APhA
American Pharmacists Association

September 22, 2021

Jim Leonard, PharmD
Deputy Director, Pharmacy Office
Colorado Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

**RE: Proposed Rule Changes at 10 CCR 2505-10, Section 8.800.2.B, Section 8.200.2.C and Section 8.800.5.B**

Dear Dr. Leonard:

The Colorado Department of Health Care Policy & Financing (HCPF) has recently issued proposed rules regarding services provided by a pharmacist, based on a law (HB 21-1275) signed in July 2021 by Governor Jared Polis. The American Pharmacists Association (APhA) would like to thank Governor Polis, Director Kim Bimestefer and the Department for their quick work to begin implementing the law.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Colorado, APhA represents pharmacists and students that practice in numerous settings and provide care to many of your beneficiaries. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

We support the feedback provided by the Colorado Pharmacists Society and we appreciate the opportunity to provide comments on this rule package as many of our members will be impacted by these changes. In general, we are supportive of the proposed rule package and believe it will allow pharmacists to provide a new level of care access and quality to Medicaid beneficiaries as reimbursed under the medical benefit. However, we have the following recommendations to ensure the law is implemented as intended and beneficiaries have appropriate access to services provided by pharmacists.

*CPT Codes for Pharmacists' Services*
APhA has concerns that the proposed list of current procedural terminology (CPT) codes for pharmacists to report and bill for their services does not adequately represent the scope of services pharmacists provide. Table 1 details APhA's recommended set of CPT codes that reflect the complexity and time for various

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pharmacists' patient care services and align from a parity perspective with other Medicaid providers. Patient care services provided by pharmacists have been historically undervalued despite the extensive published literature showcasing the high therapeutic and economic value associated with these services.[1,2] To appropriately value the services provided by pharmacists, establish parity with services of other providers, and assure involvement by pharmacists in increasing access to care for Coloradans we recommend that HCPF adopt this set of CPT codes for pharmacists' services in the Medicaid program.

Table 1

| CPT | Description |
|---|---|
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a low level of medical decision making; 30-44 minutes |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision making; 45-59 minutes |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and a high level of medical decision making; Over 60 minutes |
| 99211 | Office or other outpatient visit (face-to-face) for the evaluation and management of an established patient that may not require the presence of a physician |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making; 10-19 minutes |
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a low level of medical decision making; 20-29 minutes |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a moderate level of medical decision making; 30-39 minutes |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and a high level of medical decision making; Over 40 minutes |
| 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes |
| 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); 30 minutes |
| 99406 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes |
| 99407 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 10 minutes |

[1] Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

[2] Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927

| | |
|---|---|
| 99441 | New and established patients telephone visit; 5-10 minutes |
| 99442 | New and established patients telephone visit; 11-20 minutes |
| 99443 | New and established patients telephone visit; 21-30 minutes |
| 99091* | Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days |
| 96372 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular |

*Code is listed as "Not a benefit" by HCPF Fee Schedule. We would recommend these codes be included as a benefit.

Many of the CPT codes included in Table 1 are recommended because other states are allowing pharmacists to submit these codes, they are comparable with codes that other healthcare professionals are utilizing, and appropriately value pharmacist patient care services. As an example, the Nevada Department of Health and Human Services Division of Health Care Financing and Policy, in drafting rules for the implementation of Senate Bill 190[3] and Senate Bill 325[4] have proposed allowing pharmacists to bill many of the codes included in Table 1, including, but not limited to 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215. Additionally relevant is that in implementing Senate Bill 325 which allows pharmacists to provide and bill for human immunodeficiency virus pre-exposure prophylaxis and post exposure prophylaxis services, the Nevada department has proposed allowing for the billing of relevant laboratory codes. We would strongly recommend HCPF to consider including CPT codes included in Table 1 and relevant laboratory codes to ensure patients are able to receive necessary monitoring for tests such as HIV, sexually transmitted infections, hepatitis B & C, and renal function tests.

*Recognizing pharmacists as providers in RHCs and FQHCs*

Pharmacists in all practice settings provide highly valuable services, and these services are important in maintaining the health of patients especially for underserved communities receiving care in rural health clinics (RHCs) and federally qualified health centers (FQHCs). To ensure appropriate access and sustainability of these clinics, we recommend allowing pharmacists in all practice settings, including RHCs and FQHCs the ability to enroll as medical providers with HCPF and be reimbursed for their patient care services. We additionally recommend that pharmacists' services be applied to the prospective payment system for bundled payments provided to RHCs and FQHCs. Other states have submitted state plan amendments[5] (SPA) to allow pharmacists to bill for similar services, and we would encourage HCPF to take similar steps.

*Expediting Implementation of Long-Acting Injectable Authority*

As discussed by Senator Barbara Kirkmeyer during the public hearing held on September 15th, we are concerned that the delayed implementation of allowing long-acting injectables (LAIs) to be billed under the pharmacy benefit until July 2022 will result in continued limited access and patient harm in the interim. From our understanding, this change does not require a SPA and could be taken by the department now to ensure beneficiaries have immediate greater access to their needed medications. We appreciate the

[3] Nevada Senate Bill 190. Available at https://www.leg.state.nv.us/Session/81st2021/Bills/SB/SB190_EN.pdf

[4] Nevada Senate Bill 325. Available at https://www.leg.state.nv.us/Session/81st2021/Bills/SB/SB325_EN.pdf

[5] State Plan Amendment #: 21-0009. Available at https://www.medicaid.gov/medicaid/spa/downloads/OH-21-0009.pdf

department's intent to wait for this implementation to align it with the implementation of the remaining rules included in the package following the approval of the SPA. We recommend accelerating the implementation of allowing LAIs to be billed under the pharmacy benefit, however, are concerned that without a financial incentive of an administration fee that many pharmacists will have limited ability to participate, and patients will have continued limited access to their medications.

*Coverage of Pharmacists' Services in Managed Care Plans*

Our final consideration is regarding fee-for-service and managed care beneficiaries. We recommend that services provided by pharmacists be available to all beneficiaries including those enrolled with a managed care plan. Further we encourage that services provided by pharmacists be applied to managed care plans' medical-loss ratio and to their capitation rates. We believe this will ensure equitable access to services provided by pharmacists across beneficiary groups.

We greatly appreciate the Department's work to quickly implement this law. Along with recommendations provided by the Colorado Pharmacists Society, we believe with the recommended changes that we've highlighted, Coloradans will have greater access to the numerous patient care services provided by pharmacists. Thank you for your time and consideration of our comments. If you have any questions or require additional information, please don't hesitate to contact E. Michael Murphy, PharmD APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,

Ilisa BG Bernstein

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Senior Vice President, Pharmacy Practice and Government Affairs
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