

UT Medicaid Medication Therapy Management (MTM) Policy Proposal

I. Background

- MTM is correlated with improving clinical outcomes in Medicaid patients with chronic conditions such as hypertension, diabetes, hyperlipidemia, and asthma¹
- Studies indicate that MTM can save thousands of dollars per Medicaid patient per year, for some programs up to \$1,595 per patient per year²
- In the 2020 FFY, the Fee-for-Service DUR Annual Report listed a total of 10 Medicaid states have MTM program established (Florida, Michigan, Minnesota, Mississippi, Missouri, North Dakota, Oklahoma, Tennessee, Vermont, Wisconsin)²

II. Proposal

A. Pharmacist Eligibility

- Is licensed as a pharmacist in the state of Utah
- Has enrolled as a provider with Utah Medicaid using an individual NPI number

B. Patient Eligibility

- Medicaid-enrolled adult and pediatric patients
- Is in an outpatient setting (not inpatient or a long term care facility)
- Is not eligible for Medicare Part D
- Is taking at least 3 medications to treat or prevent at least 1 chronic disease

C. Documentation Requirements

- Patient information must include:
 - Patient's full, legal name
 - Date of birth
 - Gender
 - Telephone number
 - Address
 - Current and past medical conditions
 - Allergies
 - Primary physician and contact information
 - Date of appointment
 - Time spent with the patient
- Medication list that includes all prescription and non-prescription medications, including vitamins, supplements, and herbal products
- Overall evaluation of the patient's medication regimen as well as any specific concerns or drug-related problems outlined in the [Utah Medicaid Medication Therapy Management Program Encounter Guidance](#)
- Written plan (Patient/Provider MTM Summary Reports), including goals and actions, needed to resolve issues of current drug therapy, which will be provided to the patient and applicable provider within 2 business days of the encounter
- Evaluation of success in meeting goals of medication treatment plan

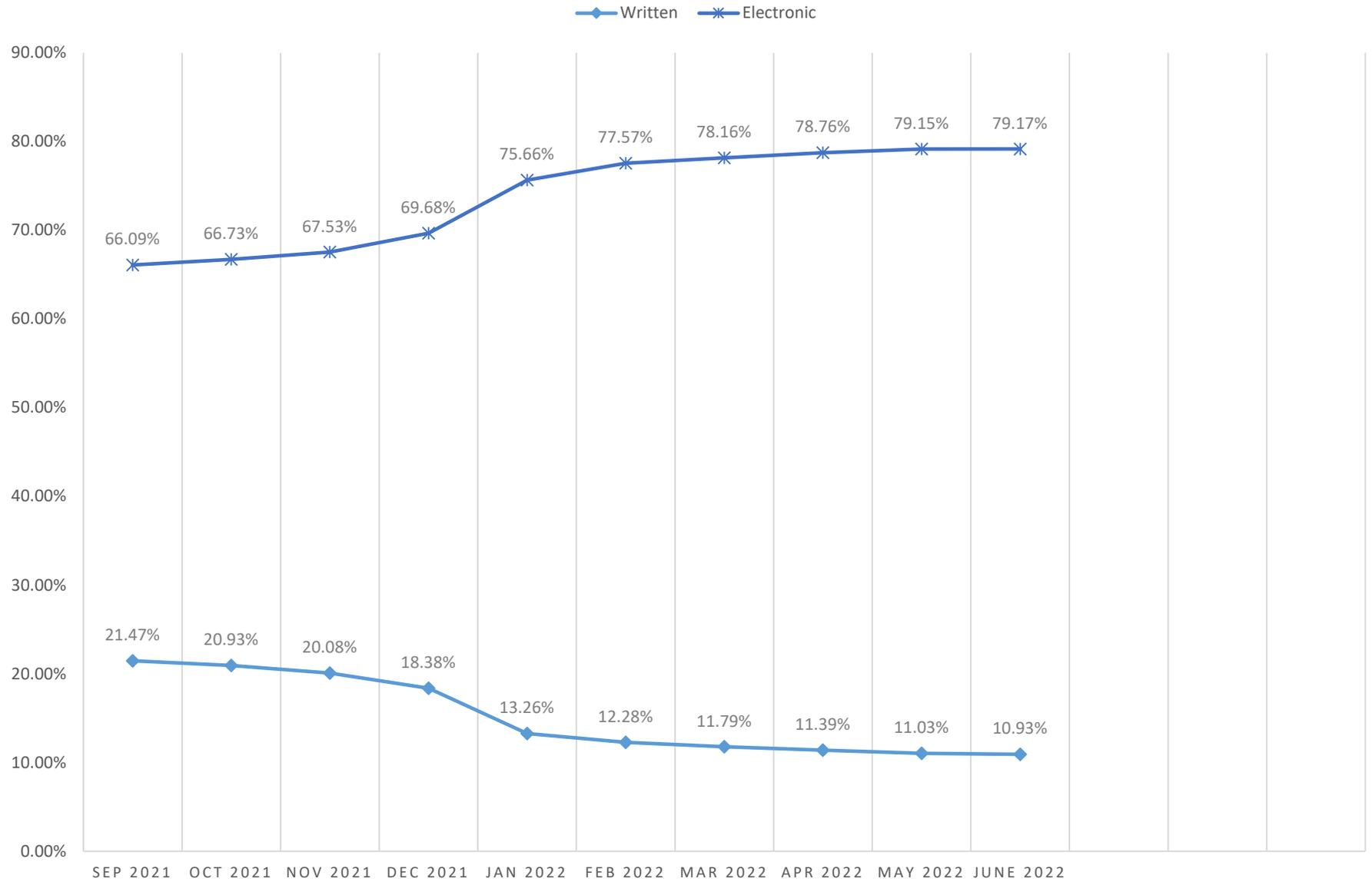
- Coordination, follow-up, and integration activities within the broader healthcare management services being provided to the patient
 - Providers must be contacted by phone for all interventions that require immediate attention, and all written and verbal communication must be documented in the patient’s MTM record.
 - MTM Documentation shall be maintained for a period of five years
- D. Requirements for Covered Services
- The MTM encounter is conducted one-on-one with the patient or caregiver (e.g., caretaker relative, legal guardian, power of attorney, licensed health professional)
 - MTM encounters must be conducted face-to-face
- E. Encounter Limits
- One initial encounter and three follow-up encounters will be covered per Medicaid patient in a 365-day period
- F. Billing

CPT code	Description	Reimbursement
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	\$53.48
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	\$32.94
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes	\$16.68

III. References

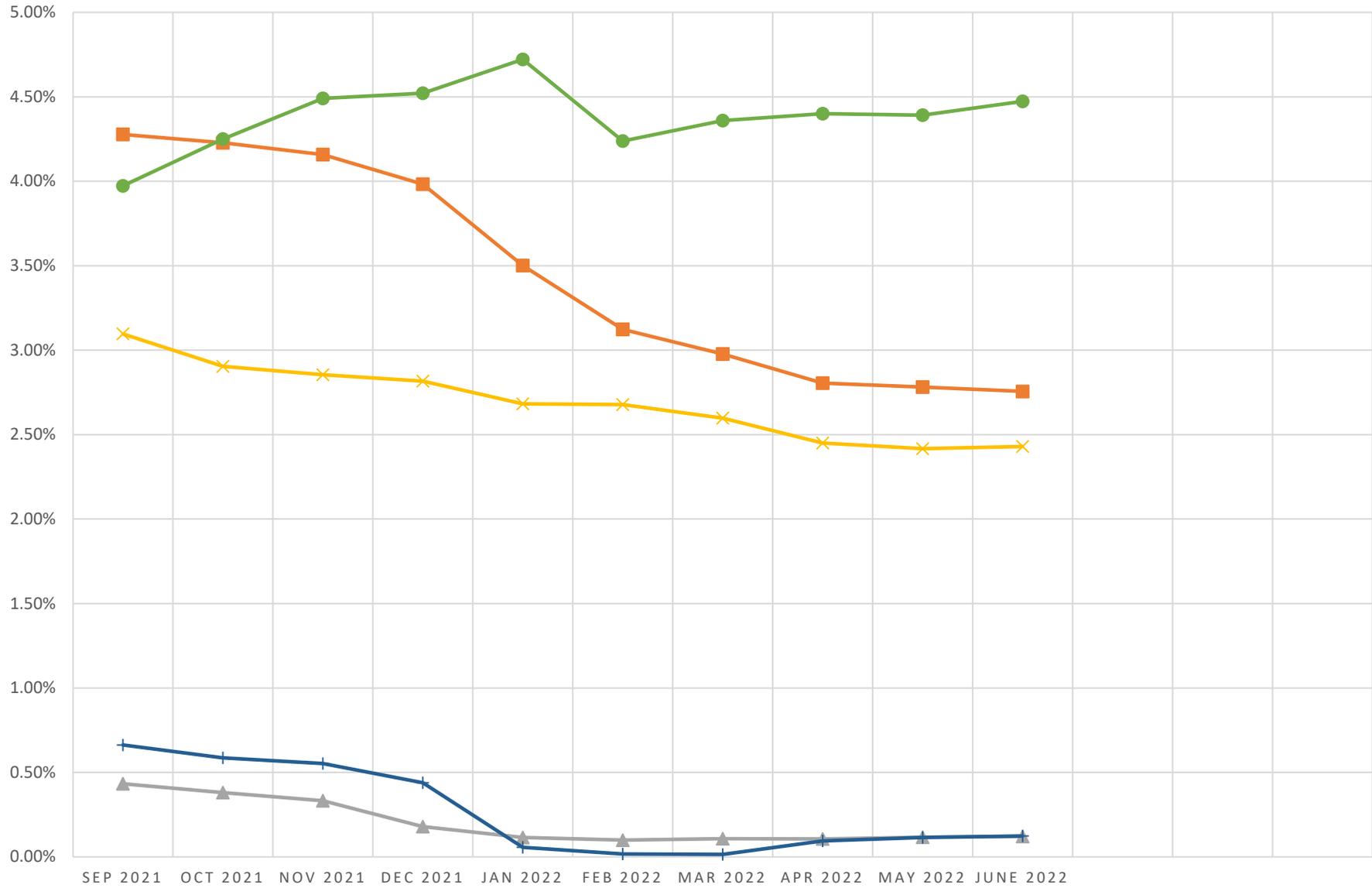
1. Pharmacist-Provided Medication Therapy Management in Medicaid. Centers for Disease Control and Prevention Website. https://www.cdc.gov/dhbsp/docs/MTM_in_Medicaid-508.pdf
2. National Medicaid Fee-For-Service (FFS) FFY 2020 Drug Utilization Review (DUR) Annual Report. Center for Medicare and Medicaid Services Website. <https://www.medicare.gov/medicaid/prescription-drugs/downloads/2020-dur-ffs-summary-report.pdf>
3. The Patient Care Process for Delivering Comprehensive Medication Management (CMM). Alliance for Integrated Medication Management Website. https://aimmweb.org/wp-content/uploads/2020/09/CMM_Care_Process.pdf
4. Medication Therapy Management Service Codes. Pharmacist Services Technical Advisory Coalition Website. <http://www.pstac.org/services/mtms-codes.html>

UTAH CSD/PDMP ASAP 4.2 DSP12 SEPT 2021 TO CURRENT*



ASAP 4.2 DSP12 BY % OF TOTAL SCRIPTS EACH MONTH

—■— Telephone —▲— Telephone Emergency —×— Fax —●— Other —+— Null





Compounding Expert Committee Update on USP <795> and <797>

May 14, 2022

Background

On November 1, 2021, USP published proposed revisions to the USP Compounding General Chapters; <795> Pharmaceutical Compounding — Nonsterile Preparations and <797> Pharmaceutical Compounding — Sterile Preparations in the Pharmacopoeial Forum (PF 47(6)) for public comment. Both chapter revisions had been pre-posted on the USP website on September 1, 2021, to allow for an extended public comment period until January 31, 2022. Recognizing stakeholders' numerous challenges with maintaining normal operations during and responding to the COVID-19 global pandemic, USP extended the deadline from January 31, 2022, to March 17, 2022, in response to stakeholder requests, bringing the total public comment period to over 6 months.

Stakeholder Engagement and CMP EC Update

Prior to the release of the proposed revisions, the Compounding Expert Committee (CMP EC) had engaged healthcare practitioners, regulators, academicians, and other key stakeholders in various sessions, including semi-structured interviews, a small roundtable discussion with invited participants, and a broader open forum discussion to collect feedback from a broad range of stakeholders. These engagements helped the CMP EC consider a wide range of perspectives to inform the revisions while maintaining scientific rigor and accounting for today's public health and practice needs. In conjunction with the release of the proposed revisions, the CMP EC released [informational documents](#) intended to supplement the proposed chapters and explain the CMP EC's rationale behind the revisions.

Between September 1, 2021, and March 17, 2022, the CMP EC held four Open Forum sessions to assist stakeholders in understanding the rationale for the proposed revisions. Recordings of the sessions are available [here](#). Over the comment period from September 1, 2021 to March 17, 2022, the CMP EC received and continuously reviewed more than 1,200 comments from more than 300 organizations for <797> and 200 comments from more than 50 organizations for <795>.

Next Steps

With the completion of the open public comment period, the CMP EC is continuing its deliberation process, which involves careful and additional input received on the compounding chapters through the stakeholder engagement activities and public comments. The CMP EC intends to publish final revisions to the compounding chapters in the USP-NF. At this time, USP does not have an anticipated date for the final publication.

USP will keep stakeholders updated as more information becomes available, and we encourage stakeholders to [sign up](#) for updates. Any questions on these chapters should be directed to USP Healthcare Quality and Safety staff at CompoundingSL@usp.org.

Pharmacy Board Report
May 2022

6/28/2022

	2020	2021	2022	May-22
Administrative Filings	13	11	3	0
Criminal Filing/Felony	0	0	0	0
Letter of Concern	87	124	32	17
Referred to Diversion	0	0	0	0
PR/Outreach	2	1	1	0
Citations Issued	31	41	25	10
Surrender of License	0	0	1	0
Cases Received	502	764	229	98
Case Assigned	502	746	229	98
Closed Cases	518	927	267	114
Prescription Fraud Alerts	24	69	11	3
Pharmacy Alerts	292	367	115	46
Pharmacy Inspections				
New Pharmacy Inspections	92	157	49	16
Random Pharmacy Inspections	193	380	90	52
Probation Pharmacy Inspections	6	6	0	3
NOTES: Pharmacy Group				