



Pharmacy Bulletin

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CHRONIC CARE IMPROVEMENT PROGRAM

The Chronic Care Improvement Program (CCIP) is an enhanced primary care case management program that incorporates the principles of disease management, care coordination and case management to serve patients identified through a risk assessment and disease stratification model. APS Healthcare has been selected by the State of Missouri, Department of Social Services, MO HealthNet Division (MHD) (formerly Division of Medical Services or DMS) to administer the statewide CCIP serving fee-for-service patients. Included as a component of the CCIP is an Internet based plan of care health information technology (HIT) system.

The goals of the CCIP are to improve health status and decrease complications for patients with chronic illness including **Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Cardiovascular Disease, Gastroesophageal Reflux Disease (GERD) and Sickle Cell Anemia**. The program will increase involvement of a central primary health care provider, empower patients to perform self-management of their health status, and utilize existing community resources and health infrastructures through the coordination of care.

The state recognizes the important role pharmacists play in the education and health status of MO HealthNet participants and has included in the CCIP a Medication Therapy Management (MTM) program for pharmacist participation. Possible interventions available for the pharmacist to perform will be implemented in multiple phases starting with diabetes and asthma intervention opportunities. Please sign up for [MO HealthNet News](#) e-mails to receive the latest information:

PROVIDER PAYMENT FOR MEDICATION THERAPY MANAGEMENT (MTM)

The ACS Health Management System's tool, Direct Care Pro™, is a new feature of the overall web-based tool called CyberAccess™ already in use by many MO HealthNet providers across the state for electronic prior authorization requests and access to individual patient claim histories (patient profiles). Beginning January 10, 2008, through Direct Care Pro™, pharmacies will be messaged when filling a prescription for a participant who meets certain disease-based criteria included in their health profile. In the initial stage of the program, messages will be limited to those participants who are shown to have a diagnosis of diabetes in their history or whose pharmacy profile indicates the presence of the disease.

The message to the pharmacy will be received in the DUR message field along with the current DUR messages being populated. An example of the message is: AVL DIAB INTVN (Available Diabetic Intervention). This will indicate to the pharmacy that the opportunity to perform the MTM for the participant exists. **Before an MTM intervention can be performed, the pharmacist must first enroll as a MO HealthNet provider (provider type 35) and complete the continuing education (CE) training offered via CyberAccess™.**

Pharmacies will receive incentive payments for participating in Direct Care Pro™. The incentive payment is contingent upon the provider logging on to the CyberAccess™ Web site to view, reserve and complete possible interventions. Once an intervention is completed, Direct Care Pro™ will automatically submit an electronic 837 claim to MO HealthNet on behalf of the pharmacy/pharmacist. The status of these claims will be reflected on the provider's remittance advice.

To become a CyberAccess™ user, or for more information about Direct Care Pro™ and the CE training, contact ACS Health Management System's help desk via [e-mail](#) or call 1-888-581-9797 or 573-632-9797. For questions about applying for a provider identifier, contact the [Provider Enrollment Unit](#) via e-mail.

PROVIDER INFORMATION - PROCEDURE CODES FOR PROVIDER TYPES 60 AND 35

Procedure codes will automatically be billed on behalf of the pharmacy/pharmacist by Direct Care Pro™ once an intervention has been completed. The following codes and payments are designated for pharmacy providers:

99605 – Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient.

This code is payable only one time per participant per lifetime.
Fee = \$50.00 (Not subject to cost-sharing)

99606 - Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient.

This code may be billed one time per calendar month per participant per intervention.
Fee = \$10.00 (Not subject to cost-sharing)

99607 – each additional 15 minutes (List separately in addition to code for primary service)

This code is an ad-on code and must be used in conjunction with 99605 or 99606.
Fee = \$5.00 (Not subject to cost-sharing)

PROGRAM DOCUMENTATION

The pharmacy/pharmacist participating in this program must maintain the documentation to support the claims submitted to MO HealthNet. Appropriate documentation includes a log of all MTM interventions, including patient name, patient signature, date and time of intervention and any other desired information relating to the specific intervention.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896