

# Community Pharmacy Practice Transformation: Implementing Provider Status Services

Alison Haas, PharmD, RPh  
Owner, Jackson Pharmacy & Wellness Center  
Director, Value Based Contracting, CPESN USA

Kevin Day, PharmD, RPh  
Owner, Day's Pharmacy  
CPESN Ohio Managing Network Facilitator

Cody Jordan  
*Provider Network Optimization Lead*  
*Humana Healthy Horizons in Ohio*



OPA Annual Conference & Trade Show  
*One Voice. One Vision. One Team*

April 5-7, 2024



## Disclosure Statement

No speaker has any relevant financial relationship(s) with ineligible companies to disclose.

*and*

None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.

# Learning Objectives

At the completion of this activity, the participant will be able to:

1. Discuss practice transformation needed to implement new patient care services and existing resources to assist pharmacies on their journey.
2. Review best practices and outcomes from the CPESN Ohio pilots.
3. Discuss the potential return on investment of pharmacist-provided clinical services to Medicaid patients in Ohio.
4. Compare and contrast a service-based financial model to the current dispensing model.
5. Identify scenarios of aligned incentives across the patient, provider, payer spectrum.

# America's First Accountable Pharmacy Organization



5<sup>th</sup> Largest Pharmacy Organization in the U.S.  
Locally-Delivered Patient Care Services  
Reach >83% of Americans via hand-delivery to the home  
Clinically Integrated  
Single Signature Contracting  
Standardized Clinical Data Collection

# CPSN® Provider Networks

## Over 3,500 Participating Pharmacy Locations

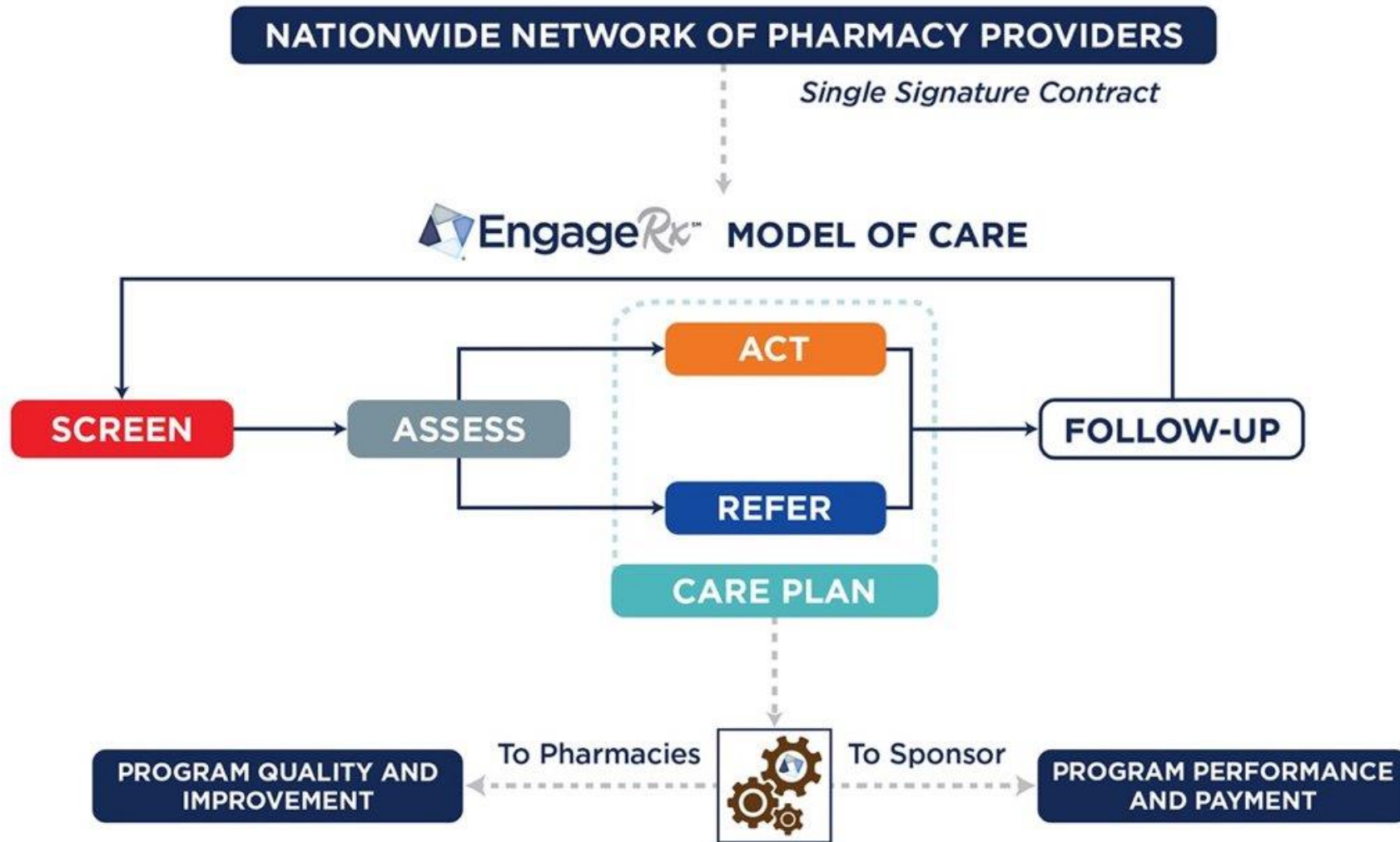




# CPESN Ohio



# CPEsn<sup>®</sup> Care Model – Invested in Care Planning



# Leveraging Patient Access to Improve Medication Management



Gaskins RE. "Innovating Medicaid: the North Carolina Experience." North Carolina Medical Journal. January-February 2017;78(1): 20-24.



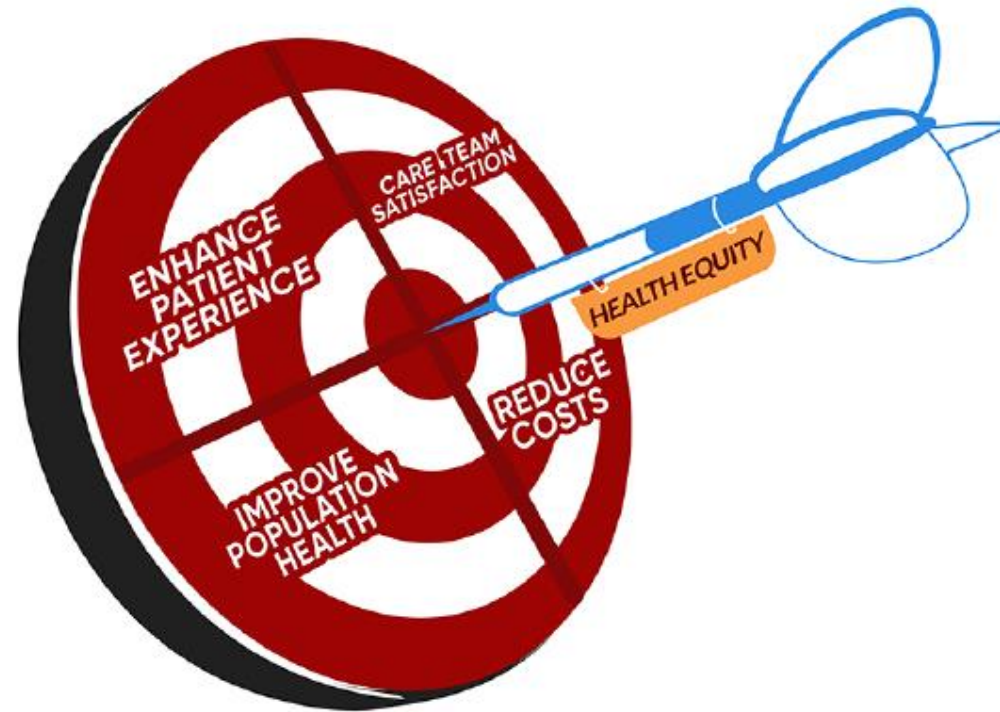
# Provider Status Background

- In early 2019, Ohio SB 265 was signed into law by Governor John Kasich, which recognized pharmacists as providers
- Permitted health insurers to provide **reimbursement for services** provided by pharmacists
- A few pilot programs, with support from Managed Care Organizations (MCOs), are ongoing across the state
  - CPESN Ohio ongoing pilots with MCOs that allows for providers status services without a CPA

# Provider Status Background

- Medicaid then went through a long re-procurement process (including some pandemic driven delays)
- Per the Provider Agreement between Ohio Department of Medicaid and the MCOs, all MCOs are expected to have a pharmacist network across the state
- Patients, managed care entities, and pharmacists can collaborate to create win-win-win scenarios

# How can we improve Health Equity?



How is what we are doing going to impact the populations made most vulnerable in our society?

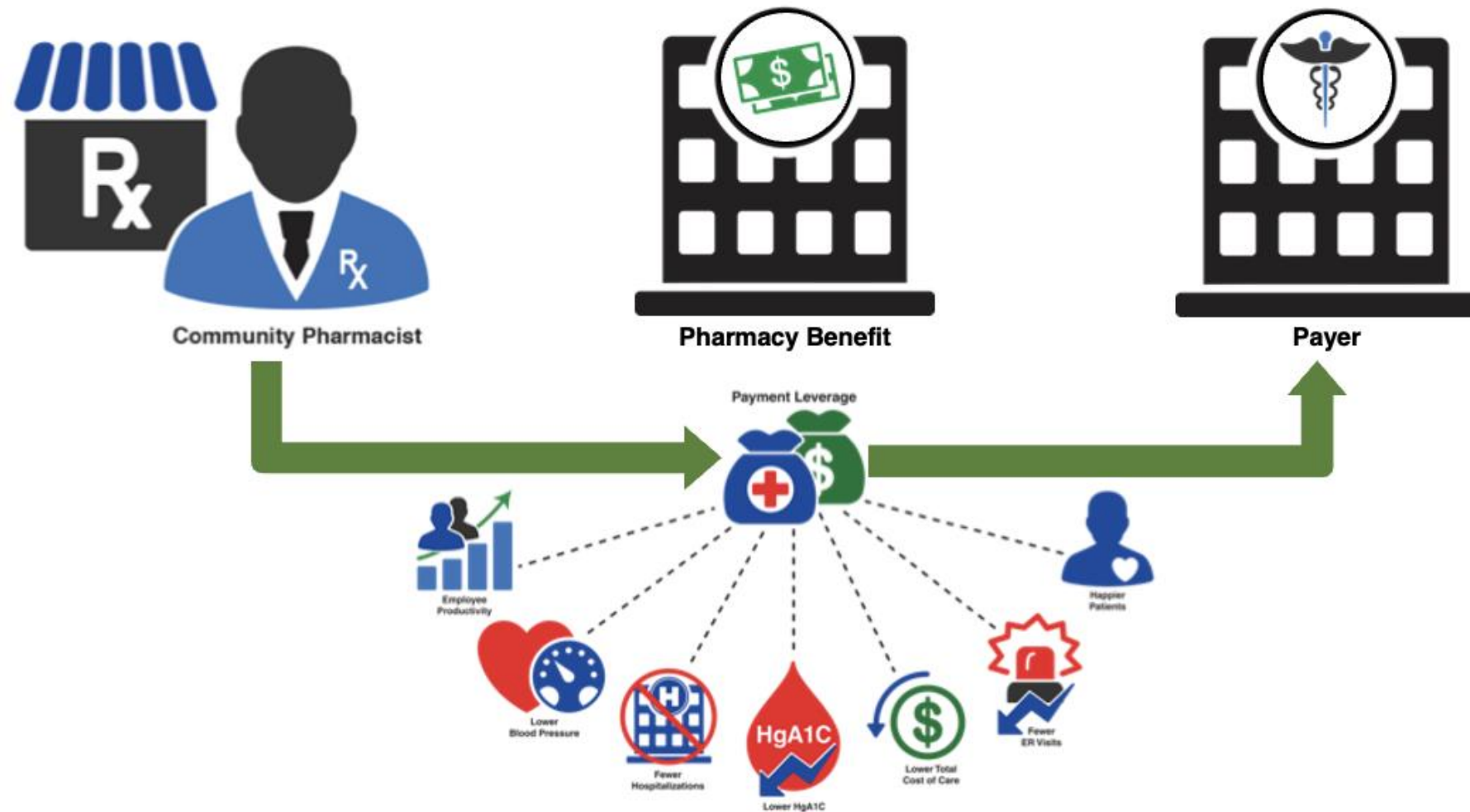
# How do we view Pharmacists through the lens of the Quadruple Aim?

- Improve Population Health
  - Optimize medications, lifestyle changes, point of care test
- Enhance Patient Experience
  - Convenient, familiar, more accessible
- Reduce Costs
  - Direct to appropriate level of care
- Care Team Satisfaction
  - Operate at top of license, part of the care team

Render care management services  
Bill care management claims



# Changing the Revenue Model



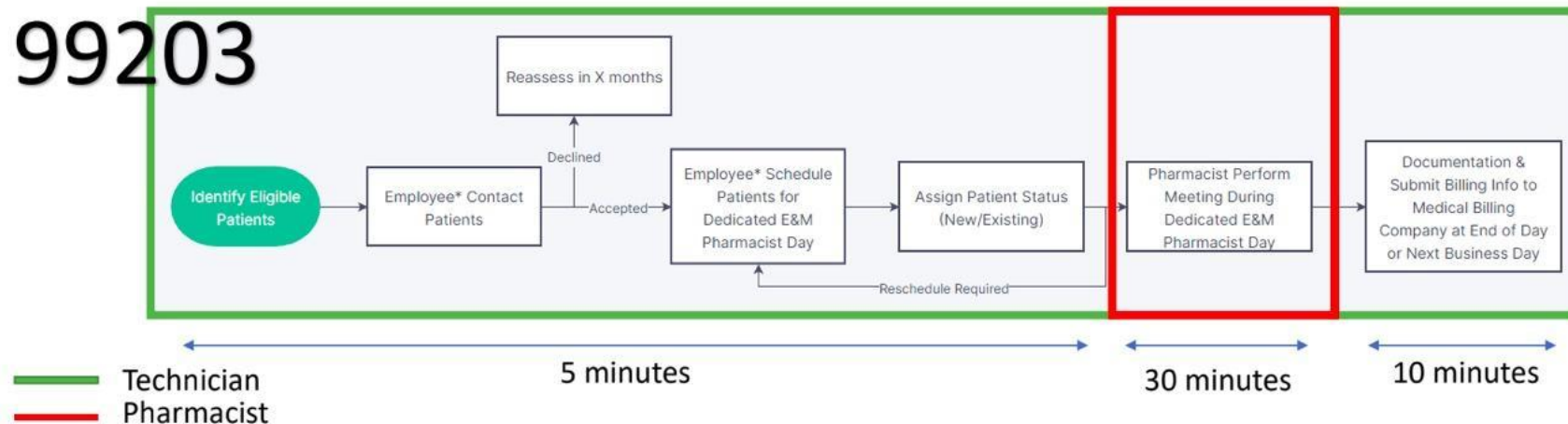
# Steps to Get Started

- Pharmacist NPI (National Provider Identifier)
- CAQH (Council for Affordable Quality Healthcare)
- Ohio Medicaid Provider Number
- Ohio Medicaid Unified Credentialing Process
- Contracting/Enrolling with MCOs
- Collaborative Practice Agreement
- Billing Solution
- Workflow Considerations

# Workflow Considerations

1. Identify eligible patients
2. Schedule appointments
3. Conduct the appointment
4. Document the appointment
5. Bill for the appointment
6. Repeat

Big thanks to Barr's,  
Medi-Wise, and  
Shriver's Pharmacies  
for sharing their  
experiences!!



# 1. Identify Eligible Patients

1. Managed Care Organization (MCO) Approach
  - a. Buckeye, Molina, CareSource, Humana, United Healthcare, Elevance, and Amerihealth
  - b. Consider stepwise approach
2. Service-based Approach
  - a. Appointment-based model
    - i. Med sync, Adherence packaging
  - b. Other opportunities/focuses:
    - i. Tobacco cessation?
    - ii. Hypertension control?
    - iii. Opioid education, naloxone dispensing?
3. What makes the most sense at your location?

## 2. Schedule Appointments

1. Identifying patients and making appointments: ~1-2 min/patient
2. Recommend utilizing support staff (e.g. technician/clerk)
3. Scheduling software?
  - a. ex) Calendly
  - b. What can you utilize that already exists in your pharmacy?
    - i. ex) vaccine scheduling
  - c. Integrated in pharmacy software?
4. Tips
  - a. Catch patients in regular workflow (vs. calling)
  - b. A technician who can effectively sell the service will make it successful!**



# 3. Conduct the Appointment

1. Appointment times will vary
  - a. Will depend on goals set based on your eligible patients
2. This must be done by a **pharmacist**
3. Keep in mind you'll be documenting the interaction later
4. Considerations in staffing models:
  - a. Overlap
  - b. Dedicated pharmacist "service" time (vs. dispensing)

## 4. Document the Appointment

1. Where?
  - a. eCare Planning
    - i. Can be integrated in the primary software system
    - ii. Medical billing platform with EHR
    - iii. Standalone pharmacy EHR
2. You didn't document it, it didn't happen
3. Potential MCO requirements
4. Documentation for the patient for their records
5. Generally done by the pharmacist
6. This step will likely take time; it may take as long as the appointment itself!
7. Tips: Templates?

## 5. Bill for the Appointment

1. Via what platform?
  - a. The MCO portals
  - b. Medical billing intermediary (OPA Provider Status page has a vendor list)
  - c. Availity (medical billing “switch”)
2. Can be done by a pharmacist or tech
3. Usually takes 5-10 minutes
4. Tips/learnings:
  1. “ODM Single Front Door/EDI Intermediary” might be a barrier but it is getting clearer!
  2. How will you ‘reconcile’ claims? What if something gets rejected or paid at a different rate than expected?

# Billing Platform Comparison

MCO Portal	Availity	Medical Billing Intermediary
Free	Free/Low Cost	Most expensive
Billing only	Billing only	Billing and Documentation
Stand alone	Stand alone	Potential to integrate with PMS

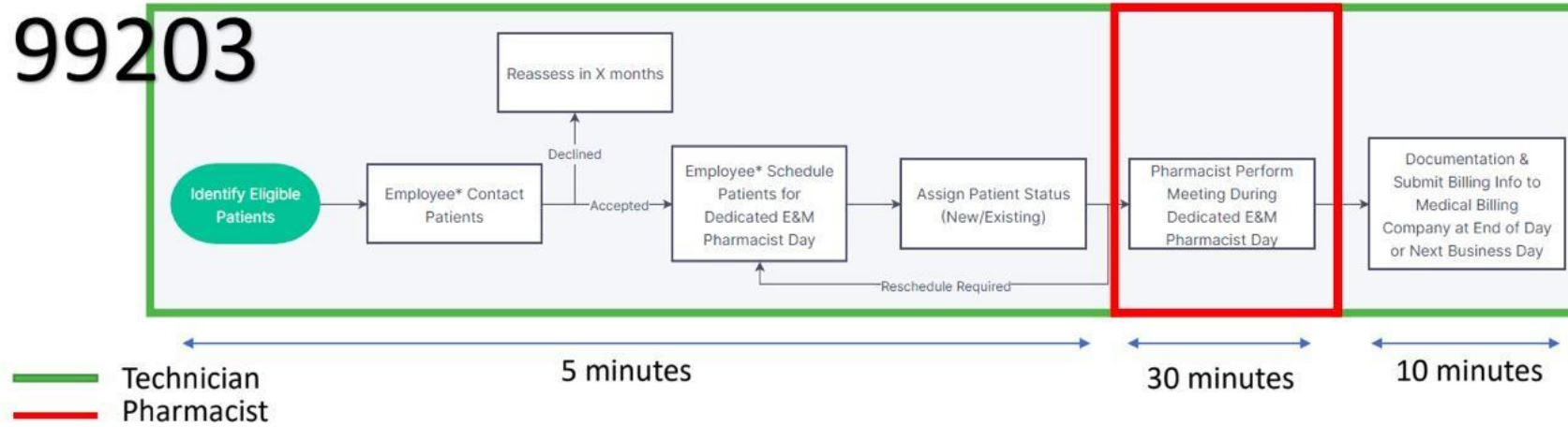
## 6. Repeat!

1. Refine your specific workflow
2. Seek new MCO opportunities
3. Expand with more clinical pharmacy time



# Best Practice Sharing

99203



## 1. Workflow

- Dedicated clinical staff time
- Integrated into existing workflow

## 2. Billing

# Financial Analysis

Fixed Costs (FC)			Workflow Costs				
Costs (C)							
Variable Costs (VC)							
Private consult area?	Non-Certified Tech time (/hr)*	\$16.19	Schedule (1-2 min)	\$0.27 - \$0.54	\$0.29 - \$0.58	\$1 - \$1.99	\$0.21 - \$0.43
Documentation software?	Certified Tech Time (/hr)*	\$18.42	Conduct (20-60 min)	N/A	N/A	\$19.93 - \$59.78	N/A
Scheduling tool?	RPh time (/hr)*	\$59.78	Document (20-60 min)	\$5.40 - \$16.19	\$6.14 - \$18.42	\$19.93 - \$59.78	\$4.50 - \$13.50
Billing software?	Staff time (/hr)*	\$13.50	Bill (5-10 min)	\$1.35 - \$2.70	\$1.54 - \$3.07	\$4.98 - \$9.96	\$1.13 - \$2.25
	Software (/claim)	\$1.25					
	*Per the 2023 NCPA Digest						
Revenue (R)			Overall Calculator (Assuming no fixed costs)				
Description	CPT Code	\$\$	Staff Roles	Non-Cert Tech, Cert Tech, RPh, Staff	Cost per Hour	Net Profit/Appt ↓	
New patient- 20 min	99202	\$35.08	Who Schedules?		0	0.00	
New patient- 30 min	99203	\$52.04	Who Conducts?	RPh	59.78		
Established pt- 5 min	99211	\$13.06	Who Documents?		0	Using this Tool: - Fill in all boxes in red  - Cell H11 will auto-calculate gross profit per appointment	
Established pt- 10 min	99212	\$24.42	Who Bills?		0		
Established pt- 15 min	99213	\$39.30	New or Established Patient?		Revenue ↓		
Phone Consult- 5-10 min	99441	\$24.12	At Home or At Pharmacy?		0		
Phone Consult- 11-20 min	99442	\$38.98	Overall Timing (in minutes)				
Brief Virtual Check-In	G2012	\$9.74	How Long to Schedule?		0.00		
New patient- 15 min**	99341	\$34.31	How Long to Conduct?		0.00		
New patient- 30 min**	99342	\$47.74	How Long to Document?		0.00		
New patient- 60 min**	99344	\$88.49	How Long to Bill?		0.00		
Established pt- 15 min**	99347	\$26.86					
Established pt- 30 min**	99348	\$40.22	Revenue at Pharmacy:	0			
Established pt- 40 min**	99349	\$59.61	Revenue at Patient's Home:	0			
** These services only apply if conducted at the patient's home**							

# Financial Overview- New Patient

Costs (C)			Workflow Costs				
Fixed Costs (FC)	Variable Costs (VC)		Non-Certified Tech		Certified Tech	Pharmacist	Staff
Private consult area?	Non-Certified Tech time (/hr)*	\$16.19	Schedule (1-2 min)	\$0.27 - \$0.54	\$0.29 - \$0.58	\$1 - \$1.99	\$0.21 - \$0.43
Documentation software?	Certified Tech Time (/hr)*	\$18.42	Conduct (20-60 min)	N/A	N/A	\$19.93 - \$59.78	N/A
Scheduling tool?	RPh time (/hr)*	\$59.78	Document (20-60 min)	\$5.40 - \$16.19	\$6.14 - \$18.42	\$19.93 - \$59.78	\$4.50 - \$13.50
Billing software?	Staff time (/hr)*	\$13.50	Bill (5-10 min)	\$1.35 - \$2.70	\$1.54 - \$3.07	\$4.98 - \$9.96	\$1.13 - \$2.25
	Software (/claim)	\$1.25					
	*Per the 2023 NCPA Digest						
Revenue (R)			Overall Calculator (Assuming no fixed costs)				
Description	CPT Code	\$\$	Staff Roles	Non-Cert Tech, Cert Tech, RPh, Staff	Cost per Hour	Net Profit/Appt ↓	
New patient- 20 min	99202	\$35.08	Who Schedules?	Staff Member	\$13.50	\$10.20	
New patient- 30 min	99203	\$52.04	Who Conducts?	RPh	\$59.78	Using this Tool: - Fill in all boxes in red  - Cell H11 will auto-calculate gross profit per appointment	
Established pt- 5 min	99211	\$13.06	Who Documents?	Pharmacist	\$59.78		
Established pt- 10 min	99212	\$24.42	Who Bills?	Certified Technician	\$18.42		
Established pt- 15 min	99213	\$39.30	New or Established Patient?	New	Revenue ↓		
Phone Consult- 5-10 min	99441	\$24.12	At Home or At Pharmacy?	At Pharmacy	\$52.04		
Phone Consult- 11-20 min	99442	\$38.98	Overall Timing (in minutes)				
Brief Virtual Check-In	G2012	\$9.74	How Long to Schedule?		2 \$0.45		
New patient- 15 min**	99341	\$34.31	How Long to Conduct?		30 \$29.89		
New patient- 30 min**	99342	\$47.74	How Long to Document?		10 \$9.96		
New patient- 60 min**	99344	\$88.49	How Long to Bill?		5 \$1.54		
Established pt- 15 min**	99347	\$26.86					
Established pt- 30 min**	99348	\$40.22	Revenue at Pharmacy:	\$52.04			
Established pt- 40 min**	99349	\$59.61	Revenue at Patient's Home:	\$47.74			
** These services only apply if conducted at the patient's home**							

ex) goal of 50 diabetes patients (~50 patients) = ~\$500

# Financial Overview- Established Patient

Costs (C)			Workflow Costs				
Fixed Costs (FC)	Variable Costs (VC)			Non-Certified Tech	Certified Tech	Pharmacist	Staff
Private consult area?	Non-Certified Tech time (/hr)*	\$16.19	Schedule (1-2 min)	\$0.27 - \$0.54	\$0.29 - \$0.58	\$1 - \$1.99	\$0.21 - \$0.43
Documentation software?	Certified Tech Time (/hr)*	\$18.42	Conduct (20-60 min)	N/A	N/A	\$19.93 - \$59.78	N/A
Scheduling tool?	RPh time (/hr)*	\$59.78	Document (20-60 min)	\$5.40 - \$16.19	\$6.14 - \$18.42	\$19.93 - \$59.78	\$4.50 - \$13.50
Billing software?	Staff time (/hr)*	\$13.50	Bill (5-10 min)	\$1.35 - \$2.70	\$1.54 - \$3.07	\$4.98 - \$9.96	\$1.13 - \$2.25
	Software (/claim)	\$1.25					
	*Per the 2023 NCPA Digest						
Revenue (R)			Overall Calculator (Assuming no fixed costs)				
Description	CPT Code	\$\$	Staff Roles	Non-Cert Tech, Cert Tech, RPh, Staff	Cost per Hour	Net Profit/Appt ↓	
New patient- 20 min	99202	\$35.08	Who Schedules?	Staff Member	\$13.50	\$18.31	
New patient- 30 min	99203	\$52.04	Who Conducts?	RPh	\$59.78		
Established pt- 5 min	99211	\$13.06	Who Documents?	Pharmacist	\$59.78	Using this Tool: - Fill in all boxes in red  - Cell H11 will auto-calculate gross profit per appointment	
Established pt- 10 min	99212	\$24.42	Who Bills?	Certified Technician	\$18.42		
Established pt- 15 min	99213	\$39.30	New or Established Patient?	Established	Revenue ↓		
Phone Consult- 5-10 min	99441	\$24.12	At Home or At Pharmacy?	At Pharmacy	\$39.30		
Phone Consult- 11-20 min	99442	\$38.98	Overall Timing (in minutes)				
Brief Virtual Check-In	G2012	\$9.74	How Long to Schedule?	2	\$0.45		
New patient- 15 min**	99341	\$34.31	How Long to Conduct?	15	\$14.95		
New patient- 30 min**	99342	\$47.74	How Long to Document?	5	\$4.98		
New patient- 60 min**	99344	\$88.49	How Long to Bill?	2	\$0.61		
Established pt- 15 min**	99347	\$26.86					
Established pt- 30 min**	99348	\$40.22	Revenue at Pharmacy:	\$39.30			
Established pt- 40 min**	99349	\$59.61	Revenue at Patient's Home:	\$26.86			
** These services only apply if conducted at the patient's home**							

ex) goal of 50 diabetes patients (~50 patients) = ~900+  
Monthly appointments? ~**\$11,000** additional profit annually!

# Pilot addresses implementation barriers

- Patients identified by MCO
- HEDIS gap closure focus
- No CPA required



# References

1. Gaskins RE. “Innovating Medicaid: the North Carolina Experience.” North Carolina Medical Journal. January-February 2017;78(1): 20-24.
2. 2022 NCPA Digest.  
<https://ncpa.org/sites/default/files/2022-09/2022-Digest.pdf>

# Need More Information?

Alison Haas, PharmD, RPh  
ahaas@cpesn.com

Kevin Day, PharmD, RPh  
kday@cpesn.com

# Acknowledgements

Thank you for your contributions:

- Shrivvers Pharmacies
  - Andrea Kowalski and Luke Klinehoffer
- Barr's Pharmacies
  - Erin Dill
- Medi-Wise Pharmacy
  - Jeff Neidig
- Kyle Christman, 2023 ONU PharmD Candidate