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Quality Corner: CMR Documentation

Does your team follow specific steps to ensure they are documenting a quality comprehensive medication review (CMR) service? [Click here](#) for a handy checklist.



CMR DOCUMENTATION LIST

- Document attempts to offer the service.**
Use the Contact Log to document outreach attempts to offer the CMR service. For example, if you have a personal schedule appointment, or leave a message with someone.
- Document who received the service.**
If completing the service with someone other than the Beneficiary (at the Beneficiary's request or with their permission), document the recipient of service. Make sure to capture the Caregiver/Representative's Full name as well as Caregiver address in required fields.
- Confirm Allergies and Conditions.**
Once you've confirmed a patient's allergy or condition, check the box next to it. If a patient doesn't have allergies, there's an option for "No Known Allergies." You should document a confirmed condition for each medication's corresponding "Purpose" when applicable.
- Complete the Medication List.**
This includes updating the list by adding or removing medications, and you are also required to document the Purpose (Indication) and Directions for each medication.
 - Mark medications "No longer Taking" if the prescriber has discontinued them.
 - Add Medications including any prescription or non-prescription/over-the-counter medications, herbal, and supplements.
 - When adding to the list, you must add a Prescriber's name for prescribed medications. For non-prescribed medications, enter "Self" or leave the field blank.
 - Directions should be easy for the patient to understand and include an action, quantity, formulation, route of administration, and frequency. For example, "Inject 8 units subcutaneously before every meal" is acceptable. Sig codes should NOT appear in the Directions field.
- Recommendation: Document your recommendations to the patient's prescriber(s) in the Assessments and Plans section.**
These will populate the Physician Summary Letter, along with other case information (including Medication Therapy Problems, Alerts, and corresponding recommendations), so that you can generate the letter and send it to the appropriate prescriber(s).
- Document topics discussed and recommendations to your patient in the Patient Medication Action Plan Section.**
Remember, document these as if you're speaking with the patient. Each distinct topic should appear in its own row.
 - The "What we talked about" field will appear under the same heading in the patient handout. "Reviewing your blood pressure" or "Diabetes - Checking Your Blood Sugar" are just two examples of how to use this field.
 - The "What patient needs to do" field will appear under the "What to Do" heading in the patient handout. This should include action items like "Continue to take your medicines and walk every day. Lower sodium in your diet. Remember, your goal blood pressure is..." or "Check your blood sugar every morning as directed by your doctor."
- Print and deliver the patient handout.**
You can generate this document on the Authorization tab of a CMR case OR access and generate it through the Documents drop down in the top right hand corner of a case. The patient handout must be delivered within 14 days of completing the service.

With Whom Did You Speak? CMS Wants to Know!

When providing a CMR service on behalf of a patient to someone other than the patient (caregiver, prescriber, legal guardian, etc.), it's extremely important to document the full name and address of that person. You must **NEVER** just list "daughter", "son", "husband", etc. without providing that person's complete contact information. CMS wants to know exactly who you spoke with in order to provide the CMR service.

Cognitive Impairment / Recipient of Service

If the patient is cognitively impaired, CMS recommends that you reach out to the patient's caregiver, prescriber, or other authorized individual such as patient's health care proxy or legal guardian to take part in this interactive (person-to-person) CMR. If service is provided to such an authorized individual, be sure to deliver any required patient handouts (e.g., Medication Action Plan & Person Medication List) to that person.

Is patient cognitively impaired?
 Yes No Unknown

Recipient(s) of interactive (face-to-face or by phone) MTM Service
(check all that apply)

Beneficiary Caregiver Beneficiary's prescriber Other authorized individual

Representative / Caregiver Contact Info

Full Name: <u>Daughter</u>	Address:
Home Phone:	City:
Other Phone:	State:
Relationship:	Zip:

As the End of the 3rd Quarter Nears, How's Your MirixaProSM Performance?

As we enter September, it's time to make sure that your pharmacy performance is where you want it to be. There is still time to improve, if necessary. If you think about every "lost case" as a missed opportunity for additional income, making sure that your pharmacy is on top of all available cases in the MirixaPro platform is extremely important.

Adherence cases are usually quick consultations that can end up having a big impact on your store - and your patients. You will want to be sure you have a plan in place to tackle Adherence cases as soon as you receive them - giving your patients time to achieve adherence by the end of the year. Current Adherence programs available are for Aetna, CVS, and VivaHealth.

For Medicare MTM cases, you have until the end of the year to complete these cases, but those are sometimes harder to schedule with the patient. While MTM cases typically pay more than Adherence cases, they also take more time to complete. Fortunately, the MirixaPro platform guides you through a standardized, systematic assessment and case work flow, and its built-in intelligence ensures you provide a comprehensive service to your patients while generating all necessary follow-up paperwork - which eases the entire process. Current Medicare MTM programs available at Prime Therapeutics, University of Maryland Health Advantage, UPMC, Viva Health, and WellCare.

Taking the time to reach out to your patients with proper medication counseling can help improve their health outcomes as well as solidify your relationship with those patients. Be sure to develop a plan and approach for your staff to ensure that your patients get the most from these valuable services while earning additional income for your pharmacy.

Thanks for Asking!

Answers to your questions about the MirixaProSM platform - process, programs, and more!



Jackie Dimetres, Pharmacy Network Support / Account Manager

Q.

I have two questions regarding patients and their health care benefits: (1) What if I speak with a patient who has questions about their health benefits? (2) What should I do if I feel it is necessary to refer the patient for additional care?

A.

Great questions! First, since there are so many variables with health plans and benefits, the best option for questions about member benefits is to recommend that the patient contact their health plan directly. The customer service number for the plan is usually listed on the back of their member card.

Regarding a patient referral, if you feel that a patient would benefit from additional care, check the Program Info Tab in the MirixaProSM platform. Many plans include additional information that can be found here with specific referral information. If there is no referral information provided, you should direct the member to call their plan's customer service number on the back of their member card to determine the proper process for a referral of care.

Mirixa Support:
(866) 218-6649

Monday - Friday 8:30am-5:30pm ET
or visit 'Contact Support' on the MirixaPro platform.

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