

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE

Policy/Procedure Number: MCRP4066			Lead Department: Health Services	
Policy/Procedure Title: AB1114 Benefit Implementation and Oversight			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 02/12/2020		Next Review Date: 11/13/2025 Last Review Date: 11/13/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input checked="" type="checkbox"/> P & T	<input type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> PAC
Approval Signature: Robert L. Moore, MD, MPH, MBA			Approval Date: 11/13/2024	

I. RELATED POLICIES:

- A. MPCR701 Ancillary Care Services Provider-Credentialing and Re-Credentialing
- B. MPCR300 Physician Credentialing and Re-Credentialing Requirements
- C. MPCR13D Pharmacist Credentialing

II. IMPACTED DEPTS:

- A. Utilization Management
- B. Provider Relations
- C. Configuration

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To describe Partnership HealthPlan of California's (Partnership's) role related to the implementation, maintenance and oversight of the Medi-Cal benefit for the provision of pharmacist services to Medi-Cal managed care members, pursuant to Welfare and Institutions Code (WIC) Section 14132.968

- A. This policy shall apply in scope and pursuant to APL 22-012, Governor's Executive Order N-01-19 regarding Transitioning Medi-Cal Pharmacy Benefit from Managed Care to Medi-Cal Rx (the pharmacy benefit carve-out to Medi-Cal Fee-for-Service [FFS])
 - 1. Any & all policy items pertaining to pharmacy prescription claims &/or pharmacy drug TARs shall not apply upon implementations of Medi-Cal Rx.

VI. POLICY / PROCEDURE:

- A. Partnership shall provide the specified pharmacy services listed in Section VI.A. as a reimbursable Medi-Cal benefit pursuant to Assembly Bill 1114 (chapter 602, Statutes of 2016 and California Department of Health Care Services (DHCS) All Plan Letter (APL) 22-012. Services must be provided by a registered pharmacist (see rendering provider below) and must be billed by a Medi-Cal enrolled pharmacy (see billing provider below).

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Future services may be added to Section VI.A. as determined by DHCS, authorized by California Business and Professions Code (BPC) and implemented within California Code of Regulations (CCR) by the California Board of Pharmacy (BOP).

1. Furnishing travel medications
2. Furnishing naloxone hydrochloride
3. Furnishing self-administered hormonal contraception
4. Initiating and Administering immunizations
 - a. Claims for Pharmacist Service for initiating and administering immunizations must provide evidence vaccine was administered to the member. Evidence may include Medi-Cal Rx pharmacy claim record for the vaccine administered to the member.
 - b. Vaccines for Children (VFC) program: Pharmacies providing immunizations through the VFC program must meet all Medi-Cal Rx and VFC program requirements. Pharmacist Services (consultation and assessments [vaccine initiation] fee) will be billed and reimbursed pursuant to MCRP4066. Vaccine Administration Fee and Professional Dispensing Fee must be billed to Medi-Cal Rx
5. Providing tobacco cessation counseling and furnishing nicotine replacement therapy (claim must provide evidence nicotine replacement therapy was dispensed to the member)
6. Furnishing HIV pre-exposure and post-exposure prophylaxis
- B. Requirements for rendering provider must include but not limited to the following:
 1. A pharmacist with an active license and in good standing status.
 2. Enrolled with Medi-Cal as an ordering, referring, and prescribing (ORP) provider with a valid Type 1 National Provider Identification (NPI) number.
 3. Credentialed by Partnership as a rendering provider for services pursuant to [Assembly Bill 1114](#).
 - a. Credentialing requirements: Evidence for completion of a minimum of 1 unit of C.E. related to the service provided in the past 12 months.
 4. Services must be provided and billed from a pharmacy that is a Medi-Cal pharmacy provider.
- C. Requirements for billing provider must include but not limited to the following:
 1. Billing provider must be a pharmacy as defined by CA Business & Professions Code 4037-Board of Pharmacy Regulations.
 2. A screened and enrolled pharmacy pursuant to APL 19-004.
- D. Billing Codes: The following billing and administration codes may be submitted for reimbursement under Partnership's benefit. Codes are subject to change pursuant to DHCS requirements.
 1. Evaluation and Management (E&M) billing codes:
 - a. 99202 – New patient
 - b. 99212 – Established patient
 2. Administration billing code:
 - a. 90471 – Vaccine administration
- E. Billing frequency:
 1. Rendering pharmacist may bill for an established patient code of each covered service rendered in a visit.
 2. The frequency restriction of CPT code 99212 of six visits in 90 days may be exceeded with medical justification provided with the original claim.
 3. Rendering pharmacist must provide valid documentation that the patient's acute or chronic condition requires frequent visits in order to monitor their condition with the goal of reducing hospitalizations. Documentation will be reviewed by PHC Clinical Pharmacist to determine and confirm validity of medical justification. Documentation that is incomplete or does not support medical justification as determined by Partnership Clinical Pharmacy may result in denial of service payment.
 4. Documentation for the medical justification to exceed the frequency restriction of CPT code 99212 of six visits in 90 days is subject to audit.

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- F. Reimbursement Rate and Claims Submission:
1. (87% [or rate different from FFS's 85%] of the physician rate on file for the same billing code)
 2. Billing provider must submit service claims on a CMS-1500 health claim form or ASC x12N 837P v.5010 transaction.
 3. Service claims submitted on a 30-1, 30-4, or via the National Council for Prescription Drug Programs (NCPDP) standard will be denied.
- G. Documentation Requirements: In addition to all requirements outlined by the BOP or other regulatory agencies, eligible Pharmacists and Pharmacies must adhere to the following documentation standards:
1. Pharmacists providing these services must retain proof of successful completion of required certifications, training, and continuing education (CE).
 2. The pharmacy must retain medical record documentation for services eligible for reimbursement under this benefit. Any undocumented service would be considered to not have been provided.
 3. The pharmacy must retain all required documentation of patient, physician, or other provider interactions.
 4. Medical record documentation must be complete, legible, concise, and adhere to standards outlined in the Medi-Cal Provider Manual and by the American Medical Association (AMA). At a minimum, the records must include the following:
 - a. Reason for encounter
 - b. Appropriateness of therapeutic services provided
 - c. Applicable test results (e.g., blood pressure, pulse)
 - d. Recipient's relevant medical history
 - e. Site of service (if applicable)
 - f. Regulatory-required questionnaire
 - g. Date, time of service, and identity of pharmacist providing the service
 - h. Action taken as a result of the encounter
- H. Audit and Oversight
1. Credentials for the rendering pharmacist and billing pharmacy are subject to audit by Partnership.
 2. Documentation as listed in Section VI. G. shall be reviewed by Partnership Pharmacy, which may then pursue a desktop and/or on-site audit for the rendering pharmacist and/or billing pharmacy.
 3. Areas of audit and oversight include, but are not limited to, the following areas:
 - a. Record Retention: Partnership personnel will audit a sample of medical records associated with pharmacist-provided services for compliance with state regulatory records and retention requirements.
 - b. Billing Pharmacy Requirement: Partnership personnel will utilize the CA Open Data Portal to verify the pharmacy is a screened and enrolled Medi-Cal pharmacy provider.
 - c. Pharmacist Provider Requirements: Partnership personnel will audit a sample of pharmacist-providers indicated as having provided eligible services to Partnership members during the previous year. Compliance with eligibility will be verified utilizing the following resources, including but not limited to:
 - 1) Current licensure/sanction: BOP license verification tool (https://pharmacy.ca.gov/about/verify_lic.shtml)
 - 2) ORP Provider: Medi-Cal ORP Provider Enrollment Validation Lookup Beta (<http://www.medi-cal.ca.gov/ORPEnroll/ORPEnroll.aspx>)
 - 3) [Medi-Cal FFS Provider Listing](https://data.chhs.ca.gov/dataset/medi-cal-ffs-provider-listing) (<https://data.chhs.ca.gov/dataset/medi-cal-ffs-provider-listing>)

VII. REFERENCES:

- A. [California Department of Health Care Services \(DHCS\) All Plan Letter \(APL\) 19-004 Provider Credentialing/Re-credentialing and Screening/Enrollment \(06/12/2019\)-](#)

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- B. [DHCS APL 22-012 Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx \(7/11/2022\)](#) supersedes APLs 21-018 and 20-020
- C. California Assembly Bill 1114, Medi-Cal: Pharmacist Services (2015-16 Session)
[https://openstates.org/ca/bills/20152016/AB1114/. \(09/25/2016\)](https://openstates.org/ca/bills/20152016/AB1114/. (09/25/2016))
- D. [DHCS APL 24-008 Immunization Requirements](#) (June 21, 2024)

VIII. DISTRIBUTION:

- A. PHC Provider Manual
- B. PHC Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Director of Pharmacy Services

X. REVISION DATES:

Medi-Cal
02/12/20; 11/11/20; 11/10/21; 11/09/22; 11/08/23; 11/13/24

PREVIOUSLY APPLIED TO:

N/A

XI. POLICY DISCLAIMER:

- A. In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:
 - 1. Consistent with sound clinical principles and processes;
 - 2. Evaluated and updated at least annually;
 - 3. If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request.
- B. The materials provided are guidelines used by Partnership to authorize, modify, or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.
Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.