



BLUE CROSS / BLUE SHIELD (BCBS) COMMUNITY PHARMACEUTICAL CARE FUNDING REQUESTS POLICY

EFFECTIVE DATE:	May 7, 2025 (Revised)
RESPONSIBLE ADMINISTRATOR:	Associate Dean for Clinical Affairs and Outreach
APPLICABILITY:	HCOP Faculty, Staff, and Students

I. PURPOSE

- To define the process for requesting funding from HCOP's BCBS Community Pharmaceutical Care Fund to support local and regional community clinical outreach and patient care activities provided by HCOP faculty, staff, and students.

II. POLICY

- The HCOP BCBS Pharmaceutical Care Fund is a resource to financially support local and regional community clinical outreach and patient care activities provided by HCOP faculty, staff, and students.
 - Examples of eligible expenses (include but are not limited to):
 - Transportation for students and faculty to reach underserved citizens.
 - Purchase of medication for those without the means to purchase essential medications.
 - Medical supplies needed for health and wellness activities.
 - Food when the lack of proper nutrition is part of a program for improving overall well-being.
 - Funds are intended for one-time assistance in situations where funds can resolve an immediate community or patient-care need. Endowment funds are not intended for recurring expenses over an extended period.
- Requests for reimbursement are reviewed through HCOP's Clinical Services Advisory Committee (CSAC) during their regularly scheduled meetings.
- An expedited review for reimbursement may be requested in instances where the reimbursement is needed prior to the next scheduled CSAC meeting or in circumstances where the Committee is unable to consider a request in a timely manner.
- All requests should be forwarded to the AU Pharmaceutical Care Center (AUPCC) for processing (aupcc4u@auburn.edu).

III. PROCEDURES

1. Obtain a "BCBS Community Pharmaceutical Care Fund Request for Reimbursement Form" (see **APPENDIX A**) from the AUPCC receptionist (2155 Walker Building, Auburn University, AL or aupcc4u@auburn.edu).

2. Students (or the faculty member) should complete the request form. All information must be reviewed by a faculty member, village mentor, experiential preceptor, or organization advisor before it is submitted.
3. Return the completed form to the AUPCC (2155 Walker Building | aupcc4u@auburn.edu). If an expedited review is requested, inform the AUPCC staff so appropriate, timely action may be taken.
4. The request will be reviewed and considered at the next scheduled CSAC meeting unless the need for an expedited review is noted on the form.
5. Expedited reviews are acted upon by the Chairperson of CSAC and at least two members of the committee. In the absence of the CSAC chairperson, three committee members may consider the request.
6. The requestor is notified of approval or denial of the request within three business days of the meeting or, in the case of an expedited request, within three business days of receipt of the request.
7. Denied requests may be resubmitted after appropriate action is taken to address the reason for denial. The request will be processed through in the manner outlined above.
8. Upon notification of the approved request for reimbursement, the requestor will submit all receipts and/or travel vouchers to the AUPCC receptionist (2155 Walker Building | aupcc4u@auburn.edu) for review and processing through the HCOP accounting office and Accounts Payable.
9. Reports of achievement of outcome measures stated on the funds request **MUST** be submitted to the Clinical Services Committee (via the AUPCC | aupcc4u@auburn.edu) within 30 days of approval of the request.
10. If the outcomes are not measurable within 30 days, a mutually agreed upon timetable for the submission of outcome measures will be established by the Chair of the Clinical Services Advisory Committee.

IV. POLICY MANAGEMENT

This policy will be reviewed at a minimum of every three (3) years, or more frequently if there is a substantive change to HCOP policies, procedures, or processes that necessitate revision.

V. DEFINITIONS

Clinical Services Advisory Committee (CSAC): A standing HCOP committee composed of faculty, staff, and students who provide guidance for HCOP's clinical initiatives, oversight of clinical and regulatory compliance, input on HCOP's clinical outreach, and recommendations for pharmacy advancement and transformation.

Auburn University Pharmaceutical Care Center (AUPCC): a free-standing pharmaceutical care clinic that is located on Auburn University's main campus at 1125 Walker Building. For more information, visit [AUPCC's website](#).

Introductory Pharmacy Practice Experience (IPPE): introductory experiential education training that is completed by first year (P1), second year (P2), and third year (P3) professional pharmacy students. (See: [HCOP Experiential Curriculum](#))

Advanced Pharmacy Practice Experience (APPE): advanced experiential education training that is completed during the fourth (P4) year. (See: [HCOP Experiential Curriculum](#))

VI. EXCLUSIONS

None

VII. EFFECTIVE DATE

- Original September 1, 2008
- Revised July 28, 2009
- Revised July 1, 2018
- Revised May 7, 2025

VIII. INTERPRETATION

- Executive Director of Clinical Health Services (CHS)

IX. REFERENCES AND RESOURCES

- See **APPENDIX A** for the “BCBS COMMUNITY PHARMACEUTICAL CARE FUNDING REQUEST FORM”

APPENDIX A

HARRISON COLLEGE OF PHARMACY

BCBS COMMUNITY PHARMACEUTICAL CARE FUNDING REQUEST FORM

The HCOP BCBS Pharmaceutical Care Fund is a resource to financially support local and regional community clinical outreach and patient care activities provided by HCOP faculty, staff, and students.

TO BE COMPLETED BY REQUESTOR:

Individual or Group Requesting Reimbursement: _____

Supporting Faculty Member Name: _____

Supporting Faculty Member Signature: _____ Date: _____

Amount Requested: \$ _____

Is Expedited Review Required? (Mark "YES" if funding is needed within thirty (30) days). If "YES" provide date approval is needed.

☐ YES

If yes, date needed: _____

☐ NO

Funding is requested for:

(Describe the activity for which the reimbursement from this fund should be considered and how this activity meets the needs of an individual or group deemed to be underserved or in need of assistance).

Benefit of activity for which funding is being requested (check all that apply):

☐ Support of underserved family or individual

☐ Expanded service learning opportunity

☐ Improved access to care in an underserved area

☐ Other: _____

TO BE COMPLETED BY CSAC:

Outcome of CSAC Review:

☐ Approved

☐ Denied

Reason for Denial:

CSAC Representative 1 Signature: _____ Date: _____

CSAC Representative 2 Signature: _____ Date: _____