



## Iowa Department of Human Services Pharmacy Eligibility Application Instructions

### To Be Completed by the Pharmacist-In-Charge

Please follow these instructions to complete the application below to determine pharmacy eligibility to provide Pharmaceutical Case Management (PCM) services to Iowa Medicaid members. After completing this application, please return it along with the completed applications for pharmacists practicing in the pharmacy. Please return all application materials to PCM Application, c/o Rachel Digmann at the address/email or fax number listed below.

The pharmacy where PCM services will be provided must have a private member consultation area providing a reasonably comfortable, confidential area to provide member care. It is not required that this consultation area be a separate room.

If this criterion is met, please indicate so by checking the appropriate box on the application form.

PCM services must be documented in a problem-oriented, longitudinal member record. This member record is analogous to a medical record. No specific documentation system is required. The documentation system may be electronic or manual.

If this criterion is met, please indicate so by checking the appropriate box on the application form.

Eligible pharmacies must implement an internal process to ensure the routine care of the PCM member is monitored by eligible pharmacists. Pharmacists who have not met eligibility requirements may provide routine care to eligible members. However, all member encounters must be reported to pharmacists who are eligible to participate in PCM services. All PCM services must be provided by PCM eligible pharmacists.

To add spacing before and after text, highlight text and then go to Format on the toolbar, choose Paragraph, and fix spacing before and after text.

If this criterion is met, please indicate so by checking the appropriate box on the application form.

Pharmacists will be asked to complete several activities as part of providing PCM services and to facilitate the evaluation of PCM services. These activities include but are not limited to:

- Submitting documentation as requested by the research team
- Using communication form as directed by the research team
- Encouraging participation by eligible members identified by the research team
- Soliciting physician participation in PCM services
- Attending PCM training sessions
- Completing an assessment of therapeutic knowledge and the process of drug therapy problem resolution for research purposes
- Participating in pharmacy site visits with the research team
- Transmitting written communications with physicians via a timely method
- Submitting HCFA-1500 claims

**Important Note:**

Some insurance (TPL) and Medicare Part D plans already cover this type of service. For Medicaid members who have TPL or Medicare Part D the provider must show that the TPL/Medicare D does not cover this service when submitting a claim to IME. Call provider services if you have any questions about how to submit a claim in such cases: 1-800-338-7909 or 515-256-4609 (local in Des Moines).

In addition, the provider is responsible for verifying any other coverage and ongoing Medicaid eligibility – Medicaid is always “payer of last resort.” If the member becomes eligible for Medicare (or other insurance) while receiving Pharmaceutical Case Management (PCM), primary coverage of the service may change. Approval for PCM service does not guarantee that coverage of the service is with Medicaid.

If this criterion is agreed upon, please indicate so by checking the appropriate box on the application form.

Please sign and date your application along with printing your demographic information as indicated. Return the completed application along with the materials necessary to process pharmacy eligibility to PCM Application c/o Rachel Digmann, Telligen, 1776 West Lakes Parkway, West Des Moines, IA 50266 or fax 515-222-2411. Care plans may be emailed to [rdigmann@telligen.com](mailto:rdigmann@telligen.com).



## Iowa Department of Human Services Pharmacy Eligibility Application

### Iowa Medicaid Pharmaceutical Case Management Program

To Be Completed by the Pharmacist-In-Charge

To determine pharmacy eligibility to provide pharmaceutical care management (PCM) services for Iowa Medicaid, I submit the following information and agree to the following statements:

- A private member consultation area is available in the pharmacy.
- A problem-oriented, longitudinal member record for the documentation of PCM services is available in the pharmacy and in functional order.
- I understand to be eligible to provide PCM services, this pharmacy must implement an internal process to ensure the routine care of PCM members are monitored by eligible pharmacists.
- I agree to participate in the evaluation activities as outlined in the application instructions.

I, the undersigned, hereby certify that the above statements are true.

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(Signature of Pharmacist-In-Charge)

(Date)

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(Print Name of Pharmacist-In-Charge)

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(Pharmacy Name)

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(Address)

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(City)

(State)

(Zip Code)

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(Telephone)

(Fax)

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(Medicaid Legacy Number)

(E-mail)