

# Community Pharmacy Practice Transformation: Implementing Provider Status Services

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# Disclosure Statement

- Neither 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:

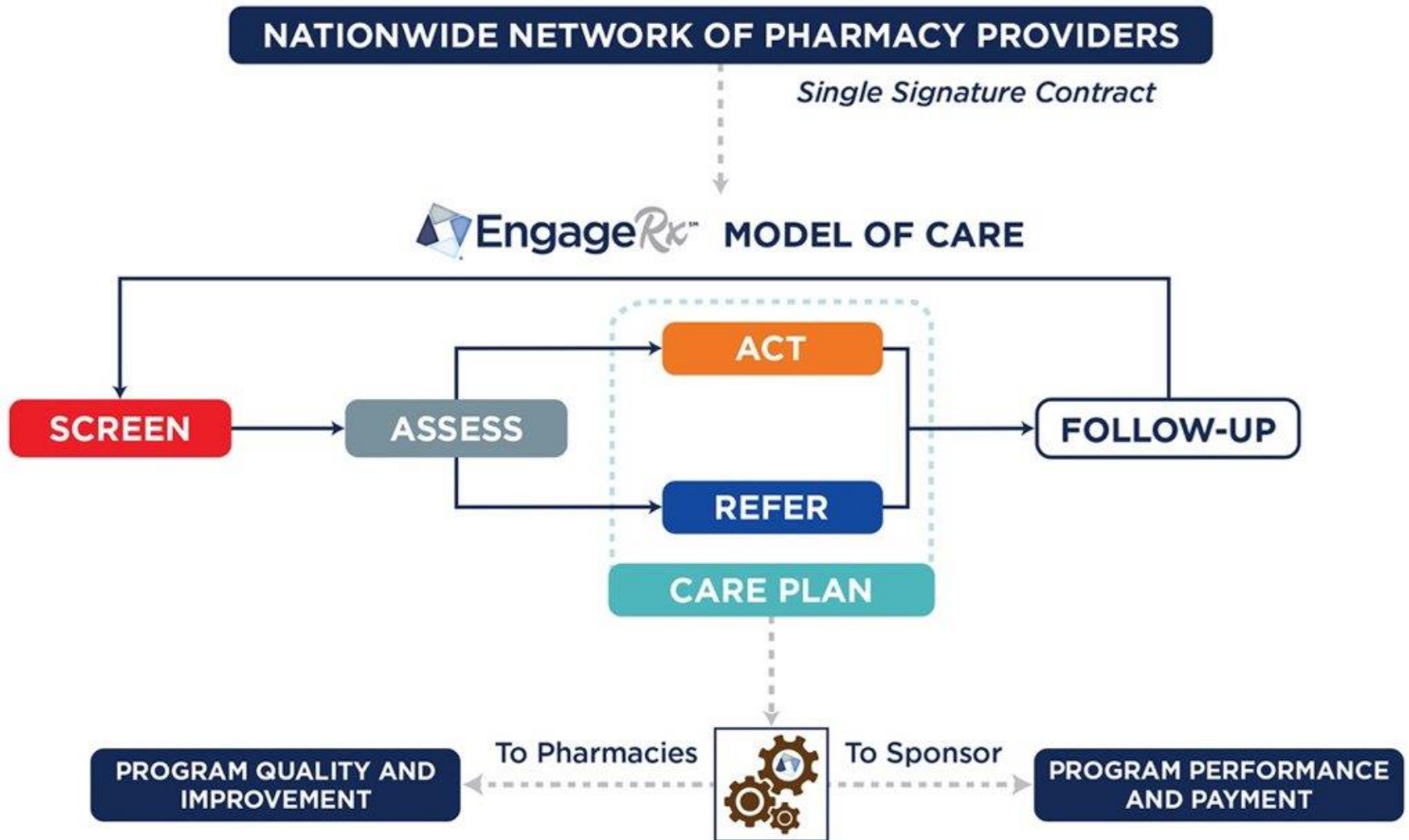
1. Discuss practice transformation needed to implement new patient care services and existing resources to assist pharmacies on their journey.
2. Review best practices and outcomes from the CPESN Ohio pilot.
3. Discuss the potential return on investment of pharmacist-provided clinical services to Medicaid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

# 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

# Care Model

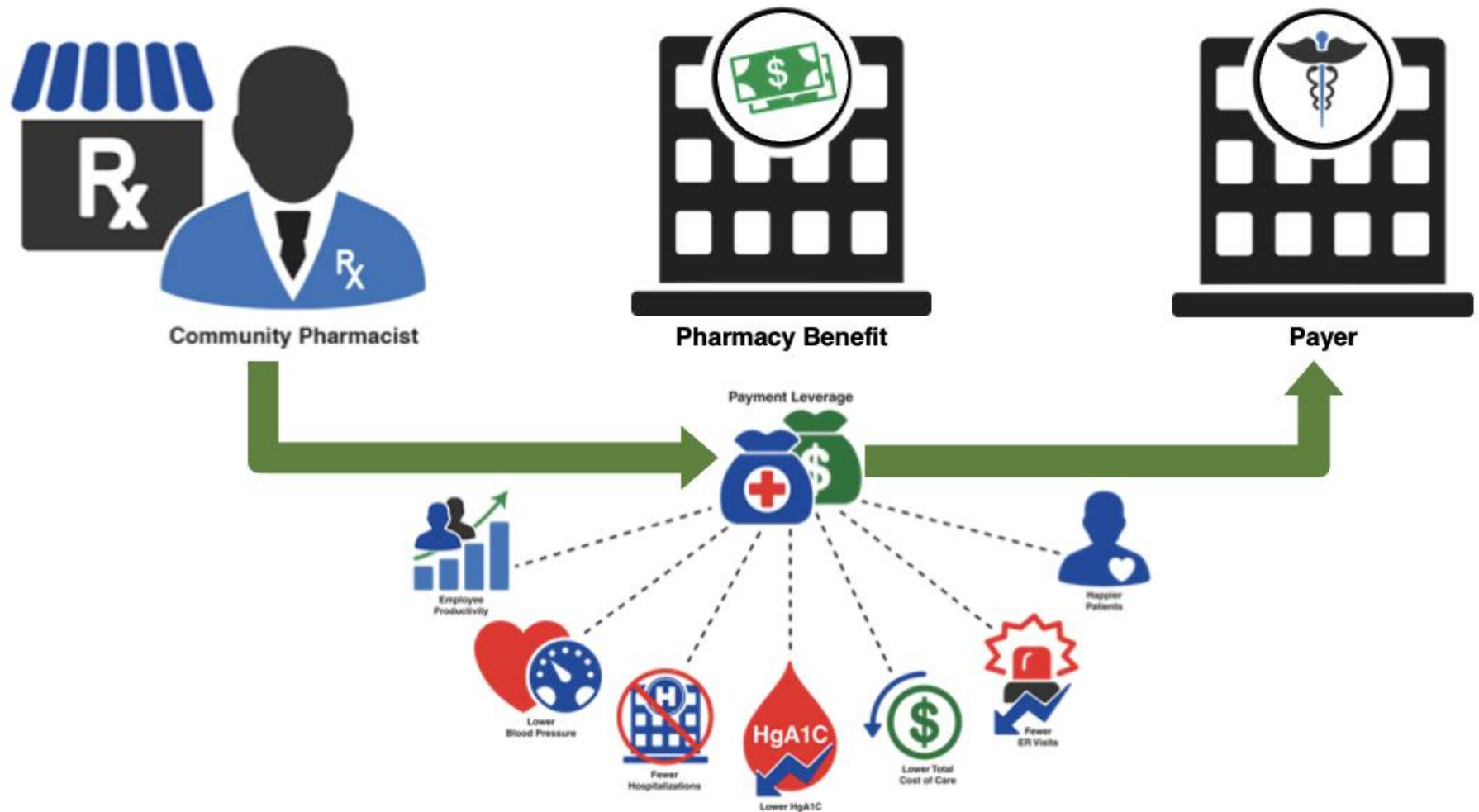


# Leveraging Patient Access to Improve Medication Management



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

# Changing the Revenue Model





# 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 pilot with MCO that allows for providers status services without a CPA



# Steps to Get Started

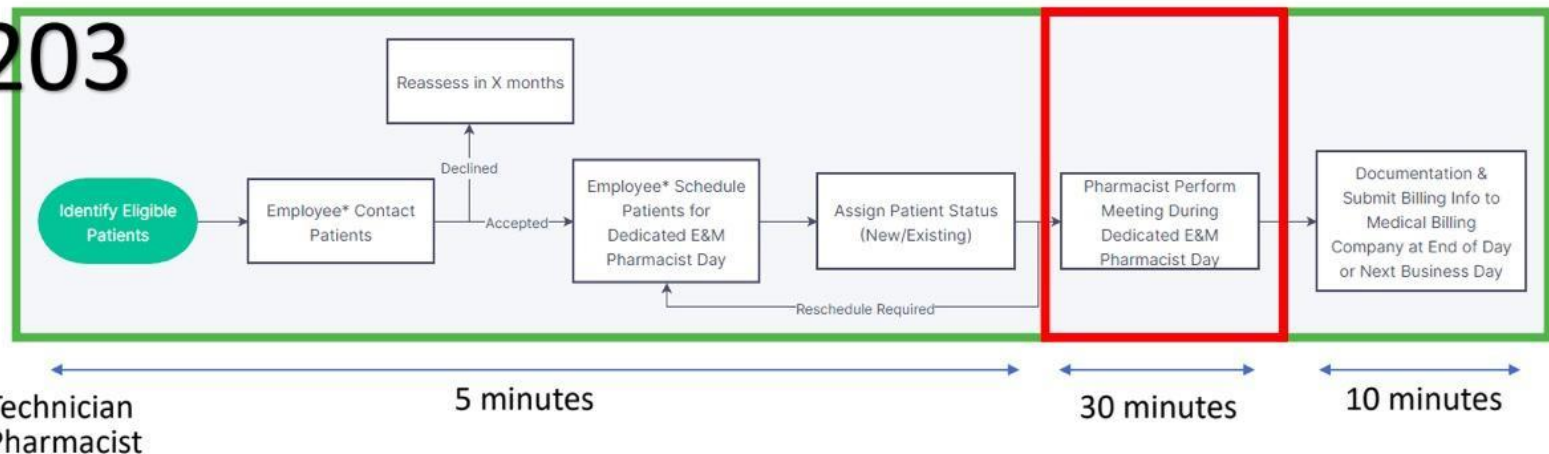
- Pharmacist NPI (National Provider Identifier)
- CAQH (Council for Affordable Quality Healthcare)
- Ohio Medicaid Provider Number
- Enrolling with MCOs (or Ohio Medicaid Unified Credentialing Process)
- Collaborative Practice Agreement
- Billing Solution
- Workflow Considerations

# 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!!

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# 1. Identify Eligible Patients

1. Managed Care Organization (MCO) Approach
  - a. ex) Buckeye, Molina, CareSource
  - b. Consider stepwise approach
2. Service-based Approach
  - a. Appointment-based model
    - i. ex) 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) COVID 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



# Billing Platform Comparison

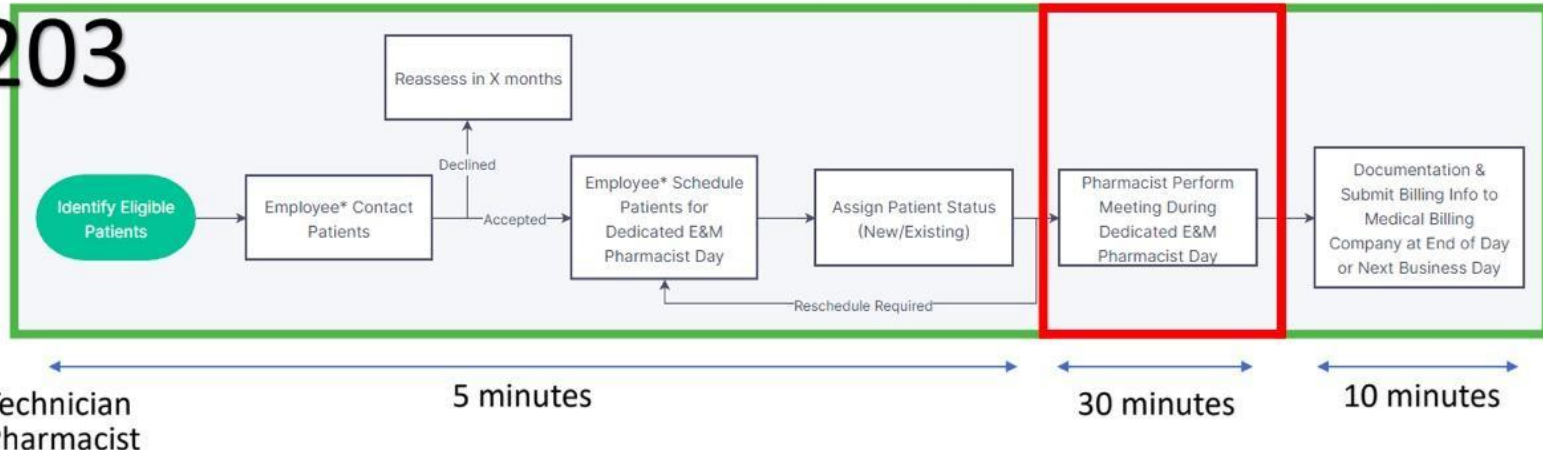
MCO Portal	Availity	Medical Billing Intermediary
Free	Free/Low Cost	Most expensive
Billing only	Billing only	Billing and Documentation
Stand alone	Stand alone	Potential to integrate with PMS

## 6. Repeat!

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

# Best Practice Sharing

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## 1. Workflow

- Dedicated clinical staff time
- Integrated into existing workflow

## 2. Billing

# Financial Analysis

Costs (C)			Workflow Costs			
Fixed Costs (FC)	Variable Costs (VC)			Tech	Pharmacist	Staff
Private consult area?	Tech time (/hr)	17.44	Schedule (1-2 min)	\$0.29 - \$0.58	\$0.97 - \$1.94	\$0.21 - \$0.43
Documentation software?	RPh time (/hr)	58.37	Conduct (20-60 min)	N/A	\$19.45 - \$58.37	N/A
Scheduling tool?	Staff time (/hr)	12.91	Document (20-60 min)	\$5.81 - \$17.44	\$19.45 - \$58.37	\$4.30 - \$12.91
Billing software?	Software (/claim)	1.25	Bill (5-10 min)	\$1.45 - \$2.90	\$4.86 - \$9.72	\$1.07 - \$2.15
Revenue (R)			Overall Calculator (Assuming no fixed costs)			
			Staff Roles	Tech, RPh, Staff	Cost per Hour	Gross Profit/Appt ↓
New patient- 10 min	20.01		Who Schedules?	<input type="text"/>	0	0.00
New patient- 20 min	33.09		Who Conducts?	RPh	58.37	
New patient- 30 min	49.09		Who Documents?	<input type="text"/>	0	<b>Using this Tool:</b> - Fill in all boxes in red  - Cell H9 will auto-calculate gross profit per appointment
Established pt- 5 min	12.32		Who Bills?	<input type="text"/>	0	
Established pt- 10 min	22.72		New or Established Patient?	<input type="text"/>	Revenue ↓	
Established pt- 15 min	37.06		Overall Timing (in minutes)		0	
MD Consult- 5-10 min	10.41		How Long to Schedule?		0.00	
MD Consult- 11-20 min	20.85		How Long to Conduct?		0.00	
MD Consult- 21-30 min	30.95		How Long to Document?		0.00	
Brief Virtual Check-In	10.41		How Long to Bill?		0.00	

# Financial Overview- New Patient

Costs (C)			Workflow Costs			
Fixed Costs (FC)		Variable Costs (VC)		Tech	Pharmacist	Staff
Private consult area?	Tech time (/hr)	17.44	Schedule (1-2 min)	\$0.29 - \$0.58	\$0.97 - \$1.94	\$0.21 - \$0.43
Documentation software?	RPh time (/hr)	58.37	Conduct (20-60 min)	N/A	\$19.45 - \$58.37	N/A
Scheduling tool?	Staff time (/hr)	12.91	Document (20-60 min)	\$5.81 - \$17.44	\$19.45 - \$58.37	\$4.30 - \$12.91
Billing software?	Software (/claim)	1.25	Bill (5-10 min)	\$1.45 - \$2.90	\$4.86 - \$9.72	\$1.07 - \$2.15
Revenue (R)			Overall Calculator (Assuming no fixed costs)			
			Staff Roles	Tech, RPh, Staff	Cost per Hour	Gross Profit/Appt ↓
New patient- 10 min	20.01		Who Schedules?	Technician ▼	17.44	8.14
New patient- 20 min	33.09		Who Conducts?	RPh	58.37	
New patient- 30 min	49.09		Who Documents?	Pharma... ▼	58.37	<b>Using this Tool:</b> - Fill in all boxes in red  - Cell H9 will auto-calculate gross profit per appointment
Established pt- 5 min	12.32		Who Bills?	Technician ▼	17.44	
Established pt- 10 min	22.72		<b>New or Established Patient?</b>	New ▼	<b>Revenue ↓</b>	
Established pt- 15 min	37.06		<b>Overall Timing (in minutes)</b>		49.09	
MD Consult- 5-10 min	10.41		How Long to Schedule?	2	0.58	
MD Consult- 11-20 min	20.85		How Long to Conduct?	30	29.19	
MD Consult- 21-30 min	30.95		How Long to Document?	10	9.73	
Brief Virtual Check-In	10.41		How Long to Bill?	5	1.45	

ex) goal of 50 diabetes patients (~50 patients) = \$407

# Financial Overview- Established Patient

Costs (C)			Workflow Costs			
Fixed Costs (FC)		Variable Costs (VC)		Tech	Pharmacist	Staff
Private consult area?	Tech time (/hr)	17.44	Schedule (1-2 min)	\$0.29 - \$0.58	\$0.97 - \$1.94	\$0.21 - \$0.43
Documentation software?	RPh time (/hr)	58.37	Conduct (20-60 min)	N/A	\$19.45 - \$58.37	N/A
Scheduling tool?	Staff time (/hr)	12.91	Document (20-60 min)	\$5.81 - \$17.44	\$19.45 - \$58.37	\$4.30 - \$12.91
Billing software?	Software (/claim)	1.25	Bill (5-10 min)	\$1.45 - \$2.90	\$4.86 - \$9.72	\$1.07 - \$2.15
Revenue (R)			Overall Calculator (Assuming no fixed costs)			
			Staff Roles	Tech, RPh, Staff	Cost per Hour	Gross Profit/Appt ↓
New patient- 10 min	20.01		Who Schedules?	Staff Me... ▼	12.91	16.74
New patient- 20 min	33.09		Who Conducts?	RPh	58.37	
New patient- 30 min	49.09		Who Documents?	Pharma... ▼	58.37	<b>Using this Tool:</b> - Fill in all boxes in red  - Cell H9 will auto-calculate gross profit per appointment
Established pt- 5 min	12.32		Who Bills?	Staff Me... ▼	12.91	
Established pt- 10 min	22.72		<b>New or Established Patient?</b>	Establis... ▼	<b>Revenue ↓</b>	
Established pt- 15 min	37.06		<b>Overall Timing (in minutes)</b>		37.06	
MD Consult- 5-10 min	10.41		How Long to Schedule?	2	0.43	
MD Consult- 11-20 min	20.85		How Long to Conduct?	15	14.59	
MD Consult- 21-30 min	30.95		How Long to Document?	5	4.86	
Brief Virtual Check-In	10.41		How Long to Bill?	2	0.43	

ex) goal of 50 diabetes patients (~50 patients) = \$837

Monthly appointments? \$10,044 additional revenue 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?

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