MTM: Basics and Beyond

Dr. Leah Snyder, PharmD, CDE

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
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

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

MTM Hierarchy

CMS

Part D Plans

Prescribers

Individual Pharmacies

Patient
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>
<thead>
<tr>
<th>MTM Provider of CMR</th>
<th>% of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTM Vendor In-house Pharmacist</td>
<td>60.1%</td>
</tr>
<tr>
<td>Plan Sponsor Pharmacist</td>
<td>42.1%</td>
</tr>
<tr>
<td>Plan Benefit Manager (BBM) Pharmacist</td>
<td>28.4%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>24.6%</td>
</tr>
<tr>
<td>MTM Vendor Local Pharmacist</td>
<td>26.5%</td>
</tr>
<tr>
<td>Local Pharmacist</td>
<td>19.5%</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>16.0%</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>18.7%</td>
</tr>
<tr>
<td>Physician’s Assistant</td>
<td>13.9%</td>
</tr>
<tr>
<td>Physician</td>
<td>13.4%</td>
</tr>
<tr>
<td>Long Term Care (LTC) Consultant Pharmacist</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

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
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

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
Eligibility Criteria

MTM Eligibility
- 3 or less chronic diseases
- 8 or less Part D Medications
- Drug Spend $ threshold

Any Diseases
- Specific Diseases: At least 5 of the 9 categories must be included
- May be between 2-8
- 2015 threshold $3,138
- 2016 threshold $3,507

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

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.
Platforms

- Aetna
- Care1st
- CDPHP
- Clinical Pharmacy Associates
- CVS Caremark
- HEB
- RxResults

Mirixa® Clients

- 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.
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

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.
WELCOME TO MIRIXA!
Preparing Your Pharmacy for Success

Next Steps

- Ensuring that your pharmacy has identified Authorized Users to access the MirixaPro® 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
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

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
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

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
### Star Ratings Reimbursements

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

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

### MTM Reimbursement

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Geographic Restriction</th>
<th>Case Expiration</th>
<th>Pharmacy Payment Rates*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Commercial MTM Program</td>
<td>None</td>
<td>60 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>2015 CVS Caremark SilverScript MTMP</td>
<td>None</td>
<td>30 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>2015 CVS Caremark Standard MTMP</td>
<td>None</td>
<td>30 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>2015 CVS Caremark Standard Plus MTMP</td>
<td>None</td>
<td>30 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>2015 CVS Caremark Non-Standard MTMP</td>
<td>None</td>
<td>30 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>2015 CVS Caremark As/Med MTMP</td>
<td>None</td>
<td>30 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>CVS Caremark Medicaid MTM</td>
<td>None</td>
<td>30 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>ESI Commercial Medication Therapy Management (MTM)</td>
<td>None</td>
<td>45 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>Prime Therapeutics Medicare MTM 2015</td>
<td>None</td>
<td>30 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>RxResults MTM</td>
<td>None</td>
<td>30 Days</td>
<td>CMR $70</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TMR $40</td>
</tr>
<tr>
<td>UHC Louisiana Medicaid MTM Program</td>
<td>Louisiana</td>
<td>45 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TMR $35</td>
</tr>
<tr>
<td>US Script Medicare MTM Program 2015</td>
<td>None</td>
<td>45 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>US Script MTM Program</td>
<td>None</td>
<td>45 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>VIVA Health Medicare MTM Program 2015</td>
<td>None</td>
<td>45 Days</td>
<td>CMR $60</td>
</tr>
<tr>
<td>WellCare MTM Program 2015</td>
<td>None</td>
<td>45 Days</td>
<td>CMR $60</td>
</tr>
</tbody>
</table>

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

### Reimbursement

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Geographic Restriction</th>
<th>Case Expiration</th>
<th>Pharmacy Payment Rates*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESI 1:1 Pharmacy Outreach Program</td>
<td>None</td>
<td>30 Days</td>
<td>$20 per Successful Interchange*</td>
</tr>
<tr>
<td>UHS Formulary Alignment Program</td>
<td>None</td>
<td>30 Days</td>
<td>$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</td>
</tr>
</tbody>
</table>

*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**
Outcomes Clients

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

Outcomes Programs

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

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

Prescriber Consultation

- Cost Effective Alternative (105)
- Prescriber Consultation (205)
- Initiated Cost Effective Drug (305)
- Needs Drug Therapy (120)
- Initiated New Therapy (330)
- Needs Immunization (121)
- Immunization Administered (331)

- Unnecessary Prescription Therapy (125)
- Discontinued Therapy (335)
- Suboptimal Drug (130)
- Dose Too Low (135)
- Increased Dose (345)
- Changed Drug (340)
- Adverse Drug Reaction (140)
- Decreased Dose (355)
- Drug Interaction (145)
- Dose Too High (150)
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)

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)
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.

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.
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

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.
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.

1. Go to outcomesmtm.com.
2. Click Create an Account
   If you previously created a profile with us and cannot log in, contact 8772370050 for assistance.

3. Complete Your Profile
  全日制
   用户名
   密码
   确认密码
   确保包含
   包含至少6个字符
   包含大写字母
   包含小写字母
   包含数字
   包含特殊字符
   用户名
   密码

4. Complete Training
   登录到您的新账户并熟悉我们的程序，完成初级药师®培训。

5. Link to Your Pharmacy
   在成功完成培训后，添加NASIP/RPOP编号的您的位置，您想要链接到的药房。
   一旦您提交您的NASIP请求，此弹出窗口将出现。

6. Managing Future Pharmacy Links
   应该需要添加到多个药房。从您的账户将来，点击您的用户名在右上角选择并管理药房从下拉菜单。

[Diagram and text as shown in the image]
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 CMR 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.

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
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)

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
**Workflow Integration**

**Pharmacists**
- Identify Billable Opportunities
  - Contact patients to schedule services
- Prepare for Services
  - Review patient information
- Perform Service
  - Interview Patient
- Document/ Bill Service
  - Complete necessary documentation
  - Enter information into platform
  - Mail out takeaways if necessary
  - Submit for reimbursement
  - File relevant documentation

**Pharmacy Technician**
- Check platforms daily for billable services/ alert RPhs
- Place some sort of reminder on bags of eligible patients
- Update patient medication list
- Gather appropriate patient education and forms

**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/MTM.html)
- 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