The Paperless Drug Card Initiative



Pharmacy User Guide for Processing Social Assistance Drug Claims

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What is the Paperless Drug Card Initiative?

The Ministry of Community and Social Services (MCSS) is improving service delivery to social assistance clients by enabling them to use their Ontario health card, rather than a monthly paper drug card, to access the Ontario Drug Benefit (ODB) program.

As of December 1, 2016, social assistance clients will no longer receive a monthly paper drug eligibility card. Instead, they will use their Ontario health card to access prescription medication under the ODB.

Social assistance clients, who are not eligible for an Ontario health card, will continue to receive a paper drug card to access the ODB to get their prescription medication.

This change will apply to all recipients of the:

- Ontario Disability Support Program (ODSP), which includes Assistance for Children with Severe Disabilities (ACSD)
- Ontario Works Program (OW), which includes Temporary Care Assistance (TCA)
- * This includes First Nation clients who receive benefits from ODSP and M'Chigeeng First Nation.
- ** There is no change for clients served by First Nations Ontario Works Administrators who do not use the Social Assistance Management System (SAMS). These clients will continue to receive monthly paper drug eligibility cards until further notice.

Transition Period Ends:

The three-month transition period, which provided time for social assistance clients and pharmacists to prepare and adjust to the changes, ends on November 30, 2016.

During the transition period:

- Pharmacies were able to use social assistance clients' Ontario health cards to process claims through the Health Network System (HNS) for reimbursement.
- Clients were able to use their Ontario health card to get their prescription medication, however,
- Clients also continued to receive a monthly paper drug card which they could continue to use to get their prescription medication.

Note: To assist pharmacists with high patient volumes typically experienced during the month of December 2016, pharmacists can accept paper drug eligibility cards issued for November 2016 for eligibility verification in December.

Questions specific to the Paperless Drug Card Initiative, should be e-mailed to MCSS at <u>SASM-Q&A@ontario.ca</u>

What will change for pharmacies on December 1, 2016

- Pharmacies will use social assistance clients' Ontario health cards to process claims through the HNS for reimbursement.
 - Clients who have an Ontario Health Card must use their card to access the ODB to get their prescription drugs.
- Pharmacies should continue to process paper drug cards, per the current process for:
 - Social assistance clients, who are not eligible for an Ontario health card as they will continue to receive a paper drug card to access the ODB until they are eligible for a health card.
 - Clients served by First Nations Ontario Works Administrators who do not use the Social Assistance Management System (SAMS) as they will continue to receive monthly paper drug eligibility cards which they may use to access their prescription medication.

Note: There are *no changes* to the way pharmacies adjudicate drug claims through the Health Network System or the HNS itself.

In circumstances where a drug claim is rejected in the HNS because a client's eligibility coverage is not confirmed – the pharmacy is required to verify social assistance client eligibility by calling the **Social Assistance Verification (SAV) Helpline, toll-free at**

1-888-284-3928.

For claims validated through the SAV Helpline – when pharmacies do not use a paper drug card to verify eligibility, they will not need to retain paper drug eligibility cards for social assistance clients who access prescription drugs using their Ontario health cards.

For audit and post-payment verification purposes, the Ministry of Health and Long Term Care (MOHLTC), Drugs Program Delivery Branch may request pharmacies to provide a record log for claims where social assistance clients' eligibility for coverage was established through the SAV Helpline. (Refer to Instructions Section – Recording Information from the helpline).

For claims validated using a paper drug card – for inspection and claim validation purposes, pharmacies that use a paper drug cards to verify eligibility must retain paper drug cards on file for two years past the last claim date. Discarding paper drug cards prior to the two year period may result in claim recoveries.

Note: For claims processed prior to September 1, 2016, pharmacies *must retain* the appropriate paper drug card as verification of eligibility.

Instructions

The following instructions have been prepared for pharmacies to use alongside the Ontario Drug Programs (ODB) Reference Manual when processing social assistance drug claims. These instructions are intended to address issue(s) or error code(s) encountered when processing a social assistance client's drug claim through the HNS.

Note: There are other social service programs that fall outside of the MCSS, which may continue to provide clients with paper drug cards to verify their eligibility under the ODB. Until further notice, pharmacies should continue to process these non-MCSS paper drug cards as per the current process.

Entering a Drug Claim Using an Ontario Health Card

There are **no changes** to the way pharmacists process claims in the HNS.

In all cases, pharmacists must enter the following patient information into the HNS:

- Ontario Health Card number including Version Code
- Carrier ID / Plan Code and
- Eligibility end date

If a client does not know the plan code, they may know the social assistance program from which they receive benefits. The plan codes affected by this initiative are as follows:

Plan Code C:

- Ontario Disability Support Program (ODSP)
- Assistance for Children with Severe Disabilities (ACSD)

Plan Code D:

- Ontario Works Program (OW) and
- Temporary Care Assistance (TCA)

If unable to determine the plan code for a client, the pharmacist can call the SAV Helpline for the plan code information and to confirm client eligibility and document accordingly.

Note: Only plan C or D should be used.

Historically, individual Ontario Works offices used specific plan codes, such as L, M, N and Y. Some Ontario Works offices continue to issue paper drug cards using the other plan codes. The system has been centralized and all Ontario Works clients are under Plan D.

If pharmacists receive an error response code, even after entering the claim using Plan D, they should call the SAV Helpline to confirm the client's social assistance eligibility for the period in question.

Below is the full list of plan codes used in HNS for drug benefit reimbursement with the affected plan codes highlighted in yellow:

Carrier ID (Plan Code)	Program	Eligibility Establishment Availability Periods (Level 1: Standard Override)	Eligibility Establishment Availability Periods (Level 2: Emergency Override)
А	Higher Income Seniors	Not available	Not available
х	Oral Hypoglycemics	Not available	Not available
E	Long-Term Care	To end of current month	Date of service only
Р	Home Care	30 days	Date of service only
С	MCSS – Ontario Disability Support Program	To end of current month*	Date of service only
D	MCSS – Ontario Works Program	To end of current month*	Date of service only
к	MCSS – Ontario Works Program	To end of current month*	Date of service only
L	MCSS – Ontario Works Program – Peel Office	To end of current month*	Date of service only
М	MCSS – Ontario Works Program - Toronto	To end of current month*	Date of service only
N	MCSS – Ontario Works Program - Hamilton	To end of current month*	Date of service only
Y	MCSS – Manual Offices	To end of current month*	Date of service only
Н	Homes of Special Care	Current month + month **	Not available
Т	Trillium Drug Program	Not available	Not available
R	Lower Income Seniors	Not available	Not available

Eligibility Establishment Summary Chart

When a Drug Claim is rejected for a Social Assistance client with a Health Card

The HNS will reject claims for clients deemed ineligible at the time of dispensing with one of the following response codes:

32	Client ID number error (e.g. Health Number incorrectly entered in the Client ID number field or incorrect in the HNS database)
C2	Service provided before effective date
C3	Coverage expired before service
C8	No record of this beneficiary (i.e.: Ministry not advised of eligibility of recipient)
CJ	Patient not covered by this plan (i.e.: may be covered under another plan)

A claim that generates one of the above response codes will require the pharmacist, or a pharmacy authorized employee, to contact the SAV Helpline to verify the client's social assistance eligibility.

If the social assistance client has a paper drug card and a response code from the above list is generated, the pharmacist or pharmacy technician should follow the steps/process outlined in the Ontario Drug Programs Reference Manual.

Note: If the pharmacist receives a <u>drug-related error code</u>, they must contact the Ontario Drug Benefit (ODB) Help Desk to resolve the issue.

The SAV Helpline is intended only for social assistance eligibility verification.

Contacting the SAV Helpline for Social Assistance Verification

The SAV Helpline is an in-bound call centre service that is administered provincially. The SAV Helpline is staffed by live agents who have access to social assistance case-related details and can confirm a client's eligibility status for authorized callers.

As of December 1, 2016, the hours of operation for the SAV Helpline are **between *7:00 a.m. and 7:00 p.m., Monday to Friday (excluding statutory holidays).**

*The hours of operation are based on the availability of the social assistance technology. The social assistance technology may also be periodically unavailable for a limited time, during business hours, for maintenance. Notices will be broadcast via the SAV Helpline.

Elimination of the paper drug card will not impact the current standards of practice for situations where a pharmacist determines that a patient requires a drug immediately and cannot verify the patient's eligibility outside of the helpline hours of operation.

When to Call the SAV Helpline and When to Call the ODB Pharmacy Help Desk

Call the Social Assistance	Call the ODB
Verification Helpline	Pharmacy Help Desk
 When a patient in receipt of social assistance does not have a paper drug card, presents an Ontario health card, and you receive an HNS error response code related to the patient's social assistance eligibility when processing the patient's drug claim (please see social assistance error response codes in chart below). * When a patient in receipt of social assistance presents you with an Ontario health card but does not know his/her program plan code and does not know if he/she is on ODSP or OW and you need to find out the patient's program plan code in order to process the patients drug claim 	 When you receive a drug related HNS error code after attempting to process a patient's drug claim after proof of enrolment has been confirmed by the SAV Helpline or a monthly drug card is physically presented in the pharmacy When you have established the patient's social assistance eligibility for the period in question and confirmed the patient's plan code (C or D) but the HNS is not accepting the override When you have questions about how to process a patient's claim in HNS When you are experiencing technical difficulties with the HNS system

Identifying Yourself

When calling the SAV Helpline during business hours, pharmacy callers must verify their identity by providing the following information:

- First and last name of caller
- Telephone number of pharmacy, and
- Pharmacy Identification Number (the store's "ON")

Callers must positively identify themselves by correctly providing all of the above identifiers.

If a caller is unable to positively identify themselves as being a registered pharmacy, the caller should reconfirm their "ON" number before calling the helpline again.

Information Required by the Helpline

Once a caller is positively identified and validated by the SAV Helpline, a live agent will request the following information which is then used to search for a client in SAMS:

- Recipient's Member ID (if provided by client);
- Recipient's first and last name, and
- Recipient's birth date

Generally, only the recipient's first and last name and date of birth are required. Occasionally, the SAV Helpline agent may require the recipient's address to assist in distinguishing between multiple recipients who have the same name and date of birth.

Once Client Eligibility is Confirmed

Once confirmation of the client's social assistance eligibility is received, the pharmacist should enter the appropriate override code into the HNS.

Note: For claims where eligibility is established by contacting the SAV Helpline, **override code ML – eligibility established** – should be used, to avoid additional error codes and ensure the claim is successfully processed.

Documentation/Audit Requirements

The SAV Helpline will provide the pharmacy with a confirmation number upon completion of the call.

Pharmacies must record a note in their vendor software and on the prescription hardcopy detailing the following information:

- The first and last name of the person who made the call to help desk
- The date and time of the call
- Patient first name and last name
- Patient ODB number (from prescription/health card)
- Type of Coverage Confirmed (Plan Code)
- Dates of Coverage Confirmed
- Confirmation number from the SAV Helpline to confirm client's eligibility for ODB and a note that the SAV Helpline was contacted to confirm the person's social assistance eligibility

MOHLTC requires the above details for post-payment verification and audit purposes. Claims that are submitted with the ML override code without the documented information at the time of claim submission may be subject to recovery.

The logged information must be retained on file for two years following the last claim date.

If a Client's Eligibility Cannot be Confirmed by the Helpline

If the SAV Helpline is unable to provide confirmation of a client's eligibility, the caller should:

- Advise the client that his/her eligibility was not confirmed for the period of time in question, and
- Advise the client to contact his/her local office to resolve