

Public Health Seattle & King County Pharmacy Fees Policies and Procedures

Policy: The pharmacies at Public Health Clinics will collect a fee for the filling of prescriptions based as follows effective May 1st, 2024.

\$14.00 fill fee per prescription + the acquisition cost of the medication. This will move to a \$14.00 fill fee per prescription + the acquisition cost of the medications on May 1st, 2024.

Procedures:

Providers

When a provider treats a patient and determines that they need a prescription, the provider will be asked to determine the status of the prescription.

(1). **Medically Necessary (Mn)** - These are prescriptions that the provider has determined must be filled at the time of visit. They are vital to the treatment of the patient's condition. The provider will circle and sign the box labeled "Mn" which appears on the bottom of the prescription or they may write it on in the prescription and sign. This designation will advise the pharmacist that, even if the patient is unable to pay at the time of the filling of the prescription, they still want the patient to receive the medication. The designation "Mn" will be noted in the pharmacy computer system so the pharmacy can determine on subsequent refills if the medication is "medically necessary."

If the provider is able to determine ahead of time that a patient is not going to pay, they should write for only a 30 day supply as a time. If the patient is unable to pay pharmacy will only dispense a 30 day supply. The pharmacy can also work with the providers regarding samples or patient assistance programs if applicable.

(2). **Homeless (H)**. These are prescription for patients who have been designated as homeless. By circling and signing the "H" designation which will appear on the prescription the pharmacist will be advised that there will be no fee for the patient marked as "A" status homeless. This will remain in effect for a 1 year period unless pharmacy is notified of a change in status. (Please see Homeless Definitions Coding in Appendix A.)

(3) **Non -Medically Necessary Prescriptions**. Prescriptions which are not designated as being Medically Necessary (Mn) will be filled by the pharmacy and the appropriate fees collected. If the patient states that they are unable to pay, pharmacy can arrange for the patient to pick up the medication later or offer other suggestion. The pharmacy can also work with the providers regarding samples or patient assistance programs if applicable.

PHARMACY

(1). **Medically Necessary (Mn)** – Upon receiving a prescription where the provider has circled “Mn” and authorized medication(s), the pharmacist will discuss with the patient that there will be a charge for the prescription. If the patient says they are unable to pay, then the pharmacist will dispense no more than a 30 day supply based on the prescription. The pharmacy staff will also explain that the costs for the prescription will be placed on their account and they will be expected to pay if there are additional refills. The pharmacy staff will continue to attempt to collect for subsequent refills but, if the medication has been determined to be Medically Necessary (Mn), the patient will not be denied the medication because they are unable to pay.

(2). **Homeless**- Prescriptions received in the pharmacy for homeless “A” status patients will have the fees waived. All other homeless clients “B-E” status, will be subject to the costs associated to the fill fee of the prescription and the acquisition cost of the medication(s). For B-E status only: If the patient says they are unable to pay, then the pharmacist will dispense no more than a 30 day supply based on the prescription. The pharmacy staff will also explain that the costs for the prescription will be placed on their account and they will be expected to pay if there are additional refills.

(3). **Non-Medically Necessary**- For prescriptions which have not been designated as medically necessary, pharmacy staff will process the prescription and collect the appropriate fees. If the patient is unable to pay, the pharmacist can offer alternatives such as keeping the medication on the shelf while they obtain alternative methods of payment.

(4). **Patients Currently on Medications on May 1, 2024** –There will be patients who are currently on medications and are receiving medications on May 1, 2024. The pharmacy staff will continue their current practice with those patients-and attempt to collect appropriate fees. If the patient is unable to pay the pharmacist will evaluate the situation on a case by case basis, and if it is necessary will discuss the status with provider for alternative options.

Fees:

Effective May 1, 2024 the following fees will be applied to prescriptions:

Legend Pharmaceuticals - \$14.00 fill fee + acquisition cost of the medications
The filling fee will be for each prescription processed regardless of the amount of the medication. A 90 day supply of medication will only have a \$14.00 fee applied.

Patient Assistant Programs – \$14.00 fill fee and no cost for the medications. This is to cover the time and effort of the pharmacy staff. The medications are provided from the pharmaceutical companies so there is no charge to the patient. - To begin May 1, 2024.

OTC Medications- Pharmacy will utilize an agreed upon price list for standard OTC medications based on competitive pricing in the marketplace.

Pharmacy Processing

The following insurance codes will be utilized for processing;

*H% - Homeless “A” status – No cost

*H% - Homeless “B-E” status- \$14.00 fill fee

*M%- Medically Necessary - \$14.00 fill fee + acquisition cost of the medication

*P% -Legend Prescriptions - \$14.00 fill fee + acquisition cost of the medication

*For H% (Homeless-“A-E” status) pharmacy staff will note date homeless status was determined and enter that date into FSI.

*The sliding fee scale for actual acquisition cost for 340b medications would provide a negligible discount.

Please reference ***PHSKC General Fee Collection/Billing Guidelines**

**Tiered Fixed Fee Structure: Primary Care & Dental Clinics

	Flat Fee A	Flat Fee B	Flat Fee C	Flat Fee D	Full Fee E
FPL	“Nominal fee” 0-100%	101-125%	126-150%	151-200%	>201%

**SLIDING FEE SCALE: Family Planning

Pay Status	% of FPL	Slide amount
A clients	0-100%	0% (or 100% discount)
B clients	101-150%	25% (or 75% discount)
C clients	151-200%	50% (or 50% discount)
D clients	201-250%	75% (or 25% discount)
E clients	251% or more	100% (no discount)

Appendix A Homeless Definitions Coding

Street, Camp, Bridge:

- Living outdoors
- Car
- Tent
- Organized Encampment/Tent City
- Parks
- Doorways
- Makeshift housing/shelter/tiny houses
- Places generally deemed not safe or fit for human occupancy/meant for human habitation
- Squatting

Shelter:

- Organized shelter for people experiencing homelessness
- Generally provide a place to sleep; some provide food
- Seen as temporary
- Often have a limit on the number of days or the hours of the day that resident may stay

Doubled Up:

- Living with others
- Generally considered to be temporary and unstable
- A patient may live in a succession of such arrangements (couch surfing) over a period of time
 - ****Living with an aunt, child, a parent, extended family may not seem like a homeless situation to the client so you may need to ask a little more about this situation to determine whether or not it is truly doubled up**
 - ****Once common assumption in a “doubled up” situation is that usually one or both parties think at the outset that their arrangements are temporary**
 - ****If the housing arrangement is for economic reasons and is unstable (a disagreement or other scenario could result in being asked to leave), this is doubled up**
 - ****If rent is paid intermittently, or bartered for, this is likely a doubled up situation (note: rent paid does NOT always equal stable housing of any type)**

Transitional Housing:

- Small units where persons who leave a shelter are provided extended housing stays
- Generally stay between six months and two years
- Must be an official transitional housing program

At Risk:

- Were homeless within the past 12 months (i.e. were doubled up, in emergency shelter, or on the streets)
 - ****Note:** this is the same as “currently not homeless, was in the last 12 months” and “at risk for homelessness”.
- Permanent Supportive Housing residents are permanently at risk.

Other:

- If a patient tells you they have spent the prior night in jail, or in an institution (treatment program for mental health, substance abuse, a hospital, etc.)- ask them where they intend to spend the night tonight.
- Their status should be reported based on where they intend to spend the night after their release. If they do not know or are uncertain, report their homeless status as “street” per 2014 UDS guidance.
- If a client states they are staying in a motel, the best option to select is shelter. Many social service agencies have “motel vouchers” they can give to patients who may not be able to stay in shelters for various reasons.

Instruction for reviewing Homeless Status in Epic

Within Epic access the client’s chart via Chart review. Select the date of service and double click on the visit date to bring up the homeless status.

The screenshot displays the Epic EMR interface. On the left, a table lists recent visits:

When	Type	Status	With
06/01/2018	Office Visit	Open	King Provider Default
05/16/2018	Office Visit	Signed	Athena Bautista, DDS
05/04/2018	Office Visit	Open	Nonbilling
03/15/2018	Office Visit	Open	Chair 1 Kcdt
02/12/2018	Office Visit	Open	Timothy Kuo, DDS
01/30/2018	Jail Clinical Note	Open	Frieda Lahn RN

The right pane shows details for the selected visit on 5/16/2018: "Office Visit" by Athena Bautista, DDS. The reason for visit is "EMERGENCY". Under "Additional Documentation", the SmartForm "HOCHIN HOMELESS STATUS" is highlighted.

Below the screenshot is a "SmartForm (Read-only)" titled "Homeless Status" with the following radio button options:

- Not Homeless
- At Risk
- Doubled Up
- Shelter
- Street
- Transitional Housing
- Other (motel, jail, institution)