Pharmacy Cognitive Services Compensation Program v4

Revision effective 7/2015

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 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) 762-4704
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

Pharmacy Cognitive Services Compensation Form (1/1/2012)

Patient Name: _____ DOB: _____
Last *First* *MI*

HPSJ Member ID: _____ Drug intervened on: _____ Changed to: _____
If applicable

Step 1: Problem Identification	Step 2: Intervention Carried Out	Step 3: Outcome
1. Addition of Medication	❑ Extended Education	**1. Addition of Medication**
❑ Necessary Medication	❑ Consulted Provider:	❑ Added Medication
2. Unnecessary Medication:	Dr._____	**2. Unnecessary Medication:**
❑ Therapeutic Duplication ❑ Continuation of D/C'd Med(s) ❑ Not Indicated	**Explanation of Service** **Problem:**	❑ Discontinued Medication
3. Suboptimal Therapy		**3. Suboptimal Therapy**
❑ Drug ❑ Dose ❑ Duration		Altered Therapy: ❑ Changed Drug ❑ Changed Dose ❑ Changed Duration
4. Compliance Issue		**4. Compliance Issue**
❑ Overuse ❑ Underuse ❑ Administration or Technique ❑ Medication Consolidation	**Intervention:**	❑ Patient Education ❑ Medication Consolidation
5. Safety		**5. Safety**
❑ Adverse Effect ❑ Allergy ❑ Drug-Drug Interaction ❑ Excessive Dose or Duration	**Outcome:**	Altered Therapy: ❑ Changed Drug ❑ Changed Dose ❑ Changed Duration
6. Other Intervention		**6. Provider Refusal**
❑ Please Explain →		❑ Prescriber declined 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: _____ NPI: _____

Phone: _____ Fax: _____

Please fax completed form to (209) 762-4704

Additional forms and information available at www.hpsj.com → "I am a Provider" → "Forms" → under "Pharmacy Tools & Resources"