UPlan MTM Benefit Program
Frequently Asked Questions for MTM Pharmacists

How can I qualify as an MTM provider in the UPlan/MedEdgeRx MTM network?
To qualify for the UPlan/MedEdgeRx 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;
- 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 the UPlan third party administrators using the 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.

Which UPlan members are eligible to receive MTM services?
All UPlan members who: (1) take four or more UPlan-covered prescription and covered over-the-counter medications for chronic conditions or (2) are referred by their physician or (3) have a diagnosis of diabetes, regardless of the number of medications, 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 the primary care physician know that he/she is interested in participating in the medication therapy management services. 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 referral should be documented in the patient’s health record.

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?
Medication Therapy Management is included as an activity in the UPlan Wellbeing Program. With a minimum of three visits from October through August annually, members have the opportunity to earn points that can be used toward a reduction on annual medical premiums for the following year. For more information on the UPlan Wellbeing Program and the addition of MTM as a wellbeing activity: https://humanresources.umn.edu/wellbeingprogram

There will be 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 MTM visits between October 1st through August 31st annually are required to earn points for the UPlan Wellbeing Program. More visits may be needed based on the pharmacist’s assessment of 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
- History of present illnesses for conditions treated with medications
- 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 (physician referral, four or more medications, diagnosis of diabetes)

As a UPlan/MedEdgeRx MTM provider, what is my relationship with Medica, the UPlan’s health plan?
When a provider applies to participate in the UPlan/MedEdgeRx MTM network, the provider’s credentials will be verified through a formalized process. Information on the MTM pharmacist provider, the MTM practice site(s), 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 the UPlan/MedEdgeRx MTM Network is still necessary to participate in the program.

What steps will be taken to ensure quality of care within the network?
The UPlan/MedEdgeRx MTM Benefit Executive Committee has established an MTM Peer Advisory Panel. This MTM Peer Advisory Panel consists of 7 pharmacists and 1 physician. The pharmacists represent MTM practices from major health systems, food chain pharmacies, independent pharmacies, health plans and academia. The primary purpose of the MTM Peer Advisory Panel is to advise the UPlan/MedEdgeRx MTM Network 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/MedEdgeRx MTM program.

The MTM Peer Advisory Panel’s responsibilities include:
• Review credentials of applicants to the network and approve participation 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’s review.

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 that 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 (“item or service statutorily excluded or does not meet the definition of any Medicare Benefit”) 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/MedEdgeRx Network develops and initiates 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.

UPlan members have a Medica Health Insurance ID card with group#s: 53858, 53862, 80438, 80440, 80441, 80479-80481, 83864, Bin# 610455.

**Where can I refer UPlan members with questions about the benefit?**

UPlan members can go to the UPlan MTM Member website: [https://humanresources.umn.edu/pharmacy-program/medication-therapy-management](https://humanresources.umn.edu/pharmacy-program/medication-therapy-management) for information on the benefit, including the MTM Provider Directory. UPlan members who have problems or concerns should communicate their concerns directly to the Benefits Service Center at 612-624-8647 or 1-800-756-2363, select option 1, or email benefits@umn.edu.

**Who can I contact with further questions?**

Please contact Julie Balthazor, UPlan/MedEdgeRx MTM Network Coordinator, via email at balt0012@umn.edu.