

# Pharmaceutical Care Claims Submissions

An update on participation in Wisconsin

by Nick Gnad, BS; David A. Mott, PhD; and Kari Trapskin, PharmD

As early as 1996, Wisconsin's Medicaid program began reimbursing community pharmacies (chain, independent, health system) for what it deemed "pharmaceutical care" (PC) activities. SeniorCare beneficiaries are also included in this program. Since 1996, a number of other payors have followed suit, including Unity Health Insurance, Dean Health Plan, State of Wisconsin Employee Trust Fund (ETF) and Physician's Plus Insurance Corporation. These PC services have also become known as cognitive services and most recently might be considered Medication Therapy Management Services (MTMS). The purpose of this article is to provide information about pharmacy participation in programs that pay pharmacists for PC services in Wisconsin.

## METHODS

The aforementioned payors who sponsor a program that pays pharmacists for PC services and/or firms that process PC claims for payors were contacted and paid pharmacy claims data for PC programs requested. Data provided were aggregated at the pharmacy level. Paid pharmacy claims data for the Medicaid/Senior Care Pharmaceutical Care Program were obtained from another project conducted by researchers at the UW School of Pharmacy. All PC claims were examined for January 2006 through December 2006. Paid PC claims from each payor were matched by pharmacy name and mailing address. The cumulative number of paid PC claims across all payors for each pharmacy was calculated.

To examine pharmacy participation and total PC claim volume by county, a list of all licensed pharmacies in Wisconsin was

obtained from the Wisconsin Department of Regulation and Licensing. Pharmacies were placed in counties based on their mailing addresses. The database of paid PC claims was merged with the list of all licensed pharmacies by matching pharmacy name and address. Total paid claim volume per county was determined by summing the paid PC claim counts across all pharmacies in each county. The total number of pharmacies participating in a PC payment program was determined by summing the number of pharmacies that received payment for at least one PC

claim during the study periods. County-level pharmacy participation rates were determined by calculating the proportion of all pharmacies located in a county that were paid for a PC claim. Inpatient hospital pharmacies were excluded from the pharmacy participation rates. Inpatient hospital pharmacies were identified by matching licensed pharmacy names and addresses with a list of hospitals obtained from the Wisconsin Department of Health and Family Services.

## RESULTS

A total of 312 pharmacies in 54 counties were paid for at least one claim during the time periods for which data were collected. Pharmacies in seven counties (Burnett, Dane, Grant, Manitowoc, Milwaukee and Price) were paid for more than 400 claims across all payors. Pharmacies in an additional six counties (Chippewa, Columbia, Dodge, Grant, La Crosse, Marinette and Rock) were paid for 201 to 400 claims. Among all participating pharmacies, most



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Since 1996, several Wisconsin health insurers beginning with Wisconsin Medicaid have implemented programs that provide payment for pharmaceutical care/cognitive services provided to patients by participating pharmacists. Though some Wisconsin pharmacists, based upon their practice location, are fortunate to have the opportunity to bill for pharmaceutical care services via several different programs, overall the programs have not been utilized as often as originally expected. Pharmacists have reported to PSW barriers that contribute to the under-utilization of these programs. First, for pharmacists located in regions that have the option of participating in more than one program, the lack of standardized documentation requirements, billing systems and covered services poses a barrier to participation. Second, implementation of these programs into the busy pharmacy workflow is not always practical. Third, compensation for these services is not always adequate to meet the operational costs to provide them.

PSW formed the Wisconsin Pharmacy Quality Collaborative (WPQC), a group of payors and pharmacists whose intent has been to create a new statewide demonstration program that standardizes the current pharmaceutical care/cognitive services programs and expands the programs to include payment for medication therapy management services. The group has also developed standardized network requirements based on community pharmacy best practices that pharmacies which participate in the demonstration project will meet. Meeting these requirements will demonstrate to participating payors that a standardized level of pharmacy services is being provided to beneficiaries.

While the WPQC is developing this program, PSW has created a resource that links members to several of the pharmaceutical care reimbursement programs that are currently in existence. If you are aware of other Wisconsin payors who compensate pharmacists for pharmaceutical care/cognitive services, please contact Kari Trapskin at [karit@pswi.org](mailto:karit@pswi.org).



A LIST OF PHARMACEUTICAL CARE REIMBURSEMENT PROGRAMS  
[WWW.PSWI.ORG/PROFESSIONAL/COGNITIVE.HTM](http://WWW.PSWI.ORG/PROFESSIONAL/COGNITIVE.HTM)

(61.5%) were paid for fewer than 12 claims in the 12 months of data collection (Table 1).

There was greater participation across all counties in the Medicaid program (Figure 1) than in the private programs (Figure 2); a total of 6,978 claims were paid by Medicaid in 51 counties and 3,544 claims were paid by other payors in 31 counties. Twenty-six claims per pharmacy were paid by non-Medicaid payors versus 23 claims paid per pharmacy by Medicaid. Participation in non-Medicaid programs was highest in the areas surrounding Dane county.

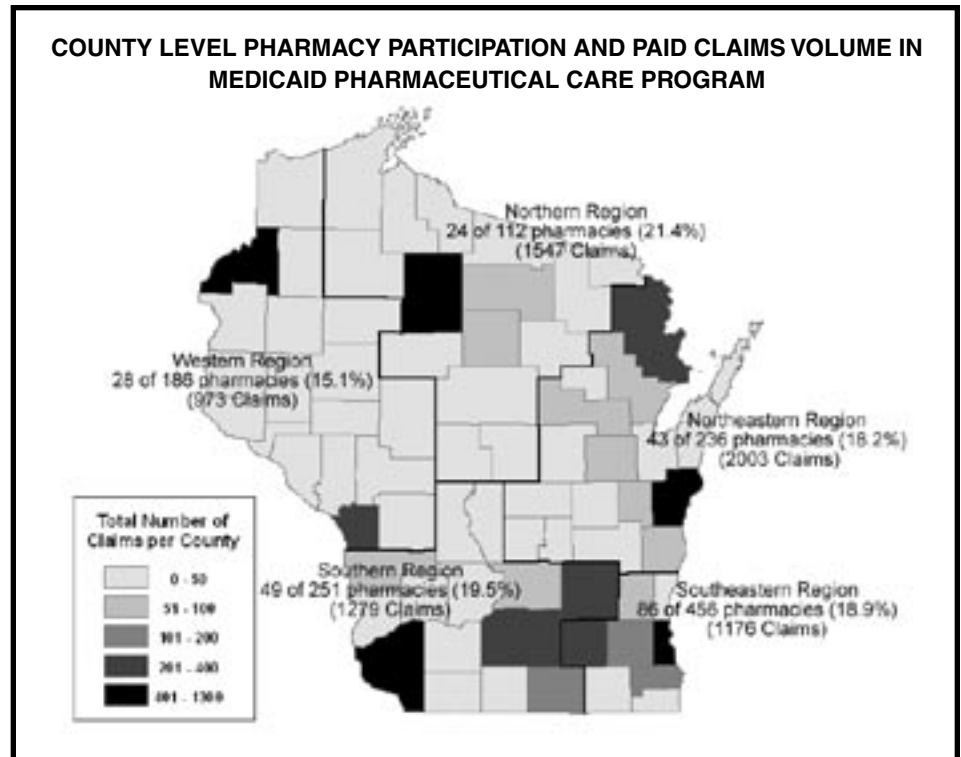
### DISCUSSION

Given that Unity Health Insurance, Physician's Plus Insurance Corporation and Dean Health Plan are located in Sauk and Dane counties, respectively, it is not surprising that there seemed to be a locus of participation in the non-Medicare programs in south-central Wisconsin. However, the non-Medicaid payors also included the State of Wisconsin Employee Trust Fund which covers all state employees. This may account for the non-Medicaid activity outside south-central Wisconsin.

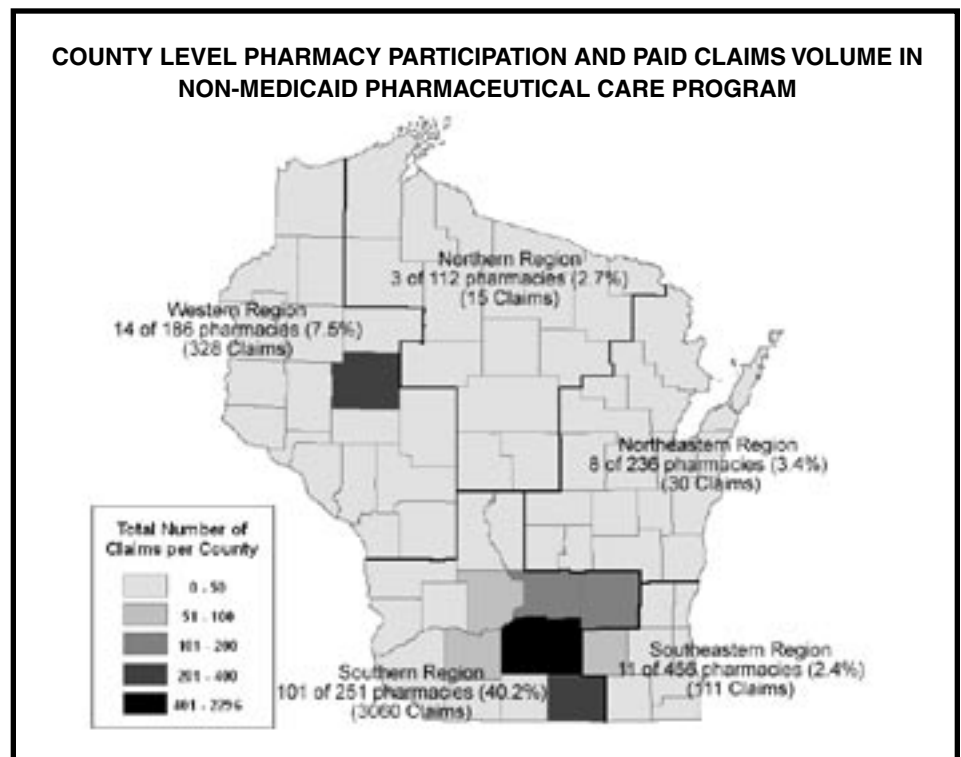
Medicaid-eligible residents are distributed across the state; subsequently, there was a more thorough distribution of Medicaid claims across all counties. Nonetheless, certain counties have been paid for more total claims than others. Burnett, Grant, Manitowoc, Milwaukee and Price counties all had over 400 paid Medicaid claims. Previous data show that there were 6,501 claims paid during 2003 compared to 6,978 claims paid during 2006.<sup>1</sup> The number of paid Medicaid claims is rising, however, paid claims data were not available for the time period 2004 and 2005. Therefore, it is not possible to determine

**TABLE 1. NUMBER OF CLAIMS PAID (ALL PAYORS) PER PARTICIPATING PHARMACY**

Total Claims Paid (12 months)	% of Participating Pharmacies
1 to 11	61.5%
12 to 20	10.3%
21 to 40	9.9%
41 to 99	10.5%
99 to 1078	7.7%



**Figure 1.** Pharmacy participation and total Medicaid PC paid claims submissions by county. Labels indicate the number of pharmacies that were paid for a PC claim, as well as the total number of community pharmacies in each county. Shading represents the total number of claims paid per county.



**Figure 2.** Pharmacy participation and total non-Medicaid PC paid claims submissions to non-Medicaid payors by county. Labels indicate the number of pharmacies that were paid for a PC claim, as well as the total number of community pharmacies in each county. Shading represents the total number of claims paid per county.

recent trends from the current data.

While many pharmacies have submitted claims for PC services, most do not do so on a regular basis. There are many possible reasons for this, including non-standardized billing and documentation processes, the pharmacist shortage, insufficient compensation and difficulty of integrating PC services into the dispensing process. Further research needs to be done to identify barriers and facilitators to participation, and mechanisms must be devised to begin to make changes in pharmacies that facilitate participation. PSW has been working over the past year with a group of stakeholders who include insurance payors, pharmacists and UW School of Pharmacy faculty to investigate and address these issues.

#### LIMITATIONS

This update is based on data from a limited number of payors. Additional payors are known to reimburse for PC services, but their data were not available. Thus, our results likely underestimate pharmacy participation in programs that pay pharmacists for PC services. Future research will attempt to gain a more complete picture of pharmacy participation in PC programs.

#### CONCLUSIONS

As payor programs that pay pharmacies for PC services emerge, participation in these programs is occurring. We need to learn from pharmacies that are frequent participants about what aspects of their practice promote and sustain participation. This information then needs to be communicated to payors and pharmacies to allow them to collaboratively design programs that best fit with busy pharmacy work environments and to facilitate changes that promote participation while at the same time providing value to the payor. ●

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#### REFERENCES

1. Mott DA, Kreling DH, Hermansen-Kobulnicky C, et al. Medicaid Pharmaceutical Care Program. *J Pharm Soc Wis* 2005; Mar/Apr: 12-16.

#### ORAL HEALTH IMPROVING FOR MOST AMERICANS

## Tooth Decay Among Preschoolers on the Rise

Editor's note: The following information is provided by the Centers for Disease Control and Prevention.

Americans of all ages continue to experience improvements in their oral health. However, tooth decay in primary (baby) teeth increased among children aged 2 to 5 years, according to a report released in April by the Centers for Disease Control and Prevention (CDC).

Based on data from CDC's National Center for Health Statistics, the report, *Trends in Oral Health Status—United States, 1988–1994 and 1999–2004*, represents the most comprehensive assessment of oral health data available for the U.S. population to date.

Tooth decay in primary (baby) teeth of children aged 2 to 5 years increased from 24 percent to 28 percent between 1988-1994 and 1999-2004.

The report noted significant improvements in several areas. The prevalence of tooth decay in permanent teeth decreased for children, teens, and adults. And more than one-third (38 percent) of children and teens aged 12 to 19 years had dental sealants, a plastic coating applied to teeth that protects against decay.

The report noted several racial/ethnic disparities. Thirty-one percent of Mexican American children aged 6 to 11 years had experienced decay in their permanent teeth, compared with 19 percent of non-Hispanic white children.

"This report shows that while we are continuing to make strides in prevention of tooth decay, this disease clearly remains a problem for some racial and ethnic groups, many of whom have more treated and untreated tooth decay compared with other groups," said Dr. Bruce A. Dye, a dentist and the report's lead author.

There were also disparities along economic lines. Three times as many children aged 6-11 (12 percent) from families with incomes below the federal poverty line had untreated tooth decay, compared with children from families with incomes above the poverty line (4 percent).

"Although preventive measures, such as dental sealants, have been widely available for years, we need to focus our efforts on reaching children living in poverty who stand to benefit the most from them," says Dr. William R. Maas, a dentist and director, of CDC's Division of Oral Health. "This report challenges us to increase our efforts to reach those most in need with effective preventive measures, and to provide guidance and health education to others, for instance, smokers whose oral health can greatly benefit from quitting."

Other findings of the report include:

- The prevalence of tooth decay in the permanent teeth of youths aged 6 to 11 years decreased from approximately 25 percent to 21 percent, and among adolescents aged 12 to 19 years decreased from 68 percent to 59 percent.
- The use of dental sealants increased from 22 percent to 30 percent among youths aged 6 to 11 years and from 18 percent to 38 percent among adolescents aged 12 to 19 years.
- Moderate and severe periodontitis (gum disease) decreased from 10 percent to 5 percent among adults aged 20 to 64 years and from 27 percent to 17 percent for seniors aged 65 years and older.
- Among seniors aged 65 years and older, the percentage with complete tooth loss (edentulism) decreased from 34 percent to 27 percent.
- Among adults aged 20 to 64 years, 60 percent reported having a dental visit in the past year during 1999–2004, compared with 66 percent reporting a visit in the past year during the previous survey (1988–1994).