

# Provider Bulletin



## News and Information

November 4, 2020

### Medication Therapy Management (MTM) Program Update

On Jan. 1, 2021, UCare will introduce new changes to its Medicare Medication Therapy Management (MTM) Program. No changes have been made to the MTM program for Medicaid or Individual and Family Plans. The MTM Program is a free service for eligible UCare members to optimize their medication therapy and experience.

Following is information about who will be able to participate in the program, how the program will be operated and where provider can find additional information. This information is also being added to the 2021 update of the UCare Provider Manual.

#### Eligibility

Member Plan Type	MTM Eligible	Notes Regarding Eligibility
<b>Medicaid</b> Prepaid Medical Assistance Program (PMAP), MinnesotaCare, Minnesota Senior Care+ (MSC+) and UCare Connect		<ul style="list-style-type: none"> <li>UCare follows guidance from the Minnesota Department of Human Services (DHS). Please see details here: <a href="#">DHS MTM Website</a>.</li> <li>Must be completed as a face-to-face visit or an interactive video (ITV) encounter, with a pharmacist. Telephonic visits are acceptable during emergency order only (COVID 19).</li> </ul>
<b>Dual-eligible Medicaid plans</b> MSC+ Duals, PMAP Duals and UCare Connect Duals		<ul style="list-style-type: none"> <li>Members receive Medicaid benefits through UCare and Medicare benefits, including MTM services, through an outside payer. Patients should be directed to their primary Medicare payer to determine if they are eligible for MTM.</li> </ul>
<b>Medicare</b> UCare Medicare Plans, UCare Medicare Group Plans, EssentiaCare and UCare Medicare with M Health Fairview & North Memorial		<ul style="list-style-type: none"> <li>All members with Part D benefits are eligible for MTM. Not all members will receive active outreach or enrollment letters, but they can opt in or request services at any point.</li> <li>MTM services must be completed by an in-network pharmacist.</li> <li>Some members will receive active outreach for MTM if they meet specific CMS criteria.</li> <li>May be completed in person, telephonically or virtually through interactive video (ITV) with a pharmacist.</li> </ul>

<p><b>Dual-eligible Medicare plans</b></p> <p>Minnesota Senior Health Options and UCare Connect + Medicare</p>		<ul style="list-style-type: none"> <li>• All members with Part D benefits are eligible for MTM. Not all members will receive active outreach or enrollment letters, but they can opt in or request services at any point.</li> <li>• MTM services must be completed by an in-network pharmacist.</li> <li>• Some members will receive active outreach for MTM if they meet specific CMS criteria.</li> <li>• May be completed in person, telephonically or virtually through interactive video (ITV) with a pharmacist.</li> </ul>
<p><b>Medicare Value Plans</b></p> <p>Value and Value Plus</p>		<ul style="list-style-type: none"> <li>• Not eligible without Part D benefits.</li> </ul>
<p><b>Health Exchange and Individual &amp; Family Plans</b></p> <p>UCare Individual &amp; Family Plans, UCare Individual &amp; Family Plans with M Health Fairview</p>		<ul style="list-style-type: none"> <li>• MTM services must be completed by an in-network pharmacist.</li> <li>• May be completed in person, telephonically or virtually through interactive video (ITV) with a pharmacist.</li> </ul>

## Provider Expectations

UCare expects providers to follow [American Pharmacist Association \(APhA\)](#) and the [Patient-Centered Primary Care Collaborative’s \(PCPCC\)](#) professional guidance when delivering all MTM services. Members should receive a one-on-one consultation with a pharmacist to review a member's entire medication regimen (including prescription, over-the-counter medications and/or herbal supplements) to help resolve any potential medication-related issues regarding indication, effectiveness, safety and convenience. Providers should communicate with the member’s health care team to resolve drug-related problems, acquire clinical information and obtain relevant lab information. UCare may send quarterly Medicare member eligibility reports based on CMS criteria for CMR completion to select providers or health systems. Providers are expected to use these lists to target eligible members.

## Documentation Expectations

Providers are expected to document all encounters electronically. Providers are legally required to follow all Minnesota DHS requirements for Medicaid members and Centers for Medicare & Medicaid Services (CMS) requirements for Medicare members. Each encounter will require the following information:

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| <ul style="list-style-type: none"> <li>• Patient demographics*</li> <li>• Date of encounter</li> <li>• Allergies</li> <li>• Current/treated medical conditions</li> <li>• Social History (including alcohol and tobacco use)</li> <li>• List of all current medications**</li> <li>• Number and assessment of drug therapy problems identified and resolved</li> <li>• Lab results (if applicable)</li> </ul> |
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- Time spent with patient
- Recipient of service and method of delivery (i.e. face-to-face, phone, or virtual)
- Cognitive status
- CMS standardized summary and date of delivery (Medicare only)\*\*
- Primary physician and contact information

\*Including full name, date of birth, gender, address, phone number, and member ID

\*\*Including all prescription drugs, over-the-counter drugs, dietary supplements, and herbal products with their indications, doses, and directions

\*\*\*Medicare members must be provided with CMS standardized format materials (including medication action plan and personalized medication list) within 14 days of the encounter. This applies to the required annual comprehensive medication review (CMR) that is performed once per calendar year.

## Audits

UCare reserves the right to audit MTM providers for supporting documentation, which may include, but is not limited to, medical and/or administrative records. The MTM provider is responsible for submitting the requested information within 7 calendar days of the request. MTM providers are required to comply with any documentation requests that result from a regulatory agency audit.

## Billing Processes

All MTM billing must be submitted through UCare claims processing utilizing the HCFA-1500/837P electronic submission form. Providers are expected to bill UCare by specific, HIPPA-compliant, MTM CPT codes applicable to the MTM service provided. CPT codes include: 99605, 99606, and 99607. Rates are based on individual provider service agreements. MTM services are provided at no cost to members. Members who reside in an inpatient setting are not eligible for MTM services. See specific details for each of the lines of business below.

### Medicaid-based Plans:

UCare will reimburse for MTM services based on DHS billing requirements. Please see details here: [DHS MTM Website](#). Note that MTM providers are eligible to submit one CPT 99605 per provider per member in a 365-day period and up to seven CPT 99606 per member in a 365-day period. Providers can bill up to four CPT 99607 per member per date of service.

### Medicare-based and Health Exchange-based Plans:

UCare will reimburse for MTM services based on MTM CPT codes. Providers are eligible to submit one CPT 99605 per provider per member in a calendar year. There is no limit on CPT 99606 per calendar year. Providers can bill up to four CPT 99607 per member per date of service. The expectation is that providers will bill based on complexity, not time, for the MTM visit. Please adhere to the following CPT code definitions and bill for the lowest level where all listed criteria are met:

- 99605: A first encounter service with a patient; one per calendar year
- 99606: Follow-up encounter use with the same patient for a subsequent encounter
- 99607: Additional increments based on complexity in addition to 99605 or 99606

Level	Number of Current Medical Conditions	Number of Medications	Number of Drug Therapy Problems	Bill CPT Code	Units
1	1 medical condition	At least 1 medication	No drug therapy problems	99605 or 99606	1 unit
2	1 medical condition	At least 2 medications	At least 1 drug therapy problem	99605 or 99606	1 unit
				99607	1 unit

3	At least 2 medical conditions	At least 3-5 medications	At least 2 drug therapy problems	99605 or 99606 and	1 unit
				99607	2 units
4	At least 3 medical conditions	At least 6-8 medications	At least 3 drug therapy problems	99605 or 99606 and	1 unit
				99607	3 units
5	At least 4 medical conditions	≥9 medications	At least 4 drug therapy problems	99605 or 99606 and	1 unit
				99607	4 units

**Example 1:** A pharmacist performs a CMR for a new patient with two medical conditions, five medications and two drug-therapy problems. Pharmacist should bill a level 3 service:

Claim line 1: 99605 – 1 unit

Claim line 2: 99607 – 2 units

**Example 2:** A pharmacist has a follow-up encounter with an existing patient with four medical conditions, ten medications, and three drug-therapy problems. Pharmacist should bill a level 4 service:

Claim line 1: 99606 – 1 unit

Claim line 2: 99607 – 3 units

## Continuity of Care Document (CCD) Expectations

MTM providers are required to maintain and submit a continuity of care document (CCD) for all Medicare visits. The CCD must be submitted within 45 days of the original visit. It is acceptable to send information for non-Medicare members as well.

## Opt-Out Processes

Medicare members may elect to opt-out of MTM services. Opt-out decisions can only be made by the member. Refusing an individual service for any reason or lack of responsiveness does not automatically disenroll the patient from future MTM services. Providers are required to send UCare information regarding those who elect to opt-out within 30 days of the member’s decision to opt-out.

## Contact info

If you have questions regarding the MTM program at UCare, please contact us via email at [pharmacyliaison@ucare.org](mailto:pharmacyliaison@ucare.org) or via telephone at 612-676-6536 or 1-855-931-5272 toll-free.