

PEIA



PEIA PPB Face to Face Diabetes Policy

Subject: Face to Face Diabetes Program

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Signatures:

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Purpose of Policy: To document the policies and procedures of the PEIA Face to Face Diabetes Program.

General:

The Face-to-Face Diabetes Program is a Disease Management program for PEIA PPB Plan insureds with diabetes. Participants will be required to select a Program pharmacist, in their area, who will provide one-on-one diabetes care coordination at scheduled appointments. The Face to Face Diabetes Program was developed to improve the health care status of members with diabetes while reducing their medical costs. PEIA members

participating in this program will have their copayments for diabetes-related prescriptions, limited supplies and lab studies waived (see Attachment A). Participants are responsible for their deductibles and any cost difference in the brand and generic if the participant or physician chooses a brand where there is a generic available.

Disclaimer:

This Face to Face Program does not authorize and a pharmacist must not initiate, discontinue, or modify drugs and/ or dosages or conduct laboratory tests related directly to drug therapy management. The Face to Face Program does not authorize and the pharmacist must not conduct physical examinations other than height, weight and vital signs. The Face to Face Program does not authorize and a pharmacist must not interpret lab studies.

This Face to Face Diabetes Program does not require the pharmacist to enter into a “collaborative pharmacy practice agreement” with a physician in order to participate in the Program. Pharmacists must notify PEIA immediately if a collaborative pharmacy practice agreement is reached, as participant records will reflect activities not included in the F2F Program. Failing to notify PEIA may negatively impact the review of pharmacist records for quality assurance reporting/scoring.

Pharmacists/Pharmacies will only be reimbursed for the visits and clinical labs (listed on attachment D) described in this policy under Coding and Billing Requirements. If a pharmacist performs laboratory services, he/she must have a certificate of registration through the Clinical Laboratory Improvement Act of 1988 (CLIA) and a physician order for services performed.

Eligibility & Limitations of Coverage:

Participants – Participating providers may make referrals for enrollment. Eligible participants will be identified via historical medical and prescription drug claim data. Insureds identified as having a claim expense with an ICD-9 diagnosis code of 250.xx and/or receipt of a prescription diabetic drug will be eligible to participate in the Program. Participants must have a primary care physician in order to participate in this program. Members may participate simultaneously in the Face-to-Face Diabetes Program and the PEIA Weight Management Program. The participant must share their Weight Management journal with the pharmacist during each session.

For initial and continued eligibility for this program and receipt of waived co-payments on diabetes-related prescriptions and waived coinsurance on diabetes-related laboratory studies, the insured must agree to:

- Complete all required forms
- Keep scheduled appointments with the pharmacist and physician
- Notify pharmacist at least 24 hours in advance for rescheduling of an appointment
- Become an active participant in improving his/her health
- Provide self glucose-monitoring values to the pharmacist at each visit
- If participant changes pharmacies, then a new participant agreement must be signed

Limitations of Coverage:

- 1) Members are not eligible to simultaneously participate in the PEIA Face to Face Diabetes Program and the Dr. Dean Ornish Program for Reversing Heart Disease.
- 2) Removal from one program, for any reason, does not automatically remove the participant from the other.
- 3) Failure to sign the "Participant Agreement" (Attachment B) and to comply with the agreed upon plan of care will result in forfeiture for receiving the benefits of this program.
- 4) It is our intent to offer a benefit which will assist PEIA members in making necessary lifestyle changes to lessen risk factors. Effective 7/1/2009 participating members in Diabetes Management F2F must be tobacco free or participating in the tobacco cessation benefit within 6 months. This requirement will also apply to newly enrolled participants.

Pharmacists – Pharmacists eligible to participate in this program and receive reimbursement from PEIA for initial visit and follow-up visits must:

- Provide the Program's specified services to enrolled PEIA PPB Plan insureds;
- Complete the diabetes certification program: "Pharmaceutical Care for Patients with Diabetes," a 27 hour program with self study and training seminar or a comparable certification program approved by PEIA;
- Complete the training for Internet Documentation of Assessment by CAMC Health Education and Research Institute;
- Agree to comply with the practice requirements as set forth in the Pharmaceutical Care for Diabetes Certification Program;
- Be affiliated with a pharmacy that has the capacity to fill a prescription, written by any physician, for the PEIA member that is participating in the Program;
- The intent of the program is that the participating member will have the ability to fill all prescription(s), written by any physician at the facility they have their Program visits.
- Agree to comply with the Pharmacist Agreement (Attachment F) as indicated by signing and returning to PEIA.

Coding and Billing Requirements

Visits -- Pharmacists must bill charges for the initial assessment and follow-up visits to Wells Fargo TPA at P. O. Box 2451, Charleston, WV 25329. The following chart includes the acceptable codes, limitations, and allowances for these services.

HCPCS/CPT Code	Description	Limitations	PEIA Allowance	Per Visit Maximum
S0315	DM program, initial assessment	1 per patient, per lifetime	\$80.00	\$80.00
S0316	DM program, follow-up: 15 min.	limit of 2 units per visit	\$20.00	\$40.00/\$60.00*

*Under limited circumstances, PEIA will allow a total of three (3) units for an initial transfer visit if an insured is transferred by PEIA to a different pharmacist in a different pharmacy. The initial transfer visit does not apply when an insured transfers from within a pharmacy that has multiple locations, regardless of a change in pharmacist. In addition, if an insured follows a pharmacist to a different pharmacy, the initial transfer visit does not apply.

Claims must be submitted on the CMS-1500 claim form and should be billed per completed visit. The dates of service on the claims submitted to Wells Fargo TPA, must match the dates of service entered in the web-based database by the pharmacist. PEIA has a timely filing limitation that requires submission of claims within 6 months of the date of service. Claims submitted beyond the timely filing limitation will be denied and may not be billed to the patient.

PEIA will pay 100% of the PEIA allowance for the assessment and follow-up services. The participant will not be responsible for a copayment or deductible for these services.

Prescriptions -- Pharmacists must bill prescriptions to Express Scripts via standard practice. PEIA will waive copayments for diabetes-related drugs and supplies (see Attachment A). Participants will be responsible for their deductibles and any cost difference in the brand and generic if the participant or physician chooses a brand where there is a generic available.

Clinical Lab Services

PEIA covers medically necessary clinical lab testing and monitoring. Participants will be responsible for their deductibles. If a Program participant has not completed the recommended lab monitoring studies as recommended in the “West Virginia Guidelines for Diabetes Care-Screening” (Attachment D), PEIA will pay the pharmacists for the performance of clinical lab services requested by a physician. To perform clinical lab services, the pharmacist must have a certificate of registration through CLIA and a physician order for services performed. Payment for clinical lab services is based on PEIA’s clinical lab fee schedule, which is available on the web site at www.wvpeia.com.

Documentation Requirements

The pharmacist must use the Face to Face Diabetes Program on-line format at www.peiaf2f.com to document all participant encounters. This documentation must support the level of services billed for each encounter. The online format includes, but is not limited to, fields for documentation of blood pressure, monitoring of cholesterol and

hemoglobin A1c lab values, meal and exercise planning, review of medications, and referrals to appropriate healthcare providers. The “Face to Face – Education/Goals Summary Form” must include documentation of the goals established by the participant and the pharmacist. Specific instructions and educational material should be included as guidance for the achievement of the established goals.

Face-to-Face Diabetes Program Procedures

Identifying Eligible Participants

Insureds identified via an ICD-9 diagnosis code of 250.xx with or without receipt of a prescription diabetic drug, will receive a letter from the TPA that introduces the Face to Face Care Management Program for Diabetes. This letter and enclosure(s) will contain an explanation of the Program, a list of participating pharmacists in their area, a list of drugs/labs for which the copay/coinsurance will be waived (Attachment A), and the Participant Application (Attachment C).

PEIA may enroll Medicare primary insureds either through the Medicare Special Plan or the Medicare Advantage Prescription Drug (MAPD) Plan. If enrolled, pharmacists and physicians will be notified by letter.

Participants who successfully complete the Dr. Dean Ornish Program for Reversing Heart Disease, and are still diagnosed with diabetes by their physician, may be eligible to enroll. The effective date of this benefit will be the first day of the month following completion when notification is received by PEIA from the participating site.

Enrollment

The insured must complete and return the Face to Face Diabetes Program Application to the TPA with their choice of provider. Since the Program has a limited number of participating pharmacists, the enrollment is on a first-come, first-serve basis. The insured’s eligibility will be verified to determine eligibility for Program participation.

Approvals:

- TPA will review electronic and manual applications and enroll eligible applicants into the program then submit data through electronic transmissions to PEIA.
- Approved participants will be flagged in PEIA’s eligibility system with a “DBT” attribute based on the information provided by the TPA. This attribute indicates that PEIA PPB and MAPD Plan members have been approved for the Face to Face Diabetes Program.
- The insured’s effective date for the Face to Face Diabetes Program will be the first day of the month following receipt of the insured’s application. For example, the

effective date for an insured whose Diabetes Program application is received by PEIA on March 25, 2007, will be April 1, 2007.

- Via regularly scheduled electronic transmissions the TPA will notify PEIA of the diabetic participants and the effective dates of the “DBT” attribute. PEIA will provide this information to the Medicare Advantage plan, Express Scripts and the PEIA data warehouse. The attribute is a flag to these entities that the identified insured will have their copayments waived for diabetes-related prescriptions, supplies and lab studies.
- Approved participants will be notified by the TPA of their approval and their effective date of Program enrollment. The pharmacy/pharmacists chosen by the approved participant and the participant’s treating physicians will receive a copy of the approval letter.

Denials

Some insureds may not be eligible for participation in this Program. If it is determined that an insured who submits an application is not eligible, the insured will be notified by the TPA of the denial and the denial reason. The chosen pharmacy/pharmacists will receive a copy of the denial letter. An insured may be denied participation due to one or more of the following:

- Insured is not covered under the PEIA PPB or MAPD Plan.
- Insured was not diagnosed with diabetes and/or does not use diabetes-related prescription drugs.
- Metabolic syndrome and obesity are not considered eligible diagnoses for this program.

Scheduling the First Appointment

The initial visit between the participant and the pharmacist will be scheduled by the pharmacist to occur as soon after the participant’s effective date as is reasonable for the participant and the pharmacist. Program requirements are:

- The pharmacist will contact the participant within 7 days of their effective date to schedule the first appointment.
- The first appointment will be conducted within 45 days of the participant’s effective date.
- The pharmacist may leave a message for the participant when attempting to schedule an appointment. The participant should respond to the message within three calendar days. If there is no response by the following week, the pharmacist will leave a second message. If the participant does not respond within three days after the second telephone message, the pharmacist will notify PEIA and PEIA will remove the participant from the Program. PEIA will notify the participant in writing. A copy will be provided to the pharmacy/pharmacist.

First Appointment/Initial Assessment

At the first appointment, the insured will bring a list of all current medications and treating physicians to their pharmacist. The pharmacists will complete the “Background Information and Initial Visit” forms and work with the participant to establish two goals that the participant will work toward before the next appointment. During this visit, the pharmacist must obtain a signed “Participant Agreement.” The goals on the Participant Master Summary must be reviewed and discussed with the participant prior to their departure. The Summary will also identify the date and time of the next appointment.

If the information is available at the initial visit to generate the GFR (glomerular filtration rate) and the participant’s GFR is less than 60, then the pharmacist must refer the participant to the PEIA Renal Care Management Nurse via the online communication fields. The referring physician must also be notified of the GFR. Failure of the participant to comply with the Renal Care Management Program will result in disenrollment from the Face to Face Program by PEIA.

After the initial visit, the pharmacist should invoice Wells Fargo TPA, as instructed in the Coding and Billing Requirements section of this policy.

Follow-up Visits

Based on the participant’s health status and goals, the pharmacist will determine the frequency of follow-up visits. Follow-up visits may be scheduled as noted below, if the criteria as noted in the section “Eligibility and Limitations of Coverage” are not met with regard to the HbA1c level of 7 or less:

- Monthly visits with the participant are required for the first three months of the Program for each participant.
- After the third visit, the pharmacist must schedule quarterly visits for the first year. After one year, the provider may reduce the frequency of visits based on the individual’s HbA1c. If the HbA1c level is less than 7, an annual visit may be scheduled; if greater than 7, quarterly visits may be scheduled.
- Participants diagnosed with diabetes who have not participated in a diabetes education program may be scheduled more frequently until the necessary education is completed. During the initial six (6) weeks, one visit per week is considered reasonable for these participants. The pharmacist must enter documentation in the patient record to document the necessity of the additional visits.
- Complicated cases, patients with poorly controlled diabetes and/or poorly controlled co-morbidities, may also require visits that are more frequent. For these participants, two (2) visits per month may be covered, as necessary, during the initial three (3) months. The pharmacist must enter documentation in the patient record to document the necessity of the additional visits. Additional visits may be granted by PEIA based on pharmacist’s documentation.

For each follow-up visit, the pharmacist must:

- Verify the Participant Background Information with the participant.
- Complete the Pharmacist Visit Summary Form.
- Review the previous visit's goals from the Master Summary with the participant and determine if the goals have been met or if they require modification.
- By the end of each follow-up visit, develop two goals with the participant and provide the participant with a copy of the goals and the date/time of the next visit. If goals are consistently not met, the provider will contact PEIA. PEIA will contact the participant to determine the reason for goals not being met. At this time, PEIA will determine if the participant should be disenrolled from the program.

After each follow-up visit, the provider should invoice Wells Fargo TPA, as instructed in the Coding and Billing Requirements section of this policy.

Pharmacist and Physician Communications

The pharmacist will send a "Participant Master Summary" to appropriate physicians. Quarterly reports are sufficient unless more frequent reports are necessary, as determined by the pharmacist, to communicate medical or noncompliance issues. For participants seen every six months, the report should be sent every six months.

The pharmacist may also have occasion to call and speak with a physician regarding a participant's medical status.

Physician referrals should be made when conditions are identified by the pharmacist that requires medical attention. Alternatively, a physician may also refer a patient to a pharmacist for monitoring and/or diabetes education, as provided through PEIA's Face to Face Diabetes Program.

Missed Appointments/Visits

The participant must give a 24-hour notice to the pharmacist if he/she is unable to make a scheduled appointment (unless it is an emergency). If the participant does not provide notice, the pharmacist will contact him/her to reschedule the visit.

A missed appointment is to be followed up with a call to the member and a visit rescheduled within 30 days of the missed appointment.

Upon a second missed appointment without prior notification, the pharmacist will contact the participant regarding his/her responsibilities for continuing in the program and the pharmacist will reschedule the visit to occur within 15 days.

With the occurrence of a third missed appointment, or members refusal to reschedule within the time periods stated above, the pharmacist will contact PEIA. PEIA will contact the participant to determine the reason for the missed appointments. At this time, PEIA will determine if the participant should be disenrolled from the program. If the participant is

disenrolled, he/she will receive a written notification of this decision. The pharmacist will also receive a copy.

Voluntary Disenrollment

A participant may choose to disenroll from the program at any time. He/she must notify, in writing, PEIA or his/her pharmacist as soon as possible. If the pharmacist is notified by the participant that they choose to disenroll, the pharmacist must notify PEIA immediately. PEIA will remove the "DBT" attribute and notify the member and pharmacist of this action.

Participants who voluntarily disenroll from the Face-to-Face Diabetes Program are eligible to re-enroll twelve months after the date of their previous termination. Voluntarily disenrolled members are eligible to participate in this program a maximum of two attempts per lifetime. Furthermore, those participants will be eligible for reenrollment in the Face to Face Diabetes Program based on program capacity, availability of pharmacists and after the necessary time frame.

Noncompliance Disenrollment

Participants may be disenrolled due to non-compliance with the program requirements. For purposes of this policy, a participant is considered noncompliant:

- When three (3) or more scheduled appointments are missed without documented cause;
- When recommended medical and/or preventative care is not obtained;
- When little or no effort is made to meet the established visit goals and/or;
- When the member fails to schedule an appointment with the pharmacist within the time periods noted in the policy;
- When self reported glucose-monitoring values are not provided to the pharmacist after the third cumulative visit.
- This disease management program is established in an effort to improve the health care status of our members with diabetes and reduce the medical costs of PEIA and its members. Thus, participants are expected to comply with the program requirements in order to receive the benefits of waived copayments. This is a one attempt per lifetime member benefit and eligibility is determined by member compliance and documented progress. If PEIA removes the participant from the program due to noncompliance, he/she will not be eligible to reenroll in the diabetes management program.
- Participants who do not comply with the requirements of the program may receive a letter advising them of their impending disenrollment. Should these participants continue to be non-compliant with any requirement, PEIA will automatically disenroll the participant from the program.

Educational Resources

Pharmacists may obtain diabetes related educational materials from the CAMC Health Education and Research Institute. The Institute has a newly diagnosed diabetes workbook and various other patient oriented educational resources. In addition, the Face to Face Program's website, www.peiaf2f.com, will include links to other diabetes resources.

Pharmacist Procedure/Guidelines

Attachment E lists the guidelines for the online activity required from the pharmacist. This list is an effort to document the sequence of the pharmacist's process.

Attachments:

Attachment A – Waived Co-payments

Attachment B – Participant Agreement

Attachment C – Face-to-Face Participant Application

Attachment D – West Virginia Guidelines for Diabetes Care-Screening

Attachment E – Guidelines for Use of Online Tools

Attachment F - Pharmacist Agreement