Purpose: To ensure compliance with requirements of Institutional Patient Assistance Programs (IPAPs).

Policy: Coastal Family Health Center (CFHC) Pharmacy will maintain inventory control and proper accountability of all medications included in IPAPs.

Procedure:

1.0 Patient Eligibility

1.1 Patient eligibility will be determined at the initial patient registration and annually at re-registration. Proof of income, an official United Stated residential address (i.e. driver’s license or other formal document with current U.S. address), and up-to-date insurance information must be provided.

1.2 Registration is required for all patients of CFHC, as indicated in the patient registration procedures.

a. Application for sliding fee discount is offered during the registration process.

b. Re-registration and sliding fee application are required annually.

1.3 The registrar will determine whether the patient meets the eligibility criteria for an IPAP. To be eligible for the program, the patient must meet the program’s criteria, including:

a. Having no prescription insurance coverage to include Medicaid

   - Patients 65 years or older who are not enrolled in Medicare Part D may qualify for the programs if they do not have other third party prescription coverage and meet the income guidelines.

   - Status of insurance coverage will be verified through online services at the time of registration and proof of ineligibility kept in the patient’s Electronic Health Record scanned files.

b. Meeting the household income guidelines of below 200% federal poverty level.

   - Proof of income must be obtained before the patient can be deemed “eligible” for the IPAP.
1.4 The registrar will document patient eligibility for those who qualify in the Electronic Health Record (EHR) to inform the prescribers of patient eligibility for the IPAPs.

1.5 Eligibility status will be verified at every patient encounter. If the patient reports any changes, the clerical staff will determine whether the changes affect patient eligibility for the program and will document the changed status in EHR accordingly.

1.6 Prescribers will check for patient eligibility status as indicated in the EHR before ordering medications under the program.

1.7 Patient information and related documents will be stored electronically.

2.0 Tracking and Retaining of Prescriptions

2.1 When ordering IPAP medications, CFHC prescribers will include a statement of eligibility on the prescription.

2.2 Prescriptions will be entered in the electronic pharmacy database, and a serial number will be assigned. For tracking purposes, a unique payer code for each program prescription will be documented as well as a patient unique identification number.

2.3 The pharmacy fills, dispenses and distributes IPAP medications according to the CFHC Prescription Management Policy.

2.4 All prescriptions are filed and stored for 6 years.

2.5 Products that are not picked up by patients within thirty days will be returned to the pharmacy. Pharmacy staff will document the returned medications in the pharmacy database accordingly for credit before a replenishment order is submitted.

3.0 Inventory

3.1 Prescription medications under the IPAP with bulk replacement will be stored
3.2 When the products are received from the manufacturers, the packing slip will be used to verify that the correct medications and quantities are received.

a. The pharmacy staff will inspect the packaging to ensure integrity.

b. If there are any damaged products, the program administrator will be contacted to obtain further instructions.

c. Receipt of the order will be confirmed as required by the program guidelines.

3.3 Program guidelines will be followed to determine the process and frequency of medication replenishment.

3.4 An inventory of medications in each program will be taken monthly at the end of the month, and a copy will be kept in the pharmacy.

3.5 Inventory discrepancies (such as loss due to theft or over shipments) will be reported by the pharmacist to the program coordinator and administration for appropriate action.

3.6 Return to stock products will be counted and documented prior to submission of replenishment report to the program administrator.

3.7 Records for the program, including product receipt, inventory, dispensing, distribution, and return records, will be stored for 3 years.

3.8 The program officer or designees have permission to review records for auditing purposes, with patient information handled according to the Health Insurance Portability and Accountability Act (HIPAA).

3.9 Expired products and recalls will be handled as instructed by each program’s guidelines.

4.0 Concerns from patients or providers regarding the quality of IPAP products will be reported to the program administration in compliance with program business rules.
4.0 **Employee Training and Updates**

4.1 Training on program administration, as well as the inventory process, is required for all CFHC pharmacy staff, clerical staff, nurses and prescribers involved in the patient eligibility process at:

a. the implementation of the program
b. new-hire training
c. changes to the program

4.2 Email or in-service training will be used to notify the pharmacy and clinic staff of any program changes received from the program coordinator or program administration.

**Guidelines:**

1. Adherence to Program Operation Guides for each IPAP (on-file in the pharmacy and on the website of each program)
2. Compliance with Mississippi Pharmacy Practice Act (see Link)

**Definitions:**

Institutional Patient Assistance Programs (IPAPs) - Programs available directly from pharmaceutical manufacturers or from organizations for the purpose of providing free medication to eligible patients. CFHC must meet the enrollment criteria of each program and adhere to patient eligibility requirements of each program. Periodic program audits verify program adherence.

**Related Links/Forms:**

1. Link: Mississippi Pharmacy Practice Act  
   http://www.mbp.state.ms.us/mbop/Pharmacy.nsf/webpages

   2. Related Policy: CFHC Prescription Management Policy
Policy Title: Institutional Patient Assistance Programs
Policy Classification / Section: Operations/Pharmacy
Owner’s Title: Director of Pharmacy
Number of Pages: 5

Last Revision Date: 4/26/2016
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References: N/A

Appendix:

1. Training Checklist

2. CFHC Application for Medication Assistance