Health and
Wellness

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Provincially Reimbursed Medication Review Guidelines

As per the new Pharmacy Services Agreement, the PEI Department of Health and Wellness, Health PEI and the PEI Pharmacists Association are pleased that pharmacies will be able to begin billing the Provincial Drug Programs for Medication Reviews, Diabetes Medication Reviews and their corresponding follow-ups. The following outlines some of the important implementation guidelines for this newly reimbursed service.

Eligibility Criteria

PEI Basic Medication Review (BMR):

The beneficiary must be taking three (3) or more chronic prescription medications which are covered by the Pharmacare Programs and are used for the treatment of chronic conditions. The beneficiaries must be covered under the following programs:

1.   Seniors Drug Cost Assistance Program
2.   Financial Assistance Program
3.   Private Nursing Home Program[1]

PEI Diabetes Medication Review (DMR):

The beneficiary must be taking at least one (1) prescription medication(s) which is covered by the Pharmacare Programs and is used for the treatment of diabetes. The beneficiaries must be diabetics registered with PEI Pharmacare and beneficiaries with diabetes in the following Pharmacare Programs:

1.   Diabetes Program
2.   Financial Assistance Program
3.   Private Nursing Home Program[1]

PEI Basic Medication Review Follow-Up (BMRF) and PEI Diabetes Medication Review Follow-Up (DMRF):

Follow-Ups are to be completed in-person with the beneficiary. To be eligible for a Medication Review Follow-Up the beneficiary must:

1.   Meet the eligibility criteria set out for the corresponding BMR or DMR; and
2.   Have had a BMR or DMR within the last 365 days; and
3.   Have a clinical need:
    a. Medication change; or
    b. Discharge from hospital; or
    c. Planned hospital admission; or
    d. Physician request; or
    e. Pharmacists' professional documented decision; and
4.   Have not exceeded the BMRF/DMRF claim limits (maximum of four total follow-up appointments, including both BMRF and DMRF, per 365 days).

NOTE: Follow-Ups may be claimed by another pharmacist at another pharmacy that did not complete the BMR or DMR **only if** the pharmacist providing the follow-up or intervention has a copy of the BMR or DMR.

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[1] Nursing Home beneficiaries who are in Government Nursing Homes are excluded.

Billing Information

Name of Service	PINS	Number	Frequency	Rate
Basic Medication Review (BMR)	93899926	1	365 days	$52.50
Basic Medication Review – Follow-Up (BMRF)	93899924	Up to 4 (including DMRF)	365 days	$20.00
Diabetes Medication Review (DMR)	93899925	1	365 days	$65.00
Diabetes Medication Review – Follow-Up (DMRF)	93899923	Up to 4 (including BMRF)	365 days	$25.00

Claims Processing

Confirm Criteria
- Is the beneficiary covered through an eligible program?
- Is the beneficiary taking the required number of medications (BMR/F: 3+ chronic meds covered under PEI Pharmacare; DMR/F: 1+ diabetes meds covered under PEI Pharmacare)
- Check the beneficiary's DIS profile to verify whether they have had a B/DMR or the maximum number of follow-ups in the last 365 days.[2]

Process the Claim
- Bill the appropriate program as you would any eligible drug:
  - Use the PIN number assigned for the particular review/follow-up
  - Bill a quantity of "1"
  - Bill a days supply of "1"
  - Bill the reimbursement amount in the drug cost field
  - Enter the Prescriber # (the pharmacist who performs the review)

Additional Information:
- There are no Special Service Code requirements at this time.
- All other amounts (dispense, service, upcharge and compound) will be set to 0.

Audit Procedures

All forms completed during the medication reviews or follow-ups which capture the information outlined in the "Documentation Minimum Requirements" section below must be retained by the pharmacy. For greater clarity, if a pharmacy chooses to use the PEI Pharmacists Association's PEI PharmaCheck™ documentation, the completed forms that must be retained include the following:

- Basic/Diabetes Medication Review
  - My Medication Check-Up/My Diabetes Medication Check-Up
  - Medication Review Interview Flowchart/ Diabetes Medication Review Interview Flowchart
  - Medication Review Interview Worksheet/ Diabetes Medication Review Interview Worksheet
  - Personal Medication Record
  - Prescriber Communication Letter, if applicable

- Basic/Diabetes Medication Review - Follow-Up
  - Medication Review Follow-Up/Diabetes Medication Review Follow-Up
  - Personal Medication Record
  - Updated Basic/Diabetes Medication Review forms, if applicable
  - Prescriber Communication Letter, if applicable

Forms must be accessible for audit, and stored for six (6) years from the end of the last tax year to which they relate.

Electronic/scanned version of the forms will be accepted at audit, provided the required information, including signatures, is captured. Standards for electronic documentation guidelines from the National Association of Pharmacy Regulatory Authorities (NAPRA) may be considered when they become available.

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[2] Only one (1) BMR or one (1) DMR can be claimed per eligible beneficiary in a 365 day period. A second claim for a BMR or DMR will reject. Any combination of follow-ups (BMRF + DMRF) may be claimed per eligible beneficiary, so long as the sum does not exceed 4 per 365 day period since the BMR or DMR was completed. If the number of claims exceeds the limit, the claim will reject with the message: EXCEEDS ANNUAL LIMIT. A follow-up claim will be rejected if a BMR or DMR has not been completed in the last 365 days.

Appendix 1 – Documentation Minimum Requirements

The PEI Pharmacists Association, Department of Health and Wellness and the Canadian Pharmacists' Association have collaborated in developing a set of documentation for medication reviews. The PEI PharmaCheck™ documents are understood to meet the minimum requirements for billing to the provincial government. Any pharmacy that chooses to use a proprietary version of medication review documentation must ensure that the following minimum requirements are met.

1. *Basic Medication Review*

General & Interview Information	
Information to be Captured	- Patient contact information (including birthdate, PHN) - Patient primary health care provider information (name, contact information) - Patient informed consent (including signature) - Date - Confirmation by the pharmacist that the beneficiary is an eligible beneficiary of provincially reimbursed medication reviews (including signature) - Patient health information - Risk factors (smoking, drug use, alcohol, caffeine, allergies, other) - Medical conditions (kidney disease, liver disease, other) - Immunizations (Tetanus, Influenza, Pneumococcal, Other immunizations/travel vaccines) - Assessment of: - general knowledge (knows the names, reason(s) for use, appropriate storage) - adherence, and - understanding (frequency, special dosing instructions, and demonstrations, if applicable) - Pharmacist should discuss and check: - Labeling and packaging (e.g., need for easy open vials or blister packs, trouble reading labels) - Expiry dates and disposal of discontinued or expired medications. - Pharmacist should record: - Medications brought to the visit (not on patient profile) - Issues, Actions, and Follow-ups - The need for a Follow-Up appointment, if required, and the scheduled date, if available.
Actions to be Taken by Pharmacists	Discussion and completion of forms.
Additional Requirements	- The Personal Medication Record must be completed. - The Prescriber Communication Letter should be completed, if appropriate.

2. *Diabetes Medication Review*

All information identified in the *Basic Medication Review*, as outlined above, is required for the *Diabetes Medication Review*. In addition, the following diabetes specific information is also required.

Diabetes Interview Information	
Information to be Captured	- Identification of Diabetes Type: I, II, Gestational; Age at diagnosis - Labs (if available) - Blood Glucose (mmol/L; Fasting or Postprandial); HbA1C level (%); Blood Pressure (mmHg); Cholesterol: LDL-C (mmol/L); TC/HDL-C ratio - Review of training on devices and supplies - Indicate which types of devices and supplies - Blood glucose meter/test strips; Insulin administration device/supplies; Proper disposal of used supplies - Indicate if follow-up is required; Identify comments/issues/interventions - Review of counseling/assessment provided for co-morbidities - Indicate which types of co-morbidities - Foot care; Retinopathy; Neuropathy; Nephropathy; Other - Indicate if follow-up is required; Identify comments/issues/interventions

	• Review of counseling/assessment provided for lifestyle management
	o Indicate which types of lifestyle management
	▪ Nutrition; Weight management; Physical activity; Stress reduction; Diabetes Education Centre
	o Indicate if follow-up is required; Identify comments/issues/interventions
Actions to be Taken by Pharmacists	• Discussion and completion of forms.
Additional Requirements	• The Personal Medication Record must be completed. • The Prescriber Communication Letter should be completed, if appropriate.

3. Follow-Up – Basic and Diabetes

Follow-Up Information	
Information to be Captured	• Patient identifying information • Date of the follow-up; Issues for follow-up • Pharmacist intervention and outcome • Whether further follow-up is required (date/time, if applicable) • Pharmacist's name
Actions to be Taken by Pharmacists	• Discussion and completion of forms.
Additional Requirements	• The information collected during the Basic or Diabetes Medication Review should be updated or new paperwork completed, if appropriate. • A new Personal Medication Record must be completed. • The Prescriber Communication Letter should be completed, if appropriate.

Medication Reviews – Additional Documentation

Personal Medication Record	

Information to be Captured	• Documentation recording a list of patient's medications:
	    o Name (brand/generic); Strength/dose; How to take the medication (frequency, time of day, etc.); Purpose; Comments; Prescriber
	• Patient information
	    o Name; Date of Birth; PHN
	    o Medication allergies, intolerances, other allergies, etc.
	• Pharmacy contact information; Pharmacist name and signature
	• Primary health care provider contact information
	• Patient signature
	• Date
	• Actions needed to be undertaken by the patient

Actions to be Taken by Pharmacists	• The patient must be given a copy of this information/form.
Additional Requirements	• Personal Medication Record "Information to be Captured" is to be collected using a single form (number of pages is not stipulated)

Prescriber Communication Letter	
Information to be Captured	• Date of communication; Date of medication review • Patient information (name, address, PHN); Pharmacist's name and contact information • Results of the review o Any identified medication adherence issues, medication management issues requiring pharmacist or patient action only, and a summary of any proposed solutions to medication management issues for the primary health care provider's attention
Actions to be Taken by Pharmacists	• Transmission of a copy of the *Personal Medication Record*, or equivalent (as outlined above), if required.
Additional Requirements	• N/A