

M.O. 606/2022

WHEREAS the Minister of Health is authorized pursuant to section 16 of the *Regional Health Authorities Act* to provide or arrange for the provision of health services in any area of Alberta and to do any other thing necessary to promote and ensure the provision of health services in Alberta;

WHEREAS Ministerial Order 73/2012 established, and Ministerial Orders 23/2014, 600/2018, 614/2018, 627/2019, 42/2020 and 610/2021 updated and continued, the Compensation Plan for Pharmacy Services which aimed to improve patient access to health professionals, increase efficiencies in health care delivery, provide incentives for patient focused pharmacy care in the community, and increase the capacity of the health care system overall by better utilizing our health professionals; and

WHEREAS further updates are required to the Compensation Plan for Pharmacy Services;

THEREFORE, I, PAUL WYNNYK, Deputy Minister of Health, pursuant to section 16 of the *Regional Health Authorities Act* and section 21(1)(b) of the *Interpretation Act*, do hereby:

1. establish the revised Compensation Plan for Pharmacy Services as set out in Attachment A appended hereto from April 1, 2022 until March 31, 2025; and
2. repeal Ministerial Order 610/2021.

This Ministerial Order is effective April 1, 2022.

DATED at Edmonton, Alberta this 21ST day MARCH, 2022.



PAUL WYNNYK
DEPUTY MINISTER

Attachment A

Compensation Plan for Pharmacy Services

Section 1 - Definitions

“ABC Pharmaceutical Services Provider Agreement” means the written Alberta Blue Cross Pharmaceutical Services Provider Agreement, the form of which is approved by the Minister, which Alberta Blue Cross has entered into with a Community Pharmacy.

“Adaptation of a Prescription(s) or Alteration of an Insulin Order” means:

- (a) the alteration of the dosage or regimen for:
 - (i) a Schedule 1 Drug that has been prescribed for a Resident; or
 - (ii) insulin that is the subject of an Insulin Order for a Resident;
- (b) the substitution of another Drug for a prescribed Schedule 1 Drug or Insulin Order for a Resident, if the substituted Drug is expected to deliver a therapeutic effect that is similar to the therapeutic effect of the prescribed Schedule 1 Drug or Insulin Order; or
- (c) the discontinuation of a prescribed Schedule 1 Drug or Insulin Order for a Resident if the prescribed Schedule 1 Drug or insulin confers little or no benefit and/or excessive risk of harm.

“Additional Prescribing Authorization” means the authorization to prescribe pursuant to sections 16(3) and 16(4) of the Regulation.

“Administration of a Product by Injection” means administration of a Product other than a Publicly Funded Vaccine by Injection.

“Administration of a Publicly Funded Vaccine” means administration of a Publicly Funded Vaccine.

“Alberta Blue Cross” or “ABC” means the ABC Benefits Corporation as continued under the *ABC Benefits Corporation Act*.

“Alberta Health” means the Department of Health established under the authority of section 2 of the Government Organization Act, most recently set out in Order in Council 88/2019.

“Alberta Health Immunization Program” means the immunization program established by Alberta Health pursuant to the *Public Health Act*.

“Alberta Health Services” or “AHS” means the corporate body established under Ministerial Order 93/2008 pursuant to the *Regional Health Authorities Act*.

“Approved Hospital” means “approved hospital” as defined in the *Hospitals Act*.

“Assessment” means the completion by a Clinical Pharmacist of all of the duties and obligations that are to be completed by such Clinical Pharmacist in accordance with the Standards, all applicable legislation and other requirements herein in order to:

- (a) make a Determination, and the completion of all of the duties to be completed by such Clinical Pharmacist as set out in the Standards and all applicable legislation following the making of such Determination;
- (b) prepare and document a CACP, and the completion of all of the duties to be completed by such Clinical Pharmacist as set out in the Standards, all applicable legislation and section 4 below, including those to be performed following the documentation of such CACP; and

- (c) prepare and document a SMMA, and the completion of all of the duties to be completed by such Clinical Pharmacist as set out in the Standards, all applicable legislation and section 5 below, including those to be performed following the documentation of such SMMA.

“Authorization to Administer Injections” means the authorization of a Clinical Pharmacist to Administer a Product by Injection in accordance with section 16(5) of the Regulation.

“Best Possible Medication History” means a comprehensive medication history obtained and documented by a Clinical Pharmacist which includes a thorough history of all regular medication use (prescribed and non-prescribed) and which forms part of every CACP, SMMA, Follow-up CACP Assessment and Follow-up SMMA.

“Blood Product” means a therapeutic component derived from human blood or plasma, and produced by a manufacturing process.

“Chronic Disease” means a Diagnosis of hypertensive disease, diabetes mellitus, chronic obstructive pulmonary disease, asthma, heart failure, ischemic heart disease, or mental disorders as identified in Schedule 3 attached hereto.

“Claim” means a claim for compensation submitted to ABC by a Community Pharmacy with a current ABC Pharmaceutical Services Provider Agreement for a Pharmacy Service performed by a Clinical Pharmacist working for such Community Pharmacy in accordance with the provisions of Schedule 5 attached hereto.

“Clinical Pharmacist” means a “clinical pharmacist” as defined in the Regulation.

“Community Pharmacy” means a pharmacy with respect to which a community pharmacy licence is issued under the *Pharmacy and Drug Act*.

“Compensation Plan” means this compensation plan and includes all the Schedules attached hereto, as may be amended from time to time.

“Complex Needs” means either two or more Chronic Diseases, or one Chronic Disease and one or more Risk Factors.

“Comprehensive Annual Care Plan” or “CACP” means a plan prepared and documented by a Clinical Pharmacist that documents the required elements specified in Schedule 1 attached hereto.

“Declaration of a State of Emergency” means pursuant to the *Emergency Management Act* where the Lieutenant Governor in Council makes an order for a declaration of a state of emergency relating to all or any part of Alberta.

“Declaration of a State of Local Emergency” means pursuant to the *Emergency Management Act* where a local authority makes by resolution, or in the case of the Minister responsible for the *Municipal Government Act*, the Minister responsible for the *Special Areas Act* or a park superintendent of a national park makes by order, a declaration of a state of local emergency relating to all or any part of the municipality.

“Determination” means the decision of a Clinical Pharmacist made following an Assessment, and in accordance with the Standards and all applicable legislation that results in:

- (a) a Prescription Renewal;
- (b) the Adaptation of a Prescription or Alteration of an Insulin Order;
- (c) the Administration of a Drug by Injection;
- (d) Prescribing at Initial Access or Prescribing to Manage Ongoing Therapy;
- (e) Prescribing in an Emergency for a Resident;
- (f) Ensure Continuity of Care in the Event of a Declaration of a State of Emergency or Declaration of a State of Local Emergency
- (g) a Refusal to Fill a Prescription;
- (h) a Trial Prescription; or

(i) the Administration of a Publicly Funded Vaccine.

“Diagnosis” means a diagnosis made by a regulated Health Professional practicing within their scope of practice under the *Health Professions Act*.

“Drug” means “drug” as defined in the *Pharmacy and Drug Act*.

“Drug Therapy Problem” has the same meaning as outlined in Standard 4.

“Eligible Product” means a Product referred to in Schedule 4 or Schedule 7 hereto.

“Ensure Continuity of Care in the Event of a Declaration of a State of Emergency or Declaration of a State of Local Emergency” means a Clinical Pharmacist renews an existing Prescription to dispense a Schedule 1 Drug or Blood Product to ensure continuity of care due to displacement of the Resident by the Declaration of a State of Emergency or Declaration of a State of Local Emergency.

“Fee” means the amount payable for a Pharmacy Service, subject to all the provisions herein.

“Follow-up CACP Assessment” means the completion by a Clinical Pharmacist of all of the duties and obligations that are to be completed, both before and after such assessment, by such Clinical Pharmacist in accordance with the Standards, all applicable legislation and all requirements herein, pursuant to an in-person or telephone encounter between a Clinical Pharmacist and a Resident for the purpose of updating a CACP which has previously been completed within the previous 365 days in regard to such Resident and which results in the preparation and documentation by such Clinical Pharmacist of a Follow-up CACP Assessment.

“Follow-up SMMA” means the completion by a Clinical Pharmacist of all of the duties and obligations that are to be completed, both before and after such assessment, by such Clinical Pharmacist in accordance with the Standards, all applicable legislation and all requirements herein, pursuant to an in-person or telephone encounter between a Clinical Pharmacist and a Resident for the purpose of updating a SMMA which has previously been completed within the previous 365 days in regard to such Resident and which results in the preparation and documentation by such Clinical Pharmacist of a Follow-up SMMA.

“Health Information Act” or “HIA” means the *Health Information Act*.

“Health Professional” means “health professional” as defined in the Regulation.

“Injection” means the administration by a Clinical Pharmacist with Authorization to Administer Injections of an Eligible Product by intramuscular (IM) or subcutaneous (SC) injection to a Resident, and includes the provision of pre- and post-injection monitoring of such Resident, all as required by the Standards and all applicable legislation.

“Insulin Order” means a written or transcribed direction from a Prescriber for insulin to be dispensed to a Resident for the treatment of the Resident’s diabetes.

“Intranasal Spray” means a Product that can be atomized and inhaled into or through the nose.

“Medication” means a Product, a Vitamin, or a Natural Health Product.

“Minister” means the Minister of Health or any such person the Minister may delegate from time to time to perform the duties and obligations of the Minister herein.

“Natural Health Product” means a “natural health product” as defined in the *Natural Health Products Regulations (Canada)* established under the *Food and Drugs Act (Canada)*.

“Pharmacy Service” means:

(a) an Assessment that results in a Determination;

- (b) an Assessment that results in the preparation and documentation of a CACP;
- (c) an Assessment that results in the preparation and documentation of a SMMA;
- (d) an Assessment that results in the preparation and documentation of a Follow-up CACP Assessment; and
- (e) an Assessment that results in the preparation and documentation of a Follow-up SMMA.

“Pharmacy Technician” means a “pharmacy technician” as defined in the Regulation.

“Physician” means a regulated member of the College of Physicians and Surgeons of Alberta under the *Health Professions Act* who holds a practice permit issued under that Act.

“Physician CCP” means a comprehensive annual care plan prepared by a Physician.

“Prescriber” means an individual who is legally authorized by licence, permit, registration or other lawful authority to prepare and deliver a Prescription.

“Prescribing at Initial Access or Prescribing to Manage Ongoing Therapy” means the writing of a Prescription for a Schedule 1 Drug or Blood Product for a Resident at initial access or the writing of a Prescription for a Schedule 1 Drug or Blood Product for a Resident to manage ongoing therapy where the Clinical Pharmacist with Additional Prescribing Authorization has made a Determination that such Schedule 1 Drug or Blood Product is appropriate for the Resident through the Clinical Pharmacist’s own Assessment of the Resident.

“Prescribing in an Emergency” means a Clinical Pharmacist prescribes a Schedule 1 Drug or Blood Product when there is an immediate need for drug therapy and it is not reasonably possible for the Resident to see another Prescriber to obtain a Prescription.

“Prescription” means “prescription” as defined in the *Pharmacy and Drug Act*.

“Prescription Renewal” means adapting an existing Prescription by renewing a Prescription to dispense a Schedule 1 Drug or Blood Product to ensure continuity of care.

“Product” means a Drug, a Blood Product or a Vaccine.

“Publicly Funded Vaccine” means a Vaccine for which Residents may seek to be immunized under the authority of the Alberta Health Immunization Program and referred to or listed in Schedule 7 herein. A Publicly Funded Vaccine must be procured and distributed through the Alberta Health Immunization Program; a Vaccine purchased privately is specifically excluded.

“Refusal to Fill a Prescription” means a Determination by a Clinical Pharmacist to not dispense a Prescription when, in his or her professional judgment, it is deemed not to be in the patient’s best interest to do so. A Refusal to Fill a Prescription must be based on one of the following: potential overuse/abuse, or a falsified or altered Prescription.

“Regulation” means the *Pharmacists and Pharmacy Technicians Profession Regulation* established under the *Health Professions Act*, as may be amended from time to time.

“Resident” means a resident of Alberta as defined in the *Alberta Health Care Insurance Act* who is registered with the Alberta Health Care Insurance Plan, and who receives one or more Pharmacy Services as a patient from a Clinical Pharmacist.

“Resident’s Record” means information and records regarding a Resident’s demographics, drug profile and record of care as described in the Standards, and all other information and records required to be retained by a Clinical Pharmacist and Community Pharmacy as required by applicable legislation and this Compensation Plan.

“Risk Factor” means a Diagnosis of tobacco usage, obesity, or addiction as identified in Schedule 3 attached hereto.

“Schedule 1 Drug” means a schedule 1 drug as set out in section 31(1) of the *Pharmacy and Drug Act*.

“Schedule 2 Drug” means a schedule 2 drug as set out in section 32(1) of the *Pharmacy and Drug Act*.

“Schedule 3 Drug” means a schedule 3 drug as set out in section 33(1) of the *Pharmacy and Drug Act*.

“Standard Medication Management Assessment” or “SMMA” means a plan prepared and documented by a Clinical Pharmacist that documents the required elements as specified in Schedule 2 attached hereto.

“Standards” means the Standards of Practice for Pharmacists and Pharmacy Technicians of the Alberta College of Pharmacists, as may be amended from time to time.

“Tobacco Cessation Services” means provision by a Clinical Pharmacist of evidence-based tobacco cessation support and counselling including pharmacotherapy support.

“Tobacco Product” means a product composed in whole or in part of tobacco, including tobacco leaves and any extract of tobacco leaves, but does not include any product for use in nicotine replacement therapy.

“Trial Prescription” means a Determination by a Clinical Pharmacist to dispense a reduced quantity of a newly prescribed Drug in order to assess the patient’s response and tolerance to the Drug before dispensing the balance of the Prescription.

“Vaccine” means a preparation intended to produce immunity to a disease by stimulating the production of antibodies.

“Vitamin” means a “vitamin” as defined in the *Food and Drug Regulations (Canada)* under the *Food and Drugs Act (Canada)*.

Section 2 – General

- 2(1) All Pharmacy Services referred to herein shall be performed by a Clinical Pharmacist in accordance with the Standards, all applicable legislation and all the requirements herein.
- 2(2) Subject to all the requirements herein, a Fee may be paid to a Community Pharmacy for the provision of a Pharmacy Service on behalf of a Resident only when a Claim for a Pharmacy Service provided by a Community Pharmacy's Clinical Pharmacist is submitted to ABC from a Community Pharmacy with a current ABC Pharmaceutical Services Provider Agreement in accordance with all the provisions herein.
- 2(3) Where a Fee has been paid for an Assessment that results in the preparation and documentation of a CACP for a Resident, no Fee for any Pharmacy Service referred to in sections 5(1)(a) and 5(1)(b) shall be claimed or payable within the next 365 days in respect of that Resident by any Community Pharmacy.
- 2(4) Where a Fee has been paid for an Assessment that results in the preparation and documentation of a SMMA for a Resident as referred to in sections 5(1)(a) and 5(1)(b), no Fee for any Pharmacy Service referred to in section 4 shall be claimed or payable within the next 365 days in respect of that Resident by any Community Pharmacy.
- 2(5) Subject to the provisions of sections 2(3) and 2(4) above and where specified elsewhere in this subsection, only one Fee shall be payable for each Resident per day, notwithstanding that there may be one or more Assessment(s) that result in one or more Determinations for such Resident made by one or more Clinical Pharmacists. An Assessment for the Administration of a Product by Injection is excluded from this one Fee per day limitation and Fees for Assessments for the Administration of a Product by Injection are subject to section 3(3). An Assessment for the Administration of a Publicly Funded Vaccine is also excluded from this one Fee per day limitation and Fees for Assessments for the Administration of a Publicly Funded Vaccine are subject to section 3(9). For clarity, the first Claim for a Pharmacy Service received by ABC on a day shall be the Claim payable.
- 2(6) In making a Claim, a Community Pharmacy and the Clinical Pharmacist performing the Pharmacy Service to which such Claim relates agree:
- (a) to use their best efforts to ensure that any and all Pharmacy Services for a Resident are performed simultaneously/concurrently and on one occasion, and not on multiple occasions;
 - (b) to use their best efforts to ensure that a service already provided to a Resident by another Health Professional is not duplicated unnecessarily;
 - (c) to use their best efforts to ensure that such Pharmacy Service provided to a Resident by such Clinical Pharmacist does not unnecessarily duplicate a service or a Pharmacy Service already provided to such Resident by such Clinical Pharmacist or by another Clinical Pharmacist;
 - (d) that where a Pharmacy Service is performed by a Clinical Pharmacist for a Resident at a location other than at a Community Pharmacy, such Clinical Pharmacist shall specify only one Community Pharmacy that may make a Claim in relation to such Pharmacy Service, and such Community Pharmacy shall be responsible for maintaining the Resident's Record;
 - (e) to comply with all the requirements herein, including (without limitation) the retention of all information and documentation required to be retained as specified herein, including (without limitation) all the information referred to in Schedules 5 and 6 hereto and as specified in applicable legislation; and
 - (f) to permit ABC and Alberta Health to enter, inspect, and conduct audits and interviews of any persons they consider appropriate, relating to any and all Claims and Pharmacy Services, and to make documents and information (in any format, including paper and electronic) available so that ABC and Alberta Health may review and make copies of all the information and documentation required to be retained as specified herein, including (without limitation) all the information referred to in Schedules 5 and 6 hereto and as specified in applicable legislation.

- 2(7) A Clinical Pharmacist who performs a Pharmacy Service for a Resident, and a Community Pharmacy which makes a Claim for such Pharmacy Service pursuant to this Compensation Plan agrees and warrants that, by making such Claim, they:
- (a) accept the Fee properly payable in accordance with all the provisions of this Compensation Plan for such Pharmacy Service;
 - (b) will not charge, bill, collect, receive or claim, directly or indirectly, from any person, including (without limitation) the Resident, an insurer, AHS and any health, supportive living, or long term care facility, any amount for performing such Pharmacy Service;
 - (c) adopts and agrees to the provisions of the ABC Pharmaceutical Services Provider Agreement regarding the Authorized Adjustment policy as established by Ministerial Order, as may be updated, amended or replaced from time to time, effective April 1, 2022.
- 2(8) A Community Pharmacy at which any Pharmacy Service was performed for a Resident and a Community Pharmacy specified in section 2(6)(d), shall retain the Resident's Record as required by the applicable legislation, and, in any event, for no less than 10 years.
- 2(9) Notwithstanding section 2(8) above, unless a Community Pharmacy is currently subject to an audit or inspection by ABC or Alberta Health, written Prescriptions, transaction records, compounding records and repackaging records for all Drugs that have been dispensed, compounded or repackaged shall be retained in accordance with the Standards for the Operation of Licensed Pharmacies, or for at least 2 years past the completion of drug therapy with regard to the Prescription or for 42 months (3.5 years), from the date of first fill, whichever is the longest period.
- 2(10) Notwithstanding anything else herein, in the event that it is determined that any of the provisions of this Compensation Plan, including (without limitation) the provisions of sections 2(6)(a), 2(6)(b), 2(6)(c), and 2(6)(d) have not been complied with, then the Minister may take any remedy the Minister considers appropriate in the circumstances, including (without limitation) determining in the Minister's sole discretion that Fees were improperly claimed or paid, not paying any Fees claimed, seeking the repayment of any Fees already paid and setting off improperly paid Fees against any future Fees.
- 2(11) Notwithstanding anything else herein, the Minister may require any document or information required to be prepared or retained in a Resident's Record as referred to in this Compensation Plan or in applicable legislation to be uploaded at any and all times onto any electronic system or systems, whether existing or to be developed, as directed by the Minister.
- 2(12) This Compensation Plan for Pharmacy Services is in effect for Pharmacy Services performed from April 1, 2022 to March 31, 2025.
- 2(13) Notwithstanding anything else herein, the Minister reserves the right at any time and from time to time to modify, vary, cancel, make changes to and/or make additions or deletions to any and all Pharmacy Services, to any and all Fees for such Pharmacy Services, and to this Compensation Plan for Pharmacy Services.
- 2(14) Nothing herein shall in any way fetter the legislative and regulatory authority of the Minister or the Government of Alberta.
- 2(15) Nothing herein is intended to fetter the authority of the Alberta College of Pharmacists.
- 2(16) For the purpose of performing any Pharmacy Service in this Compensation Plan, a Clinical Pharmacist is responsible for ensuring that the Resident's consent or that of the Resident's substitute decision maker is obtained prior to performing a Pharmacy Service or disclosing the Resident's health information, except where such consent is not required by law. This consent may be express or implicit as allowed by the applicable law governing such consents. A Clinical Pharmacist who obtains or relies on a consent from a substitute decision maker to make any decisions, take any actions, or to give any permissions on behalf of a Resident in connection with any matter related to this Compensation Plan must do so in compliance with all applicable laws that govern the granting of such legal authority to the substitute decision maker. For clarity, where a signature is required to be collected from a Resident

by a Clinical Pharmacist elsewhere in this Compensation Plan, the Clinical Pharmacist shall comply with those requirements. This includes, but is not limited to, sections 4(16) and 5(21) and Schedule 6(3)(a) and 6(4)(a).

Section 3 – Assessments

3(1) Assessment for a Prescription Renewal

- (a) Subject to all the provisions herein, a Fee of \$20 shall be payable for an Assessment performed by a Clinical Pharmacist that leads to a Determination which results in one or more Prescription Renewals for a Resident.
- (b) In order to make a Claim, the information referred to in Schedule 5(1) attached hereto must be submitted to ABC.
- (c) The Clinical Pharmacist performing the Pharmacy Service referred to in section 3(1)(a) above must record all the information referred to in Schedule 5(1) and Schedule 6 in the Resident's Record at the time that such Pharmacy Service is performed.

3(2) Assessment for an Adaptation of a Prescription or Alteration of an Insulin Order

- (a) Subject to all the provisions herein, a Fee of \$20 shall be payable for an Assessment performed by a Clinical Pharmacist that leads to a Determination which results in one or more Adaptations of a Prescription or Alterations of an Insulin Order for a Resident.
- (b) For clarity, substituting a generic Drug for the prescribed Drug is excluded from this Pharmacy Service.
- (c) Further, altering the formulation for insulin that is subject to an Insulin Order or a Schedule 1 Drug that has been prescribed for a Resident is also excluded from this Pharmacy Service.
- (d) In order to make a Claim, the information referred to in Schedule 5(2) attached hereto must be submitted to ABC.
- (e) The Clinical Pharmacist performing the Pharmacy Service referred to in section 3(2)(a) above must record all the information referred to in Schedule 5(2) and Schedule 6 in the Resident's Record at the time that such Pharmacy Service is performed.

3(3) Assessment for the Administration of a Product by Injection

- (a) Subject to all the provisions herein, a Fee of \$20 shall be payable for an Assessment performed by a Clinical Pharmacist with Authorization to Administer Injections that leads to a Determination which results in the Administration of a Product by Injection to a Resident, provided also that:
 - (i) the Resident is 5 years of age or older; and
 - (ii) the Product is an Eligible Product listed on Schedule 4.
- (b) In order to make a Claim, the information referred to in Schedule 5(3) attached hereto must be submitted to ABC.
- (c) The Clinical Pharmacist performing the Pharmacy Service referred to in section 3(3)(a) above must record all the information referred to in Schedule 5(3) and Schedule 6 in the Resident's Record at the time that such Pharmacy Service is performed.
- (d) Fees for Assessments for the Administration of a Product by Injection are limited to a maximum of two per day per Resident.

3(4) Assessment for Prescribing at Initial Access or Prescribing to Manage Ongoing Therapy

- (a) Subject to all the provisions herein, a Fee of \$25 shall be payable for an Assessment performed by a Clinical Pharmacist with Additional Prescribing Authorization that leads to a Determination which results in Prescribing at Initial Access or Prescribing to Manage Ongoing Therapy.
- (b) For clarity, a Fee is not payable where a Schedule 1 Drug or Blood Product is prescribed if the Clinical Pharmacist:

- (i) has received a recommendation that the Resident receive drug therapy from a Health Professional who is authorized to prescribe a Schedule 1 Drug or Blood Products; or
 - (ii) has determined in consultation with or in conjunction with a Health Professional that a Schedule 1 Drug or Blood Products are appropriate for the Resident.
- (c) In order to make a Claim, the information referred to in Schedule 5(4) attached hereto must be submitted to ABC.
- (d) The Clinical Pharmacist performing the Pharmacy Service referred to in section 3(4)(a) above must record all the information referred to in Schedule 5(4) and Schedule 6 in the Resident's Record at the time that such Pharmacy Service is performed.

3(5) Assessment for Prescribing in an Emergency for a Resident

- (a) Subject to all the provisions herein, a Fee of \$20 shall be payable for an Assessment performed by a Clinical Pharmacist that leads to a Determination which results in Prescribing in an Emergency for a Resident.
- (b) In order to make a Claim, the information referred to in Schedule 5(5) attached hereto must be submitted to ABC.
- (c) The Clinical Pharmacist performing the Pharmacy Service referred to in section 3(5)(a) above must record all the information referred to in Schedule 5(5) and Schedule 6 in the Resident's Record at the time that such Pharmacy Service is performed.

3(6) Assessment for Ensuring Continuity of Care in the Event of a Declaration of a State of Emergency or Declaration of a State of Local Emergency

- (a) Subject to all the provisions herein, a Fee of \$20 shall be payable for an Assessment performed by a Clinical Pharmacist that leads to a Determination which results in Ensuring Continuity of Care in the Event of a Declaration of a State of Emergency or Declaration of a State of Local Emergency for a Resident.
- (b) In order to make a Claim, the information referred to in Schedule 5(6) attached hereto must be submitted to ABC.
- (c) The Clinical Pharmacist performing the Pharmacy Service referred to in section 3(6)(a) above must record all the information referred to in Schedule 5(6) and Schedule 6 in the Resident's Record at the time that such Pharmacy Service is performed.
- (d) Fees for Assessments for Ensuring Continuity of Care in the Event of a Declaration of a State of Emergency or Declaration of a State of Local Emergency are eligible until such time as the declaration has been terminated or ceases to be in effect.

3(7) Assessment for Refusal to Fill a Prescription

- (a) Subject to all the provisions herein, a Fee of \$20 shall be payable for an Assessment performed by a Clinical Pharmacist that leads to a Determination which results in a Refusal to Fill a Prescription.
- (b) For clarity, the Fee for the Pharmacy Service referred to in section 3(7)(a) above is payable only when a Refusal to Fill a Prescription is based on one of the following: potential overuse/abuse, or a falsified or altered Prescription.
- (c) Further, a Refusal to Fill a Prescription shall not be based in part or in whole on a Clinical Pharmacist's personal moral reasons or on the consideration that the Prescription is an early refill.
- (d) In order to make a Claim, the information referred to in Schedule 5(7) attached hereto must be submitted to ABC.
- (e) The Clinical Pharmacist performing the Pharmacy Services referred to in section 3(7)(a) above must record all the information referred to in Schedule 5(7) and Schedule 6 in the Resident's Record at the time that such Pharmacy Service is performed.

3(8) Assessment for a Trial Prescription

- (a) Subject to all the provisions herein, a Fee of \$20 shall be payable for an Assessment performed by a Clinical Pharmacist that leads to a Determination which results in a Trial Prescription.
- (b) For clarity, the Fee for the Pharmacy Service referred to in section 3(8)(a) above is payable for an Assessment of the Resident's response and tolerance to the Trial Prescription before dispensing the balance of the Prescription.
- (c) In order to make a Claim, the information referred to in Schedule 5(8) attached hereto must be submitted to ABC.
- (d) The Clinical Pharmacist performing the Pharmacy Service referred to in section 3(8)(a) above must record all the information referred to in Schedule 5(8) and Schedule 6 in the Resident's Record at the time that such Pharmacy Service is performed.

3(9) Assessment for the Administration of a Publicly Funded Vaccine

- (a) Subject to all the provisions herein, a Fee of \$13 shall be payable for an Assessment performed by a Clinical Pharmacist that leads to a Determination which results in the Administration of a Publicly Funded Vaccine to a Resident, provided also that the Resident meets eligibility criteria for the Publicly Funded Vaccine as determined by Alberta Health's Immunization Program.
- (b) The Pharmacy Service referred to in section 3(9)(a) above must be provided by a Clinical Pharmacist with Authorization to Administer Injections in the case of a Publicly Funded Vaccine administered by Injection. For clarity, Clinical Pharmacists do not require Authorization to Administer Injections in the case of a Publicly Funded Vaccine administered by Intranasal Spray.
- (c) In order to make a Claim, the information referred to in Schedule 5(9) attached hereto must be submitted to ABC.
- (d) The Clinical Pharmacist performing the Pharmacy Service referred to in section 3(9)(a) above must record all the information referred to in Schedule 5(9) and Schedule 6 in the Resident's Record at the time that such Pharmacy Service is performed or any such other information required by the Alberta Health Immunization Program.
- (e) The Pharmacy Service referred to in section 3(9)(a) above must be provided by a Clinical Pharmacist who has completed any required training or courses prior to Administration of a Publicly Funded Vaccine as determined by the Alberta Health Immunization Program.

Section 4 - Comprehensive Annual Care Plan (CACP) and Follow-up CACP Assessments

- 4(1) Subject to the provisions herein, a Fee in an amount specified in section 4(2) below shall be payable for an Assessment that results in the preparation, documentation and review with a Resident of a CACP for such Resident, provided the Resident has Complex Needs.
- 4(2) For an Assessment as referred to in section 4(1) by a Clinical Pharmacist, a Fee of \$100 will be payable once per 365 day period from the last date of the previous section 4(1) CACP Assessment for each Resident.
- 4(3) Where AHS has paid a Clinical Pharmacist for a CACP similar in form and effect as a CACP provided under this Compensation Plan, a Fee of \$0 may be claimed for the purposes of payment of Fees for Follow-up CACP Assessments to the AHS-compensated CACP.
- 4(4) Subject to the provisions herein, a Fee in the amount specified in section 4(5) below shall be payable for an Assessment that results in the preparation, documentation and review with a Resident of a Follow-up CACP Assessment for such Resident, provided the Resident:
- (a) has Complex Needs;
 - (b) has an in-person or telephone encounter with a Clinical Pharmacist to receive a Follow-up CACP Assessment; and
 - (c) (i) is following the instructions set out in the CACP regarding a Follow-up CACP Assessment;
(ii) has been discharged from an Approved Hospital within 14 calendar days of the date of such attendance at the Community Pharmacy; or
(iii) has been referred by a Health Professional (other than a Clinical Pharmacist) to a Clinical Pharmacist for the purpose of a Follow-up CACP Assessment.
- 4(5) For a Follow-up CACP Assessment as referred to in section 4(4) by a Clinical Pharmacist, a Fee of \$20 will be payable for each Resident.
- 4(6) Only one Assessment as referred to in section 4(1) will be payable in respect of a Resident per 365 day period from the last date of the previous section 4(1) CACP Assessment.
- 4(7) A maximum of twelve Follow-up CACP Assessments as referred to in section 4(4) will be payable per 365 day period following a section 4(1) CACP Assessment for each Resident.
- 4(8) In order to make a Claim for any Pharmacy Service referred to in section 4(1) or 4(4), all information referred to in Schedule 5(10) or 5(11) attached hereto which is applicable to such Pharmacy Service must be submitted to ABC.
- 4(9) The Clinical Pharmacist performing any Pharmacy Service referred to in section 4(1) or 4(4) must record all the information referred to in Schedules 5(10) or 5(11) and Schedule 6 which are applicable to such Pharmacy Service in the Resident's Record at the time that such Pharmacy Service is performed.
- 4(10) All of the elements identified in the CACP/Follow-up CACP Assessment Sample Form as set out in Schedule 1 attached hereto shall be included in a CACP and shall be updated for each Follow-up CACP Assessment, as applicable.
- 4(11) Prior to performing an Assessment to prepare and document a CACP for a Resident, a Clinical Pharmacist shall confirm that the Resident has not had a CACP prepared by a Clinical Pharmacist within the previous 365 days.
- 4(12) Prior to performing an Assessment to prepare and document a CACP or a Follow-up CACP Assessment for a Resident, a Clinical Pharmacist shall inquire from such Resident as to whether or not a Physician CCP has been previously prepared and documented for such Resident. If a Physician CCP has so been prepared and documented, the Clinical Pharmacist shall use their best efforts to obtain a copy of such Physician CCP from the Resident or the Physician who prepared the Physician CCP prior to preparing such CACP or Follow-up CACP Assessment for such

Resident. The inability of the Clinical Pharmacist to obtain such Physician CCP after using their best efforts to do so shall not preclude such Clinical Pharmacist from proceeding to perform such Assessment or Follow-up CACP Assessment and preparing and documenting a CACP or Follow-up CACP Assessment, as appropriate.

- 4(13) Prior to performing an Assessment to prepare and document a CACP or a Follow-up CACP Assessment for a Resident, a Clinical Pharmacist shall inquire from such Resident as to whether or not any CACP, Follow-up CACP Assessment, SMMA, or Follow-up SMMA, has been previously prepared and documented for such Resident. If any such documents have so been prepared, the Clinical Pharmacist shall use their best efforts to obtain copies of all such documents from the Resident or Clinical Pharmacist who prepared the relevant document prior to preparing a CACP or Follow-up CACP Assessment for such Resident.
- 4(14) Notwithstanding the provisions of section 4(13), in order to conduct a Follow-up Assessment for a Resident, a Clinical Pharmacist must have received a complete copy of such Resident's most recent CACP, and any other Follow-up CACP Assessment.
- 4(15) A copy of the most recent CACP, and any other CACP, Follow-up CACP Assessment, SMMA, or Follow-up SMMA obtained by the Clinical Pharmacist shall be retained on such Resident's Record by the Community Pharmacy at which such document or documents were received.
- 4(16) Each section 4(1) CACP Assessment must be signed both by the Resident to whom such document relates, and by the Clinical Pharmacist who has prepared and documented such CACP. A section 4(4) Follow-up CACP Assessment does not require the signature of the Resident.
- 4(17) The Clinical Pharmacist who prepares and documents a CACP or a Follow-up CACP Assessment must forthwith provide a completed signed copy or summary, of such CACP or Follow-up CACP Assessment, as applicable, to the Resident.
- 4(18) The Clinical Pharmacist who prepares and documents a CACP or a Follow-up CACP Assessment must forthwith provide a completed signed copy or summary of such CACP or Follow-up CACP Assessment, as applicable, to other Health Professionals involved in the Resident's health care, as identified by the Resident and by such Clinical Pharmacist.
- 4(19) A Clinical Pharmacist or Pharmacy Technician at a Community Pharmacy from which a Claim is made for a Pharmacy Service referred to in this section 4 for a Resident shall provide a copy of such Resident's CACP or Follow-up CACP Assessment, as applicable, to a Health Professional involved in the Resident's health care forthwith upon a request by such Health Professional.
- 4(20) A Community Pharmacy from which a Claim is made for a Pharmacy Service referred to in this section 4 for a Resident, shall retain on such Resident's Record such CACP or Follow-up CACP Assessment relating to the Claim, together with all CACPs, Follow-up CACP Assessments, SMMA, Follow-up SMMA and Physician CCPs which have been received.

Section 5 - Standard Medication Management Assessment (SMMA) and Follow-up SMMA

- 5(1) Subject to all the provisions herein, a Fee in an amount specified in section 5(2) shall be payable for an Assessment that results in the preparation, documentation and review with a Resident of a SMMA for the Resident, provided the Resident, has as described in Schedule 3:
- (a) a Chronic Disease and is currently taking three or more of any Schedule 1 Drug;
 - (b) a Chronic Disease that is diabetes mellitus and is currently taking at least one Schedule 1 Drug or insulin; or
 - (c) uses a Tobacco Product daily and is willing to receive Tobacco Cessation Services at this time.
- 5(2) For an Assessment as referred to in section 5(1) by a Clinical Pharmacist, a Fee of \$60 will be payable once per 365 day period from the date of the previous section 5(1) SMMA for each Resident.
- 5(3) Where AHS has paid a Clinical Pharmacist for a SMMA similar in form and effect as a SMMA provided under this Compensation Plan, a Fee of \$0 may be claimed for the purposes of payment of Fees for Follow-up SMMA to the AHS-compensated SMMA.
- 5(4) Subject to all the provisions herein, a Fee in the amount specified in sections 5(6) below shall be payable for an Assessment that results in the preparation, documentation and review with a Resident of a Follow-up SMMA, provided the Resident, has as described in Schedule 3:
- (a)
 - (i) a Chronic Disease and is currently taking three or more of any Schedule 1 Drugs;
 - (ii) a Chronic Disease that is diabetes mellitus and is currently taking at least one Schedule 1 Drug or insulin; or,
 - (iii) is participating in Tobacco Cessation Services; and
 - (b) has an in-person or telephone encounter with a Clinical Pharmacist to receive a Follow-up SMMA; and
 - (c)
 - (i) is following the instructions set out in the SMMA regarding a Follow-up SMMA;
 - (ii) has been discharged from an Approved Hospital within 14 calendar days of the date of such attendance at the Community Pharmacy; or
 - (iii) has been referred by a Health Professional (other than a Clinical Pharmacist) to a Clinical Pharmacist for the purpose of a Follow-up SMMA.
- 5(5) For the purpose of determining eligibility for Assessments as referred to in sections 5(1)(a) and 5(4)(a)(i), different dosages of the same Schedule 1 Drug are not considered to be different Drugs.
- 5(6) For a Follow-up SMMA as referred to in section 5(4) by a Clinical Pharmacist, a Fee of \$20 will be payable for each Resident.
- 5(7) Only one of the Assessments as referred to in section 5(1)(a) and 5(1)(b) will be payable in respect of a Resident per 365 day period from the previous section 5(1)(a) and 5(1)(b) Assessment.
- 5(8) A maximum of twelve Follow-up SMMA as referred to in section 5(4)(a)(i) and 5(4)(a)(ii) will be payable per 365 day period following a section 5(1)(a) or 5(1)(b) SMMA for each Resident.
- 5(9) Only one Assessment as referred to in section 5(1)(c) shall be performed in respect of a Resident per 365 day period from the previous section 5(1)(c) Assessment.
- 5(10) The Assessment referred to in section 5(1)(c) may be claimed in addition to Assessments referred to in sections 4(1), 5(1)(a) and 5(1)(b).

- 5(11) A maximum of four Follow-up SMMA for Tobacco Cessation Services as referred to in section 5(4)(a)(iii) will be payable per 365 day period following a section 5(1)(c) SMMA for each Resident.
- 5(12) In order to make a Claim for any Pharmacy Service referred to in section 5(1) or 5(4), all information referred to in Schedule 5(12) or 5(13) attached hereto which is applicable to such Pharmacy Service must be submitted to ABC.
- 5(13) The Clinical Pharmacist performing any Pharmacy Service referred to in section 5(1) or 5(4) must record all the information referred to in Schedule 5(12) or 5(13) and Schedule 6 which are applicable to such Pharmacy Service in the Resident's Record at the time that such Pharmacy Service is performed.
- 5(14) All of the elements identified in the SMMA/Follow-up SMMA Sample Form as set out in Schedule 2 attached hereto shall be included in a SMMA and shall be updated for each Follow-up SMMA, as applicable.
- 5(15) Prior to performing an Assessment to prepare and document a SMMA for a Resident as referred to in sections 5(1)(a) and 5(1)(b), a Clinical Pharmacist shall confirm that the Resident has not had a SMMA as referred to in section 5(1)(a) and 5(1)(b) prepared by a Clinical Pharmacist within the previous 365 days.
- 5(16) Prior to performing an Assessment to prepare and document a SMMA for a Resident as referred to in section 5(1)(c), a Clinical Pharmacist shall confirm that the Resident has not had a SMMA as referred to in section 5(1)(c) prepared by a Clinical Pharmacist within the previous 365 days.
- 5(17) Prior to performing an Assessment to prepare and document a SMMA or a Follow-up SMMA for a Resident, a Clinical Pharmacist shall inquire from such Resident as to whether or not a Physician CCP has been previously prepared and documented for such Resident. If a Physician CCP has so been prepared and documented, the Clinical Pharmacist shall use their best efforts to obtain a copy of such Physician CCP from the Resident or the Physician who prepared the Physician CCP prior to preparing such SMMA or Follow-up SMMA for such Resident. The inability of the Clinical Pharmacist to obtain such Physician CCP after using their best efforts to do so shall not preclude such Clinical Pharmacist from proceeding to perform such Assessment or Follow-up SMMA and preparing and documenting a SMMA or Follow-up SMMA, as appropriate.
- 5(18) Prior to performing an Assessment to prepare and document a SMMA or a Follow-up SMMA for a Resident, a Clinical Pharmacist shall inquire from such Resident as to whether or not any CACP, Follow-up CACP Assessment, SMMA, or Follow-up SMMA has been previously prepared and documented for such Resident. If any such documents have so been prepared, the Clinical Pharmacist shall use their best efforts to obtain copies of all such documents from the Resident or Clinical Pharmacist who prepared the relevant document prior to preparing a SMMA or Follow-up SMMA for such Resident.
- 5(19) Notwithstanding the provisions of section 5(18), in order to conduct a Follow-up SMMA for a Resident, a Clinical Pharmacist must have received a complete copy of such Resident's most recent SMMA, and any other Follow-up SMMA.
- 5(20) A copy of the most recent SMMA, and any other CACP, Follow-up CACP Assessment, SMMA, or Follow-up SMMA obtained by the Clinical Pharmacist shall be retained on such Resident's Record by the Community Pharmacy at which such document or documents were received.
- 5(21) Each section 5(1) SMMA must be signed both by the Resident to whom such document relates and by the Clinical Pharmacist who has prepared and documented such SMMA. A section 5(4) Follow-up SMMA does not require the signature of the Resident.
- 5(22) The Clinical Pharmacist who prepares and documents a SMMA or a Follow-up SMMA must forthwith provide a completed signed copy or summary of such SMMA or Follow-up SMMA, as applicable, to the Resident.
- 5(23) The Clinical Pharmacist who prepares and documents a SMMA or a Follow-up SMMA must forthwith provide a completed signed copy or summary of such SMMA or Follow-up SMMA, as applicable, to other Health Professionals involved in the Resident's health care, as identified by the Resident and by such Clinical Pharmacist.

- 5(24) A Clinical Pharmacist or Pharmacy Technician at a Community Pharmacy from which a Claim is made for a Pharmacy Service referred to in this section 5 for a Resident shall provide a copy of such Resident's SMMA or Follow-up SMMA, as applicable, to a Health Professional involved in the Resident's health care forthwith upon a request by such Health Professional.
- 5(25) A Community Pharmacy from which a Claim is made for a Pharmacy Service referred to in this section 5 for a Resident, shall retain on such Resident's Record such SMMA or Follow-up SMMA relating to the Claim, together with all CACPs, Follow-up CACP Assessments, SMMA, Follow-up SMMA, and Physician CCPs which have been received.

Schedule 1

CACP/Follow-up CACP Assessment Sample Form

The terms used in this Sample Form have the same meaning as in the Compensation Plan of which this Schedule 1 forms a part, and in the Standards.

Date:

Date of most recent previous CACP, where applicable:

Resident Information:

- Name**
- Address**
- Telephone number**
- Alberta Personal Health Care Card Number**
- Date of Birth**
- Gender**

| Chronic Diseases | Risk Factors |
|---|---|
| <input type="checkbox"/> Hypertensive Disease <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Failure <input type="checkbox"/> Ischemic Heart Disease <input type="checkbox"/> Mental Disorders | <input type="checkbox"/> Obesity <input type="checkbox"/> Addictions <input type="checkbox"/> Tobacco |

Health Professional Information:

| | |
|---|---|
| Clinical Pharmacist completing the Assessment and CACP | Name Practice Permit Registration Number Additional Prescribing Authority <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Community Pharmacy from which this CACP is claimed | Name Phone Fax E-mail (where applicable) |
| Name and Address of Location at which the Assessment and CACP is completed | |
| Other Health Care Professionals involved in the Resident's care | Name Title Phone number (for each, as applicable) |

Information for Assessment (refer to Standard 3.5):

| | |
|--|--|
| Has a CACP, SMMA or Physician CCP ever been completed for this Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a CACP been completed for this Resident within the previous 365 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Have copies been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|--|

| | |
|---|--|
| Health condition(s) to be treated and history of the condition(s) | |
| Symptoms or signs to be treated | |
| Treatment history for the condition, including drug therapy and outcomes | |
| Pregnancy or lactation status, if applicable | |
| Allergies or intolerance to drugs, excipients or other products that may affect drug therapy | |
| Other health care products aids and devices or other products being used that may affect the Clinical Pharmacist's decision | |
| Other health conditions that may affect the Clinical Pharmacist's decision | |
| Lifestyle factors which may affect drug therapy, including but not limited to caffeine, tobacco or alcohol usage | |
| Any other health information that a reasonable Clinical Pharmacist would require to perform the Pharmacy Service | |

Resident's Best Possible Medication History (BPMH)

All Schedule 1, 2, or 3 Drugs, Blood Products, Natural Health Products, or Vitamins currently being taken by the Resident as well as any recent (within the last 6 months) Vaccines are listed below:

| Product name/ Manufacturer | Strength | Dosage Form | Prescriber | Quantity Prescribed | Date Dispensed | Directions for Use (including route of administration) | Indication for Use |
|-------------------------------|----------|-------------|------------|---------------------|----------------|---|--------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Drug Therapy Problem(s) and Potential Adverse Events (if any)

Appropriate Response(s) to Drug Therapy Problem(s) and Potential Adverse Events (if any)

Agreed Goals of Medication Therapy

Progress Monitoring Plan

Follow-up CACP Assessment (including date, intervention, outcome)

Declaration and Consent of Resident or Substitute Decision Maker (as applicable)

I hereby confirm that:

- *I have reviewed and discussed this CACP/Follow-up CACP Assessment with the Clinical Pharmacist who prepared it;*
- *I understand and accept the goals and potential risks of the medication therapy as outlined in this CACP/Follow-up CACP Assessment; and*
- *I have been provided with a copy or summary of this CACP/Follow-up CACP Assessment.*

| | | |
|--|---|-----------------------|
| | | |
| Name of Resident | Signature of Resident | Day/Month/Year |
| | | |
| Name of Substitute Decision Maker (if applicable) | Signature of Substitute Decision Maker (if applicable) | Day/Month/Year |

Declaration of Clinical Pharmacist

- *I have personally seen and conducted an Assessment on <Resident's Name> for the purpose of preparing, documenting and reviewing this CACP in accordance with the requirements set out in the Compensation Plan for Pharmacy Services.*

| | | |
|------------------------------------|------------------|-----------------------|
| | | |
| Name of Clinical Pharmacist | Signature | Day/Month/Year |

OR

- *I have personally seen or had a telephone encounter and conducted an Assessment on <Resident's Name> for the purpose of preparing, documenting and reviewing this Follow-up CACP Assessment in accordance with the requirements set out in the Compensation Plan for Pharmacy Services.*

| | | |
|------------------------------------|------------------|-----------------------|
| | | |
| Name of Clinical Pharmacist | Signature | Day/Month/Year |

Schedule 2

SMMA/Follow-up SMMA Sample Form

The terms used in this Sample Form have the same meaning as in the Compensation Plan of which this Schedule 2 forms a part, and in the Standards.

Date:

Date of most recent previous SMMA, where applicable:

Resident Information:

- Name**
- Address**
- Telephone number**
- Alberta Personal Health Care Card Number**
- Date of Birth**
- Gender**

| Chronic Diseases | Risk Factors | List of Schedule 1 Drugs and/or Insulin currently being taken by Resident |
|---|----------------------------------|--|
| <input type="checkbox"/> Hypertensive Disease <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Failure <input type="checkbox"/> Ischemic Heart Disease <input type="checkbox"/> Mental Disorders | <input type="checkbox"/> Tobacco | |

Health Professional Information:

| | |
|---|---|
| Clinical Pharmacist completing the Assessment and SMMA | Name Practice Permit Registration Number Additional Prescribing Authority <input type="checkbox"/>Yes <input type="checkbox"/>No |
| Community Pharmacy from which this SMMA is claimed | Name Phone Fax E-mail (where applicable) |
| Name and Address of Location at which the Assessment and SMMA is completed | |
| Other Health Care Professionals involved in the Resident's care | Name Title Phone number (for each, as applicable) |

Information for Assessment (refer to Standard 3.5):

| | |
|--|--|
| Has a CACP, SMMA or Physician CCP ever been completed for this Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a SMMA been completed for this Resident within the previous 365 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Have copies been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|--|

| | |
|---|--|
| Health condition(s) to be treated and history of the condition(s) | |
| Symptoms or signs to be treated | |
| Treatment history for the condition, including drug therapy and outcomes | |
| Pregnancy or lactation status, if applicable | |
| Allergies or intolerance to drugs, excipients or other products that may affect drug therapy | |
| Other health care products aids and devices or other products being used that may affect the Clinical Pharmacist's decision | |
| Other health conditions that may affect the Clinical Pharmacist's decision | |
| Lifestyle factors which may affect drug therapy, including but not limited to caffeine, tobacco or alcohol usage | |
| Any other health information that a reasonable Clinical Pharmacist would require to perform the Pharmacy Service | |

Resident's Best Possible Medication History (BPMH)

All Schedule 1, 2, or 3 Drugs, Blood Products, Natural Health Products, or Vitamins currently being taken by the Resident as well as any recent (within the last 6 months) Vaccines are listed below:

| Product name/ Manufacturer | Strength | Dosage Form | Prescriber | Quantity Prescribed | Date Dispensed | Directions for Use (including route of administration) | Indication for Use |
|-------------------------------|----------|-------------|------------|---------------------|----------------|---|--------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Drug Therapy Problem(s) and Potential Adverse Events (if any)

Appropriate Response(s) to Drug Therapy Problem(s) and Potential Adverse Events (if any)

Agreed Goals of Medication Therapy

Progress Monitoring Plan

Follow-up SMMA (including date, intervention, outcome)

Declaration and Consent of Resident or Substitute Decision Maker (as applicable)

I hereby confirm that:

- *I have reviewed and discussed this SMMA/Follow-up SMMA with the Clinical Pharmacist who prepared it;*
- *I understand and accept the goals and potential risks of the medication therapy as outlined in this SMMA/Follow-up SMMA; and*
- *I have been provided with a copy or summary of this SMMA/Follow-up SMMA.*

| | | |
|--|---|-----------------------|
| | | |
| Name of Resident | Signature of Resident | Day/Month/Year |
| | | |
| Name of Substitute Decision Maker (if applicable) | Signature of Substitute Decision Maker (if applicable) | Day/Month/Year |

Declaration of Clinical Pharmacist

- *I have personally seen and conducted an Assessment on <Resident's Name> for the purpose of preparing, documenting and reviewing this SMMA in accordance with the requirements set out in the Compensation Plan for Pharmacy Services.*

| | | |
|------------------------------------|------------------|-----------------------|
| | | |
| Name of Clinical Pharmacist | Signature | Day/Month/Year |

OR

- *I have personally seen or had a telephone encounter and conducted an Assessment on <Resident's Name> for the purpose of preparing, documenting and reviewing this Follow-up SMMA in accordance with the requirements set out in the Compensation Plan for Pharmacy Services.*

| | | |
|------------------------------------|------------------|-----------------------|
| | | |
| Name of Clinical Pharmacist | Signature | Day/Month/Year |

Schedule 3

Chronic Diseases and Risk Factors

1. For the purpose of performing any Pharmacy Service referred to in section 4 of this Compensation Plan, a Resident must have a Diagnosis of two or more Chronic Diseases, or one Chronic Disease and one or more Risk Factors as identified by the following International Classification of Diseases codes, Version 9 (Diagnosis Code), as published by Alberta Health and as may be amended from time to time.
2. For the purpose of performing any Pharmacy Service referred to in section 5 of this Compensation Plan, a Resident must have a Diagnosis of one Chronic Disease, or the Tobacco Risk Factor as identified by the following International Classification of Diseases codes, Version 9 (Diagnosis Code), as published by Alberta Health and as may be amended from time to time.

Chronic Diseases

- (a) Hypertensive Disease means Diagnosis Code 401;
- (b) Diabetes Mellitus means Diagnosis Code 250;
- (c) Chronic Obstructive Pulmonary Disease means Diagnosis Code 496;
- (d) Asthma means Diagnosis Code 493;
- (e) Heart Failure means Diagnosis Code 428;
- (f) Heart Disease – Angina Pectoris means Diagnosis Code 413;
- (g) Heart Disease – Other means Diagnosis Code 414; and,
- (h) Mental Disorders means Diagnosis Codes 290 to 319, excluding Codes 303, 304, and 305.1.

Risk Factors

- (a) Obesity means Diagnosis Codes 278 (Body Mass Index (BMI) of 30 or more);
- (b) Tobacco means Diagnosis Codes 305.1;
- (c) Addictions – Alcohol means Diagnosis Code 303; and,
- (d) Addictions – Drugs other than Alcohol means Diagnosis Code 304.

Schedule 4

List of Eligible Products (for Injections)

An Injection listed as an "INJECTION" on the Alberta Drug Benefit List, the Alberta Human Services Drug Benefit Supplement or the Palliative Coverage Drug Benefit Supplement is an Eligible Product for the purpose of this Compensation Plan.

Schedule 5

Section A – Required Data Elements for Making a Claim to Alberta Blue Cross

Each time a Claim is made for a Pharmacy Service performed by a Clinical Pharmacist for a Resident, all of the information set out below which is specified as being applicable to such Pharmacy Service shall be submitted to ABC by the Community Pharmacy in which such Pharmacy Service was performed.

1. **Pharmacy Service referred to in Section 3(1) - Assessment for a Prescription Renewal**
 - (a) (i) Code for Assessment 00000071111 where the Pharmacy Service is performed by a Clinical Pharmacist;
or
(ii) Code for Assessment 00000081111 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
 - (b) Special Service Code F (SSC F);
 - (c) Resident's Full Name;
 - (d) Resident's Alberta Personal Health Care Card Number;
 - (e) License Number of the Community Pharmacy;
 - (f) Clinical Pharmacist's Practice Permit Registration Number; and
 - (g) Date the Pharmacy Service was provided to the Resident.
2. **Pharmacy Service referred to in Section 3(2) - Assessment for an Adaptation of a Prescription or Alteration of an Insulin Order**
 - (a) (i) Code for Assessment 00000071111 where the Pharmacy Service is performed by a Clinical Pharmacist;
or
(ii) Code for Assessment 00000081111 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
 - (b) Special Service Code H (SSC H);
 - (c) Resident's Full Name;
 - (d) Resident's Alberta Personal Health Care Card Number;
 - (e) License Number of the Community Pharmacy;
 - (f) Clinical Pharmacist's Practice Permit Registration Number; and
 - (g) Date the Pharmacy Service was provided to the Resident.
3. **Pharmacy Service referred to in Section 3(3) - Assessment for the Administration of a Product by Injection**
 - (a) (i) Code for Assessment 00000071111 where the Pharmacy Service is performed by a Clinical Pharmacist;
or
(ii) Code for Assessment 00000081111 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
 - (b) Special Service Code J (SSC J);
 - (c) Resident's Full Name;
 - (d) Resident's Alberta Personal Health Care Card Number;
 - (e) License Number of the Community Pharmacy;
 - (f) Clinical Pharmacist's Practice Permit Registration Number; and

- (g) Date the Pharmacy Service was provided to the Resident.
4. **Pharmacy Service referred to in Section 3(4) - Assessment for Prescribing at Initial Access or Prescribing to Manage Ongoing Therapy**
- (a) Code for Assessment 0000081116 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
 - (b) Special Service Code K (SSC K);
 - (c) Resident's Full Name;
 - (d) Resident's Alberta Personal Health Care Card Number;
 - (e) License Number of the Community Pharmacy;
 - (f) Clinical Pharmacist's Practice Permit Registration Number; and
 - (g) Date the Pharmacy Service was provided to the Resident.
5. **Pharmacy Service referred to in Section 3(5) - Assessment for Prescribing in an Emergency for a Resident**
- (a) (i) Code for Assessment 0000071111 where the Pharmacy Service is performed by a Clinical Pharmacist;
or
(ii) Code for Assessment 0000081111 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
 - (b) Special Service Code I (SSC I);
 - (c) Resident's Full Name;
 - (d) Resident's Alberta Personal Health Care Card Number;
 - (e) License Number of the Community Pharmacy;
 - (f) Clinical Pharmacist's Practice Permit Registration Number; and
 - (g) Date the Pharmacy Service was provided to the Resident.
6. **Pharmacy Service referred to in Section 3(6) - Assessment for Ensuring Continuity of Care in the Event of a Declaration of a State of Emergency or Declaration of a State of Local Emergency**
- (a) (i) Code for Assessment 0000071119 where the Pharmacy Service is performed by a Clinical Pharmacist;
or
(ii) Code for Assessment 0000081119 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
 - (b) Special Service Code I (SSC I);
 - (c) Resident's Full Name;
 - (d) Resident's Alberta Personal Health Care Card Number;
 - (e) License Number of the Community Pharmacy;
 - (f) Clinical Pharmacist's Practice Permit Registration Number; and
 - (g) Date the Pharmacy Service was provided to the Resident.
7. **Pharmacy Service referred to in Section 3(7) – Assessment for Refusal to Fill a Prescription**
- (a) (i) Code for Assessment 0000071111 where the Pharmacy Service is performed by a Clinical Pharmacist;
or

(ii) Code for Assessment 00000081111 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;

- (b) Special Service Code 1 (SSC 1);
- (c) Resident's Full Name;
- (d) Resident's Alberta Personal Health Care Card Number;
- (e) License Number of the Community Pharmacy;
- (f) Clinical Pharmacist's Practice Permit Registration Number; and
- (g) Date the Pharmacy Service was provided to the Resident.

8. Pharmacy Service referred to in Section 3(8) – Assessment for a Trial Prescription

- (a) (i) Code for Assessment 00000071111 where the Pharmacy Service is performed by a Clinical Pharmacist; or
(ii) Code for Assessment 00000081111 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
- (b) (i) Special Service Code H (SSC H) where the Pharmacy Service results in an Adaptation to the Resident's current needs; and, an Existing Intervention Code MT (Trial Prescription).
(ii) Special Service Code M (SSC M) where the Pharmacy Service results in a Follow-up Assessment of the Resident's response and tolerance to the Trial Prescription; and, an Existing Intervention Code VN (Trial not tolerated – advised Medical Doctor) or VQ (Trial OK, no side effects/concerns).
- (c) Resident's Full Name;
- (d) Resident's Alberta Personal Health Care Card Number;
- (e) License Number of the Community Pharmacy;
- (f) Clinical Pharmacist's Practice Permit Registration Number; and
- (g) Date the Pharmacy Service was provided to the Resident.

9. Pharmacy Service referred to in Section 3(9) – Assessment for the Administration of a Publicly Funded Vaccine

- (a) Resident's Full Name;
- (b) Resident's Alberta Personal Health Care Card Number;
- (c) License Number of the Community Pharmacy;
- (d) Clinical Pharmacist's Practice Permit Registration Number;
- (e) Date the Pharmacy Service was provided to the Resident;
- (f) Immunization reason codes; and
- (g) Resident's Birthdate.

10. Pharmacy Service referred to in Section 4 - Comprehensive Annual Care Plan (CACP)

- (a) (i) Code for Assessment 00000071114 where the Pharmacy Service is performed by a Clinical Pharmacist; or
(ii) Code for Assessment 00000081114 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
- (b) Special Service Code L (SSC L);

- (c) Resident's Full Name;
- (d) Resident's Alberta Personal Health Care Card Number;
- (e) License Number of the Community Pharmacy;
- (f) Clinical Pharmacist's Practice Permit Registration Number;
- (g) Date the Pharmacy Service was provided to the Resident; and
- (h) The relevant Diagnosis Code(s) as set out in Section B of this Schedule 5 below.

11. Pharmacy Service referred to in Section 4 – Follow-up CACP Assessment

- (a) (i) Code for Assessment 00000071115 where the Pharmacy Service is performed by a Clinical Pharmacist; or
(ii) Code for Assessment 00000081115 where the Pharmacy Service is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
- (b) Special Service Code M (SSC M);
- (c) Resident's Full Name;
- (d) Resident's Alberta Personal Health Care Card Number;
- (e) License Number of the Community Pharmacy;
- (f) Clinical Pharmacist's Practice Permit Registration Number; and
- (g) Date the Pharmacy Service was provided to the Resident.

12. Pharmacy Service referred to in Section 5 - Standard Medication Management Assessment (SMMA)

- (a) (i) Code for Assessment 00000071112 where the Pharmacy Service as referred to in section 5(1)(a) is performed by a Clinical Pharmacist; or
(ii) Code for Assessment 00000081112 where the Pharmacy Service as referred to in section 5(1)(a) is performed by a Clinical Pharmacist with Additional Prescribing Authorization; or
(iii) Code for Assessment 00000071117 where the Pharmacy Service as referred to in section 5(1)(b) is performed by a Clinical Pharmacist; or
(iv) Code for Assessment 00000081117 where the Pharmacy Service as referred to in section 5(1)(b) is performed by a Clinical Pharmacist with Additional Prescribing Authorization; or
(v) Code for Assessment 00000071118 where the Pharmacy Service as referred to in section 5(1)(c) is performed by a Clinical Pharmacist; or
(vi) Code of Assessment 00000081118 where the Pharmacy Service as referred to in section 5(1)(c) is performed by a Clinical Pharmacist with Additional Prescribing Authorization.
- (b) Special Service Code L (SSC L);
- (c) Resident's Full Name;
- (d) Resident's Alberta Personal Health Care Card Number;
- (e) License Number of the Community Pharmacy;
- (f) Clinical Pharmacist's Practice Permit Registration Number;
- (g) Date the Pharmacy Service was provided to the Resident; and
- (h) The relevant Diagnosis Code(s) as set out in Section B of this Schedule 5 below.

13. **Pharmacy Service referred to in Section 5 – Follow-up SMMA**

- (a) (i) Code for Assessment 00000071113 where the Pharmacy Service as referred to in section 5(4)(a)(i) is performed by a Clinical Pharmacist; or
- (ii) Code for Assessment 00000081113 where the Pharmacy Service as referred to in section 5(4)(a)(i) is performed by a Clinical Pharmacist with Additional Prescribing Authorization;
- (iii) Code for Assessment 00000071117 where the Pharmacy Service as referred to in section 5(4)(a)(ii) is performed by a Clinical Pharmacist; or
- (iv) Code for Assessment 00000081117 where the Pharmacy Service as referred to in section 5(4)(a)(ii) is performed by a Clinical Pharmacist with Additional Prescribing Authorization; or
- (v) Code for Assessment 00000071118 where the Pharmacy Service as referred to in section 5(4)(a)(iii) is performed by a Clinical Pharmacist; or
- (vi) Code of Assessment 00000081118 where the Pharmacy Service as referred to in section 5(4)(a)(iii) is performed by a Clinical Pharmacist with Additional Prescribing Authorization.
- (b) Special Service Code M (SSC M);
- (c) Resident's Full Name;
- (d) Resident's Alberta Personal Health Care Card Number;
- (e) License Number of the Community Pharmacy;
- (f) Clinical Pharmacist's Practice Permit Registration Number; and
- (g) Date the Pharmacy Service was provided to the Resident.

Section B – Diagnosis Codes for Purposes of Submitting a Claim

For the purpose of submitting a Claim to Alberta Blue Cross for a Comprehensive Annual Care Plan (CACP) or a Standard Medication Management Assessment (SMMA), the following Diagnosis Code(s) shall be submitted as they correspond with the Chronic Disease(s) or Risk Factor(s) identified by the Pharmacist on the CACP or the SMMA for which a Claim is submitted:

| Chronic Disease | Diagnosis Code |
|--|--|
| Hypertensive disease | 401 |
| Diabetes mellitus | 250 |
| Chronic obstructive pulmonary disease | 496 |
| Asthma | 493 |
| Heart failure | 428 |
| Heart disease – Angina pectoris | 413 |
| Heart disease – Other | 414 |
| Mental Disorders (Personal History of) | 290 – 319, excluding 303, 304, and 305.1 |

| Risk Factor | Diagnosis Code |
|---------------------------------------|-------------------------|
| Tobacco | 305.1 |
| Obesity | 278 (BMI of 30 or more) |
| Addictions – Alcohol | 303 |
| Addictions – Drugs other than Alcohol | 304 |

Schedule 6

Information to be Retained in a Resident's Record

1. For each Pharmacy Service provided to a Resident by a Clinical Pharmacist, the Community Pharmacy from which a Claim was made for the Pharmacy Service shall maintain and retain the Resident's Record in accordance with this Compensation Plan and all applicable legislation. This shall include:
 - (a) The Required Data Elements as established in Schedule 5, as applicable;
 - (b) A copy of the original Prescription or Prescriptions, where obtained;
 - (c) A written transaction record of the Pharmacy Service performed which shall include all of the elements established in Standard 18.3 and Appendix A of the Standards;
 - (d) The name and address of the location where the Pharmacy Service was performed;
 - (e) A record of the notice provided to all other Health Professionals involved in the Resident's health care regarding the Pharmacy Service; and
 - (f) The information pertaining to each Pharmacy Service, as applicable, and as set out below.
2. Notwithstanding anything else herein, a Clinical Pharmacist shall obtain and retain all documentation that a Clinical Pharmacist would consider reasonable and prudent to obtain and retain, in their professional judgment, for any purpose related to this Compensation Plan, including (without limitation) for the performance of any Pharmacy Service and for any audit by ABC or Alberta Health. For clarity, nothing herein is intended to detract or derogate from all duties that a Clinical Pharmacist has with respect to record retention in all applicable legislation.
3. Where a Claim is made for the performance of a Pharmacy Service referred to in section 4 of the Compensation Plan, in addition to the information set out in sections 1 and 2 herein, all of the following information shall be retained:
 - (a) Where a section 4(1) CACP Assessment has been completed, a complete copy of the CACP which, on the date the assessment is completed, is signed by the Clinical Pharmacist who completed it and signed by the Resident;
 - (b) (i) Where a section 4(4) Follow-up CACP Assessment has been completed, a complete copy of the Follow-up CACP Assessment which is signed by the Clinical Pharmacist who completed it. A Follow-up CACP Assessment does not require the signature of the Resident;
(ii) A complete copy of any previous updated section 4(1) CACP Assessment completed in relation to the Follow-up CACP Assessment referred to in section (b)(i) herein, which is signed by the Clinical Pharmacist who completed it. A Follow-up CACP Assessment does not require the signature of the Resident;
(iii) A complete copy of the section 4(1) CACP Assessment relating to (b)(i) and (ii) herein, which is signed by the Clinical Pharmacist who completed it and signed by the Resident;
 - (c) A complete copy of any SMMA, Follow-up SMMA, CACP or Follow-up CACP Assessment, as applicable, which has been completed for the Resident in the previous 365 days, where obtained by the Clinical Pharmacist; and
 - (d) A copy of any Physician CCP which has been completed for the Resident, where obtained by the Clinical Pharmacist.
4. Where a Claim is made for the performance of a Pharmacy Service referred to in section 5 of the Compensation Plan, in addition to the information set out in sections 1 and 2 herein, the following information shall be retained:
 - (a) Where a section 5(1) SMMA has been completed, a complete copy of the SMMA which, on the date it is completed, is signed by the Clinical Pharmacist who completed it and signed by the Resident;

- (b)
 - (i) Where a section 5(4) Follow-up SMMA has been completed, a complete copy of the Follow-up SMMA which is signed by the Clinical Pharmacist who completed it. A Follow-up SMMA does not require the signature of the Resident;
 - (ii) A complete copy of any previous updated section 5(1) SMMA completed in relation to the Follow-up SMMA referred to in section (b)(i) herein, which is signed by the Clinical Pharmacist who completed it. A Follow-up SMMA does not require the signature of the Resident;
 - (iii) A complete copy of the section 5(1) SMMA relating to (b)(i) and (ii) herein, which is signed by the Clinical Pharmacist who completed it and signed by the Resident;
 - (c) A complete copy of any SMMA, Follow-up SMMA, CACP or Follow-up CACP Assessment, as applicable, which has been completed for the Resident in the previous 365 days, where obtained by the Clinical Pharmacist; and
 - (d) A copy of any Physician CCP which has been completed for the Resident, where obtained by the Clinical Pharmacist.
5. Where a Claim is made for the performance of a Pharmacy Services referred to in section 3(9) of the Compensation Plan, in addition to the information set out in sections 1 and 2 herein, the Community Pharmacy from which a Claim was made for the Pharmacy Service shall maintain and retain vaccine administration information as determined by the Alberta Health Immunization Program.

Schedule 7

List of Publicly Funded Vaccines

For the purpose of this Compensation Plan, the list of Publicly Funded Vaccines as determined by the Alberta Health Immunization Program is as follows:

- (a) Influenza
- (b) Pneumococcal
- (c) diphtheria, Tetanus, acellular pertussis