

**WE ARE THE UNCOMMON.**





# Center for Pharmacy Practice Innovation

**Teresa Salgado, Ph.D.**

Assistant Professor, Department of Pharmacotherapy & Outcomes Science  
Director, Center for Pharmacy Practice Innovation



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# CPPI Mission and Vision

**Mission:** To help pharmacists optimize patient outcomes.

**Vision:** The Center will be a leader in transforming ambulatory and community pharmacy practice and advancing pharmacists' roles on patient-centered, collaborative care teams.



# CPPI Goals

1. Develop, implement and evaluate **innovative and sustainable** care models that incorporate pharmacists to optimize medication-related patient health outcomes.
2. Foster collaboration among **clinicians and outcomes researchers** to determine pharmacist impact on health outcomes.
3. Equip pharmacists with the **knowledge, skills and abilities** to engage in interprofessional, collaborative care.
4. Partner with clinicians, health systems, policymakers and payers to advance medication and **health policies** at the local, state and national levels.



# CPPI Team | Leadership



Teresa M. Salgado, MPharm, PhD  
Director



Evan M. Sisson, PharmD  
Assistant Director



Sydney Weber  
Program Support Assistant





# CPPI Team | Core Faculty



John D. Bucheit,  
PharmD



Dave L. Dixon,  
PharmD



David A. Holdford,  
PhD



Gary R. Matzke,  
PharmD



Lauren G Pamulapati,  
PharmD



Vasco M Pontinha,  
PhD



Dayanajan Wijesinghe,  
PhD



Kristin M. Zimmerman,  
PharmD



# CPPI Team | Affiliate Faculty

- **Dana Burns**, D.N.P., Clinical Assistant Professor, Department of Family and Community Health **Nursing**
- **Lauren Caldas**, Pharm.D., VCU School of **Pharmacy**
- **Alan Dow**, M.D., M.S.H.A., VCU School of **Medicine**
- **Sharon Gatewood**, Pharm.D., VCU School of **Pharmacy**
- **Jean-Venable (Kelly) Goode**, Pharm.D., VCU School of **Pharmacy**
- **Resa Jones**, Ph.D., **Temple University**
- **Mark Ryan**, M.D., Medical Director of **Hayes E. Willis Health Center**
- **Roy Sabo**, Ph.D., Department of **Biostatistics**
- **Yongyun Shin**, Ph.D., Department of **Biostatistics**



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# Main Strategic Plan (2021-2024) Goals

## People and Partners

**Goal 1:** Diversify faculty membership and participation in the center

**Goal 2:** Enhance existing partnerships and identify new partners

## Research

**Goal 1:** Create high-impact research and scholarship

**Goal 2:** Translate research discoveries into benefits for society

## Education and Training

**Goal 1:** Equip students with the knowledge, skills and abilities to engage in research

**Goal 2:** Train practicing pharmacists with the knowledge, skills and abilities to engage in interprofessional practice

## Policy

**Goal 1:** Increase the center's visibility to policymakers and payers to advance medication and health policies at the local, state and national levels





# Practice Partners



## BON SECOURS MERCY HEALTH



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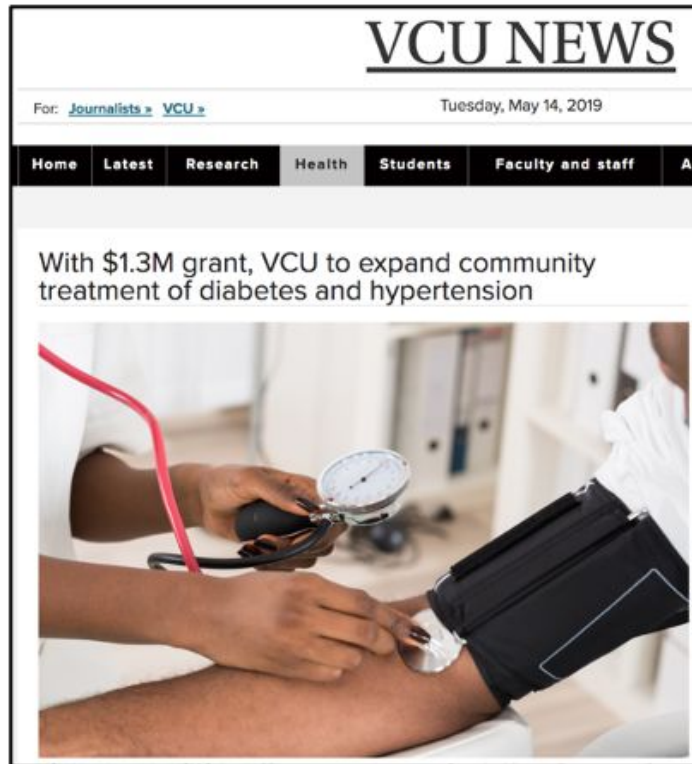


# Examples of projects with practice partners



# Project InnoVAte

Practice Partner:  **VCU**  
Health™



Design, test and evaluate original approaches to delivering **clinical and community-based interventions** aimed at reducing risk, complications and barriers that will improve the **prevention and control of diabetes and cardiovascular disease** in high-burden populations and underserved areas.



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# Project InnoVAte



Practice Partner:  **VCU**  
Health™

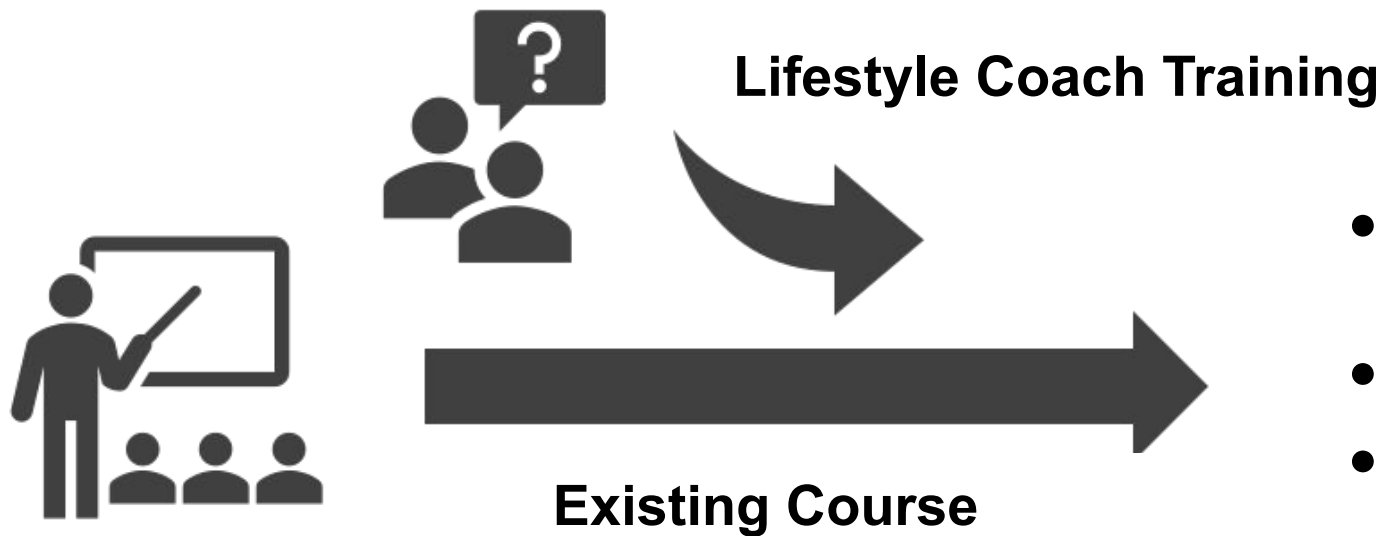
## Diabetes Prevention Program

- Interprofessional year-long program that includes pharmacy faculty and residents and dietitians and dietetic interns
- Offered at two locations: Health Hub at 25th and New Life Baptist Church
- First cohort started in June 12th, 2019
- Currently offering cohorts #12 and #13



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# Integration of Lifestyle Coach Training into an Existing Communications Course



- Increased number of trained lifestyle coaches
- Expanded access to NDPP
- Improved participant retention
- Provided early experiential learning for students




# Integrating real-world skills and diabetes lifestyle coach training into a revised health promotion and communications course

Evan M. Sisson  , Lauren G. Pamulapati, John D. Bucheit, Kristin M. Zimmerman,

Dave L. Dixon, David A. Holdford, Teresa M. Salgado

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<https://doi.org/10.1016/j.cptl.2024.01.002>

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## Abstract

### Background and purpose

Effective communication skills are essential for all pharmacists, regardless of practice setting. An implicit need in pharmacy education is to emphasize direct application of these skills to future healthcare practice prior to experiential rotations. The aim of this article is to describe how we revised a required first professional year (P1) doctor of pharmacy course to achieve two main goals: 1) improve the course relevance by connecting content to real-world skills; and 2) qualify all pharmacy students at our institution as certified National Diabetes Prevention Program (DPP) lifestyle coaches upon course completion.

## Educational activity and setting

Lifestyle coach training approved by the Centers for Disease Control and Prevention (CDC) was integrated into a P1 communications course consisting of 14 modules that include: review of diabetes pathophysiology, group facilitation skills, social determinants of health, food tracking, action planning, participant retention and program administration. This content serves as a direct application of pre-existing course objectives related to knowledge (evidence-based theory) and skills (technical and counseling) required for effective communication with patients, families, and health professionals.

## Findings

Between 2019 and 2022, the redesigned course was offered to 373 P1 students. Course evaluations during this time were consistently positive. The average evaluation score since DPP activities were integrated into the course was 3.41 (on a 4-point scale). Based upon course evaluations, students appreciated three main benefits of incorporating lifestyle coach certification into the pharmacy curriculum: 1) a certified skill that can differentiate them in the job market; 2) practice of skills on real patients under faculty supervision in the community setting; 3) early exposure to pharmacy patient care topics, thus contributing to professional identity.

## Summary

Integration of lifestyle coach training into an existing core P1 pharmacy course increased application and assessment of communications skills and allowed wider availability of trained coaches to deliver DPP in the community.







Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

## National Diabetes Prevention Program



Center for Pharmacy Practice Innovation

20 de março · 🌐

#CPPISeminar with Robert Montierth, Pharm.D., from the [Centers for Disease Control and Prevention \(CDC\)](#), Division of Diabetes Translation!

Mark your calendars:

March 27th @ 12:00 ET via zoom

Register: <http://bit.ly/CPPISeminar...> Ver mais



### CPPI SEMINAR:

## CDC'S DIVISION OF DIABETES TRANSLATION: RECENT WORK WITH PHARMACISTS WITH

**Robert Montierth, Pharm.D**

Project Officer, Center for Disease Control  
and Prevention, Division of Diabetes  
Translation



School of Pharmacy  
Center for Pharmacy Practice Innovation

Mon., March 27 at 12 ET | Zoom (View in Smith 545)

Register: [bit.ly/CPPISeminar](http://bit.ly/CPPISeminar)



## School of Pharmacy Modifies Curriculum to Improve Access to the National DPP Lifestyle Change Program

In 2019, a community-minded developer built a grocery store in a low-income food desert in Richmond, Virginia. The developer recognized that the neighborhood would also benefit from a community education center that focused on healthy lifestyles. The Virginia Commonwealth University (VCU) Health Hub was created to meet this need and included service offerings from multiple university departments.

To support these efforts, the **VCU School of Pharmacy** drew on its past experience providing diabetes education and type 2 diabetes prevention classes to people with limited access to clinical or community resources. The school partnered with the VCU Health Dietetic Internship Program to offer the National DPP LCP. Teams of dietetic interns and pharmacy residents lead weekly classes, as well as grocery store tours, cooking classes, and physical education programs.

### Tier 3 in Action: Offer the National DPP LCP



VCU also adapted its Health Promotion and Communication in Pharmacy Practice course to include elements of the National DPP Lifestyle Coach training. This mandatory first-year course in VCU's PharmD program already contained much of the required content, such as motivational interviewing, social determinants of health, health literacy, communication with older adults, and smoking cessation.

Merging the two curricula helped students understand how the healthy lifestyle content applies in the real world. Students also received their National DPP Lifestyle Coach designation at the end of the semester.

Feedback from the first class of 102 students indicated that the program had met its goals. More Lifestyle Coaches were trained, which helped expand access to the National DPP LCP. Students were paired with individual participants to provide experiential learning for the students and improve program retention.

### Keys to Success

To ensure the success and sustainability of its efforts, the VCU School of Pharmacy:

- Integrated Lifestyle Coach training into its PharmD core curriculum.
- Created an interprofessional partnership with VCU's dietetic internship program to lead the National DPP LCP.
- Paired pharmacy students with participants to serve as individual Lifestyle Coaches between sessions, to increase retention.
- Expanded National DPP LCP capacity by training pharmacy students to serve as Lifestyle Coaches.

### Results at a Glance

From 2019 to 2022, the program reported that:

- **356** Lifestyle Coaches were trained.
- **90** community members
- **298** pounds were lost.
- After pairing students with participants, retention **doubled** from the first cohort to the fourth cohort.



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# Project InnoVAte

Practice Partner:  **VCU**  
Health™

## Remote Patient Monitoring

- Interprofessional program that includes nursing, pharmacy and endocrinology
- Offered at VCU Health
- Started as part of the InnoVAte grant but will continue after grant is completed
- We are looking at potentially expanding to other patient populations (e.g., transplant, oncology, etc.)

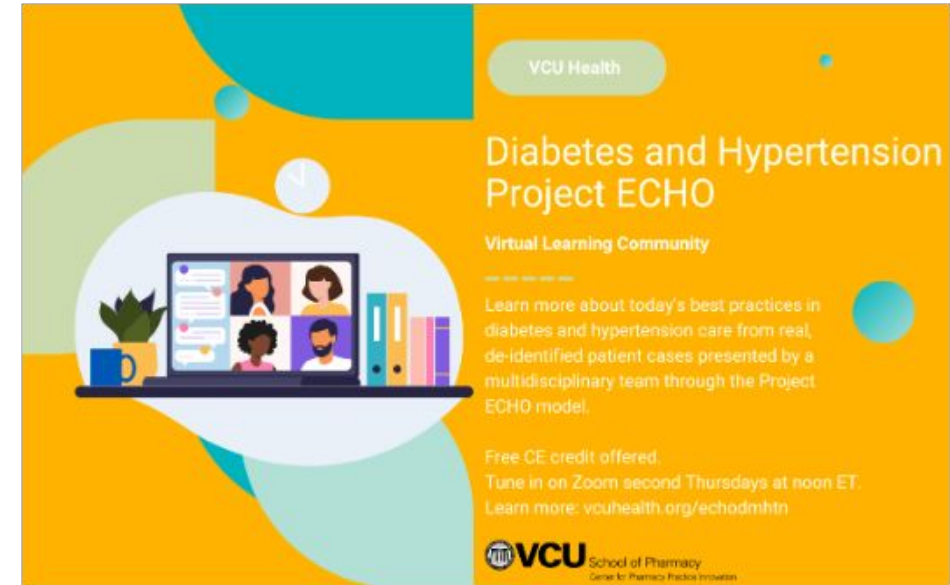


# Project InnoVAte

Practice Partner:  **VCU**  
Health™

**Interprofessional tele-education** program aimed at primary care, FQHCs, free clinics, primarily located in Greater Richmond area, NC border and southwest Virginia.

Goals are to educate healthcare professionals on evidence-based comprehensive diabetes care and hypertension, as well as promote team-based care



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## Practice Partner: **BON SECOURS MERCY HEALTH**

1. Compare patient and population health outcomes between patients receiving care in primary care clinics with a pharmacist-physician collaborative care model and standard of care clinics

2. Identify contextual factors affecting the uptake of SGLT2 inhibitors or GLP-1 receptor agonists in clinical practice using implementation science principles

3. Quantify the uptake of SGLT2 inhibitors or GLP-1 receptor agonists in clinical practice by medical specialty, to identify disparities in the prescribing of these agents and to compare uptake in clinics with and without pharmacists as part of the team.



# CPPI highlights 2017-2024...

- ✓ >60 peer-reviewed publications
- ✓ ~\$1.6M in total funding
- ✓ >70 students worked with CPPI faculty on research projects
- ✓ 38 monthly seminars
- ✓ 18 newsletters
- ✓ 27 student voices videos



# What does success look like in 5 years?

## People and Partners

- 1 new faculty member (outcomes) and 3 new affiliate faculty to expand community pharmacy expertise and strengthen analytic skills
- Network of practice partners actively engaged in research projects

## Education and Training

- 10 PhD graduates occupying academic or health-system positions related with practice innovation and outcomes research
- >100 practicing pharmacists who received training in implementation of statewide protocols

## Research

- >10 published articles resulting from ongoing and new studies conducted with our practice partners
- Conduct of interventional trial in collaboration with one of our partners
- >5 million dollars in extramural funding

## Policy

- 1 policy publication describing evidence generated by CPPI
- Reimbursement of pharmacist services resulting from evidence generated by CPPI
- Publication of a study describing impact of statewide protocol legislation





# Ways to Connect and Engage



[www.cppi.pharmacy.vcu.edu](http://www.cppi.pharmacy.vcu.edu)



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@VCUPharmacyCPPI



#### Leadership Team

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Director

[Evan Sisson](#),

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VCU School of Pharmacy



#### A message from our director

Hello, friends and partners,

Happy New Year! I hope that you all were able to enjoy a break from work and spend quality time with loved ones. We are so excited for all that 2023 has to bring! In this



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# Acknowledgments

- CPPI Core Faculty
- School of Pharmacy Development Office
- Sydney Weber
- Panel speakers and moderator
- All of you for attending!





# History of Statewide Protocols

**Sharon Gatewood, Pharm.D.**

President, Virginia Pharmacy Association



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# Pharmacy Practice Act

"Practice of pharmacy" means the personal health service that is concerned with the art and science of selecting, procuring, recommending, administering, preparing, compounding, packaging, and dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include (i) the proper and safe storage and distribution of drugs; (ii) the maintenance of proper records; (iii) the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; (iv) the management of patient care under the terms of a collaborative agreement as defined in this section; and (v) the initiating of treatment with or dispensing or administering of certain drugs, devices, or controlled paraphernalia in accordance with the provisions of § [54.1-3303.1](#).





# Virginia History

- 1997 – Pharmacists administering immunizations
- 1999 to 2020 – Collaborative practice agreements
- 2020 - Statewide protocols



# Statewide Protocol Timeline

2020

Naloxone

Epinephrine

Oral or self-administered  
Contraceptives

Prenatal vitamins

Nonprescription medications

2021

Vaccines

TB Skin Testing

PrEP and PEP for HIV

Nonprescription devices and  
supplies

2022

Vaccines 3 years and older

COVID-19 testing

Tobacco cessation products

2023

Group Strep A

Influenza

UTI

COVID-19 Treatment



# Healthcare Deserts

- Pharmacy
  - There are 5 counties without a single pharmacy and 15 counties that only have one
- Primary Care
  - length of education
  - aging and growing population



**Va. pharmacies say low reimbursement rates keep them struggling to stay afloat**

**Physician shortage expected to worsen nationally, already a problem locally**

States continue to pass laws giving patients access to pharmacist-provided patient care services



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# Basics of Statewide Protocols and CPAs

**Caroline Juran R.Ph.**

Executive Director, Virginia Board of Pharmacy



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# Two Models of Care

- **Collaborative Practice Agreements**

- §§ 54.1-3300, 54.1-3300.1, 18VAC110-40-10 et seq.
- Agreement between doctor, physician's office, advanced practice registered nurse, or physician assistant and a pharmacist or designated alternate pharmacists at a single location.
- Practitioner delegates authority to pharmacist to initiate, modify, or discontinue drug treatment pursuant to written protocols following diagnosis by the prescriber.
- May only be used for conditions which have protocols that are clinically accepted as the standard of care or are approved by the Boards of Medicine and Pharmacy.



# Two Models of Care

- **Collaborative Practice Agreements, cont'd**
  - Shall only be implemented for an individual patient pursuant to an order from the practitioner for that patient.
  - 63% Va. pharmacists participate in at least one CPA<sup>1</sup>
  - Top 5: Diabetes, Anticoagulation, Hypertension, Hypercholesterolemia, Tobacco cessation



# Two Models of Care

- **Statewide Protocols**

- § 54.1-3303.1
- 18VAC110-21-10 et seq. (+ emergency regs)
- <https://www.dhp.virginia.gov/Boards/Pharmacy/PractitionerResources/StatewideProtocols/>





# Two Models of Care

- **Statewide Protocols, cont'd**

- Pharmacist may initiate treatment with, dispense, or administer drugs, devices, controlled paraphernalia, and other supplies and equipment:
  - Patients 18 y.o. or older;
  - Bona fide pharmacist-patient relationship; and,
  - Per statewide protocol developed by Board of Pharmacy in collaboration with Board of Medicine and Department of Health
- May also initiate or direct pharmacy technician or intern under pharmacist's supervision to administer vaccine for patients 3-17 y.o. per statewide protocol



# Two Models of Care

- **Statewide Protocols, cont'd**

- Tobacco cessation
- Vaccines
- Tuberculosis skin test
- HIV PEP and PrEP
- Contraception
- Prenatal vitamins
- Naloxone
- Epinephrine

- COVID-19
- Influenza
- Group A Strep
- UTI
- Lowering out-of-pocket expenses



# Two Models of Care

- **Statewide Protocols, cont'd**

- If treatment initiated, pharmacist must notify patient's primary health care provider if patient consents to notification.
- If no primary health care provider, pharmacist shall counsel patient regarding benefits of establishing relationship with a primary health care provider and provide information regarding providers, federally qualified health centers, free clinics, or local health departments where patient is located.



# Two Models of Care

- **Statewide Protocols, cont'd**
  - 23% Va. pharmacists participate in at least one Statewide Protocol<sup>1</sup>
  - Most used: Immunizations, naloxone, epinephrine, contraception, prenatal vitamins, HIV PEP and PrEP, TB skin testing







# Payment for Clinical Services Provided by Pharmacists

**JoeMichael T. Fusco, PharmD**  
MCO Pharmacy Compliance Manager  
Office of the Chief Medical Officer

[JoeMichael.Fusco@dmass.virginia.gov](mailto:JoeMichael.Fusco@dmass.virginia.gov)

# Overview

- As of today, 26 states have signed into law payment for pharmacist-provided patient care services and/or the designation of pharmacists as providers
- Act to amend and reenact § 32.1-325 via SB 1538 during 2023 General Assembly

*K. When the services provided for by such plan are services by a pharmacist, pharmacy technician, or pharmacy intern (i) performed under the terms of a collaborative agreement as defined in § 54.1-3300 and consistent with the terms of a managed care contractor provider contract or the state plan or (ii) related to initiation of services and treatment with or dispensing or administration of a vaccination by a pharmacist, pharmacy technician, or pharmacy intern in accordance with § 54.1-3303.1, the Department shall provide reimbursement for such service.*

- Enrolling pharmacists as providers will create a pathway for payment for services provided or supervised by a pharmacist

# Enrollment Options

## Collaborative Practice Agreements

- Enrollment in Provider Type 268 not needed

## Individual Enrollment

- Provider Type 268 active in PRSS
- Rendering Provider- Pharmacist's NPI
- Payment- Pharmacist's NPI

## Individual Within a Group Enrollment

- Rendering Provider- Pharmacist's NPI
- Payment – Facility NPI
- Will require 268 individual enrollment for each pharmacist

## Group Enrollment

- Provider Type 990 active in PRSS
- Rendering Provider- Pharmacist's NPI
- Payment- Facility NPI

# Enrollment Considerations



- Enrollment may differ depending on business model
- Separate email addresses must be used
- FFS and MCO enrollment requirements differ
- Groups must be enrolled before individual within group
- CLIA waivers are associated with facility



# Fee for Service Enrollment Resources

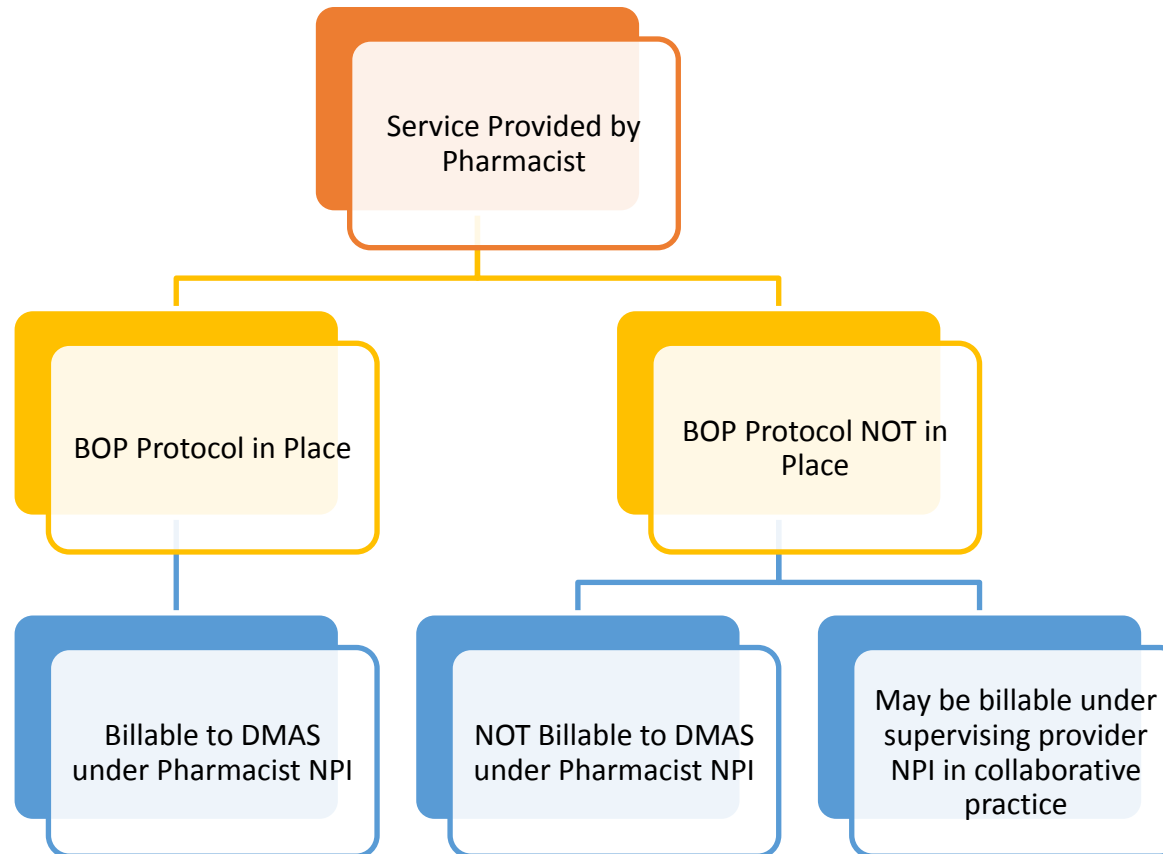
## How to Enroll as a Provider

(Provider Only Track)

vamedicaid.dmas.virginia.gov

Course Number	Course Name	Course Description	Link
	Getting Started as a Provider	MES introduction for Providers. <b>NEW!</b>	<a href="#">Video</a>
	Provider Enrollment Guide	The Provider Enrollment Guide is needed for some Provider courses, and will help with the new enrollment process.	<a href="#">Enrollment Guide (PDF)</a>
PRSS-111	Provider Enrollment Application	This course introduces the provider enrollment process, identifies the different enrollment types, and provides guidance on the documentation that providers need to prepare prior to enrolling. Then, it shows an overview of what the provider enrollment application looks like and how to submit a provider enrollment application. It also identifies the available training resources. <b>Video Course</b>	<a href="#">PRSS-111 Video Course</a>
PRSS-112	Individual within a Group Enrollment Overview	This video will walk you through how to enroll a new Individual within a group provider and register to use the portal.	<a href="#">PRSS-112 Video Course</a>
PRSS-113	Individual Enrollment Overview	This video will walk you through how to enroll a new Individual provider and register to use the portal.	<a href="#">PRSS-113 Video Course</a>
PRSS-114	ORP Enrollment Overview	This video will walk you through how to enroll a new Ordering, Rendering, and Prescribing provider and register to use the portal.	<a href="#">PRSS-114 Video Course</a>
PRSS-115	Group Enrollment Overview	This video will walk you through how to enroll a new Group provider and register to use the portal.	<a href="#">PRSS-115 Video Course</a>
PRSS-116	Facility/Organization Enrollment Overview	This video will walk you through how to enroll a new Facility/Organization provider and register to use the portal.	<a href="#">PRSS-116 Video Course</a>
PRSS-117	Atypical Enrollment Overview	This video will walk you through how to enroll a new Atypical provider and register to use the portal.	<a href="#">PRSS-117 Video Course</a>
PRSS-122	Enrollment Revalidation – Providers	After completing this course, Providers will know how to revalidate their enrollments.	<a href="#">PRSS-122 Video Course</a>

# Services Provided Pathway



# Billing

**Evaluation and management (E/M)** coding is a set of medical codes that apply to visits and services involving evaluating and managing patient health

## E/M Codes Covered

CPT/HCPCS Code	Description
99202	Office or other outpatient visit for the E&M of a new patient lasting 15-29 minutes
99211	Office or other outpatient visit for the E&M of an established patient lasting up to 9 minutes
99212	Office or other outpatient visit for the E&M of an established patient lasting 10-19 minutes
99213	Office or other outpatient visit for the E&M of an established patient lasting 20-29 minutes

# Questions



**[JoeMichael.Fusco@dmass.virginia.gov](mailto:JoeMichael.Fusco@dmass.virginia.gov)**





# New Medicaid Billing Codes: An Ambulatory Care Pharmacist's Perspective

**John Bucheit, Pharm.D. BCACP, CDCES, FADCES**

Associate Professor and PGY2 Residency Program Director  
Virginia Commonwealth University School of Pharmacy



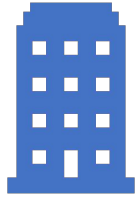
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# Objectives

1. Discuss the processes and procedures for performing incident-to billing
2. Summarize the requirements for appropriate billing of evaluation and management (E&M) codes



# CrossOver HealthCare Ministry



- CrossOver provides comprehensive care services including: medical, pharmacy, dental, and vision
- Over 6,500 patients are served at 2 clinic locations each year



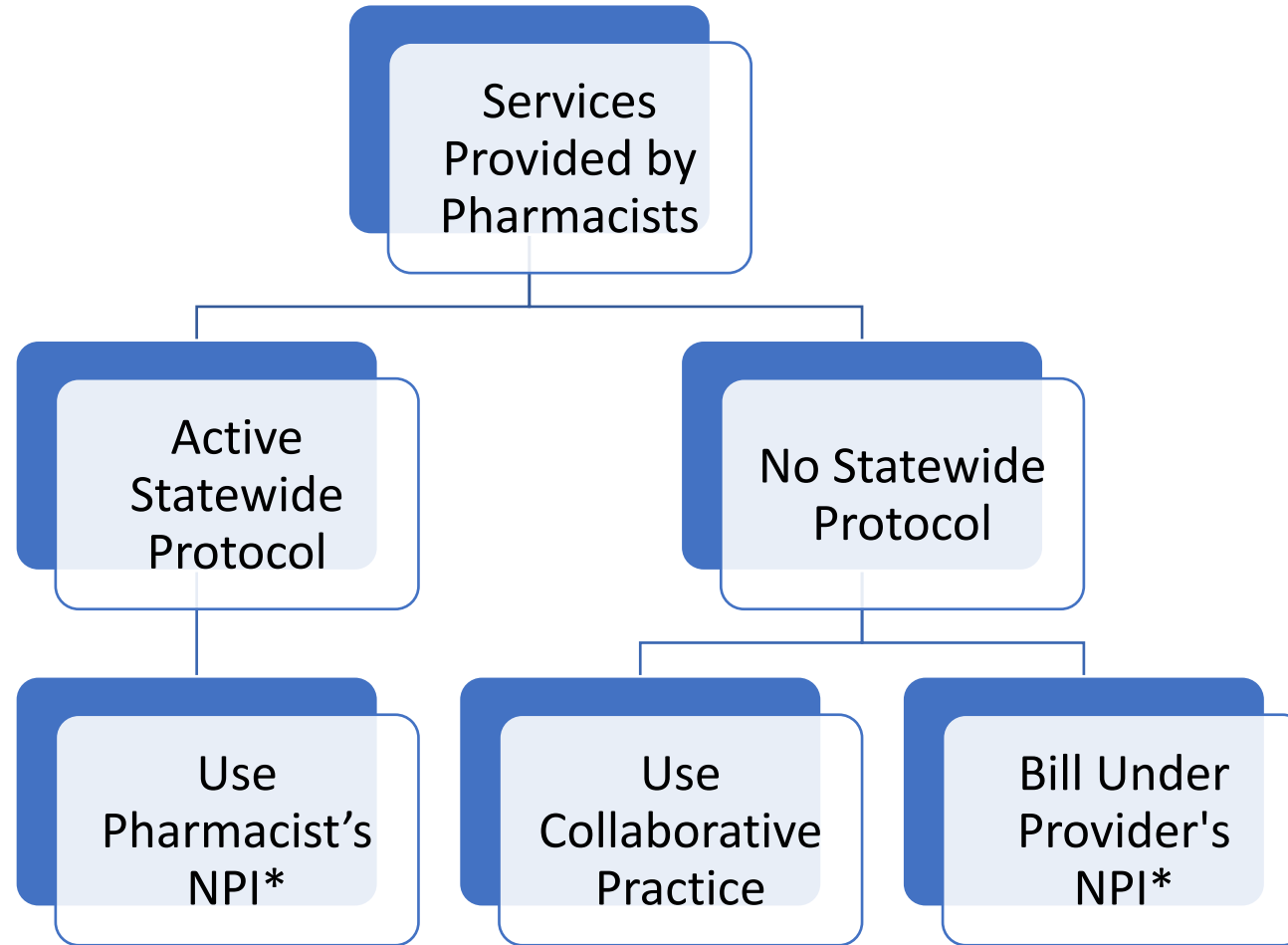
- Patients come from 118 countries and speak over 40 languages
- CrossOver is a charitable health clinic that serves patients who are uninsured or have **Medicaid**



- Pharmacist services offered through **collaborative practice** started over 15 years ago
- Pharmacist-led services are cardiometabolic focused (diabetes, hypertension, dyslipidemia, and many more)



# Medicaid Payment for Pharmacist Services



\*NPI=National Provider Identifier





# Frequently Asked Questions

- **If I have a collaborative practice agreement (CPA) in place with a collaborating provider, can I start billing my services under my own NPI after I enroll with DMAS?**
  - *A: Any services provided by a pharmacist with a CPA in which there is no published BOP protocol must continue to be billed under the collaborating provider's NPI.*
- **Are pharmacists with a collaborative practice agreement (CPA) permitted to bill the same evaluation and management (E/M) codes as an enrolled pharmacist?**
  - *A: DMAS does not restrict E/M codes 99202, 99211, 99212, and 99213 for a pharmacist with a CPA if the billing NPI is that of the collaborating provider and the service is within the scope of their CPA. Please refer to the standards of your facility and CPA.*
- **Is telehealth permitted for these services?**
  - *A: Pharmacists that have a current CPA may continue to bill under the collaborating provider's NPI for telehealth visits*



**Under the Provider → Incident-to billing**



# Incident-to Billing



“Services or supplies that are furnished incident to a physician’s professional services when the services are an integral, although incidental, part of the physician’s personal professional services during diagnosis or treatment of an injury or illness”



Initial service must be offered by the physician and the physician is active in the component of the patient’s care



Services of personnel must be under “direct supervision”



## Incident-to Billing Checklist



Direct Supervision\*

Established Patient

Common to provider's services

Services commonly furnished and appropriate for provision in physician's service location

Service is integral though incidental of an eligible provider's service

Medically necessary, authorized, and documented service

Eligible provider maintains subsequent services at a frequency that reflects active participation in plan of care

Relationship between auxiliary personnel and eligible provider\* (financial or employee relationship)

State scope of practice supports services provided



# Provider Terminology

## Referring Provider

- The provider who directed the patient to the care of the provider delivering the services

## Rendering Provider

- The provider who individually performs the billed medical service

## Supervising Provider

- Medical provider (credentialed by Medicaid Care Organizations) physically on site to supervise

## Billing Provider

- Credentialed provider that bills Medicaid with their NPI\* for the service provided by the rendering provider

\*NPI=National Provider Identifier





# Department of Medical Assistant Services

## Billing Codes for Pharmacists

### Evaluation and Management Codes or E/M Codes

- A set of medical codes that apply to visits and services involving the evaluation and management of patient health
- In Virginia, pharmacists are allowed to use 4 E/M codes:

#### **New Patients**

1. 99202

#### **Established Patients**

2.99211

3.99212

4.99213

Collaborative practice and incident-to billing require established patients



Scan QR code to submit a question to panelists!



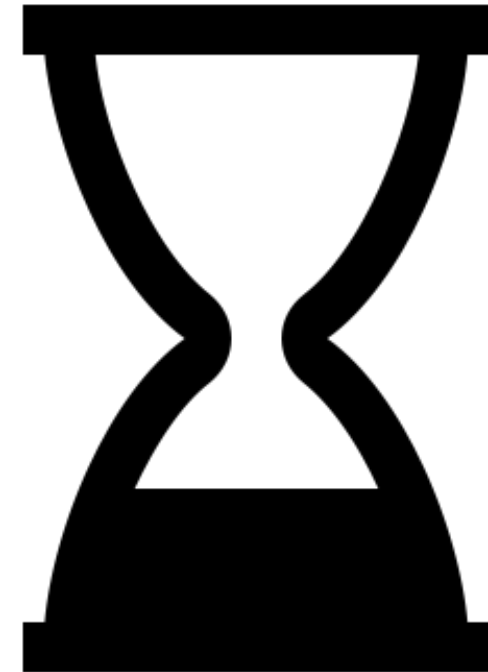
# Choosing the Right E&M Codes

**Medical Decision Making (MDM)**  
(2 out of 3 must be met)

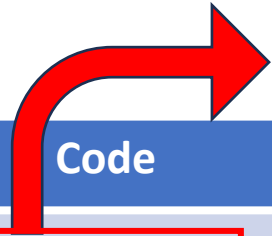


OR

**Time**



# Time-Based Coding



Collaborative practice and incident-to billing require established patients

Code	Time-Based Description
99202	Office or outpatient visit for the evaluation and management of a <u>new</u> patient lasting 15-29 minutes
99211	Office or outpatient visit for the evaluation and management of an established visit lasting up to 9 minutes
99212	Office or outpatient visit for the evaluation and management of an established patient lasting 10-19 minutes
99213	Office or outpatient visit for the evaluation and management of an established patient lasting 20-29 minutes



# Coding Based on Medical Decision Making

Code	Level of Medical Decision Making	Number and Complexity of Problems Addressed	Amount and/or Complexity of Data Review and Analysis	Risk
99211	N/A	N/A	N/A	N/A
99212	Straightforward	<b>Minimal</b> <ul style="list-style-type: none"> <li>1 self-limited or minor problem</li> </ul>	Minimal or none	Minimal risk
99213	Low	<b>Low</b> <ul style="list-style-type: none"> <li>2 or more self-limited problems</li> <li><b>1 stable chronic illness</b></li> <li>1 acute, uncomplicated illness or injury</li> </ul>	Limited (Must meet the requirements of at least 1 of the 2 categories) <b>Category 1:</b> Tests and documents <ul style="list-style-type: none"> <li>Any combination of 2 from the following:               <ol style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*</li> <li>Ordering of each unique test* or</li> </ol> </li> </ul> <b>Category 2:</b> Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high) <ul style="list-style-type: none"> <li>“independently interprets a test”</li> </ul>	Low risk





# Implementation of Protocols

**Tana Kaefer, Pharm.D.**

Bremo Pharmacies



**WE ARE THE UNCOMMON.**

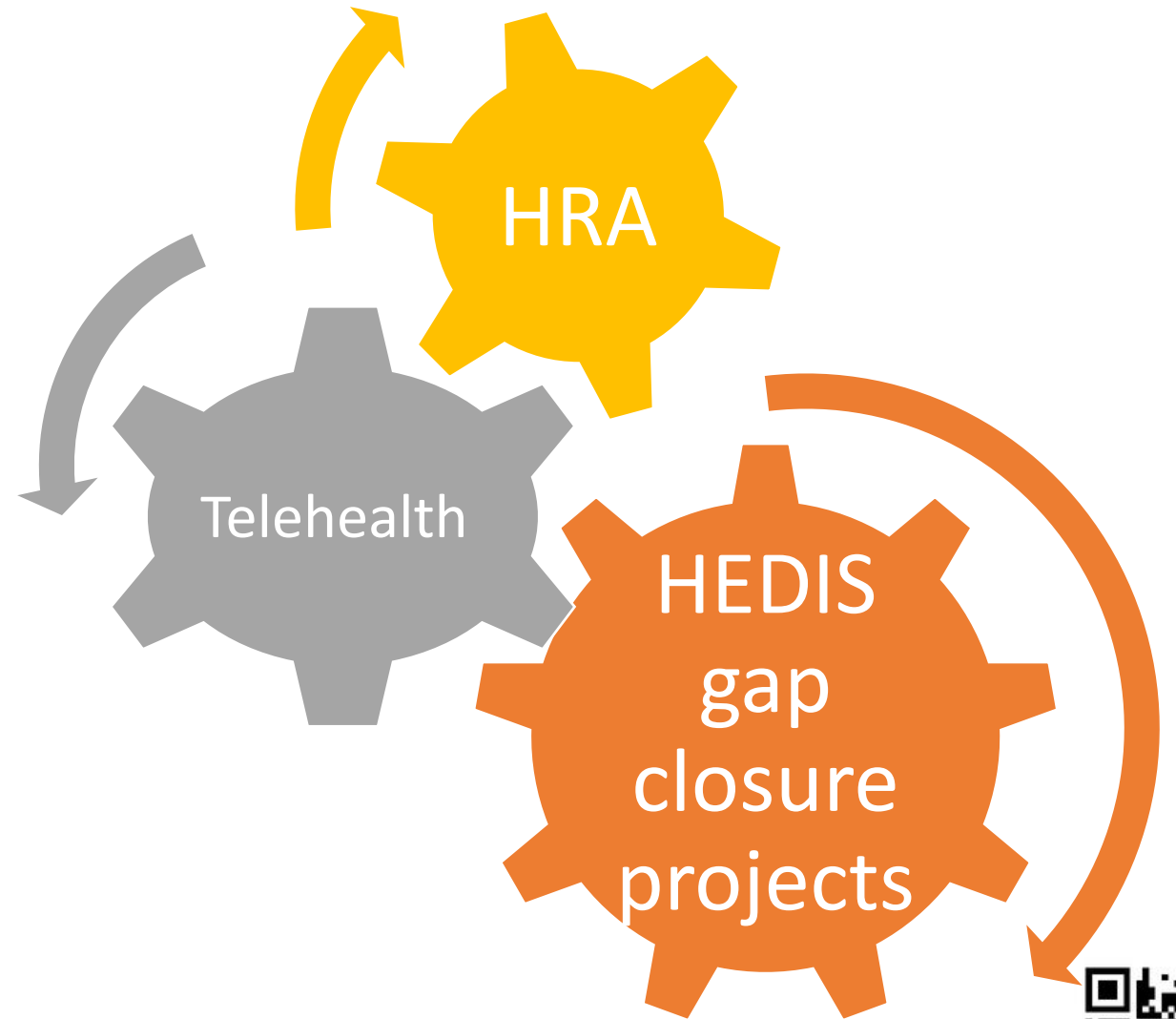


# The HOW in Community-Based Pharmacy Practice

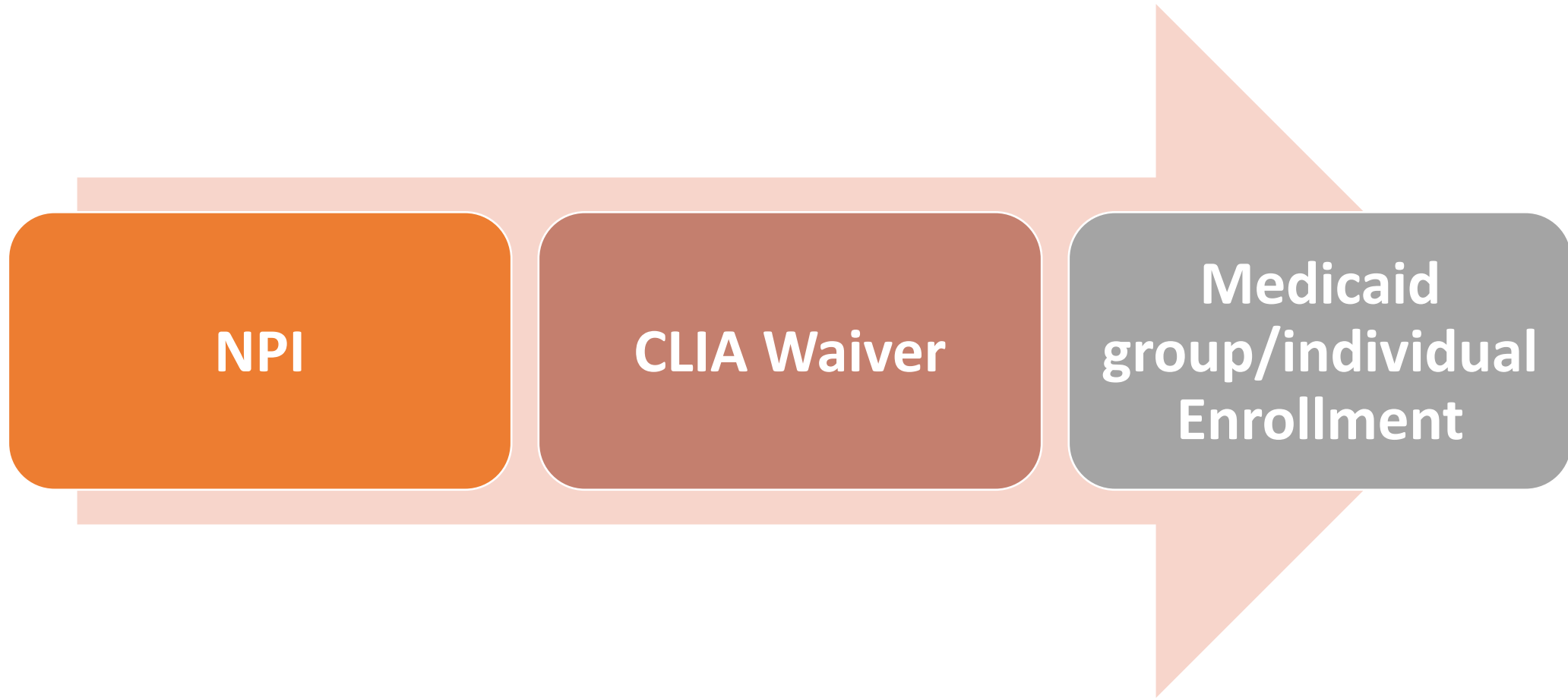


# What work is currently being done?

- CPESN VA
- e-Care plans
- MCO contracts
  - Fee for service
  - Performance/value based



# Where do I START?



# What is next?

## Who are your top MCO's?

- Find out credentialing process

## Gather what you need

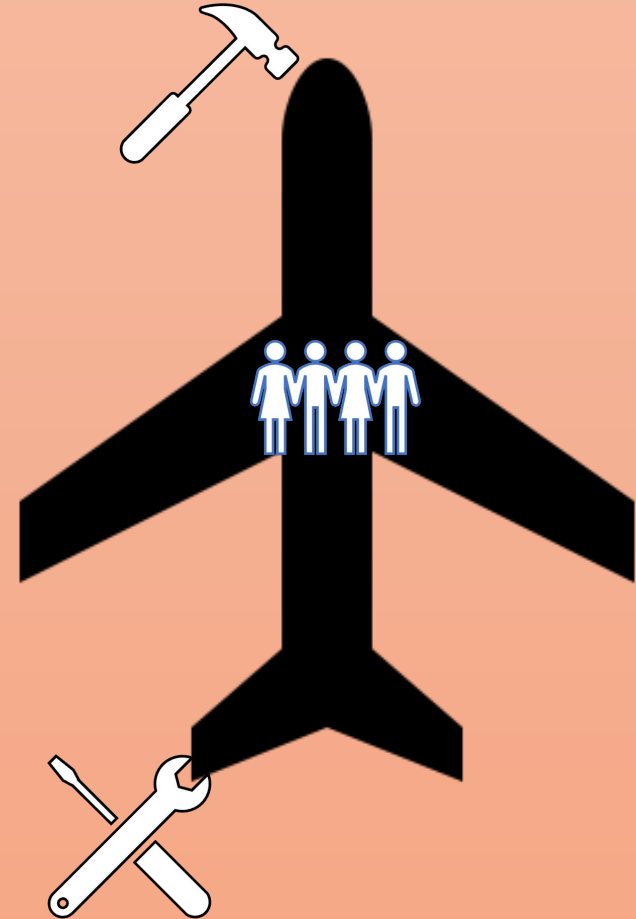
- W9
- Pharmacy/Pharmacist license
- Liability insurance
- CAQH

HELP?!





# We are building the plane as we are flying it...



# Medical Billing Software Options\*

DocStation

EBS/Signetic

Scripted

Workflow Service  
(ImageMovers)

TransactRx/Pioneer



\*not an all inclusive list

Scan QR code to submit a question to panelists!



# What questions should I be asking?

- Do they offer credentialing help?
- Are the test/treat protocols for VA ready to go within the platform?
- What services is your pharmacy currently providing? Can they support this?
  - What would you like to do in 6 months?
  - 12 months?
- Does the software interface with my dispensing system?
- What is the start-up fee?
  - Monthly fee?
  - % of claims paid



Scan QR code to submit a question to panelists!



# Technology Solutions

- CPESN VA - Medical Billing Special Purpose Effort
- Credentialing assistance
- Built in protocols for test/treat
- Documentation requirements (EHR)
- Claims verification/payment

They don't get paid unless YOU DO!



# What are you already doing?



Immunizations



Naloxone/Epinephrine



Tobacco Cessation



DME





# Scenario

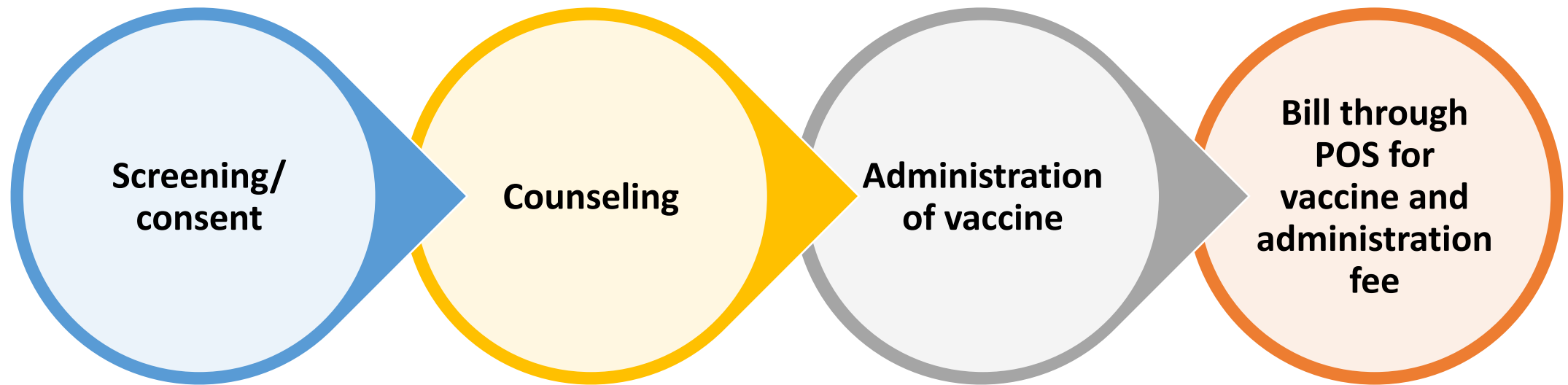
- 52 year old patient, new to your pharmacy, with Medicaid/MCO presents today for an influenza vaccine. According to screening/consent form patient also has T2DM and 20 year 1ppd smoking history.



What would you do based off the information we've discussed today?

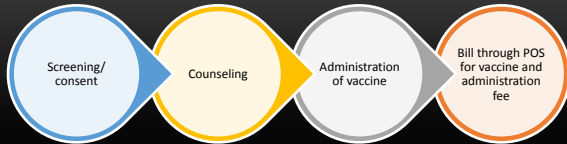


# The OLD way



# The NEW way—with Provider Status

All of this:



AND...

**Detailed VIIS review**

Pt also eligible for pneumococcal, Shingles, Tdap, 2023-24 COVID-19 vaccine

**Answer patient questions/concerns/hesitancies**

Patient decides to get influenza and pneumococcal vaccines today and wants to schedule an appointment in 1 month for Shingles and Tdap. Does not want COVID vaccine at this time

**Administered/billed additional vaccines**

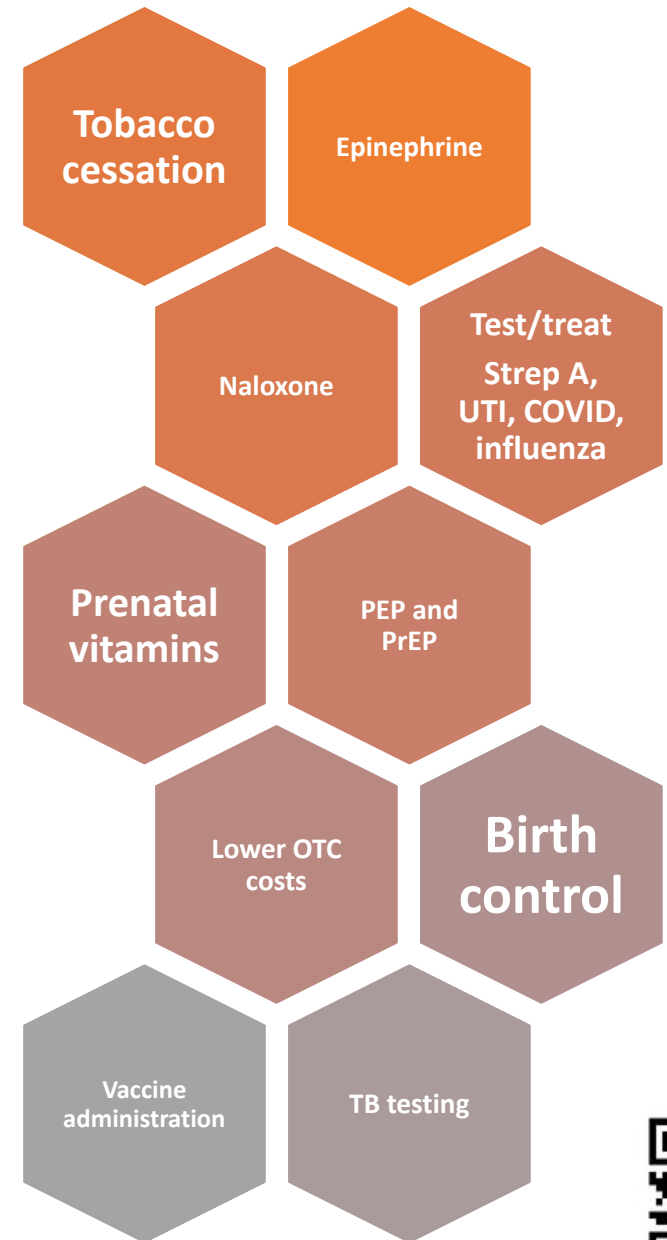
**Documented encounter (to include time spent), billed E&M code 99202**

Scheduled patient for follow-up in 1 month for Shingles and Tdap vaccine. Will readdress COVID vaccine hesitancy at this visit



# Moving forward...baby steps

- Follow up visit, bill for vaccines and E&M 99211
- As you get comfortable with the vaccine protocol/billing think about how to incorporate more of the statewide protocols (i.e. tobacco cessation)
- 99212, 99213
  - depending on amount of time spent and what was discussed—DOCUMENT!



*“The magic you are looking for  
is in the work you are  
avoiding”*

Dipen Parmar



Scan QR code to submit a question to panelists!







# Panel Discussion

**Sharon Gatewood, Pharm.D.**

President, Virginia Pharmacy Association



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