

Kingston Pharmacy Policy and Procedures Manual

Pharmacy Supervision and Authority

Pharmacy Supervision

The Pharmacy is under direct and indirect supervision of the Supervising Pharmacist who has legal and last authority in all professional matters relating to the Pharmacy, with consultation of ownership. In compliance with NY State law and practice, the Supervising Pharmacist has the last say on all matters involving the reading, interpretation, mixing, storing, labeling, patient consultation, record keeping, legal interpretations, insurance compliance, clinical issues, security, narcotics storage and dispensing, personnel supervision and billing of all prescriptions. Any noncompliance with the instructions, both written and oral of the Supervising Pharmacist will be recorded by him/her in writing and presented to the ownership within 14 days of the event.

When not on duty, the supervising pharmacist delegates any authority necessary for moment to moment operations to the licensed pharmacist on duty.

Patient Rights

No discrimination

All patients and customers of Kingston Pharmacy are to be treated without discrimination based on race, religious creed, sexual orientation, gender or any other status that is protected under NYS and Federal Law.

Privacy

All patients are covered under the HIPAA. Their records are protected as private. This includes their name, address, medications they take, doctor relationships, insurance information, or any other information stored, maintained, and recorded in the pharmacy. Each patient is to receive a pamphlet enumerating these rights, as outlined under the law, and sign as to their receipt of such pamphlet in the HIPAA log on the counter.

The pharmacy will operate under the principle of “the least access as necessary to perform the task for the patient”. That means that all employees will only access personal private information as they need it and no more than that. Furthermore, prescriptions can only be picked up by the patient.

Representatives of the patient can pick up prescription only with written permission and on presenting the patients identification. If the patient can not give written permission, for whatever reason, verbal permission can be given with the presentation of the patients picture ID. All prescriptions will be signed for by the person picking up the prescription. Narcotics will be issued to representatives of patients as the discretion of the pharmacist on duty.

Disposing of Private Personal Information

All labels, printouts, and notes made by the Pharmacy which has Personal Private Information, if possible, will be shredded. It will be disposed in Black plastic bags and picked up by private carters assigned for such tasks and not placed in public trash.

Privacy and Privacy Training

The Ownership will appoint a HIPAA compliance officer whose job it is to set policy for all HIPAA issues.

All personnel will undergo HIPAA training upon hiring and then once a year thereafter, and such training will be noted in the personnel record.

Each new patient will receive a copy of the Kingston Pharmacy HIPAA pamphlet and sign that they received the HIPAA policy.

Upon picking up prescriptions, staff will assure that the patients have privacy in all pharmacy communications, and provide private space for consultation if needed.

All drugs can be only picked up by the patient or their authorized representative. Patients can authorize a representative in writing or over the phone if they send the representative with a photograph government id. Minors can have their medication picked up by their custodial guardian. Home health-care workers can be approved with a letter kept on file allowing the CNA or home worker to pick up prescriptions, bring prescriptions and request refills for the patient.

Vendors will have no access to Patient Private Information accept as required by law or for the processing of prescription insurance.

Prescriptions and Refills are to be filled exclusively within the secured area of the pharmacy. Private information shall never be accessed from the computer systems outside the physical pharmacy.

Staff are never allowed to discuss private patient information with any individual outside of the pharmacy. They are not allowed to discuss any private pharmacy information with their family, with their spouses or friends. Violation of this policy will result in immediate termination. All staff will be trained with regards to Patient Privacy Rights once a year and this will be notated in the employees personnel record.

Fraud and Abuse

What is fraud:

Knowingly submitting, or causing to be submitted, false claims or making misrepresentations of fact to obtain a Federal health care payment for which no entitlement would otherwise exist

Knowingly soliciting, receiving, offering, and/or paying remuneration to induce or reward referrals for items or services reimbursed by Federal health care programs

Making prohibited referrals for certain designated health services

Examples for fraud:

- Billing Medicare for appointments the patient failed to keep
- Knowingly billing for services at a level of complexity higher than services actually provided or documented in the file
- Knowingly billing for services not furnished, supplies not provided, or both, including falsifying records to show delivery of such items
- Paying for referrals of Federal health care program beneficiaries

What is Abuse:

Abuse describes practices that, either directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse includes any practice not consistent with providing patients with services that are medically necessary, meet professionally recognized standards, and are priced fairly.

Examples of Prescription Billing fraud and abuse

1. Pharmacy Staff are prohibited from all the following activities and will be terminated if it is determined that they engaged in any of these activities:
2. Billing for noncovered prescriptions as covered items
3. Billing for prescriptions that are never picked up (i.e., not reversing claims that are processed when prescriptions are filled but never picked up)
4. Billing based on "gang visits," e.g., a pharmacist visits a nursing home and bills for

numerous pharmaceutical prescriptions without furnishing any specific service to individual patients

5. Inappropriate use of dispense as written (“DAW”) codes
6. Prescription splitting to receive additional dispensing fees
7. Drug Diversion
8. Incorrectly billing for secondary payer to receive increased reimbursement;
9. Billing for nonexistent prescriptions;
10. Billing multiple payers for the same prescriptions, except as required for coordination of benefit transactions;
11. Billing for brand when generics are dispensed Prescription
12. Drug Shorting: Pharmacist provides less than the prescribed quantity and intentionally does not inform the patient or make arrangements to provide the balance but bills for the fully prescribed amount.
13. Bait and Switch Pricing: Bait and switch pricing occurs when a beneficiary is led to believe that a drug will cost one price, but at the point of sale the beneficiary is charged a higher amount.
14. Prescription Forging or Altering: Where existing prescriptions are altered by an individual without the prescriber’s permission.
15. Dispensing Expired or Adulterated Prescription Drugs: Pharmacies dispense drugs that are expired, or have not been stored or handled in accordance with manufacturer and FDA requirements
16. Prescription Refill Errors: A pharmacist provides the incorrect number or refills prescribed by the provider
17. Illegal Remuneration Schemes: Pharmacy is offered, paid, solicits, or receives unlawful remuneration to induce or reward the pharmacy to switch patients to different drugs,
18. influence prescribers to prescribe different drugs, or steer patients to plans.
19. True Out of Pocket (“TrOOP”) Manipulation: When a pharmacy manipulates TrOOP to either push the beneficiary through the coverage gap, so the beneficiary can reach catastrophic coverage before they are eligible, or manipulates TrOOP to keep a beneficiary in the coverage gap so that catastrophic is never realized
20. Failure to Offer Negotiated Prices: Occurs when a pharmacy does not offer a beneficiary the negotiated price of a Part D drug.
21. Do not push-bill or auto-refill without patient consent or request or when prohibited by State law;
22. Do not refill and mail to patients without request or patient consent, and only perform patient outreach to initiate refills in attempts to improve medication adherence and clinical outcomes; and
23. Do not use financial incentives to influence beneficiary decisions about when or where to fill prescriptions paid by a federally funded program.
24. Push-billing occurs when pharmacy providers auto-refill prescriptions without beneficiary consent or request. The U.S. Department of Justice’s Civil Fraud Division investigated auto-refill practices at a major retail chain and alleged the chain auto-refilled and billed prescriptions without patient consent while pressuring pharmacists to meet 40 percent auto-refill enrollment goals.
25. A suspect refill tactic targeted at Medicaid beneficiaries includes refilling prescriptions without a patient request and mailing the completed prescriptions to the beneficiary. Pharmacy providers should not auto-refill

26. without a request from the beneficiary. Providers should only contact a beneficiary to solicit requests for medication refills if the pharmacy provider has assessed the beneficiary's prescription history and the patient outreach is an attempt to improve the patient's medication adherence and clinical outcome.

<http://articles.latimes.com/2012/oct/19/business/la-fi-lazarus-20121019>

Filling Procedures:

Prescription Drop Off:

Most Prescriptions are now electronic. In the rare event that a written prescription enters the pharmacy, the staff will check that the patients first and last name, local address, date of birth, and telephone number are on the prescription form.

For electronic prescriptions, the staff will take down the patients name and data of birth and pass the information to the Pharmacist. The Pharmacist will look up the patients prescription and record, locating the patient by date of birth.

Faxed prescriptions are not recognized in NY State. All faxed prescriptions need to be confirmed by calling the doctor and so noting that on the prescription with a date and time, and signature of the pharmacist taking in the prescription.

Pharmacist only can transcribe the Escript and bill it. Electronic prescriptions of not printed.

Technicians can transcribe the Escript under the direct supervision of the pharmacist on duty, but they have to print the prescription so that it can be checked by the pharmacist.

All clinical alerts must be overridden by a Pharmacist.

All handwritten prescriptions must be entered by a pharmacist.

All faxed prescriptions must be confirmed with a phone call to the doctor and notated as such as specified under NY State Law.

All telephone prescriptions are to be acquired and interpreted by a Pharmacist

All drugs that need extemporaneous mixing will be mixed by a pharmacist.

At the patients request, the pharmacy will call for refills for prescriptions and such requests are printed out and placed in the "To call MD " bin.

At the patients request, refills that are requested, but too soon to be filled will be filled 3 days before

they are calculated to run out.

All Narcotic Prescriptions can be picked up by the patient only and they must have a state picture ID in order to pick it up.

Narcotics will not be filled for patients who are not local to the Pharmacy.

When checking prescriptions, Pharmacists are to be trained to speak out loud softly the name of the patients, the name of the drug, the strength of the drug, the quantity of the drug, the directions and then check the name of the drug against the stock bottle and market the name with a check.

Upon putting prescriptions into the bag, the pharmacist will count the number of bottles with the number of labels, and check that the bag is for a single patient only.

The pharmacist is not to interrupt checking for phone calls, questions or any conversation. They are to be solely focused on the checking until the bag is stapled close.

Refill Procedures

Prescriptions are to be refilled only at the expressed request of the patient. Refills are not to be filled more than 3 days before the medication runs out. The Pharmacy is to monitor patient compliance with drug therapy. When prescription refills should be due, the Pharmacy can call patients to discuss their compliance and clinical results with patients. Diabetic and High Blood Pressure patients should be specifically monitored. Problems with therapy should be brought to the attention of the Prescriber. Contacts should be noted in the prescription records.

Prescription Pickups

Prescriptions can only be picked up by the patient under the guidelines of HIPAA. All prescription pickups will be double checked by the patient phone number and address. Request from the patient their telephone number and address and visually inspect that it matches the bag which is being dispensed.

Always assure that the patient has privacy when picking up their medication.

Patients can request the pharmacy to allow someone to pick up their medication by contacting the pharmacy and giving the person picking up their medication their picture ID.

Patients are to be asked if they have any questions about their medication and if they do, the pharmacist will do a consultation with the patient in privacy.

The patient must sign for their medication and sign that they were asked if they wanted consultation.

All new patients will receive a pamphlet on patients rights and HIPAA and sign a testimony to the fact that they received such pamphlet.

Prescriptions will be held for at most 10 days for pick up or delivery. Failure for the drugs to be distributed to the intended patient after 10 days will require that the prescriptions to have their insurance billing reversed and drugs put back in stock.

All drugs that are to be delivered will be carried outside the pharmacy in bags which can not be seen through, in order to protect patient privacy. Labels and protected information will not be visible on the street.

All delivered prescriptions must be signed for.

Drug Storage and Sanitation

The Pharmacy counters and tray will be washed with 90% isopropol alcohol every morning. No food is to be eaten on near the counters where drug preparation takes place.

The pharmacy refrigerator is not to have an food stored within them.

Distilled water is to be available in the pharmacy for preparations.

Trash is to be removed daily from the pharmacy and the carpet and floors swept.

All paper trash in the pharmacy is to be dispensed in black plastic bags in compliance is HIPAA.

Compliance and Reporting

The pharmacy will comply with all orders from law enforcement and regulatory agencies.

Any employee who observes suspected fraud will report it to the supervising pharmacist. Fraud can originate from the staff, vendors or patients.

Any employee of the pharmacy who observes suspected child abuse will report it to the Pharmacist in charge.

All privacy violations are to be reported to the privacy officer and recorded.

Every quarter, the Ownership and Supervising Pharmacist will review all incidents of Abuse, Fraud and Privacy incidents and put into place procedures that will reduce compliance issues in the future.

Combating Methamphetamine

All psuedophedrine containing medication will be sold only with a picture ID and logged and signed

for within the confines of current law for selling of such items.

Drug storage and security

All drugs will be stored at temperatures as expressed in the drug packaging in opaque bottles. Drugs that can be stored at room temperature will be stored on the shelves between 20C-25C with excursions permitted to 15C and 30C as specified in the USP.

Refrigerated items will be stored in the temperature controlled refrigeration boxes located in the back of the pharmacy refrigerated items should be stored between 2C and 8C.

No item is to be stored on the shelves below 24 inches in height.

Controlled Substances C3-5 are to be stored dispersed on the shelves.

Controlled CII substances will be stored in a locked draw.

Every Tuesday the shelves are to be searched for drugs with expiration dates 60 days or less.

The pharmacy is a controlled access area and is never allowed to be entered without the presence of a Pharmacist.

Closing Procedures

At the end of the day the Pharmacist will print the daily report and sign the report, attesting that he/she has processed the listed prescriptions in accordance to this document and the law.

If a pharmacist on duty is gone for the day, the report will be left for signing in the morning or the next day that pharmacist is on duty.