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8.7 Capitation Fees for Plan B (Residential Care)

General Policy Description

- PharmaCare Plan B covers British Columbians who are permanent residents of residential care facilities licensed under the *Community Care and Assisted Living Act* and patients of hospitals licensed under Part 2 of the *Hospital Act*.

Policy Details

Eligible facilities

- PharmaCare Plan B covers British Columbians who are permanent residents of residential care facilities (excluding extended-care, acute-care, multi-level and assisted living facilities) that are licensed under the *Community Care and Assisted Living Act*.

Payment process

- Each residential care facility is served by one contracted pharmacy.
- To receive payment of claims for services to a residential care facility, a pharmacy must be enrolled with PharmaCare in the Plan sub-class. See the [PharmaCare Provider Enrolment Guide](#) for more information.
- Pharmacies servicing residential care facilities provide residents with medications packaged in a monitored dosage system.
- PharmaCare pays pharmacies that are contracted to provide service to a residential care facility a monthly payment for each bed occupied by a patient receiving Plan B coverage.

Capitation rates

- At the end of each month, PharmaCare pays the contracted pharmacy a fixed fee, called a capitation rate, for each bed:
 - that the pharmacy has serviced, regardless of the level of service provided
 - that was occupied by a recipient of PharmaCare Plan B coverage.
- PharmaCare pays a capitation fee of \$43.75 per serviced bed occupied by a patient receiving coverage under PharmaCare Plan B.
- Payments are per serviced bed, regardless of the different residents who may have occupied it during the month.
- Plan B capitation rates are paid in addition to eligible drug costs.
- Calculation of capitation rates is based on the actual occupancy of the residential care facility (i.e., the actual number of occupied beds for the month), not on the maximum licensed capacity of the facility.
- Capitation fees are not made for short term (“respite”, “swing”, or “temporary”) patients in a facility. Claims for pharmacy services for respite patients must be made under Fair PharmaCare or Plan C, depending on each patient’s eligibility.

- Plan B payments are monitored. Any overpayment in a given month will be recovered. All PharmaCare payments are subject to audit by the Ministry of Health.
- All supporting documentation for Plan B invoices (e.g., working papers, prescriptions, authorizations, and the PHN list for which claims were made on the invoice) for each month must be retained on file by the pharmacy in accordance with the [Audit Policy](#).

Relationship to other fees

- No dispensing fees or Special Services Fees are paid for Plan B patients.
- Pharmacists may charge a fee for administering a publicly funded vaccine to a Plan B patient. For details, see Section 8.10, [Payment for Publicly Funded Vaccinations](#).

Changes in facility licence, licensee or administration

- The British Columbia PharmaCare Pharmacy Agreement for the Provision of PharmaCare Services to Long Term Care Facilities signed for a residential care is valid only for the licensed facility named in the agreement.
- In the event of a change in the facility licence or licensee (for example, a change in facility name, address, etc.), the pharmacy must:
 - obtain a new “Appointment of Pharmacy Services” agreement from the facility, and
 - sign a new British Columbia PharmaCare Pharmacy Agreement for the Provision of PharmaCare Services to Long Term Care Facilities.
- If there is a change of administration at a residential care facility, the facility must:
 - provide the pharmacy with a new “Appointment of Pharmacy Services” agreement.

Procedures

Procedures for pharmacies

Invoicing

- Submit only one invoice per pharmacy per month for Plan B capitation rates (i.e., all contracted care facilities must be claimed on the same invoice). Multiple invoices cannot be processed.
- Invoices for Plan B must be submitted regularly, on a monthly basis, using PharmaCare Prescription Invoices.

>> To order additional Invoices, contact the PharmaNet HelpDesk.
- Submit Plan B monthly invoices to PharmaCare at or near the end of each month. This ensures that the information on the number of occupied and serviced beds for the month is accurate.

To Submit an Invoice for Plan B

1. On a **PharmaCare Prescription Invoice**, complete the following:
 - pharmacy identification (i.e., name and address of the pharmacy)
 - current date
 - number of claims submitted (i.e., number of claimed beds)
 - pharmacy code
 - total \$ amount invoiced.

2. Write **Nursing Home Beds** at the top of the invoice.

3. Write the **month** to which the invoice applies at the top of the invoice.

This is necessary as the Current Date in step 1 does not always reflect the month of service.

4. Sign the invoice and include your position in the pharmacy.

Unsigned invoices will be returned by PharmaCare without payment.

5. Mail the invoice to the PharmaCare Information Support.

Tools and Resources

- For questions about Plan B billings, contact [PharmaCare Information Support](#) at Health Insurance BC.
- To order PharmaCare Prescription Invoices, contact the [PharmaNet Help Desk](#) and provide your Site ID.

8.8 Methadone Maintenance Payment Program

[Updated March 1, 2014: Amendments to reflect coverage of Methadose™ 10mg/mL only for methadone maintenance]

[June 1, 2015: Updated to reflect the Provider Regulation]

General Policy Description

PharmaCare offers pharmacies a payment program for methadone dispensed under the *Methadone Maintenance Payment Program*.

This section also includes information on reimbursement and claims submission for *methadone for treatment of pain*.

Policy Details

Eligible activities for Methadone Maintenance Payment Program

- PharmaCare offers pharmacies a payment program for pharmacy-witnessed ingestion of methadone for maintenance.

Eligible products for Methadone Maintenance Payment Program

- [Effective March 1, 2014] PharmaCare covers only Methadose™ 10mg/mL¹ for methadone maintenance.

Product coverage exceptions for Methadone Maintenance Payment Program

- If a shortage of Methadose occurs, PharmaCare will cover compounded methadone of 10mg/mL. Pharmacists must follow the required procedures for reporting the shortage to PharmaCare before dispensing compounded methadone.

For more information on reporting shortages, see Manufacturer Shortages in Section 5.11.

Methadone—Coverage for pain

- For information on methadone coverage for pain, please see the [Methadone](#) web page.

Required Product Identification Numbers

- Pharmacies must use specific PINs and DINs to identify claims for **methadone for maintenance** and those for the **treatment of pain**.
- [List Updated February 1, 2014] See the list of [Identification Numbers](#).

¹ Methadose dye-free, sugar-free, unflavored 10 mg/mL solution, DIN 02394618, is not covered as the amount of sugar in the regular liquid is minimal and unlikely to affect blood sugar.

General requirements for the Methadone for Maintenance Payment Program

- Participation in the interaction fee portion of the payment program is optional. Pharmacies that elect to participate must:
 - enroll in the Methadone sub-class (for more information, see the [PharmaCare Provider Enrollment Guide](#))
 - undertake not to bill patients more than the amounts reimbursed by PharmaCare
 - agree not to offer cash or incentives of any kind to methadone clients. Without limiting the generality of the foregoing statement, incentives include, but are in no way limited to, air miles, loyalty points and bus passes.

Drug cost reimbursement and fees paid

Methadone for Maintenance

- [Effective February 1, 2014] Pharmacies that choose to participate in the payment program are reimbursed for pharmacist-witnessed ingestion of Methadose™ at:
 - a maximum of \$0.162/mL, plus
 - the usual dispensing fee,
 - plus an interaction fee of \$7.70 for each dispensation involving direct interaction with the patient.
- [Effective February 1, 2014] Pharmacies that **do not** enroll in the payment program are reimbursed for Methadose™ at:
 - a maximum of \$0.162/mL, plus
 - their usual dispensing fee only.

Methadone dispensing fees and the Frequency of Dispensing Policy

- Methadone dispensed under the Methadone Maintenance Payment Program is subject to a maximum of one dispensing fee and one interaction fee per patient per day (in cases where the interaction fee is applicable), regardless of physician administration instructions on the prescription.
- Dispensing fees for methadone for maintenance are subject to the Frequency of Dispensing policy, however, PharmaCare continues to pay an interaction fee for each ingestion witnessed.

Methadone dispensations involving direct interaction with the patient

- Methadone dispensations involving direct interaction with the patient must be dispensed under the correct [Identification Numbers](#).
- To qualify for interaction fees, the pharmacist must witness the ingestion of the medication by the patient.
- There is deemed to be no direct patient interaction when the pharmacist does not witness the ingestion of the methadone dose claimed—e.g., when methadone is provided to incarcerated patients, patients in pre-trial facilities, Plan B patients or to physicians for administration to patients.
- Claims for methadone interaction fees in situations when the pharmacist has not witnessed ingestion of the medication are subject to audit and recovery.

Methadone dispensations that do not involve direct patient interaction

- Situations that **do not** involve direct interaction include:
 - dispensing to incarcerated patients
 - dispensing to patients in pre-trial facilities
 - dispensing to Plan B patients
 - dispensing to physicians for administration to a patient
 - daily pick-ups by patients without a pharmacist witnessing ingestion.
 - dispensing of “carries” (witnessing the ingestion and dispensing a carry must be submitted in a single claim.)
- Methadone dispensations that do not involve direct patient interaction must be dispensed under the appropriate [Identification Numbers](#).

Multiple-day supply of methadone (“carries”)

- “Carries” must be claimed as a multiple-day supply for drug cost, plus a single dispensing fee and single interaction fee.
- Multiple dispensing fees and/or interaction fees claimed for “carries” will be subject to recovery by PharmaCare.
- For example, when a pharmacist dispenses a three-day prescription for methadone, and there is face-to-face interaction with the patient in the form of witnessing ingestion, only one dispensing fee and one interaction fee is permitted for the three-day supply.

Payment of interaction fees

- The interaction fee is payable to enrolled pharmacies for all PharmaCare-eligible claims (except for Plan B claims), including those above or below the Fair PharmaCare deductible.
- Interaction fees are calculated automatically using transaction data from PharmaNet. Payments are made monthly on the last payment of the following month.

Reimbursement for specific PharmaCare plans and patient groups

Plan B

- Methadone for maintenance patients covered under Plan B must also be dispensed under the appropriate [Identification Numbers](#) for methadone for maintenance and are reimbursed as follows:
 - actual acquisition cost to a maximum of \$0.162/mL.
 - usual Plan B capitation rates will be paid.

Fair PharmaCare

- PharmaCare pays methadone interaction fees for Fair PharmaCare patients both above and below the annual deductible.

Persons born before 1940

- PharmaCare covers 100% of the cost of methadone for maintenance and associated dispensing fees for persons born before 1940, whether or not they are registered for Fair PharmaCare.
- Persons born on or after January 1, 1940, do not qualify for this coverage even if their spouse receives enhanced Fair PharmaCare coverage.
- This fee waiver applies only to Methadone Maintenance Payment Program dispensing fees.
- Pharmacies can process Fair PharmaCare methadone maintenance transactions as normal for these patients; PharmaCare automatically waives the dispensing fees for eligible seniors on those transactions.

Non-Insured Health Benefits (NIHB) clients

- PharmaCare does not cover methadone for clients of the Non-Insured Health Benefits (NIHB) program.
- The NIHB program covers the cost of methadone for eligible clients. Methadone is an open benefit under the NIHB.
- For more information, pharmacies can contact the NIHB Toll-free Inquiry Centre (First Canadian Health Management Corporation) at 1-888-511-4666, Monday - Friday, 6:30 a.m. to midnight (EST) and, on weekends and holidays, from 8 a.m. to midnight (EST).

Audit of methadone claims

- The accuracy and validity of methadone claims is verified on a monthly basis.

Coverage of buprenorphine plus naloxone and Suboxone®

- [Effective February 1, 2017] PharmaCare covers buprenorphine-/naloxone as a regular benefit when it is used for substitution treatment in opioid drug dependence in adults. PharmaCare covers the brand-name formulation of buprenorphine/naloxone, Suboxone®, as a partial benefit.
- BC PharmaCare does not pay an interaction fee to pharmacists for witnessing the ingestion of buprenorphine plus naloxone.

Methadone prescribing status on PharmaNet

- Methadone prescribing is restricted to physicians holding a specific exemption under Section 56 of the *Controlled Drugs and Substances Act*. Physicians require a separate and distinct exemption to prescribe for each indication—pain control, opioid dependency, or both. The College of Physicians and Surgeons of British Columbia (CPSBC) administers authorization for physicians to prescribe methadone for pain and/or opioid dependency in keeping with the Act.
- PharmaNet applies physician prescribing status information to methadone claims submitted on PharmaNet.
- It is important to correctly identify the product as prescribed for pain or dependency—by using the appropriate [Product Identification Numbers](#) or DINs—as it is the combination of this information with the prescriber's College ID that allows a claim to adjudicate.

- If the physician is not authorized to prescribe methadone for the purpose indicated on the prescription ("pain" or "maintenance"), PharmaNet will:
 - reject the prescription
 - send the message **174—Transaction not processed, prescriber not authorized** to the pharmacy.
- As the rejected prescription cannot be dispensed, the claim will not be adjudicated and will not be recorded on a patient's PharmaNet record.
- If a methadone prescription is rejected, please check that you have entered the correct:
 - Physician College ID (not the MSP Billing #)
 - Methadone DIN or PIN
- In rare instances, the most recent daily data load from the CPSBC may not have included a newly authorized prescriber's information. To confirm a prescriber's status, pharmacies may wish to contact staff at the CPSBC Drug Programs at 604-733-7758 or 1-800-461-3008.
- Please note that the PharmaNet HelpDesk cannot change a physician's methadone status on PharmaNet. This change can be made only by the CPSBC.

Reminder—Batch Claims Policy

- As stated in the PharmaNet Compliance Standards, it is acceptable to submit batch claims only if you are submitting claims for:
 - residential care facility patients
 - prescriptions filled during a network outage (within 24 hours of reconnecting to the network)

Procedures

Entering claims for Methadose

- Enter the claim using the correct PIN (for maintenance) or DIN (for pain).
 - >> *For information on PINs and DINs, please see the [Methadone Identification Numbers](#).*
- Although the prescriptions are written in milligrams, you must **enter the claim quantity in total millilitres dispensed**.
- In the SIG field, clearly indicate the conversion from milligrams (mg) to millilitres (mL).

Example: If dispensing a prescription for 50 mg once a day, convert to mL. The SIG field should then read "Take 5 mLs (50 mg) once a day."

8.9 Medication Review Services

[Revised Effective April 1, 2014]

General Policy Description

B.C. pharmacies can submit a claim to PharmaCare for medication review services provided by pharmacists to eligible patients.

A medication review is a patient-care service that seeks to enhance a patient's understanding of, and improve the health outcomes of, their medication regimen.

The service is provided by a pharmacist through one-on-one, in-person appointment during which the patient and pharmacist identify all medications that the patient is taking, discuss how the medications are best taken and, where appropriate, create a medication management plan to address any issues. At the end of the appointment, the pharmacist provides the patient with one or more documents listing their medications.

This policy standardizes how medication review services are delivered across B.C.

The three types of medication review services eligible for payment are:

- Medication Review—Standard (MR-S)
- Medication Review—Pharmacist Consultation (MR-PC)
- Medication Review—Follow-Up (MR-F).

Policy Details

Policies applicable to all medication review services

- Pharmacists should ensure they are familiar with the entire contents of this section of the PharmaCare Policy Manual before delivering and submitting claims for a medication review service.
- This section contains the following policies applicable to all medication review services:
 - [1—Determining patient eligibility](#)
 - [2—Documenting medication review service delivery](#)
 - [3—Obtaining patient signature in acknowledgement section](#)
 - [4—Claiming medication review services fees](#)

1—Determining patient eligibility

- Before performing a medication review service for a consenting patient for which a claim will be submitted, pharmacists must ensure the patient is eligible for PharmaCare coverage of that service.
- In addition to the patient eligibility requirements that apply to all medication review services (see [table below](#)), there are specific eligibility criteria for each type of medication review service.

>> For specific eligibility requirements for each medication review service, refer to the [Patient Eligibility for Medication Review—Standard](#), [Patient Eligibility for Medication Review—Pharmacist Consultation](#), and [Patient Eligibility for Medication Review—Follow-up sections](#).

- To be eligible to receive any of the three medication review services (including follow-up appointments), the patient must meet **all** of the criteria in the table below:

Patient Eligibility Criteria For Any Medication Review Service	
The patient must	Notes
Be a resident of B.C.	That is, they must have a permanent address in B.C. verified by a B.C. driver's licence, BC Services Card or BC CareCard or other ID card.
Have a B.C. Personal Health Number (PHN)	B.C. residents who have a B.C. PHN do not need to be registered for, or have, PharmaCare coverage to be eligible for medication review services. Non-Insured Health Benefits, Veterans Affairs Canada and Canadian Armed Forces beneficiaries are eligible for medication review services.
Not be covered under PharmaCare Plan B	Medication review services for individuals in residential care facilities are already funded through PharmaCare Plan B.
Have at least five <u>different</u> qualifying medications that have been entered into PharmaNet: <ul style="list-style-type: none"> ▪ within the last six months, and ▪ before the medication review service is provided* 	>> See Determining patient eligibility—qualifying medications for details. *Qualifying medications can be entered into PharmaNet on the day of the medication review service if they are entered before the claim for the medication review is submitted.
Have a clinical need for service	>> See Determining patient eligibility—clinical need for details.
Have not exceeded the allowable number of medication review services	>> See Determining patient eligibility—allowable number of medication review services for details. Pharmacists are responsible for checking the patient's PharmaNet record for prior services.
Sign the acknowledgement on the Best Possible Medication History form	>> See 3—Obtaining patient signature in acknowledgement section for details.

Determining patient eligibility—qualifying medications

- Individual DINs and PINs may be counted only once.
- A qualifying medication is one of the following that has been entered into PharmaNet:
 - a prescription medication, that is, a Schedule 1 (prescription required) drug
 - a compounded **prescription** medication (with a discrete PIN)
 - insulin (if the patient takes multiple types of insulin, it counts as only one qualifying medication).

Determining patient eligibility—non-qualifying items

- Items that do not qualify include:
 - **all non-prescription products**, with the exception of insulin, whether or not they are covered by PharmaCare including, but not limited to: over the counter medications; vitamins and nutritional supplements; non-prescription vaccines (regardless of whether they are privately or publicly funded); non-prescription compounds; and natural/homeopathic products.
 - prescriptions with a Discontinued status in PharmaNet
 - prescriptions that have been reversed in PharmaNet
 - prescriptions with a Not Filled status in PharmaNet
 - non-drug supplies including but not limited to:
 - blood glucose testing supplies (strips, lancets, needles)
 - insulin pumps and insulin pump supplies (e.g., infusion kits)
 - medical supplies (e.g., orthoses, prostheses, gloves)

Determining patient eligibility—clinical need

- When determining a patient's eligibility to receive medication review services, clinical need must be identified and clearly documented as one or more of the following:
 - **prescriber has requested a medication review**
 - patient has **multiple diseases**
 - patient has **one or more chronic diseases**
 - patient's medication **regimen includes one or more non-prescription medications**
 - patient's medication **regimen includes one or more natural health products (NHPs)**
 - patient has a **drug therapy problem**
 - patient was **recently discharged from hospital**
 - patient has **multiple prescribers**
 - patient is **receiving medication(s) that require laboratory monitoring**
- The seven types of drug therapy problems (DTPs) are:
 1. unnecessary drug
 2. needs additional drug
 3. ineffective drug
 4. dosage too low
 5. dosage too high
 6. adverse drug reaction
 7. patient self-management (non-adherence)—that is, the patient is not taking the drug appropriately.

Determining patient eligibility—allowable number of medication review services

- Eligible patients may receive coverage for:
 - either one **Medication Review—Standard (MR-S)** or one **Medication Review—Pharmacist Consultation (MR-PC)** service (but not both) every 6 months, and
 - up to four **Medication Review—Follow-Up (MR-F)** services every 12 months.

>> For specific eligibility requirements for each medication review service, refer to the [Required Activities for MR-S](#), [Required Activities for an MR-PC](#), and [Required Activities for an MR-F](#).

- Patients who receive medication review services from different pharmacies are still subject to the coverage limits described above (i.e., coverage limits are per patient not per pharmacy).
- To ensure coverage is available, pharmacists should review a patient’s PharmaNet profile to determine whether the patient has reached their maximum number of allowable medication review services **before they conduct the medication review**.
- Medication review service claims in excess of the maximum allowable will not be reimbursed even if the claims are submitted by different pharmacies.
- PharmaNet cannot reject medication review service claims in excess of the maximum allowable at the time of submission. These claims are adjudicated in monthly batches. Any claims in excess of the maximum allowable found at that time will be disallowed.

2—Documenting medication review service delivery

- PharmaCare requires pharmacies that submit a claim for medication review services to retain specific documentation to support their claim.
- Documenting medication review services:
 - provides auditable proof that an eligible medication review service occurred
 - provides patients, caregivers, and other healthcare professionals with accurate, complete, and current information about a patient’s medications.
- The three forms PharmaCare requires for use in documenting medication review services are:

Best Possible Medication History (BPMH), including: <ul style="list-style-type: none">▪ Patient section▪ Health Care Professionals section	Required for all medication review services
Drug Therapy Problem form (DTP form)	Required whenever a pharmacist identifies and/or takes action to resolve a patient’s DTP
Best Possible Medication History Worksheet	Optional

- Each of these forms serves a different purpose. **As a result, pharmacists must complete all the required forms for a specific medication review service.** The “Required Documentation” sub-section of each medication review section details the documents required.

- The content of these forms constitutes the minimum acceptable documentation required for PharmaCare coverage of a medication review service claim. If these documentation requirements are not met, the associated claim is subject to recovery.

>> For details, see the *Required Documentation* section for each medication review service: [MR-S Required Documentation](#), [MR-PC Required Documentation](#), and [MR-F Required Documentation](#).

- PharmaCare provides templates for all medication review services forms. Pharmacies may use the templates to record required information (see [Form templates](#) under Tools and Resources below) or create their own forms.
- Pharmacies that create their own forms must ensure those forms contain all the text and field titles as well as all the fields shown in the PharmaCare version. For details, see [If you are creating your own forms](#).

Document retention and storage

- Documents must be retained in the same manner as other patient records.

>> For more information, see the *PharmaCare Policy Manual*, [Section 10—Audit](#).

3—Obtaining patient signature in acknowledgement section

- PharmaCare covers medication review services only if the patient or their legal representative signs the acknowledgement on the Best Possible Medication History (BPMH) form at the conclusion of the medication review service.
- Whenever someone else is acting on a patient’s behalf, the pharmacy must retain documentation of that person’s right to act as the patient’s legal representative.
- For each medication review service provided, the patient or their legal representative must sign acknowledgement on the Best Possible Medication History (BPMH) form.

Note: The [Health Professions Act](#) (HPA) and [Pharmacy Operations and Drug Scheduling Act](#) (PODSA) bylaws state that, for purposes of continuity of care, pharmacists can share information about a patient with other healthcare professionals within the circle of care without having to obtain specific consent from the patient to do so.

>> See HPA Bylaws, section 71 (*Use of Personal Information*) and section 72 (*Disclosure of Personal Information*) and PODSA Bylaws, section 21 (2) (*Data Collection, Transmission of and Access to PharmaNet Data*) and section 22 (*Confidentiality*).

4—Claiming medication review services fees

- Pharmacies must not request or accept additional fees or payments from any patient or third party payer in relation to a medication review service for which a fee will, or has been, claimed from PharmaCare.
- Only **one** fee (i.e., MR-S, MR-PC or MR-F fee) can be claimed for each service appointment.
- The maximum PharmaCare reimburses for a combination of medication review services, clinical services, or administration of vaccines for the same patient, on the same day, from the same pharmacy is \$70.

- Example: If a pharmacy claims an MR-PC, that pharmacy cannot be reimbursed for any other service on that day or if a pharmacy submits a claim for an MR-S, a therapeutic substitution and administration of a vaccine on a single day, only the MR-S and vaccine administration will be eligible for reimbursement.
- To ensure maximum reimbursement, and to preserve the accuracy of the patient’s medication history, please submit all claims whether or not you expect the claim to be reimbursed.
- If a pharmacy submits claims on separate days for the purpose of circumventing this policy, any reimbursement in excess of the \$70 limit is subject to recovery.

>> See [MR-S—Claims for Payment](#), [MR-PC—Claims for Payment](#), and [MR-F—Claims for Payment](#).

Required activities for all medication review services

- When pharmacists choose to deliver medication review services, all three types of medication review services must be:
 - provided by an authorized pharmacist or pharmacy student under the supervision of an authorized pharmacist.
 - provided as a one-on-one, in-person appointment (and not by telephone or any other electronic means),
 - provided in a suitable area that the patient accepts as respectful of their right to privacy, and
 - provided and documented in accordance with the specific requirements of this policy.

>> For details on required activities for each service type, see [MR-S Required Activities](#), [MR-PC Required Activities](#), and [MR-F Required Activities](#).

Documenting medication review services that are not eligible for reimbursement

- Pharmacists who conduct a medication review service for a patient who does not meet the PharmaCare eligibility requirements are encouraged to create a record of service in PharmaNet.
- Use the **Medication Review - Non-Benefit** PIN 99000504 and, in the SIG field, enter the 10-digit phone number of the pharmacy where the service took place to record the service.
- The claim will not be paid, but the patient’s PharmaNet record will indicate to other healthcare professionals that a medication history is available.

Policies and required activities for each medication review service covered by PharmaCare

- This section includes required activities for:
 - [Medication Review—Standard \(MR-S\)](#)
 - [Medication Review—Pharmacist Consultation \(MR-PC\)](#)
 - [Medication Review—Follow-Up \(MR-F\)](#)

Medication Review—Standard (MR-S)

Required Activities

For an **MR-S** to be eligible for PharmaCare reimbursement, the following activities must be carried out **and their results documented** in each of the required form(s).

	Required Activity	Document the activity results in
1	<p>Confirm the patient meets all the criteria in 1—Determining patient eligibility, under Policies applicable to all medication review services.</p>	No documentation required.
2	<p>If the patient meets all eligibility requirements, document the patient information gathered in Step 1 above.</p>	<ul style="list-style-type: none"> ▪ Patient section of BPMH Worksheet (optional) ▪ BPMH
3	<p>Document the clinical need(s)—as listed on Page 14—that are the reason(s) for providing the service.</p>	<ul style="list-style-type: none"> ▪ <i>Clinical Need for Service</i> section of BPMH
4	<p>Collect and document information about patient medical issues such as known allergies and reactions. Information is collected from multiple sources including but not limited to:</p> <ul style="list-style-type: none"> ▪ PharmaNet profile ▪ local pharmacy medication profile ▪ interview with patient or their legal representative ▪ hospital discharge summaries 	<ul style="list-style-type: none"> ▪ <i>Clinical Information</i> section of BPMH Worksheet (optional) ▪ If applicable, <i>Known Allergies and Reactions</i> section of the BPMH
5	<p>Collect and document all pertinent information about the patient’s current and recently discontinued medications (including prescription medications, non-prescription medications, and natural health products). Collect information from:</p> <ul style="list-style-type: none"> ▪ PharmaNet profile ▪ local pharmacy medication profile ▪ interview with patient or their legal representative ▪ prescription medication, non-prescription medication or natural health product labels ▪ hospital discharge summaries ▪ other available records <p>Determine whether the patient is currently taking each medication and how they are taking it.</p> <p>Document any clinically relevant medications the patient is no longer taking.</p>	<ul style="list-style-type: none"> ▪ <i>Clinical Information and Additional Medications</i> sections of BPMH Worksheet (optional) ▪ <i>Medications I Take, Current Medications</i> and, if applicable, <i>Clinically Relevant Medications The Patient Is No Longer Taking</i> sections of the BPMH

	Required Activity	Document the activity results in
6	<p>Discuss, review, and document the details of each medication the patient is currently taking with the patient or their legal representative, including:</p> <ul style="list-style-type: none"> ▪ what medication the patient is taking (e.g., the name, strength, and form of medication) ▪ why the patient is taking each medication (e.g., what disease, condition or symptoms the medication alleviates/controls) ▪ how best to take each medication (e.g., when to take it, how to take it, warnings, etc.) ▪ any special instructions 	<ul style="list-style-type: none"> ▪ <i>Medications I Take and Current Medications</i> section of the BPMH
7	<p>Document all information relevant to continuity of care (e.g., details about decisions, evaluations, plans of action, and other directions or observations).</p> <p>NOTE: If a drug therapy problem is identified during an MR-S, the pharmacist is professionally responsible for taking action by working to resolve the issue or by referring the patient to an appropriate healthcare professional. If the pharmacist takes action to resolve the issue and completes one or more DTP forms, a claim for an MR-PC may be submitted instead of a claim for an MR-S. For MR-PC required activity details, see MR-PC Required Activities.</p>	<ul style="list-style-type: none"> ▪ <i>Health Care Professionals</i> section of the BPMH (including Prescriber Name, Verified, Action, and Notes segments)
8	<p>Ensure all forms are fully completed, including the name and Registration ID of the pharmacist, and the contact information for the pharmacy, providing the service (to enable healthcare professionals to request the patient’s information).</p>	<ul style="list-style-type: none"> ▪ Page headers of <ul style="list-style-type: none"> ▪ BPMH Worksheet (optional) ▪ BPMH
9	<p>Obtain signature of patient or their legal representative in the Patient Acknowledgement section of the BPMH.</p> <p>If someone else is acting on the patient’s behalf, obtain documentation of that person’s right to act as the patient’s legal representative.</p> <p>Retain the signed original for your records.</p>	<ul style="list-style-type: none"> ▪ <i>Patient Acknowledgement</i> section of BPMH, signed and dated by patient or their legal representative ▪ If applicable, documentation of another person’s right to act as the patient’s legal representative
10	<p>Provide a copy of the completed and signed Patient section of the BPMH to the patient or their legal representative.</p> <p>It is not necessary to provide the BPMH Health Care Professionals section to the patient. It is designed for use by clinicians only.</p>	<ul style="list-style-type: none"> ▪ Copy of completed and signed <i>Patient section</i> of the BPMH
11	<p>Store all documents together for future reference. (For details, see PharmaCare Policy Manual, Section 10—Audit).</p>	<ul style="list-style-type: none"> ▪ BPMH Worksheet (if used) ▪ BPMH (original, signed by patient or their legal representative) ▪ If applicable, documentation of another person’s right to act as the patient’s legal representative

Required Activity		Document the activity results in
12	<p>Submit the medication review service claim on the date of service delivery, using the appropriate PIN.</p> <p>This ensures other pharmacies know that you have delivered the service to the patient and makes the clinical information available to other health care providers in a timely fashion.</p> <p>>> See <i>Submitting Claims for the appropriate PIN and data entry instructions</i>.</p>	MR-S claim on PharmaNet
13	<p>When you receive a request for medication review information from a healthcare provider within the patient’s circle of care:</p> <ul style="list-style-type: none"> ▪ Fax a copy of the BPMH Patient Information and Health Care Professionals sections to the requestor as soon as possible. ▪ Record the requestor’s name and contact information, the date on which the request was made/fulfilled and the name(s) of the forms that were shared in your files. 	<ul style="list-style-type: none"> ▪ Faxed copy of the entire BPMH (mandatory) ▪ Record of request

Required Documentation

- To support your claim for an **MR-S** service, retain the following documentation in a manner accessible for audit:
 - completed **BPMH** original, signed and dated by patient or their legal representative
 - if applicable, documentation of another person’s right to act as the patient’s legal representative
 - a written record of any requests for a copy of a patient’s **BPMH**

Claims for Payment

- For an eligible patient, the pharmacy can submit a claim to PharmaCare for a \$60 **MR-S** fee.
- The claim must be submitted on PharmaNet on the date the medication review service is provided to the patient.
- Submit the claim using the appropriate PIN and the College Registration Identification (Reg ID) of the pharmacist who provided the service to the patient.
- The pharmacy must enter the 10-digit pharmacy phone number in the first 20 spaces and in front of any other information that appears in the SIG field on the patient’s PharmaNet profile to facilitate continuity of care and sharing of the **BPMH** within the circle of care.

>> For details, see [Submitting claims for payment](#).

>> For information on claim limits, see *Policies Applicable to All Medication Review Services, 4—Claiming medication review services fees*.

Medication Review—Pharmacist Consultation (MR-PC)

Required Activities

- For an **MR-PC** to be eligible for PharmaCare reimbursement the following activities must be carried out **and the results documented** in each of the required form(s).

Required Activity		Document the activity results in
1	<p>Ensure the patient meets the criteria for an MR-PC. The patient must:</p> <ul style="list-style-type: none"> meet all the patient eligibility criteria defined in 1—Determining patient eligibility, under Policies applicable to all medication review services, and have had a minimum of one drug therapy problem (DTP) identified, resolved, and documented during the course of the medication review service. 	No documentation required.
2	<p>If the patient meets the eligibility requirements, document patient information gathered in Step 1 above.</p>	<p><i>Patient section of</i></p> <ul style="list-style-type: none"> BPMH Worksheet (optional) BPMH DTP Form
3	<p>Document the clinical need(s)—as listed on Page 14—that are the reason(s) for providing the service.</p>	<ul style="list-style-type: none"> <i>Clinical Need for Service</i> section of BPMH
4	<p>Collect and document information about patient medical issues such as known allergies and reactions. Information is collected from multiple sources including but not limited to:</p> <ul style="list-style-type: none"> PharmaNet profile local pharmacy medication profile interview with patient or their legal representative hospital discharge summaries 	<ul style="list-style-type: none"> <i>Clinical Information</i> section of BPMH Worksheet (optional) If applicable, <i>Known Allergies and Reactions</i> section of the BPMH
5	<p>Collect and document all pertinent information about the patient’s current and recently discontinued medications (including prescription medications, non-prescription medications and natural health products). Collect information from:</p> <ul style="list-style-type: none"> PharmaNet profile local pharmacy medication profile interview with patient or their legal representative prescription medication, non-prescription medication or natural health product labels hospital discharge summaries other available records <p>Determine whether the patient is currently taking each medication and how they are taking it.</p> <p>Document any clinically relevant medications the patient is no longer taking.</p>	<ul style="list-style-type: none"> <i>Clinical Information and Additional Medications</i> sections of BPMH Worksheet (optional) <i>Medications I Take, Current Medications</i> and, if applicable, <i>Clinically Relevant Medications The Patient Is No Longer Taking</i> sections of the BPMH

Required Activity		Document the activity results in
6	<p>Discuss, review, and document the details of each medication the patient is currently taking with the patient or their legal representative including:</p> <ul style="list-style-type: none"> ▪ what medications the patient is taking (e.g., the name, strength and form of medication) ▪ why the patient is taking each medication (e.g., what disease, condition or symptoms the medication alleviates/controls) ▪ how best to take each medication (e.g., when to take it, how to take it, warnings, etc.) ▪ any special instructions 	<ul style="list-style-type: none"> ▪ <i>Medications I Take</i> and <i>Current Medications</i> sections of the BPMH
7	<p>Document all information relevant to continuity of care (e.g., details about decisions, evaluations, plans of action, and other directions or observations).</p>	<ul style="list-style-type: none"> ▪ <i>Health Care Professionals</i> section of the BPMH (including Prescriber Name, Verified, Action, and Notes segments)
8	<p>Document the identification of and actions taken/to be taken to resolve a minimum of one DTP.</p> <p>Work with the patient to:</p> <ul style="list-style-type: none"> ▪ identify the DTP(s), ▪ prepare a care plan to resolve each DTP, ▪ implement the care plan, and ▪ make a plan to monitor and follow up on results. <p>Document all DTP-related decisions, plans, and actions decided upon during the appointment. Notify (and, if necessary, collaborate with) the most responsible physician or other prescriber about the DTP, care plan, and results achieved.</p>	<ul style="list-style-type: none"> ▪ <i>Health Care Professionals</i> section of the BPMH (including Prescriber Name, Verified, Action, and Notes segments) ▪ DTP form(s) (one form for each DTP) ▪ <i>Medications I Take – Special Instructions</i> section of the BPMH
9	<p>Ensure all forms are fully completed, including the name and Registration ID of the pharmacist, and the contact information for the pharmacy, providing the service (to enable healthcare professionals to request the patient’s information).</p>	<p>Page headers of</p> <ul style="list-style-type: none"> ▪ BPMH Worksheet (optional) ▪ BPMH ▪ DTP form(s)
10	<p>Obtain signature of patient or their legal representative in the Patient Acknowledgement section of the BPMH.</p> <p>If someone else is acting on the patient’s behalf, obtain documentation of that person’s right to act as the patient’s legal representative.</p> <p>Retain the signed original for your records.</p>	<ul style="list-style-type: none"> ▪ <i>Patient Acknowledgement</i> section of BPMH, signed and dated by patient or their legal representative ▪ If applicable, include documentation of another person’s right to act as the patient’s legal representative.
11	<p>Provide a copy of the completed and signed Patient section of the BPMH to the patient or their legal representative.</p>	<p>Copy of completed and signed <i>Patient section</i> of the BPMH</p>

Required Activity		Document the activity results in
12	<p>Store all documents together for future reference. (For details, see PharmaCare Policy Manual, Section 10—Audit).</p>	<ul style="list-style-type: none"> ▪ BPMH Worksheet (if used) ▪ BPMH (original, signed by patient or their legal representative) ▪ DTP form(s) ▪ If applicable, include documentation of another person’s right to act as the patient’s legal representative.
13	<p>Submit the medication review service claim on the date of service delivery, using the appropriate PIN.</p> <p>This ensures other pharmacies know that you have delivered the service to the patient and makes the clinical information available to other health care providers in a timely fashion.</p> <p>>> See Submitting Claims for the appropriate PIN and data entry instructions.</p>	<ul style="list-style-type: none"> ▪ MR-PC claim on PharmaNet
14	<p>When you receive a request for medication review information from a healthcare provider within the patient’s circle of care:</p> <ul style="list-style-type: none"> ▪ Fax a copy of the BPMH to the requestor as soon as possible ▪ Record the requestor’s name and contact information, the date on which the request was made/fulfilled, and the name(s) of the forms that were shared in your files 	<ul style="list-style-type: none"> ▪ Faxed copy of the BPMH (mandatory) ▪ Faxed copy of DTP form(s) (optional, at pharmacist’s discretion) ▪ Record of request

Required Documentation

- To support your claim for an **MR-PC** service, retain the following documentation in a manner accessible for audit:
 - completed **BPMH** original, signed and dated by patient or their legal representative
 - a separate **DTP form** for each DTP
 - if applicable, documentation of another person’s right to act as the patient’s legal representative
 - if applicable, a written record of any request for a copy of a patient’s **BPMH** and/or **DTP form(s)**

Claims for Payment

- For eligible patients, the pharmacy can submit a claim to PharmaCare for a \$70 MR-PC fee.
- If, during the **MR-PC**, a DTP has been resolved by an action that has a separately defined PharmaCare service fee (e.g., administration of injections and/or adaptations of prescriptions), the pharmacy may submit the claims as usual, but will be reimbursed to a maximum of \$70.
- The claim must be submitted on PharmaNet on the date the medication review service is provided to the patient.

This ensures other pharmacies know that you have delivered the service to the patient and makes the clinical information available to other health care providers in a timely fashion.

- Submit the claim using the appropriate PIN and the College Registration Identification (Reg ID) of the pharmacist who provided the service to the patient.

- The pharmacy must enter the 10-digit pharmacy phone number in the first 20 spaces and in front of any other information that appears in the **SIG** field on the patient’s PharmaNet profile to facilitate continuity of care and sharing of the **BPMH** and, if applicable, **DTP Form(s)** within the circle of care.

>> For details, see [Submitting claims for payment](#).

>> For information on general claim limits, see [Policies Applicable to All Medication Review Services, 4—Claiming medication review services fees](#).

Medication Review—Follow-Up (MR-F)

Required Activities

- For an **MR-F** to be eligible for PharmaCare reimbursement the following activities must be carried out **and their results documented** in each of the required form(s).

Required Activity	Document the activity results in	
1	<p>Ensure the patient meets the criteria for an MR-F. The patient must:</p> <ul style="list-style-type: none"> ▪ meet all the patient eligibility criteria defined in 1—Determining patient eligibility, under Policies applicable to all medication review services, and ▪ have already received a complete MR-S or MR-PC within the last year, and ▪ have a clinical need that requires either <ul style="list-style-type: none"> ▪ follow-up due to a subsequent medication change (that is, a change in medication that is entered on PharmaNet), or ▪ follow-up to implement and /or evaluate the patient response to the action taken to resolve a DTP. 	<ul style="list-style-type: none"> ▪ No documentation required.
2	<p>If the patient meets all eligibility requirements, document patient information gathered in Step 1 above.</p>	<ul style="list-style-type: none"> ▪ Patient section of <ul style="list-style-type: none"> ▪ BPMH Worksheet (optional) ▪ BPMH ▪ DTP Form(s) (if applicable)
3	<p>Document the reason(s) for providing the MR-F service: that is, patients must have a clinical need (as listed on page 14) that requires the following:</p> <ul style="list-style-type: none"> ▪ follow-up due to a subsequent medication change (that is, a change in medication that is entered on PharmaNet), or ▪ follow-up to implement and /or evaluate the patient response to the action taken to resolve a DTP 	<ul style="list-style-type: none"> ▪ <i>Clinical Need for Service</i> section of BPMH
4	<p>If appropriate, review and update information about patient medical issues such as known allergies and reactions. Information is collected from multiple sources including but not limited to:</p> <ul style="list-style-type: none"> ▪ PharmaNet profile ▪ local pharmacy medication profile ▪ interview with patient or their legal representative 	<ul style="list-style-type: none"> ▪ <i>Clinical Information</i> section of BPMH Worksheet (optional) ▪ If applicable, <i>Known Allergies and Reactions</i> section of a new BPMH

Required Activity	Document the activity results in
<ul style="list-style-type: none"> ▪ hospital discharge summaries 	
<p>5 If the service is a follow-up due to a subsequent medication change (i.e., a change in medication that is entered on PharmaNet):</p> <ul style="list-style-type: none"> ▪ speak with the patient to review, correct, or update information and improve the patient’s understanding about those changes including: <ul style="list-style-type: none"> ▪ what medications the patient is taking (e.g., the name, strength, and form of medication) ▪ why the patient is taking each medication (e.g., what disease, condition or symptoms the medication alleviates/controls) ▪ how best to take each medication (e.g., when to take it, how to take it, warnings, etc.) ▪ complete a new BPMH—Patient section ▪ update the patient’s previous BPMH—Health Care Professionals section or generate a new one. 	<ul style="list-style-type: none"> ▪ <i>Relevant sections of the BPMH</i>
<p>6 If the service is a follow-up to implement and/or evaluate progress towards resolving the patient’s DTP(s):</p> <ul style="list-style-type: none"> ▪ review and evaluate the patient’s progress with their drug therapy problem plan and, if necessary, modify the plan to help the patient reach their goals ▪ complete a new BPMH—Patient section ▪ update the patient’s previous BPMH—Health Care Professionals Section or generate a new one ▪ Update each previous DTP form with new information or generate a new one for each DTP. 	<ul style="list-style-type: none"> ▪ Relevant sections of: <ul style="list-style-type: none"> ▪ a new BPMH-Patient section and ▪ a new or updated BPMH-Health Care Professionals Section ▪ New or updated DTP form(s) (one form for each DTP)
<p>7 Document all information relevant to continuity of care (e.g., details about decisions, evaluations, plans of action, and other directions or observations).</p>	<ul style="list-style-type: none"> ▪ <i>Health Care Professionals section of the new or updated BPMH (including Prescriber Name, Verified, Action, and Notes segments)</i>
<p>8 Ensure all forms are fully completed, including the name and Registration ID of the pharmacist, and the contact information for the pharmacy, providing the service (to enable healthcare professionals to request the patient’s information)</p>	<ul style="list-style-type: none"> ▪ Page headers of <ul style="list-style-type: none"> ▪ BPMH Worksheet (optional) ▪ BPMH ▪ DTP form(s) (if applicable)
<p>9 Obtain signature of patient or their legal representative in the Patient Acknowledgement section of the BPMH.</p> <p>If someone else is acting on the patient’s behalf, obtain documentation of that person’s right to act as the patient’s legal representative.</p> <p>Retain the signed original for your records.</p>	<ul style="list-style-type: none"> ▪ <i>Patient Acknowledgement section of BPMH, signed and dated by patient or their legal representative</i> ▪ If applicable, include documentation of another person’s right to act as the patient’s legal representative.
<p>10 Provide a copy of the new, completed and signed Patient section of the BPMH to the patient or their legal representative.</p>	<ul style="list-style-type: none"> ▪ Copy of new, completed and signed Patient section of the BPMH

Required Activity		Document the activity results in
11	<p>Store all documents together for future reference. (For details, see PharmaCare Policy Manual, Section 10—Audit).</p>	<ul style="list-style-type: none"> ▪ BPMH Worksheet (if used) ▪ BPMH (original, signed by patient or their legal representative) ▪ DTP form(s) (if applicable) ▪ If applicable, include documentation of another person’s right to act as the patient’s legal representative.
12	<p>Submit the medication review service claim on the date of service delivery, using the appropriate PIN.</p> <p>This ensures other pharmacies know that you have delivered the service to the patient and makes the clinical information available to other health care providers in a timely fashion.</p> <p>>> See Submitting Claims for the appropriate PIN and data entry instructions.</p>	<ul style="list-style-type: none"> ▪ Medication Review—Follow-Up (MR-F) claim on PharmaNet
13	<p>When you receive a request for medication review information from a healthcare provider within the patient’s circle of care:</p> <ul style="list-style-type: none"> ▪ Fax a copy of the BPMH to the requestor as soon as possible ▪ Record the requestor’s name and contact information, the date on which the request was made/fulfilled, and the name(s) of the forms that were shared in your files 	<ul style="list-style-type: none"> ▪ Faxed copy of the BPMH (mandatory) ▪ Faxed copy of DTP form(s) (optional, at pharmacist’s discretion) ▪ Record of request

Required Documentation

- To support your claim for an **MR-F** service, retain the following documentation in a manner accessible for audit:
 - new BPMH-Patient Information section, original signed by the patient or their legal representative
 - new or updated version of the BPMH-Health Care Professionals section,
 - if applicable, a new or updated **DTP form** for each DTP
 - if applicable, documentation of another person’s right to act as the patient’s legal representative
 - if applicable, a written record of any request for a copy of a patient’s **BPMH** and/or **DTP forms**
 - if the original MR-S or MR-PC service was provided at another pharmacy, the pharmacy providing the MR-F service must obtain a copy of the PharmaCare-required documentation for the patient’s most recent **MR-S** or **MR-PC**.
 - If information is missing from the previous pharmacy’s documentation, the current pharmacy should ensure that all information required for the current MR-F is obtained, documented and retained in their records.

Claims for Payment

- For eligible patients, the pharmacist can submit a claim to PharmaCare for a \$15 **MR-F** fee.
- Either an **MR-S** or an **MR-PC** must have been claimed for the patient within the previous year.

- A maximum of 4 **MR-F** claims can be made in the 12 month period following the **MR-S** or **MR-PC**.
- For information on general claim limits, see Policies applicable to all medication review services, [4—Claiming medication review services fees](#).

- The claim must be submitted on PharmaNet on the date of the medication review service.

This ensures other pharmacies know that you have delivered the service to the patient and makes the clinical information available to other health care providers in a timely fashion.

- Submit the claim using the appropriate PIN and the College Registration Identification (Reg ID) of the pharmacist who provided the service to the patient.
- The pharmacy must enter the 10-digit pharmacy phone number in the first 20 spaces and in front of any other information that appears in the SIG field on the patient’s PharmaNet profile to facilitate continuity of care and sharing of the **BPMH and**, if applicable, **DTP Form(s)** within the circle of care.

>> For details, see [Submitting claims for payment](#).

Procedures

Submitting Claims

- Claims for medication review services must be submitted on PharmaNet on the date of the medication review, using the appropriate PIN, as shown below.
- The PIN and the payment amount for each service are as follows:

PIN	Description	Payment Amount
99000501	Medication Review Standard (MR-S)	\$60.00
99000502	Medication Review Pharmacist Consultation (MR-PC)	\$70.00
99000503	Medication Review Follow-Up (MR-F)	\$15.00

- To submit a claim for a medication review service:

1. In the **Days Supply** field, enter 1
2. In the **Quantity** field, enter 1.
3. In the **Drug Cost** field, enter 0.

Entering zero in the Drug Cost field ensures the fee does not inadvertently appear on the patient’s receipt.

4. In the **DIN/PIN** field, enter the appropriate PIN.
5. In the **SIG** field, in the first 20 spaces in the field and in front of any other information that appears in the field, enter the 10-digit phone number (including area code) of the pharmacy where the service took place. Other healthcare professionals will use this number to contact you to request patient information.

If the pharmacy phone number is not entered in the first 20 characters of the SIG field, the claim will not be reimbursed.

6. In the **Prescriber ID** field, enter the College Registration Identification (Reg ID) of the pharmacist who provided the service to the patient.

Consult your software vendor to determine any other requirements for payment reconciliation.

PharmaNet Response Code for Medication Review Service Claims

- Claims for medication review services are processed for payment in monthly batches rather than in real-time. When a claim for a medication review service is submitted, PharmaNet returns one of several “rejection” responses (e.g., **CD - patient not entitled to drug claimed**). These adjudication messages from PharmaNet can be ignored.
- Do not reverse or re-submit claims in response to adjudication messages. If the data has been entered correctly in the requested fields, the claims will be processed for payment.

Reconciling Payments

- Please call the [PharmaNet HelpDesk](#) about specific claims. The PharmaNet HelpDesk has access to payment and claim details and can e-mail these details (with patient identifiers removed).

Audit

- All claims to PharmaCare are subject to audit and any amount associated with a disallowed claim will be recovered.

>> For information on PharmaCare audit policies, see [Section 10—Audit](#) of this manual.

Medication Review Services Forms

Best Possible Medication History (BPMH)

<p><i>Purpose</i></p>	<ul style="list-style-type: none"> ▪ The purpose of the Best Possible Medication History (BPMH) is to <ul style="list-style-type: none"> ▪ create a record that an eligible service episode occurred, and ▪ provide patients, caregivers, and other healthcare professionals with accurate, complete, and current information about a patient’s medications. ▪ The BPMH includes two sections: the <i>Patient section</i> and the <i>Health Care Professionals</i> section. ▪ The <i>Patient section</i> of the BPMH is a comprehensive list of all prescription medications, non-prescription medications, and natural health products the patient is currently taking on a regular or “as needed” basis. <ul style="list-style-type: none"> ▪ This section of the form is provided to the patient after their medication review is completed. ▪ The <i>Health Care Professionals</i> section of the BPMH provides a professional summary of information collected during the review suitable for sharing with other healthcare professionals. <ul style="list-style-type: none"> ▪ It acts as the record of care provided (i.e., record of the patient’s current and discontinued medications, along with changes, decisions, and recommendations made by the pharmacist). ▪ This section of the form is not intended for the patient. This section may include information suitable only for clinicians. Keep it on file available to share with other health care professionals upon request.
<p><i>When to complete form</i></p>	<ul style="list-style-type: none"> ▪ For every MR-S or MR-PC appointment for which a claim will be submitted to PharmaCare, complete a new BPMH-Patient section and a new BPMH- Health Care Professionals section ▪ For every MR-F appointment for which a claim will be submitted to PharmaCare, complete a new BPMH-Patient section and a new or updated BPMH- Health Care Professionals section.
<p><i>Form contents</i></p>	<ul style="list-style-type: none"> ▪ All content (i.e., text, fields, and field labels) included in the Best Possible Medication History template is mandatory and must be included in any pharmacy-created forms. See If you are creating your own form(s).

*Notes on
completing the
form*

- **All fields on all pages must be completed unless otherwise indicated.** See the [BPMH template](#) for the form fields.

IS IT LEGIBLE? The intent of the BPMH Patient Section is to give the patient (or their family or caregiver) a clear, written record of your discussion.

To make sure your directions and comments are easy for the patient to read, use the tips below.

TIPS FOR CLARITY:

- Make sure the information on the handwritten or printed form is large enough for those with vision problems.
 - Print rather than write.
 - Use simple language:
 - Do not use Latin or other abbreviations not commonly used by patients
 - Refer to conditions or symptoms using the same words the patient uses during their appointment
- Ensure that the patient or their legal representative signs and dates the Patient Acknowledgement section of the BPMH.
 - On every page of the form, include the:
 - service delivery date
 - name and Reg ID of the pharmacist who provided the service:
 - if the service was delivered by a pharmacy student or intern, provide the name of the pharmacist who supervised the session
 - if the appointment is a follow-up and the service is delivered by a different pharmacist, add the pharmacist name and Reg ID after the original pharmacist's ID
 - contact information for the pharmacy
 - requested patient information
 - Optional fields include "special instructions." Complete if applicable.
 - Complete all fields related to clinically relevant medications that have been stopped, if the information is available.
 - If the patient is taking more than eight medications, add additional rows to the **Medications I Take** and **Current Medications** sections as necessary, or complete additional forms.

Drug Therapy Problem form (DTP form)

<p><i>Purpose</i></p>	<ul style="list-style-type: none"> ▪ The Drug Therapy Problem form is a record of all information associated with the identification, resolution, follow-up care, and communication for a DTP identified during a Medication Review—Pharmacist Consultation service appointment. ▪ This form may be shared with healthcare professionals within the patient’s circle of care at the pharmacist’s discretion.
<p><i>When to complete form</i></p>	<ul style="list-style-type: none"> ▪ A form must be completed whenever a DTP has been identified and resolved. ▪ A separate form must be completed for each DTP. ▪ For every MR-PC appointment for which a claim will be submitted to PharmaCare, complete a DTP form in addition to the BPMH-Patient section and BPMH-Health Care Professionals section. ▪ If applicable, for every MR-F appointment, when implementing and/or evaluating progress towards resolving the patient’s DTP, for which a claim will be submitted to PharmaCare, update each previous DTP form with new information (or generate a new one for each DTP) in addition to completing a new BPMH-Patient section and a new or updated BPMH-Health Care Professionals section.
<p><i>Form contents</i></p>	<ul style="list-style-type: none"> ▪ Pharmacists may design their own version of the form; see If you are creating your own form(s) for requirements. ▪ All content (i.e., text, fields and field labels) included in the Drug Therapy Problem form template is mandatory and must be included in any pharmacy-created forms. See If you are creating your own form(s).
<p><i>Notes on completing the form</i></p>	<ul style="list-style-type: none"> ▪ All fields on all pages must be completed unless indicated otherwise; see the DTP form template for the form fields. ▪ If a form is illegible, the associated claim will be subject to recovery. ▪ On every page of the form, include the: <ul style="list-style-type: none"> ▪ service delivery date—if updating an existing form during a follow-up appointment, add the new service delivery date after the initial service date. ▪ name and Reg ID of the pharmacist who provided the service: ▪ if the service was delivered by a pharmacy student or intern, provide the name of the pharmacist who supervised the session ▪ if the appointment is a follow-up and the service is delivered by a different pharmacist, add the pharmacist’s name, and Reg ID after the initial pharmacist’s ID <ul style="list-style-type: none"> ▪ contact information for the pharmacy ▪ patient’s name, PHN, and date of birth ▪ Optional fields include “notification.” Complete if applicable.

Best Possible Medication History Worksheet (BPMH Worksheet)

<i>Purpose</i>	<ul style="list-style-type: none">▪ The Best Possible Medication History Worksheet is an optional form that pharmacists can use to gather, record, and review the patient’s medication information before the medication review appointment.▪ The Worksheet complies with all requirements for pharmacy printing of the PharmaNet Medication Reconciliation Report.
<i>When to complete form</i>	<ul style="list-style-type: none">▪ This form may be used as a starting point for gathering information before a medication review service appointment.▪ Use of this form is optional.
<i>Form contents</i>	<ul style="list-style-type: none">▪ The contents of this form are found in the Best Possible Medication History Worksheet template.▪ Pharmacists may design their own version of the form; see If you are creating your own form(s) for requirements.
<i>Notes on completing the form</i>	<ul style="list-style-type: none">▪ N/A

If you are creating your own form(s)

- PharmaCare provides form templates that contain the minimum documentation requirements for claiming a fee for a medication review service from PharmaCare.
- Any pharmacy that chooses to create their own versions of the medication review services forms must ensure that these minimum requirements are met; that is, each form must contain all the text and fields in the PharmaCare templates.
- The wording of the text and field labels must not be changed.
- Claims for medication review services will be reimbursed only when the forms contain all required text, fields, and field labels. When the forms do not meet these minimum requirements, claims will be subject to recovery.

Tools & Resources

Form Templates

- [Best Possible Medication History \(BPMH\) Worksheet](#)
- [Best Possible Medication History \(BPMH\)](#)
- [Drug Therapy Problem form \(DTP form\)](#)

8.10 Payment for Publicly Funded Vaccinations

[Effective October 30, 2009]

General Policy Description

Pharmacists can elect to participate in providing vaccinations as part of Immunize BC, the strategic framework for immunization in BC that supports immunization delivery by health service providers from different disciplines in different settings.

Pharmacists who have completed training and have been **authorized by the College of Pharmacists of BC** to administer injections receive payment for each publicly funded vaccination they administer to an eligible B.C. resident.

The vaccine cost is covered by the Province of B.C. through [Immunize BC](#). PharmaCare pays pharmacists a fee for administering publicly funded vaccine by injection.

Policy Details

Payments to pharmacists

- PharmaCare pays a \$10 fee for each publicly funded vaccination only when the vaccination is:
 - given to an eligible B.C. resident (including those covered by PharmaCare Plan B (Residential Care),
 - administered by injection, and
 - administered by an authorized pharmacist².
- The fee covers costs related to patient assessment, administration supplies, administering the vaccine by injection, monitoring the patient for adverse events after immunization, and record-keeping.

Patient eligibility for publicly funded vaccines

Eligible B.C. residents

- B.C. residents who meet the eligibility criteria set by the BC Centre for Disease Control (BCCDC) receive publicly funded vaccine at no cost.

>> For information on eligibility criteria, indications, contraindications and dosage for publicly funded vaccines, see [Section VII—Biological Products](#) of the BCCDC Immunization Manual. This information is also available in patient-friendly language on Immunize BC's [Diseases & vaccinations](#) page.

Patients who meet BCCDC eligibility criteria but who are not B.C. residents

- PharmaCare does not pay a fee to pharmacists for administering a publicly funded vaccine to patients who are not B.C. residents.
- Pharmacists cannot charge a fee for administering a vaccine to Canadians who meet the eligibility criteria established by the BCCDC.

² No fee is paid for vaccinations provided by other health care professionals, such as nurses hired for pharmacy clinics.

- Please refer all patients who meet the BCCDC eligibility criteria—but who are not B.C. residents—to a local health unit. The health unit will determine if they are eligible for vaccination at no cost.

>> Find local health clinics with Immunize BC's [Public Health Unit Finder](#).

Patients who do not meet the BCCDC eligibility criteria

- Patients who do not meet BCCDC's eligibility criteria cannot receive vaccinations from the public supply.
- Pharmacists who wish to provide vaccination services to ineligible patients must obtain the vaccine from a private supplier and can charge the patient directly for the product and for administration supplies and services.

Procedures

Procedures for pharmacists

Entering claims for publicly funded vaccinations by pharmacists

- Confirm that the **patient is eligible** to receive a publicly funded vaccination.
- Obtain [informed consent](#).
- Provide the patient with a **record of immunization** with details of the vaccination.
- Record the **vaccine lot number** either by:
 - recording the lot number on a hardcopy prescription of the vaccination,
 - creating a separate vaccine administration log, or
 - entering the lot number in the **SIG field** in the patient's medication profile.

A record of vaccine lot numbers is required in case of a rare event such as a vaccine recall or an Adverse Event Following Immunization (AEFI).

- Submit a claim for a publicly funded vaccine:
 - using the appropriate [Product Identification Numbers \(PINs\)](#) in the drug ingredient field
 - using your own College of Pharmacists of BC ID in place of the usual prescriber ID
 - without entering a drug cost or fee
 - entering any pertinent details about the vaccination.

A report identifying claims citing the [PINs](#) for publicly funded vaccines is run after the close of each month's pay period and, after a delay of one month, is added to the pharmacy payment.

Entering claims for privately funded vaccinations

- Submit the claim for a privately funded vaccine:
 - using the appropriate vaccine DIN
- If the vaccine requires a prescription, enter the prescriber's ID in the Prescriber ID field.
- If the vaccine does not require a prescription, enter your CPBC ID in the Prescriber ID field.

Ordering vaccine

- Procedures for the ordering and handling of publicly funded vaccines are identified in the resource guides for each vaccine. See **Tools & Resources**, below.

Tools & Resources

- [Vaccine Resources](#)—This section of the PharmaCare website provides all necessary information on vaccinations services and on the specific vaccines that authorized pharmacists can administer.