Expanding access: pharmacist prescription of contraception

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OHSU

OBJECTIVE

Describe the rationale for pharmacist prescription of contraception

+

Share implementation efforts

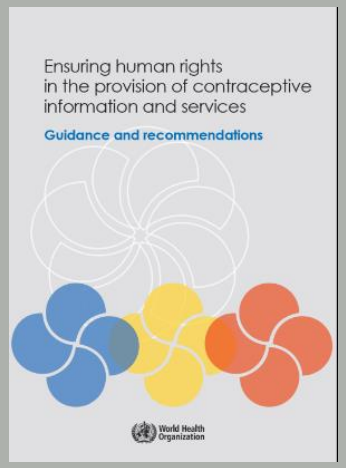
+

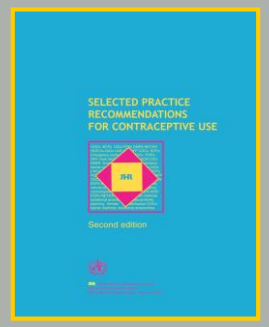
Detail research efforts to date & new directions

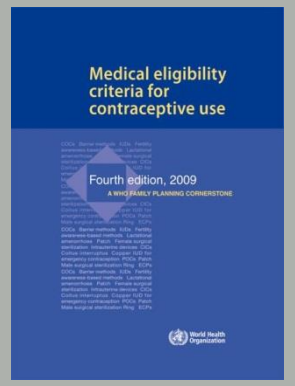
PHARMACIST PRESCRIPTION OF CONTRACEPTION

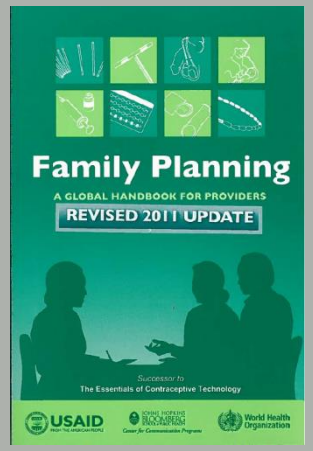
OHSU

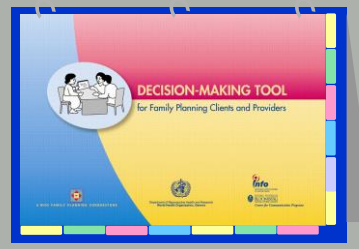
Contraception is fundamental to the health of individuals, families, and our communities.











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.

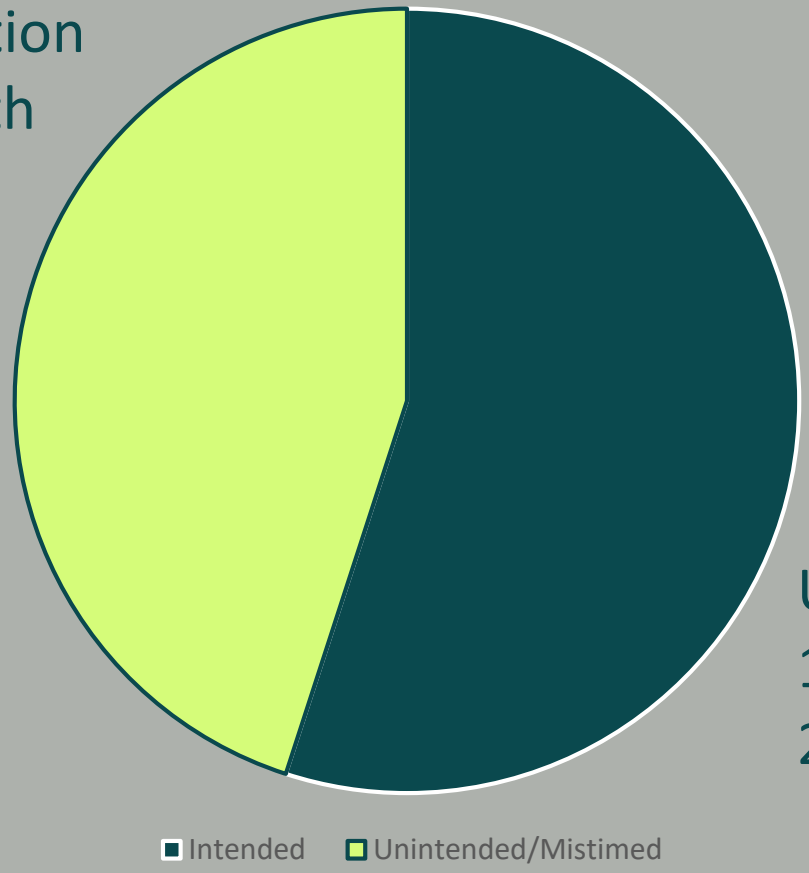
Costs for the individual, her family & society

- $21 billion dollars (2010)

Finer NEJM 2016, Finer AJPH 2014, Dehlendorf 2010, Guttmacher 2016

Nationally 45% of pregnancies are unintended

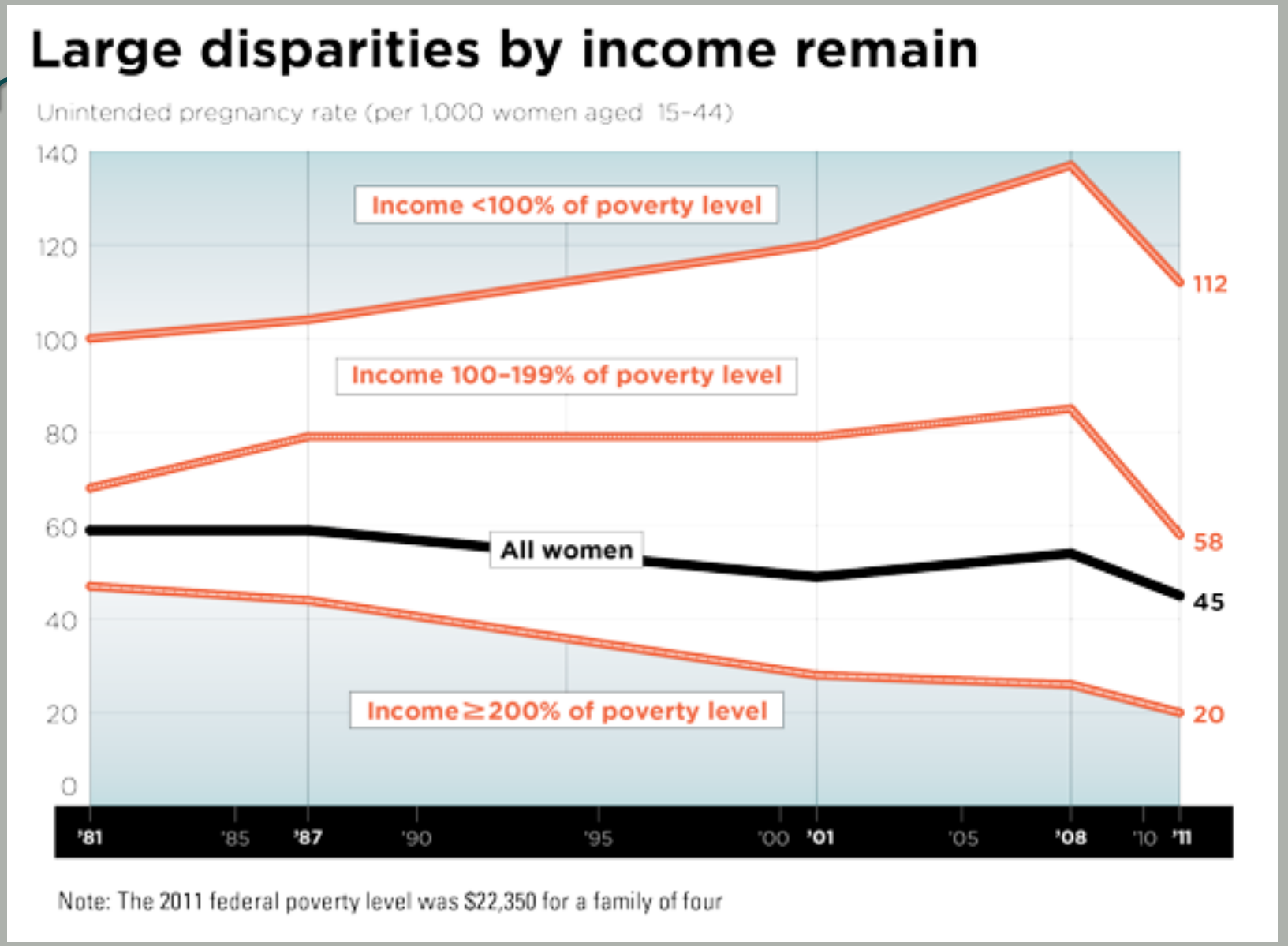
42% end in abortion
58% result in birth



Utah:
16, 660 births
2,960 abortions

Guttmacher Institute 2014 data

Uninter



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

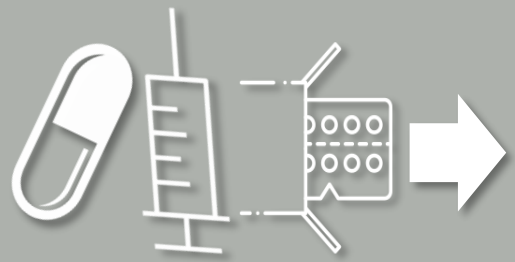
Lack of youth-friendly services

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

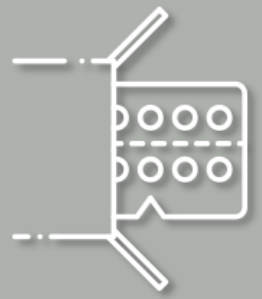


Pharmacist Prescription of Hormonal Contraception

HOUSE BILL 2879

2016

PILL&PATCH

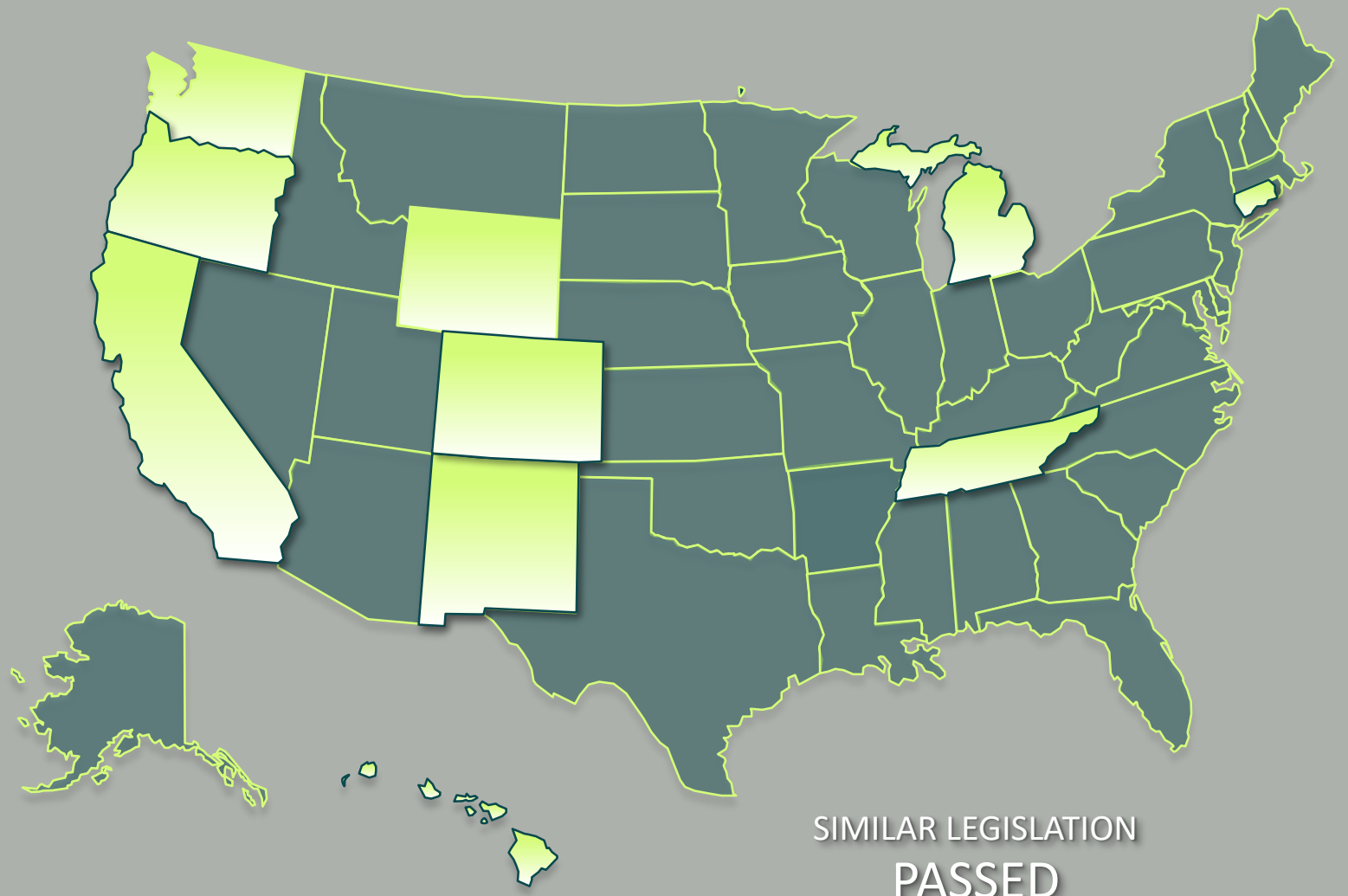


RING & INJECTION

2017

Expands the scope of pharmacists to prescribe contraception

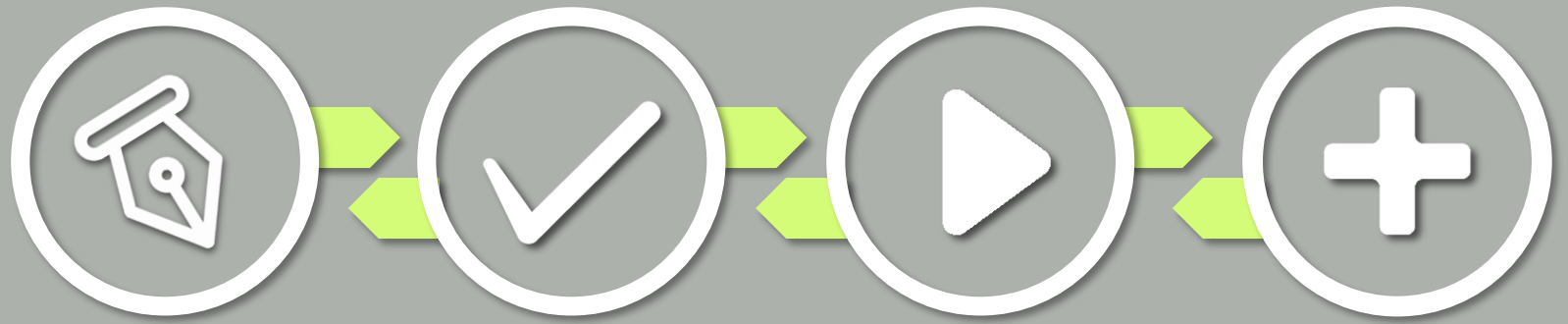
PHARMACIST BILLS



SIMILAR LEGISLATION

PASSED

OHSU


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

BILLING

HB2879

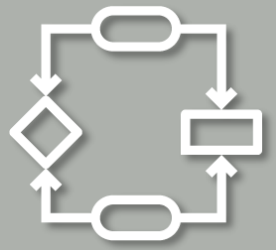
Pharmacists can bill insurance

VISIT FEE

HB2879

Oregon Medicaid reimburses clinic visits to pharmacists

Implementation



Mandatory Training

+

Major Chain Contracts

+

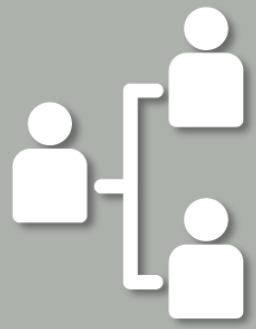
3,600

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

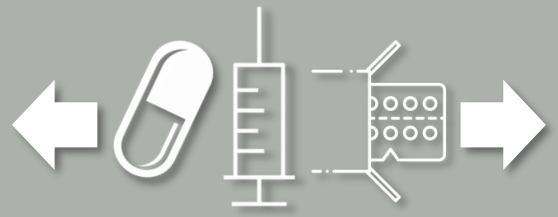
Rodriguez JAPHA 2016

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

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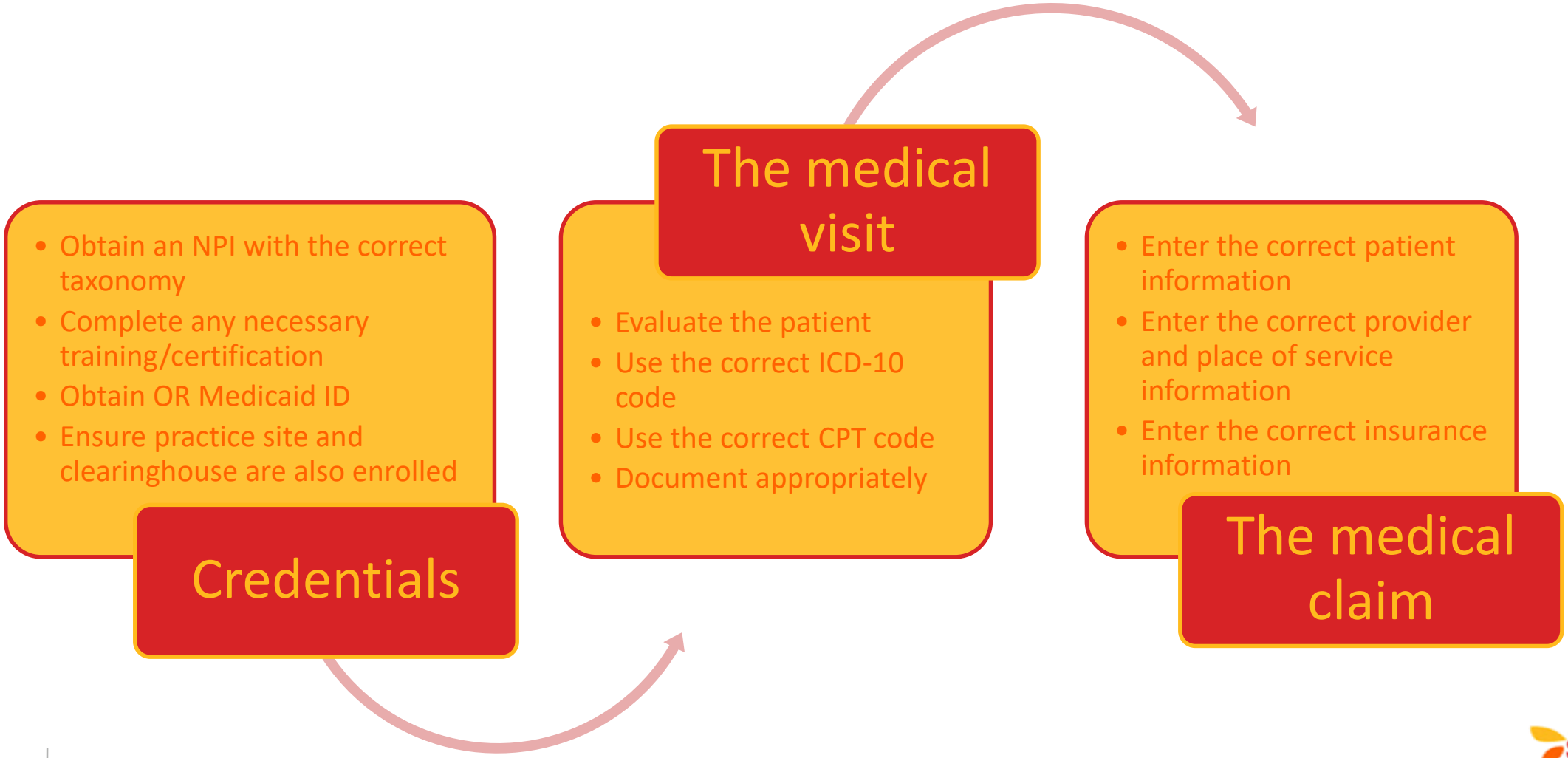
Billing Oregon Medicaid



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Billing Oregon Medicaid

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

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

Billing Oregon Medicaid

- 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.

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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.

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Print Form | Reset Form

DHS Oregon Department of Human Services

EDMS COVERSHEET

Oregon Health Authority

Use to fax documents for entry into the Oregon Medicaid Electronic Document Management System (EDMS).

From: _____ **Date:** _____

Phone: _____ **No. of Pages:** _____
(including this coversheet)

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

- ☒ Provider Enrollment (PE) - 503-378-3074
- ☐ Claim Documentation - 503-378-3086
- ☐ Prior Authorization (PA)
  For PA requests, also check one box below:
  - ☐ Routine Processing - 503-378-5814
  - ☐ Urgent Processing (72 hours) } 503-378-3435
  - ☐ Immediate Processing (24 hours) }
- ☐ 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/providerenroll.aspx.

For Prior Authorization requests and claim documentation: Find program-specific PA criteria and documentation requirements at www.oregon.gov/OHA/healthplan/pages/policies.aspx (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 (PAN):

Internal Claim Number (ICN):

Hearings/Grievances Number (HGN):

Contact Tracking Number (CTN)*:

**For DHS/OHA staff use only: Enter the CTN to link correspondence to a specific Contact Tracking Management System (CTMS) entry. 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.*

Confidentiality Notice: The information contained in this packet is confidential and legally privileged. It is intended only for use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax - except its direct delivery to the intended recipient - is strictly prohibited. If you have received this packet in error, please notify the sender immediately and destroy this cover sheet along with its contents, and delete from your system, if applicable.

Print | Clear Form

HEALTH SYSTEMS DIVISION
Provider Enrollment Unit

Oregon Health Authority

Provider Enrollment Attachment

to be completed by Health Care Professionals only

(Provider Name and Location for this Enrollment) (Date)

To enroll as a Health Care Professional with Oregon Medicaid and seek direct reimbursement from the Oregon Health Authority (OHA), you must complete this attachment and return it with the following information:

- Completed OHA 3972 (Provider Enrollment Request)
- Signed and dated OHA 3975 (Provider Enrollment Agreement)
- Copy of current license(s) and certificates requested below

If you are employed by a clinic, group or other facility that bills on your behalf, you do not need to complete this form. Instead, complete the OHP 3113 (Non-Payable Provider Form) only.

1. Oregon Medicaid provider type *(select one)*. *Behavioral health practitioners* are professionals seeking reimbursement for behavioral health care services. For psychologists and social workers seeking reimbursement for exams/reports requested by DHS/OYA, select type 53 or 69.

☐ Acupuncturist (02)	☐ Optometrist (43)
☐ Audiologist (45)	☐ Occupational Therapist (45)
☐ Behavioral Health Practitioner (33). *Select subtype:* ☐ Community Habilitation employee ☐ LCSW ☐ LFMT ☐ LPC ☐ PMHNP ☐ Psychiatrist ☐ Psychologist	☐ Oral Surgeon (17) (Dental) ☐ Oral Surgeon (34) (Medical) ☐ Pharmacist (50) *Select subtype:* ☐ Medication therapy management ☐ Hormonal birth control prescriber
☐ Chiropractor (16) ☐ ACBR-certified	☐ Physical Therapist (45)
☐ Dispensing optician (44)	☐ Physician (34) (MD or DO)
☐ Licensed Clinical Social Worker (69) *(for exams/reports)*	☐ Physician Assistant (46)
☐ Licensed Direct Entry Midwife (41)	☐ Podiatrist (19)
☐ LTC Nursing Services (86)	☐ Psychologist (53) *(for exams/reports)*
☐ Medical Electrolysis Provider (21)	☐ Registered Dietician (58)
☐ Naturopath (38)	☐ RN First Assistant (57)
☐ Nurse Anesthetist (37)	☐ Speech and Hearing Therapist (45)
☐ Nurse Practitioner (42) (Advance Practice Nurse)	☐ Speech-Language Pathologist (45)

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

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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

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

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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

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SAMPLE Visit Summary

Collect **Patients Name:** _____ **DOB:** _____

Chief Complaint	Subjective Data ☐ On Back	Objective Data ☐On Back	History of Present Illness ☐On Back
	☐Allergies ☐Past Medical History ☐Social History		
	Medications	**Post-diagnostic?** ☐No ☐Yes	
	Adherence ☐Past 90 day use Safety ☐Relevant Medications	Diagnosis: _____ ☐ Therapy Initiation ☐ Extension of Therapy ☐ Device ☐Other	

Assess and Evaluate

Per Drug Therapy Management Protocol ☐ Attached	
☐ Inclusion Criteria Met ☐ Exclusion Criteria Met ☐ Referral Criteria Met	

Resource(s) Used

(e.g. Protocol, Guideline(s), Other Evidence Based Source, etc. (Note: this information shall be referenced in the established Drug Therapy Management Protocol) _____

Treatment Care Plan

☐Treatment Goals
☐Monitoring Parameters

OR

☐Referral Reason

For _____
Address _____ Date _____
Rx # _____

Refills _____

_____ RPh Signature

_____ NPI/DEA #

_____ Address

Follow-up:

☐Office/Pharmacy Visit OR ☐ Phone Call With: _____ Date: _____
☐Provider Referral: _____
☐Notification Sent

_____ Prescribing RPh Printed Name

_____ RPh Signature

_____ Date

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:
  - The provider: name, practice site, NPI
  - The service: CPT or HCPCS code(s)
  - The diagnosis: ICD-10 code(s)

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Billing Oregon Medicaid

- 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

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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

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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.

Billing Oregon Medicaid for

Procedure Description	CPT Codes
New patient office visit	99201
Established patient office visit	99212
New or established patient receiving a prescription visit and Depo administration at the same time	96372 AND 99201 or 99212
Established patient receiving Depo shot only visit with provider	96372
Established patient receiving Depo shot only visit and no visit with provider	99211

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Billing Oregon Medicaid

ICD-10 Diagnosis Codes		
Oral Contraceptive	Initial Prescription	Z30.011
	Repeat Prescription	Z30.41
Contraceptive Patch	Initial Prescription	Z30.016
	Repeat Prescription	Z30.45
Contraceptive Ring	Initial Prescription	Z30.015
	Repeat Prescription	Z30.44
Depo Shot	Initial Prescription	Z30.013
	Repeat Prescription and shot only visits	Z30.42
General Counseling	Use this code if no prescription is generated from visit	Z30.09

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Billing Oregon Medicaid

- 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.

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Billing Oregon Medicaid

Barriers to payment

- Pharmacist comfort and knowledge
    - Understanding coding
    - Appropriate level of care
- Pharmacies' operations
    - Staffing
    - Documentation/EHR capability

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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?

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Billing Oregon Medicaid

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