Expanding access: pharmacist prescription of contraception

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Describe the rationale for pharmacist prescription of contraception

+ Share implementation efforts

+ Detail research efforts to date & new directions
Contraception is fundamental to the health of individuals, families, and our communities.

The World Health Organization, 2014
Family planning allows individuals to choose if and when to conceive, and contributes to improved health outcomes for women, families and the community.
The impact of unintended pregnancy

Unintended pregnancy is an epidemic with multigenerational consequences

  - Delayed prenatal care, infant low birth weight,
    infant mortality, maternal mortality & morbidity.

Costs for the individual, her family & society

$21 billion dollars (2010)

Nationally 45% of pregnancies are unintended

42% end in abortion
58% result in birth

Utah:
16,660 births
2,960 abortions

Guttmacher Institute 2014 data
Unintended pregnancy in Utah

Guttmacher Institute 2018
Why do we need publicly funded family planning?

The 2/3 of women using contraceptives consistently account for only 5% of unintended pregnancies

The 14% of women not using contraceptives account for half of all unintended pregnancies (54%)

Multiple barriers limit use of family planning services

Finer NEJM 2016, Finer AJPH 2014, Dehlendorf 2010
Barriers to contraception

Cost of services
Limited access to publicly funded services
Limited access to insurance coverage
Family planning clinic locations and hours that are not convenient for clients
Lack of awareness of family planning services among hard-to-reach populations
No or limited transportation
Lack of youth-friendly services
Publicly funded family planning is critical access point

Medicaid, Title X, State initiatives

Helped prevent 2 million unintended pregnancies

For every $1 spent, $7.09 saved
Pharmacist Prescription of Hormonal Contraception

HOUSE BILL 2879
Expands the scope of pharmacists to prescribe contraception

- 2016: PILL & PATCH
- 2017: RING & INJECTION
SIMILAR LEGISLATION
PASSED

PHARMACIST BILLS
Signed JUL’15
Rules Approved NOV’15
Services Began JAN’16
New Methods JUL’17
Oregon’s pharmacy program

• Pharmacists are required to:
  • Complete a training program approved by the Board
  • Provide a self-screening tool to the patient
  • Refer to a clinician
  • Provide the patient with a record

• Pharmacists are prohibited from:
  • Requiring the patient to schedule an appointment
  • Prescribing to individuals who have not had a clinic visit within last 3 years
Pharmacists can bill insurance

Oregon Medicaid reimburses clinic visits to pharmacists
Implementation

Mandatory Training + Major Chain Contracts + 3,600 PRESCRIPTIONS

Majority of ZIP codes now have a certified pharmacist

Rodriguez JAPHA 2018
Research collaboration formed

PHARMACISTS & PHARMACY CHAINS

POLICY MAKERS & PUBLIC HEALTH OFFICIALS

Medicaid CLAIMS analysis

Longitudinal SURVEY of pharmacist experience

Prospective COHORT study
Baseline Survey

OVER HALF
Interested in prescribing, managing effects or transitioning women

39.1% PLANNED TO PRESCRIBE

SIGNIFICANTLY MORE PLANNED PARTICIPATION

Pharmacists practicing in urban locations or currently offering emergency contraception

BARRIERS TO PARTICIPATION

Liability Concerns
Additional Training
Staff Shortage
Pharmacist survey: 6 and 12 months follow-up

- Mainly white
- 10 years since degree
- Retail chains
- 66% Urban practice

- Majority comfortable prescribing methods

- On average, each contraceptive visit takes 29 minutes

- 49% LARC counseling
- 22% Implant initiation
Pharmacist survey: 6 and 12 months follow-up

Prescriptions are still not a common occurrence

- Prescriptions written: <10
- Visits billed to insurance: 41%
- Direct charge average: $40
Pharmacists Expand Access to Reproductive healthcare

Prospective cohort and claims analysis
Recruiting at 70 pharmacies state wide
Analysis of 3 years of private and public claims

www.ohsu.edu/pearlstudy
THANK YOU

QUESTIONS

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Billing Oregon Medicaid

Amy Burns PharmD BCPS
VP of Population Health and Pharmacy Services
AllCare Health
Billing Oregon Medicaid

- Obtain an NPI with the correct taxonomy
- Complete any necessary training/certification
- Obtain OR Medicaid ID
- Ensure practice site and clearinghouse are also enrolled

The medical visit
- Evaluate the patient
- Use the correct ICD-10 code
- Use the correct CPT code
- Document appropriately

The medical claim
- Enter the correct patient information
- Enter the correct provider and place of service information
- Enter the correct insurance information
Billing Oregon Medicaid

- Complete any necessary training/certification
- Obtain an NPI with the correct taxonomy
- Obtain OR Medicaid ID
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Credentials
Billing Oregon Medicaid

- For pharmacists to bill for prescribing services in Oregon, they need to hold the proper identification, credentialing and in some instances certifications

- They need to be an Oregon licensed pharmacist
  - And have a practice site at a clinical or community facility

- They need to obtain a National Provider Identification number
  - In Oregon the pharmacist must bill under their own NPI number

- The pharmacist will need to successfully complete any required training for prescribing
  - Requirements may come from the Board of Pharmacy or from the pharmacist’s practice site, or both
    - For example, to prescribe contraceptives the pharmacist must complete a certification
When applying for the NPI, the provider must choose a taxonomy code.

- The code is a 10-digit alpha-numeric identifier.
- It is not specific to the individual.
- It provides a classification for the type of provider and their specialty practice.

The Oregon Board of Pharmacy requires pharmacists who prescribe contraception to use the Pharmacist Clinician taxonomy code when applying for their NPI.

- 1835P0018X - Pharmacist - Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist
  - This classification is defined as a pharmacist with additional training and an expanded scope of practice that may include prescriptive authority, therapeutic management, and disease management.
Billing Oregon Medicaid

- To bill Oregon Medicaid for provider services, the pharmacist must enroll in Oregon Medicaid and obtain a provider number.
- The pharmacist’s practice site or pharmacy may already be enrolled with Oregon Medicaid as a facility.
  - The pharmacist should ensure the facility is enrolled to bill medical claims.
    - If not, the pharmacy will need to enroll as well using the OHP 3115 form.
- To bill as a provider under a pharmacy (the facility bills on behalf of the pharmacist), the pharmacist will need to fill out the OHP 3113 form.
- To bill as an individual provider (the facility does NOT bill on the pharmacist’s behalf), the pharmacist will need to fill out the OHP 3114 form.
  - This will need require additional documentation which is linked to the 3114.
  - The pharmacist will need to have a copy of their certification for prescribing contraception and OR license.
EDMS COVERSHEET
Use to fax documents for entry into the Oregon Medicaid
Document Management System (EDMS).

From: 
Date: 
No. of Pages: (including this cover sheet)

Document Type: Check only one box and fax to the number shown. Use a new cover sheet for each transaction.

☑ Provider Enrollment (PE) - 503-378-3074
☐ Claim Documentation - 503-378-3086
☐ Prior Authorization (PA)
☐ Hearing Documentation (no central fax)
☐ Grievance Documentation (no central fax)
☐ Correspondence - 503-378-3086

Justification and additional documentation is required for urgent or immediate processing (summarize below). If your PA request does not meet urgent or immediate criteria, it will receive Routine Processing.

Justification: DMAP 3113 Non-Payable Entity

For Provider Enrollment requests: Find required forms and instructions at www.oregon.gov/OHA/healthplan/pages/providers.pdf.
For Prior Authorization requests and claim documentation: Find program-specific PA criteria and documentation requirements at www.oregon.gov/OHA/healthplan/pages/policies.pdf (please click on the link for your program).

Documentation Identification Numbers: Provider ID is required on all requests from providers.
To link documents to a specific Recipient ID, PA claim or other record in our system, enter the appropriate number(s) below. Use one character or number per box; press tab between each entry.

PE Application Tracking Number (ATN):
Provider ID (NPI or Oregon Medicaid ID):
Recipient ID (as listed on the Medical ID):
Prior Authorization Number (PA/N):
Internal Claim Number (ICN):
Hearings/Grievances Number (HGN): Contact Tracking Number (CTN):
*For DHE/ODH staff only. Enter the CTN to link correspondence to a specific Contact Tracking Management System (CTMS) entity. Include CTMS question number and notes number, as applicable. If the CTN is linked to a specific provider or recipient contact, also enter the Provider or Recipient ID.

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Billing Oregon Medicaid

- To bill for a CCO patient the pharmacist may or may not need to enroll with the CCO as a provider
  - The process of enrolling in a health plan as a provider is typically called credentialing and contracting
  - It requires an application and usually an examination of the provider’s practice history and background check
  - The advantage of contracting directly with a health plan is to negotiate higher compensation rates

- Most CCOs only require a provider to have an Oregon Medicaid enrollment number
- This ID is only required to bill for Medicaid members
  - Commercial health plans will not require this step
Billing Oregon Medicaid

- For the CCO, the pharmacist will need to bill the medical claim electronically through a clearinghouse or paper bill the health plan
  - Clearinghouses are entities that transmit medical claims to payers for reimbursement
  - The clearinghouse also needs to be enrolled in Oregon Medicaid

- To bill for fee-for-service or open card OHP patients:
  - The pharmacist will need to send a paper claim to OHA or bill through their provider portal
  - FFS billing through the portal is only for FFS Medicaid patients, NOT CCO
Billing Oregon Medicaid

- Evaluate the patient
- Use the correct ICD-10 code
- Use the correct CPT code
- Document appropriately

The medical visit

The medical claim

- Enter the correct patient information
- Enter the correct provider and place of service information
- Enter the correct insurance information
Billing Oregon Medicaid

- Evaluate the patient

- Documentation must support the clinical decision-making

- The visit should be documented and considered for reimbursement even if no prescription is generated
Billing Oregon Medicaid

• The medical claim (prescribing visit) is separate from the prescription (dispensing) claim
• Like pharmacy claims, medical claims must contain certain pieces of information
• In addition to the patient information, there must be information about:
  o The provider: name, practice site, NPI
  o The service: CPT or HCPCS code(s)
  o The diagnosis: ICD-10 code(s)
• **HCPCS codes**
  • HCPCS = Healthcare Common Procedure Coding System
  • HCPCS codes are alpha-numeric codes representing primarily procedures, supplies, products and non-physician services.
  • Pharmacists may be familiar with these codes for
    • Durable medical equipment (DME)
    • Provider administered medications (J codes, Q codes)
Billing Oregon Medicaid

- **CPT codes**
  - CPT = Current Procedural Terminology
  - Codes to bill outpatient and office procedures
  - These are the codes used to bill for a pharmacist’s clinical consultation or office visit
    - MTM consultation 99605, 99606, 99607
    - Office visit 99201, 99212
  - The code will have a defined set of services associated with it
    - For example, to bill a 99201, a physical exam must have been conducted
  - There is a set of codes that run sequentially, and complexity of the service increases with the code
    - For example, billing for an office visit with a 99214 indicates that the complexity of the visit was more than a 99211
Billing Oregon Medicaid

• ICD 10 codes
  • Detailed descriptors for disease and/or health problems
  • ICD = International Classification of Diseases; 10 = current revision

• Pharmacists must use ICD 10 codes and HCPCS or CPT codes to bill for services
  • These codes are paired together
  • ICD 10 codes describe the reason for the visit, and the HCPCS or CPT code describes the service provided ("rendered")
  • The most specific ICD 10 codes should be used
Billing Oregon Medicaid

• Oregon patient visits for a contraception prescription will be billed as an office visit (99201 or 99212).
  • These codes describe taking a history, conducting a focused exam and making medical decisions.
  • The focused exam includes the pharmacist taking the patient’s blood pressure and assessing their overall patient presentation.

• The Oregon Health Authority has provided the appropriate ICD-10 and CPT codes for pharmacists to use for an Oregon Medicaid patient visit for evaluation for contraception.
<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>CPT Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patient office visit</td>
<td>99201</td>
</tr>
<tr>
<td>Established patient office visit</td>
<td>99212</td>
</tr>
<tr>
<td>New or established patient receiving a prescription visit and Depo administration at the same time</td>
<td>96372 AND 99201 or 99212</td>
</tr>
<tr>
<td>Established patient receiving Depo shot only visit with provider</td>
<td>96372</td>
</tr>
<tr>
<td>Established patient receiving Depo shot only visit and no visit with provider</td>
<td>99211</td>
</tr>
</tbody>
</table>
### ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Service</th>
<th>Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Contraceptive</td>
<td>Initial Prescription</td>
<td>Z30.011</td>
</tr>
<tr>
<td></td>
<td>Repeat Prescription</td>
<td>Z30.41</td>
</tr>
<tr>
<td>Contraceptive Patch</td>
<td>Initial Prescription</td>
<td>Z30.016</td>
</tr>
<tr>
<td></td>
<td>Repeat Prescription</td>
<td>Z30.45</td>
</tr>
<tr>
<td>Contraceptive Ring</td>
<td>Initial Prescription</td>
<td>Z30.015</td>
</tr>
<tr>
<td></td>
<td>Repeat Prescription</td>
<td>Z30.44</td>
</tr>
<tr>
<td>Depo Shot</td>
<td>Initial Prescription</td>
<td>Z30.013</td>
</tr>
<tr>
<td></td>
<td>Repeat Prescription and shot only visits</td>
<td>Z30.42</td>
</tr>
<tr>
<td>General Counseling</td>
<td>Use this code if no prescription is generated from visit</td>
<td>Z30.09</td>
</tr>
</tbody>
</table>
• There are additional codes required by Oregon Medicaid for billing contraception:

  • Add the Family Planning (FP) modifier.
  • Indicate the place of service.
    • Use 01 for a dispensing pharmacy and 11 for an office or clinic.
Billing Oregon Medicaid

Barriers to payment

• Pharmacist comfort and knowledge
  • Understanding coding
  • Appropriate level of care

• Pharmacies’ operations
  • Staffing
  • Documentation/EHR capability
Billing Oregon Medicaid

Barriers to payment

• Clearinghouse vs. Paper billing
  • Contracting with a medical billing processor

• Payer accepting claims
  • Does the payer accept claims from the clearinghouse?
  • Does the payer accept claims from pharmacists?
  • Does the payer require plan enrollment or credentialing?
References

- Pharmacist Prescribing of Hormonal Contraceptives. Oregon Health Authority. Presentation November 24 2015
- Pharmacist Clinician (PhC)/ Clinical Pharmacy Specialist. NPIdb.org. From https://npidb.org/taxonomy/1835P0018X/. Accessed 9/16/2018