PHARMACY **BENEFACT**

Number 1333 • August 2026

A BULLETIN FOR PHARMACY SERVICE PROVIDERS FROM ALBERTA BLUE CROSS®

Multi-year Pharmacy Funding Framework update

Enhanced Care Plan claims reporting requirements

As previously communicated in **Benefact 1320**, the Government of Alberta and the Alberta Pharmacists' Association (RxA) have finalized a new multi-year Pharmacy Funding Framework that provides stability through to March 31, 2029. This notice provides additional details regarding the enhanced Comprehensive Annual Care Plan (CACP) / Standard Medication Management Assessment (SMMA) Product Identification Number (PIN) reporting requirements to improve condition capture and outcomes.

Effective October 1, 2026, Primary and Preventative Health Services (PPHS) is introducing enhanced reporting requirements for the CACP and SMMA, along with Follow-Up assessments. These requirements apply to all eligible CACP, SMMA and Follow-Up claims and are in addition to existing claim submission requirements. Please note that eligibility criteria for CACP and SMMAs haven't changed.

What's changing

Effective October 1, 2026, pharmacy providers must:

- Submit **International Classification of Diseases (ICD-9), 9th Revision codes** for CACP or SMMA and Follow-Up assessments to clearly document the primary condition of the Resident for which the CACP, SMMA or Follow-Up is being provided; and
- Submit NEW **PINs** when claiming for the performance of a CACP or SMMA and follow-ups.

These new reporting requirements will be required on top of existing mandatory claims requirements and will be outlined in the Ministerial Order Compensation Plan for Pharmacy Services, effective October 1, 2026.

Resident eligibility for CACP and SMMA has not been changed.

New PINs for CACP/SMMA Services

New PINs will be introduced to support standardized reporting of pharmacist interventions:

- PINs must reflect the clinical decisions and actions performed by the pharmacist during the provision of a CACP or SMMA and/or Follow-Ups.
- There are no distinct PINs for Additional Prescribing Authorization (APA) and non-APA pharmacists.
  - The following PINs will no longer be accepted as of October 1, 2026: 00000071114, 00000071115, 00000081114, 00000081115, 00000071112, 00000081112, 00000071117, 00000081117, 00000071118, 00000081118, 00000071113, 00000081113.
- Claims submitted without NEW required PINs and an ICD-9 code will be rejected.
- PIN definitions, billing guidance, and claim requirements can be found in the FAQ document and will also be outlined in the **Alberta Blue Cross Parmacist's guide to Pharmacy Services Compensation https://www.ab.bluecross.ca/pdfs/83443_compensation_guide.pdf** prior to October 1, 2026.

continued next page

continued from previous page

ICD-9 Chronic Disease Diagnosis Codes

An ICD-9 code must be submitted for each CACP/SMMA initial assessment and/or Follow-Up assessments.

The eligible ICD-9 codes for an initial CACP or SMMA assessment are identified in the table below. These codes may differ for Follow-Ups from the initial CACP or SMMA assessment service. For further details and examples of scenarios where the ICD-9 code may differ, please refer to the **FAQ document https://www.ab.bluecross.ca/pdfs/cacp-and-smma-pin-faq.pdf**.

Chronic Disease	Diagnosis Code
Hypertensive Disease	401
Diabetes Mellitus	250
Chronic Obstructive Pulmonary Disease	496
Asthma	493
Heart Failure	428
Heart Disease–Angina Pectoris	413
Heart Disease–other	414
Mental Disorders (personal history of)	290-319, excluding 303, 304, and 305.1
Obesity	278
Tobacco	305.1* (must use ICD-9 code 305)
Addictions – Alcohol	303
Addictions – Drugs other than Alcohol	304

*Due to claims submission limitations, ICD-9 code 305 is submitted as the general code for nondependent drug abuse but should be understood to represent nondependent tobacco use/abuse.

New PINs for CACP/SMMAs and Follow-Ups

For each CACP/SMMA initial assessment, pharmacists must select the PIN most relevant to the Resident's clinical need or health status that triggered the care plan assessment.

For each CACP/SMMA Follow-Up assessment, pharmacists must select the PIN most relevant to the Resident's status and/or the pharmacist intervention provided during the follow-up assessment.

The complete list of new PINs can be found in the FAQ document.

continued next page

continued from previous page

Pharmacists are responsible for exercising professional judgment to determine whether a CACP or SMMA and/or Follow-Up is clinically appropriate and to confirm that the Resident meets the applicable eligibility requirements.

Initial Assessment	
CACP, SMMA (includes SMMA Diabetes) Initial Assessment PIN	• Discharged from a Hospital Services Facility within 14 calendar days of attendance at the Community Pharmacy o Unstable condition o Newly diagnosed o Stable condition with need for medication review or treatment o Increased risk for complications • Self-Referral or Pharmacist Initiated o Unstable condition o Newly diagnosed o Stable condition with need for medication review or treatment o Increased risk for complications • Recommendation by a Health Professional (other than a Clinical Pharmacist) to a Clinical Pharmacist o Unstable condition o Newly diagnosed o Stable condition with need for medication review or treatment o Increased risk for complications • Continuing Care Resident (Type A) o Unstable condition o Newly diagnosed o Stable condition with need for medication review or treatment o Increased risk for complications
SMMA Tobacco Initial Assessment PIN	• Self-Referral or Pharmacist Initiated • Recommendation by a Health Professional (other than a Clinical Pharmacist) to a Clinical Pharmacist • Continuing Care Resident (Type A)

continued next page

continued from previous page

Follow- Up Assessment	
CACP, SMMA (includes SMMA Diabetes and Tobacco) Follow-Up Assessment PIN	• Patient Stable (at target) – No Changes Made • Consulted with Other Health Professional – No Change Made • Continuation or Renewal of Medication • Changed Drug Therapy – Prescribed Dose Change • Changed Drug Therapy – Discontinued Medication • Changed Drug Therapy – Prescribed New Medication • Changed Drug Therapy – Consulted with other Health Professional • Lab Ordered • Monitoring/Point of Care Test • Recommended Resident to Health Professional or Care Destination (e.g., emergency department)

Documentation Requirements

The Clinical Pharmacist must retain a copy of the most recent completed CACP/SMMA or follow-up CACP/SMMA on the Resident's Record for no less than 10 years.

Additionally, as required in the current Ministerial Order for the Compensation Plan for Pharmacy Services (Sections 4(17) and 5(22)), when a Clinical Pharmacist completes and documents a CACP/SMMA or Follow-up CACP/SMMA, they must provide the resident with a completed and signed copy or summary of the assessment. This can be provided in either paper or electronic format.

Updates on additional changes under the new Framework will be communicated to pharmacists through Benefacts issued throughout the summer.

Previous Communications:

- **Pharmacy Benefact 1320 - June 2026: Special announcement: New multi-year Pharmacy Funding Framework**
- **Pharmacy Benefact 1321- June 2026: Second notice: Pharmacy services billing cap effective June 26, 2026**
- **FAQ-for-Pharmacist-CAP.pdf**

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at

780-498-8370 (Edmonton and area)
403-294-4041 (Calgary and area)
1-800-361-9632 (toll free)
FAX 780-498-8406 (Edmonton and area)
FAX 1-877-305-9911 (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefacts and supplemental claiming information to assist with the submission of your direct-bill drug claims.

Visit **ab.bluecross.ca/providers/pharmacy-home.php**