How can I qualify as an MTM provider in the UPlan network?
To qualify for the UPlan MTM network, the pharmacist will:
• Be a licensed pharmacist in his/her state of practice;
• Have graduated from an ACPE accredited pharmacy program during or after 1996, or have passed an approved ACPE continuing education certificate program, or equivalent to be established;
• Current approved programs are:
  ● Delivering Medication Therapy Management Service in the Community, offered through Minnesota Pharmacists Association. Please contact MPhA offices at 651-697-1771 for further information. This program is also offered through APhA: http://www.pharmacist.com/delivering-medication-therapy-management-services-0
  ● Practice in a pharmacy or in an ambulatory care setting such as a clinic or hospital;
  ● Have a structured patient care process that allows for assessment, development of a care plan, and evaluation;
  ● Use an electronic documentation system that is designed to help the pharmacist, member, and physician improve outcomes of the member’s medications. The system must have the ability to bill third party administrators, using MTMS CPT codes that use the crosswalk resource-based relative-value scale established for MTM billing.
  ● Provide Medication Therapy Management services in a private setting dedicated to patient care.

What qualifies as Medication Therapy Management (MTM) under the UPlan?
The UPlan has adopted the same definition of MTM as the Minnesota Department of Health and the joint position from 11 national pharmacy associations, published in 2004. MTM includes:
• A face to face assessment of the patient’s health status by an MTM pharmacist, including a review of pertinent medical history;
• A comprehensive medication review to identify, resolve, and prevent medication-related problems, including negative drug events. Medications that will be reviewed by the MTM pharmacist include prescription, over-the-counter, herbal medications, dietary supplements and vitamins and minerals;
• Development of a medication treatment plan;
• Monitoring and evaluation of the patient’s response to therapy, including safety and effectiveness;
• Documentation of the care delivered and communication with the patient’s primary care physician;
• Verbal education and training designed to enhance understanding and appropriate use of the medication by the patient;
• Information, support services, and resources designed to enhance the patient’s compliance with medication requirements; and
• Coordination and integration of MTM services within the broader health care services provided to the patient.

What are the requirements for the privacy in which MTM is provided?
Space must be large enough to accommodate at least three people without others being able to hear the MTM consultation and without distractions from other conversations in the facility. MTM services may also be provided to participants requiring home visits.

Which UPlan members are eligible to receive MTM services?
All UPlan members who: (1) take four or more UPlan covered prescriptions and covered over the counter medications for chronic conditions or (2) are referred by their physician, are eligible for the Medication Therapy Management program. UPlan members include all active employees, early retirees, disabled participants and their dependents. The MTM pharmacist should take reasonable effort to confirm a participant is an eligible UPlan member by confirming UPlan membership with Medica and Prime Therapeutics.
What if a UPlan member is not eligible based on number of medications? How can they get a physician referral?
The UPlan member should let their primary care physician know that he/she is interested in participating in the medication therapy management benefit. Alternatively, if you know of a patient who would benefit from MTM, you may request a referral from the physician on behalf of the UPlan member (with the UPlan member’s approval). The physician should provide a letter of referral. We ask that you document the referral in your note, and retain a copy of the letter in your files.

What if a participant decreases the number of medications to less than four as a result of MTM services?
If a member qualifies based on (1) above, and as a result of MTM intervention, medications are reduced to less than four medications, the member may continue to receive MTM services for the remainder of the year.

What incentives exist for UPlan members to participate in MTM services?
UPlan offers a wide variety of wellness activities for members to choose from to earn points. Medication Therapy Management is now included as a wellness activity. From October 1, 2013 through August 31, 2014, members have the opportunity to earn wellness points that can be used to earn a reduction on annual premiums for 2015. For more information on the UPlan Wellness Program and the addition of MTM as a wellness activity go to www1.umn.edu/ohr/wellness

There is no copay or other cost to the UPlan member for the consultations with the pharmacist. The UPlan will pay the full cost of the MTM pharmacy services.

What if an MTM participant does not return for required follow-up appointments?
We encourage network MTM pharmacists to follow-up with members on missed appointments via phone call and letters. It is important that members complete the minimal MTM visits recommended by the program in order to receive maximum benefit. UPlan members are encouraged to meet with their MTM pharmacist at least three times in the first year of participation. Three visits between 10/1/13 and 8/31/14 are required to earn points for the UPlan’s Wellness Program. More visits may be needed based on the pharmacist’s assessment of the patient’s health status and number of drug therapy problems.

What documentation elements are required for MTM services?
MTM pharmacists must document each participant encounter. Documentation should be done in an electronic record, and maintained for a minimum of seven years. Documentation should include, but is not limited to:

**Patient information**
- Patient’s full, legal name
- Address and telephone number
- Gender and date of birth
- Current and resolved medical conditions
- Allergies
- Primary physician and contact information

**Other information**
- Date of encounter
- Date of documentation
- Time spent with patient
- List of all prescription and nonprescription drugs with their indications
- List of drug doses, directions and intended use
- Inclusion of pertinent labs or documentation of attempt to obtain pertinent labs
- List of all relevant medical devices
- List of all dietary supplements, herbal products
- Alcohol and tobacco use history
- List of environmental factors that impact the patient
- Assessment of drug problems identified, including but not limited to:
  - Determining that the medications are appropriately indicated
  - Determining if the recipient needs additional medications
• Determining if the medications are the most effective products available for the conditions
• Determining if the medications are dosed appropriately to meet goals of therapy
• Identifying adverse effects caused by medications
• Determining if the medications are dosed excessively and causing toxicities
• Determining if the recipient is taking the medications appropriately to meet goals of therapy
• Evaluating effectiveness and safety of current drug therapy

• Written plan including goals and actions needed to resolve issues of current drug therapy

• Evaluation of success in meeting goals of medication treatment plan
• Information, instructions and resources delivered to the patient
• Content of MTM pharmacist’s communications to patient's other health care providers
• Basis of eligibility for the UPlan MTM program (e.g., physician referral or 4 or more medications)

As a UPlan MTM provider, what is my relationship with Medica, the UPlan’s health plan?
Once a Provider enrolls in the UPlan MTM network, the UPlan MTM Benefit Program will verify all credentials through a formalized process. Information on the MTM pharmacist provider(s), the MTM practice site, and billing information will be forwarded to Medica. Medica will then load all credentialed and approved MTM pharmacists into their system, so that they can process claims and issue payment successfully.

Please note that providers may participate in other business relationships with Medica outside of the UPlan. These other relationships will require a separate contract with Medica. Likewise, if an MTM pharmacist or their business entity already has a business relationship with Medica, a contract with UPlan is still necessary to participate in the UPlan MTM Benefit Program.

What steps will be taken to ensure quality of care within the network?
The UPlan MTM Benefit Executive Committee has established an MTM Peer Advisory Panel. This MTM Peer Advisory Panel consists of nine members, including active MTM providers, a physician, and a representative from Medica, the UPlan’s health plan. The primary purpose of the MTM Peer Advisory Panel is to advise the UPlan MTM Benefit program on issues related to network operation and to ensure the quality of care provided by MTM providers to UPlan members. The MTM Peer Advisory Panel makes advisory recommendations on policies and procedures, as well as operational and quality issues that will be acted upon by the Executive Committee of the UPlan MTM program.

The MTM Peer Advisory Panel makes recommendations on the following functions:
• Review and approve network members after credentials have been verified.
• Define objectives for quality assurance, including continuing competence and continuing quality improvement.
• Develop and implement a continuous quality improvement process and a remediation process for MTM pharmacists performing below expectations.
• Establish criteria for provider removal from the network. Review and recommend action on specific cases as necessary.
• Develop and implement methods to screen for, investigate, and discipline cases of provider fraud and abuse.
• Evaluate and provide recommendations on payment rates and pay-for-performance measures.

The MTM Peer Advisory Panel will complete a quality review of each MTM pharmacist at least once every two years. These reviews will include a review of random patient encounter documentation, and may include evaluation of health care claims and clinical outcomes. All information will be gathered in a confidential manner; all patient identifiers and pharmacist identifiers are removed for the MTM Peer Advisory Panel.

How do I bill a MTM claim for a patient covered under both Medicare and the UPlan?
A small percentage of UPlan members may also be eligible for Medicare based on age or disability. In this case, the member will use Medicare Parts A and B as their primary insurance. All of the prescription benefits come through UPlan, so they do not have a Part D plan. For these individuals, the UPlan’s health plan, Medica, is set up to deny any claims which have not first been submitted to Medicare.
However, Medicare Parts A and B do not cover MTM. Therefore, MTM claims can be submitted directly to Medica. In order to avoid a rejection, these claims should be submitted using the “GY” modifier after each CPT code. The GY modifier should be placed in Box 24D on the CMS 1500 form.

In the event that you do receive a denial from Medica stating Medicare Explanation of Benefits or a denial letter is required, you can resubmit the claim with the GY modifier. This should result in payment of your claim.

How can I identify UPlan members within my system in order to invite them to participate in this benefit?
The UPlan office has completed broad marketing strategies to UPlan members. In addition, we encourage each of you to market your MTM services directly to eligible UPlan members. In order to help you facilitate this, we have provided the group numbers for each of the UPlan Medical Program options and the BIN number for Prime Therapeutics UPlan members. Hopefully this information will assist you in searching your databases, if you wish.

**Group Numbers for UPlan Medical Plans**
- Twin Cities Medica Elect/Essential Plan: 53858
- Duluth Medica Elect/Essential Plan: 53860
- Medica Choice Regional: 53862
- Medica Choice National: 83864
- Insights by Medica: 53864
- Medica HSA Single Options PPO Network: 83866
- Medica HSA Family Options PPO Network: 83867

**New ACO plans for 2014**
- Fairview ACO: 80438
- HealthEast ACO: 80439
- Park Nicollet ACO: 80440
- Ridgeview ACO: 80441

**UPlan BIN Number for Prime Therapeutics:** 610455

**Where can I refer UPlan members with questions about the benefit?**
UPlan members can go to the UPlan MTM Member website at: [www.umn.edu/ohr/benefits/pharmacy/mtm](http://www.umn.edu/ohr/benefits/pharmacy/mtm) for information on the benefit, including the MTM Provider Directory.

UPlan members who have problems or concerns should communicate their concerns directly to the Employee Benefits Service Center at 612-624-8647 or 1-800-756-2363 (option 2) or via email, benefits@umn.edu.

**Who can I contact with further questions?**
Please contact the UPlan MTM Benefit Program at 612-625-0001. You may also contact Julie Balthazor, UPlan MTM Network Coordinator, via email at uplanmtm@umn.edu.

More information for providers, including all program documents and forms, is available at: [www.umn.edu/ohr/benefits/pharmacy/mtmproviders](http://www.umn.edu/ohr/benefits/pharmacy/mtmproviders).