



Pharmacy Participation In and Nature of Claims Submitted to the Wisconsin Medicaid Pharmaceutical Care Program

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The Wisconsin Medicaid Pharmaceutical Care Program (WMPCP) began July 1996 to provide pharmacists with enhanced dispensing fees for pharmaceutical care (PC) actions beyond standard RX dispensing and counseling. Utilize the Washington CARE project data to not a demonstration project but a full-coverage, state-wide program. Claims for PC interventions incorporate a sequence of four 2-digit codes to represent: reason, action, outcome/result, and level of service (based on time).

Changes made since WMPCP's inception:
 1999, added payable codes for initiating therapeutic substitutions and prior authorization substitutions for H2-Receptor Antagonists, adopted electronic claims submission via a point of service system (replacing paper claims)
 2001, prospective DUR screening system alerts for potentially payable claims about problems with MA patients' therapeutics
 Funding for this project was provided by the Community Pharmacy Foundation.

- Examine pharmacy participation and intensity of claims submission in the Wisconsin Medicaid Pharmaceutical Care Program.
- Investigate characteristics of claims submitted to the Wisconsin Medicaid Pharmaceutical Care Program.

- PC paid claims dataset for Fiscal Years 1997-2003 obtained from the Wisconsin Medicaid program. Dataset merged with other program data including # of Rx's, PC recipients and Rx claims paid per pharmacy.
- Descriptive and summary statistics using SPSS/PC version 12.0.

REASON CODES grouped to represent similar problems:
 Patient Drug Use Behaviors (late/early refills, suboptimal compliance, possible drug misuse);
 Drug Choice or Selection (duplication, interactions, allergy, product selection opportunity, incompatibilities, etc.);
 Drug Use Issues (adverse reaction, additional drug needed, patient compliance/symptom, side effect, etc.); and
 Other (pregnancy possible, lab test needed, lock-in recipient, etc.).

ACTION CODES grouped to represent with whom RPh resolved problem:
 Patient (for education or assessment);
 Physician (contact for consult or decision);
 Other (family/processor, other healthcare professional, or other contact).

RESULT CODES grouped to represent similar outcomes:
 Not Filled;
 Unadjusted Fill (no change, false positive);
 Adjusted Fill (different directions, dose, drug, form, quantity, etc.);
 Compliance Aid (system or training);
 Patient Response (instructions understood, info supplied or accepted); and
 Other (unknown, accepted by physician, no change, etc.).

Summary of Claims Paid for PC Services

Year	Participating Pharmacies			Top 10 Percent of Pharmacies		
	Claims	Chlms/Phcy	Avg #	Claims	% Claims	Avg #
1997	153	1,439	9.41	783	55.1%	52.9
1998	121	1,452	12.00	832	57.2%	69.3
1999	72	1,508	11.04	869	72.2%	54.7
2000	170	3,225	18.03	2,145	66.2%	126.2
2002	116	9,416	31.48	2,943	72.4%	220.3
2003	101	6,501	64.37	5,233	80.2%	523.3
Overall	599*	16,385	51.24			

* Number of unique pharmacies submitting at least one paid claim, 1997-2003.
 * The number of pharmacies has varied, with a jump when electronic claims submission began, but a decrease in pharmacies submitting one or more claims after that. The intensity of claims consistently increased each year of the program.

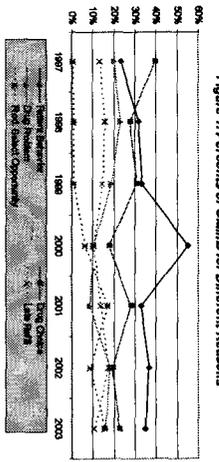


Figure 1: Percent of Claims for Different Reasons

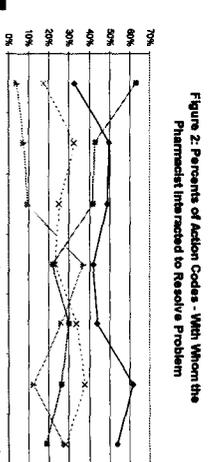


Figure 2: Percent of Action Codes - With Whom the Pharmacist Interacted to Resolve Problem

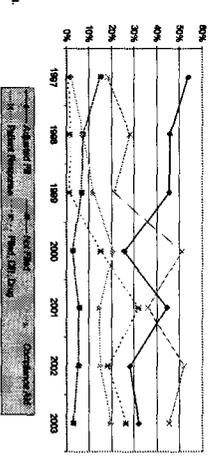


Figure 3: Percent of Claims in Result Code Categories

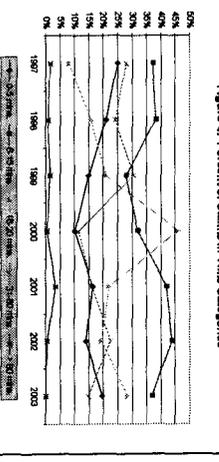


Figure 4: Percent of Claims in Time Categories

Consolidation of claims in a small number of pharmacies suggests some pharmacies may have incorporated the program into their practice routine. Our continuing research will examine characteristics of participating pharmacies to better understand factors contributing to regular claims submission (e.g., Medicaid patient volume is positively related to submitting more claims).
 Pharmacists focused most on problems with drug therapy related to patient behaviors, and solving these problems independently with the patient, through education. This is consistent with the Washington CARE project where patient related problems were the most common reason for action (48.4%) and patient-focused actions most commonly involved direct patient contact (52.4%).

Most claims involved a relatively small amount of pharmacist time (<12 minutes), similar to the Washington CARE project (avg. 7.5 minutes).
 Future research will examine further the characteristics of claims (e.g., relationship between time and actions, etc., patterns of reasons, actions, results, time by top producing pharmacies, common therapeutic categories of drugs that are targeted).

Validity of claims is subject to pharmacists' interpretation of the codes and pharmacists may be performing services but not submitting claims. The results of this second, large-scale publicly funded program of pharmacist services are similar to the earlier program (Washington CARE) in terms of reasons, actions, and time spent to provide services.