Ministry of Health

Drug Plan and
Extended Benefits

Pharmacy Information Bulletin #546
September 26, 2013

PARTNERSHIP TO ASSIST WITH CESSATION OF TOBACCO (PACT)

Effective April 1, 2013, the Ministry of Health assumed responsibility for ongoing funding of the Partnership to Assist with Cessation of Tobacco (PACT) program.

Effective October 1, 2013, the Drug Plan and Extended Benefits Branch (DPEBB) will remunerate pharmacists to provide tobacco cessation support and services, as well as follow-up sessions, under the PACT program.

The Drug Plan will pay pharmacies $2.00 per minute to a maximum of $300.00 per patient per year (365 days) (or $1.00 per minute for silver/gold level group sessions to a maximum of $150.00. per patient per year). The number of claim submissions and the total amount reimbursed for each level of service under PACT remains unchanged.

Changes have now been implemented in the Drug Plan's on-line claims system to facilitate the billing process by pharmacies.

It is the responsibility of the pharmacist to determine if a claim has been submitted for a PACT service for a patient. The pharmacist can confirm this with other pharmacies appearing on the patient's Pharmaceutical Information Program (PIP) profile. Pharmacists can also contact the DPEBB if they are unable to confirm the provision of these services by contacting other pharmacies.

If the pharmacist performs a PACT service and is unaware that the patient has already received that service or has reached the maximum amount billable within the one (1) year timeframe, the pharmacy **will not** be remunerated for this service.

The updated PACT policy document will be available on the Pharmacists' Association of Saskatchewan (PAS) website on the PAS Home Page under "What's New" http://www.skpharmacists.ca/, on the Partnership to Assist with Cessation of Tobacco (PACT) website at http://www.makeapact.ca/content/health-care/library and on the secure Drug Plan WEB page at https://www.drugplan.health.gov.sk.ca. (click on "**Bulletins**")

BILLING PROCEDURE

Please refer to page 7 of the policy document for further details. Pharmacies should be able to bill the fees to the Drug Plan using their Practice Management System. Please contact your pharmacy software vendor if you are unsure how to do this.

WEB PAGE

If you are unable to bill the fees electronically through your Practice Management System, you can use the secure Drug Plan **WEB page** by logging on to **https://www.drugplan.health.gov.sk.ca**.

All pharmacies should have updated WEB certificates on a dedicated computer. If you are not sure how to install the WEB certificate, please contact your pharmacy software vendor. To use the WEB page, refer to the DPEBB Pharmacy Reference Manual, Section VI.

QUESTIONS

For questions related to **BILLING PROCEDURE** you may contact the Drug Plan and Extended Benefits Branch at 1-800-667-7578 or in Regina at 306-787-3315.

For questions related to **POLICY and PROFESSIONAL PRACTICE**, please contact Myla Wollbaum at The Pharmacists' Association of Saskatchewan (PAS) at 306-359-7277.

FREQUENTLY ASKED QUESTIONS

What are the changes to the PACT program now that the Ministry will be funding the program?

- The program remains unchanged.
- It is required that pharmacists obtain patient consent for PACT services provided at the Silver and Gold levels (both in individual and group sessions).
- It is required that pharmacists use the specific documentation that is outlined in the policy document. The forms to be used are provided as appendices in the policy document and will be updated on the PACT website at http://www.makeapact.ca/content/health-care/library, the PAS Home Page under "What's New" at http://www.skpharmacists.ca/, and posted on the secure Drug Plan web page https://www.drugplan.health.gov.sk.ca. (click on "**Bulletins**")
- The number of claim submissions and the total amount reimbursed for each level of service under PACT remains unchanged. However, the program submission and fee maximum, both at each service level and at the combined yearly total (such as $300 per 365 days), will be applied through the Drug Plan on-line claims adjudication system.
- The pseudoDINs used to submit claims for PACT services have been changed (see page 3 of this bulletin). Please note that the previous PACT pseudoDINS have been/will be inactivated with the effective date of this transition.

When will pharmacists be able to submit claims for PACT services using the new psuedoDINs?

- October 1, 2013.

Will clients have to pay for the PACT service fees?

- No. The PACT service fees are covered 100% by the Drug Plan and Extended Benefits Branch for beneficiaries under the DPEBB. A beneficiary is a resident with a valid Saskatchewan Health Services Number and **NOT covered** under Workers Compensation, SGI, or a federal health plan.

Will DPEBB pay the PACT service fees for individuals whose drug costs are covered under another program (e.g., Health Canada's Non-Insured Health Benefits Program or Department of Veterans Affairs Canada)?

- No. The DPEBB will not pay the fees for these individuals.

Are patients entitled to PACT service fees each fiscal year?

- No. The Drug Plan will pay pharmacies the PACT service fees (as outlined on page 3 of this bulletin) per person per 365 day period for services provided to eligible patients regardless of the fiscal or calendar year.

Where can the forms be found and can they be filled out on-line and saved?

- The policy document and forms can be found on the PAS Home Page under "What's New" http://www.skpharmacists.ca/ , on the Partnership to Assist with Cessation of Tobacco (PACT) website at http://www.makeapact.ca/content/health-care/library and on the secure Drug Plan WEB page at https://www.drugplan.health.gov.sk.ca. (click on "**Bulletins**")
- The forms are saved in pdf format and they will be able to be populated and saved to your computer for your future reference in the near future.

My organization has developed their own documentation forms for cessation of tobacco. Can I use these forms for PACT?

- Forms developed by other organizations **must** contain all the information required for documentation and **must** be approved by the DPEBB prior to use. Contact Arlene Kuntz, Pharmacist at the Drug Plan, at (306) 787-3306 for approval of documentation forms.

Will layering of PACT fees be permitted with the Saskatchewan Medication Assessment Program (SMAP)?

- The Bronze/Bronze Plus fee can not be billed in addition to a SMAP Medication Assessment fee. However, pharmacists can bill for SMAP patients who later wish to participate in the PACT program at the Gold/Silver level.

REVISED DESCRIPTIONS FOR PACT ERROR CODES

There have been two error codes previously associated with PACT claim submissions, PD and PE. The descriptions associated with these error codes have been revised. The two revised error code descriptions are:

PD - Duplicate PACT Fee
PF - PACT Fee exceeds maximum allowable

Table 1: Billing Procedure for PACT Claims

PACT PROGRAM FEES:

- The claim must be submitted electronically to the Drug Plan.
- The Drug Plan pays 100% of the fee to the pharmacy.
- Please ensure the following fields are completed:

  - PATIENT IDENTIFIER = client nine-digit Health Services Number (HSN)
  - DISPENSING DATE = date of the PACT service (e.g. October 1,2013)
  - RX NUMBER = enter your sequential Rx#
  - HEALTH PROVIDER ORGANIZATION ID = SKCP
  - HEALTH PROVIDER ID = Pharmacist ID number
  - PHARMACIST ORGANIZATION ID = SK
  - PHARMACIST ID = Pharmacist ID number
  - DIN = DIN for the Level of service

Level	PseudoDIN	Comment
Bronze	00990100	Maximum of 1 submission at $5.00 (2.5 minutes) per patient per 365 days
Bronze Plus	00990101	Maximum of 1 submission at $10.00 (5 minutes) per patient per 365 days
Silver/Gold	00990102	Maximum of 3 submissions totalling 90 minutes ($2.00 per minute) for a maximum of $180.00 per patient per 365 days
Silver/Gold Group Session	00990102	Maximum of 3 submissions totalling 150 minutes ($1.00 per minute) for a maximum of $150.00 per patient per 365 days
Follow-up	00990103	Maximum of 10 submissions totalling 50 minutes ($2.00 per minute) at $10.00/submission for a maximum of $100.00 per patient per 365 days

  - COMPOUNDING FEE (CF) = 0
  - COMPOUND NAME = blank
  - QUANTITY (QTY) = 1
  - DAYS SUPPLY = 1
  - ACQUISITION COST (AC) = Total time of the session x $1.00 or $2.00 per minute (e.g. if a 5 minute session, enter $10.00)
  - DISPENSING FEE (DF) = 0.00
  - MARKUP = 00/00/00
  - TOTAL RX COST = Total dollar value billed (Actual time in minutes x $1.00 or $2.00)
  - PATIENT PAID = $0.00
  - ADJUDICATION FLAG = Y