Introduction

The OutcomesMTM User Training Program will take approximately one hour to complete.

Comprised of (9) modules:
- Introduction
- Covered Services
- Connect Platform – General Navigation
- Connect Platform – Comprehensive Medication Review Claims
- Connect Platform – Pharmacist Initiated Claims
- Connect Platform – Targeted Intervention Program Program Claims
- Case Study
- Policy & Procedures and Quality Assurance
- Post Test (online only)
Introduction - Post Test

The OutcomesMTM User Training Post-Test is available online only

- Create an account by going to www.outcomesmtm.com and select “Login”
- Select “Create An Account”
- Once logged in, the Post Test will be located under the “Training” link

Upon successful completion of the training program, the user’s profile will be activated to begin participating in the OutcomesMTM network

Questions?

- Contact OutcomesMTM at 877-237-0050 or info@outcomesmtm.com
Introduction – What is MTM?

What is Medication Therapy Management?

Medication Therapy Management is a term, coined by Congress in the Medicare Modernization Act, to describe services provided by pharmacists that help consumers get the best results from medications through:

- Enhanced consumer understanding of medications
- Increased consumer adherence to medication directions
- Prevention of drug complications, conflicts and interactions

MTM is the analytical, consultative, educational and monitoring services that are provided by pharmacists to facilitate the achievement of positive therapeutic and economic results from medication therapy.
Introduction – OutcomesMTM

The OutcomesMTM approach is simple:

- We contract with sponsors, including employers, health insurers, government programs, pharmaceutical manufacturers, consumers and other payors to provide MTM service coverage for members
- We compensate local OutcomesMTM Personal Pharmacists for the delivery of these services
- We document and report the value of these services to contracted sponsors

OutcomesMTM covers a broad menu of services to improve healthcare quality and control costs. Our base covered service menu is included below, although some plan-specific customizations to covered services may apply:

- Comprehensive Medication Reviews or CMRs
- Prescriber Consultations for cost efficacy management and drug therapy problem resolution
- Patient Adherence Consultations to resolve overuse, underuse or administration/technique issues
- Patient Education and Monitoring for new or changed medications
Covered Services - CMR

A Comprehensive Medication Review, or CMR, is a systematic process of:
- Assessing medication therapies to identify medication-related problems
- Developing a prioritized list of medication-related problems
- Creating a plan to resolve them with the patient, caregiver and/or prescriber

A CMR is an interactive person-to-person consultation conducted between the patient and/or caregiver and the pharmacist. The CMR is intended to occur face-to-face. If it cannot be completed face-to-face a prior authorization for a phone-based CMR must be obtained by contacting Outcomes.

The CMR is designed to:
- Improve patients’ knowledge of their prescriptions, over-the-counter medications, herbal therapies and dietary supplements
- Identify and address problems or concerns of the patient
- Empower patients to self-manage their medications and health conditions

At the conclusion of a CMR the patient should receive a takeaway in a standard format, which includes a personal medication list (PML) and medication action plan (MAP)
Covered Services - CMR

- For this service, the patient and a pharmacist complete a one-on-one consultation. This allows a pharmacist to inventory all of the patient’s medications.
- Prior to the visit, the patient should gather all medications (prescription medications, OTCs, herbals, supplements and samples), and bring them to the appointment.
- During the visit, the pharmacist evaluates each medication.
- If drug therapy problems are detected, the pharmacist documents each problem and takes action to resolve these issues. Often, these subsequent services are additional billing opportunities within the OutcomesMTM Connect platform.
  - During the course of a CMR, a pharmacist may identify Prescriber Consultations, Patient Adherence Consultations and Patient Education/Monitoring interventions.
- OutcomesMTM identifies patients eligible for a CMR on an ongoing basis. Typically, OutcomesMTM-eligible patients who are eligible for a Comprehensive Medication Review may receive one per calendar year.
Covered Services - Prescriber Consultations

A Prescriber Consultation is intended to resolve medication conflicts, duplications or cost savings opportunities.

- This service gives the pharmacist an opportunity to serve as a drug therapy expert and patient advocate, ensuring the patient is taking the most clinically-appropriate and cost-effective medications.

Cost Efficacy Management can take multiple forms.

- Often, it is related to formulary management or utilization of generic products.
- In some cases, the use of combination products or other strategies may be beneficial. In those cases, Cost Efficacy Management should be documented.
Covered Services - Adherence Consultations

A Patient Adherence Consultation is a consultation between a pharmacist and an OutcomesMTM-eligible member to resolve medication overuse, underuse or inappropriate administration/technique.

In this coupled service, a pharmacist completes both an initial consultation to address the adherence concern, as well as a follow-up to ensure improved compliance has been achieved.

- Both the initial education and the subsequent monitoring must occur in order for the service to be payable. For underuse claims, the pharmacist is required to document that the patient has filled their next refill on time.

When documenting an adherence claim, the pharmacist will be required to provide the patient-specific barriers that led to the non-adherence.
Covered Services – Education & Monitoring

During an Education and Monitoring intervention, a pharmacist provides counseling and follow-up for a new or changed prescription or OTC medication.

The initial education portion of this service typically occurs during a pharmacist’s typical point-of-sale counseling for the new product.

Monitoring may occur at any appropriate time and is often patient and medication specific. It may occur face-to-face or over the phone. During monitoring, the pharmacist should:

- Assess patient satisfaction with therapy
- Monitor Patient-Reportable Symptoms
- Monitor Side-Effects
- Monitor Adherence
- Address Patient Questions

It is important to remember that this service is designed to identify drug therapy problems during the monitoring appointment. If drug therapy problems are found during monitoring (or at anytime), the pharmacist should take action to help resolve drug therapy problems, thus resulting in additional billable services.
Covered Services

Often, one encounter with a patient may result in multiple interventions.

- EXAMPLE: If a patient meets with a pharmacist for a CMR, the CMR is one billable service for the pharmacist. If, during that CMR, the pharmacist identifies a cost savings opportunity for the patient and successfully initiates a new therapy, this Prescriber Consultation is yet another billable service for the pharmacist. Now, because the patient is initiating a new or changed medication, the pharmacist has a third opportunity to bill, by providing appropriate Patient Education and Monitoring as the third service. Overall, this pharmacist could bill for three distinct services.
Covered Services

OutcomesMTM utilizes the externally-validated Actuarial Investment Model or AIM™ to assist health plans in quantifying the value of their investment in face-to-face MTM services. AIM is a severity measurement of the MTM services provided by pharmacists. For most interventions, the pharmacist must choose one of the following seven 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

Additional information on severity levels will be provided later in the training.
General Navigation

The Connect platform has many built-in features to simplify documentation and billing of MTM services. These features include:

- A dashboard to help organize workflow and create efficiencies regarding MTM opportunities, such as claims to review and resubmit, patients with work in progress, and CMRs scheduled.
- A patient-centric approach to help ensure all MTM opportunities for a patient are addressed, maintaining continuity of care regardless of what pharmacist is providing this level of service.
- A prioritized list of patients with MTM Opportunities to identify patients at highest risk of medication-related problems.
- A streamlined claim submission process to assist in the selection of documentation and billing codes, as well as severity levels.
General Navigation

Once you have logged in to the OutcomesMTM Connect platform, the first screen you will see is the **Dashboard**. The Dashboard provides users with a snapshot of MTM activity, including:

- Claims to review and resubmit
- Patients with work in progress
- Scheduled CMRs
- The next 5 patients with MTM opportunities
- The name of pharmacy and total number of patients at this pharmacy
- Quick pharmacy-specific Patient Search functionality, based upon last name and date of birth OR patient ID

You also have quick access to:

- Resources
- Training
- Pharmacy Information
- User Information

From any screen within the Connect platform, you can access the main navigation at the top of the screen to access:

- The Dashboard
- MTM Opportunities
- Patients
- MTM Claims
Welcome DEMO!

Important! All completed services in 2013 must be billed prior to 12/31/13! View details

0 Claims to review & resubmit
3 Patients in progress
0 Scheduled CMRs

Next 5 Patients with MTM Opportunities
The following patients have the greatest risk for medication-related problems. These MTM opportunities represent approximately $515 of potential revenue.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Phone</th>
<th>MTM Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGUM****, MERA****</td>
<td>12/18/1942</td>
<td></td>
<td>Needs CMR, 2 TIPs</td>
</tr>
<tr>
<td>SILM****, MARS****</td>
<td>01/08/1944</td>
<td></td>
<td>Needs CMR, 2 TIPs</td>
</tr>
<tr>
<td>ANDR****, R***</td>
<td>03/04/1954</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
<tr>
<td>AYAJ****, JUVA****</td>
<td>04/14/1957</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
<tr>
<td>BAK****, J***</td>
<td>06/30/1933</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
</tbody>
</table>

View more patients with MTM Opportunities
General Navigation

Selecting the name of the user, you will see the options of **My Profile**, **Account Security**, **Manage Pharmacies**, and **Log Out**:
General Navigation

- From the **My Profile** screen, you have the ability to manage license numbers, NPI number, address, email, phone number and other account information.

- From the **Account Security** screen, you can manage username, password and security questions.

- You can either add or remove pharmacies you should be associated with by using the **Manage Pharmacies** page. To remove access to a pharmacy, select ‘Remove’ below that specific pharmacy. To request access to a new pharmacy, enter the pharmacy’s NABP number in the NABP field and select ‘Add Pharmacy’
  - If the NABP/NCPDP number matches a number in the OutcomesMTM Connect platform, your request will go through an approval process. Once you have been granted access to a pharmacy, you will be able to view that pharmacy’s list of OutcomesMTM-eligible patients.

- To log out of the OutcomesMTM Connect platform at any time, select the **Log Out** option.
To view a more robust listing of a pharmacy’s MTM opportunities, navigate to the **MTM Opportunities** tab.

The top 50 patients with MTM opportunities—prioritized by risk of medication-related problems—will be displayed. You will notice the following headers:

- Priority ranking
- Patient name
- Date of birth
- Phone number
- Current number and type of MTM opportunities.

MTM opportunities identified by OutcomesMTM will primarily be one of two types: CMR and TIP opportunities.

You may also notice an approximate potential revenue amount is displayed, based on the number and type of MTM opportunities identified. It is important to note that this does not include any pharmacist-identified interventions that may need to be resolved and documented.
# Top 50 Patients with MTM Opportunities

The patients in this list are prioritized by risk for medication-related problems. These MTM opportunities represent approximately $2,450 of potential revenue that OutcomesMTM has identified for this pharmacy.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Phone</th>
<th>MTM Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BEAH****, HELB****</td>
<td>01/14/1938</td>
<td></td>
<td>2 TIPs</td>
</tr>
<tr>
<td>2</td>
<td>BENJ****, JOYB****</td>
<td>02/11/1943</td>
<td></td>
<td>2 TIPs</td>
</tr>
<tr>
<td>3</td>
<td>M***, PATM****</td>
<td>01/05/1939</td>
<td></td>
<td>Needs CMR, 2 TIPs</td>
</tr>
<tr>
<td>4</td>
<td>MELA****, ASEM****</td>
<td>02/09/1935</td>
<td></td>
<td>2 TIPs</td>
</tr>
<tr>
<td>5</td>
<td>SALC****, CRE5****</td>
<td>07/18/1941</td>
<td></td>
<td>2 TIPs</td>
</tr>
<tr>
<td>6</td>
<td>ADAM****, MARA****</td>
<td>02/06/1938</td>
<td></td>
<td>1 TIP</td>
</tr>
<tr>
<td>7</td>
<td>ALLW****, WANA****</td>
<td>11/01/1949</td>
<td></td>
<td>1 TIP</td>
</tr>
<tr>
<td>8</td>
<td>ANDJ****, J***</td>
<td>06/22/1956</td>
<td></td>
<td>1 TIP</td>
</tr>
<tr>
<td>9</td>
<td>AVIM****, MARA****</td>
<td>06/07/1938</td>
<td></td>
<td>1 TIP</td>
</tr>
<tr>
<td>10</td>
<td>BENW****, WENB****</td>
<td>08/31/1933</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
<tr>
<td>11</td>
<td>BURZ****, ZINB****</td>
<td>12/19/1936</td>
<td></td>
<td>1 TIP</td>
</tr>
<tr>
<td>12</td>
<td>CALE****, E***</td>
<td>04/01/1933</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
<tr>
<td>13</td>
<td>DAND****, DIAD****</td>
<td>06/15/1955</td>
<td></td>
<td>1 TIP</td>
</tr>
<tr>
<td>14</td>
<td>DELB****, BERD****</td>
<td>07/05/1941</td>
<td></td>
<td>1 TIP</td>
</tr>
<tr>
<td>15</td>
<td>E***, MARE****</td>
<td>07/15/1945</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
<tr>
<td>16</td>
<td>EWII****, I***</td>
<td>09/01/1935</td>
<td></td>
<td>1 TIP</td>
</tr>
<tr>
<td>17</td>
<td>FREI****, JAMF****</td>
<td>04/15/1950</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
<tr>
<td>18</td>
<td>GILC****, CONG****</td>
<td>07/08/1946</td>
<td></td>
<td>1 TIP</td>
</tr>
</tbody>
</table>
General Navigation

The **Patients** tab will display any OutcomesMTM-eligible patient who has filled at least one medication at your pharmacy in the past 12 months.

- For each patient, you will see:
  - Patient name
  - Date of birth
  - Plan
  - Contact information
  - Last CMR offered
  - Last CMR completed
  - MTM opportunities

There are also filters for patients, plan and CMR status. The magnifying glass is a “search all” function that allows you to perform keyword searches.

Using the **Add a Patient** function, you can also search for a patient who is not currently on your patient list to determine if they are OutcomesMTM-eligible.

- This function is important for helping identify a new patient at your pharmacy who may be OutcomesMTM-eligible.
## Patient List

### Add a Patient

Select Show All forPatients, Plans, and CMR Status to view the full list. You can also specify the number of records to show per page.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Plan</th>
<th>Contact Info</th>
<th>Last CMR Offered</th>
<th>Last CMR Completed</th>
<th>MTM Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABRK****, KEIA****</td>
<td>01/26/1963</td>
<td>OUTCOMES SAMPLE POLICY 2</td>
<td>1143 S 1**** NEV****, IA **201</td>
<td></td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>ABRM****, MADA****</td>
<td>09/25/1998</td>
<td>OUTCOMES SAMPLE POLICY 1</td>
<td>1143 S 1**** NEV****, IA **201</td>
<td></td>
<td>Never</td>
<td>Needs CMR</td>
</tr>
<tr>
<td>ABRS****, SAMAD****</td>
<td>10/25/2000</td>
<td>OUTCOMES SAMPLE POLICY 1</td>
<td>1143 S 1**** NEV****, IA **201</td>
<td></td>
<td>Never</td>
<td>Needs CMR</td>
</tr>
<tr>
<td>ACAL****, LAUA****</td>
<td>11/15/1923</td>
<td>OUTCOMES SAMPLE POLICY 1</td>
<td>4987 S 4**** SDF****, CA **534</td>
<td></td>
<td>Never</td>
<td>Needs CMR</td>
</tr>
<tr>
<td>ACRW****, WARAN****</td>
<td>03/15/1961</td>
<td>OUTCOMES SAMPLE POLICY 2</td>
<td>387 S 6**** VAL****, CA **590</td>
<td></td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>ADAC****, CLIA****</td>
<td>04/12/2001</td>
<td>OUTCOMES SAMPLE POLICY 2</td>
<td>30388 3**** CAM****, IA **046</td>
<td></td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>ADAI****, J****</td>
<td>04/07/1960</td>
<td>OUTCOMES SAMPLE POLICY 1</td>
<td>30388 3**** CAM****, IA **046</td>
<td></td>
<td>Never</td>
<td>Needs CMR</td>
</tr>
<tr>
<td>ADAM****, MARA****</td>
<td>02/06/1938</td>
<td>OUTCOMES SAMPLE POLICY 2</td>
<td>2360 R 2**** NAD****, CA **558</td>
<td></td>
<td>Never</td>
<td>1 TIP</td>
</tr>
<tr>
<td>ADAM****, MICA****</td>
<td>06/21/1954</td>
<td>OUTCOMES SAMPLE POLICY 2</td>
<td>1917 P 1**** AME****, IA **010</td>
<td></td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>AGUM****, M****</td>
<td>11/17/1938</td>
<td>OUTCOMES SAMPLE POLICY 2</td>
<td>26926 2**** ESP****, CA **627</td>
<td></td>
<td>Never</td>
<td></td>
</tr>
</tbody>
</table>
General Navigation

The final navigation tab is the **MTM Claims** tab.

This page will display all completed and unfinished claims for the pharmacy within a selected date range.

- In addition to a “search all” function, you will find filters for:
  - Claim status
  - Action
  - Result
MTM Claims (Last 30 days)

Select Date Range: Last 30 days

Claim Status: Show all

<table>
<thead>
<tr>
<th>Claim #</th>
<th>Patient Name</th>
<th>Encounter Date</th>
<th>Reason, Action, Result</th>
<th>Medication</th>
<th>Service Provider</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>100356482</td>
<td>V***, CARV****</td>
<td>01/03/2014</td>
<td>Adherence - Needs check-In Patient consultation Adherence check-in completed</td>
<td>HYDROCORTOIN 2.5%</td>
<td>DEMO SECURE</td>
<td>Pending approval</td>
</tr>
<tr>
<td>100356483</td>
<td>V***, CARV****</td>
<td>01/03/2014</td>
<td>Adherence - Needs Check-In + 90 day fill Patient consultation Adherence check-in completed + 90 day fill</td>
<td>CYCLOBENZAPR TAB 10MG</td>
<td>DEMO SECURE</td>
<td>Pending approval</td>
</tr>
<tr>
<td>100356479</td>
<td>PORO****, OLEP****</td>
<td>12/27/2013</td>
<td>CMR - Complex drug therapy Comprehensive Medication Review CMR - Drug therapy problems identified</td>
<td>TIM SULLIVAN</td>
<td></td>
<td>Pending approval</td>
</tr>
<tr>
<td>100356480</td>
<td>PORO****, OLEP****</td>
<td>12/27/2013</td>
<td>Needs drug therapy Prescriber consultation Initiated new therapy</td>
<td>LISINOPRIL TAB 10MG</td>
<td>TIM SULLIVAN</td>
<td>Pending approval</td>
</tr>
<tr>
<td>100356477</td>
<td>ABRK****, KEIA****</td>
<td>12/24/2013</td>
<td>Cost-effective alternative Prescriber consultation Initiated cost effective drug</td>
<td>LEVOBUNOLOL SOL 0.5% OP</td>
<td>TIM SULLIVAN</td>
<td>Pending approval</td>
</tr>
<tr>
<td>100356461</td>
<td>JAMK****, KELJ****</td>
<td>12/17/2013</td>
<td>Adherence - Underuse of medication Patient consultation Altered adherence</td>
<td>METFORMIN TAB 1000MG</td>
<td>TIM SULLIVAN</td>
<td>Unfinished</td>
</tr>
</tbody>
</table>
COMPREHENSIVE MEDICATION REVIEW CLAIM MODULE
This module will walk through the claim submission for a Comprehensive Medication Review (CMR). The first step is to select a patient from the dashboard who is a high priority for a CMR (Step A). This will then take you to this patient’s profile and their To Do tab (Step B).

- The steps can be viewed on the next slide.

If you are going to be completing a CMR for this patient, it is a best practice to also address any available TIPs at the same time. We will review TIP claim submission later.

If you schedule a CMR with a patient, document the scheduled appointment in the To Do tab. By scheduling a CMR, the patient will be marked as In Progress.
Welcome DEMO!

Important! All completed services in 2013 must be billed prior to 12/31/13! View details

0 Claims to review & resubmit
3 Patients in progress
0 Scheduled CMRs

Next 5 Patients with MTM Opportunities
The following patients have the greatest risk for medication-related problems. These MTM opportunities represent approximately $515 of potential revenue.

<table>
<thead>
<tr>
<th>Patient Name</th>
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<th>Phone</th>
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<td>AGUM****, MERA****</td>
<td>12/18/1942</td>
<td></td>
<td>Needs CMR, 2 TIPS</td>
</tr>
<tr>
<td>SILM****, MARS****</td>
<td>01/08/1944</td>
<td></td>
<td>Needs CMR, 2 TIPS</td>
</tr>
<tr>
<td>ANDR****, R****</td>
<td>03/04/1954</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
<tr>
<td>AYAI****, JUMA****</td>
<td>04/14/1957</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
<tr>
<td>BAKI****, J****</td>
<td>06/30/1953</td>
<td></td>
<td>Needs CMR, 1 TIP</td>
</tr>
</tbody>
</table>

View more patients with MTM Opportunities

Step A
**Step B**

**MERA**** AGUM**** (ID #MTM00000868)**

- **Date of Birth:** 12/18/1942 (age 71)
- **Phone:** 530****
- **Plan:** Outcomes Sample Policy 1

**Step C**

**Needs Comprehensive Medication Review (CMR)**

Our records indicate that MERA**** is in need of a CMR. If you were unable to reach the patient or if the patient refused, go to the **CMR & Action Plan** tab and document an uncompleted CMR.

- **Schedule a CMR** (You will not be allowed to schedule a CMR more than 30 days in advance)

**2 TIPS Identified**

- **Adherence - Underuse of medication - Statin** — SIMVASTATIN TAB 40MG
- **High Risk Medication - Skeletal Muscle Relaxants** — CYCLOBENZAPR TAB 10MG
Comprehensive Medication Review

Claim

Here are the steps for completing a CMR:

- Step 1. Review and update the patient’s medication profile. This is where ALL drug therapy information (such as prescriber, directions for use, related condition, etc.), current conditions, drug allergies and side-effects should be stored.
  - First, Select Medication Profile. (Step C)
  - Next, Select **Edit Conditions** and select **appropriate conditions** (Step D)
  - In the **Add Drug Allergy/Side Effect** section, enter any known allergies and type of reaction. (Step E)
  - Next the medication list will need to be updated with medication name, prescriber, directions and associated condition for each medication the patient is taking. Write directions in patient-friendly language. (Step F)
  - If you have identified a potential drug therapy problem, you can indicate that by selecting **Add Problem** to add the problem to the patient’s action plan (Step G). The correct medication should be selected. Here is where the description of the problem, and what the patient should do, are captured.

You can also start a claim from the “Add a Problem to the Medication Action Plan” (Step H)

- During the course of a CMR, you may identify additional billable interventions, including Prescriber Consultations, Patient Adherence Consultations or Patient Education/Monitoring. Document these interventions separately for additional reimbursement.
Step H

What type of problem is this?
- Related to a current medication: ARTHRITS PAIN TAB 650MG
- Patient needs drug therapy
- Non-medication related

Describe the problem for the patient takeaway

Describe what the patient should do (for the patient takeaway)

Note: You can continue this claim later from the To Do tab.
Comprehensive Medication Review Claim

**Step 2.** Return to the **CMR & Action Plan** tab (Step I) to complete the Medication Action Plan by recording the problems identified during the CMR. (Step J)

- You can also add a problem to the action plan from this screen.
- You can add a problem, even if unrelated to a medication.
- Make sure all medication action plan information is documented in patient-friendly terms, because it will be printed on the Standard Patient Takeaway.
- You can also delete a problem on the medication action plan. (Step K)
Step I

Document an Uncompleted CMR
- Submit a CMR claim for refusals or failed attempts to reach the patient

Document a Completed CMR
1. Review and update the patient’s Medication Profile.
2. Update the Medication Action Plan below by recording the problems identified during the CMR.

<table>
<thead>
<tr>
<th>Date Added</th>
<th>Description of the Problem</th>
<th>What the Patient Should Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/08/2014</td>
<td>ARTHRTS PAIN TAB 650MG</td>
<td>Take with food</td>
</tr>
</tbody>
</table>

3. Date the CMR was completed (steps 1 and 2): mm/dd/yyyy
4. Who was the CMR delivered to?
   - Patient
5. Will the Patient Takeaway be sent to the patient or someone else? (Patient / Someone else)
   - Verify the patient’s address. This address will appear on the Patient Takeaway.
Comprehensive Medication Review Claim

**Step 3.** Document the date the CMR was completed. (Step L)

**Step 4.** Document to whom the CMR was delivered: if someone other than the patient, also document whether or not the patient is cognitively impaired. (Step M)

**Step 5.** Note where the patient takeaway will be sent to. Verify and enter the recipient’s address. (Step N)

**Step 6.** Indicate the pharmacist’s availability for questions, for example, Monday through Friday, 8am to 5pm. (Step O)
Comprehensive Medication Review

**Step 7.** Print and deliver the patient takeaway in person or via mail.
- You may add additional information to the patient takeaway, such as a reminder to schedule a follow-up appointment with their physician for lab work, if needed.
- You will also need to attest to updating patient information for the patient takeaway and the date of takeaway delivery. The patient takeaway needs to be delivered within 14 days of when the CMR was completed. (Step P)
- The patient takeaway is also created during this step. (Step Q)

**Step 8.** Finally, submit a CMR claim so you can get paid for your work.
- Indicate whether or not the CMR was a medication reconciliation, post hospital discharge.
- Document the method of delivery for the CMR: face-to-face or phone-based. If phone-based, a prior authorization will be required.
- Finally, select **Submit CMR Claim.** (Step R)
Step L: Date the CMR was completed (steps 1 and 2): 01/01/2014

Step M: Who was the CMR delivered to?
Patient

Step N: Will the Patient Takeaway be sent to the patient or someone else?
- Patient
- Someone else
Verify the patient’s address. This address will appear on the Patient Takeaway.

Address Line 1:
220 CA
Address Line 2:
Address Line 2
PHONE, CA **695

Step O: Pharmacist’s availability for questions:
Monday through Friday, 8am to 5pm

Step P: Print and deliver the Patient Takeaway in person or via mail.
- I attest that I have reviewed and updated the patient’s conditions, allergies, medications and Medication Action Plan.
Add additional notes for the Patient Takeaway (optional):

Date of Patient Takeaway delivery: mm/dd/yyyy

Step Q: Create Patient Takeaway

Step R: Submit a CMR claim so you can get paid for your work!
- CMR was a medication reconciliation post hospital discharge
Was the CMR delivered face-to-face with the patient or by phone?
- Face-to-face
- Phone — requires Prior Authorization Code:

Submit CMR Claim
PHARMACIST INITIATED CLAIMS MODULE
Pharmacist Initiated Claims

Pharmacist-initiated claims are interventions that are identified by a pharmacist.

- These can be interventions that pharmacists identify during drug utilization reviews, such as adherence, drug interactions or duplication of therapy issues.
- These drug therapy problems can be any covered service a pharmacist identifies, generally during workflow, but also during a comprehensive medication review.
- An indicator on the patient’s profile will tell you if the patient qualifies for pharmacist initiated services.

To submit a pharmacist initiated claim, open the profile for the desired patient and select Start a Claim. (Step A)
MERAD*** AGUUM*** (ID #MTM0000864)

Date of Birth: 12/18/1942 (age 71)  Phone: 530***  Plan: Outcomes Sample Policy 1

Step A

Needs Comprehensive Medication Review (CMR)
Our records indicate that MERAD*** is in need of a CMR. If you were unable to reach the patient or if the patient refused, go to the CMR & Action Plan tab and document an uncompleted CMR.

- Schedule a CMR  (You will not be allowed to schedule a CMR more than 30 days in advance)

1 Unfinished Claim

  Adherence - Inappropriate admin/technique — ARTHRTS PAIN TAB 650MG

Contact us at (877) 237-0050 or info@outcomesMTM.com

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Pharmacist Initiated Claims

From the **Submit a Claim** page, begin by completing the **About the MTM Service** section.

**Select the reason you initiated the intervention. (Step B)**
- For a full list of covered services, see the OutcomesMTM Policy and Procedure Guide, or reference an Encounter Worksheet. These tools can be found under the Resources section on your profile.

**Indicate what service was provided (Step C) as well as the outcome of that service (Step D)**
- The dropdown menu options will be filtered according to your selection in the previous field.

**Enter the date the service was completed, along with any other required documentation. (Step E)**
- Documentation requirements will vary according to the type of intervention. You will be prompted to enter all required information.

To advance to the next section, click **Next**. (Step F)
Submit a Claim

MERA**** AGUM**** (ID #MTM00000864)
Date of Birth: 12/18/1942 (age 71)  Phone: 530****  Plan: OUTCOMES SAMPLE POLICY 1

About the MTM Service

Why was the service initiated? (Reason)
- Dose too high

What service was provided? (Action)
- Prescriber consultation

What was the outcome of the service? (Result)
- Decreased dose

Date the outcome was determined (Encounter Date)
- 01/01/2014

Step B

Step C

Step D

Step E

Step F

Initial Prescription

New or Recommended Prescription

Severity Level & Rationale

Additional Notes (for your use only)
Pharmacist Initiated Claims

You will advance to the **Initial Prescription** section, where you will indicate the medication that prompted this intervention.

From the dropdown menu, select the appropriate medication. (Step G)

- This list will populate with all medications from the patient’s current medication list. To bill claims for medications not currently on the patient’s list, select **Other** and search the OutcomesMTM medication database.
- When using the search function, begin typing the product name and a list of potential matches will appear. Select the correct product from this list.

The Rx number can be provided in an optional field. (Step H)

Enter the metric quantity. (Step I)

Enter the days supply. (Step J)

When all documentation is complete, hit **Next**. (Step K).
Pharmacist Initiated Claims

You will now complete the **New or Recommended Prescription** section, which indicates the therapy you recommended the patient begin.

- If the patient or prescriber refuses your recommendation, you will still provide information on the product you recommended.

Use the search function to locate the appropriate product. (Step L)

There is the option to add the Rx number. (Step M)

Enter the metric quantity. (Step N)

Enter the days supply. (Step O)

When all documentation in this section is complete, hit **Next**. (Step P).
Submit a Claim

MERA**** AGUM**** (ID #MTM00000864)
Date of Birth: 12/18/1942 (age 71)  Phone: 530****  Plan: OUTCOMES SAMPLE POLICY 1  Patient profile

- About the MTM Service
- Initial Prescription
- New or Recommended Prescription

Medication
LISINOPRIL  TAB 20MG

Rx number (optional)
897654321

Metric quantity
30

Days supply
30

Step L
Step M
Step N
Step O
Step P

Severity Level & Rationale
Additional Notes (for your use only)
Pharmacist Initiated Claims

In the **Severity Level & Rationale** section you will provide information that OutcomesMTM will use to report the value of your intervention to the health plan.

Start by selecting the highest reasonable and foreseeable severity level. (Step Q)

- The severity level indicates the potential health care costs that you avoided for the patient as a result of your intervention.

In the following text box, provide the patient-specific clinical rationale to support the severity level you selected. (Step R)

If you believe this intervention was an exceptional example of the value of MTM, select the appropriate **Feature Encounter** box. (Step S)

When documentation in this section is complete, click **Next**. (Step T)
Submit a Claim

MERA**** AGUM**** (ID #MTM00000864)

Date of Birth: 12/18/1942 (age 71)  Phone: 530****  Plan: OUTCOMES SAMPLE POLICY 1  Patient profile

- About the MTM Service
- Initial Prescription
- New or Recommended Prescription
- **Severity Level & Rationale**

What was the severity level of the intervention?
Level 3 - Prevented a physician visit

What is the patient specific information that supports the severity level you selected above?
The patient was experiencing dizziness, which could have led to a fall and subsequent physician visit. Decreasing the dose will help to prevent this.

☐ This intervention is an exceptional example to demonstrate the value of MTM services and would be great to be showcased as a Feature Encounter.

Next » Leave claim as pending

- Additional Notes (for your use only)
Pharmacist Initiated Claims

The final step in claim documentation is the Additional Notes section.
- This section is not required, but allows a user to document any further information for their own reference.

If desired, provide additional notes. (Step U)
If desired, record the approximate time it took to complete the MTM service. (Step V)

Documentation is now complete. At the bottom of the screen, select Continue. (Step W)
- Notice that you can also leave this claim as pending at any time from this screen.
Submit a Claim

MERA**** AGUM**** (ID #MTM00000864)

Date of Birth: 12/18/1942 (age 71)  Phone: 530****  Plan: OUTCOMES SAMPLE POLICY 1  Patient profile

- About the MTM Service
- Initial Prescription
- New or Recommended Prescription
- Severity Level & Rationale
- Additional Notes (for your use only)

Additional notes regarding this claim (optional):
Sent Initial communication to prescriber 12/20. Received response 1/1.

Approximate time it took to complete the MTM service (optional):
20 minutes

Step U

Step V

Step W

Leave Claim as Pending  Continue ->
Pharmacist Initiated Claims

- From the following confirmation screen, you can review all information you have provided for this intervention.
- To complete the submission process, select **Submit Claim**. (Step X)

- Remember, you can identify and resolve drug therapy problems at any point during the dispensing workflow, during a CMR or any other consultation with a patient, such as in follow-up to a new or changed therapy.
### Review & Submit Your Claim

**MERA**** AGUM**** (ID #MTM00000864)**

**Date of Birth:** 12/18/1942 (age 71)  **Phone:** 530****  **Plan:** OUTCOMES SAMPLE POLICY 1

<table>
<thead>
<tr>
<th>About the MTM Service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for initiating the service (Reason):</td>
<td>Dose too high</td>
</tr>
<tr>
<td>Service provided (Action):</td>
<td>Prescriber consultation</td>
</tr>
<tr>
<td>Outcome of the service (Result):</td>
<td>Decreased dose</td>
</tr>
<tr>
<td>Date the outcome was determined (Encounter Date):</td>
<td>01/01/2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Prescription:</td>
<td>LISINOPRIL TAB 10MG</td>
</tr>
<tr>
<td></td>
<td>Rx #123456789</td>
</tr>
<tr>
<td></td>
<td>Metric quantity: 30, Days supply: 30</td>
</tr>
<tr>
<td>New or recommended prescription:</td>
<td>LISINOPRIL TAB 20MG</td>
</tr>
<tr>
<td></td>
<td>Rx #987654321</td>
</tr>
<tr>
<td></td>
<td>Metric quantity: 30, Days supply: 30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Severity Level &amp; Rationale</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity level:</td>
<td>Level 3 - Prevented a physician visit</td>
</tr>
<tr>
<td>Severity level rationale:</td>
<td>prevented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Notes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time it took to complete the MTM service:</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>

**Estimated payment for this claim:** $20.00

- **Go back and make changes**  **Submit Claim**  **Step X**
TARGETED INTERVENTION PROGRAM CLAIMS MODULE
Targeted Intervention Program Claims

- TIPs are patient-specific potential drug therapy problems identified by OutcomesMTM
  - TIPs are generated using plan-provided data, such as prescription claims.
  - Not all TIPs will require an intervention, but it is important for pharmacists to review the TIPs identified in order for a patient to determine the most appropriate action to take.

- When a TIP is valid, you will initiate an MTM claim to resolve the issue.

- As a reminder, TIPs, as well as all MTM opportunities, can be selected from the Dashboard, MTM Opportunities or Patients tabs.
Targeted Intervention Program Claims

Start by selecting a patient with TIPs:
Targeted Intervention Program Claims

The Connect platform will direct you to the **To Do** tab from the patient’s profile. From this list, select the TIP.

![Image of the Connect platform with highlighted To Do tab and TIPs identified for JOYB**** BENJ**** (ID #MTM00000867) with contact information and copyright notice.]
Targeted Intervention Program Claims

The TIP will open, providing patient information, the reason for the intervention, the action needed and options for taking action on the TIP.

If the TIP is not clinically relevant and should be removed, select **Remove-No Intervention Needed**.

If you determine that the TIP should be acted upon, select **Start a Claim for this TIP** to proceed with claim documentation as demonstrated in the **Pharmacist Initiated Claims** section.

- The reason code will be pre-selected for a TIP, but you will need to select the action, result, and date of encounter, and any other required fields.
- If you are waiting on a prescriber or patient response, you may **Leave Claim as Pending** and finish documentation at a later time.
- If you are unable to reach a patient or prescriber, or they refuse your recommendation, a claim should still be documented indicating the corresponding result.
High Risk Medication - Estrogens

Patient Name: JOYB**** BENI**** (ID #MTM00000867)
Medication: JINTELI TAB 1MG-5MCG
Prescriber: JAYESH PATEL | ph. (707) 423-2506 | fx. (707) 429-1158

Reason for Intervention
The patient is currently prescribed estrogen therapy. Estrogen products have been placed on the Beer's List and Centers for Medicare and Medicaid Services (CMS) list of high risk medications for elderly patients. According to the North American Menopause Society on the use of estrogen and progesterone in postmenopausal women, estrogen alone products may increase breast cancer risk with long-term use, are not cardio-protective, and increase risk of thrombosis and stroke. Based on the appropriate indication, please consider one of the following alternative medications:

- For menopausal symptoms: Citalopram 20 mg
- For menopausal symptoms: Sertraline 25 mg
- For menopausal symptoms: Venlafaxine 75-75 mg/day
- For menopausal symptoms: Premarin vaginal cream 0.625 mg
- For menopausal symptoms: Estrin
- For osteoporosis prevention: alendronate 70 mg weekly
- For osteoporosis prevention: Calcium w/ Vitamin D 1.2 g/day divided 3-4 times daily

Action Needed
Consult with the prescriber regarding your recommendation. This is often done via phone or fax using the OutcomesMTM prescriber communication document.

What would you like to do with this TIP?
- Remove – No Intervention Needed
- Start a Claim for this TIP

(Submit a claim even if you were unable to reach the patient or the patient/prescriber refused)
Targeted Intervention Program Claims

If no intervention is needed, you will be prompted to cite a reason.

---

If no intervention is needed, you will be prompted to cite a reason.

---

[Image of a screenshot of the OutcomesMTM dashboard with a claim for a patient named JOYB**** BENJ**** (ID #MTM00000867) with reasons for no intervention.]
Targeted Intervention Program Claims

If the TIP is valid, claim submission will begin with a pre-populated Reason field.
Case Study

During this module, we want to make sure you understand how to document claims using the Connect platform. You will be given a case study, and we will walk through the documentation of these claims.

You are filling a new prescription for Amoxicillin 500mg, 3 times daily for 10 days for a patient who has an upper respiratory infection, and you notice this patient has a Penicillin allergy. You confirm the allergy and the reaction with the patient, which was Anaphylaxis. The patient was hospitalized for two days after their last exposure. You explain that you will need to contact the prescriber to discuss safer alternatives. You contact the prescriber, who thanks you for catching this potentially life-threatening issue, and the medication is changed to an Azithromycin pack. After you counsel the patient on this new antibiotic, you and the patient determine that you will follow-up with them in three days to monitor progress. In three days when you follow-up with the patient, they state that they are feeling much better. You reiterate the importance of taking the medication until gone, and that this medication lasts for five days after the final dose. If the patient isn’t completely better 10 days after starting the medication, they are to follow-up with you, and you will contact the prescriber to determine next steps. Since you have followed-up with this patient and can now document the result of the intervention, you can now bill for your services.
Case Study

Through this encounter, you have identified two billable interventions: an **Adverse Drug Reaction** and a **New/Changed Prescription Therapy**.

- Documentation for these interventions is reviewed in the following slides.

To begin claim documentation, select the appropriate patient from the patient list, which will take us to their **To Do** tab.

Next, update the medication profile with drug allergies and side effects to reflect a Penicillin allergy and reaction of Anaphylaxis. (Step A)

To start a claim for this encounter, select **Start a Claim**. (Step B)
JOYB**** BENJ**** (ID #MTM00000867)

Date of Birth: 02/11/1943 (age 70)  Phone: 707****  Plan: Outcomes Sample Policy 2

To Do Basic Info CMR & Action Plan Medication Profile Rx History MTM Claims Labs

Current Conditions - last modified 01/07/2014
Conditions are inferred by the patient's Rx history.
- Asthma
- Depression

Drug Allergies & Side Effects

<table>
<thead>
<tr>
<th>Allergy or Side Effect</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillins</td>
<td>Anaphylaxis</td>
</tr>
</tbody>
</table>

Add Drug Allergy/Side Effect:

Medications - last modified 01/07/2014
Reminder! When performing a CMR, remember to review any TIPs listed on the To Do tab!

<table>
<thead>
<tr>
<th>Medication</th>
<th>Prescriber</th>
<th>Directions for Use</th>
<th>Related Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIPROFLOXACN TAB 500MG</td>
<td>DAVID GILLIAM</td>
<td></td>
<td>--Select Condition--</td>
</tr>
<tr>
<td>CITALOPRAM TAB 10MG</td>
<td>JAYESH PATEL</td>
<td></td>
<td>--Select Condition--</td>
</tr>
<tr>
<td>FENOFLIBRATE TAB 145MG</td>
<td>CYRUS MANCHERJE</td>
<td></td>
<td>--Select Condition--</td>
</tr>
<tr>
<td>FLOVENT HFA AER 110MCG</td>
<td>JAYESH PATEL</td>
<td></td>
<td>--Select Condition--</td>
</tr>
<tr>
<td>FLUZONE INJ INF 13-14</td>
<td>RONALD MCGOY</td>
<td></td>
<td>--Select Condition--</td>
</tr>
<tr>
<td>FREESTYLE MIS LITE</td>
<td>JAYESH PATEL</td>
<td></td>
<td>--Select Condition--</td>
</tr>
<tr>
<td>FREESTYLE TES LITE</td>
<td>JAYESH PATEL</td>
<td></td>
<td>--Select Condition--</td>
</tr>
</tbody>
</table>

Step A

Step B

Start a Claim
Case Study

- From the **Submit a Claim** page, select the appropriate reason for the intervention, which would be adverse drug reaction. (Step C)
- Next, select the correct action, which is a prescriber consultation. (Step D)
- Next, select the appropriate result, which would be changed drug. (Step E)
- Document the date the outcome was determined, which is the date the prescriber accepted your recommendation, (Step F) then select **Next**. (Step G)
Case Study

You will now complete the **Prescription Related to Adverse Drug Reaction** section.

Since the prescription was not filled, select **Other** from the medication dropdown and add Amoxicillin 500mg as a new medication. (Step H)

Enter a metric quantity of 30 and days supply as 10. (Step I)

Select **Next**. (Step J)
Submit a Claim

JOYB**** BENJ**** (ID #MTM00000867)
Date of Birth: 02/11/1943 (age 70)  Phone: 707****  Plan: OUTCOMES SAMPLE POLICY 2  Patient profile

- About the MTM Service
- Prescription Related to Adverse Drug Reaction

Medication (populated from the patient's current medication list)
- Other

Medication: AMOXICILLIN TAB 500MG
Rx number (optional): 123456789
Metric quantity: 30
Days supply: 10

Step H

Step I

Next » Leave claim as pending

- New or Recommended Prescription
- Severity Level & Rationale
- Additional Notes (for your use only)
Case Study

To indicate the **New or Recommended Prescription**, locate Azithromycin 250mg in the medication database. (Step K)

Enter a metric quantity of 6 and days supply of 5. (Step L)

Select **Next**. (Step M)
Submit a Claim

JOYB*** BENJ*** (ID #MTM0000867)

Date of Birth: 02/11/1943 (age 70)  Phone: 707****  Plan: OUTCOMES SAMPLE POLICY 2

› About the MTM Service
› Prescription Related to Adverse Drug Reaction

› New or Recommended Prescription

- Medication
  - AZITHROMYCIN TAB 250MG

- Rx number (optional)
  - 987654321

- Metric quantity
  - 6

- Days supply
  - 5

- Leave claim as pending

› Severity Level & Rationale
› Additional Notes (for your use only)
Case Study

- You will now be taken to the **Severity Level and Rationale** section.
- Due to the severity level of this intervention, a Level 7 – Prevented a life-threatening situation is a reasonable selection. (Step N)
- Provide patient specific information to support this level, specifically noting the patient’s allergy and prior reaction. (Step O)
- Select **Next**. (Step P)
Submit a Claim

JOY**** BENJ**** (ID #MTM00000867)

Date of Birth: 02/11/1943 (age 70)  Phone: 707****  Plan: OUTCOMES SAMPLE POLICY 2

› About the MTM Service
› Prescription Related to Adverse Drug Reaction
› New or Recommended Prescription

Severity Level & Rationale

What was the severity level of the intervention?
- Level 7 - Prevented a life-threatening situation

What is the patient specific information that supports the severity level you selected above?
- Patient suffered anaphylaxis after previous penicillin treatment. Switching to a safer alternative avoided this potentially life-threatening situation.

This Intervention is an exceptional example to demonstrate the value of MTM services and would be great to be showcased as a Feature Encounter.

Next > Leave claim as pending

Additional Notes (for your use only)

Leave Claim as Pending  Continue >
Case Study

If desired, provide further documentation in the Additional Notes section. (Step Q)

When all documentation is complete, select Continue and submit your claim. (Step R)
## Submit a Claim

**JOYB**** BEN!**** (ID #MTM00000867)**

*Date of Birth: 02/11/1943 (age 70)  Phone: 707****  Plan: OUTCOMES SAMPLE POLICY 2*  

### Additional Notes (for your use only)

<table>
<thead>
<tr>
<th>Additional notes regarding this claim (optional)</th>
</tr>
</thead>
</table>

| Approximate time it took to complete the MTM service (optional) |
| --Select Time-- |

**Step Q**

[Continue >]

**Step R**

Contact us at (877) 237-0050 or info@outcomesMTM.com

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Next, document the new prescription therapy claim for initiating Azithromycin for this patient. Follow the previously-described claim documentation process.

Select a Reason of **New or Changed Prescription Therapy**.

Next, select which service was provided, which would be **Patient Education and Monitoring**.

Finally, select the outcome of the service, which is **Therapy Success**. Indicate the initial consultation date, which is the date you originally consulted with the patient.

Document the encounter date, which is the follow-up date when the outcome was determined. In this case, we can answer the following questions:

- Is the patient satisfied with the therapy?
- Did the symptoms improve?
- Were any adverse reactions reported?
- Is the patient adherent with therapy?

Select next, and input Azithromycin 250mg in the medication name field. You can also place additional information in the optional additional notes section. Submit the claim and you have completed all documentation for this patient.
POLICY AND PROCEDURES AND QUALITY ASSURANCE MODULE
Policy and Procedures and Quality Assurance

OutcomesMTM delivers a two-step quality assurance process to ensure consistent and reliable MTM services.

- Step 1 is woven into the OutcomesMTM Connect Platform in the form of drop-down menus guiding proper billing code selection and smart logic for requirements by claim type.
- In Step 2, clinical experts review MTM service claims for quality and compliance with the policy and procedure guide, as well as completeness. It is beyond the scope of this training to review the entire policy and procedure manual. The guide is available in the Resources section of the Connect platform.

When a QA issue is identified, claims are placed in Review and Resubmit status, and administrative notes are created by claims reviewers. This provides online feedback to providers regarding why the claim is not yet payable and allows the pharmacist to correct the claim and resubmit.

- Claims placed in review and resubmit status are highlighted on the dashboard each time the pharmacist logs in to the Connect platform.
- Pharmacists are allowed to resubmit MTM claims that have not initially passed the quality assurance process for re-review.
- Review and Resubmit claims that are not resubmitted within 30 days will be rejected.

For each claim that requires a severity level rationale, the submitting pharmacist should consider the most reasonable severity level pertaining to health care utilization in the absence of the pharmacist intervention. Patient specific information should be documented to provide rationale to support the severity level selected. This rationale will be reviewed by a QA reviewer.
Policy and Procedures and Quality Assurance

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.

Quality Assurance Zones are designed to identify pharmacies whose activity is atypical in OutcomesMTM program.

- A Pharmacy in the Red Zone has submitted a disproportionate number of CMR and Patient Education and Monitoring claims without subsequent documentation of drug therapy problems, and is unable to document these types of claims until the pharmacy’s claims are back into balance.
- A pharmacy in the Yellow Zone is beginning to reflect a disproportionate number of CMR and Patient Education and Monitoring claims without subsequent documentation of drug therapy problems. These pharmacies receive notice that if they want to continue to be able to document these types of claims, they need to bring the pharmacy’s claims back into balance. This is accomplished by documenting any successful patient adherence consultations or prescriber consultations to resolve drug therapy problems.
- A pharmacy in the green zone is demonstrating typical claim activity in the OutcomesMTM program.
Conclusion

Congratulations! You have completed the OutcomesMTM User Training Program. To activate your login ID in the OutcomesMTM Connect platform, please complete the post-test online via www.outcomesmtm.com.