

## SUPPLEMENTARY FILE 6. Experimental Bundled Payment Model for USFarmácia® Pharmacy Services

### Reimbursement Rules and Billing Procedure for USFarmácia® Pharmacy Services

#### RULES

Program Saúde® will reimburse 100% of the following pharmacy point-of-care assessments and visits of eligible patients in the USFarmácia® Trial according to the following rules:

Code (CNP)	Service	Reimbursement Price
7942623	Blood Pressure Measurement	1.50 €
7953539	Lipid Profile Measurement	14.00 €
7969055	Cardiovascular Risk Assessment	6.25 €
7969162	USFarmácia® Visit_T0	19.56 €
7969170	USFarmácia® Visit_T6	9.78 €
7969188	USFarmácia® Visit_T12	9.78 €
7969196	USFarmácia® Visit_TX	6.52 €

#### CARDIOVASCULAR RISK

**Eligible Patients:** Patients 40-65 years with no medication for hypertension or hyperlipidemia and with at least one cardiovascular risk factor, as per Integrated Care Pathway (ICP), and no diabetes or medication for diabetes.

##### Eligible services per patient:

1 Cardiovascular Risk Assessment	6.25
1 USFarmácia® Visit_T0 (First Visit)	19.56
	25.81

**Payment cap:** 1 pharmacy visit per patient; max. 390 total trial-eligible patients.

#### HYPERTENSION

**Eligible Patients:** Patients with no diabetes with at least one medication for hypertension (and baseline blood pressure  $\geq 140/90$  mmHg).

##### Eligible services per patient:

##### First Visit (T0):

1 Blood Pressure Measurement	1.50
1 USFarmácia® Visit_T0	19.56
	21.06

##### Visit 6 $\pm$ 2 Months (T6):

1 Blood Pressure Measurement	1.50
1 USFarmácia® Visit_T6	9.78
	11.28

**Visit 12 ± 2 Months (T12):**

1 Blood Pressure Measurement	1.50
<u>1 USFarmácia® Visit T12</u>	<u>9.78</u>
	11.28

**Extra Visit (if required for Blood Pressure Measurement, as per ICP) X± 1 Month (TX):**

1 Blood Pressure Measurement	1.50
<u>1 USFarmácia® Visit TX</u>	<u>6.52</u>
	8.02

**Payment cap:** 3-4 pharmacy visits per patient; max. 208 total trial-eligible patients.

## HYPERLIPIDEMIA

**Eligible Patients:** Patients with no diabetes with at least one medication for hyperlipidemia (and baseline total cholesterol ≥190 mg/dL or c-LDL ≥115 mg/dL).

**Eligible services per patient:**
**First Visit (T0):**

1 Lipid Profile Measurement	14.00
<u>1 USFarmácia® Visit T0</u>	<u>19.56</u>
	33.56

**Visit 6 ± 2 Months (T6):**

1 Lipid Profile Measurement	14.00
<u>1 USFarmácia® Visit T6</u>	<u>9.78</u>
	23.78

**Visit 12 ± 2 Months (T12):**

1 Lipid Profile Measurement	14.00
<u>1 USFarmácia® Visit T12</u>	<u>9.78</u>
	23.78

**Payment cap:** 3 pharmacy visits per patient; max. 234 total trial-eligible patients.

**OBS:** If a patient is simultaneously on hypertension AND hyperlipidemia medication, both point-of-care tests (blood pressure and lipid profile) are eligible for visits T0, T6, and T12.

## BILLING PROCEDURE

1. After scheduling the next visit as per ICP: go to menu **SERVICES [F6]**, identify the **eligible patient** and insert **applicable CNP code(s)**.
2. Confirm reimbursement price of point-of-care measurements (please change to your usual retail price for your other patients outside this project).  
  
OBS: Project Pharmacies will receive a plastic card with a CNP code list to affix at each sales counter for a quick reference guide.
3. Go to menu **PLANS [F9]**, select **Saúda® Reimbursement Plan (code CS)**, and insert the **patient NHS number**.  
  
OBS: This Plan will not be available for invoicing in usual pharmacy invoice batches.
4. Print invoice/receipt with the total amount (100% reimbursed).
5. Hand invoice/receipt to the patient (patient pays 0,00€).

## REIMBURSEMENT TO PHARMACIES

The amount due under this project will appear in the Saúda® invoice to the pharmacy, under “Extras”, named “USFarmácia® – Intervenções”. Payment to pharmacies will be made using e-reimbursement on two-time points: 1) Saúda® invoice February 2019 comprising project eligible services provided in 2019; 2) Saúda® final invoice at end of study follow-up (*projected date: August 2019*).

Amount billed will be subject to prior validation by Study Team to conform with Rules for Reimbursement of USFarmácia services.

## WHICH DOCUMENTS MUST PHARMACIES SEND FOR BILLING AND REIMBURSEMENT?

No document is required – billing and reimbursement will be processed electronically.

## WHAT IS THE AMOUNT DUE PER PHARMACY?

The amount due depends on the number of eligible patients who meet inclusion criteria and rules for reimbursement approved for this project.

## MORE INFORMATION:

Study Team  
Tel. XXXXX / email: XXXX