Long Term Care MTM FAQ

Do I provide a different kind of MTM for my LTC patients?

That depends on how the term ‘long term care” is used. The term LTC can be applied to a variety of settings such as skilled nursing facilities (SNFs), assisted living facilities (ASL), psychiatric group homes, etc. Within the context of Medicare Part D, a distinction is made between the SNF patients and those in other extended care arrangements such as assisted living facilities or group homes.

Patients in skilled nursing facilities already are subject to Federal regulatory requirements for routine medication reviews, and consequently the approach to MTM for the CCRx program recognizes a distinction among patients in SNFs versus other long term care or extended care settings. In fact within prescription drug claims, different location codes are used. Specifically the location code “03” is used for patients in a SNF. The CCRx program will be handling MTM services for SNF patients through other internal plan arrangements so as to avoid any issues related to duplicative service billing.

Beneficiaries residing in assisted living or some other type of extended care or group home environments are not necessarily under requirements for regular medication reviews. Consequently, provision of an MTM session by the pharmacy responsible for dispensing these patients’ medications will be handled through the same process used for ambulatory retail patients, where the case is sent to the dispensing pharmacy for MTM service delivery.

While some patients in these types of LTC environments could be involved in a face to face or telephone encounter, many of the patients will have cognitive impairments. In these situations, the pharmacist may still deliver MTM services on behalf of the patient although the service delivery method may need to be different.

What MTM service modifications can be made for “assisted living” or other LTC patients who are not in formal SNF environments?

For patients who do not reside in a SNF but are in some other type of assisted living or extended care arrangement, the pharmacist would review the CMTM chart for red and green flags and would work as needed with the physician, just as is done for retail ambulatory patients. However, as needed based on the patients’ condition, instead of talking to the patient the pharmacist could speak to a patient representative, either in
person or by phone. Depending on the patient’s circumstances, this patient representative could be staff at the facility caring for the patient or a family care giver or family relationship. The purpose of the communication would be to let the representative know that the pharmacist has performed a medication review, to inform them of any issues and how those issues were resolved, and to communicate any changes in drug regimen discussed with the doctor. Also the pharmacist should inquire as to whether the facility staff caring for the patient or the patient's family have noticed any issues or concerns about adverse medication reactions, or have questions about the patient’s medication regimen.

**How do I document a modified MTM service for an assisted living / extended care facility patient?**

To document these types of modifications from the more traditional face-to-face retail pharmacy environment, the pharmacist needs to note the patient representative (i.e., who the communication occurred with) under the Basic Information tab of the patient chart in the CMTM system, record the interaction as phone or face-to-face, and then appropriately document in the SOAP section that the interaction occurred with patient representative.