Medicaid Payment for Pharmacists Collaborative Practice Services - Panel Overview

Teresa Salgado, Ph.D. (Center for Pharmacy Practice Innovation)

- Provided an overview of CPPI's vision, mission, programs, partnerships and future goals
- CPPI's mission - helping pharmacists optimize patient outcomes - is implemented through four key areas: people and partners, research, education and training and policy
- For more information regarding CPPI, visit our website at cppi.pharmacy.vcu.edu

Sharon Gatewood, Pharm.D. (Virginia Pharmacy Association)

- Discussed Virginia history with pharmacist and pharmacy services, focusing on legislation such as the Pharmacy Practice Act
- Highlighted key points of the act related to administering medications and devices used for diagnosis, treatment or prevention of disease
- Gave a timeline overview of pharmacist roles in Virginia, including immunizations, collaborative practice agreements (CPAs) and statewide protocols
- Differentiated between CPAs and statewide protocols
- Discussed the importance of statewide protocols in addressing health care deserts and primary care shortages

Caroline Juran, R.Ph, D.Ph. (Virginia Board of Pharmacy)

- Discussed the evolving role of pharmacists in clinical settings and the need for payment to support that transition
- Highlighted two legal models for pharmacist-led patient care: CPAs and statewide protocols
- Emphasized the value of CPAs, particularly in settings with traditional prescribers, while also discussing the flexibility offered by statewide protocols, especially in community pharmacy settings
- Outlined the legal requirements and regulations governing CPAs, including the need for provider diagnosis and collaboration with the Board of Medicine
- Detailed the development and implementation process of statewide protocols, highlighting collaboration with the Board of Medicine and the Virginia Department of Health
- Explained the scope of statewide protocols and pharmacist responsibilities under statewide protocols, such as patient notification and collaboration with primary health care providers

JoeMichael Fusco, Pharm.D. (Department of Medical Assistance Services)

- Provided background on recent legislative changes enabling Medicaid payment for clinical services provided by pharmacists, pharmacy interns and pharmacy technicians
- Detailed the enrollment process for pharmacists under Medicaid, highlighting individual, group and CPA options
- Offered special considerations for enrollment, including the need for separate email addresses and varying requirements between fee-for-service and managed care organizations (MCOs)
- Discussed the importance of CLIA waivers and protocols for point-of-care testing
- Offered resources for enrollment assistance and clarified the billing process for Medicaid services and use of evaluation and management (E&M) codes

John Bucheit, Pharm.D. (Crossover Healthcare Ministry and VCU)

- Offered first-hand experience implementing billing codes at Crossover Healthcare Ministry
- Discussed incident-to billing and CPAs, emphasizing the need to bill under the provider's NPI number
- Explained the requirements for incident-to billing, including direct supervision, established patients, routine services and a financial relationship between providers
- Defined terminology related to incident-to billing, including referring provider, rendering provider, supervising provider and billing provider
- Detailed E&M codes recommended by DMAS for pharmacists, emphasizing the use of established patient codes and the overlap with CPAs
- Discussed how to choose the right E&M code based on medical decision-making or time-based criteria

Tana Kaefer, Pharm.D. (Bremo Pharmacy)

- Discussed community pharmacy practice before state protocols
- Discussed current partnerships with CPESN Virginia, e-Care plans and MCO contracts
- Explained the process and prerequisites needed for enrollment: NPI number, CLIA waiver, and enrolling as a Medicaid group or individual
- Discussed software options and support technologies to bill medically
- Described new billing procedures for pharmacists as providers

Questions:

What process did DMAs use to determine the structure and guidelines for determining provider status of Medicaid payment and rates?

There were initial challenges related to educating enrollment staff about pharmacist involvement and determining payment rates. Eventually, payment rates were aligned with other mid-level providers, and a fee schedule is available on the DMAS website.

Have pharmacists successfully received payment for claims?

John Bucheit: In 2019, Crossover Healthcare Ministry started billing Medicaid for 99211 in CGM codes and therefore were better prepared for the new billing codes. So yes, payment was successful for level three codes. 99213 is the most used (20 minutes). However, only 20% - 25% of patients at Crossover are Medicaid, so there aren't overwhelming numbers, yet billing has been successful for those and it is worth it.

Tana Kaefer: Bremo Pharmacy is still working on becoming credentialed with the MCOs and getting a medical billing platform. Claims will be sent once credentialed (expected in May) with the MCOs.

How are the stakeholders such as VPHA and the Board of Pharmacy supporting the rollout of this initiative?

Sharon Gatewood: VPhA has been helping to get the protocols up and running along with continuing to educate and provide opportunities to connect with people like JoeMichael, Tana and Caroline. They have also been an intermediary providing information to pharmacy providers.

Caroline Juran: The Board of Pharmacy prioritizes education and legislative action regarding statewide protocols for pharmacists. They developed a legislative proposal before it was introduced in the General Assembly, recognizing its importance in other states. However, the introduction of such legislation depends on acceptance into the governor's administrative packet, which can be challenging due to competing priorities and opposition from groups like the Medical Society of Virginia. The Virginia Pharmacy Association took the lead in advocating for the bill's introduction and continues to drive legislative efforts. The Board collaborates by providing expertise and testimony when needed. They plan to review protocols annually, collaborating with the Board of Medicine and the Department of Health to ensure they remain current and responsive to changing standards of care, as seen with the example of the RSV vaccine.

What outcomes are most important for DMAS as pharmacists utilize these services?

The initial focus is on provider enrollment. Currently only 50 pharmacists have enrolled in fee for service since January 1, 2024. After it is more established DMAS will begin looking at gaps and heat measures to see how the protocols may have affected those measures.

What other barriers or burdens are associated with implementing these protocols?

Surprisingly, medical billing platforms are not innately in most pharmacies. So in addition to the enrollment process, barriers include choosing and implementing a medical billing platform.

What are the documentation requirements and what do platforms need to support them?

Tana Kaefer: The platforms allow you to build in what is needed for SOAP notes, CPT codes for the tests and the billing code. It is required to submit information to the insurance company in a language they understand. For auditing, billing a higher level code requires supporting documentation. Documented SOAP notes - given at the end of an appointment - along with the appointment start and stop time can be shown to prove what happened.

John Bucheit: To ensure accurate documentation for billing and auditing purposes, it's essential to include specific details in the patient record. This includes using ICD codes to identify chronic conditions, meeting criteria for billing levels, documenting referrals and patient history clearly along with clear recorded time spent with patients.

Is there a requirement to report administered immunization to the Virginia Immunization Information System (VIIS)?

It is required to report administered immunizations to the VIIS. However, those administering may not be able to log in directly and see the information. While the information should be imported into their dispensing system if the pharmacist cannot access the VIIS, sometimes that information is lagging or not correct. Ideally, the pharmacists should have direct access to the VIIS.

Is there a way to have these protocols within clinic-based practice outside of incident-to billing?

There's no requirement to do that. The incident-to billing makes sense for collaborative practice. Statewide protocols can be used in any setting. Each practice needs to find out what works best for them. Statewide protocols may be used if it works best for a practice site.

Why were codes limited to 99213? As a family medicine physician, I am usually not referring to my Pharm.D. colleagues for well controlled diabetes, but rather for poorly controlled diabetes, which is automatically a -214. And some of the care we offer in high need populations may reach the 40-minute threshold of a -215. I'm just curious what the reason was for the cutoff, and is there any opportunity with the scope of care that this offers to be able to expand to those E&M codes in the future?

The E&M codes were modeled after what other states were doing and even getting level three coding was challenging. It's a starting point. DMAS hopes to expand and improve the codes. Additionally, the more pharmacists utilize the protocols, the more there is justification for expanding it.

What role can academia play in supporting the rollout of these initiatives?

- Doing a cost benefit analysis of these interventions
- Partnership in general; putting a face to the program; educating on Medicare & Medicaid and the intricacies of these federal programs and how it coordinates with the CHIPS program
- Having the Board of Pharmacy, Medicaid and Medicare talk with students
- Pharmacy technician program - making sure that they have the education and are able to support the pharmacist in performing the protocols
- Instilling confidence in implementing protocols

How will DMAs communicate updates about pharmacist services coverage to their members?

DMAs will communicate updates through official channels such as Medicaid memos (typically a 90-day process), updates to the pharmacy manual (on DMAS website) and collaboration with pharmacy organizations like VPHA and the Board of Pharmacy.
