ACPE Accreditation Information

Title
Delivery of MTM Services for Michigan Medicaid Beneficiaries

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Target Audience
This continuing education activity was developed specifically for pharmacists.

Disclosure Statement
The authors have indicated that they do not have any conflicts of interest, nor do they have financial relationships with a commercial interest related to this activity.

Activity Accreditation
ACPE Universal Activity #0112-0000-17-001-H04-P
3.0 Contact Hours; Initial Release Date: 3/30/17; Expiration Date: 3/30/20

This is a knowledge-type activity.

Pharmacist Learning Objectives
At the end of this home study activity, participants should be able to:

1. Identify how to register to deliver MTM services through the CHAMPS system used by the Michigan Department of Health and Human Services.
2. Identify eligible Michigan Medicaid Beneficiaries who are able to receive and benefit from these services.
3. Discuss proper techniques for approaching and managing patients based on their medication needs.
4. Appropriately document and bill for services provided to Michigan Medicaid beneficiaries in compliance with Michigan Medicaid Guidelines including the use of CPT and ICD-10 codes.

PCE Credit Statement

This home study activity is structured to meet knowledge-based educational needs. A knowledge-based activity acquires factual knowledge. Information in knowledge-based activities is based on evidence as accepted in the literature by the health care professions. Pharmacy continuing education (PCE) credit will be earned based on participation in this activity.

Participants must complete an activity evaluation and posttest with a passing score of 70 percent or greater. Please allow MPA three weeks to grade posttests and process and upload credit to CPE Monitor after completion of the evaluation and posttest. If all requirements are met, participants will receive pharmacy continuing education (PCE) credit through CPE Monitor, a national, collaborative effort by ACPE and the National Association of Boards of Pharmacy (NABP) to provide an electronic system for pharmacists and pharmacy technicians to track their completed PCE credits. Pharmacist and pharmacy technician participants must provide their NABP e-Profile identification number and date of birth (in MMDD format) when they complete activity evaluations. It will be the responsibility of the participant to provide the correct information. If this information is not correctly provided, NABP and ACPE prohibit MPA from issuing CPE credit. Partial credit will not be awarded.

Michigan Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education.

DELIVERY OF MTM SERVICES FOR MICHIGAN MEDICAID BENEFICIARIES

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INTRODUCTION

Medication Therapy Management (MTM) is, arguably, the cornerstone service of outpatient pharmacy clinical services. Leveraging the unique relationship between patients and their pharmacist, MTM has been shown to improve patient outcomes and reduce overall healthcare costs.[1] While conducting a thorough review of all of a patient's medications, the pharmacist is positioned to make a positive impact on that patient's healthcare. Whether the pharmacist is identifying and resolving a drug-related problem, educating a patient about appropriate medication use, or recommending a lifestyle change, the pharmacist can improve a patient's health outcomes through MTM to ensure that long-term health adverse consequences are avoided.

Perhaps the most well-known example of mainstream MTM services are those rendered as part of the Medicare Part D prescription drug benefit. This program was designed to focus on improving the benchmarks critical to Medicare Star Ratings. The Medicare Star Ratings program is a health plan rating system that identifies key components of healthcare service delivery and patient satisfaction that are directly tied to payer and provider reimbursement.[2] While the completion of annual comprehensive medication reviews (CMRs) for eligible Medicare Part D beneficiaries was introduced as a component of the Star Rating system in 2016, patient adherence measures for medications used to treat chronic disease states such as diabetes, hyperlipidemia and hypertension have been a core component of the Medicare Star Ratings programs since its inception. Additionally, measures related to adherence continue to carry significantly more weight in the calculation of a health plan's star ratings compared to other metrics.

In its own analysis of the Medicare Part D program, the Centers for Medicare & Medicaid Services (CMS) determined that pharmacist intervention through an MTM program has resulted in improved medication adherence and lower overall healthcare costs in beneficiaries who participated in the program.[1]

On Feb. 24, 2017, the Michigan Department of Health and Human Services (MDHHS) issued Medical Services Administration (MSA) Policy 17-09, pertaining to pharmacy claim reimbursement changes and coverage of pharmacist-provided MTM services. Effective April 1, 2017, MSA 17-09 marks one of the largest pharmacy service expansions ever initiated in the Michigan Medicaid population.[3] Several other states, including Wisconsin, Minnesota, and Ohio have covered MTM services for their Medicaid beneficiaries for the past several years, and those programs were evaluated prior to the development of the Michigan Medicaid MTM service delivery model.

This home study will provide an in-depth review of the policies related to the Michigan Medicaid MTM program as described in MSA 17-09. A brief overview of covered services will be provided as well as documentation and billing requirements outlined in the policy. Enrollment in the National Plan and

Provider Enumeration System (NPPES) and the MDHHS Community Health Automated Medicaid Processing System (CHAMPS) as an MTM provider will be briefly described. Lastly, recommendations related to patient identification and care delivery strategies will be discussed.

It should be noted, that per the stipulations outlined in MSA 17-09, all pharmacists must complete an MTM-focused training program prior to the delivery of MTM services. One example of acceptable training noted in the policy is the American Pharmacists Association MTM certificate program titled, **"**Delivering Medication Therapy Management Services**."** The policy also states that Accreditation Council for Pharmacy Education (ACPE) accredited MTM educational programs qualify as acceptable training in order to comply with this policy. Given this, completion of this home study by a pharmacist allows that pharmacist to meet the eligibility requirements for participation in the Michigan Medication MTM program

MEDICATION THERAPY MANAGEMENT SERVICES UNDER MSA 17-09

MSA 17-09 defines MTM services as "face-to-face consultations provided by pharmacists to optimize drug therapy and improve therapeutic outcomes for beneficiaries."[3] Eligible patients enrolled in either fee-for-service (FFS) or any other Medicaid health plan (including managed care programs) are able to receive these services as a "carved-out" benefit reimbursed by Medicaid FFS. Patients who are eligible for MTM services under Medicare Part D are *not* eligible for MTM services under Michigan Medicaid.

It is important to reiterate that these services are *optional* services provided to Michigan Medicaid beneficiaries. This differs significantly from the Medicare Star Ratings program, under which CMS applies pressure to Medicare Part D plans to complete a certain number of CMRs based on the number of beneficiaries eligible for MTM services.[2] As a result, participation in the Part D MTM program may be "optional" for patients, but one could argue that it is not necessarily *optional* for Part D plans and, consequently, their pharmacy providers. Whereas penalties or other negative consequences may occur when patient participation is lacking in a Part D MTM program, no such penalties are tied to Michigan Medicaid's MTM program. Coverage for MTM services under the Michigan Medicaid program began on April 1, 2017. There is no cost-sharing responsibility to Medicaid beneficiaries who choose to participate in these services, which increases the likelihood that this population will pursue access to these comprehensive healthcare services.

Eligible Providers

MTM services under the Medicaid program outlined in MSA 17-09 will be provided exclusively by pharmacists. Direct delivery of MTM services may not be delegated to any other provider, including pharmacy technicians, student pharmacists or other licensed healthcare personnel. Collection of patient information and/or prescription data to assist the pharmacist can be performed by other pharmacy personnel as long as the face-to-face MTM interaction with the patient is performed by the pharmacist.

Pharmacists must obtain a National Provider Identifier (NPI) number and register in the CHAMPS system before performing MTM services for a Medicaid patient. Instructions for obtaining an NPI and enrolling in CHAMPS will be covered later in this program. It is important to note that the pharmacist or

"individual" NPI is classified as a "Type 1" NPI. The pharmacist performing Medicaid MTM services must be affiliated with a participating "Type 2" NPI, which corresponds to any participating facility that can directly bill the Medicaid program through CHAMPS. The eligible Type 2 facilities include pharmacies, Federally Qualified Health Centers (FQHCs), Tribal Health Centers (THCs) and Rural Health Clinics (RHCs). Therefore, pharmacists must be affiliated with one of these four authorized facilities to participate in the MTM program. Reimbursement for these services is issued directly to the facility billing under the Type 2 NPI. The Type 2 facility would then be responsible to provide compensation to the practicing pharmacist as deemed appropriate. The Medicaid program will not issue reimbursement for MTM services directly to a pharmacist.

These limitations placed on billing provider types for the Medicaid MTM program intentionally exclude certain provider types and settings based on the program design. One such exclusion includes the provision of services in inpatient settings. The rationale for this exclusion is based on the assumption that inpatient pharmacists have been providing similar services to improve the quality of care rendered in those facilities and existing compensation models have already bundled payments for these services.

Perhaps the more controversial exclusion is related to pharmacists practicing within a physician group practice. The Medicaid program will not provide reimbursements for MTM services performed in a physician group practice. This decision was made, in part, with the intent that this MTM program be facilitated primarily by *dispensing* pharmacists, or a pharmacist affiliated with the entity that provides medication dispensing services. By taking this approach, the Medicaid MTM program seeks to leverage the providers that interact with patients at the point-of-service when dispensing medications to the patient. Historically, these services have not been reimbursed, so the opportunity to provide care at the point-of-service can enhance the level of care the patient receives from their dispensing pharmacy. Pharmacies located within an FQHC, THC or RHC are eligible for reimbursement under the policy because they maintain the link between the dispensing function and delivery of MTM at the point of service like a traditional community pharmacy. It is worth noting, however, that there is nothing in the policy to prohibit pharmacists from providing MTM services in a physician's office or other ambulatory outpatient facility provided they are affiliated with a qualified pharmacy, health center or clinic who can receive the payment for the service.

Location Requirements

MSA 17-09 clearly outlines the pharmacy practice settings where Medicaid-reimbursable MTM services can be provided. The sites identified in the policy include:

- Ambulatory care outpatient settings
- Clinics
- Pharmacies
- Beneficiary's home (if the beneficiary does not reside in a non-covered services setting)

It is expected that the MTM services be provided face-to-face between the pharmacist and the patient. This consultation must occur in a private or semiprivate patient care area "that is separate from the commercial business that occurs in the setting." This means that MTM services cannot be provided to

patients in the same location where prescriptions are picked up. The requirement for a semiprivate consultation area can be met by meeting with the patient at a separate consultation window that is isolated from the area where pharmacy dispensing transactions occur. Alternatively, if the pharmacy has a separate location where clinical services such as immunizations are conducted, it would be appropriate for MTM services to be provided in the same location.

Regarding services provided in the beneficiary's home: it should be noted that patients residing in non-covered settings do not qualify for home visits. Non-covered services settings include respite care, day care, recreational care, residential treatment, social services, custodial care and services for vocational or education purposes rendered as part of habilitative services. If habilitative services are provided as part of mental health or substance use disorder, these services fall separately under "mental health support services," so it is recommended that pharmacists contact Michigan Medicaid prior to providing home-based services for these patients.[6]

STOP and Reflect

Scenario: John Smith is a Medicaid managed-care beneficiary taking Simvastatin 20mg daily for the management of hyperlipidemia. Would a pharmacist practicing in an FQHC where the patient receives prescription drug services also be able to provide MTM services to John Smith?

Answer: Yes, because John Smith is a beneficiary in a Medicaid health plan who is taking at least one medication for a chronic condition, he is eligible for dispensing services provided by a pharmacist practicing within an FQHC.

Telepractice for MTM Services

In addition to traditional face-to-face services, MSA 17-09 also allows MTM services to be delivered through telepractice when necessary. MTM telepractice should only be provided "in the event that the beneficiary is unable to physically access a face-to-face care setting." The policy defines telepractice as follows:

> *"Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services. Telepractice must be obtained through real-time interactions between the beneficiary's physical location (origin site) and the pharmacist provider's physical location (distant site). Telepractice services are provided to beneficiaries through hardwire or internet connection. It is the expectation that providers and facilitators involved in telepractice are trained in the use of equipment and software prior to servicing beneficiaries. The arrangements for telepractice will be made by the pharmacist. The administration of telepractice services are subject to the same provision of services that are provided to a beneficiary in person. Providers must ensure the privacy of the beneficiary and secure any information shared via telepractice."*[3]

Telepractice MTM services have the same documentation and billing requirements as face-to-face services, but also require the provider to document that the service was provided via telepractice. It is also important to note that telepractice, as described in the policy, does not include services provided by telephone (also referred to as *telephonic* MTM services). CMS provides additional guidance on telepractice for Medicaid recipients on its website. The following excerpt was taken directly from the CMS website with critical elements emphasized with bolded fonts by the authors:

> *"For purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting* ***two-way, real time interactive communication*** *between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum,* ***audio and video equipment****."*[4]

The inclusion of requirements for both audio and video components to the communication helps provide a clear demarcation between telephonic MTM services and MTM services provided through telepractice. CMS also reiterates that telepractice is subject to individual state practice acts. For this reason, it is important to consider the Michigan-specific regulations related to *telehealth* when giving consideration to providing telepractice MTM services (see Figure 1).[5]

Figure 1 – Michigan's Legal Definition of Telehealth[5]

MCL 333.162832

(c) "Telehealth" means the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health or health administration. Telehealth may include, but is not limited to, telemedicine…

Under this definition in the Michigan Public Health Code, MTM services provided through telepractice clearly fall under the definition of *telehealth*. This means that Michigan's requirements for patient consent also apply to these services (see Figure 2).[5] Consent obtained by the pharmacist who provides MTM services through telepractice should be clearly documented and stored with the patient's record. MSA 17-09 requires that the beneficiary's consent be documented by his or her signature and dated for *every* MTM service provided.

Figure 2 – Michigan's Legal Requirement for Obtaining Patient Consent[5]

MCL 333.16284

Except as otherwise provided in this section, a health professional shall not provide a telehealth service without directly or indirectly obtaining consent for treatment. This section does not apply to a health professional who is providing a telehealth service to an inmate who is under the jurisdiction of the department of corrections and is housed in a correctional facility.

Implications for Medication Counseling

It is important to note that this does not change counseling obligations under federal and state regulations for Medicaid patients. Medication counseling is considered a separate service distinct from MTM and is still required under various regulatory requirements.

The Michigan Board of Pharmacy requires pharmacist consultation in R 338.490 of the Board of Pharmacy Administrative Rules (see Figure 3).[5] Traditional counseling services for Medicaid patients must still be provided, per Medicaid policy, but do not meet eligibility requirements for MTM reimbursement.

Figure 3 – Michigan Board of Pharmacy's Requirements for Pharmacist Consultation[5]

R 3.38.490 Professional responsibility; "caregiver defined."

(4) To encourage intended, positive patient outcomes, a pharmacist shall communicate, to the patient or the patient's caregiver, necessary and appropriate information regarding safe and effective medication use at the time a prescription is dispensed. As used in this subrule, "caregiver" means the parent, guardian, or other individual who has assumed responsibility for providing a patient's care. All of the following provisions apply to communicating medication safety and effectiveness information:

(a) The information shall be communicated orally and in person, except when the patient or patient's caregiver is not at the pharmacy or when a specific communication barrier prohibits oral communication. In either situation, providing printed material designed to help the patient use the medication safely and effectively satisfies the requirements of this subrule.

(b) The information shall be provided with each prescription for a drug not previously prescribed for the patient.

(c) If the pharmacist deems it appropriate, the information shall be provided with prescription refills.

(d) The information shall be provided if requested by the patient or patient's caregiver or agent for any prescription dispensed by the pharmacy. This subrule does not require that a pharmacist provide consultation if a patient or a patient's caregiver refuses consultation. This subrule does not apply to prescriptions dispensed for administration to a patient while the patient is in a medical institution.

Additionally, Michigan Medicaid has specific requirements included in the Medicaid Provider Manual on the topic of patient counseling. Figure 4 highlights the key concepts pharmacy professionals must provide from the Medicaid Provider Manual.[6]

These requirements have been included to emphasize the pharmacist's obligations defined in Michigan statute and the Michigan Medicaid Provider Manual are completely separate services from the newly defined MTM services outlined in MSA 17-09. It is important, therefore, that pharmacists make clear distinction between the services provided as part of patient counseling responsibilities and services provided through MTM. The next section will cover additional details about what *does* constitute MTM services for the Michigan Medicaid program.

Figure 4 – Counseling Requirements in the Michigan Medicaid Provider Manual[6]

Section 4 – Counseling Requirements

Pharmacies must follow the counseling requirements mandated in State and Federal statutes and regulations. These requirements do not apply to drugs dispensed in nursing facilities that are in compliance with the drug regimen review procedures specified by the licensing authority.

4.1 Offer to Discuss

For every new prescription presented by the beneficiary, the pharmacy's representative must offer the beneficiary the opportunity to discuss/receive counseling from the pharmacist regarding the new prescription. The offer for counseling must be in a positive, helpful manner. If practical, the offer to counsel must be face-to-face and verbal. Otherwise, it is permissible for the offer to be made in writing or by telephone. Pharmacies are required to provide toll-free access for beneficiary inquiries related to products dispensed. A pharmacist is not required to provide counseling when a beneficiary or representative refuses the offer for counseling.

4.2 Discussion

When the beneficiary (or representative) accepts the offer for counseling, it must be provided by the pharmacist in person (whenever practical) or by telephone and may include written materials. Information must be in a language that can be understood by the beneficiary (or representative) and must include an opportunity for questions.

In addition to discussing interactions with drugs previously dispensed by the pharmacist, the discussion should also include the potential interaction with any other drugs the beneficiary indicates he is taking. The beneficiary (or representative) must be counseled in a confidential manner, consistent with any State or Federal regulations. Federal law requires that the pharmacist must discuss all the items indicated below, and any others deemed significant in the pharmacist's professional judgment. If an interpreter is required, the provider must provide one free of charge.

- The name and description of the medication.
- The dosage form, dosage, route of administration, and duration of drug therapy.
- Special directions and precautions for preparation and use by the beneficiary.
- Common side effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur.
- Techniques for self-monitoring drug therapy.
- Proper storage.
- Prescription refill information.
- Action to be taken in the event of a missed dose.

STOP and Reflect

Scenario: As a pharmacist, you receive a phone call from a Medicaid patient with a question regarding a prescription they recently picked up. You then spend 30 minutes on the phone with the patient reviewing their other medication concerns. Is this time eligible to be billed as an MTM services delivered via telepractice?

Answer: No, MTM services cannot be billed when provided exclusively over the phone. Additionally, providing information as part of counseling services is considered a separate pharmacist responsibility aside from MTM services.

COVERED SERVICES

Covered Disease States

As mentioned previously, MSA 17-09 covers all patients enrolled in a Michigan Medicaid health plan, including fee-for-service and managed Medicaid plans. Patients are eligible for pharmacist-provided MTM services if they are taking at least one medication for a chronic disease. The full list of chronic disease states that would qualify a patient to receive MTM services is shown in Table 1.[3]

Table 1: Chronic Conditions for Medication Therapy Management Benefit Eligibility (MI Medicaid)[3]

Alcohol Use Disorder	Heart Failure
Alzheimer's Disease and Related Disorders or Senile Dementia	Hemophilia
Anemia (Including Sickle Cell Anemia)	HIV
Atrial Fibrillation	Hypertension
Asthma	Ischemic Heart Disease
Bipolar Disorder	Lead Exposure
Cancer (All Inclusive)	Liver Disease, Cirrhosis, and Other Liver Conditions
Cataract	Obesity
Chronic Kidney Disease	Osteoporosis
Chronic Obstructive Pulmonary Disease & Bronchiectasis	Rheumatoid Arthritis/ Osteoarthritis
Cystic Fibrosis	Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders
Deep Venous Thrombosis (while on anticoagulation)/Pulmonary Embolism (chronic anticoagulation)	Stroke/Transient Ischemic Attack
Depression	Substance Use Disorder
Diabetes Mellitus	Tobacco Use Disorder
Glaucoma	Viral Hepatitis

The intervention conducted by pharmacist providers should be tailored to the disease state(s) for which the patient is being treated. Even so, there are several common elements of an MTM service that can be

applied across patient populations. Several suggested components of these services were included in MSA 17-09 when defining MTM services. This home study will delve into each of these components in more detail.

Comprehensive Medication Reviews (Medication Therapy Reviews)

Comprehensive medication reviews (CMRs) are a core component of MTM services delivered under Medicare Part D. These may also be referred to as "medication therapy reviews," (MTRs) according to the literature published by the national MTM Advisory Board.[7] According to the CMS definition, CMRs are defined as follows:[8]

> *"A CMR is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver and/or prescriber. A CMR is an interactive person-to-person or telehealth medication review and consultation conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider and is designed to improve patients' knowledge of their prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements, identify and address problems or concerns that patients may have, and empower patients to self-manage their medications and their health conditions."*

CMRs or MTRs can be summarized as having four steps:

1) Interview the patient and create a database with patient information.
2) Review patient's medication(s) for indication, effectiveness, safety and adherence.
3) Identify and prioritize medication-related problems.
4) Create a medication action plan.

The CMR should be followed by performing appropriate interventions related to the patient's identified medication-related problems and/or referring the patient to another provider.

During the "interviewing" portion of the medication review the pharmacist will gather most of the essential information that must be documented as part of the service. This information includes patient contact, demographics, disease states and the patient's complete medication list. More information regarding these will be discussed in the documentation section of this program.

Identifying and Documenting Medication-related Problems

After the required information has been gathered, a pharmacist must then assess the patient's medication regimen and identify any medication-related problems. While multiple methods for documenting these problems may exist, it is recommended that pharmacists categorize medication-related problems in to the seven classifications below. While categorizing drug therapy problems using this framework is not required at this time, efforts have been made to standardize the types of problems that pharmacists uncover during MTM interventions. The seven classifications presented here

represent the classifications that are used to code these findings in more advanced documentation systems (including CMS's enhanced MTM framework).[10]

1) **Unnecessary drug therapy:** Consider whether the medications that the patient is taking are effective for the indicated disease state. One thing to be mindful of is the addition of medications being used to treat adverse reactions of other therapies. Additionally, keep watch for medications that may have been unnecessarily continued after the patient was discharged from an inpatient setting. This may also include identification of therapeutic duplications.
2) **Needs additional therapy:** If the patient reports a condition that is currently untreated, the patient may require additional drug therapy. Alternatively, if the patient is taking medication for a chronic disease but is not responsive to treatment, additional therapy may need to be added.
3) **Medication not effective:** In some cases, the drug therapy that a patient is currently taking may not be the best choice for his or her condition. In this case, the pharmacist may want to recommend an alternative treatment.
4) **Dose too low:** Even if the patient is on the appropriate medication, he or she may not be receiving an appropriate dose. It is recommended that doses for existing therapy, if appropriate, be optimized before new therapeutic agents are added to the patient's regimen.
5) **Adverse drug interaction:** The patient may report adverse reactions to their medications on his or her own, but pharmacists should also inquire about commonly experienced side-effects for the medication a patient is prescribed. The patient may not be aware that an adverse drug reaction or health condition they are experiencing is secondary to a drug-drug and/or drug-disease interaction.
6) **Dose too high:** Assess whether or not the patient's adverse reaction to a drug is due to the drug itself, or if the medication dosage is potentially too high. The patient may not be aware that he or she is experiencing toxic reactions to a medication, so pharmacists should inquire about any potential adverse effects that would result from inappropriately high drug doses.
7) **Noncompliance with medication regimen:** Noncompliance to drug therapy can be observed by looking at medication claims data. Examine the most recent fill date on a patient's medication and the days-supply of the medication that was issued. If there are possible compliance/adherence issues, investigate the potential causes of these issues during the patient interview.

STOP and Reflect

Scenario: Jane Doe last filled her prescription for Metformin 1000mg BID, quantity 60, forty-five days ago. This information is discussed during the pharmacist's MTM encounter with her. What medication-related problem should be documented in this case?

Answer: Since the patient only received a 30-day supply of medication at her last fill, which was forty-five days ago, the pharmacist should document a medication-related problem of "noncompliance with medication regimen."

Formulation of a Medication Action Plan

The medication action plan should include recommended actions the patient should take following the MTM encounter. Note that the treatment plan is *patient-centered*. Follow-up items that involve coordinating with the patient's other healthcare providers is discussed in a later section.

Medication action plans should consist of specific actions that the patient commits to taking prior to their next follow-up appointment. A copy of any action steps the patient agrees to take should be kept with the patient's MTM documentation so that the pharmacist can follow up on the progress of these action steps at the patient's next appointment.

Patient Education and Resources

Pharmacists are encouraged to provide resources to the patients to help them understand their treatment goals and remember the action steps discussed during the intervention. A copy of the patient's complete medication list and medication action plan should be provided after each MTM encounter. Additional resources specific to each patient's condition(s) may also be helpful to increase the patients' understanding of the importance of their medication regimen. Patients may also benefit from referrals to community resources or support groups that may assist in meeting their healthcare goals.

Health literacy is an important factor to consider when providing educational materials to patients. Most healthcare literature is written at an eighth-grade level however, 20 percent of the population read at or below a fifth-grade reading level. This becomes even more challenging with elderly patients. When developing original resources for patients, it would be advisable to keep this in mind. Make sure that documents are geared toward an appropriate reading-level – between a fifth-grade and eighth-grade reading level. It is also important to affirm that patients have competence in the English language prior to issuing reading materials. If your practice is in an area with a high concentration of non-English speaking patients, it would be appropriate to have educational materials available in other languages.

Provider Recommendations, Referrals and Coordination of Care

Coordinating interventions conducted as part of MTM services will be critical for ensuring continuity of care across providers in the health system. In the current healthcare delivery model, the patient is put in the position of being the intermediary between their providers. For example, if a patient sees a specialist for one of their chronic conditions, the patient is frequently given the responsibility of communicating the actions of the specialist provider back to their primary care provider. The pharmacist, as the professional who provides medications to the patient, is in a unique position to relay information regarding the patient's medications to their entire healthcare team.

For this reason, it is important that MTM providers have a standard procedure for communicating the information generated as part of the MTM service to the patient's other healthcare providers. This communication can be made through multiple channels. A common method of communicating with prescribers is through fax-based transmissions. These same mechanisms can be applied to

communicating MTM information. Secure, electronic-based communication mechanisms are becoming more accessible to pharmacists, and information related to MTM services are exactly the kind of vital information that would be appropriate to transmit to prescribers electronically.

Regardless of the method chosen to communicate information related to MTM encounters, it is important that pharmacists inform other healthcare providers that they now have a mechanism for meaningful interactions with Medicaid patients. Pharmacists who are seeking to implement a Medicaid MTM program are advised to reach out to prescribers who are involved in the care of Medicaid beneficiaries in their area. Pharmacists should introduce themselves and educate other providers as to the type of services they provide. To take this one step further, pharmacists could ask prescribers about what information they would find most valuable for the care of mutual patients. These efforts form strong community connections that result in more integrated and more effective delivery of coordinated healthcare.

In addition to providing information obtained subsequent to MTM encounters, pharmacists can also leverage connections in the greater healthcare community to obtain referrals for patients who would benefit from pharmacist services. Providers who interact with patients on a more frequent basis such as community health workers and social workers should be educated on the opportunities pharmacists provide for improved healthcare services. For many professionals who conduct home visits for patients, assessment of a patient's medication regimen is a standard component of the services they provide. If pharmacists can establish a relationship with these providers to obtain relevant medication information, or establish a process for referral to a pharmacy when a medication-related problem emerges, this could result in overall improved quality of care for the patient.

Monitoring Patient Outcomes and Responsiveness to Therapy

Pharmacists are encouraged to regularly assess their patients for responsiveness to medication therapy. This type of intervention is very specific to the individual diagnosis of each patient. For example, patients with a diagnosis of hypertension should have their blood pressure taken at each MTM encounter. Patients with diabetes or hyperlipidemia may benefit from having the pharmacist assess their A1c or cholesterol levels during an MTM encounter. Assessment models exist for disease states ranging from depression and substance dependence to asthma and COPD. Although specific therapeutic recommendations for individual disease states are not covered in this home study, it is recommended that pharmacists pursue additional education related to assessments relevant to the disease experienced by the patient population they treat.

DOCUMENTATION AND BILLING

Documentation of MTM services must be made readily available to MDHHS upon request. This documentation, along with any other relevant information regarding these services, may be collected by MDHHS on an annual basis for the purpose of program evaluation. It's important to utilize a documentation system that is conducive to collating the MTM data should it become necessary.

Mandatory Documentation Requirements

MSA 17-09 lays out very specific documentation requirements that must be retained for each MTM service provided (see Table 2). Please note, that the *minimum* documentation requirements are listed in this section. This does not include any disease-specific or service-specific documentation components that a pharmacy's internal policy may require in addition to the requirements set by the policy.

As mentioned previously, beneficiary consent for the MTM service must be obtained for *each* MTM service provided. This means that the patient's signature is required as a regular part of service delivery. Special consideration should be given when the pharmacist is providing MTM services through telepractice. If the beneficiary is under 18 years of age, or has physical/cognitive impairments that prevent the beneficiary from managing his or her own medications, a caregiver may provide written consent on the beneficiary's behalf.

Each pharmacist providing services under the MTM program must obtain their own individual NPI. This is referred to as a "Type-1 NPI." The process for obtaining an NPI will be discussed later in this program. In addition to listing the applicable Type-1 NPI, the pharmacist must also list the NPI for the pharmacy for which they are providing the service. This is known as a "Type-2 NPI." For pharmacists providing MTM services on behalf of FQHCs, THCs or RHCs, it is required that the pharmacist list the NPI for the location where they are practicing when performing the MTM service. It is important to note that the Type-2 NPI listed will be the *billing NPI* for the service. Consequently, it is highly important that the correct Type-2 NPI be included in the service documentation.

Table 2 – Minimum MTM Documentation Requirements[3]

BENEFICIARY INFORMATION
Name, Address and Telephone Number
Medicaid Identification Number
Gender
Date of Birth
Beneficiaries consent for the MTM service (indicated by the beneficiary's signature and date)
PHARMACIST AND PHARMACY INFORMATION
Name
Pharmacist National Provider Identifier (NPI)
Pharmacy Name and NPI
SERVICE AND OTHER PATIENT INFORMATION
Date of Service
Place of Service
Indication of how the beneficiary meets the criteria to receive an MTM service
Indication of initial assessment or follow-up assessment
Patient's Current Medical Conditions
Patient Drug Allergies
Primary Physician and Contact Information

The “place of service” is the physical location of the pharmacist who is providing the MTM service. The “Indication of how the beneficiary meets the criteria to receive an MTM service,” requirement could simply include an attestation that the patient is receiving drug therapy for at least one eligible chronic disease state. A patient’s current medical condition(s) should be documented using the appropriate ICD-10 diagnosis codes. This topic will be covered in greater detail in a later section.

Additional Documentation Requirements

MSA 17-09 suggests other information applicable to the intervention performed also be documented as part of the MTM service. Suggested documentation includes:

- Date of documentation
- Location of beneficiary if service is provided through telepractice
- Time spent with beneficiary (recorded in 15 minute intervals up to 1.25 hours)
- Resolved (i.e., historical) medical conditions
- Complete medication and medical device list
- Alcohol and tobacco use history
- Environmental factors that impact the beneficiary
- Assessment of drug problems identified
- Description of what was discussed with the beneficiary during the assessment
- Indication of whether information was communicated to the beneficiary’s primary care provider(s)

Although the policy does not specify documentation conventions for each of these areas, best practices for documentation of these elements have been established by the Medicare Part D program and other organizations.

Complete Medication and Medical Device List: The Medicaid program specifies that all of the following should be included in the patient’s complete medication list:

- All prescription drugs, along with prescriber information
- List of drugs, strengths, dosages, , directions and intended use
- Nonprescription drugs with their indications
- All relevant medical devices
- All dietary supplements and herbal products

The specific format in which this is recorded may vary based on the practice’s systems and documentation forms. Templates may also be acquired through free online resources that can assist pharmacists who are developing their own documentation platforms. Information related to a prescription’s date of last fill and fill quantity may also be valuable for tracking adherence-related outcome metrics.

Figure 5: Sample Medication Record

Sample Medication Record

Medication Name	Strength	Directions	Indication	Prescriber	Last Fill	Qty

Copies of a patient's complete medication list may be helpful for patients on large numbers of medications. In addition to issuing a copy of the medication list to the patient, it is also recommended that a copy of the medication list be transmitted to other healthcare providers involved in the patient's care, especially the primary care physician.

Documenting Alcohol and Tobacco Use History: Specific documentation requirements have been put into place by CMS related to documentation of alcohol and tobacco use history. Patient classifications for tobacco use history include:[11]

(1) Current every day smoker
(2) Current some day smoker
(3) Former smoker
(4) Never smoker
(5) Smoker, current status unknown
(6) Unknown if ever smoked
(7) Heavy tobacco smoker
(8) Light tobacco smoker

Quantitatively, the length of tobacco use is recorded in "pack years." A pack year is defined as 20 cigarettes smoked every day for one year. Depending on the nature of tobacco use, pack years may be difficult to determine, but online tools (e.g., http://www.SmokingPackYears.com/) may be used to assist in the calculation if necessary.

Documentation of alcohol use history should indicate the type, amount and frequency of alcoholic beverage consumption. For example, a patient that reports drinking a single glass of wine daily would be reported as having "one drink, seven days per week." Patients may have difficulty in reporting their alcohol use in these terms. In this instance, pharmacists should ask "on average" how many days per week the patient consumes alcohol and "about how many" drinks they have on those days.

Environmental Factors Impacting Patients: A variety of environmental factors can play a role in determining a patient's health. These factors, by their very nature, are highly dependent on the individual patient and their diagnosis. For example, if a patient has a respiratory disorder such as asthma or COPD, it is important to consider environmental exposure to second-hand smoke. While there are a multitude of factors that could be considered relevant to a specific patient, here are a few of the factors that should be considered:[12]

- **Income and socioeconomic status:** Given that all patients participating in this program are Medicaid-enrolled, socioeconomic challenges should be expected with this population. Specifically, pharmacists should address the affordability of medications and medical services. Over-the-counter (OTC) medications may be particularly inaccessible to these patients. Additionally, access to healthy foods or common avenues for lifestyle modifications such as gym memberships are of particular concern with this population.
- **Education:** According to the World Health Organization, low education levels are linked with greater levels of stress, lower self-confidence and poor health outcomes. Education level also needs to be considered when counseling a patient on their medication use and when providing educational materials.
- **Physical environment and housing:** A variety of factors in a patient's physical environment can impact health outcomes. Secondary exposure to smoke or exposure to other harmful chemicals can negatively impact patients with respiratory conditions. Lack of safe or consistent housing can have a significant impact on patients with psychological disorders.
- **Social support networks:** Access to supportive family, friends or other sources of social connection has been linked to better health outcomes, and adequate support systems are essential components to recovery for many health conditions such as tobacco, alcohol, or substance abuse and dependence.
- **Genetics and family history of disease:** Many chronic health conditions have a hereditary component. With this in mind, documenting the history of disease for a patient's biological, nuclear family can provide insight into a patient's current health status and can be used to identify conditions for which the patient may be at risk of developing in the future.
- **Transportation and access to medical services:** Patient's with transportation issues, or those who do not have immediate access to healthcare services, are at risk of poorer health outcomes. Transportation could be a barrier to medication adherence, and could also prevent a patient from accessing preventative health services.
- **Gender, gender-identity and sexual orientation:** A patient's gender is a significant factor in determining individual risk for certain disease states. Additionally, patients facing challenges with gender-identity or sexual orientation in their current social environment may experience feelings of isolation which contribute significantly to their potential of developing psychological disorders.
- **Adherence barriers:** While these factors may be documented under "medication-related problems," if barriers to medication adherence are environmentally focused, they should be documented as an environmental factor as well. Environmental barriers to adherence can include many of the aforementioned environmental factors, but certain patients may have unique barriers that impact their ability to receive pharmaceutical care.

Summary of the Patient Encounter: Some documentation platforms may have specific ways to document summaries of a patient encounter. It is a standard convention to organize observations from a patient encounter into a "SOAP note" format:[8]

- **Subjective observations:** This includes patient-reported information. This would include any information regarding the patient's medical history or current condition that cannot be verified through other sources.
- **Objective observations:** This includes any validated medical information pertaining to the patient (e.g., lab values, known allergies or confirmed diagnoses). This also includes professional observations made by the pharmacist during the interview or physical assessment such as blood pressure.
- **Assessment:** The assessment section should be broken down into a problem list. It is recommended that problems be placed into the context of the categories covered previously in the "Medication-Related Problems" section.
- **Plan:** The plan section consists of action items tied to the problems noted in the assessment section as well as general recommendations related to disease state monitoring or communications that will be transmitted to the patient's other healthcare providers.

Use of ICD-10 Diagnosis Codes

Documentation of MTM services for Michigan Medicaid beneficiaries requires pharmacists list at least one qualifying ICD-10 diagnosis code when billing. Up to five ICD-10 diagnosis codes can be listed per patient. A full list of eligible ICD-10 codes is included in Appendix 1**.**

When electronic prescribing is used to transmit a prescription, the ICD-10 code corresponding to the medication's indication is frequently included in the message. Accessing this information will depend on how your pharmacy software vendor has configured your system. Consult your vendor for details on how to access ICD-10 codes embedded in electronic prescriptions. If your pharmacy is equipped to receive admission-discharge-transfer (ADT) messages, the ICD-10 code related to a patient's recent hospitalization is incorporated into the ADT message. If the ICD-10 code is not readily available, the pharmacist may find it necessary to consult the prescriber or the patient's health plan.

Documenting the correct ICD-10 code is vital to ensuring continuity of care, particularly for patients who have been recently discharged from a health-system. This will also be an important data point when evaluating the outcomes and overall efficacy of the services provided by the pharmacy. Additional information on the analysis of service outcomes will be covered later in this home study.

Billing through CPT Codes

Billing for Medicaid MTM services is done utilizing Current Procedural Terminology (CPT) Codes in the CHAMPS platform. It is important to note that processing claims through this system is significantly different from the processing of prescription claims. Pharmacy is unique in that prescription claims processing occurs in real time when prescription claims are submitted to a pharmacy benefit. Medical claims processing operates on a significantly different, and more delayed, timeframe.

The first thing that pharmacies need to establish is a mechanism for submitting claims to the CHAMPS billing system. While there are vendors that have the capability of submitting these claims automatically

through conventional workflows, CHAMPS also allows for manual submission of claims through their pharmacy portal. The CHAMPS billing system will be discussed later in this program.

CPT codes for the MTM services are shown in Table 3 below. The type of coding is important both for the purpose of determining adequate reimbursement, but also for the determination of the nature of each encounter.

Table 3 – CPT Codes for Billing of MTM Servies[3]

CPT Code	Service	Reimbursement Rate
99605	Initial assessment performed face-to-face with a beneficiary in a time increment of up to 15 minutes	$50
99606	Follow-up assessment of the same beneficiary in a time increment of up to 15 minutes	$25
99607	Additional increments of 15 minutes of time for 99605 or 99606	$10

The code to bill for the initial MTM encounter (99605) can be billed once per calendar year per patient. The code for follow-up visits after the initial encounter (99606) can be billed up to seven times per year. Recognizing that not all MTM encounters can be fulfilled within 15 minutes, codes 99607 can be submitted up to four times per encounter for each additional 15 minutes spent with the patient (up to one hour and 15 minutes in total). Note that additional time spent with patients beyond the first 15 minutes should be justified in the documentation of the MTM encounter.

CHAMPS Enrollment and Utilization

Most pharmacies are likely familiar with the CHAMPS enrollment process as it is required for participation in the Michigan Medicaid Program. However, there are certain nuances pertaining to enrollment as an MTM provider that pharmacists should be made aware of.

Obtaining a National Provider Identification (NPI) Number

As pharmacists typically do not bill directly for their services, it is likely that many pharmacists have not yet acquired their own individual NPI numbers. This process is performed free of charge. To obtain an NPI, a pharmacist must go to the National Plan and Provider Enumeration System (NPPES) website (https://nppes.cms.hhs.gov/NPPES/). Upon reaching the website you will have to create a login to continue with the registration process (see Figure 6).

By clicking the "Create a Login" link you will be directed to a series of screens that will guide you through the application process. In this process you will be asked to create a user ID and password, along with a series of security questions. When you get to the screen where you indicate your provider type, you should indicate that you are a "sole proprietor" as you are registering for a personal NPI as an individual.

Figure 6 – Registration for the NPPES Website

How to apply for an NPI

Individual Providers:

As an Individual Provider, you may only have a single NPI, which will be associated with your unique, individual information. Once you login to NPPES, you will be able to complete your NPI application.

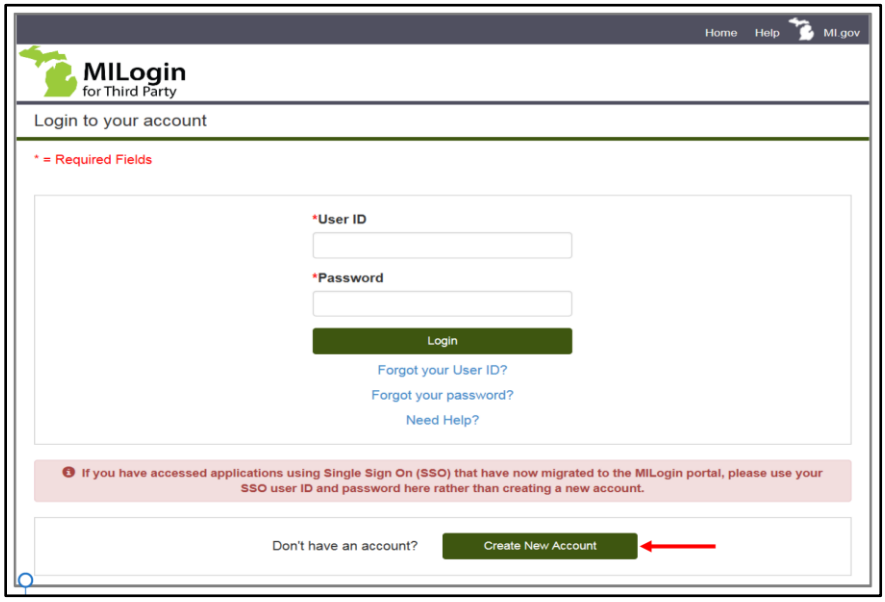
1. Create a Login through the Identity & Access Management System (I&A).
2. Login to NPPES with your I&A Username and password.
3. Complete the NPI application. *Estimated time to complete the NPI application form is 20 minutes.*

Registering in CHAMPS[13]

At the time of this publication, details regarding the use of CHAMPS as a documentation system for pharmacist-provided MTM services have yet to be released. However, beginning April 1, 2017, the process for pharmacist registration as MTM service providers in the CHAMPS system will be available. To register as a provider in CHAMPS, a pharmacist must do the following:

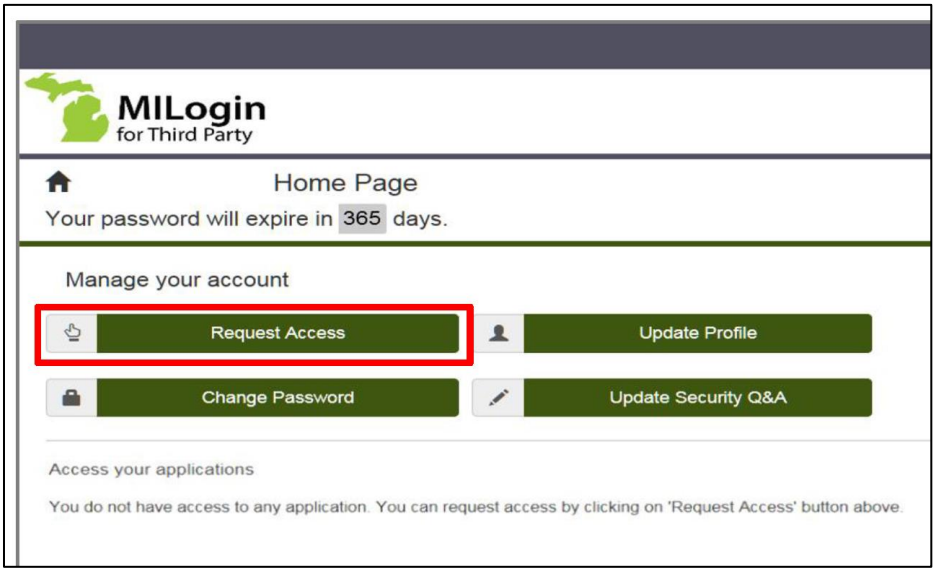
Pharmacists must create an account on the MILogin platform if they have not previously done so. Pharmacists who currently access the Michigan Care Improvement Registry or the Michigan Automated Prescription System may already have registered with the MILogin platform, which is the updated version of Michigan's Single Sign-on System. For pharmacists who have not yet registered in the MILogin system, go to https://milogintp.Michigan.gov and select "Create New Account" (see Figure 7).

Figure 7 – MILogin Portal



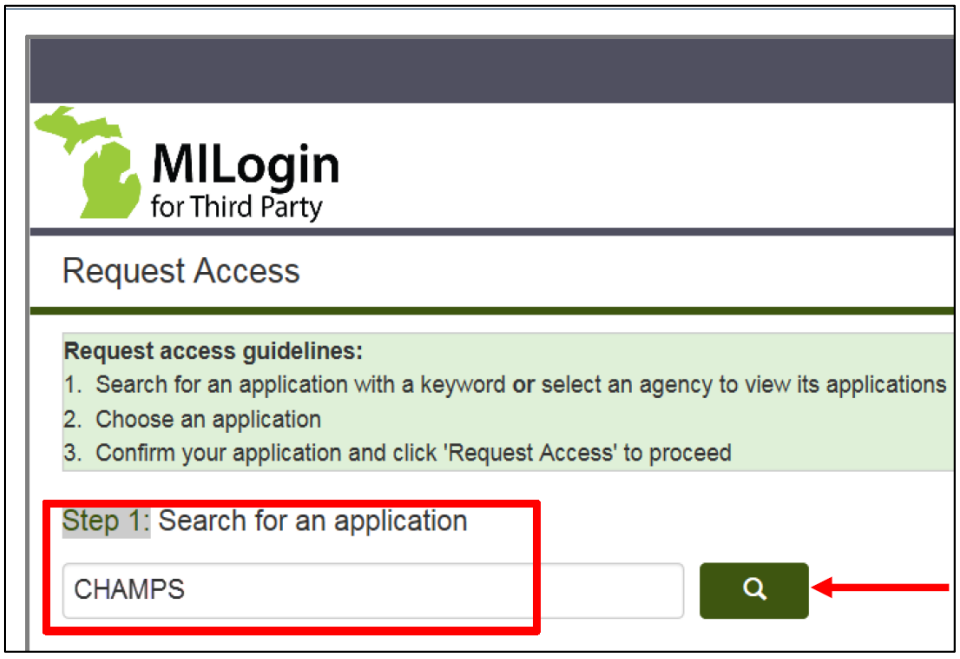
After creating an account with MILogin, pharmacists can then request access to the CHAMPS application as shown in Figure 8.

Figure 8 – Request Access to the CHAMPS application through MILogin



Upon reaching the next screen (see Figure 9), type in "CHAMPS" into the "Search for an application" field.

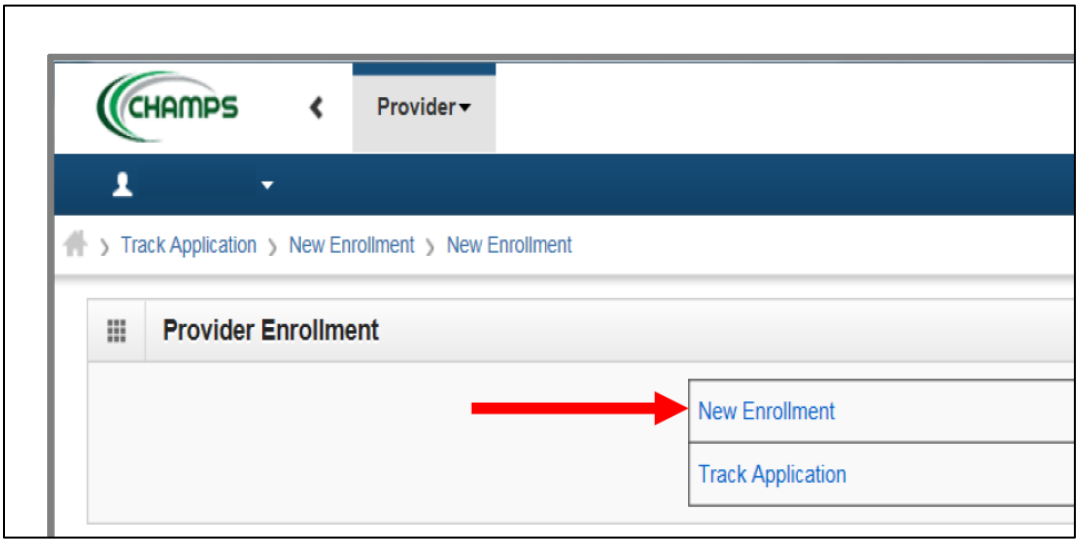
Figure 9 – Search for an Application in MILogin



On the next screen, pharmacists will want to select the "Regular Individual/Sole proprietor…" option, similar to the option chosen when registering for a NPI. On the next screen, fill in the appropriate

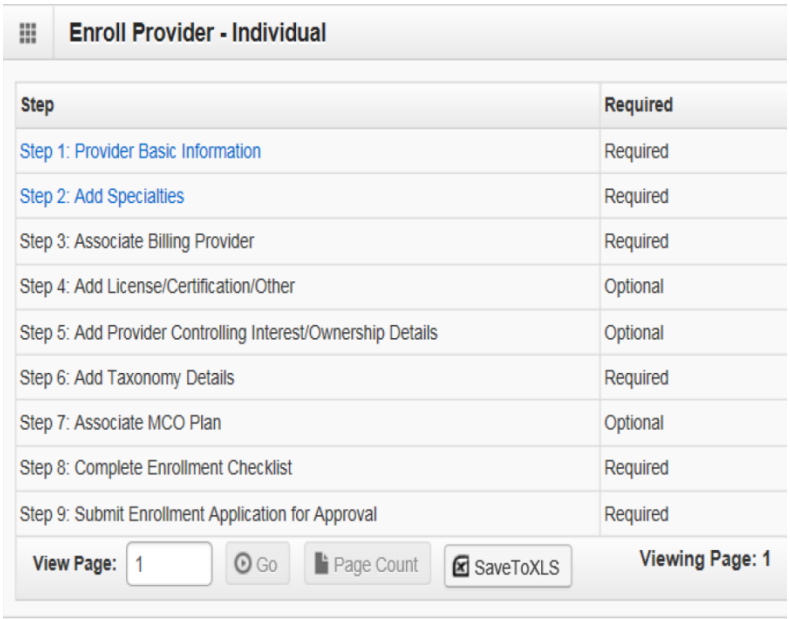
contact information and select the application type of "Rendering/Servicing Only." After submitting this information, pharmacists will be brought to a screen that shows their Application ID. This number should be recorded and used to track the status of the enrollment application. Without this number, the application cannot be accessed and the information will be deleted. It may take up to 30 days for the state to review an application. Pharmacists planning to participate in the Medicaid MTM program should submit an application as quickly as possible to avoid billing delays.

Figure 10 – Selecting "new enrollment" from the initial CHAMPS login screen



After this, Step 2 will become available in the provider enrollment window (see Figure 11).

Figure 11 – Steps in the CHAMPS Enrollment Process



Progress through each screen by clicking the title of each step once the titles turn blue in the window which indicates that the hyperlink is now active. Note that after the completion of Step 2, all other steps will become selectable. The critical information for each of the remaining steps is covered in Table 3.

Table 4 – CHAMPS Enrollment Steps

Step	Status	Tips for Completion
Step 2: Add Specialties	Required	• Click Add to enter Specialty Information. • Select "NON-PHYSICIANS" as the Provider Type. • Select "Pharmacist" as the specialty. • In the Subspecialty window, highlight "Medication Therapy Management" and click » to associate that subspecialty with your application. • Click OK to continue. • On the next screen, click Primary Specialty. • Select the "Non-Physician/Pharmacist/MTM" option you just created and select Save.
Step 3: Associate Billing Provider	Required	• Click Add to enter Billing Provider Information. • Under Type, select "NPI from the dropdown." • Under ID, enter the NPI of the pharmacy or facility which will be primarily billing for your services. • Under Start Date, enter the date of the application. • Click Confirm Provider and then OK to continue. • Repeat this process until all billing providers have been added and then click CLOSE.
Step 4: Add License/ Certification/Other	Optional	• Click Add to enter Specialty Information. • Select either "State Professional License" or "Board Certificate" and add the required information. • Click Confirm License/Certification/Other and then OK to continue. • Repeat this process until all licenses or certifications have been added and then click CLOSE.
Step 5: Add Provider Controlling Interest/ Ownership Details	Optional	• It is recommended that this step be skipped for pharmacists enrolling in the system.
Step 6: Add Taxonomy Details	Required	• Click Add to enter Taxonomy Information. • Enter "**183500000X**" – which is the Taxonomy code for "Pharmacy Service Provider, Pharmacist" and enter the date of the application as the Start Date. • Click Confirm Taxonomy and then OK to continue. • Repeat this process as necessary to add additional taxonomies as required and then click CLOSE.

Step 7: Associate MCO Plan	Optional	• It is recommended that this step be skipped for pharmacists enrolling in the system.
Step 8: Complete Enrollment Checklist	Required	• Complete all questions with Yes or No. • If you answer "Yes" to any question on this screen, you will be required to provide comments in the comment section next to the question. • Click  to continue.
Step 9: Submit Enrollment Application for Approval	Required	• Click NEXT to submit the enrollment application. • Check the box which states, "By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement." • Click  to continue with the application submission. • If processed correctly, you will receive a message that states your application was successfully submitted and a reminder to make note of your application number for tracking purposes.

PATIENT CARE AND SERVICE DELIVERY STRATEGIES

Patient Selection and Targeting

Although eligibility for MTM services under the Michigan Medicaid program is comparatively broad, certain patient populations may respond better to MTM-related interventions. In addition to identification of patients who are taking at least one medication for a chronic disease or chronic health condition, the American Pharmacists Association suggests prioritizing:[7]

- Patients who have experienced a transition of care resulting in a medication regimen change
- Patients receiving care from more than one prescriber
- Patients taking five or more chronic medications (including OTCs and dietary supplements)
- Patients who have laboratory values outside of the normal range which may be improved through improved medication use
- Patients who have demonstrated nonadherence to medication
- Patients who have reported adverse reactions to medications
- Patients taking high-risk medications

When targeting patients for MTM interventions, remember that patients eligible for MTM services under Medicare Part D *are not eligible* for MTM services through Michigan Medicaid.

Explaining the Service to Patients

Having never had the opportunity to receive pharmacist MTM services previously, it should be expected that most Michigan Medicaid beneficiaries will be unaware of the benefits of these services. Pharmacists

must be prepared to promote their services to patients and be able to identify how MTM services are different from consultation received when receiving prescription dispensing services.[8] One method of identifying eligible patients for this service is to run a report of eligible patients based on prescription dispensing records. Educational materials introducing the service can then be specifically issued to patients the next time they receive a prescription at the pharmacy.

In promoting the service, pharmacists should reiterate that these services include a private, one-on-one consultation to review *all* of the patient's medications and that patients should expect the sessions to be at least 15 minutes in length. If pharmacists find that most interventions take longer than 15 minutes, promoting a range of time (e.g., 15-30 minutes) would be appropriate to help manage patient expectations. It would also be important to emphasize MTM services are provided with no out-of-pocket costs to the Medicaid patient.

Leveraging Community Partnerships

As noted previously, communication with a patient's other healthcare providers is a core part of documentation expectations for the Medicaid MTM services program.[3] In addition to providing information related to a patient's MTM encounter, forming partnerships with other healthcare providers in the community can serve as a source of referrals *to* the pharmacy for MTM services. Make sure that providers in the community are aware that pharmacies offer these new services by issuing communications to local physicians, community health centers or local health departments. Include materials that explain the service, the benefits of MTM and ways in which MTM can be used to improve patient outcomes overall.

PROGRAM SUMMARY AND RECOMMENDATIONS

The Michigan Medicaid pharmacist-provided MTM services program has the potential to significantly improve the quality of care and healthcare outcomes of Medicaid beneficiaries. Eligible beneficiaries include all patients who are enrolled in a Michigan Medicaid health plan (both fee-for-service and managed care) and are taking medication(s) for at least one chronic medical condition. This home study has reviewed the list of eligible chronic conditions (see Table 1) and a complete list of ICD-10 diagnosis codes for these eligible conditions has been included in Appendix 1. Pharmacists should review the documentation requirements and take steps to develop a documentation methodology consistent with the requirements and recommendations for the program. Pharmacists should also develop marketing materials to introduce these new services to eligible patients as well as the other healthcare providers in their communities.

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SELF-ASSESSMENT QUESTIONS

1. Which of the following is *not* one of the approved locations where MTM services can be delivered under the Michigan Medicaid program?
    a. Ambulatory care outpatient settings
    b. Emergency rooms
    c. Clinics
    d. Pharmacies

2. Which of the following statements is true regarding provider eligibility?
    a. Only pharmacies can submit claims for Michigan Medicaid MTM services
    b. Telephonic MTM services are reimbursable under Michigan Medicaid
    c. Pharmacists must register in CHAMPS with their own personal NPI prior to billing for MTM services for Michigan Medicaid
    d. All of the above are true

3. Which of the following statements is true regarding telepractice?
    a. CMS requires that telepractice be conducted through a real time, two-way interaction between a patient and a practitioner at a distant site
    b. Telepractice must include, at minimum, audio and video equipment
    c. Telehealth includes the use of electronic information technologies to support long-distance clinical healthcare
    d. All of the above are true

4. Which of the following statements is true regarding Michigan Medicaid Counseling requirements?
    a. Counseling is not required for Michigan Medicaid beneficiaries
    b. Pharmacists must offer to counsel on every new prescription for Medicaid beneficiaries
    c. Counseling on Medicaid prescriptions counts as MTM services
    d. All of the above are true

5. A patient taking medication for which of the following disease states is eligible to receive MTM services through Michigan Medicaid?
    a. Alcohol Use Disorder
    b. Heart Failure
    c. Obesity
    d. All of the above

6. Which of the following accurately describes Comprehensive Medication Reviews (CMRs)?
    a. A CMR is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, and creating a plan to resolve them with the patient, caregiver and/or prescriber
    b. CMRs may only be done through face-to-face interventions and may not be conducted through the use of telecommunication technologies
    c. CMRs must be provided on the first fill of any medication to all Michigan Medicaid beneficiaries
    d. All of the above are true

7. Which of the following *is not* one of the seven classifications presented in this home study for classifying medication-related problems?
    a. Unnecessary drug therapy
    b. Adverse drug interaction
    c. Adherence barrier present
    d. All of the above are appropriate classifications for medication-related problems

8. Which of the following is considered a required documentation component for Michigan Medicaid MTM services?
    a. Name, address and telephone number of the beneficiary
    b. Pharmacist and pharmacy names and NPIs
    c. Date and place of service
    d. All of the above are required documentation elements

9. Which of the following is recommended to be included in documentation of Michigan Medicaid MTM services?
    a. List of all pharmacy providers within the last 12 months
    b. Average time patient spends at the pharmacy each week
    c. Alcohol and tobacco use history
    d. All of the above are recommended to be included in MTM documentation

10. Which of the following should *not* be included in the patient's complete medication and medical device list?
    a. OTC and homeopathic products being used by the patient
    b. Vitamins and dietary supplements
    c. Home gym equipment
    d. All of the above should be included on the complete medication and medical device list.

11. Which of the following is *not* considered a relevant environmental factor that could impact a patient's healthcare?
    a. Income and socioeconomic status
    b. Physical environment & housing
    c. Genetics & family history of disease
    d. All of the above are considered to be relevant environmental factors.

12. Which of the following is true?
    a. Subjective observations include readings taken by the pharmacist during a physical assessment.
    b. Objective observation includes any information reported by the patient during the patient interview.
    c. The "Assessment" portion of a SOAP note should be broken down into a problem list.
    d. All of the above are true.

13. Using Appendix 1 as a reference, which of the following is a correct ICD-10 diagnosis code for alcohol-induced sleep disorder?
    a. D500
    b. F1010
    c. G309
    d. F10182

14. Which of the following CPT codes is correctly matched with its description?
    a. 99605 – Additional increments of 15 minutes of time for 99606 or 99607.
    b. 99606 – Initial assessment performed face-to-face with a beneficiary in a time increment of up to 15 minutes.
    c. 99607 – Follow-up assessment of the same beneficiary in a time increment of up to 15 minutes.
    d. None of the above is correct.

15. Which of the following is *not* considered a required step in the CHAMPS enrollment process?
    a. Step 2: Add Specialties
    b. Step 3: Associate Billing Provider
    c. Step 5: Add Provider Controlling Interests/Ownership Details
    d. All of the above are considered to be required steps in the enrollment process.