



UHC FLORIDA MEDICAID

MTM PROGRAM

Program Service Description

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PROGRAM OVERVIEW

This overview summarizes the UHC Florida Medicaid MTM Program, and describes the services to be provided to eligible patients by Florida licensed pharmacists. Pharmacists will be presented annual Comprehensive Medication Review (CMR) opportunities for targeted patients with identified Safety Alerts, Cost Savings Alerts, and Care Gap Alerts. In certain instances, pharmacists will be presented one Targeted Medication Review (TMR) opportunity for each patient as well.

Preferably, the pharmacist will administer both the CMR and TMR components of the Medication Therapy Management (MTM) services by conducting a face to face session with the patient, or the patient's caregiver when appropriate. If the patient prefers, or if circumstances prevent the patient from attending in person, these services can be administered via telephone.

Tasks associated with MTM services may be delegated to support personnel when legal and regulatory guidelines applicable to the pharmacist's practice allow such delegation.

To be eligible for MTM services in this program, patients must meet the following criteria:

- Have at least two (2) of the chronic conditions listed below:
 - **Asthma**
 - **Chronic Obstructive Pulmonary Disease (COPD)**
 - **Congestive Heart Failure (CHF)**
 - **Coronary Artery Disease/Ischemic Heart Disease**
 - **Diabetes**
 - **Hyperlipidemia**
 - **Hypertension**
- Use at least five (5) maintenance medications or take Coumadin anticoagulant therapy

COMPREHENSIVE MEDICATION REVIEW (CMR) SERVICE

DESCRIPTION AND DOCUMENTATION

Summary Service Description

Required elements of a CMR service in the UHC Florida Medicaid MTM Program are:

- **Patient Meeting:** The pharmacist meets with the patient (or caregiver as appropriate) face to face or by telephone.
- **Patient Assessment:** The pharmacist records the patient's allergies, clinical conditions, and any applicable laboratory or biometric data, and uses this information in his/her overall assessment of the patient's medication regimen.
- **Medication Review:** The pharmacist reviews available prescription claims data presented to the pharmacist on the MirixaProSM platform, and updates this data with information about any additional medications the patient is taking, such as other prescription medications, over-the-counter (OTC) medications, and herbal and dietary supplements.
- **Alert Resolution:** The pharmacist reviews and resolves all the Safety Alerts, Cost Savings Alerts, and Care Gap Alerts generated by the MirixaPro platform based on the patient's medications. The pharmacist should also address any additional medication-related problems, such as medication side effects, he/she identifies based on his/her clinical expertise.
- **Disease State Assessment and Documentation:** The pharmacist reviews relevant findings as they relate to any of the patient's conditions, documents and communicates clinically appropriate findings to the patient and/or prescriber, and educates the patient, as necessary.
- **Evaluation of Patient's Response to Therapy:** The pharmacist documents the patient's answers to questions designed to gauge his/her response to therapy.
- **Provide MAP and PML:** The pharmacist prepares and provides the patient with a Medication Action Plan (MAP) and Personal Medication List (PML).
- **Attestation and Authorization:** The pharmacist reviews a summary of the attestations he/she provided in various sections of the MirixaPro platform while performing the tasks listed above, documents the type of delivery and service date, and submits the service for billing. **The service date is the date when the pharmacist met with the patient, not the date the pharmacist closes the case.**

The order in which these required elements are conducted may vary according to individual practice preferences of pharmacists. For instance, a pharmacist may call a prescriber about a medication issue or obtain information about the patient's allergies and conditions by telephone before meeting face to face with the patient.

Scheduling Patient Meeting and Decline Policy

When the pharmacist or designated pharmacy representative calls the patient to schedule an appointment, the patient is asked to bring (or have available for phone service) all prescription and OTC medications, all herbal and dietary supplements he/she takes, and copies (if available) of the patient's most recent lab results (e.g., A1c, cholesterol). If the service is being provided telephonically, it may be provided to the patient at the time of the call, if the patient is available and agrees to the service.

When calling the patient, the pharmacist or designated pharmacy representative is encouraged to identify himself/herself by name, as well as the pharmacy from which he/she is calling. The pharmacist or designated pharmacy representative should also indicate that he/she is calling on behalf of United Healthcare Community Plan of Florida, the patient's health plan, to offer the patient a service provided at no cost by the health plan.

If the initial attempt to reach a patient is unsuccessful, the pharmacy is encouraged to try at least three (3) times, on different days and during different times, to increase the likelihood of contacting the patient to offer the service. In situations in which no phone number or an incorrect phone number is supplied as part of a patient's contact information, the pharmacy may contact the patient using the phone number(s) found in the pharmacy's dispensing system, or use the "phone lookup" functionality on the Personal Info page of the MirixaPro platform.

If the patient declines the CMR service or the service cannot be provided for any of the reasons listed below, the pharmacist should document a case decline using the appropriate decline code:

The Patient is Not Available:

- **Patient, caregiver, or other authorized recipient could not be reached or is unavailable for service**
- **Patient, caregiver, or other authorized recipient could not be reached: incorrect or missing phone number**
- **Patient deceased**

The Patient is Not Interested:

- **Patient, caregiver, or other authorized recipient not interested in Comprehensive Medication Review**

The Patient is No Longer Enrolled:

- **Patient, caregiver, or other authorized recipient indicates patient is disenrolled**

Once a case is declined, the pharmacist will not be able to provide the service to the patient and document any outcome from that service on the MirixaPro platform.

Patient Demographics (Required)

The pharmacist is required to ask the patient to verify his/her demographic and contact information in order to ensure that the service is provided to the appropriate person and the correct contact information is available for mailing the MAP/PML, if applicable, or for contacting the patient in the future. If there are any discrepancies in the information shown for the patient in the MirixaPro platform, the pharmacist should record the correct information.

Patient Assessment — Allergies and Conditions (Required)

The pharmacist is required to ask the patient whether he/she has any allergies and/or chronic conditions, and record the patient's responses. This information is used in the pharmacist's overall assessment of the patient's medication regimen. All clinical conditions experienced by the patient should be addressed, not just those included among the qualifying criteria for the program. The conditions the pharmacist identifies in the Conditions section of the CLINICAL INFO TAB may dynamically activate a corresponding section and related questions about a condition on the WORKSHEET TAB.

Medication Review (Required)

Starting with the medication list presented in the case for the patient on the MirixaPro platform, the pharmacist is required to record and/or update the names of all of the medications (prescription, OTC, and herbal and dietary supplements) the patient takes, and document the purpose for each medication and the directions for how each medication is used. The pharmacist should question the patient and use any medication containers the patient may have brought to the appointment as a tool for gathering this information, as well as any available dispensing data. All medications and supplements the patient is currently taking should be discussed and documented. If there are medications listed in the MirixaPro

platform that the patient is not currently taking, the pharmacist should check the box marked **“No Longer Taking”** in order to remove those medications from the “active” medication list and place them on the “inactive” medication list. This is necessary to create a current reconciled medication list for the patient.

For each medication believed to be current in the patient’s medication regimen, the pharmacist should ask the following questions:

1. Do you know why this medication was prescribed for you?
2. How do you take this medication?
3. Are you experiencing any problems or adverse reactions with this medication?

The pharmacist is required to document the answers to the first two questions listed above (purpose and directions for use) in order to prepare a PML for the patient (see Medication Action Plan and Personal Medication List section on a following page). During the medication review, if the patient appears not to understand the purpose for any of the medications he/she is currently taking, the pharmacist should educate the patient accordingly. If the patient reports any problems or adverse events with a medication, the pharmacist should intervene as clinically appropriate. As part of the medication review, the pharmacist should consider these general assessment points:

- Appropriateness of medication, dosage, frequency, route, and time of administration
- Adherence and persistence with medication regimen
- Potential gaps in care based on evidence-based treatment guidelines
- Possible safer alternative medications (e.g., alternatives to High Risk Medications)
- Possible unnecessary duplications of therapy
- Possible medications to discontinue because they are no longer required
- Potential drug-drug, drug-allergy, or drug-condition interactions
- Possible physical signs of an adverse drug reaction (e.g., jaundice, slurred speech)
- Possible untreated medical conditions that require treatment
- Known health measurements that may help evaluate effectiveness and appropriateness of drug therapy
- Follow up labs that may be required to monitor for safety
- Immunization history
- Preventive care and lifestyle factors that may require recommendations or referrals
- Potential cost-saving alternatives to the patient’s medication regimen

The MirixaPro platform will assist the pharmacist in his/her medication assessment with Safety Alerts (Red Flags), Cost Savings Alerts (Green Flags), and Care Gap Alerts (Blue Flags), which are described on the following pages. Upon review and assessment of the patient’s medication regimen and the alerts identified by the MirixaPro platform, the pharmacist should intervene as clinically appropriate. The pharmacist should review relevant findings with the patient and/or the prescriber, and educate the patient as necessary. If the pharmacist determines that a prescriber’s action is needed to address any issue identified during the session, the pharmacist should indicate as such, using the process described in the Alert Resolution section below and on the following pages. The pharmacist may also use the Assessment and Plan section on the WORKSHEET TAB to document additional issues that he/she wishes to communicate to the patient’s primary care provider or prescribers. Information on alerts selected by the pharmacist and his/her corresponding recommendations, as well as information the pharmacist documented in the Assessment and Plan section will automatically populate the Physician Summary Letter available in the MirixaPro platform under the “Documents” link.

Health Measurements (Optional)

If any health measurements are available, the pharmacist should record this information in the Health Measurements and Goals section of the CLINICAL INFO TAB, and consider it as part of the pharmacist's clinical assessment of the patient. Health measurements include biometric data such as BMI, blood pressure, and heart rate, and laboratory values such as metabolic panels and serum drug levels. While Health Measurements and Goals are not required, this optional information may be useful to the pharmacist in evaluating the patient's response to therapy and in monitoring the patient's health outcomes over time.

If a patient is taking Coumadin anticoagulant therapy, it is important for the pharmacist to record the patient's PT/INR, if this information is available.

Alert Resolution (Required)

For all Safety Alerts (Red Flags), Cost Savings Alerts (Green Flags), and Care Gap Alerts (Blue Flags) generated by the MirixaPro platform, the pharmacist is required to resolve each alert and document the resolution.

Safety Alerts (Red Flags)

Safety Alerts regarding medications in the patient's current reconciled medication list will be identified by Red Flags. Safety Alerts will be triggered for the following types of interactions: drug-allergy, drug-condition, drug-drug, drug-gender, drug-age, High Risk Medications, and duplicate therapy. The pharmacist is required to review each Safety Alert, intervene as clinically appropriate, and select the corresponding resolution under "Results" on the ALERTS TAB. The pharmacist will be able to indicate if he/she wishes to include an issue identified by a Safety Alert in the Physician Summary Letter and document his/her recommendation for addressing the issue in the space provided. If the pharmacist indicates "yes" to "Include this alert/drug therapy problem in prescriber communications when using Physician Summary Letter" for a particular safety issue, information about the issue and the pharmacist's recommendation for addressing it will automatically populate in the Physician Summary Letter, which the pharmacist may use to send his/her recommendation to the patient's prescriber or primary care provider.

If the pharmacist contacts a prescriber's office with a recommendation and the prescriber responds before the pharmacist closes the case, the pharmacist should select the appropriate resolution from the list below, indicating the prescriber's response to the recommendation:

- Discontinuation recommended to prescriber – Accepted
- Discontinuation recommended to prescriber – Declined
- Substitution recommended to prescriber – Accepted
- Substitution recommended to prescriber – Declined
- Change in dose/form/interval recommended to prescriber – Accepted
- Change in dose/form/interval recommended to prescriber – Declined

However, in some circumstances, the pharmacist may determine that an issue should be addressed by a prescriber, and send a recommendation for the prescriber to evaluate so that he/she can make a change as appropriate or monitor the issue identified, but the pharmacist does not receive a response from the prescriber. This could occur if the prescriber simply does not respond or if the pharmacist needs to close the case before the prescriber responds, in order to complete it by the applicable due date. In these circumstances, the pharmacist should resolve the alert with one of the resolutions below:

- Discontinuation recommended to prescriber – No response or pending
- Substitution recommended to prescriber – No response or pending

- Change in dose/form/interval recommended to prescriber – No response or pending
- Provided information and/or recommendation to prescriber to review and/or monitor

The pharmacist should allow a reasonable time for the prescriber to respond before using any of these resolutions, and may want to make multiple attempts to contact the prescriber about issues that are clinically critical.

The pharmacist should include in the Assessment and Plan section of the WORKSHEET TAB his/her recommendations for addressing all the issues identified, either by the pharmacist or by the MirixaPro platform through Safety Alerts, which the pharmacist has determined are worthy of a prescriber's consideration. The pharmacist should then use the Physician Summary Letter to forward his/her recommendations to the prescriber. The Physician Summary Letter will be populated with the information documented in the Assessment and Plan.

In some instances, the pharmacist may determine, based on his/her clinical experience and knowledge, that the issue identified by a Safety Alert may not be applicable or clinically relevant for a particular patient, or the patient simply needs to be educated about a potential safety issue. In any of these scenarios, the pharmacist should resolve the alert using one of the resolutions below:

- Not clinically relevant
- Educated patient
- No longer applicable

Once the resolution documentation is complete, the pharmacist should check the attestation box indicating that he/she has reviewed, assessed, and resolved all Safety Alerts.

Cost Savings Alerts (Green Flags)

Potential cost-saving opportunities for medications in the patient's current reconciled medication list will be identified by Green Flags. The pharmacist is required to review each Cost Savings Alert, intervene as appropriate, and select the corresponding resolution under "Results" on the ALERTS TAB. The pharmacist will be able to indicate if he/she wishes to include an issue identified by a Cost Savings Alert in the Physician Summary Letter and document his/her recommendation for a cost effective alternative medication in the space provided. If the pharmacist indicates "yes" to "Include this alert/drug therapy problem in prescriber communications when using Physician Summary Letter" for a particular cost-saving opportunity, information about the patient's current medication and the pharmacist's recommended alternative will automatically populate in the Physician Summary Letter, which the pharmacist may use to send his/her recommendation to the patient's prescriber or primary care provider.

As with the process for resolving Safety Alerts, if the pharmacist successfully contacts a prescriber's office with a recommendation and the prescriber responds before the pharmacist closes the case, the pharmacist should select the appropriate resolution from the list below, indicating the prescriber's response to the pharmacist's recommendation:

- Substitution recommended – Prescriber and patient accepted
- Substitution recommended – Prescriber declined

And as with the process for resolving Safety Alerts, the pharmacist may determine that an issue should be addressed by a prescriber, and send a recommendation for the prescriber to consider, but the pharmacist does not receive a response from the prescriber before closing the case. In these circumstances, the pharmacist should resolve the alert with the following resolution:

- Substitution recommended to prescriber – No response or pending

If appropriate and with the patient's approval, the pharmacist should include any recommendations for generic or therapeutic interchanges in the Assessment and Plan section of the WORKSHEET TAB, and then use the Physician Summary Letter to forward his/her recommendations to the prescriber. The Physician Summary Letter will be populated with the information documented in the Assessment and Plan.

In some instances, the pharmacist may determine, based on his/her clinical experience and knowledge, that the potential interchange identified by a Cost Savings Alert may not be clinically appropriate for a particular patient, the patient may prefer to discuss the potential interchange directly with his/her prescriber, or the patient may not want to change his/her current medication regimen. In any of these scenarios, the pharmacist should resolve the alert using one of the resolutions below:

- Not clinically appropriate per pharmacist
- Educated patient – Patient will consult with prescriber
- Substitution recommended – Patient declined
- No longer applicable

Once the resolution documentation is complete, the pharmacist should check the attestation box indicating that he/she has reviewed, assessed, and resolved all Cost Savings Alerts.

Care Gap Alerts (Blue Flags)

Omission Care Gaps

A potential Care Gap of omission will be identified for the pharmacist with a Blue Flag in any of the following situations:

- Patient appears to have diabetes and hypertension, but appears not to be taking an Angiotensin Converting Enzyme Inhibitor (ACE-I), an Angiotensin Receptor Blocker (ARB), or a Direct Renin Inhibitor (DRI).
- Patient appears to have diabetes, but appears not to be taking a statin.
- Patient appears to have diabetes, but appears not to be taking antiplatelet therapy.
- Patient appears to have asthma and to be taking a Long-Acting Beta-Agonist (LABA), but appears not to be taking an inhaled corticosteroid.
- Patient appears to have asthma and to be overusing his/her Short-Acting Beta-Agonist (SABA) for asthma, but appears not to be taking a controller medication.

The pharmacist is required to assess each potential Omission Care Gap and discuss with the patient to determine if the Care Gap truly exists or was falsely identified. When a Care Gap truly exists, the pharmacist should identify the cause(s), such as an adverse event, care transition, need for care first being identified, patient does not see value in the proposed therapy, etc. The pharmacist should then intervene and document actions taken to resolve the Care Gap, such as the pharmacist educated the patient and reinforced the value of therapy, or the pharmacist consulted with the prescriber. The pharmacist will be able to indicate if he/she wishes to include a confirmed Omission Care Gap in the Physician Summary Letter and document his/her recommendation for addressing the omission in the space provided. If the pharmacist indicates "yes" to "Include this alert/drug therapy problem in prescriber communications when using Physician Summary Letter" for a particular Omission Care Gap, information about that omission and the pharmacist's recommendation for addressing it will automatically populate in the Physician Summary Letter, which the pharmacist may use to send his/her recommendation to the patient's prescriber or primary care provider.

Adherence Care Gaps

Potential issues relating to a patient's recent adherence to specific medications will be identified for the pharmacist in situations where a patient appears not to be adhering to his/her prescribed regimen for a medication, based on the Proportion of Days Covered (PDC) for the medication. PDC is the proportion of days within a measurement period covered by prescription claims for a particular medication or another medication within the same therapeutic class. For the UHC Florida Medicaid MTM Program, a patient is considered non-adherent to a medication if it is determined that, based on recent prescription claims history, the PDC for that medication is less than 80%.

The pharmacist is required to assess each flagged medication for possible non-adherence and determine if the patient is truly non-adherent or the potential non-adherence is falsely identified. In order to evaluate the patient's adherence, the pharmacist should review each flagged medication's "fill history," provided by claims data in the MirixaPro platform, to identify specific period(s) when the patient may not have obtained or refilled his/her medication as timely as the prescribed regimen would require. Please note that even though the patient may have recently filled a prescription and/or may currently have medication on hand, the "days between fills," noted in the fill history for that medication, may indicate that the patient has not been taking the medication as prescribed. With this information, the pharmacist should then interview the patient to evaluate potential non-adherence.

Patients often deny non-adherence and assert that they are taking their medications as prescribed, even if this may not be true for the entire evaluation period. If the patient indicates that he/she takes his/her medications as prescribed, but this is inconsistent with the medication fill history or cannot be verified with any information except for the patient's assertion, then the patient is considered to be non-adherent. In order to verify whether an Adherence Care Gap is true or false, the pharmacist should ask the patient very specific questions such as:

- Do you recall refilling your prescription late or being without medication for any period of time? This question could be supplemented by a statement such as, "The refill history on this medication suggests that the medication was refilled late." The pharmacist might also mention how many days late or which refill(s) were late, based on information in the fill history.
- Have you experienced any difficulty picking up your medication from the pharmacy?
- Has your doctor changed the dose of your medication? How much you are taking or how frequently are you taking it?
- Are you still taking this medication or has it been discontinued by your physician?
- Have you been hospitalized recently?
- Has there been a period where you used medication samples instead of filling or refilling your prescriptions?
- Do you recall filling your prescription without using your insurance card?
- Do you think your medication regimen makes it challenging to take your medications on time?

Answers to these or related questions may be helpful in determining whether an Adherence Care Gap is true or false. Reasons for confirmed non-adherence are presented on the MirixaPro platform for the pharmacist to select. When a patient's reason for non-adherence is not among those presented, the pharmacist may select "other reason" and then explain further using the text box provided.

If the pharmacist determines that the patient is non-adherent to his/her prescribed medication regimen, that is when a non-adherence alert is confirmed as true, the pharmacist should recommend

possible solutions to the patient and/or the patient's prescriber. This is particularly important especially when the reason(s) for non-adherence is related to factors such as cost, adverse event to the current medication, complexity of medication regimen, no refills on current prescription etc. The pharmacist will also be able to indicate if he/she wishes to include an Adherence Care Gap in the Physician Summary Letter and document his/her recommendation for addressing the adherence issue in the space provided. If the pharmacist indicates "yes" to "Include this alert/drug therapy problem in prescriber communications when using Physician Summary Letter" for a particular Adherence Care Gap, information about that adherence issue and the pharmacist's recommendation for addressing it will automatically populate in the Physician Summary Letter, which the pharmacist may use to send his/her recommendation to the patient's prescriber or primary care provider. Providing information about the status of the patient's non-adherence his/her medication to the primary care provider or prescriber is helpful and important as part of care collaboration.

False Care Gaps (Omission and Adherence)

There are situations when a Care Gap appears to exist, based on claims data, but actually does not. If an Omission or Adherence Care Gap was **falsely** identified, the pharmacist should document why the Care Gap is false.

Some "false" Omission Care Gap examples include: a patient appears not to be taking antiplatelet therapy but is taking OTC low-dose aspirin, a patient appears not to be taking a statin but a statin is contraindicated for that patient, or a patient appears not to be taking an inhaled corticosteroid but has received samples of that medication from his/her physician. A "false" Adherence Care Gap could occur if a patient pays cash for a generic medication, instead of processing prescriptions for the medication through his/her insurance, so the prescriptions are not reflected in the claims data.

When the reason for a falsely identified Care Gap is not among those presented on the MirixaPro platform, the pharmacist may select "other reason" and then explain further using the text box provided.

Once documentation of each Omission Care Gap and each Adherence Care Gap is complete, the pharmacist should check the attestation box indicating that he/she has reviewed and assessed each potential Care Gap, and for each Care Gap the pharmacist has either: (1) resolved the Care Gap Alert and documented the resolution, or (2) determined that the Care Gap Alert was false, and documented the reason(s) that the Care Gap was falsely identified.

Additional Pharmacist-Identified Medication-Related Problems (As Clinically Appropriate)

The pharmacist should document any medication-related problems that he/she identifies, aside from those identified by the MirixaPro platform through Safety Alerts, Cost Savings Alerts, and Care Gap Alerts, such as an additional non-adherence issue, an adverse drug reaction, an unnecessary therapy, or an inappropriate dose. If any such problems are identified, the pharmacist should also document the actions taken to resolve each problem (e.g., pharmacist recommended medication be added, discontinued, substituted, or dosage changed).

Disease State Assessment and Documentation (Required)

Using the medication list, along with information obtained and documented during the patient encounter, the pharmacist is required to assess the patient's management and treatment of any conditions that were

activated on the WORKSHEET TAB of the MirixaPro platform, based on the information the pharmacist documented in the Conditions section of the CLINICAL INFO TAB. The pharmacist should determine if therapy is appropriate based on evidence-based treatment guidelines. Additionally, when applicable, the pharmacist should assess if the patient has the necessary resources to adequately self-manage his/her conditions. (For example, does the patient have an asthma action plan, a plan for monitoring blood glucose at home, or a plan for excessive weight gain?)

Following the pharmacist's assessments, he/she should intervene as clinically appropriate, by providing patient education, patient recommendations, referrals, and/or recommendations to a physician.

Preventive Care and Lifestyle Modifications (Required)

The pharmacist should assess specific and relevant preventive care and lifestyle modification issues such as needed immunizations, annual eye exam, follow up laboratory tests, smoking cessation, and diet. The MirixaPro platform will guide the pharmacist through a series of questions focused on preventive care and lifestyle issues. The responses to these questions will document the specific preventive measures and lifestyle recommendations and/or referrals the pharmacist communicates to the patient.

Evaluation of Patient's Response to Therapy (Required)

In order to evaluate the patient's response to therapy and health outcomes over time, the pharmacist is required to ask the following questions and document the patient's answers to the questions:

- Is the patient achieving his/her therapeutic goals?
- Has the patient experienced a recent (within the last 3 months) disease-related emergency room visit or hospitalization?

Based on the patient's answers to the questions above, a Targeted Medication Review (TMR) case may be created for the patient.

Assessment and Plan (As Clinically Appropriate)

The pharmacist may document, in the Assessment and Plan section on the WORKSHEET TAB, any issues he/she identified during the CMR, in addition to those identified by alerts, and his/her recommendations for addressing those issues. If any changes to the patient's medication regimen are clinically appropriate, the pharmacist should communicate his/her recommendations to the patient's prescriber or primary care provider using the Physician Summary Letter available in the MirixaPro platform under the "Documents" link.

Information on alerts selected by the pharmacist and his/her corresponding recommendations, as well as information the pharmacist documented in the Assessment and Plan section will automatically populate in the Physician Summary Letter. The pharmacist may then edit the letter as desired and the finished letter can be faxed to the patient's primary care provider or prescribers by pharmacy personnel.

Medication Action Plan and Personal Medication List (Required)

The pharmacist is required to provide the patient with a Medication Action Plan (MAP) and Personal Medication List (PML). A CMR service is not complete, and should not be submitted for billing, unless the pharmacist has prepared this document and provided it to the patient.

When completing the Patient Medication Action Plan section of the MirixaPro platform, the pharmacist should document each issue he/she addressed with the patient during the MTM session under "What we talked about" and document the actions he/she has advised the patient to take under "What the patient needs to do." The pharmacist should always write the MAP in language directed to and understandable by

the patient. It is intended to describe specific action items identified through the MTM session that guide the patient's self-management and help the patient to achieve optimal outcomes. To assist pharmacists in preparing MAPs, the MirixaPro platform is equipped with a Clinical Quick Pick feature, containing information on some common medication-related problems, care issues to be resolved, and behaviors to be encouraged. Pharmacists can easily access this feature by clicking on the pencil icon next to each "What we talked about" text box, and then can select the relevant information, and edit the text to suit their patients' specific needs.

The pharmacist should document distinct medication problems, care issues, or behavioral advice in each "What we talked about" box provided, using multiple boxes when documenting multiple unrelated topics. If the pharmacist needs additional text boxes, he/she can add them by clicking the "Click here to add additional Patient Medication Action Plans" button. Multiple topics may be described together in one box if they are clinically related. **Information in the MAP will be shared with United Healthcare Services for use in care coordination and other treatment activities.**

For a face to face session, the pharmacist should print and hand-deliver the MAP/PML to the patient at the conclusion of the encounter. However, if the pharmacist is waiting for follow up communication from a prescriber that is critical to providing the patient a complete and accurate MAP/PML, then the MAP/PML should be mailed to the patient after the session. If the service is conducted by telephone, the pharmacist should mail the MAP/PML to the patient following the session. The MAP/PML should be hand-delivered or mailed to the patient within fourteen (14) calendar days after the session.

The MAP/PML document consists of three main components:

- CMR Cover Letter
 - MTM provider's information
 - Patient demographic and health plan information
- Medication Action Plan (MAP)
 - Specific action items for the patient resulting from the CMR consultation
 - Acknowledgement and reinforcement of the patient's favorable behavior
- Personal Medication List (PML)
 - A reconciled list of all of the patient's medications
 - The patient's allergies
 - Medication names, dosage forms, and strengths
 - Medication purposes and directions
 - Prescriber information

The pharmacist should instruct the patient to:

- Bring the PML to every physician visit and share it with all of his/her healthcare providers. Doing so helps ensure that all prescribers are appropriately informed of what other healthcare providers are prescribing for the patient.
- Bring the PML to the hospital if admitted, so that the hospital caregivers have a current medication list upon patient admission.
- Bring the PML to all future visits to the pharmacy.
- Keep the PML current by documenting any new medications or crossing off any discontinued medications.

- Use the MAP to enhance medication self-management by following the advice in the plan.
- Share the MAP with caregivers.

Attestation and Authorization (Required)

The pharmacist is required to review a summary of the attestations he/she provided in various sections of the MirixaPro platform, while performing the tasks required as part of a CMR service within the UHC Florida Medicaid MTM Program. If any sections within the case are not complete, the pharmacist will be able to revisit the incomplete section by clicking the “Revisit” link.

In addition, the pharmacist is required to attest to printing and providing the patient with the MAP/PML, either by hand or by mail, as described in the Medication Action Plan and Personal Medication List section above and on the prior page.

The pharmacist should document the type of service delivery and service date prior to submitting the CMR service for billing. The type of service delivery would be documented as follows:

Type of CMR Service	Payment per Served Case
Face to Face Session	\$60.00
Phone Session	\$60.00

The service delivery date is the date the pharmacist met with the patient, NOT the date that the pharmacist completed the documentation. The pharmacist should then check the attestation box affirming that he/she has provided the CMR service according to this Program Service Description (PSD), and click “Continue” in order to proceed to “Authorize,” thus closing the case and submitting the service for billing. As noted in the chart above, a pharmacy will be paid \$60.00 for each CMR case served in accordance with this PSD. Pharmacies will not receive payments for any cases that are declined.

Please note that by attesting to completing all required tasks, the pharmacist is authorizing Mirixa and United Healthcare Services to pay his/her pharmacy for the CMR service. All attestations must be accurate. If an attestation is not accurate when the case is completed, this could be considered fraudulent billing by the pharmacist. The pharmacist of record is responsible for closing the case, and cannot delegate this responsibility and/or share his/her user name or password with anyone else for this purpose.

TARGETED MEDICATION REVIEW (TMR) SERVICE DESCRIPTION AND DOCUMENTATION

Summary Service Description

Mirixa will create one (1) Targeted Medication Review (TMR) case per year for eligible patients, approximately six (6) months after completion of a patient's CMR. To receive a TMR service, a patient must have received a CMR service within the prior six to nine months, and must meet at least one of the following three criteria:

1. Patient has at least one alert to be resolved, or
2. Patient has experienced a disease-related emergency room visit or hospitalization, or
3. Patient is not achieving goals of therapy, as documented during the CMR.

A patient's TMR case will be assigned to the pharmacy where the patient's CMR case was performed.

Required elements of a TMR service in the UHC Florida Medicaid MTM Program are:

- **Patient Meeting:** The pharmacist meets with the patient face to face or by telephone.
- **Patient Assessment and Medication Review:** The pharmacist reviews and updates the patient's allergies, conditions, and medications, addressing any new issues that may have arisen since the CMR. The pharmacist may update information documented during the CMR session and automatically populated in the TMR case.
- **Alert Resolution:** The pharmacist reviews and resolves all Safety Alerts, Cost Savings Alerts, and Care Gap Alerts generated by the MirixaPro platform based on the patient's medications.
- **Evaluation of Patient's Response to Therapy:** The pharmacist documents the patient's answers to questions designed to gauge his/her response to therapy.
- **Update and Provide MAP and PML:** The pharmacist updates the patient's MAP/PML to reflect any changes that have occurred since the CMR, and provides the updated document to the patient.
- **Attestation and Authorization:** The pharmacist reviews a summary of the attestations he/she provided in various sections of the MirixaPro platform while performing the tasks listed above, documents the type of delivery and service date, and submits the service for billing. **The service date is the date when the pharmacist met with the patient, not the date the pharmacist closes the case.**

Scheduling Patient Meeting and Decline Policy

When the pharmacist or designated pharmacy representative calls the patient to schedule an appointment, the patient is asked to bring (or have available for phone service) all prescription and OTC medications, all herbal and dietary supplements he/she takes, and copies (if available) of the patient's most recent lab results (e.g., A1c, cholesterol).

If the patient declines the TMR service or the service cannot be provided for any of the reasons listed below, the pharmacist should document a case decline using the appropriate decline code:

The Patient is Not Available:

- **Patient, caregiver, or other authorized recipient could not be reached or is unavailable for service**
- **Patient, caregiver, or other authorized recipient could not be reached: incorrect or missing phone number**
- **Patient deceased**

The Patient is Not Interested:

- Patient, caregiver, or other authorized recipient not interested in Targeted Medication Review

The Patient is No Longer Enrolled:

- Patient, caregiver, or other authorized recipient indicates patient is disenrolled

Once a case is declined, the pharmacist will not be able to provide the service to the patient and document any outcome from that service on the MirixaPro platform.

Patient Assessment and Medication Review (Required)

Information documented in the allergies, conditions, and medications sections of the MirixaPro platform during the patient's CMR will be automatically populated in the TMR case. The pharmacist is required to review and update this information to ensure that the information presented reflects the patient's current health status and medication regimen. If the pharmacist identifies new issues related to the patient's medications, other than those identified through alerts, the pharmacist should address them and take appropriate actions to resolve them. If the patient's diagnoses have changed and the pharmacist documents a new condition in the conditions section of the CLINICAL INFO TAB, this change may activate a new section in the WORKSHEET TAB, so the pharmacist may address the issues related to the additional condition.

Alert Resolution (Required)

MirixaPro may generate new alerts for the pharmacist to consider and may suppress other alerts based on the way in which such alerts were resolved during the patient's CMR. For all Safety Alerts (Red Flags), Cost Savings Alerts (Green Flags), and Care Gap Alerts (Blue Flags) generated by the MirixaPro platform, the pharmacist should assess each alert and document the resolution. Please refer to the Alert Resolution section on Pages 7-10 of this PSD to review how to resolve alerts and document the resolution. Information a pharmacist entered in the MirixaPro platform during a previous session with the patient will also be available for the pharmacist's reference.

Safety Alerts (Red Flags)

Safety Alerts will be triggered for the following types of interactions: drug-allergy, drug-condition, drug-drug, drug-age, drug-gender, High Risk Medications, and duplicate therapy. For each Safety Alert, the pharmacist is required to review the alert, intervene as clinically appropriate, and select the corresponding resolution under "Results" on the ALERTS TAB, as described on Pages 7-8.

Cost Savings Alerts (Green Flags)

Cost Savings Alerts will identify potential cost-saving opportunities for medications in the patient's current reconciled medication list. For each Cost Savings Alert, the pharmacist is required to review the alert, intervene as appropriate, and select a corresponding resolution under "Results" on the ALERTS TAB, as described on Pages 8-9.

Care Gap Alerts (Blue Flags)

Omission Care Gaps

A potential Care Gap of omission will be identified for the pharmacist in any of the following situations:

- Patient appears to have diabetes and hypertension, but appears not to be taking an ACE-I, an ARB, or a DRI.
- Patient appears to have diabetes, but appears not to be taking a statin.

- Patient appears to have asthma and to be taking a LABA, but appears not to be taking an inhaled corticosteroid.
- Patient appears to have asthma and to be overusing his/her SABA for asthma, but appears not to be taking a controller medication.

The pharmacist should assess each potential Omission Care Gap and determine, based on the information available to the pharmacist, if the omission in care truly exists or was falsely identified, as described on Pages 9-10.

Adherence Care Gaps

Potential Care Gaps of adherence will be identified for the pharmacist in situations where a patient appears not to be adhering to his/her prescribed regimen for a medication, based on the PDC for that medication. For the UHC Florida Medicaid MTM Program, a patient is considered non-adherent to a medication if it is determined that, based on recent prescription claims history, the PDC for that medication is less than 80%. As noted in the Alert Resolution section for CMR cases, even though the patient may have recently filled a prescription and/or may currently have medication on hand, the “days between fills,” noted in the “fill history” for that medication may indicate that the patient has not been taking the medication as prescribed.

The pharmacist should assess each potential Adherence Care Gap and determine, based on the information available to the pharmacist, if the care gap truly exists or was falsely identified, as described on Pages 10-11.

Any recommendations to a prescriber to facilitate the resolution of all confirmed care gaps should be documented in the Assessment and Plan section of the WORKSHEET TAB. Information in the Assessment and Plan will populate the Physician Summary Letter, which can be used to communicate recommendations to prescribers.

Evaluation of Patient’s Response to Therapy (Required)

In order to evaluate the patient’s response to therapy and health outcomes over time, the pharmacist is required to ask the following questions and document the patient’s answers to the questions:

- Is the patient achieving his/her therapeutic goals?
- Has the patient experienced a recent (within the last 3 months) disease-related emergency room visit or hospitalization?

Update MAP and PML (Required)

The pharmacist is required to update the patient’s medication profile and MAP, in order to provide the patient with an updated MAP and PML, reflecting any changes or developments that have occurred since the patient’s CMR. A TMR service is not complete, and should not be submitted for billing, unless the pharmacist has prepared an updated MAP/PML and provided it to the patient. This document should be mailed or handed to the patient following the TMR service.

Attestation and Authorization (Required)

The pharmacist is required to review a summary of the attestations he/she provided in various sections of the MirixaPro platform, while performing the tasks required as part of a TMR service within the UHC Florida Medicaid MTM Program. If any sections within the case are not complete, the pharmacist will be able to revisit the incomplete section by clicking the “Revisit” link.

In addition, the pharmacist is required to attest to printing and providing the patient with a MAP/PML, either by hand or by mail, as described on the prior page.

The pharmacist should document the type of service delivery and service date prior to submitting the TMR service for billing. The type of service delivery would be documented as follows:

Type of TMR Service	Payment per Served Case
Face to Face Session	\$50.00
Phone Session	\$50.00

The service delivery date is the date the pharmacist met with the patient, NOT the date that the pharmacist completed the documentation. The pharmacist should then check the attestation box affirming that he/she has provided the TMR service according to this PSD, and click “Continue” in order to proceed to “Authorize,” thus closing the case and submitting the service for billing. As noted in the chart above, a pharmacy will be paid \$50.00 for each TMR case served in accordance with this PSD. Pharmacies will not receive payments for any cases that are declined.

Please note that by attesting to completing all required tasks, the pharmacist is authorizing Mirixa and United Healthcare Services to pay his/her pharmacy for the TMR service. All attestations must be accurate. If an attestation is not accurate when the case is completed, this could be considered fraudulent billing by the pharmacist. The pharmacist of record is responsible for closing the case, and cannot delegate this responsibility and/or share his/her user name or password with anyone else for this purpose.