



# Opportunity for Medicaid to Cover Home Delivery Services of Prescription Drugs

As of March 25, 2020

In response to President Trump’s national emergency declaration, CMS has taken steps to remove red tape to allow states more flexibility in amending their Medicaid programs to provide appropriate benefits to respond to the COVID-19 outbreak. CMS has provided a template for states to request an 1135 waiver to amend their state Medicaid plans to increase enrollment and provide for additional benefits to battle the disease. One of the additional benefits highlighted in the template is an adjustment to the professional dispensing fee or a supplemental payment for delivery to account for additional costs incurred by pharmacists for home delivery.

To expedite the waiver process, CMS allows states to request a waiver of the public notice requirements. Additionally, states may request that these amendments be made retroactively to March 1, 2020. The amendments requested under the waiver can be made effective for the duration of the national emergency.

To offset the costs of these additional services, Congress passed the “*Families First Coronavirus Response Act*,” which increased the Federal medical assistance percentage (FMAP) by 6.2% for the duration of the national emergency. Therefore, the federal government will cover a higher percentage of the costs of Medicaid, thus offsetting the cost to the state and making it easier for states to implement these changes.

The National Community Pharmacists Association and CPESN® have provided the attached resources that states can use to streamline the waiver application and implementation process. The first resource explains the pharmacy delivery services in detail and recommends the necessary adjustment to the professional dispensing fee to cover the pharmacy’s cost of providing these services for Medicaid beneficiaries. The rate recommendations reflect such factors as CPESN best practice modeling, current delivery fees being utilized in the market by pharmacies, and IRS mileage rates. The second resource offers scenarios for using NCPDP Telecommunication Standard to document home delivery on a prescription claim.

## Example Delivery Service Descriptions and Price Points

*(Subject to desired services, funding availability, or unique aspects of each State Plan)*

| A. Mail or Courier Delivery            | B. Safe Hand Delivery and Offer to Counsel  | C. Safe Hand Delivery and Offer to Counsel with Screening, Follow-Up and MONITORING  |
|--|---|--|
| \$1.50 Per Prescription Fill Delivered | \$3.50 Per Prescription Fill Delivered  | \$8.25 Per Prescription Fill Delivered   |
| 1. Confirm Delivery                    | 1. Confirm Delivery   | 1. Confirm Delivery  |
|  |   | 2. Perform medication reconciliation   |
|  |   | 3. Create or review plan of care for current chronic/acute condition(s)  |
|  |   | 4. Screen patient for COVID-19 symptom identification & clinical stability. This could occur via phone during the delivery prep / med rec / sync call phase of the process   |
|  |   | 5. Offer to facilitate triage using CDC online algorithm or equivalent- This could occur via phone on the initial delivery prep/med rec/sync call phase early in the process |
|  |   | 6. Screen for other social determinant needs and referral if needed  |
|  |   | 7. Activate workforce and patient exposure prevention during delivery  |
|  | 2. Verbal offer for counseling and facilitate connection to pharmacist from the dispensing location remotely and securely | 8. Verbal offer for counseling and facilitate connection to pharmacist from the dispensing location remotely and securely  |
|  |   | 9. Set appointment for next regularly scheduled prescription fill(s)   |
|  |   | 10. Next day (following delivery) follow up for COVID-19 symptom progression if present at time of delivery  |
|  | 3. Ensure that active patient and pharmacy workforce protections measures are in place upon delivery                      | 11. Ensure that active patient and pharmacy workforce protections measures are in place upon delivery  |

## Descriptive Summary

### A. Mail or Courier Delivery

- Delivery completed by non-pharmacy employee
- Dispensing pharmacist is accessed through non-delivery channel

### B. Safe Hand Delivery and Offer to Counsel

- Delivery completed by pharmacy employee
- Dispensing pharmacist is accessible through delivery channel
- Pharmacy employee utilization of active workforce and patient exposure prevention procedures upon delivery.

### C. Safe Hand Delivery with Follow Up and Monitoring

- Dispensing pharmacy/pharmacist contacts patient:
  - New or follow up care planning for patient's current condition(s)
  - Perform medication reconciliation prior to delivery
  - Screen patient for COVID-19 symptom identification and clinical stability
    - ◆ If symptom positive: offer to facilitate triage using CDC online algorithm or equivalent
      - Subsequent follow-ups communications for COVID-19 symptom progression scheduled
    - ◆ If symptom negative: counsel on COVID-19 symptom recognition
  - Screen patient for other Social Determinant of Health needs and refer if needed
  - Confirm delivery date, time, and incorporate patient specific instructions
- Delivery completed by pharmacy employee
  - Utilizing active workforce and patient exposure prevention procedures
  - Offer remote counseling with dispensing pharmacist
- Dispensing pharmacy/pharmacist updates post-delivery and counseling plan of care
- Appointment set for next regularly scheduled prescription fill(s)

## Scenarios for Using NCPDP Telecommunication Standard to Document Home Delivery on a Prescription Claim

**Note:** If the Medicaid processor cannot quickly apply programming to include the delivery fee in the real-time adjudicated claim response, the code can still be used to retrospectively reimburse the pharmacy. For example, the processor or Medicaid program could run a report every 2 weeks that identifies how many claims a provider has submitted with the claim to determine payment.

**Note:** For administrative simplification, if the Medicaid program elects to implement 440-E5 Professional Service Code Field, NCPA and CPESN recommend using the value PM (Patient Monitoring) or SC (Self-Care Consultation).

1. 418-DI Level of Service field: Pharmacy submits "2 – Home Delivery" value
2. 440-E5 Professional Service Code field: Pharmacy submits a value not currently used by the state Medicaid program processor. List of values suggested for 440-E5:
  - a. PM Patient monitoring - Code indicating the evaluation of established therapy for the purpose of determining whether an existing therapeutic plan should be altered
  - b. SC Self-care consultation - Code indicating activities performed by a pharmacist on behalf of a patient intended to allow the patient to function more effectively on his or her own behalf in health promotion and disease prevention, detection, or treatment