KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Pharmacist Non-Dispensing (AB1114)	**Policy #**	13.09-P
Policy Owner	Pharmacy	**Original Effective Date**	1/11/2021
Revision Effective Date	8/2024	**Approval Date**	12/11/2024
Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I. PURPOSE

The policy outlines what non-dispensing services are available to eligible and enrolled pharmacists and pharmacies as permitted by Assembly Bill No. 1114 (AB1114). The policy also stipulates what steps are necessary for billing for said services.

II. POLICY

Pharmacists employed by Pharmacies contracted with Kern Health Systems (KHS) are able to provide provider services identified through Assembly Bill No. 1114 (AB114).

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.

III. DEFINITIONS

TERMS	DEFINITIONS
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.
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 not view Pharmacists as providers. Through AB1114, Medi-Cal

	does recognize these services through Welfare and Institutional Code (WIC) Section 14132.968.
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
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.
ESTABLISHED PATIENT	A patient who has received applicable professional service from a pharmacy location within the past three years.
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: A. Reason for encounter B. Appropriateness of therapeutic services provided C. Applicable test results (Blood Pressure/pulse) D. Recipients relevant medical history E. Site of service, if applicable F. Regulation required questionnaire G. Date, time of service, and identity of Pharmacist providing the service H. Total time spent with recipient and time spent on counseling, if applicable. I. Action taken as a result of the encounter

IV. PROCEDURES

A. SERVICES

Services eligible for reimbursement are identified in AB1114. Please reference the following for a complete listing.
https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/A7121167-6D74-4E71-A62C-FF248C861B5A/pharmserv.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

B. QUALIFYING CRITERIA

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

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

2. **Pharmacist**
    a. Maintain an active pharmacist license in good standing
    b. Enrolled with DHCS Medi-Cal Ordering/Referring/Prescribing Provider
    c. Attest to meeting the necessary requirements/training for each service and having the ability to provide documentation thereof
    d. Support Kern Health System's Quality Improvement and Utilization Review programs
    e. Billing Codes and frequency may be found in the enrolled pharmacy's contract.

3. **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 thirty (30) days of notification.

4. **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. **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. **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. **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.

V. ATTACHMENTS

Attachment: N/A

VI. REFERENCES

Reference Type	Specific Reference
Choose an item.	

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2024-08	Annual routine review, revisions include Purpose statement and minor edits.	C.K. Pharmacy
Revised	2023-09	Annual routine review, no revisions required.	B.W. Pharmacy
Revised	2020-09	New policy created as result of Pharmacist non-dispensing services as a result of AB1114. DHCS approval received 9/8/2020.	B.W. Pharmacy

VIII. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**
Department of Health Care Services (DHCS)	New policy created as result of Pharmacist non-dispensing services as a result of AB1114.	9/8/2020
Choose an item.		

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Medical Officer		
Chief Compliance and Fraud Prevention Officer		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 13.09-P Pharmacist Non-Dispensing (AB1114)

Last approved version: 2023-09

Reason for revision: Annual routine review, revisions include Purpose statement and minor edits.

Director Approval		
Title	**Signature**	**Date Approved**
Amisha Pannu Senior Director of Provider Network		
Robin Dow-Morales Senior Director of Claims		
Bruce Wearda Director of Pharmacy		

Date posted to public drive: _____

Date posted to website ("P" policies only) : _____