



COMPLETED GRANT SYNOPSIS

On the pathway to sustainable pharmacy provider status: medical billing by community pharmacists.

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Objectives

Many patients have complicated medication regimens often have poor medication adherence, struggle to meet healthcare goals, and pose a potential increased financial and workflow burden to clinics and providers. In Washington State, with the passage of ESB 5557, the ability to bill for community pharmacist provided services can be a mechanism to improve the health of patients and decrease overall health care costs.

At Kelley-Ross Pharmacy Group, we have successfully credentialed and contracted with multiple payors in the State of Washington to allow us to bill for community pharmacist provided services. This program sought to evaluate the success of these billing opportunities to create sustainable service models and ultimately provide an example that other community pharmacies may utilize to provide services for their patients.

The objective of this grant was to establish a pharmacist-provider payment model in a community pharmacy, utilizing existing billing codes, and show the overall sustainability of the service.

Methods

Design	<ul style="list-style-type: none"> Prospective Observational Cohort using a convenience sample of patients presenting to the clinical services at Kelley-Ross Pharmacy between April 1, 2017 and December 31, 2017.
Study endpoints	<ul style="list-style-type: none"> CPT Codes Billed CPT Codes Billed by (masked) Health Plan Payment Means, Minimums, and Maximums by (masked) Health Plan Raw CPT Code Claims

Results

- Between April 1, 2017 and December 31, 2017, Kelley-Ross Pharmacists successfully billed for 1,840 individual claims across 14 different contracted health plans.
- Health plan volume ranged from 4 claims to 780 claims. (*contracting was ongoing during the billing period)
- The most commonly billed services were blood specimen collection by venipuncture (n=374) and finger stick (n=305), as well as serum creatinine (n=322).
- During this time period, the pharmacy was actively running an HIV Pre-exposure Prophylaxis (PrEP) Clinic and conducted 311 HIV screening tests.
- Including both new and follow-up patients, outpatient clinic visits ranged from 5 to 60 minutes
 - New patient visits were either 45 minutes (n=45) or 60 minutes (n=20)
 - The most common follow-up visits were 25 minutes (n=284) and 15 minutes (n=119).
- The average reimbursement for these services was \$53.31 per claim.
 - Clinic visit reimbursement varied based on time and ranged from \$64.77 (10 minutes) to \$304.41 (new patient, 1 hour)

Conclusion

The Kelley-Ross community pharmacy clinical services model created 1,840 CPT code billable services across 14 distinct health plans during the nine-month study period. These clinical services included outpatient office visits, blood work and other diagnostic tests, vaccinations, and home visits delivered by a rotating staff of approximately 1.5 FTEs.

Overall, this demonstration project may be representative of the future of community pharmacy-based pharmacist-provider practices. However, it is important to recognize the variety of services that were being simultaneously implemented at Kelley-Ross during this study. The pharmacy was actively conducting the PrEP clinic, a post-exposure prophylaxis HIV clinic, a Travel clinic, and Medication Management (including in-home services). Other pharmacies implementing provider billing may differ greatly in terms of patient population and services offered.