

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

SECTION: **CLINIC PHARMACY
OUTPATIENT SERVICES**

CODE: 2.14.6
DATE: 4/7/09
REVISED: 4/19/22
APPROVED: Tinh Tran, Pharm. D.
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SUBJECT: **DHS PILOT PROGRAM: MEDICARE PART D/MEDICAL PRESCRIPTIONS**

POLICY

The Outpatient Pharmacy will co-participate in a Board mandated DHS pilot program to accept a limited number of Medicare Part D pharmacy plans from patients that also have Medi-Cal coverage for prescriptions that conform with the DHS Core Formulary.

PROCEDURE

- A. Beginning April 15, 2009, the pilot program pertains only to new prescriptions issued by RLANRC practitioners. There are no transfers of prescriptions or processing for claims of refills issued prior to April 15, 2009.
1. Pharmacy staff will ask the patient for their Medicare Part D card (if available) or other pertinent information in order to verify the patient's benefits and obtain co-payments. The patient will be asked to wait in the waiting area, until all co-pays from covered and non-covered medications are verified through the Outpatient Pharmacy information system.
 2. Once the Pharmacy staff verifies the benefits and obtains co-pay information, a Pharmacy Cash Receipt (R7-96) will be filled out by the Pharmacy staff. The patient will be shown the co-pay prices and ask if they want all prescriptions being charged to be filled. The Pharmacy staff would note on the prescription and Pharmacy Cash Receipt any items that the patient may not wish to fill. Once the Pharmacy Cash Receipt is finalized and the Pharmacy staff writes the plan's CMS# on the top of the Pharmacy Cash Receipt, the patient will take the form to the Cashier to pay the co-pay.
 3. The Pharmacy staff will process those selected prescriptions through the Outpatient Pharmacy information system.
 4. Once the prescriptions have been filled, the patient shall present the Paid Pharmacy Cash Receipt from the Cashier to the Pharmacy employee. Pharmacy will keep a copy of the receipt on file in accordance with DHS Finance Policy. Pharmacy staff will scan the medications and have the patient sign for the medications.
 5. The Pharmacy administrator shall produce reports required for billing, dispensing, reverse billing, or prescription information on a regular basis or upon request by an authorized auditor. Reports may be accessed through the Outpatient Pharmacy information system or other systems.
 6. The Pharmacy administrator will determine the security levels for all Pharmacy staff. User

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Approved By: 

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passwords will need to be renewed in accordance with the facility's policy and procedure.

7. The Pharmacy Services Manual for each respective participating Medi/Medi plan in this pilot program will be maintained in a file in the Outpatient Pharmacy for reference.

8. Scanned prescription images or the original prescriptions, signature claim logs, and Outpatient Pharmacy information system shall be maintained for possible professional audits by the various plans for a period of time that the plan requires.

- B. Reverse billing of prescriptions in this pilot program is required to be done within the guidelines of the service manuals of each individual plan. Prescriptions that were refused by the patient or not picked-up by the patient within 14 days and are returned to stock must be reverse billed. This reverse billing of prescriptions is done by Pharmacy staff using the Outpatient Pharmacy information system and completed within 14 days.
- C. In the event of downtime (greater than 15 minutes) of the Outpatient Pharmacy information system, the downtime procedure is as follows:
1. Enter a ticket on-line or call the DHS Help Desk at (323) 409-8000. Also, notify patient of delay.
 2. If the patient is known to the pharmacy and receiving a prescription for a drug not associated with misuse, and has not previously demonstrated inappropriate utilization patterns, the prescription should be filled and transmitted through the on-line claims processing system when the system is next available.
 3. If the patient is a new patient not known to the pharmacy and indicates having prescription drug coverage, the pharmacy employee should verify eligibility by contacting the plan's customer service department. Obtain the identification number of the cardholder and the date of birth of the patient for whom the prescription is prescribed. If it is determined that the patient is eligible, the pharmacist should dispense a quantity of drug appropriate for the situation and ask the patient to return when the system is again accessible for the remainder of the prescription. The patient must only be charged one co-payment.
 4. If the patient is a new patient to the pharmacy and eligibility cannot be verified, the patient must pay the full usual and customary price of the prescription and submit the prescription receipt along with completed reimbursement form to the plan for reimbursement consideration.
 5. Pharmacists should offer to fill the prescription for a minimal quantity of drug in situations where customers have limited funds and need medication.

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D. Refills

When a refill for a prescription for a patient on the Medicare Part D Pilot is requested, the procedure will be as follows:

- 1 If refill called in through Voice-Tech system:
 - a. Technician processes through Outpatient Pharmacy information system and produces a label.
 - b Technician fills the refill through the Outpatient Pharmacy information system.
- 2 If refill was brought into to drop-off window and the patient is identified being on the Medicare Part D/MediCal Pilot:
 - a Process will be done in the same manner as a new prescription, but utilizing the Outpatient Pharmacy information system.