

PTAC Meeting
10/2/24 at 1pm EST

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Password: 946199

Phone: (713) 353-0212 or (888) 822-7517

Conference Code: 729573

1. Welcome & Introductions - TAC Chair
2. Establish Quorum – TAC Chair
3. Approval of Minutes from Previous Meeting (8/21/24)– TAC Chair
[call for motion and second, voting by all members]
4. Old Business
 - CHW Discussion
 - i. Pharmacists do have provider status in Kentucky
 1. Under 304.17A pharmacists are considered health care providers as defined under KRS 315.010. I would argue that under 315.010 CHW services are within our scope of practice and therefore we are considered healthcare providers under the insurance code.
 2. Kentucky Pharmacists will be pursuing a statute change needed for pharmacists to order CHW patient interventions

Two states approve plans to enroll pharmacists as providers within Medicaid

NCPA · September 24, 2024

Idaho's and Alaska's state health agencies approved final plans to allow pharmacists to enroll as providers under Medicaid.

In Idaho, the Department of Health and Welfare announced that effective August 2024, all licensed pharmacists are eligible to enroll as individual providers and be eligible for payment within the state Medicaid program. Previously, Idaho pharmacists were unable to bill for services themselves and would need a physician to bill for the service for pharmacists to receive payment.

Pharmacists in Alaska were under similar rules before the 2022 passage of HB 145, which granted pharmacists recognition as providers. Last month, Alaska's Division of Health Care Services announced that effective September 2024, the state Medicaid program will cover pharmacists' non-dispensing services using a fee-for-service model for payment.

NCPA was proud to submit a letter of support for Alaska's legislation and celebrates with the pharmacy communities in Idaho and Alaska on expanding provider status in their respective states.

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- HPV Vaccine update
- Vaccine Counseling Billing standardization (any issues – 3 out of 6 MCO’s Passport, Anthem and United Healthcare are processing paid claims and what’s the update on Humana, Wellcare and Aetna?)
- Medicaid response to Action items from 8/21/24 PTAC Meeting:

Action Items:

- Motion passed for the Kentucky Department of Medicaid Services to accept pharmacists as providers that are able to order, manage and bill for Community Health Workers patient interventions, visits and encounters.
- Motion passed for the Kentucky Department of Medicaid Services to pay for pharmacists an administration fee for:
 - a. Long-acting anti-psychotic medications (this would reduce costs for an office visit and allow patient better access to care with pharmacies being open for more hours) Medications such as:
 - i. Abilify Mantenna
 - ii. Aristada
 - iii. Zyprexa Relprevv
 - iv. Invega Sustenna
 - v. Invega Trinza
 - vi. Risperdal Consta
 - b. Other maintenance prescription medications for savings to the Medicaid program as an alternative to paying for a physician visit, when a pharmacist can administer
 - i. B-12 Injection

FYI:

- Contacts for MedImpact: FYI (Ron)
 - Jennifer.lakstins-alvarez@medimpact.com (Account Executive at MedImpact)
 - Dean.Beuglass@medimpact.com (Managing Principal at MedImpact)
- Listed below are the pharmacy director’s names and their MCO. Please reach out to us if you have any issues with vaccine counseling billing from our particular MCO. Vaccine Counseling billing should pay \$25.64.
 - i. LaVeda Gipson – Aetna
 - ii. Angela Kamer-Lay – Anthem BCBS
 - iii. Michael Hammond - Humana
 - iv. Harita (Rita) Patel – Passport by Molina
 - v. Cindy Shuck – United Healthcare
 - vi. Ayonna Tolbert – WellCare

5. New Business

- Standard procedures (assignment of benefits) for pharmacies to use to do medical billing for vaccine counseling or other medical billing clinical interventions.
 - Where can pharmacists help out with Doula services? SB74
- ®SECTION 1. A NEW SECTION OF KRS CHAPTER 211 IS CREATED TO READ AS FOLLOWS: (1) The Kentucky maternal psychiatry access program, also known as the Kentucky Lifeline for Moms, is hereby established. The purpose of the program shall be to help health care practitioners in the

Commonwealth meet the needs of a mother with mental illness or an intellectual disability. (2) The program shall be operated by the Cabinet for Health and Family Services, Department for Public Health, Division of Maternal and Child Health. (3) The program shall, at a minimum, employ a psychiatrist licensed pursuant to KRS Chapter 311 and a psychologist licensed pursuant to KRS Chapter 319. (4) The program shall operate a dedicated hotline phone number Monday through Friday from 8 a.m. to 5 p.m. local time that serves as the entry point to the program for health care practitioners to be able to get services for a mother with mental illness or with an intellectual disability. Services shall include: (a) An immediate clinical consultation over the telephone; (b) An expedited face-to-face mental health consultation; (c) Care coordination for assistance with referrals to community behavioral health services; and (d) Continuing professional education specifically designed for health care practitioners. (5) The department shall, within sixty (60) days of the effective date of this Act, promulgate administrative regulations in accordance with KRS Chapter 13A to implement the provisions of this section.

®Section 2. KRS 211.122 is amended to read as follows: (1) The Cabinet for Health and Family Services shall, in cooperation with maternal and infant health and mental health professional societies: (a) Develop written information on perinatal mental health disorders and make it available on its website for access by birthing centers, hospitals that provide labor and delivery services, and the public; and (b) Provide access on its website to one (1) or more evidence-based clinical assessment tools designed to detect the symptoms of perinatal mental health disorders for use by health care providers providing perinatal care and health care providers providing pediatric infant care. (2) The Cabinet for Health and Family Services shall establish the Kentucky maternal and infant health collaborative. The collaborative shall be composed of the following members appointed by the secretary of the Cabinet for Health and Family Services:[a collaborative panel composed of] (a) Four (4) representatives of health care facilities that provide obstetrical, [and]newborn[care], maternal, and infant health care, one (1) of whom shall be a member of the Kentucky Chapter of the American College of Obstetricians and Gynecologists; (b) Two (2) providers of[,] maternal mental health care; (c) Two (2)[providers,] representatives of university mental health training programs; (d) Two (2)[,] maternal health advocates; (e) Three (3)[,] women, each of whom shall have[with] experience living with at least one (1) of the following: 1. Perinatal mental health disorders; 2. Substance use disorder; and 3. Intimate partner violence;

- Medicaid Medical Billing going on in other states:
 - i. Diabetes Self-Management Education
 - ii. Complete Medication Reviews
 - iii. Compliance counseling (getting paid more for compliance packaging)(increases patient compliance and therefore improves patient health)
 - iv. TB Skin Testing
 - v. Nutritional and supplementation counseling
 - vi. Tobacco Cessation
 - vii. Transitions of Care
- **Supporting documentation for payment for pharmacist clinical services:**
HB 48 passed in 2021 AN ACT relating to reimbursement for pharmacist services.
AN ACT relating to reimbursement for pharmacist services.

(2) To the extent permitted under federal law, for policies, plans, or contracts issued or renewed on or after the effective date of this Act, an insurer, or a third-party administrator for such insurer, shall provide reimbursement to a pharmacist for a service or procedure at a rate not less than that provided to other nonphysician practitioners if the service or procedure: (a) Is within

the scope of the practice of pharmacy; (b) Would otherwise be covered under the policy, plan, or contract if the service or procedure were provided by a: 1. Physician; 2. Advanced practice registered nurse; or 3. Physician assistant; and (c) Is performed by the pharmacist in strict compliance with laws and administrative regulations related to the pharmacist's license. (3) This section shall not be construed to limit coverage provided under a policy, plan, or contract, or required under any other law.

6. General Discussion
7. Recommendations
8. MAC Meeting Representation
9. Next PTAC Meeting
10. Adjourn