

Utah Medicaid encounter guidance for Medication Therapy Management (MTM)

I. Medication therapy problem tool

This guidance is developed according to the Pharmacy Quality Alliance (PQA)'s medication therapy problem framework to provide guidance and a standardized way of identifying MTPs during a MTM encounter.

Medication related needs	Medication therapy problem category	Medication therapy problem rationale
Indication	Unnecessary medication therapy	Duplicate therapy
		No medical indication at this time
		Non medication therapy more appropriate
		Addiction/recreational medication use
		Treating avoidable adverse medication reaction
	Needs additional medication therapy	Preventive therapy
		Untreated condition
		Synergistic therapy
Effectiveness	Ineffective medication	More effective medication available
		Condition refractory to medication
		Dosage form inappropriate
	Dosage too low	Dose too low
		Frequency inappropriate
		Incorrect administration
		Medication interaction
		Incorrect storage
	Duration inappropriate	
	Needs additional monitoring	Medication requires monitoring
Safety	Adverse medication event	Undesirable effect
		Unsafe medication for the patient
		Medication interaction
		Incorrect administration
		Allergic reaction
		Dosage increase/decrease too fast
	Dosage too high	Dose too high
		Frequency inappropriate
		Duration inappropriate
		Medication interaction
	Needs additional monitoring	Medication requires monitoring
Adherence	Adherence	Does not understand instructions
		Patient prefers not to take
		Patient forgets to take
		Medication product not available
		Cannot swallow/administer medication
	Cost	More cost-effective medication available
		Cannot afford medication product

II. Patient and provider demographic information and patient medical history template

The template below may be used for documenting required patient and provider demographic/contact information, and past patient medical history as listed under the Documentation Requirements section on the Medication Therapy Management Services page.

Patient information	
Medicaid ID:	Name:
DOB:	Address:
Phone #:	Gender:
Name of legal representative receiving CMR on behalf of the patient (if patient is not able to give consent due to young age, physical or cognitive impairment):	Legal representative's relation to the patient:
Patient's or legal representative's signature of consent for MTM service:	Date of consent:
MTM pharmacist information	
Name:	NPI:
Phone #:	Fax #:
Address:	
Pharmacy/Facility/Clinic Name:	Pharmacy/Facility/Clinic NPI:
Primary care provider information	
Name and title:	NPI:
Phone #:	Fax #:
Address:	
Specialist provider information	
Name and title:	NPI:
Phone #:	Fax #:
Address:	

Date of encounter: _____

Location of patient if using telemedicine: _____

Date of CMR completion of documentation: _____

Time spent with the patient: _____

Patient's medical history

Medication allergies/intolerances:
Resolved medical condition(s):
Active medical condition(s):
Alcoholic drinks per day? (if applicable):
If the patient currently smokes, are they interested in smoking cessation?

Other relevant objective information provided by the patient: (i.e., home BP/BG readings, recent lab values, barriers to medication adherence)
--

III. Patient MTM Summary Report

As stated in Part C of the Utah Medicaid Medication Therapy Management (MTM) policy document, MTM pharmacists must provide the patient a copy of the Patient MTM Summary Report immediately following the MTM encounter or sent by mail within 2 days after the encounter.

MTM providers who do not use/have access to an electronic MTM service documentation system should refer to the [Medicare Part D Medication Therapy Management Program Standardized Format and Technical Instructions](#) - Form CMS-10396, as a guide on how to generate each component of the Patient MTM Summary Report (e.g., Cover Letter, Recommended To-Do List or Care Plan, How to Safely Dispose of Unused Prescription Medications (optional), Medication List). The hyperlink contains useful information regarding component formatting and samples.

IV. Provider MTM Summary Report

Part C of the Utah Medicaid Medication Therapy Management (MTM) policy document requires that MTM pharmacists provide the patient's primary care provider and specialist provider (if necessary), a copy of the Provider MTM Summary Report via fax within 2 days after the encounter. The MTM pharmacist should make evidence-based recommendations to providers regarding the patient's care plan or recommended to-do list. Providers must be contacted by phone for all interventions that require immediate attention.

MTM providers who do not use/have access to an electronic MTM service documentation system must generate their own Provider MTM Summary Report template. An example of such a template is provided below.

V. Prescriber MTM Summary Report template

Patient name (first, last)	
Medicaid ID	
DOB (MM/DD/YYYY)	

Dear Provider,

Your patient, (full name) _____, is enrolled in and receiving Medication Therapy Management (MTM) services to help improve his/her/their medication adherence and health outcomes. MTM services are being administered by (facility name, NPI) _____.

Medication list	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.
11.	12.
13.	14.

MTM visit summary
A comprehensive assessment of this patient's drug-related needs was conducted. The following are identified drug therapy problems and recommended solutions.
Drug therapy problem 1: Condition:
Drug therapy problem 2: Condition:
Drug therapy problem 3: Condition:

Allergies	
Medication	Reaction

Adverse drug reactions	
Medication	Reaction

MTM pharmacist name: _____

MTM pharmacist signature: _____

Pharmacist contact information (phone, email, fax): _____

References:

- 1) Centers for Medicare and Medicaid Services. Medication Therapy Management. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/MTM>
- 2) Pharmacy Quality Alliance (PQA). Medication Therapy Problem Categories Framework for PQA Measures. Last update: August 2017.