

TennCare MTM Program- Checklist for minimum CPA

In General: Name of parties and effective date

Specifics as follows:

1. **Names and Titles of Collaborating Providers:** The (CPA) applies to any and all of the Collaborating Providers listed in Attachment A. The Parties are responsible for ensuring that their respective Collaborating Providers have read and signed the attached attestation(s) which are incorporated into this agreement by reference. Each Party is responsible for providing the signed attestation to their respective licensing boards as required by rule. Changes to the roster of Collaborating Providers do not void this CPA. Each Party is responsible for providing the proper attestation(s), within 30 days to the other party when Collaborating Providers are removed or added.

2. **Authorized Care and Services:** The Pharmacist is authorized to provide the following screening, prevention, assessment, management, and care, services. All care and services provided, except immunizations, opioid antagonists, and preventive care, must be pursuant to a diagnosis appropriately made and documented by the physician, advanced practice nurse or physician assistant. The services to be provided by Pharmacist are:

Pharmacist does not/does [parties choose one] have prescribing authority. If the Pharmacist does have prescribing authority the following drugs or categories of drugs may be prescribed pursuant to this CPA.

3. **Documentation and Communication:** Any patient care services provided by a pharmacist or pharmacists pursuant to this CPA shall be documented in a patient record accessible by the pharmacist(s) and the collaborating prescriber(s) or communicated in writing to the collaborating prescriber or prescribers within three (3) business days of the service. The following method will be used by the Collaborating Providers to share patient records:

All such records shall be maintained by the Collaborating Providers for a period of not less than ten (10) years from the date of the last patient contact.

4. **Override Clause:** The collaborating prescriber shall override the actions taken by the collaborating pharmacist specific to services provided under the CPA. If the collaborating prescriber determines that the override is essential to the optimal health outcomes of the patient. Collaborating prescriber shall inform both the Pharmacist and the patient of the override by the following method:

5. **Expiration, Modification and Termination** This CPA may be modified by the mutual agreement of the Parties upon a request given in writing describing the change that is being sought and its effective date. Said mutual agreement shall be evidenced by a writing signed by both Parties to the CPA. Changes to the authorized care and services not involving an institutional-based pharmacy setting, which institute substantive additions or reductions to the scope of patient care services provided under the agreement including new therapeutic classes of drugs to the authorized formulary must be provided to the appropriate licensing boards no later than thirty (30) days from the effective date of the Amendment.

6. **Automatic Exclusions** A collaborating provider will be automatically excluded from participation in the Agreement, for the following reasons which may include but need not be limited to death, suspension, surrender, revocation, or retirement of license; loss or restriction of prescriptive authority; the suspension or revocation of a Drug Enforcement Administration registration; exclusion from any federally-funded health programs, or the formal termination of the supervising relationship between an advanced nurse practitioner or physician assistant and his or her supervising physician. Any Agreement involving an advanced practice nurse or physician assistant participating in a collaborative pharmacy practice agreement shall contain a procedure for immediate notification to the collaborating pharmacist(s) if that supervisory relationship is terminated for any reason.

7. **Quality Assessment** The following are the measurable and objective performance goals for evaluating the quality of care provided for the patients treated pursuant to the Agreement.

These performance goals shall be reviewed by the participants to the Agreement at least quarterly. Such quarterly review shall include consideration of any changes necessary to the Agreement, authorized formulary, and patient orders, strategies regarding patient education and medication adherence, increased or improved monitoring of side effects and the need for further screening/testing. Collaborating prescribers shall review at a minimum at least five percent (5%) per month of the patients treated pursuant to the Agreement. The quality assessment review shall be properly documented, retained by the participating parties of the Agreement, and available for review by representatives of the various licensing boards for at least ten (10) years.