

EXTENDED PHARMACIST PROVIDER STATUS FAQ

This document is intended for all audiences seeking to learn more about the proposed Wisconsin Pharmacist Provider Status legislation.

GENERAL INFORMATION

1. What is Provider Status in Wisconsin and how is it different from federal Provider Status?

This bill would add pharmacists to the list of recognized health care providers in Wisconsin whose services must be reimbursed by certain payors. The Provider Status bill is designed to add pharmacists to the list of covered Medicaid providers of services.

The federal government has jurisdiction to decide covered entities for Medicare, while the state government has jurisdiction over state funded payers (Medicaid) and private insurers.

2. Why is reimbursement (not scope) targeted in this bill?

Currently, reimbursement for pharmacist-provided services is limited. Providing reimbursement for pharmacist-provided services would eliminate barriers and allow for pharmacist role expansion, increasing patient access. The current scope of Wisconsin pharmacists is extensive and the ability to enter into Collaborative Practice Agreements allows for the expansion of pharmacy services offered.

3. What is the pharmacist's scope of practice in Wisconsin?

A pharmacist's scope of practice in Wisconsin is outlined in Wisconsin Statute 450.01(16). In addition to traditional pharmacy dispensing, Wisconsin pharmacists are able to: immunize patients age 2 and older, perform any clinical task delegated to them by a physician under a collaborative practice agreement, and administer injectable medications. This is not a comprehensive list.

4. What is the difference between Provider Status and prescriber status (prescriptive authority)?

Provider Status is achieved when a health care profession is added to the list of covered health care providers who are able to seek reimbursement for covered services. Prescriber status is the authorization of a health care profession to write or order the use of medical prescriptions (prescriptive authority). This bill does not aim to add prescriptive authority to the scope of pharmacy practice.

5. Will all Wisconsin pharmacists be required to obtain Provider Status?

It will be optional for pharmacists to utilize this new status. In order to receive reimbursement, the individual pharmacist providers will need to contract with Medicaid prior to billing for services. The choice to contract with Medicaid will be optional; this bill will not automatically enroll all pharmacists with Medicaid.

6. How will recognition of pharmacists change with Provider Status?

With this new legislation, pharmacists will formally be recognized as Medicaid health care providers. The impact of the change in designation will depend on the Pharmacist's employer and individual practice setting.

7. Does this bill apply to services that are covered under a patient's medical benefit or prescription benefit?

This bill would apply to services that are rendered by a pharmacist that are encompassed in their scope of practice or delegated to them by a physician. Dispensing practices will remain under the prescription benefit. The medical benefit is anticipated to reimburse for clinical pharmacist services including, but not limited to: immunization administration, injectable medication administration, comprehensive medication reviews, smoking cessation counseling, and diabetes management services.

8. What are the benefits of establishing Pharmacist Provider Status for Patients? Pharmacists? Prescribers? Payors?

Currently, 2/3 of Wisconsin counties have areas considered medically underserved. Pharmacists can be used to help address these health care gaps.¹ With Provider Status, patient access to various invaluable services will increase when pharmacists are able to offer these services at various locations.

For pharmacists, Provider Status would create an avenue to seek reimbursement and expand access to medication-focused services.

For prescribers, pharmacists could become more accessible in clinics, hospitals and the community setting, due to the reduction in financial barriers complicating pharmacist placement.

For payors, studies have shown that pharmacist involvement in patient care can reduce hospitalization rates and inpatient costs. Patients are three times more likely to stay out of the hospital when pharmacists provide clinical services after discharge.² Pharmacist interventions for patients with chronic conditions save an average of \$1000 per patient per year.³

PATIENT IMPACT

1. How will this impact my patients' care?

Patient access to various invaluable services will increase as pharmacists are able to offer these services at various locations. Pharmacists could be used to help address health care gaps in medically underserved areas and the primary care provider shortage.¹ Pharmacists obtaining Provider Status will increase patient flexibility and access, as patients will have more providers available to render services.

2. How will Pharmacist Provider Status impact patient-centered team-based care?

The recognition of pharmacists as health care providers will enhance patient care, as a medication expert will be increasingly integrated as a member of their health care team. Having a medication expert on a health care team will ease the burden of medication therapy optimization. The increased integration of pharmacists in health care teams will improve communication between pharmacists and other providers and help break down the silos of health care. Integrating pharmacist providers into the health care team will help ensure that all health care professionals maintain a patient-centered care approach, where the entire team is participating in clinical decision making, thereby keeping all professionals on the same page. Pharmacists can also be uniquely positioned to help bridge the gap between care providers as patient care is transitioned.

3. Will pharmacists be coded as primary or specialty care providers in Medicaid?

Pharmacist services are anticipated to be coded as a primary care benefits under Medicaid.

4. Will patients be required to pay copays?

Patients could be required to pay copays for services rendered and billed through the medical benefit. The copayment would be similar to copays experienced when receiving the same service provided by other providers. This will depend on how Medicaid decides to structure coverage of pharmacy medical benefit claims.

5. Will this bill change prescription medication coverage?

This bill will make it possible for in-network pharmacist providers to bill Medicaid for medical services. This bill will not change the structure of prescription medication coverage.

CONTRACTING, CREDENTIALING AND PRIVILEGING (REQUIREMENTS FOR PROVIDER STATUS?)

1. What degree do pharmacists hold?

In the U.S. there are two degrees that practicing pharmacists can have. Pharmacists can either be a Doctor of Pharmacy (Pharm.D.) or have a B.S. in Pharmacy. Both are licensed pharmacists (RPh). Pharmacists in the U.S. are now required to complete at least six years of schooling, including a four-year program to earn a Doctor of Pharmacy degree. Pharmacists can further specialize by completing further education, residency and/or become board certified in an area of practice.

2. What training and education do pharmacists go through to obtain their pharmacy degrees?

Pharmacists are required to complete a bachelor's degree or at least 2 years of pre-requisite work in math, chemistry, biology and physics, at an accredited university as well as complete the PCAT, the pharmacy admittance exam, to apply for pharmacy school. To earn their Pharm.D., pharmacy students complete 4 years of training at an ACPE accredited university. To be ACPE accredited, the pharmacy program must be in compliance with all 25 ACPE Accreditation Standards. ([The 2016 standards](#))

3. What are the licensure requirements for Wisconsin pharmacists?

A pharmacy license is mandatory in Wisconsin to work as a pharmacist. To become licensed, prospective pharmacists must first obtain their Pharm.D. at an accredited university. Then, they must take a series of two examinations that test their decision-making capabilities, knowledge of drug therapy and pharmacy law. The first exam is the North American Pharmacist Licensure Examination (NAPLEX) which is a comprehensive exam that tests a person's capabilities to make important and safe decisions for patients. The Multistate Pharmacy Jurisprudence Examination (MPJE) tests the examinee's knowledge of federal and state pharmacy laws.

4. What are the currently recognized certifications that a pharmacist can have?

Pharmacists can receive advanced certificates through the Board of Pharmacy Specialties. These certificates are not required by law, but demonstrate a pharmacist's advanced knowledge in specific areas. There are currently nine recognized specialty practice areas for pharmacy

practice: Ambulatory Care (BCACP), Critical Care (BCCP), Geriatric (CCGP), Nuclear (BCNP), Nutrition Support (BCNSP), Oncology (BCOP), Pediatric (BCPPS), Pharmacotherapy (BCPS), and Psychiatric (BCPP).

Pharmacists can also receive other certifications: Pain Educator (CPE), Diabetes Educator (CDE), Asthma (AE-C), Anticoagulation Specialist (CACP), Pharmacy Compounding Accreditation, Tobacco Treatment Specialist Information, Point of Care Testing and HIV Care.

5. What is medical benefit contracting?

In the health insurance market, payors and providers enter into agreements or contracts that govern the provision of and payment for the health care services that are delivered to the members of the insurance plan by the providers. The contract will outline what services are reimbursable (covered) by the plan and what the reimbursement rate will be for the services. The process for enrolling as an in-network medical provider will vary depending on the plan. For enrollment with Wisconsin State Medicaid, pharmacists will need to complete a provider enrollment application on the ForwardHealth Portal. Approval can take 3-6 months. Time considerations should be made in planning for implementing new services. The home page for new provider enrollment can be found [here](#).

6. What are credentialing and privileging and how do they apply?

Credentialing is performed by a health plan and/or health care organization to confirm that every pharmacist meets the state's licensure requirements, they have liability insurance and have the correct processes in place for all CPAs, as appropriate.

Privileging is the process, performed by a health care organization, whereby the scope and content of patient care services are authorized for a health care provider based on their credentials and performance. Privileging is conducted by health care organizations to determine the role of each member of the health care team.

7. Will an advanced practice pharmacy license be required?

No. Any licensed pharmacist in Wisconsin will be considered a health care provider under this bill.

8. Can a pharmacist provide services to those only in the plans they are credentialed for or for everyone?

Pharmacist providers would only be able to bill for covered services to plans that they are contracted with. They can provide services to non-members, but they will not be reimbursed by the patient's insurance. This policy can vary between organizations and it will be the final decision of the pharmacist's employer regarding how to provide services to out-of-network patients.

BILLING

1. What services will be covered?

Services that are typically reimbursed by the Medicaid Program, but are provided by a pharmacist within the scope of their practice or when delegated by a physician will be covered.

2. What billing codes do pharmacists anticipate using?

Pharmacists can anticipate needing to use CPT, ICD10 and HCPCS codes.

3. What will be the process for pharmacist reimbursement? How will they be reimbursed?

Unlike billing for services on the pharmacy side, medical claims will not adjudicate immediately. The reimbursement process for medical services will be consistent with the current process for other providers.

4. Is a diagnosis required to bill for services?

Yes. ICD10 codes or Z-series diagnosis codes are required on all claims submitted to Medicaid for medical services.

5. What are documentation and coding requirements for medical services?

Patient record documentation must be maintained to support all provided medical services that are being billed. The detail and extent of the documentation must be consistent with industry coding guidelines. Pharmacist providers may find it necessary to consult, contract or employ a third-party billing service.

6. What claim forms are used for billing of medical services?

Claims will be submitted online through the ForwardHealth portal. A third-party claims processor can be contracted to support this process.

7. Will pharmacists bill directly or as “incident to”?

The method of billing will depend on where the services are provided and the pharmacist's relationship with the patient's physician. The pharmacist can either bill using their independent NPI, or as “incident to” by the physician depending on the circumstances of the claim. Pharmacist providers may want to consult with a billing expert to determine the best manner in which to bill for services.

8. What will happen with dual eligible patients?

The claim will need to be processed with a coordination of benefits with Medicare as the primary payor and Medicaid as the secondary.

9. What will happen to programs, such as WPQC and Part D MTM programs, which already help pharmacists bill Medicaid?

Since Medicaid contracts with pharmacies and not individual pharmacists, WPQC will remain in place to help pharmacists continue to provide level 2 interventions (CMR/As). Medicare Part D services will also be available to enrolled providers as Medicare is distinct from Medicaid.

PREPARING FOR PROVIDER STATUS

1. What can individual pharmacists do to prepare for Provider Status?

- Think about what services you would want to offer/what Provider Status would mean for you and your practice
- Consider infrastructure needs (billing, reconciliation, credentialing etc.)
- Update CVs
- Make/claim your profile on pharmacy profiles

- Credential with your employer
- Obtain CPA for services you would like to offer if needed
- Obtain an individual NPI, which will be necessary for billing for medical services.
- Market yourself and your services to patients

2. How long will it take to get approved as a provider by health plans?

Applying for and enrolling in a health plan can be a time-consuming process. The process of enrollment can be estimated to take up to 6 months.

3. What infrastructure might be needed in various areas to support this change?

There will need to be software and processes in place to handle documentation, medical claim billing, reconciliation, credentialing and privileging. Consideration will also need to be given to staff scheduling to ensure appropriate time can be dedicated to all tasks.

References

1. "MUA Find." HRSA Data Warehouse – Shortage Areas. U.S. Department of Health & Human Services. <https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx>
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3. "Improving Medication Adherence and Healthcare Outcomes Through a Retail Pharmacy Chain." *JCMP*. October 2015.

