Establishing Community-Based Public Health and Screening Services

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Primary Ingredients

- Establish the Interest
  - Personal and other pharmacists
  - Pharmacy staff
  - Pharmacy Management
- Recognized need
  - Patient care
  - Financial
- Willingness to take responsibility for care
  - Going the extra mile for your patients
- Expertise & planning
  - Don't reinvent the wheel
  - WSPA
- Startup money
  - Preparation/research time
  - Structural
  - Equipment-Rentals too.
- Space
  - Pharmacy Care Center
  - Private counseling room
  - HIPAA compliance

Primary Ingredients

- Time and workflow
  - Season specific-Flu
  - Year-round
  - Efficient system=professional and cost effective
- Marketing & planning
  - Very important!
  - Weakness of most pharmacists
- Equipment
  - Quality assurance
  - Documentation System
  - CDTA
  - CLIA
- Referrals
  - ...from the 'big pond'
  - Partnerships
- Positive cash-flow
  - Essential to survival
  - Appropriate billing if applicable
- Dedication & growth
  - Give it some time and put effort into it
CLIA Waivers

Clinical Laboratory Improvement Amendment

- Established in 1988
- Comprehensive law that established standards to ensure accuracy and reliability of patient tests for all clinical laboratories in the United States

Laboratory

- Defined as any facility which performs laboratory testing on specimens derived from humans for the purpose of providing diagnosis, prevention, treatment or assessment.
- Pharmacies are included.
Types of Tests Regulated

- Urinalysis:
  - Dipstick glucose, protein
- General Chemistry:
  - Glucose
- Bacteriology
  - Strep
- Toxicology:
  - home test kits for opiates and methamphetamines
- General Immunology:
  - Mono screen (whole blood)
- Hematology:
  - Protime/INR
- Virology:
  - Influenza

3 Categories of Tests

- Waived
  - All home-use testing devices
    - Diabetes monitors
    - All OTC urine tests
      - Pregnancy/Ovulation
      - Protein/Ketones
  - Moderate Complexity
    - Anticoagulation testing devices
  - High Complexity

“Waived” Status

- Must be simple to use
- Must have insignificant risk of error
- Must be accurate
- Test should contain a failure alert mechanism to prevent erroneous results
Pharmacy Based Screenings

- Will utilize waived blood tests
  - Cholesterol Screening
  - Glucose Monitoring
- Some locations utilizing waived urine testing
  - Harborview Pharmacy Methadone Maintenance Project

Application for Certification

- Even if you are using waived tests only in your pharmacy you must obtain a Certificate of Waiver from the state in which the testing will be done.
  - Yes, even if you perform only 1 test a year!
  - Also known as a Medical Testing Site (MTS)

To Apply for a CLIA Waiver

- [http://www.cms.hhs.gov/CLIA/06_How_to_Apply_for_a_CLIA_Certificate_Including_Foreign_Laboratories.asp](http://www.cms.hhs.gov/CLIA/06_How_to_Apply_for_a_CLIA_Certificate_Including_Foreign_Laboratories.asp)
- CLIA requires all entities that perform even one test, including waived tests on "...materials derived from the human body for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of, human beings" to meet certain Federal requirements.
- If an entity performs tests for these purposes, it is considered under CLIA to be a laboratory and must register with the CLIA program.
List of CLIA Waived Tests


Types of Pharmacy Programs

- Screening only
- Screening and management
- Primarily educational, not disease management & therefore less threatening to physicians?
- Screen people at “health fairs” or pull high-risk patients from Rx profiles and make appointments?

Business Issues

- Require careful planning and understanding of workflow issues
- Survive mostly on private-pay? Insurance?
- Survive on sale of related products
- Is the screening service covered by Medicare or Medicaid? Should you refer the screening someone else?
Format and Staff Use Issues

- One-on one screening and counseling only?
- Small group sessions?
- Large group sessions?
- Consider privacy vs. group assistance, costs per patient vs. income, space and time vs. staffing

Clinical Issues

- Consent forms? Retaining records? Where?
- Liability
- Concerns often prevent programs from being implemented (i.e. MD feedback)
- If risk is increased, is it worth it?

Marketing Issues

- Is there a need for this service in the community?
- Are your services in the best interest of all?
  - Is random screening prudent? Focused screening?
  - Do you have the skills? Documentation? Quality assurance?
  - Are pharmacists an appropriate provider?
  - What types of new relationships must pharmacists forge with patients, other healthcare providers, payers, employers, unions?
- Is your company interested in supporting your efforts?
Getting Paid…

Types of Reimbursement

- **Private Pay**-
  - Cash directly from patient for service

- **3rd Party Payer**-
  - A group other than the Provider and the patient is the payer
    - Government (CMS)
      - Medicaid-State
      - Medicare-Federal
    - Health Insurance Companies (Regence Premera)
    - Pharmacy Benefit Managers (PBM) deal with medications but not usually services

CMS

- CMS is the Centers for Medicare & Medicaid Services. Formerly known as the Health Care Financing Administration (HCFA).
- CMS is the federal agency responsible for administering
  - Medicaid and Medicare
  - SCHIP (State Children's Health Insurance)
  - HIPAA (Health Insurance Portability and Accountability Act)
  - CLIA (Clinical Laboratory Improvement Amendments)
  - and several other health-related programs.
Medicaid

- Medicaid is a federal-state assistance program. Medical bills are paid from federal, state and local tax funds.
- It varies from state to state. It is run by state and local governments within federal guidelines.
- Covers low-income people of every age.
- Patients usually pay no part of costs for covered medical expenses. A small co-payment is sometimes required.

Wake up your neighbor

National Provider Identifier (NPI)

- National Provider Identifier (NPI) for Medicare will eventually be used for Medicaid billing.
- More Later…
National Provider Identifier (NPI)

- National Provider Identifier
- “Universal” provider number
- Replaced UPIN number
- Needed for successful billing
- Indicates medical necessity and referral
- CMS 1500 form: Box 17-A
- Use physician’s NPI for “incident to” billing.

Medicare Provider Status-National Finally….

- Starting May 23, 2005, ALL health care providers who are billing for services must apply for their National Provider Identifier (NPI).
- The NPI will replace health care provider identifiers in use today in standard health care transactions.
- The health plans with whom you do business will instruct you as to when you may begin using the NPI in standard transactions.
- All HIPAA covered entities except small health plans must begin using the NPI on May 23, 2007; small health plans have until May 23, 2008. For additional information, visit https://nppes.cms.hhs.gov.

CMS Plans for Transitioning to the National Provider Identifier (NPI) in the Fee-for Service Medicare Program

- Between May 23, 2005 and January 2, 2006, CMS claims processing systems will accept an existing legacy Medicare number and reject as unprocessable any claim that includes only an NPI.
- Beginning January 3, 2006, and through October 1, 2006, CMS systems will accept an existing legacy Medicare number or an NPI as long as it is accompanied by an existing legacy Medicare number.
- Beginning October 2, 2006, and through May 22, 2007, CMS systems will accept an existing legacy Medicare number and/or an NPI. This will allow for 6-7 months of provider testing before only an NPI will be accepted by the Medicare Program on May 23, 2007.
- Beginning May 23, 2007 CMS systems will only accept an NPI.
Medicaid Billing

- Most Billing is done through pharmacy codes not pharmacist codes.
- Each pharmacy will need a NPI number and pharmacies can use that number for product billing.
- Medicaid Provider Numbers are already in place in all pharmacies that serve Medicaid patients.

Example: Billing Medicaid for EC

- Emergency Contraception Billing on CMS 1500 for Consultation services
  - All pharmacists currently use Provider ID # 977707
  - Will be NPI
  - Also used for OTC Barrier Contraceptive Billing.

Medicaid Billing Specifics for EC

- Counseling is service-related and so is billed on the CMS 1500 form
  - Diagnosis code: V25.09  (field 24E)
  - Prescribing provider: 977707  (field 17A)
  - MAA procedure code: 4805A  (field 24D)
  - Current maximum payable: 89% of $15  ($13.50)
  - Bill appropriate Rx(s) in usual way online
  - Payments limited to pharmacies with EC CDTAs!
Medicare

- Medicare is a federal insurance program. Medical bills are paid from trust funds which those covered have paid into. It is basically the same everywhere in the United States and is run by the Centers for Medicare & Medicaid Services, an agency of the federal government.
- It serves people over 65 primarily, whatever their income; and serves younger disabled people and dialysis patients.
- Patients pay part of costs through deductibles for hospital and other costs. Small monthly premiums are required for non-hospital coverage.

Medicare Fee-For-Service
Provider/Supplier Enrollment

- Pharmacists should enroll as providers
  - Professional advantages: provider status recognized
  - Business side: must accept assignment if provider?
- Use CMS-855b form

Applying for Medicare Provider
Number CMS-855

- [www.cms.hhs.gov/providers/enrollment/forms/](http://www.cms.hhs.gov/providers/enrollment/forms/)
- Electronic or .pdf
Health Insurance Claim Form
CMS-1500
- Universal billing claim forms
- Accepted by virtually all insurers
- Available hardcopy and electronically
- New OCR scanning system requires RED form.
- New STRICT writing requirements.
- Individual or Roster billing on this form

CMS's Healthcare Common Procedure Coding System
- A three level coding system, developed, updated and published by CMS.
  - Used to describe health care services provided to patients and
  - A basis for claims payment using the CMS-1500 form.

Level 1
- CPT codes (procedure codes)
  - Physicians' Current Procedural Terminology are codes that describe medical services and procedures. Adopted and implemented by CMS (HCFA) but published and copyrighted by the AMA.
  - The pharmaceutical equivalent of the NDC number.
CPT Code Types

- The CPT billing codes used to bill third-party payers for MTMS performed face-to-face between a pharmacist and a patient:
  - Code **0115T**: a first-encounter service performed face-to-face with a patient for up to 15 minutes
  - Code **0116T**: code for use with the same patient for a time period up to 15 minutes for a subsequent or follow-up encounter
  - Code **+0117T**: add-on code which may be used to bill for additional increments of 15 minutes of time to either of the preceding codes.
  - Standard Evaluation and Management codes (E/M)
    - 99201: New patient; 5-10 minutes, minimal complexity
    - 99211: Established patient; 5-10 minutes, minimal complexity (often referred to as “incident to” billing code.
  - More Drug Therapy CPT codes being developed for MTMS

ICD-9-CM Codes
(Diagnosis codes)

- The International Classification of Diseases, 9th Revision, Clinical Modification
- It classifies diseases, injuries, and pt encounters
- Examples:
  - 493.0 Asthma, childhood
  - V04.8 Flu vaccine (prevention of influenza)

- CMS 1500 form box 21

Example: Billing Medicare for Immunizations

- You can't bill Medicare for covered services unless you are enrolled.
- To bill for immunizations:
  - Get Provider ID
  - CMS 855b
    - Fill in 1b, 1d, 2(if required), 5-9, 14, 15(if required), 17, and 18.
Bill Medicare for Immunizations

- Using CMS-1500 to bill the local carrier:
  - Codes:
    - Influenza 90657 Split virus 6-35 months
    - Influenza 90658 Split virus 3 years and above
    - Influenza 90659 Whole virus
      - Administration code: G0008
      - Diagnosis code: V04.8

Bill Medicare for Immunizations

- Pneumococcal 90732 polysaccharide vaccine, 23-valent, adult.
  - Administration code: G0009
  - Diagnosis code: V03.82

Medicare Provider Number
Mass Immunizers

- Pharmacists in the State of Washington CAN bill for immunizations from Medicare
- As provider/supplier- Mass Immunizers
- Only for Influenza, Pneumonia, and Hepatitis B
- MUST accept assignment and bill if they are a provider
Roster Billing for Mass Immunizers

- Manual and electronic billing available
- Mass Immunizer
  - Agrees to accept assignment for influenza and pneumococcal vaccines
  - Bills Medicare for vaccines for multiple beneficiaries.

Roster Billing

- Roster must include:
  - Beneficiary’s name
  - Address
  - Health Insurance Claim Number (HICN)
  - Date of Birth
  - Sex
  - Date of Service
  - Signature

Roster Billing continued

- Cannot bill both Influenza and Pneumococcal on same roster.
- Pneumococcal Submission Roster
  - WARNING: Ask beneficiaries if they have been vaccinated with PPV!
  - Rely on patients memory to determine prior vaccination status
  - If patients are uncertain whether they have been vaccinated within past 5 years, administer the vaccine
  - If patients are certain that they have been vaccinated within past 5 years, do not revaccinate.
Payment for Screening Services

• Screenings are predominantly a private cash service
  • Ranging from $30-$50
• Identify who benefits from the services
  • Some employers-healthy employees mean less sick days (example BOEING)
  • Drug manufacturers-increase compliance
  • Patients who want to see if the co-pays are worth the money

Where can you do screenings?

■ Community Screening and Health Education
  ■ Community Outreach, Point-of-Care Testing (POCT)
  ■ Community pharmacy based services
  ■ Smoking Cessation programs
  ■ Chronic Disease State Management Programs
■ Hospital-Based Testing
  ■ Outpatient Lipid and Diabetes Clinics
  ■ Occupational Health/Corporate Wellness
  ■ Cardiac Rehabilitation units
■ Employee Wellness Programs
■ Managed Care Programs

Medicare Reimburses for Lipid Screenings in 2005

■ According to the final ruling on cardiovascular and diabetes screening issued by the Centers for Medicare and Medicaid (CMS) in November 2004 following the 2003 Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA), cardiovascular and diabetes screenings are now covered for Medicare Beneficiaries!
What Lipid Screening Does Medicare Cover?

- 1 Lipid Panel (or one TC, HDL-C, and/or TRG) every 5 years
- 1 Fasting Glucose test, post-glucose challenge, or glucose tolerance test per year in individuals at risk
- Medicare beneficiaries will be counseled on getting their screening tests when they have their initial preventive physical
- Note that there are new ICD-9 “V” codes (3 for CVD, 1 for diabetes), however, the CPT codes remain the same.

Who Can Submit Lipid Screening Payment Claims?

- Currently limited to Physicians, Nurse Practitioner, Clinical Nursing Specialists and Physician Assistants who are treating the beneficiary.
- WSPA is working with CMS to change this using NPI and CPT codes.
- MTMS will provide system to bill these claims

MTM Billing Systems

- Structures are in development that allow for pharmacists to bill for services.
  - Outcomes
  - Community MTM
Outcomes Pharmaceutical Health Care

- Formed in January 1999 by former Walgreen’s pharmacists
- Medication Therapy Management Services (MTMS) billing model
- Internet-based claims processing system.
- Covers several services such as Comprehensive Medication Reviews, Prescribing Assistance, Drug & Dosage Verification, Drug Information, and "OTC" Medication Consults
- Working with employers and payers such as King County to provide service for its employees.

Community MTM Services, Inc. (CMTM)

- Pharmacy-based communication and intervention management service via the Internet
- Web-based CMTM platform is both pharmacy and sponsor-neutral.
- Creates a personal medication record (PMR) listing all medications and instructions for taking those medications to improve safety and compliance for each plan member.
- Community Care Rx is the first program sponsor to use CMTM

Moral to the story

- There have been several recent developments that are increasing the ability for pharmacists to bill for services
- Get an NPI number and start billing with the CPT codes.
Resources

- WSPA Training and Rentals (425) 228-7171
- http://www.futrex.com
- http://www.cholestech.com
- http://www.norland.com (OsteoAnalyzer)
- APhA, ASHP, NACDS, NCPA
- http://cms.hhs.gov/providers/edi/default.asp
- Manufacturers (funding, projects, literature)

Questions?

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