

Compliance Consultation MTM Billing Form 4



REASON: Overuse, Underuse, Admin/Technique
ACTION: Patient Compliance Consultation
RESULT: Altered Compliance, Altered Admin/Tech, Patient Refusal

Pharmacists Name _____ Pharmacy Phone (____) _____

Pharmacist ID (WA + last 5 # of license) _____ Pharmacists Outcomes Password _____

Pharmacy Name/Location _____ Pharmacy NABP _____

PRESCRIPTION INFORMATION				MONITORING			
Patient Info/Rx Info				Attempts		Appointment	
Patient ID Number		Gender	Date of Birth	1	__/__/__ at __:__ a.m./p.m.	____/____/____	
Patient Last Name				2	__/__/__ at __:__ a.m./p.m.	____:____ a.m. / p.m.	
Patient First Name				3	__/__/__ at __:__ a.m./p.m.	(____)____-____	
Document Patient Refusal after 3 attempts				Initial Rx Info			
Final Rx Date	Final Rx Strength	Metric Qty	Days Supply	Initial Rx Date	Initial Rx Number	N R	Metric Qty
YYYYMMDD				YYYYMMDD			
Final Rx Prescriber ID				Initial Rx National Drug Code		Initial Rx Prescriber ID	
				Labeler	Product	Pkg	
						Frequency of Therapy	
						<input type="checkbox"/> Acute	
						<input type="checkbox"/> Intermittent	
						<input type="checkbox"/> Chronic	

ENCOUNTER DOCUMENTATION	Date of Encounter	Claim Number
	YYYYMMDD	

I. Indication For Service (Reason)	II. Professional Service (Action)	III. Outcome Of Service (Result)																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Compliance</th></tr> <tr><td>Overuse</td><td style="text-align: right;">155</td></tr> <tr><td>Underuse</td><td style="text-align: right;">160</td></tr> <tr><td>Administration/Technique</td><td style="text-align: right;">165</td></tr> </table>	Compliance		Overuse	155	Underuse	160	Administration/Technique	165	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Patient Compliance Consultation</td><td style="text-align: right;">215</td></tr> <tr><td><input type="checkbox"/> Education</td><td></td></tr> <tr><td><input type="checkbox"/> Set Monitoring Appointment</td><td></td></tr> </table>	Patient Compliance Consultation	215	<input type="checkbox"/> Education		<input type="checkbox"/> Set Monitoring Appointment		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">Compliance</th></tr> <tr><td>Altered Compliance</td><td style="text-align: right;">360</td></tr> <tr><td>Altered Admin/Technique</td><td style="text-align: right;">365</td></tr> <tr><td>Patient Refusal</td><td style="text-align: right;">380</td></tr> </table>	Compliance		Altered Compliance	360	Altered Admin/Technique	365	Patient Refusal	380
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IV. Estimated Cost Avoidance		
<input type="checkbox"/> Level 1 Improved Quality of Care	<input type="checkbox"/> Level 4 Additional Prescription Order	<input type="checkbox"/> Level 7 Life Threatening
<input type="checkbox"/> Level 2 Drug Product Costs	<input type="checkbox"/> Level 5 Emergency Room Visit	<input type="checkbox"/> Prescriber/Patient Refusal
<input type="checkbox"/> Level 3 Additional Physician Visit	<input type="checkbox"/> Level 6 Hospital Admission	<input type="checkbox"/> See Previous Claim # _____

V. Encounter Notes And Estimated Cost Avoidance Rationale

1. List patient symptoms or clinical situation that support(s) the selection of **REASON**.
2. Briefly describe specific recommendation made to the patient and the patient's response
3. Provide rationale to support the pharmacist's **RESULT** selection (choose one or more options below)
 - a. List any improved patient reportable symptoms _____
 - b. Provide Evidence of decreased patient reportable toxicity _____
 - c. Were patient's refill is within an appropriate interval of $\pm 20\%$ (i.e. 6 days for 30 day supply) for 2 months? _____
 - d. Was patient's self-administration consistent with directions for use and patient committed to administer accordingly? _____
4. Rationale to support the **ECA** level selected.
5. List NDC and name of medication associated with inappropriate compliance.

Monitoring Questions

How have initial signs and symptoms changed?
 Have any new health problems developed?
 Explain how you have been using the medication.
 Have you missed any doses?
 Are you satisfied with your drug therapy?
 What other questions or concerns do you have?

Other Notes:

IF ACTION is PATIENT REFUSAL:

Document one of the following in "other notes":

- a. Pharmacist's attempt to initiate a compliance consultation.
- b. Pharmacist's attempt to complete monitoring
- c. If applicable, documentation that appropriate compliance with therapy is not evident upon follow-up.

Alternative Documentation Form created by the:

wspa

Washington State Pharmacy Association

OUTCOMES ENCOUNTER PROGRAM DOCUMENTATION FORM

INSTRUCTIONS FOR USE

This form is used to document services provided in the Outcomes Encounter Program. Claims are collected via the Outcomes website at: www.getoutcomes.com

PROVIDER LOGON

From the getoutcomes.com home page, select the "Log in" tab from the top of any page and enter the following information:

Pharmacist ID Number: Input the 2 letter state abbreviation plus the license number of the PHARMACIST providing the Encounter service [i.e. IA12345].

NCPDP/NABP Number: Input the NABP or NCPDP number for the PHARMACY at which the Encounter service was performed.

Password: Input the password for the PHARMACIST providing the Encounter service.

PATIENT INFORMATION

Patient information is accessed via the Patient ID field when submitting a claim through the website. In most cases, the ID number is found on the patient's benefit card (this number is not always the cardholder's social security number) and, in most cases, is followed by the patient's two-digit person code [i.e. 12345678901]. After entering the ID number, select Get Patient Info. This will fill in patient-specific information.

PRESCRIPTION INFORMATION

Final Rx: The information in this area reflects the primary drug involved in the Encounter being billed. If the Encounter involves a change in therapy from one agent to another, the dispensed prescription information is entered here.

Initial Rx: If the Encounter involves a change in therapy from one agent to another, the initial prescription information is entered here. Fields to complete in this area are: Date dispensed, Rx number [when applicable], New vs. Refill, Metric quantity, Days supply, NDC code, and Prescriber DEA number.

Frequency of Therapy: Indicate the anticipated frequency of the Final Rx.

- Acute [only a single course of therapy anticipated to treat condition (i.e. acyclovir to treat chicken pox)]
- Intermittent [occasional courses of therapy anticipated to treat condition (i.e. acyclovir to treat recurrent herpes outbreaks)]
- Chronic [ongoing therapy anticipated to treat condition (i.e. acyclovir used for herpes suppression)]

ENCOUNTER DOCUMENTATION

Indication for Service [Reason]: Indicate which reason code best describes the Encounter performed.

- Complex Drug Therapy
- Cost Efficacy Management
- New or Changed Prescription Therapy
- OTC Therapy
- Drug Therapy Problem Detected [select from 10 subcategories]
- Other [use if the reason for the Encounter does not fit any of the subheadings; must thoroughly explain Encounter in notes]

Professional Service [Action]: Select an action code that corresponds within the same color path as the reason.

- Comprehensive Medication Review (CMR)
- Prescriber Consultation
- Patient Education and Monitoring [both Patient Education and Monitoring must occur for service to be covered]
- Patient Consultation [corresponds with Cost Efficacy Management patient refusals and compliance-related Encounters]

Outcome of Service [Result]: Select a result code that corresponds within the same color path as the selected reason and action codes.

- CMR with or without Encounter
- Initiation of Cost Effective Drug
- Therapeutic Success [Condition Resolved or Condition Stable]
- Therapeutic Failure [Condition Unresolved or Condition Worsened]
- Drug Therapy Problem Resolved [select from 8 subcategories]
- Patient Refusal [use if the patient declines services or if the patient cannot be contacted for services]
- Prescriber Refusal [use if the prescriber declines a recommendation to alter drug therapy]
- Other: [use if the reason for the Encounter doesn't fit any of the subheadings; must explain Encounter fully in the notes]

When documenting a "Result" code under Drug Therapy Problem Resolved, the "Result" code must correspond with the **bolded subcategory** indicated under Drug Therapy Problem Detected "Reason" code.

*For example: If the Drug Therapy Problem Detected is under **Efficacy** (i.e. Suboptimal Drug Selection), the choices for Drug Therapy Problem Resolved are also listed under **Efficacy** (i.e. Changed Drug or Increased Dose/Duration)*

Estimated Cost Avoidance: Indicate the level of the Estimated Cost Avoidance, in your professional judgment, which has occurred due to the encounter performed. The dollar value will be assigned by Outcomes. The Encounter Claims will be audited to assure reasonable and foreseeable cost avoidance measurements [choose only 1].

- Level 1 Improved Quality of Care [Encounter improved health care quality with no direct avoided costs calculated]
- Level 2 Drug Product Costs [Encounter resulted in reduced or avoided drug product costs]
- Level 3 Additional Physician Visit [Encounter resulted in an avoided physician visit]
- Level 4 Additional Prescription Order [Encounter resulted in an avoided prescription order (includes physician visit costs)]
- Level 5 Emergency Room Visit [Encounter resulted in an avoided emergency room visit]
- Level 6 Hospital Admission [Encounter resulted in an avoided hospitalization]
- Level 7 Life Threatening [Encounter resulted in an avoided life threatening event (includes hospitalization costs)]
- Prescriber/Patient Refusal [Encounter resulted in no direct avoided costs due to patient or prescriber refusal]
- See Previous Claim # [used when 2 or more Encounter Claims are linked to a single Estimated Cost Avoidance]

OUTCOMES ENCOUNTER PROGRAM DOCUMENTATION FORM

INSTRUCTIONS FOR USE

Encounter Notes And Estimated Cost Avoidance Rationale: Provide a thorough description of what occurred during the Encounter and the rationale behind the Estimated Cost Avoidance level chosen.