



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 13.09-P Pharmacist Non-Dispensing (AB1114) has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	11/11/21	<i>[Handwritten Signature]</i>
Dr. Tasinga	1/7/2021	<i>[Handwritten Signature]</i>
Emily Duran	11/20/2020	Emily Duran
Robin Dow-Morales	11/12/2020	<i>Robin Dow-Morales</i>
Bruce Wearda	10.7.2020	Bruce Wearda, R.Ph.
Carmen Dobry	9.16.2020	Carmen Dobry

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Pharmacist Non-Dispensing (AB1114)			POLICY #: 13.09-P		
DEPARTMENT: Pharmacy					
Effective Date: 01/11/2021	Review/Revised Date: 01/11/2021	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer

Date _____

 Chief Medical Officer

Date _____

 Chief Network Administration Officer

Date _____

 Claims Director

Date _____

 Director of Pharmacy

Date _____

 Director of Compliance and Regulatory Affairs

Date _____

POLICY:
 Pharmacists employed by Pharmacies contracted with Kern Health Systems (KHS) are able to provide provider services identified through AB1114.

Senate Bill 493 established pharmacist provider status in California, allowing for pharmacists to provide and bill for health care services not encompassing the dispensing of medication.

DEFINITIONS:

1.0 ADVANCED PRACTICE PHARMACIST:

An advanced practice pharmacist is a licensed pharmacist who has been recognized by the board, pursuant to Section 4210. A board-recognized advanced practice pharmacist is entitled to practice advanced practice pharmacy, as described in Section 4052.6, within or outside of a licensed pharmacy. The advanced practice pharmacist license shall be coterminous with the licensee's pharmacist license.

2.0 PROVIDER STATUS:

Although the State of California does recognize Pharmacists who have satisfied the Advanced Practice Pharmacist requirements as providers, due to statute, Medi-Cal does view Pharmacists as providers through AB1114 for services through WIC 14132.968.

3.0 ORDERING REFERRING PROVIDER (ORP):

Eligible pharmacists must enroll as a Medi-Cal ordering, referring, and prescribing (ORP) provider. Applications are available on the Medi-Cal website at

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/23enrollment_DHCS6219.pdf

4.0 NEW PATIENT:

A patient who has not received any professional service from the pharmacist or pharmacy within the past three years. If a new patient visit has been paid, any subsequent claim for a new patient service by the same provider, for the same recipient received within three years will be paid at the level of the comparable established patient procedure.

5.0 ESTABLISHED PATIENT:

A patient who has received applicable professional service from a pharmacy location within the past three years.

6.0 MEDICAL RECORD DOCUMENTATION:

Medical record documentation is required to be retained for all pharmacist evaluation and management services. All providers should be aware that if the service was not documented, then the service will not be considered to have been provided. At a minimum, the following elements must be captured in the medical record:

- Reason for encounter
- Appropriateness of therapeutic services provided
- Applicable test results (Blood Pressure/pulse)
- Recipients relevant medical history
- Site of service, if applicable
- Regulation required questionnaire
- Date, time of service, and identity of Pharmacist providing the service
- Total time spent with recipient and time spent on counseling, if applicable.
- Action taken as a result of the encounter

PROCEDURES:

1.0 SERVICES

Services eligible for reimbursement are identified in AB1114. Please reference the following for a complete listing.

2.0 QUALIFYING CRITERIA

2.1 Pharmacy

- Enrolled with DHCS Medi-Cal Fee For Service (FFS)
- Support Kern Health Systems Quality Improvement and Utilization Review programs
- Bill via electronic claims submission (ASC X12N 837P v. 5010)
- Maintain medical records to support encounter, per DHCS medical record documentation requirements (Documents must be made available upon request).
 - Reason for encounter
 - Appropriate of therapeutic services provided
 - Applicable test results
 - Recipients relevant medical history
 - Regulation required questionnaire
 - Date, time of service, and identity of Pharmacist providing service
 - Total time spent with recipient and time spent on counseling, if applicable.
 - Action taken as a result of the encounter

Reimbursement rates are outlined in the enrolled pharmacy's contract.

2.2 Pharmacist

- Maintain an active pharmacist license in good standing
- Enrolled with DHCS Medi-Cal Ordering/Referring/Prescribing Provider
- Attest to meeting the necessary requirements/training for each service and having the ability to provide documentation thereof
- Support Kern Health System's quality improvement and utilization review programs
- Billing Codes and frequency may be found in the enrolled pharmacy's contract.

3.0 MONITORING:

Kern Health Systems has the right to monitor compliance with all regulatory requirements. Monitoring will include verification of pharmacist ability to provide attested services, as well as medical record documentation for accuracy and completeness as identified above. If appropriate training and or medical record documentation is not able to be verified, Kern Health Systems has the right to recover any paid funds through our recovery process after 30 days of notification.

4.0 MEDICAL EMERGENCY

In the event of a medical emergency where treatment appears to be immediately required and is necessary to prevent deterioration or aggravation of the patient's condition, treatment may proceed without the patient's consent. Consent is implied in these circumstances on the theory that if the patient were able, such consent would be given.

It is desirable and appropriate to seek the consent and concurrence of the closest available

relative. This is a reasonable means of dealing with situations in which an adult patient who does not have a conservator or an attorney is, in fact, temporarily unable to give consent. Treatment should not be delayed or the condition of the patient jeopardized to obtain consent. But, if such a delay does not jeopardize the patient, consent must be obtained prior to treatment.

5.0 PERSONNEL VERIFYING CONSENT

If at the time the surgery/diagnostic/therapeutic consent is presented to the patient for signature, the patient voluntarily indicates doubt or confusion about the indicated procedure or operation and there is a question as to whether informed consent has been obtained, provider involved should be notified immediately.

Obtaining informed consent is the performing provider's responsibility. Only verification (obtaining signatures) may be delegated to office and nursing staff.

6.0 CONSENT FORMS

Appropriate consent forms should be presented to informed patients for signature. The consent form is not informed consent. It is evidence for both the facility and the provider that informed consent has been obtained. The consent form is not a substitute for the critical role of the attending provider in the informed consent process.

7.0 DOCUMENTATION OF INFORMED CONSENT

The informed consent must be documented in the patient's medical record prior to treatment. The informed consent process is incomplete without documentation.

REFERENCE

2020-09: Policy approved by the Department of Health Care Services (DHCS) 9/8/2020. Policy created as result of Pharmacist non-dispensing services as a result of AB1114.