policy & Procedures Chapter 1

Workflow Integration



Resources

- CMS
 - Memo Contract Year 2016 MTM Program 4.7.2015
 - <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM.html>
 - <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY2014-MTM-Fact-Sheet.pdf>
- Mirixa® Policies and Procedures
- OutcomesMTM Documenting a CMR
- OutcomesMTM New User How To Guide
- Outcomes MTM Policies and Procedures
- **PHARMACIST'S LETTER / PRESCRIBER'S LETTER**
August 2014

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