Exhibit 1.9*
UPlan/MedEdgeRx MTM Policies and Procedures (Administrative Program)

* This document is referred to in the UPlan Medication Therapy Management Participating MTM Provider Agreement. Sections referred to throughout are referencing the related sections from this Agreement.

I. Administrative Structure
The UPlan MTM Benefit Program is managed by the UPlan MTM Benefit Executive Committee, with oversight from the University’s Director of Total Compensation and the Administrative Work Group for Health and Related Benefits. The UPlan MTM Executive Committee may seek advice from the MTM Peer Advisory Panel, the Benefits Advisory Committee, and other groups.

II. MTM Definition
Medication Therapy Management Services are comprised of face-to-face individualized assessment of medication needs and use provided directly by an MTM pharmacist. In providing MTM services, the MTM pharmacist will work with the member and physician or other caregiver to establish and achieve drug therapy treatment goals, avoid or minimize undesirable medication effects, and improve clinical outcomes.

III. Description of Services (Section 2.5, Participant’s Eligibility and Recommendation for Services)
A. Medication Therapy Management services that members may receive through the MTM benefit include:
   1. An assessment of the member’s health status by an MTM pharmacist, including a review of pertinent medical history;
   2. 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, and herbal medications;
   3. Development of a medication treatment plan;
   4. Monitoring and evaluation of the member’s response to therapy, including safety and effectiveness;
   5. Documentation of the care delivered, and communication with the member’s primary care physician; (see Appendix A for documentation requirements)
   6. Verbal education and training designed to enhance understanding and appropriate use of medications by the member;
   7. Information, support services, and resources designed to enhance the member’s compliance with medication requirements;
   8. Coordination and integration of MTM services within the broader health care services provided to the member.

IV. Member Eligibility (Section 2.5, Participant’s Eligibility and Recommendation for Services)
A. All UPlan members and covered dependents who: (1) take four or more UPlan covered prescriptions and covered over-the-counter (OTC) medications for chronic conditions or (2) are referred by their physician, are eligible for the Medication Therapy Management (MTM) program. Note: A UPlan Member with Diabetes can participate in the MTM program regardless of the number of medications he/she takes. 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.
B. 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 can continue to receive MTM services for the remainder of the year.
C. There will be no copay or other cost to eligible UPlan members for the consultations with the MTM pharmacist. The UPlan will pay the full cost of MTM pharmacy services.
D. Medication Therapy Management is included as a Wellbeing Program activity for UPlan members. 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. More information on MTM and the Wellbeing Program is available at https://humanresources.umn.edu/pharmacy-program/medication-therapy-management.
E. In order to receive maximum benefit from MTM services, UPlan members are encouraged to meet with their MTM pharmacist at least three times in the first year of participation. Three visits are required to earn Wellbeing Program points (see IV.D. above). Ongoing visits are beneficial to continually optimize and manage medication therapy, incorporating the member’s evolving health status into all decisions.

F. In the Medica HSA plan, the deductible and coinsurance apply. The member is responsible for the cost of the consultations with the MTM pharmacist. The member may choose to use the HSA account to cover some costs. The benefit from participating comes from the helpful discussion with the MTM pharmacist and the member’s increased understanding of the medications.

V. UPlan/MedEdgeRx MTM Pharmacists

A. Qualification Plan (Section 2.4, MTM Provider Qualifications)

To qualify for the UPlan/MedEdgeRx MTM network, the pharmacist will:

1. Be a licensed pharmacist in his/her state of practice
2. 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. The American Pharmacists Association (APhA) currently offers an approved program:
   • APhA Training: For program and registration information: http://www.pharmacist.com/delivering-medication-therapy-management-services
3. Practice in a pharmacy or in an ambulatory care setting such as a clinic or hospital
4. Have a structured patient care process that allows for assessment, development of a care plan, and evaluation
5. 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 Medica, using the MTM CPT codes that use the crosswalk resource-based relative value scale established for MTM billing. (See Appendix A for documentation requirements.)

B. Credentialing Process (Section 2.9 Credentialing; Re-Credentialing)

1. MedEdgeRx MTM Network Administration will complete all credentialing processes for providers. Medica has agreed to accept the UPlan/MedEdgeRx credentialing process, accept UPlan/MedEdgeRx MTM network pharmacists, and process and reimburse MTM claims from these MTM pharmacists.
2. Each provider of MTM services to UPlan members will be required to complete a UPlan/MedEdgeRx network application form and attachments that will supply the following information for every pharmacist providing MTM services:
   a. Degree, date earned, institution and address, and copy of diploma
   b. License date, status, and state; copy of current license
   c. Certification of completion of an approved continuing education certificate program (if necessary)
   d. Credentialing Release of Information Authorization
   e. Current resume/CV
3. Upon submission of an application form, the applicant’s degree and license information will be verified by MedEdgeRx MTM Network Administration. Network Administration will forward credentialed applicants to the MTM Peer Advisory Panel for review and approval. The MTM Peer Advisory Panel will forward any recommendations regarding the credentialing process to the Executive Committee, which will make final approval decisions. Providers are required by contract to notify the UPlan/MedEdgeRx MTM Network in writing within 10 days of any termination, restriction, suspension, revocation, stipulation, adverse limitation, or other disciplinary action or investigation.
C. Network Membership

1. All MTM Network pharmacists are expected to have a pharmacy license in their state of practice, and maintain that license in good standing. In addition, MTM pharmacists will be asked to submit quality assurance documentation upon request, which will occur no more than once annually.

2. The MTM Peer Advisory Panel will be responsible for reviewing the quality assurance documentation and providing feedback to the UPlan MTM Executive Committee. If a pharmacist is found to be performing below quality expectation, the MTM Peer Advisory Panel may recommend remediation or other action. The Executive Committee will make final decisions on required remediation or other actions. If the pharmacist continues to fall below expectations, they may be removed from the network under the recommendation of the MTM Peer Advisory Panel and approval by the Executive Committee (see section VI).

VI. MTM Peer Advisory Panel

A. The UPlan MTM Benefit Executive Committee will appoint members of a MTM Peer Advisory Panel. This MTM Peer Advisory Panel will consist of nine members, including active MTM providers and a physician.

B. 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 will make 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.

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

VII. Quality Assurance and Continuous Quality Improvement (Section 3.1, Quality Improvement)

A. 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, so that all patient identifiers and pharmacist identifiers are removed for the MTM Peer Advisory Panel.

VIII. Patient Privacy Requirements (Section 2.6, Facilities and Equipment)

A. The provision of medication therapy management services will occur in a private setting dedicated to patient care. 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.

B. In addition, all HIPAA requirements will be followed by MTM pharmacists, MTM providers, the health plan, the pharmacy benefit manager, and the UPlan.
IX. Complaint Notification Procedures (Section 3.4, Participant Complaints)

A. Any UPlan member with a complaint regarding eligibility, enrollment, copay reductions, or other administrative issues should first discuss their concern with their MTM pharmacist. If the MTM pharmacist is unable to resolve any concerns, the UPlan member should contact the University’s Benefits Service Center at 612-624-8647 or 800-756-2363, select option 1, or email at benefits@umn.edu, or by mail to University of Minnesota, Employee Benefits, 200 Donhowe Building, 319 15th Avenue SE, Minneapolis, MN 55455-0103. If necessary, concerns will then go through the UPlan Appeal Procedure, which is outlined in the UPlan Medical Summary of Benefits, which is available to UPlan members through the University’s Benefits website at https://humanresources.umn.edu/employee-benefits/medical. The Benefits Service Center must be contacted within 90 days of the date that the eligibility, enrollment, or other administrative issue first became apparent.

B. If a UPlan member wishes to submit a complaint regarding the service rendered by a UPlan/MedEdgeRx MTM Network pharmacist, the member should contact the UPlan MTM Benefit Program by telephone at 612-625-0001, or by mail to UPlan/MedEdgeRx MTM Network, College of Pharmacy, 5-130 Weaver-Densford Hall, 1332-A, 308 Harvard St. SE, Minneapolis, MN 55455. These complaints will be reviewed by the UPlan MTM Benefit Executive Committee, and forwarded to the MTM Peer Advisory Panel for review and recommendation as necessary. The Executive Committee will make the final decision on any necessary actions for the provider, with input from the MTM Peer Advisory Panel.

X. Policies and Procedures Related to Formulary (Section 3.2, Utilization Management)

A. Pharmacists enrolled as providers in the UPlan/MedEdgeRx MTM Network should adhere to UPlan drug formulary, as appropriate given the member’s medical condition and the pharmacist’s professional judgment, when making recommendations for changes in a UPlan patient’s drug therapy. Certain drugs may require prior authorization (PA) or step therapy (ST) to ensure that they are medically necessary and part of a specific treatment plan (drugs indicated with PA or ST in the formulary).

XI. Rules and Requirements Related to Claims (Section 4.4, Billing Procedures)

A. All MTM pharmacists will submit claims using the MTM CPT codes from the crosswalk resource-based relative value scale established for MTM billing (See Agreement Exhibit 4.1, Defined Fee Structure).

B. Medica will inform MTM pharmacists of all billing procedures that MTM pharmacists will need to adhere to in order to receive reimbursement for their services.

XII. Rules and Requirements for Termination and Run-Out Period (Section 6.3 Effect of Termination)

A. Under extenuating circumstances, the UPlan MTM Benefit Executive Committee may decide to terminate a MTM pharmacist. Recommendation for termination may be made by the MTM Peer Advisory Panel. For MTM pharmacists terminated from the UPlan/MedEdgeRx MTM Network by the UPlan, modifications to the run-out period may be made by the UPlan MTM Benefit Executive Committee.
Documentation Requirements
Pharmacists must document each patient encounter. Documentation should be done in an electronic record, and maintained for a minimum of seven years. Please be sure to include the items below in your documentation. Documentation should include, but is not limited to:

Patient information
- Patient’s full, legal name
- Address and telephone number
- Gender
- Date of birth
- Current medical conditions
- 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 pharmacist’s communications to patient’s other health care providers
- Indication for eligibility to the UPlan/MedEdgeRx MTM program (physician referral, four or more medications, or diagnosis of diabetes)