

 Saskatchewan Ministry of Health Drug Plan and Extended Benefits Branch	Section: <i>Pharmacy Professional Services</i>	Reference DP-PPS-3
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MINOR AILMENTS, SELF-CARE PROGRAM (MSP) POLICY and PROCEDURES		

POLICY

- Effective February 1, 2012, the Drug Plan and Extended Benefits Branch (DPEBB) will pay community pharmacies, under the Minor Ailments, Self-Care Program (MSP), and Minor Ailments, Self-Care Fee (MSP-F) for the treatment of an eligible condition listed in Appendix 1 of this Policy.
- The amount of the MSP-F paid is in accordance with Schedule B of the Pharmacy Proprietor Agreement that is in effect on the date the prescription is issued.
- The MSP-F is paid when a pharmacist prescribes an eligible Schedule I drug for the treatment of an eligible Minor Ailments, Self-Care condition according to the *Regulatory Bylaws of the Saskatchewan College of Pharmacy Professionals (SCPP)* using the *medSask Minor Ailments and Self-Care Guidelines* (the Guidelines).
- **No incentives shall be provided** by the Proprietor or an agent on behalf of the Proprietor to any other person in relation to the provision of MSP-F
“Incentives” means any money, gifts, donations to a charity, rebates, refunds, customer loyalty programs, points, coupons, discounts, goods, dividends, and/or rewards which can be redeemed for a gift or other benefit.

PURPOSE

- To improve public access to the Saskatchewan healthcare system by aligning pharmacist expertise to patient clinical need.

LEGISLATIVE AUTHORITY

- *The Pharmacy and Pharmacy Disciplines Act*
- *The Prescription Drugs Act (Saskatchewan)*
- *The Drug Schedules Regulations, 1997 Amendment Regulations*
- *The Health Administration Act*

PROGRAM

- The MSP-F pays a pharmacy for the work and responsibility associated with a pharmacist prescribing an eligible Schedule I drug for an eligible condition using the Guidelines.

- The eligible conditions are listed in Appendix 1 of this Policy, as are the billing limits for the number of MSP-F's, by condition, that a pharmacy may bill under the MSP.
- The DPEBB places billing thresholds/limitations on each eligible condition, per patient in 365 days. These thresholds/limitations may not align with the Guidelines.
- The MSP-F is only paid when a Schedule I drug is prescribed that has an official indication approved by Health Canada (on-label) for the treatment of an eligible condition.
 - Exception: Upon DPEBB review, a MSP-F may be paid for prescribing an **approved** off-label drug for a particular eligible condition when that off-label drug is the only available treatment option and is supported by strong clinical evidence or guidelines.
- The cost of the prescription for the Schedule I drug is subject to the eligible patient's usual medication coverage.

ELIGIBILITY

- A patient must meet the following criteria* to receive a prescription under MSP:
 - A Saskatchewan resident with a valid Health Services Number (HSN); and
 - Presents with a self-diagnosed eligible condition.
- *Exclusions:
- Residents of a Special-care Home are not eligible for the MSP.
 - *A Special-care Home, formerly referred to as a Long-term Care Facility, is defined as a designated facility that provides personal or nursing care to individuals who reside in the home on a temporary or permanent basis. The home may provide any of the following types of care: convalescent care; rehabilitation services; palliative care; respite care; and day programming. Special-care homes are operated by the Saskatchewan Health Authority or by a provider that has a contract with the Saskatchewan Health Authority.*

PROCEDURES

The Pharmacist will:

- Adhere to the *Regulatory Bylaws of the Saskatchewan College of Pharmacy Professionals*.
- Adhere to the Guidelines to determine appropriate action in the treatment of an eligible condition (e.g., adhere to age restrictions when prescribing; prescribe approved medications only; or make a referral to a physician or nurse practitioner when indicated).
- Fully complete all sections of the appropriate medSask Pharmacist Assessment Record (PAR)
- Only prescribe a medication for an eligible condition when a prescription is warranted based on the Guidelines.

The Pharmacy will:

- Submit the drug claim for the medication prescribed for an eligible condition electronically for adjudication or capture before the MSP-F claim (**paper claims will not be accepted**).
- Submit the MSP-F on the same day as the drug claim.
- Match the prescriber in the MSP-F claim to the prescriber submitted for the prescribed medication claim.
- Ensure the dispensed prescription is captured on the Pharmaceutical Information Program (PIP).
- Obtain medSask approval, in writing, prior to the use of a document other than the PAR.

- Retain copies of the PAR and any relevant follow-up documentation as per the SCPP reference manual - [Record Retention and Destruction](#) guidelines.
- Provide copies of the PAR and any relevant follow-up documentation upon DPEBB's request as part of its review of adherence to the MSP Policy and Procedures within 2 business days

The Drug Plan and Extended Benefits Branch will:

- Provide pharmacies with the MSP Policy and Procedures.
- Pay pharmacies the MSP-F upon receipt of the electronic claim.
 - Note: DPEBB threshold/limitations may not align with the prescribing limits within the Guidelines.
- Update the list of Drug Identification Numbers (DINs) for eligible products under the Program.
- Request and review the PAR to confirm pharmacists and pharmacies have adhered to the MSP Policy and Procedures.
- Recover the MSP-F if DPEBB determines, based on its review, that there was non-adherence to the MSP Policy and Procedures.

BILLING PROCEDURE:

1. Steps for pharmacists when prescribing under the Program:
2. Dispense the eligible medication(s) and submit the claim for adjudication or capture electronically via the DPEBB on-line claim system.
3. Adjudicate the MSP-F using the appropriate pseudoDIN to the DPEBB.
4. Billing shall occur on a real-time basis and using the Billing Codes listed in Appendix 1.

Step 1: Dispensing the Medication:

- Use "SKCP" and your own pharmacist ID number in the Health Provider fields.
- Use "D" in front of your own pharmacist ID number.
- Ensure the following fields are:
 - **PATIENT IDENTIFIER** = client nine-digit Health Services Number (HSN)
 - **DISPENSING DATE** = date of the activity (e.g., June 1, 2017)
 - **RX NUMBER** = enter the sequential RX#
 - **HEALTH PROVIDER ORGANIZATION ID** = SKCP
 - **HEALTH PROVIDER ID** = Pharmacist ID number (e.g., D1234)
 - **PHARMACIST ORGANIZATION ID** = SK
 - **PHARMACIST ID** = Pharmacist ID number (e.g., D1234)
 - **DIN** = enter the DIN* of the product prescribed and dispensed ****must be an eligible Schedule I drug as per the medSask Minor Ailments and Self-Care Guidelines***
 - **COMPOUNDING FEE (CF)** = \$0.00
 - **COMPOUND NAME** = blank
 - **QUANTITY (QTY)** = enter quantity dispensed
 - **DAYS SUPPLY** = enter days supply dispensed
 - **ACQUISITION COST (AC)** = enter actual acquisition cost
 - **DISPENSING FEE (DF)** = enter usual and customary fee
 - **MARKUP** = tiered as per pharmacy agreement
 - **TOTAL RX COST** = enter total cost
 - **PATIENT PAID** = as appropriate
 - **ADJUDICATION FLAG** = Y/N

Step 2: Submitting a Minor Ailments, Self-Care Fee (MSP-F):

- Submit the MSP-F electronically* via the DPEBB on-line claim system on the date the prescription is issued.
- DBEBB pays 100% of the MSP-F to the pharmacy.
- Ensure the following fields are:
 - **PATIENT IDENTIFIER** = client nine-digit Health Services Number (HSN)
 - **DISPENSING DATE** = date of the activity (e.g., March 4, 2011)
***must be the same date as the prescription claim in step 1**
 - **RX NUMBER** = enter the sequential RX#
 - **HEALTH PROVIDER ORGANIZATION ID** = SKCP
 - **HEALTH PROVIDER ID** = Pharmacist ID number (e.g., D1234)
***must match the provider ID from the prescription claim in step 1**
 - **PHARMACIST ORGANIZATION ID** = SK
 - **PHARMACIST ID** = Pharmacist ID number (e.g., D1234)
 - **DIN** = enter appropriate billing code (pseudoDIN) for service provided (see Appendix 1)
 - **COMPOUNDING FEE (CF)** = \$0.00
 - **COMPOUND NAME** = blank
 - **QUANTITY (QTY)** = 1 (limitations are as noted in Appendix 1)
 - **DAYS SUPPLY** = enter days supply dispensed
 - **ACQUISITION COST (AC)** = \$25.00 or as per Schedule B of the Pharmacy Proprietor Agreement
 - **DISPENSING FEE (DF)** = \$0.00
 - **MARKUP** = 00 / 00 / 00
 - **TOTAL RX COST** = total fee
 - **PATIENT PAID** = \$0.00
 - **ADJUDICATION FLAG** = Y

- Please note: the DPEBB will not accept paper claims
- Use the **DPEBB web page** <https://www.drugplan.health.gov.sk.ca> if unable to bill the fees electronically through the pharmacy's Practice Management System.
- If you are not sure how to install the WEB certificate, please contact your software vendor.
- The Level 1 Prescriptive Authority billing codes will not appear on:
 - PIP
 - the Formulary; and
 - requested patient profiles.

Appendix 1
Minor Ailments, Self-Care Billing Codes and Threshold/Limitations

Billing Code (pseudoDIN)	Minor Ailment, Self Care Condition	Billing Threshold/Limitations* *DPEBB Threshold/Limitations may not align with the prescribing limits within the medSask <i>Minor Ailments and Self-Care Guidelines</i>
00951087	Acne < 9 years refer to a physician or nurse practitioner	- Maximum of FOUR (4) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951088	Cold Sores < 12 years refer to a physician or nurse practitioner	- Maximum of EIGHT (8) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951090	Allergic Rhinitis < 2 years refer to a physician or nurse practitioner	- Maximum of FOUR (4) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951091	Diaper Dermatitis	- Maximum of FOUR (4) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951092	Oral Aphthous Ulcer	- Maximum of FOUR (4) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951093	Oral Thrush	- Maximum of FOUR (4) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951094	Atopic Dermatitis	- Maximum of FOUR (4) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951095	Dysmenorrhea	- Maximum of TWO (2) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951096	Gastroesophageal Reflux Disease (GERD) < 18 years or > 50 years refer to a physician or nurse practitioner	- Maximum of THREE (3) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951097	Headache (Acute, Primary)	- Maximum of THREE (3) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951098	Hemorrhoids < 12 years refer to a physician or nurse practitioner	- Maximum of THREE (3) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)

Billing Code (pseudoDIN)	Minor Ailment, Self Care Condition	Billing Threshold/Limitations* *DPEBB Threshold/Limitations may not align with the prescribing limits within the medSask <i>Minor Ailments and Self-Care Guidelines</i>
00951099	Musculoskeletal strains and sprains • < 2 years refer to a physician or nurse practitioner	- Maximum of FOUR (4) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951100	Impetigo (Non-Bullous)	- Maximum of TWO (2) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951101	Tinea skin infections (tinea corporis, tinea pedis and tinea cruris)	- Maximum of FOUR (4) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951102	Conjunctivitis	- Maximum of THREE (3) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951103	Cystitis: Acute, Uncomplicated • < 16 years refer to physician or nurse practitioner	- Maximum of THREE (3) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951104	Hormonal Contraception • < 12 years refer to physician or nurse practitioner	- Maximum of ONE (1) claim in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951319	Emergency Contraception	- Maximum of TWO (2) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951320	Erectile Dysfunction • < 18 years refer to physician and nurse practitioner	- Maximum of ONE (1) claim in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951323	Shingles	- Maximum of ONE (1) claim in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951324	Onychomycosis • < 18 years refer to physician and nurse practitioner	- Maximum of ONE (1) claim in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951321	Smoking Cessation (oral pharmacotherapy)* • < 18 years refer to physician and nurse practitioner	- Maximum of TWO (2) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)
00951380	Recurrent Genital Herpes	- Maximum of TWO (2) claims in a 365-day period per patient - Must be submitted as a Quantity of ONE (1)

Billing Code (pseudoDIN)	Minor Ailment, Self Care Condition	Billing Threshold/Limitations*
00951379	Nausea and Vomiting of Pregnancy	• Maximum of TWO (2) claims in a 365-day period per patient • Must be submitted as a Quantity of ONE (1)
00951381	Pinworm	• Maximum of FOUR (4) claims in a 365-day period per patient • Must be submitted as a Quantity of ONE (1)
00951661	Acute Rhinosinusitis	• Maximum of THREE (3) claims in a 365-day period per patient • Must be submitted as a Quantity of ONE (1)
00951382	Contact Dermatitis (allergic and irritant)	• Maximum of FOUR (4) claims in a 365-day period per patient • Must be submitted as a Quantity of ONE (1)
00951669	Folliculitis	• Maximum of TWO (2) claims in a 365-day period per patient • Must be submitted as a Quantity of ONE (1)

**Refer to medSask Nicotine Cessation Guidelines for this condition.*