

 Saskatchewan Ministry of Health Drug Plan and Extended Benefits Branch	Section <i>Pharmacy Professional Services</i>	Reference DP-PPS-5A
		Date of Issue January 6, 2025
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GROUP A STREPTOCOCCUS (GAS) POINT OF CARE TEST (POCT) QUALITY CONTROL POLICY and PROCEDURES		

POLICY

- Effective January 6, 2025, the Drug Plan and Extended Benefits Branch (DPEBB) will pay community pharmacies, under the Group A Streptococcus (GAS) Point of Care Test (POCT) Quality Control program for the cost of the GAS POCT cartridge when running a Quality Control Test as per the ***Abbott ID NOW™ STREP A Point of Care Testing Standard Operating Procedures (SOP)***.
- The DPEBB will also reimburse pharmacies for registration and GAS POCT cartridge costs incurred in relation to External Quality Assessment (EQA) programs, such as the Canadian Microbiology Proficiency Testing (CMPT) program
- **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 Group A Streptococcus Testing.
“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 ensure pharmacies are in compliance with the Laboratory Quality Assurance program requirements.

LEGISLATIVE AUTHORITY

- *The Pharmacy and Pharmacy Disciplines Act*
- *The Prescription Drugs Act (Saskatchewan)*
- *The Drug Schedules Regulations, 1997 Amendment Regulations*
- *The Health Administration Act*
- *The Medical Laboratory Licensing Regulations, 2024*

PROGRAM DESCRIPTION

- The Ministry will cover the cost of the GAS POCT cartridges when performing quality control testing as well as costs associated with the Laboratory Quality Assurance Program and External Quality Assessment programs.

PROCEDURES

The Pharmacist will:

- Run a Positive and Negative Control Sample as directed in the Abbott ID NOW™ STREP A Point of Care Testing Standard Operating Procedures (SOP). This includes but is not limited to the following:
 - Upon receipt of the Abbott ID Now™ instrument;
 - When the Abbott ID NOW™ instrument is relocated;
 - As directed by the qualified professional; and
 - With each new lot number of test cartridges or at minimum every 30 days.
- Document the results of the quality control testing on the **Abbott ID NOW Quality Control & Maintenance Log** as per the SOPs and Saskatchewan College of Pharmacy Professionals (SCPP) requirements.

The Qualified Professional (pharmacy manger) will:

- Ensures regulatory and accreditation requirements are met by all pharmacists.
- Ensures that routine maintenance and quality control are conducted properly and in a timely manner, with all corresponding forms accurately completed.

The Pharmacy will:

- Submit the claim for the cost of POCT cartridges when running Quality Control sample as per the SOPs. See Appendix I.
- Submit invoices and associated proof of payment for costs incurred in relation to External Quality Assessment programs, such as the Canadian Microbiology Proficiency Testing program, to dpebimmunizations@health.gov.sk.ca.
- Adhere to the *Medical Laboratory Licensing Regulations* and the Terms and Conditions of their laboratory license.
- Retain copies of the Quality Assurance (QA) results as per the Saskatchewan College of Pharmacy Professionals Reference Manual - [Record Retention and Destruction](#) guidelines.
- Provide copies of the QA results upon DPEBB's request as part of its review of adherence to the Program within 2 business days.

The Drug Plan and Extended Benefits Branch will:

- Update Table I of the Group A Streptococcus (GAS) Point of Care Test (POCT) Quality Control Program as required and distribute to pharmacies.
- Pay pharmacies for the cost of the GAS POCT test cartridge upon receipt of an electronic claim.
- Reimburse pharmacies upon receipt of a copy of the paid invoice for the costs incurred in relation to External Quality Assessment programs.
- Pay for costs associated with the Lab Quality Assurance Program desk audits or site assessments.
- Request and review the QA results to confirm pharmacists and pharmacies have adhered the program.
- Recover the cost of the test cartridges if the Drug Plan and Extended Benefits Branch determines, based on its review, there was inappropriate submission of this cost.

BILLING PROCEDURE

- Billing Procedure for the Group A Streptococcus (GAS) Point of Care Test (POCT) Quality Control Program:
 - Submit a claim as per Appendix I for the cost the GAS POCT test cartridge when running a quality control sample as per the SOPs.
 - Adjudicate the fee using the appropriate pseudoDIN to the DPEBB.
 - Adjudicate fee using **PATIENT IDENTIFIER = 999 999 982**
 - Billing shall occur on a real-time basis and using the Billing Codes listed in Table I.

Note:

Paper claims will not be accepted:

- Use the **WEB page <https://www.drugplan.health.gov.sk.ca>** if unable to bill the fees electronically through the pharmacy's Practice Management System.
- Contact the pharmacy's software vendor if unsure how to install the WEB certificate.

Table 1: Group A Streptococcus Quality Control Test Billing Codes and Threshold/Limitations

Billing Code (pseudoDIN)	Description	Cost
00951668	To reimburse pharmacies for the cost of the GAS POCT cartridge.	Actual Acquisition Cost plus the Goods and Services Tax (max \$33.55)

Appendix I:
Submitting a Claim for the Cost of the GAS POCT cartridge for Quality Control

- Submit the cost of the GAS POCT cartridge electronically via the DPEBB on-line claim system on the date the test was performed.
- DBEBB pays 100% of the cost of the GAS POCT cartridge to the pharmacy.
- Ensure the following fields are:
 - **PATIENT IDENTIFIER** = **999 999 982**
 - **DISPENSING DATE** = date of the test (e.g., December 2, 2024)
 - **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 appropriate billing code (pseudoDIN) as per Table I
 - **COMPOUNDING FEE (CF)** = \$0.00
 - **COMPOUND NAME** = blank
 - **QUANTITY (QTY)** = 2
 - **DAYS SUPPLY** = 1
 - **ACQUISITION COST (AC)** = actual acquisition cost plus the Goods and Services Tax for one cartridge (Max \$33.55)
 - **DISPENSING FEE (DF)** = 0.00
 - **MARKUP** = 00 / 00 / 00
 - **TOTAL RX COST** = total cost
 - **PATIENT PAID** = \$0.00
 - **ADJUDICATION FLAG** = Y