**Admission Plan**

**Section:** Record Keeping, Admission, Licensure, Risk Management

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PHARM Core 27, 34, CSCD 1, PHARM-OP 2, PM 1, 9, 12, 13, 17

**ACHC Standard:** DRX2-1A, DRX2-4C

**Policy ID:** 9.2

**Approved by:**

**POLICY**

A patient will be admitted by <insert practice name> only if the company is capable of providing needed care at the level of intensity required by the patient's condition. **[PHARM Core 34]**

Upon receipt of the order, <insert practice name> has the capacity to inform patients about available information, resources and instructions on how to receive assistance via e-mail, telephone or in person.

**PROCEDURE**

1. **Admission Referral (New Prescription)**
   1. All patient referrals will be directed to Pharm Tech or Pharmacists or other appropriate pharmacy personnel
   2. Referrals may be accepted from a licensed physician or staff, discharge planners, and if the item does not require a prescription, directly from the patient or representative **[PHARM-OP 2]**
   3. All referral information will be documented
   4. When possible, Pharm Techs, Pharmacist or other appropriate pharmacy personnel shall determine if <insert practice name> can service the patient according to the information provided by the referral source. They will utilize the following criteria for their determination: **[PHARM Core 34]**
      * Can <insert practice name> Service comply in full with the order?
      * Do we provide the service?
      * Do we have the appropriate equipment?
      * Does the patient reside within the geographical service area?
      * Does <insert practice name> have the appropriate personnel to perform the service?
      * Can arrangements be made to meet the needs?
      * Can the patient meet <insert practice name>’s conditions?
   5. The physician team is informed promptly if <insert practice name> is able to service the patient based on the information provided at the time
   6. If <insert practice name> does not provide the medication that the physician team is requesting, inform the team promptly.
   7. If there is any doubt as to <insert practice name>'s ability to service the patient, the Pharmacy Manager or in his or her absence, pharmacist on duty will be contacted immediately
   8. The referral source will be informed of <insert practice name> 's final decision by fax or phone within the same business day, unless otherwise agreed upon by the referral source
2. **Admission Mechanism**
   1. Written admission policies describe the criteria for determining patient eligibility for admission
   2. Upon receiving a patient referral, the Pharm tech or Pharmacist or other appropriate pharmacy personnel will compare the patient's care needs with <insert practice name> 's capabilities to meet those needs
   3. If the evaluation complies with the admission criteria, the patient will be considered admitted and the funding process started in order to obtain authorization for medications or other products
3. **Admission Acceptance**

Each patient, after evaluation against the admission criteria, will be notified of their acceptance with service beginning in a timely manner.

* 1. After the initial acceptance, the appropriate pharmacy personnel will make certain each patient has appropriate level of funding for prescription services. Pharmacy personnel will also determine start date for prescribed therapy. Initial prescription will include medication, drug monographs, a billing slip and other appropriate materials **[PM 12] [PM 13]**
  2. The patient will be contacted, and the appropriate pharmacy personnel will explain <insert practice name>’s procedure regarding services requested
  3. The patient will be informed of enrollment in <insert practice name>’s Patient Management Program **[PM 1] [PM 17]**
  4. The patient will be provided an opportunity to speak with a Pharmacist about their prescribed therapy, if desired
  5. The patient, at the time of initial clinic visit, shall receive a welcome packet
  6. It is the responsibility of pharmacy personnel is to adequately explain the information in the packet and ensure that the patient has a full understanding of the information. Only a pharmacist will engage in the provision of clinical information to patients. **[PM 9]**

1. **Post Enrollment Patient Information**

<insert practice name> will inform the patients about available information, resources, and instructions on how to receive assistance via e-mail, written communication, and telephone or in person. Additional information will include as applicable: **[CSCD 1]**

* 1. The patient's financial responsibilities (Financial responsibilities, including potential out of pocket costs, such as deductibles, co-pays, co-insurance, annual and lifetime co-insurance limits and changes that could occur during the enrollment period) **[CSCD 1 (a-i)]**
  2. How to interact with <insert practice name>; **[CSCD 1 (a-ii)]**
  3. Information on product selection (including how to get drugs not available from the pharmacy that took the order);**[CSCD 1 (b-i)]** [the mechanism to access an up to date pharmacy directory may be online or by calling the pharmacy for a copy of the formulary]
  4. Refilling prescriptions; **[CSCD 1 (b-ii)]**
  5. Proper order placement to include required submission time; **[CSCD 1 (b-iii)]**
  6. Access to drugs in an emergency disaster or delay occurs; **[CSCD 1 (b-iv)]**
  7. Accessing pharmacists and providers (phone and in-person); **[CSCD 1 (b-v)]**
  8. How to access support from patient advocates; **[CSCD 1 (b-vi)]**
  9. How to access order status **[CSCD 1 (b-vii)]**
  10. Information on order delays; **[CSCD 1 (b-viii)]**
  11. Information about drug substitutions of prescriptions; **[CSCD 1 (b-ix)]**
  12. Transferring prescriptions from one pharmacy service to another; **[CSCD 1 (b-x)]**
  13. Pharmacy health and safety information to include consumers rights and responsibilities; **[CSCD 1 (c-i)]** [How to access pharmacy information, how to help patient with medication benefit?]
  14. Evidence-based information about conditions, diagnoses, and treatment diagnostics and interventions; **[CSCD 1 (c-ii)]**
  15. Instructions on handling drug recall procedures**;[CSCD 1 (c-iii)]**
  16. Instructions on how to safely dispose of drugs based on state and federal laws and regulations; **[CSCD 1 (c-iv)]**
  17. Instructions on how to address adverse drug reactions; **[CSCD 1 (c-v)**]
  18. Information about drug substitution protocols; and **[CSCD 1 (c-vi)]**
  19. Information on reporting concerns or errors **[CSCD 1 (d)]**

<insert practice name> staff will be trained in all elements of this standard in order to provide the appropriate information upon patient/caregiver inquiry. **[PHARM Core 27 (a)]**

1. **Admission Refusal**

If the patient fails to meet admission criteria, the physician team will be notified

* 1. The referral source will be notified of the final determination immediately but always within one business day or as soon as practical, unless otherwise agreed upon in advance
  2. If appropriate, the prescribing physician is notified that <insert practice name> cannot serve the patient adequately and what further steps have been taken to assist the patient. This notification will be complete within three (3) business days
  3. Notations concerning the refusal of admission will be documented in the pharmacy computer system and maintained with the patient's record

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