

Pharmacy Cognitive Services Compensation Program v3

Revision effective 7/1/2009

Description

The purpose of this program is to reward pharmacists for performing *value-added* cognitive services beyond the mandatory patient counseling required by State Law. Cognitive services are clinically based interventions carried out for the purpose of improving medication prescribing and use. To perform a cognitive service, one must ask: *What is the problem? What action must be taken? What is the outcome?*

These questions will direct you in completing the **Pharmacy Cognitive Services Compensation Form** on the next page. In order to receive compensation for services, a legible explanation of service must be provided in each of the following categories: *Problem Identification, Intervention Carried Out, Outcomes.* **HPSJ reserves the right to compensate only claims that add values to the members and the Plan.**

The highest compensation level applies to one encounter.

- ☞ Compensation for changing non-formulary drug to formulary alternative, averting a PA = \$5
- ☞ Compensation for intervention involving extended education = \$10
- ☞ Compensation for intervention involving contacting a provider = \$20

* Random audits by member survey may be conducted by HPSJ to ensure that value-added services are being provided as documented.

Procedures

1. Pharmacist identifies patient intervention situation
2. Pharmacist provides intervention, which may include contacting the prescriber if necessary
3. Pharmacist complete documentation form, have member answer the satisfaction survey and fax to HPSJ at (209) 942-6302
4. All paid claims will appear on the pharmacy's remittance report from MedImpact shown as "Cognitive Services"

Eligible Services

- Indications
 - Necessary Medication
 - *Examples: bronchodilator frequency indicates uncontrolled asthma and possible need for addition of controller agent; long-acting beta-agonist prescribed without use of an inhaled corticosteroid, recommend inhaled corticosteroid; patient taking Vicodin every 4 hours, recommend long-acting pain medication; migraine prophylaxis for overuse of abortive agent; hypertensive patient with tachycardia not on a beta-blocker; patient with diabetes not on a statin, ACE-inhibitor, or aspirin;*
 - Unnecessary Medication
 - Therapeutic Duplication
 - *Examples: patient taking two sleep aides (temazepam + Ambien) concurrently;*
 - Continuation of Discontinued Medication
 - *Example: physician intended patient to change from one medication to another but the patient continued on both medications;*
- Suboptimal Therapy
 - Verification of Script (except for illegibility or omitted information)
 - Drug
 - Dose
 - Duration
 - *Examples: drug not effective for condition; dose too low for condition/age; duration too short for condition;*
- Compliance Issue
 - Underuse
 - Administration or Technique
 - Medication Consolidation
 - *Example: patient taking ACE-inhibitor and hydrochlorothiazide separately, recommend a combination product;*
- Safety
 - Adverse Effect
 - Allergy
 - Drug-drug Interaction
 - Excessive Dose or Duration
- Formulary Compliance
 - Facilitate change of non-formulary product to a formulary alternative, averting a prior authorization



Pharmacy Cognitive Services Compensation Form

Patient Name: _____ Last First MI DOB: _____

HPSJ Member ID: _____ Rx #: _____

Step 1: Problem Identification	Step 2: Intervention Carried Out	Step 3: Outcome
Indications	<input type="checkbox"/> Extended Education <input type="checkbox"/> Consulted Provider: Dr. _____	Indications
<input type="checkbox"/> Necessary Medication Unnecessary Medication: <input type="checkbox"/> Therapeutic Duplication <input type="checkbox"/> Continuation of D/C'd Med(s)	Explanation of Service	<input type="checkbox"/> Added Medication <input type="checkbox"/> Discontinued Medication
Suboptimal Therapy	Problem:	Suboptimal Therapy
Verification of Script: <input type="checkbox"/> Drug <input type="checkbox"/> Dose <input type="checkbox"/> Duration		Altered Therapy: <input type="checkbox"/> Changed Drug <input type="checkbox"/> Changed Dose <input type="checkbox"/> Changed Duration
Compliance Issue	Intervention:	Compliance Issue
<input type="checkbox"/> Underuse <input type="checkbox"/> Administration or Technique <input type="checkbox"/> Medication Consolidation		<input type="checkbox"/> Patient Education <input type="checkbox"/> Medication Consolidation
Safety	Outcome:	Safety
<input type="checkbox"/> Adverse Effect <input type="checkbox"/> Allergy <input type="checkbox"/> Drug-Drug Interaction <input type="checkbox"/> Excessive Dose or Duration		Altered Therapy: <input type="checkbox"/> Changed Drug <input type="checkbox"/> Changed Dose <input type="checkbox"/> Changed Duration
Formulary Compliance		Formulary Compliance
<input type="checkbox"/> Drug Not Formulary		<input type="checkbox"/> Changed Product without PA
<input type="checkbox"/> Other - please explain →		<input type="checkbox"/> Provider Refusal of Recommendation

Patient Satisfaction		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	If I had a choice, I would request that my health plan (Health Plan of San Joaquin) allow this pharmacist to continue these pharmacy services.	1	2	3	4	5
2	My satisfaction with my pharmacist has increased as a result of the services that were provided to me today.	1	2	3	4	5
3	My satisfaction with my health plan (Health Plan of San Joaquin) has increased as a result of the services that were provided to me today.	1	2	3	4	5

Patient Signature: _____

Pharmacist Name: _____ Date: _____

Pharmacy Name: _____

NABP Number: _____

Phone: _____ Fax: _____

Please fax completed form to (209) 942-6302