NCPA Issue Brief

Critical Need for the Expansion of Payment for Pharmacist-Provided Services

NCPA supports the continued recognition of the invaluable patient care services that are provided by pharmacists and the critical need to secure reimbursement for these activities at both the state and federal level. NCPA supports an incremental approach to achieving pharmacist provider status that would allow the pharmacy community to expand and build upon steps that have been made at the state level in the areas of MTM, immunizations, and collaborative practice agreements, among others, which can be used as evidence justifying an amendment of the Social Security Act which would allow pharmacists to bill Medicare for patient care services they provide.

The Critical Need for Achieving Pharmacist Provider Status

In the wake of the passage of federal health care reform legislation, the health care community has seen the advent and rise of new collaborative care models of delivery such as patient-centered medical homes and Accountable Care Organizations (ACOs). In order for pharmacists to be able to integrate into these new models of care and the shared savings resulting from these models on a consistent basis, it is critical that pharmacists are able to be directly reimbursed for the valuable patient care services they provide. In addition, the Affordable Care Act (ACA) provides ten categories of essential health benefits (EHBs) that must be provided by all qualified health plans in the Exchanges. This list includes preventative care and wellness services. In order to ensure that qualified health plans include pharmacists in the list of provider types that may provide these services (smoking cessation, obesity counseling, MTM) it is critical that the pharmacy community undertake a concerted effort at both the federal and state level to educate policymakers about the patient care services offered by pharmacists and pursue any and all avenues to secure reimbursement for such patient care activities.

Federal Approach

NCPA has recently identified the pursuit of securing reimbursement for pharmacist-provided patient care services or securing pharmacist provider status as a top legislative and policy focus for 2013. On the federal level, NCPA and other pharmacy-related organizations have expressed keen interest in amending the Social Security Act to add pharmacists to the list of federally recognized providers who may bill Medicare for medication management and other patient care services. At the present time the list of approved “providers” includes numerous other allied health providers such as physician assistants, nurse practitioners, clinical social workers, registered dieticians and clinical psychologists. After Medicare Part B status is achieved, it is likely that within time, other government and commercial payers would also
follow suit. However, the federal pursuit of pharmacist provider status is not the only pathway that should be explored.

**State Approach**

There are a number of state Medicaid programs that have recognized pharmacists as providers to provide MTM to certain populations as well as provide some immunizations. Most of these states have recognized that particularly for state Medicaid recipients with multiple, chronic conditions, pharmacist-provided MTM can improve overall patient health outcomes and provide tangible health care savings. Outside of the state Medicaid programs, nearly all of the states allow pharmacists to provide all or some types of immunizations and some states have authorized pharmacists to enter into collaborative practice agreements with other types of health care providers. There is a critical need to continue to pursue efforts that would allow pharmacists to provide MTM and other patient care services in state Medicaid programs as well as expand pharmacists’ abilities to administer additional types of vaccines as well as provide preventative care services in the commercial market.