PHARMACY GUILD OF NEW ZEALAND

Health Payments Integrity Team audits

The Te Whatu Ora Health Payments Integrity Team (HPIT) perform financial audits on behalf of Districts and Pharmac. These audits check that community pharmacies have been claiming appropriately for the dispensing of prescriptions and LTC, ARRC, CRC and CDOS services.

The following information will assist pharmacies in an HPIT audit.

LTC service

Prior to coming to the pharmacy for an LTC service audit, the HPIT may review a pharmacy's claim data for a specific period and compare that to the hard copy prescriptions that have sent to Whanganui for that time period. They will also check the entries in the Community Pharmacy Portal (also known as the Eligibility Assessment and Registration (EAR) Portal) for any anomalies, e.g., the pharmacy's LTC registrations. When the auditor/s from the HPIT come to the pharmacy, they will randomly select and check a number of LTC registration forms.

HPIT auditors are not pharmacists and cannot make clinical judgements. Because of this the HPIT have employed pharmacists with experience in providing the LTC service to give input into some of aspects of the LTC service. Pharmacist input includes looking at the reasons a patient has been registered for the LTC service and evidence of the level of service being provided.

Following an LTC service audit, a draft audit report from the HPIT will be sent to the pharmacy to respond to and provide further information that may not have been available on the day. The auditors will then review the feedback and possibly amend their findings and send out the final audit report, including recommendations to the pharmacy and the District Lead.

Service requirements

- LTC registration forms must be signed and dated.
- The pharmacy must have evidence of LTC registration for each of their LTC patients.
- LTC registration forms must be kept in the pharmacy at all times, even once a patient dies or leaves the LTC service (see notes below on retention of health information).
- LTC service fees cannot be claimed for patients without documented adherence problems.
- There must be a record of evidence of regular proactive contact/active management with each LTC patient, especially for any patients that might be receiving their medicines as STAT dispensings.
- LTC service fees cannot be claimed for patients in Aged-Related Residential Care (AARC) and Community Residential Care (CRC).

- Patients must be exited from the LTC service when they no longer require the LTC service or medicines from the pharmacy.
- Patients who have no dispensings of their medicines for 120 days must be exited from the LTC service, unless it is known the LTC patient will be returning, e.g., is in respite care.

LTC registration

All LTC registration forms must be signed and dated and kept in the pharmacy at all times. A pharmacist can begin assessing a patient's eligibility for the LTC service before the patient consents, however the pharmacist cannot enter a start date into the PMS (Toniq/RxOne) until the patient has consented to the service. The start date of providing the LTC service to the patient must match the date of the signed registration form.

In most instances it will be the patient who will sign and date their own registration form. If someone other than the patient signed the form, the pharmacist will need to record why this was necessary.

Regular contact

There must be a record of evidence of regular proactive contact with each LTC patient. This contact may include text and phone reminders around adherence or collecting their medicines, plus phone or face-to-face interactions.

Regular contact should be aimed at increasing the patient's adherence and self-management, including tips and interventions to assist the patient in understanding what their medicines are for, how to take them appropriately and reminders for collecting their repeats or obtaining a new prescription.

There should also be a record to show that the LTC patient is being actively managed. Active management also ensures timely removal of LTC patients when the service is no longer required or when they shift to a different pharmacy. If the pharmacy is having regular contact with their LTC patients, then the staff should be aware of any changes in a patient's circumstances and the pharmacist should document an end date and exit reason into the PMS (Toniq/RxOne) as soon as they become aware that this LTC patient no longer requires the LTC services from the pharmacy.

If an LTC patient or their second point of contact (e.g., spouse, family member, neighbour) is unable to be contacted, it can be anticipated that they no longer require the LTC service from the pharmacy. If there has been no contact with the LTC patient for more than 60 days it would be reasonable for the pharmacy to exit them from the service, unless there is a good reason to expect them to return to the pharmacy in the next month. Remember a pharmacy is not entitled to claim an LTC service fee unless they are providing the patient with the LTC service.

Stat dispensing for LTC patients

A pharmacy may dispense an LTC patient's medicines STAT, i.e., 3 months all at once. However, the pharmacy must be able to provide documented evidence of regular monthly contact with the patient to show that the patient's adherence is being actively managed.

It is important for a pharmacy to always consider what they are doing each month to improve an LTC patient's adherence to their prescribed medicines. If there is no need to provide any assistance to the patient, then the pharmacy should consider if this patient requires the LTC service.

Community Pharmacy Portal (EAR)

Checking the Community Pharmacy Portal (also known as the Eligibility Assessment and Registration (EAR) Portal) regularly will assist in ensuring a pharmacy is being paid correctly for their LTC patients.

A pharmacy is only entitled to claim the LTC service payment for those LTC patients that they are confident they will be providing the LTC service during the following month.

It is recommended that a pharmacy does not to wait the 120 days to exit an LTC patient who is no longer receiving the LTC service from their pharmacy – it is more proactive to run an LTC service report every 30-60 days to make sure all LTC records are up to date.

Repeat frequency

Pharmacists can determine the dispensing frequency for each LTC patient to meet the patient's compliance and adherence needs.

The dispensing frequency is an arrangement agreed between the pharmacy and the LTC patient that best supports the patient's needs and the goal of achieving medicine self-management.

Retention of health information

Whether the patient is deceased, has moved pharmacies, or has exited the LTC service, it is a legal requirement that all patient identifiable health information be kept for ten years.

The original hardcopies of all patient identifiable health information needs to be kept for three years (controlled drug records for four years) but for the remainder of the ten-year requirement the information can be in another format, such as electronic.

Many pharmacies have copies of their patients signed LTC registration forms scanned into their dispensary system and have discarded the original forms securely. The HPIT will accept scanned copies rather than original signed LTC registration forms for audit purposes, however, the scanned copies must be complete and legible.

ARRC and CRC services

Patients in Aged-Related Residential Care (ARRC) and Community Residential Care (CRC) cannot be registered for the LTC service. The Health Payments Integrity Team (HPIT) can identify patients who are registered for the LTC service and are receiving ARRC or CRC services from another pharmacy. A pharmacy's regular monthly contact with their LTC patients should indicate when a patient is admitted to ARRC or CRC.

A pharmacy must not dispense regular medicines to an ARRC or CRC patient in quantities less than 28 days. Exceptions are:

- Class B controlled drugs, which can be dispensed in seven-day lots.
- Clozapine in accordance with the clozapine dispensing protocol, which is in seven-day lots.
- New medicines or trialling a dose change of a medicine can be given in an appropriate quantity to line up with the patients' regular repeat cycle.

A pharmacy must record the NHI and start date of CRC patients into the Community Pharmacy Portal (also known as the Eligibility Assessment and Registration (EAR) Portal). When the patient leaves CRC, the pharmacy must remove the patient from their CRC record in the portal.

Co-dispensed Opioid Service (CDOS)

- CDOS service fees can only be claimed for a patient when a prescriber specifies on the prescription that one or more medicines are to be co-dispensed at the same frequency as their methadone or buprenorphine/naloxone.
- The co-dispensing of these medicines must be at least weekly (or more frequently) and supplied at the same time to the patient as the dispensing of their methadone or buprenorphine/naloxone for a patient receiving Opioid Substitution Treatment.
- A patient is registered for the CDOS service via Toniq or RxOne. Once a patient does not qualify for the CDOS service, the pharmacy must exit them.
- Some methadone or buprenorphine/naloxone patients who are not eligible for the CDOS service may meet the requirements for the LTC service.