

## Alberta Blue Cross Pharmaceutical Services Provider Agreement update #2

As announced in Pharmacy Benefact 725, February 28, 2018, Alberta Blue Cross will be answering your questions about the changes introduced in the new Alberta Blue Cross Pharmaceutical Services Provider Agreement effective May 17, 2018. This second update is intended to provide clarity on the Compensation Plan for Pharmacy Services. Update #1 addressed the Holdback policy and a future update will encompass the Frequent Dispensing Policy.

### **Compensation Plan for Pharmacy Services questions and answers**

#### **For the new service, an assessment is required to ensure continuity of care in the event of a declared state of emergency—what constitutes a state of emergency?**

Alberta Health will advise when a state of emergency has been declared. An example would have been the wild fires in Fort McMurray.

In these circumstances, Alberta Blue Cross will commit to providing a Benefact to advise pharmacies of the effective period of the state of emergency.

#### **When administering an injectable, has the fee been reduced to \$13?**

No, assessments which lead to the administration of a product by injection as defined in the Ministerial Order continue to be reimbursed at \$20.

There is no change to the maximum number of injection fees eligible at two per patient, per day for products to be administered by injection other than publicly funded vaccines.

The new fee of \$13 applies only to assessment for the administration of a publicly funded vaccine. A fee will be payable for each assessment for the administration of a publicly funded vaccine for multiple products administered on the same day.

As the phased-in expansion of other publicly funded vaccines is implemented and added under Schedule 7 of the Compensation Plan for Pharmacy Services, the same fee of \$13 will be applicable to those publicly funded vaccines as well.

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### **How will the limit of 12 follow-ups to a Comprehensive Annual Care Plan (CACP) or Standard Medication Management Assessment (SMMA) be applied?**

If a patient meets the eligibility criteria for completion of CACP, SMMA or SMMA Diabetes and such service has been completed, as of May 17, 2018, there is a limit of 12 follow-ups payable annually per patient. For clarity, the 12 follow-ups can be conducted at whichever interval frequency the pharmacist determines to be necessary without limitation until 12 follow-ups have been completed. Thereafter, claims will be rejected with response code of **C5 – Plan Maximum exceeded**.

Any CACP or SMMA currently in place for a patient will be eligible for an additional 12 follow-ups after May 17, 2018, until the expiration of the CACP or SMMA after 365 days from the original date of assessment. Any CACP or SMMA completed on or after May 17, 2018, will be eligible for 12 follow-ups until the expiration of the CACP or SMMA 365 days later.

There are no extra follow-ups payable beyond 12 for any circumstance. Additional follow-up services beyond the eligible 12 for compensation can and should be provided when required in the best interest of the patient's needs. For clarity, if a pharmacy provides additional follow-up services beyond the eligible 12 for compensation, then the fee for such service cannot be passed onto the patient or billed to any other party as per the Ministerial Order.

To clarify the documentation requirements for a Follow-Up CACP/SMMA Assessment, a signature from the patient is not mandatory, as the pharmacist may be unable to obtain such from the patient or their agent (as in the case of an event by telephone). However, should the patient or their agent be able to provide a signature for the Follow-Up CACP/SMMA Assessment as part of the complete documentation for the CACP/SMMA, then the pharmacist can elect to do so.

### **Will there still be separate PIN codes for pharmacy services for Advanced Prescribing Authorization (APA) and non-APA pharmacists?**

All PIN codes will continue to be entered accordingly for both APA and non-APA pharmacists to allow for accurate data to be obtained for reporting purposes.

### **When should the pharmacy service fee for Assessment for Prescribing at Initial Access or to Manage Ongoing Therapy get used?**

When a clinical pharmacist with Advanced Prescribing Authorization undertakes an assessment of a resident which results in an activity to Prescribe at Initial Access to initiate a drug therapy for a Schedule 1 Drug or Blood Product and/or to Prescribe to Manage Ongoing Therapy where the dose of a drug is changed to manage ongoing therapy, then a claim for \$25 for Prescribing at Initial Access or to Manage Ongoing Therapy can be submitted for payment.

In the event that a Clinical Pharmacist with Advanced Prescribing Authorization undertakes an assessment of a resident which results in the continuation of a therapy with no change to drug or dosage, then the pharmacy service of Assessment for a Prescription Renewal should be used.

Additional information regarding the Compensation Plan for Pharmacy Services can be found on the Alberta Pharmacists' Association "In the Room – issue number 21" posted on the RxA website at [www.rxa.ca/members-area/in-the-room/in-the-news-e-newsletter.aspx](http://www.rxa.ca/members-area/in-the-room/in-the-news-e-newsletter.aspx)

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### **When you have questions:**

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 Benefits and supplemental claiming information to assist with the submission of your direct bill drug claims. Visit [ab.bluecross.ca/providers/pharmacy-home.php](http://ab.bluecross.ca/providers/pharmacy-home.php)



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