

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

SECTION: **CLINIC PHARMACY
OUTPATIENT SERVICES**

CODE: 2.04.5
DATE: 3/1/85
REVISED: 04/19/22
APPROVED: Thinkh Tran, Pharm. D.
PAGES: 1 of 3

SUBJECT: **CASH & CARRY PHARMACY AND MEDICARE PLANS**

POLICY

Effective January 1, 2006, all patients covered by Medicare or Medicare/Medi-Cal (dual eligibles), except for limited plans described below, are to be sent out to pharmacies participating in their prescription drug plans (PDP). Medicare or Medicare/Medi-Cal patients can purchase their medications from our pharmacy if they choose to do so. Patients with insurance are self-paying patients and Medi-Cal patients with an unmet Share of Cost for the current month must pay for their medications prior to having their prescriptions filled.

As of April 1, 2009, Medi-Medi patients without share of cost who are on plans contracted by Los Angeles County may opt to have their prescriptions filled at Rancho for covered medications along with their plan's co-pay.

PROCEDURE

- A. Cash and carry/non-participating Medicare plans
1. Receive prescription slip from patient.
 - a. Check patient clinic card and I.B. code.
 - b. If patient is required to pay for his medication, proceed to step A, 2.
 2. Patient is required to pay for medication
 - a. Issue Pharmacy Cash Receipt.
 - b. Complete the following areas of the Pharmacy Cash Receipt in quadruplicate.
 - (1) Patient name
 - (2) RLANRC number
 - (3) Today's date
 - (4) Check appropriate box for either Rx or OTC
 - (5) Prescription number
 - (6) Cost
 - (7) Total cost
 - (8) Signature and date
 - (9) I.B. Code
 - c. Direct patient to the Cashier's office for payment.
 - (1) Keep original Pharmacy Cash Receipt (white copy) to fill order.
 - (2) Give the three remaining copies of the Pharmacy Cash Receipt to the patient to remit payment at the Cashier's office.
 - (3) Fill prescription.
 - (4) Release prescription to patient upon receipt of payment from cashier.

Reviewed: 07/08/2014 AN, 9/12/16bj, 4/19/2022 TT

Approved By: 

(5) The patient keeps the last copy (gold) for receipt.

B Medicare Part-D Participating Plans

- 1 Receive a prescription from the patient, which should have the 271 transaction with the contracted plan.
- 2 If no 271 transaction present, verify eligibility of the patient with the patient's Medicare Part-D card and birth date into the VSS system or patient's name and Social Security Number.
- 3 Determine the covered medications and co-pay and list the co-pay on the Cashier's receipt.
- 4 Write the contracted Medicare Part-D plan number on the top of the Cashier's receipt.
- 5 For medications that are not covered by the plan, ask the patient if he/she would like it filled at Rancho's pharmacy. If the patient decides to fill the non-covered medication(s) at Rancho, determine the cost and dispensing fee and handle the transaction(s) as "Cash and Carry." Write a separate receipt for the non-covered medication(s).
- 6 Direct the patient to the Cashier's office for payment.

C Record Keeping

- 1 Pharmacy keeps the original copy of each receipt.
- 2 Receipts are filed by month.
- 3 Medicare Part D co-pays will be entered into the customer transaction account after payment is received and verified from the cash receipt.

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COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

**Rancho Los Amigos
National Rehabilitation Center**

7601 E Imperial Hwy

Downey, CA 90242

Telephone Number: (562) 401-7336

PHARMACY CASH RECEIPT

0041301	DATE
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R X	Q T C	CHARGE	PRESCRIPTION NUMBER
		\$	1.
		\$	2.
		\$	3.
		\$	4.
		\$	5.
		\$	6.
		\$	7.
		\$	8.
		\$	9.
		\$	10.

TOTAL CHARGE \$	SOC S
PHARMACY INITIAL/SIGNATURE	CASHIER INITIALS:
	AMT. REC'D: \$
	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK #
	<input type="checkbox"/> CREDIT CARD

NAME _____

MR/MS _____

WAITING CLINIC _____

RC260EPH46/03-10 No. Valid Unless Countered by Cashier Blue - Pharmacy Green - Cashier

Review