

# PROVIDER MANUAL FOR

## Medication Therapy Management (MTM)



**Published By:**

**Medical Services Division  
North Dakota Department of Human Services  
600 E Boulevard Ave Dept 325  
Bismarck, ND 58505-0250**

**April 2016**



## Table of Contents

INTRODUCTION .....	1
PROVIDER ELIGIBILITY REQUIREMENTS .....	1
PRIVACY AND SPACE REQUIREMENTS: .....	2
MTM DOCUMENTATION REQUIREMENTS: .....	2
RECIPIENT ELIGIBILITY REQUIREMENTS .....	4
MTM PROVIDER EXPECTATIONS: .....	5
PRIOR AUTHORIZATION REQUIREMENTS:.....	5
VISIT EXPECTATIONS:.....	6
MISSED APPOINTMENTS: .....	7
BILLING PROCEDURES: .....	8
APPENDIX A: REQUIRED DOCUMENTATION.....	11
APPENDIX B: OPTIONAL HARD COPY DOCUMENTATION.....	12
APPENDIX C: EXAMPLE DOCUMENTATION .....	13



## INTRODUCTION

According to North Dakota Century Code (N.D.C.C) Section 50-06-40, passed in 2015 by the 64th Legislative Assembly, this medication therapy management program has been established to coordinate health care and improve the health of individuals for Medicaid-eligible individuals and to manage health care expenditures.

## PROVIDER ELIGIBILITY REQUIREMENTS

### **NON-PHARMACIST PROVIDERS:**

Non-pharmacist providers are already able to bill for these services using evaluation and management (E&M) codes. There are no changes for non-pharmacist providers already providing this service. The manual will focus on the addition of pharmacists as providers that are allowed to bill for Medication Therapy Management services.

### **PHARMACIST MTM PROVIDERS:**

Pharmacists must enroll as MTM providers using the MTM Provider Enrollment Application (SFN 1105) to provide MTM services. Pharmacist's place of business must be enrolled as a Medicaid Provider to receive payment for MTM services. There is no enrollment specific to MTM services for the place of business.

MTM Providers applying for a ND Medicaid Medication Therapy Management (MTM) provider designation must:

- Complete the MTM Provider Enrollment Application
- Submit a copy of a current active North Dakota State license
- Submit printouts and/or screenshots of outcomes tracking and reporting from electronic MTM documentation system that meets MTM requirements
- Submit a CPE Monitor printout verifying the following ACPE continuing education requirements have been met within the last 4 years:
  - o 2 hours of CE specific to the Delivery of MTM including MTM Documentation
  - o 2 hours of CE specific to Medication Adherence
  - o 4 hours total of CE specific to disease states that MTM is provided for:
    - The treatment of Hepatitis C including use of direct acting antiviral
    - The treatment of Asthma including use of rescue inhalers, Step-Up therapy, and Step-Down therapy
- Have readily available access to the current medical record for each patient receiving MTM services within the practice setting.
- Have a structured patient care process that allows for collection and assessment of patient information; and development, implementation, and follow-up of a patient-centered care plan.
- Meet privacy and space requirements

**RENEWAL CERTIFICATION FOR PHARMACIST PROVIDERS:**

- Providers must submit a CPE Monitor printout verifying the above continuing education requirements have been met within the last 4 years.
- Verify they are still eligible to provide MTM services and meet all criteria contained in this manual.

When MTM pharmacist initial or renewal enrollment is approved, the MTM pharmacist will be notified by letter. The letter will contain a renewal by date.

**PRIVACY AND SPACE REQUIREMENTS:**

**THE PLACE OF BUSINESS WHERE MTM SERVICES ARE PROVIDED MUST:**

- Have sufficient size and accommodations to comfortably seat at least three people comfortably
- Be private, so that when a typical patient is sitting or standing in the consulting area, the patient cannot be seen by others (including other patients, customers and employees)
- Be entirely devoted to enhancing patient outcomes and not used as a storage room for merchandise or other nonrelated items
- Be enclosed sufficiently to prevent typical patient consultation conversation from being heard from other areas of the business
- Be enclosed sufficiently to prevent noise from other areas of the business to interfere with or distract from typical conversation in the consulting area

**MTM DELIVERED VIA TELE-PHARMACY OR TELE-HEALTH- SERVICES MUST MEET THE FOLLOWING CRITERIA:**

- Both the origination site (where the recipient is located) and the distant site (where the MTM provider is located) must be located in the state of North Dakota.
- The origination site must meet privacy and space requirements
- The interactive video includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the recipient and the MTM provider
- The provider is responsible for supplying the equipment used for the service and the connection between the origination and distant sites

**MTM DOCUMENTATION REQUIREMENTS:**

MTM Providers must use an electronic MTM documentation system. Printouts and/or screenshots of outcomes tracking and reporting must be submitted with the MTM provider enrollment application. MTM providers can use any electronic MTM documentation system they wish. Approval of MTM provider status will include verifying the MTM provider is using an electronic MTM documentation system that meets MTM documentation requirements.

An electronic MTM documentation system must be specifically designed to optimize the therapeutic outcomes of the patient's medications and be able to track and report patient outcomes. At a minimum, the documentation system must:

Data Element	Visit Summary	MD Summary	Patient Summary	Personal Medication Record	Electronically Stored
Recipient's full, legal name	*	*		*	*
Address and telephone number	*				*
Gender					*
Date of birth	*	*		*	*
Current medical conditions	*	*		*	*
Resolved medical conditions	*	*			*
Allergies	*	*		*	*
Primary physician and contact information	*			*	*
Date of encounter		*		*	*
Location of patient if using interactive video					*
Date of documentation					*
Time spent with patient					*
List of all prescription and nonprescription drugs with their indications, doses, and directions				*	*
List of medications addressed during visit	*	*			*
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	*				*
<b>Assessment of drug problems identified, including but not limited to:</b>					
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	*	*			*

Data Element	Visit Summary	MD Summary	Patient Summary	Personal Medication Record	Electronically Stored
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 provider's communications to patient's other health care providers		*			*

### RECIPIENT ELIGIBILITY REQUIREMENTS

**ND MEDICAID RECIPIENTS ARE ELIGIBLE FOR MTM SERVICES IF THEY MEET ALL OF THE FOLLOWING:**

- Outpatient
- Prescription medication requirements:
  - o Receiving Direct Acting Anti-retroviral for Hepatitis C
  - o Using 2 or more rescue (short acting beta-2 agonist) inhalers per month

**ND MEDICAID RECIPIENTS ARE NOT ELIGIBLE FOR MTM SERVICES IF THEY ARE:**

- Eligible for Medicare
- Inpatient, in an institutional setting, or a skilled nursing facility

**HOW RECIPIENTS ARE IDENTIFIED:**

Recipients will be identified by the Department. Notification of eligibility of MTM services will be dependent on if the pharmacy that is filling the prescriptions for the recipient has a MTM provider:

- If the filling pharmacy does have a MTM provider: the Department will contact the Pharmacy to let them know the recipient is eligible for MTM services. The MTM provider will receive a letter containing a Service Authorization (SA) number that will be needed when billing MTM services. The Pharmacy must contact the recipient to schedule the initial appointment.
- If the filling pharmacy does not have a MTM provider, the Department will mail a list of currently enrolled MTM providers to the recipient via an invitation to MTM services letter. The recipient will need to contact the pharmacy to enroll in MTM and to set up an initial appointment. Prior to the initial visit, the MTM provider will fax the MTM Service Authorization Request from (SFN 1106) to 701-328-1544 Attention Pharmacy. When the Service Authorization (SA) is approved, the pharmacy will receive a SA number by letter. This SA number will be needed when billing MTM services. Any MTM service provided before a Service Authorization approval is received is not guaranteed payment.

The recipients identified as eligible for MTM services will have medications that are subject to prior authorization. The approval of prior authorization will be contingent on participation in the MTM program. Recipients receiving MTM services may continue to fill their prescriptions at any pharmacy of their choosing. The pharmacy providing MTM services can be a different pharmacy than the pharmacy that fills the medications.

### MTM PROVIDER EXPECTATIONS:

#### **IN ADDITION TO MAINTAINING THE REQUIREMENTS FOR ELIGIBILITY:**

- Medicaid MTM providers cannot provide incentives or discounts to participants in the Medicaid program.
- Medicaid enrollees cannot receive MTM services from more than one Medicaid MTM provider at one time.
- Each Medicaid MTM provider must retain an electronic or hard copy of the MTM Consultation from (SFN 1111) and other equivalent documentation pertinent to the visit for a minimum of 7 years. The method of retention should comply with all federal and state HIPAA requirements. If requested, this documentation of services delivered should be made available to the Department within 2 business days.
- MTM provider will notify the Department within 15 days of any change that could affect their status as a MTM provider. Services provided during any time that the MTM provider does not meet requirements will not be considered for payment.
- Reimbursement for MTM CPT codes will only cover time spent face-to-face, one-on-one contact with the Medicaid enrollee
  - o Not allowed for reimbursement:
    - Group visits are not allowed
    - Preparation time
    - Follow-up/reminder calls are not reimbursable. The follow-up phone call required after the initial visit is included in the rate.
    - No show appointments
  - o Allowed for reimbursement:
    - Visits with family and/or caregivers in attendance
    - Tele-pharmacy or tele-health visits with real time audio and visual conferencing

### PRIOR AUTHORIZATION REQUIREMENTS:

#### **THERE ARE TWO AUTHORIZATIONS REQUIRED:**

- One service authorization to bill for MTM services by the MTM provider. Any MTM service provided before a Service Authorization (SA) number is received is not guaranteed payment.
- One prior authorization to bill for the medication by the filling pharmacy.

## VISIT EXPECTATIONS:

### **DURING THE INITIAL VISIT:**

The MTM provider will conduct an interview to assess that enrollees understand their disease state, how their medications are to be taken and how they help manage their disease. MTM providers will also address adherence difficulties, inhaler techniques, adverse drug reactions, drug interactions, and any of enrollee's medication concerns.

### **FOLLOWING A MTM VISIT:**

The MTM provider will provide a summary of the MTM visit to the enrollee's primary medical provider and/or prescribers including description of the program, topics addressed and any issues identified. Communication between the MTM provider and primary medical provider and/or prescribers should be open, collaborative and continue throughout the program. The MTM provider will provide a written patient visit summary. The patient visit summary should include a list of active medications and action plan and/or goals.

#### *- Following the Initial Visit:*

The MTM provider will be required to make a follow up phone call 2 weeks after the initial visit. During this phone call, the MTM provider should assess adherence addressing existing adherence barriers. The MTM provider should evaluate the patient's understanding of how/when to take the medication and its purpose. Additional side effects, interactions, or any additional barriers should be identified. A summary of the phone call must be documented. The follow-up phone call is included in the rate for the initial visit.

### **CONDUCTING AN MTM VISIT:**

#### *1. Before the MTM Visit:*

- a. The Medicaid MTM provider will set up an appointment to meet with the Medicaid enrollee in a private area.
  - i. It is suggested to remind the enrollee to bring their invitation letter (if identified by the Department), Medicaid card, and a photo ID to the first visit.
- b. The Medicaid MTM provider should be fully prepared to conduct the MTM visit at the time of the enrollee's appointment. The time required to prepare for this visit is not billable including:
  - i. Completing a chart review of the enrollee's medication history
  - ii. Chart review to identify potential drug therapy problems. Examples include missing medications or adherence problems
  - iii. Printing anticipated enrollee education handouts that may be needed for review with the enrollee
  - iv. Reviewing national guidelines for medication and disease states.
  - v. Printing forms for visit documentation
  - vi. Placing reminder calls
- c. Verify the enrollee's Medicaid eligibility before each visit by using the Eligibility Verify Line at 328-2891 or 1-800-428-4140.
  - i. If the patient is no longer eligible, the MTM provider should contact the patient and inform them of their change in eligibility and how it affects their eligibility to continue to receive MTM services. Patients should be directed to their County Social Worker with any questions regarding their eligibility.

2. *During the MTM Visit:*

- a. The MTM provider will confirm enrollee's identity and eligibility to participate in the program
- b. Prepare a Patient Medication Record and Patient Visit Summary.
- c. Coordinate and assist with linking the patient to other relevant health care resources and provide pertinent materials to the patient to assist in managing their condition
- d. Document drug therapy problems, recommended solutions, education and evaluation of patient response to therapy
- e. Schedule follow-up appointments, as needed, to ensure patient adherence to their medication plan in order to determine that patient goals have been met;
- f. MTM Medicaid providers are not allowed to prescribe medications or change current drug therapies as part of MTM services. Any prescribing or changing of medications should be communicated with original prescriber.
- g. There are no enrollee copayments for Medicaid MTM services.

3. *Following the MTM Visit:*

- a. The MTM providers will document the visit. The time required to document this visit is not billable.
- b. The MTM provider will provide a Patient Visit Summary including a medication record and action plan to the patient following every visit. This is to be provided immediately following each visit or mailed to the patient within 7 days of the visit.
- c. If the patient has complicated medication regimen (taking 5 or more medication concurrently), has a visit addressing adherence, or at the clinical discretion of the MTM provider, the MTM provider is to provide the patient with a personalized patient medication schedule immediately following each visit or mailed to the patient within 7 days of the visit.
- d. The MTM provider will establish and maintain a working relationship with the enrollee's health care providers, including sending a written prescriber MTM visit summary including recommendations to all relevant prescribers (both primary care and specialists). Providers must be contacted by phone for all interventions that require immediate attention. All written and verbal contacts must be documented in the patient's electronic MTM record. The MTM provider must send a prescriber MTM visit summary to the appropriate medical provider(s) within 7 days of the visit. It is recommended to send the initial prescriber MTM visit summary with a brief explanation of the program such as contained in the MTM Initial Visit-Prescriber Summary Cover (SFN 1108). Subsequent MTM visit summaries can be sent with the MTM Subsequent Visit Prescriber Summary Cover (SFN 1109).
- e. A follow up phone call must be made 2 weeks after the initial visit. The summary of this phone call must be documented.

**MISSED APPOINTMENTS:**

If the enrollee does not attend a scheduled appointment, this must be documented on the MTM Missed Appointment form (SFN 1110). The MTM provider is expected to make three

attempts to reschedule the appointment. Each attempt must be documented including the date, time, and method of contact.

If three attempts to contact the patient are made without success, fax the MTM Missed Appointment form (SFN 1110) to 701-328-1544 Attention: Pharmacy. When the department receives the MTM Missed Appointment form (SFN 1110), the prior authorization for the medication will be ended and the patient will no longer be able to receive the medication.

The enrollee will be responsible to contact the provider to resume MTM appointments. After the recipient attends an appointment, the pharmacy will fax the MTM Missed Appointment form (SFN 1110) with the re-enroll section completed. The prior authorization will be activated and the recipient will be able to continue filling their medication.

### **BILLING PROCEDURES:**

Reimbursement is for the time a MTM provider spends during a one-on-one, face to face visit with a recipient enrolled in the MTM program. Tele-pharmacy or tele-health visits with real time audio and video conferencing will be considered face to face time and are eligible for reimbursement. Face to Face time with a recipient during a visit must be greater than 8 minutes to be eligible for payment.

MTM providers must have procedures in place to prevent system failures that could lead to a breach in privacy or cause exposure of health records to unauthorized people. Billing systems must be compliant with HIPAA privacy and security requirements and regulations.

MTM providers will bill for MTM services electronically using EDI 837P or using Form CMS-1500 with ICD-10 diagnosis code Z71.89. The MTM Interventions on Medication Related Problems form (SFN 1107) must be faxed to 701-328-1544 Attention: Pharmacy within 30 days of billing for a MTM visit. If the MTM Intervention on Medication Related Problems form (SFN 1107) is not received, any payment made for the visit may be recouped.

Use these links for more information on billing: EDI 837P

<http://www.nd.gov/dhs/services/medicalserv/medicaid/edi.html> and CMS-1500

<http://www.nd.gov/dhs/services/medicalserv/medicaid/billing.html>

#### **MTM PHARMACIST REIMBURSEMENT:**

A Medicaid MTM pharmacist's place of business is eligible for reimbursement. Payments for MTM services are made to a place of business enrolled as a ND Medicaid provider, not directly to MTM pharmacists.

#### **ALLOWED CPT CODES FOR PHARMACISTS:**

The following CPT codes can be used to bill for MTM services

- **99605:** A first encounter service performed face-to-face with a patient in a time increment of up to 15 minutes: \$70

- **99606:** Follow-up encounter use with the same patient in a time increment of up to 15 minutes for a subsequent or follow-up encounter: \$25
- **99607:** Additional increments of 15 minutes of time for 99605 or 99608: \$25

Level	Assessment of Drug-Related Needs	Drug Therapy Problems Addressed	Visit	Approximate Face-to-Face Time	Bill CPT Code	Units	Rate
1	Problem-focused - at least 1 medication	0 drug therapy problems	Initial or Subsequent	8-15 minutes	99605 or 99606	1 Unit	\$70.00 or \$25.00
2	Problem-focused - 1 medication	At least 1 drug therapy problem	Initial or Subsequent	16-30 minutes	99605 or 99606	1 Unit	\$95.00 or \$50.00
					99607	1 Unit	
3	Problem-focused 1 medication	At least 2 drug therapy problems	Initial	31-45 minutes	99605	1 Unit	\$120.00
					99607	2 Units	
4	Problem focused 2 medications	At least 2 drug therapy problems	Initial	46-60 minutes	99605	1 Unit	\$145.00
					99607	3 Units	

*Example 1:*

New patient using 2 or more rescue (short acting beta-2 agonist) inhalers per month and 2 medication problems are addressed - 35 minutes spent face-to-face with patient.

Claim line 1: 99605 1 Unit

Claim line 2: 99607 2 Unit

Reimbursement: \$125

*Example 2:*

Existing patient receiving Direct Acting Anti-retroviral for Hepatitis C and 1 medication problem is addressed – 25 minutes spent face-to-face with patient.

Claim line 1: 99606 1 Unit

Claim line 2: 99607 1 Unit

Reimbursement: \$50

**BILLING LIMITATIONS:**

ND Medication will reimburse the following:

- Face-to-face encounters including tele-pharmacy or tele-health
- One CPT 99605 per provider per recipient in a 365-day period. This rate includes the required follow up phone call.
- Up to 5 CPT 99606 per recipient in a 365-day period for rescue inhaler MTM services
- Up to 2 CPT 99606 per recipient in a 365-day period for Hepatitis C MTM services
- Up to 2 CPT 99607 per recipient per date of service

**BILLING FOR MTM VISITS USING TELE-PHARMACY OR TELE-HEALTH**

- Billing providers must use a GT modifier in conjunction with the applicable MTMS code(s) to signify the service was delivered via tele-pharmacy or tele-health
- Billing providers billing the GT modifier must use a corresponding place of service code.

## APPENDIX A: REQUIRED DOCUMENTATION

The following forms must be used as indicated in the MTM provider manual. Each form, when completed, should be faxed to 701.328.1544 Attention Pharmacy

### **MTM PROVIDER ENROLLMENT APPLICATION (SFN 1105)**

<http://www.nd.gov/eforms/Doc/sfn01105.pdf>

### **MTM SERVICE AUTHORIZATION REQUEST (SFN 1106)**

<http://www.nd.gov/eforms/Doc/sfn01106.pdf>

### **MTM INTERVENTIONS ON MEDICATION RELATED PROBLEMS (SFN 1107)**

<http://www.nd.gov/eforms/Doc/sfn01107.pdf>

### **MTM MISSED APPOINTMENT (SFN 1110)**

<http://www.nd.gov/eforms/Doc/sfn01110.pdf>

## APPENDIX B: OPTIONAL HARD COPY DOCUMENTATION

### **MTM CONSULTATION (SFN 1111)**

<http://www.nd.gov/eforms/Doc/sfn01111.pdf>

This form may be used for ease of documentation during MTM visits. This is an example of expected documentation. Electronic documentation of MTM visits is required. This form may be used to satisfy the 7 year retention requirement for visit documentation.

### **MTM INITIAL VISIT-PRESCRIBER SUMMARY COVER (SFN 1108)**

<http://www.nd.gov/eforms/Doc/sfn01111.pdf>

This form may accompany the prescriber MTM visit summary when it is sent to a prescriber for the first time for that enrollee. Customize where appropriate when patient specific information. The prescriber MTM visit summary must be documented electronically.

### **MTM SUBSEQUENT VISIT-PRESCRIBER SUMMARY COVER (SFN 1109)**

<http://www.nd.gov/eforms/Doc/sfn01109.pdf>

This form may accompany the Prescriber MTM Summary Report for subsequent communications with a prescriber about an enrollee. Customize where appropriate when patient specific information. The prescriber MTM visit summary must be documented electronically.

## APPENDIX C: EXAMPLE DOCUMENTATION

The following forms may be used for ease of documentation during MTM visits. They are examples of expected documentation. Electronic documentation of MTM visits is required.

## MTM visit worksheet for Asthma/COPD:

Asthma Impairment Assessment:

	<u>Well Controlled</u>	<u>Not Well-Controlled</u>	<u>Very Poorly Controlled</u>
Symptoms:	<input type="checkbox"/> < 2 days/ week	<input type="checkbox"/> > 2 days/ week	<input type="checkbox"/> >= 4 days/ week
Nighttime awakening:	<input type="checkbox"/> <= 2 x/ month	<input type="checkbox"/> 1-3x/week	<input type="checkbox"/> >= 4x/week
Interference with normal activity	<input type="checkbox"/> none	<input type="checkbox"/> some limitation	<input type="checkbox"/> Extreme limitation
Rescue Inhaler use for symptoms	<input type="checkbox"/> <= 2 days/ week	<input type="checkbox"/> > 2 days/ week	<input type="checkbox"/> > 1x/day
FEV1 or Peak Flow (% of predicted/personal best)	<input type="checkbox"/> >80%	<input type="checkbox"/> 60-80%	<input type="checkbox"/> <60%

- Review patient's medication history. Check for flags which could indicate lack of disease control, examples:
- Early or frequent requests for, or fills of, short-acting rescue medication inhalers or nebulizers.
  - Inconsistent fills of maintenance medications. For example, a 30 day supply of a steroid or anticholinergic inhaler is filled every 45 days.
  - No maintenance medications with frequent fills of short-acting rescue medications
- 
- 

- Review patient's profile for previously documented allergies
- 
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- Review patient's medication profile for medications that could indicate mismanaged triggers, example:
- Frequent fills of allergy medications, either OTC or prescription
- 
- 

- Review patient's medication profile for potential drug interactions, example:
- Non-selective beta-blockers in a patient with asthma
- 
- 

- Review social history for potential risk factors and interventions, example:
- Tobacco Use, see smoking cessation program criteria  
<http://www.hidesigns.com/assets/files/ndmedicaid/algorithms/new-algorithm/NDSmokingcessationcriteria0913.pdf>
- 
- 

- If possible, have medication devices available for demonstration of administration techniques
- Print applicable and anticipated patient education materials
- Print applicable questionnaires (ie. ATAQ, ACQ, or ACT)

## MTM worksheet for Adherence Visit

How many doses has the patient missed?

Today? \_\_\_\_\_ Yesterday? \_\_\_\_\_ In 2 days? \_\_\_\_\_

Past week? \_\_\_\_\_ Past Month? \_\_\_\_\_

Does the patient report feeling better/worse/no different when taking medication?

\_\_\_\_\_  
\_\_\_\_\_

Primary reason for missing doses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Barriers to taking medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How does the patient get prescriptions from the pharmacy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How are medications managed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What adherence aids are used? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How/Where is medication stored? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Times medication is taken: \_\_\_\_\_

Triggers for remembering to take medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Concerns about taking medication \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Prescriber MTM Summary Report

**Patient Information:**

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address, City, Zip Code: \_\_\_\_\_  
 Primary Care Provider (PCP) \_\_\_\_\_

\_\_\_\_\_ is enrolled in and is receiving Medication Therapy  
 (Patient's Full Name)  
 Management (MTM) services to help improve his/her medication adherence and  
 health outcomes. MTM Services are being administered by

\_\_\_\_\_  
 (MTM Provider's Name)

**Medication List:**

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

**Summary and Recommendations:**

Drug Therapy Problem	Related Condition	Recommendation
1.		
2.		
3.		
4.		
5.		
6.		

MTM Provider: \_\_\_\_\_ NPI \_\_\_\_\_:

MTM Pharmacy Address \_\_\_\_\_

Phone # \_\_\_\_\_ MTM Pharmacy Fax # \_\_\_\_\_

Date of MTM Visit \_\_\_\_/\_\_\_\_/\_\_\_\_

**MTM Visit Detailed**

Drug Therapy Problem #1

\_\_\_\_\_  
(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

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**MTM Visit Detailed**

Drug Therapy Problem #2

\_\_\_\_\_  
(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

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**MTM Visit Detailed**

Drug Therapy Problem #3

\_\_\_\_\_  
(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

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**MTM Visit Detailed**

Drug Therapy Problem #4

\_\_\_\_\_  
(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

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**MTM Visit Detailed**

Drug Therapy Problem #5

\_\_\_\_\_  
(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

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**MTM Visit Detailed**

Drug Therapy Problem #6

\_\_\_\_\_  
(Diagnosis)

Drug Therapy Problem, Recommended Changes, Recommended Solution

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**Additional Encounter Notes:**

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Goals established during our visit:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_’s next MTM appointment is scheduled for

(Patient’s Full Name)

\_\_\_\_\_. If you have any questions or comments regarding these goals or

(Date)

recommendations, please call me at \_\_\_\_\_, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(MTM Business Name)

(Pharmacy Phone Number)

or \_\_\_\_\_

## Patient Visit Summary: Medication Record and Action Plan

Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_

<b>MEDICATION #1:</b>				
Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

<b>MEDICATION #2:</b>				
Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

<b>MEDICATION #3:</b>				
Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

<b>MEDICATION #4:</b>				
Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

<b>MEDICATION #5:</b>				
Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

<b>MEDICATION #6:</b>				
Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

<b>MEDICATION #7:</b>				
Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

<b>MEDICATION #8</b>				
Drug Name & Strength				
Directions				
What I take this medication for				
When I take this Medication	Morning	Noon	Evening	Bedtime
Special Instructions				
Prescriber				

Action Steps for this Patient:

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Notes for Patient:

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**MTM Provider and Pharmacy Information**

Provider Name \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Pharmacy Phone Number \_\_\_\_\_

Next Appointment:

Date \_\_\_\_\_ Time \_\_\_\_\_:\_\_\_\_\_ AM/PM

Location: \_\_\_\_\_

MTM Provider's Signature: \_\_\_\_\_

## Patient Medication Schedule

### Directions on Completing the Medication Schedule

This weekly grid is meant to be a tool for patients who take multiple medications at multiple times per day. It is to be used as a weekly reference for the patient to help a patient improve adherence.

**In the Medication/Directions column:** Enter the medications and directions for the each medication that the patient takes in the morning, afternoon, evening, at bedtime, and as directed/ as needed.

**In the Time column:** For each medication, enter the time that is most appropriate for the patient, as well as best aligned with their schedule.

**In the Monday-Sunday columns:** Enter X or a check mark to indicate which days of the week that the patient should take the medication.

### **Patient Instructions:**

Bring this to each MTM visit as well as each appointment with a medical provider

	Medication & Directions	Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning									
Afternoon									
Evening									
Bedtime									
As directed/ As needed									