

## **Documentation Requirements:**

All HealthPartners MTM providers are required to document their care in an electronic format. HealthPartners does not require the use of a particular software system, however all providers must be capable of meeting the following HealthPartners' MTM reporting requirements:

- Providers must document their care according to accepted practice standards (i.e. SOAP format). Documentation elements that must be present for each visit unless otherwise specified
  - a. Patient demographic information
  - b. Date of encounter
  - c. Chief Complaint/Reason for the visit
  - d. Social History (tobacco/alcohol use)\*
  - e. Medication Allergies/Adverse events\*
  - f. Current medication list (prescription, non-prescription, herbals, etc.)
  - g. Past Medical History\*
  - h. History of present illness for conditions treated by medications
  - i. Relevant objective clinical findings (i.e., lab results, results of physical exam)
  - j. Drug therapy problems identified
  - k. Drug therapy problems resolved
  - I. Plan to resolve drug therapy problems
  - m. Plan for follow-up
  - n. Communication to primary provider and/or other care providers
  - o. Patient instructions
  - p. Time spent with patient
  - q. Cognitive Status
  - r. Method of Assessment (office visit, phone visit, or virtual visit)
  - s. CMS (Medicare) Standard Format materials \*\*

2. Providers must submit a Continuity of Care Document (CCD) to HealthPartners within 45 days of an MTM visit, except for care provided in December of each calendar year, when CCD information is due no later than January 15th of the following calendar year (see attachments for CCD specification).

## **Audit Requirements:**

Upon request by HealthPartners, MTM providers will provide medical and/or administrative records to HealthPartners within seven (7) days of such request.

<sup>\*</sup>Elements that need to be recorded in the patient's record but do not need to be specifically documented/updated at each visit.

<sup>\*\*</sup>Only for HealthPartners Medicare members. After a comprehensive visit and within 14 days of the visit. All attempts should be made to make the 1st visit of each calendar year comprehensive.