

PHARMACIST PROVIDER STATUS FAQ

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

GENERAL INFORMATION

1. What is Medicaid Provider Status in Wisconsin, enabled by 2021 Wisconsin Act 98 (i.e., Act 98), and how is it different from Federal Provider Status?

2021 Wisconsin Act 98 (i.e., Act 98) adds pharmacists to the list of recognized healthcare providers in Wisconsin whose services must be reimbursed by Wisconsin Medicaid. Act 98 does not affect Medicare. The federal government has jurisdiction to determine covered entities for Medicare, while the state government has partial jurisdiction over state-funded payors (Medicaid) and private insurers.

2. Why was reimbursement (not scope) targeted in Act 98?

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 (CPAs) allows for the expansion of pharmacy services offered.

3. What is the pharmacist's scope of practice in Wisconsin? How is reimbursement affected by scope?

Act 98 does not affect the pharmacist's scope of practice. The pharmacist's scope of practice in Wisconsin is found in Wisconsin Statute [450.01\(16\)](#). Pharmacists can also be delegated services by a physician via a collaborative practice agreement (i.e., CPA) according to [Wisconsin Statute 450.033](#).

Act 98 requires reimbursement for a service in the pharmacist's scope of practice ([Wisconsin Statute 450.01\(16\)](#)) if Medicaid already reimburses other providers for the service and there are no limitations on the types of providers who may be reimbursed for the service. Services do not include consultation covered by a dispensing fee. Pharmacists will be able to bill Medicaid for a service not within the pharmacist's scope of practice (as outlined in Wisconsin Statute 450.01(16)) if the pharmacist has established a collaborative practice agreement (CPA) with a physician for the service and there are no additional provider or location restrictions on the service. For further clarification, please see this [infographic](#).

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

Provider Status is achieved when a healthcare professional is added to the list of covered healthcare providers who can seek reimbursement for covered services. Act 98 adds pharmacists to the list of recognized healthcare providers in Wisconsin whose services must be reimbursed by Wisconsin Medicaid. Prescriber status is the authorization of a healthcare professional to write or order the use of medical prescriptions (prescriptive authority). Act 98 did not 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; Act 98 will not automatically enroll all pharmacists with Medicaid. Future implementation resources will include information for contracting with Medicaid.

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

With Act 98, pharmacists will formally be recognized as Medicaid healthcare providers. The impact of the change in designation will depend on the pharmacist's employer and individual practice setting.

7. Does Act 98 apply to services covered under a patient's medical benefit or prescription benefit?

Act 98 applies to medical services that a pharmacist renders. The services must either be in the pharmacist's scope of practice ([Wisconsin Statute 450.01\(16\)](#)) or delegated to a pharmacist by a physician via CPA ([Wisconsin Statute 450.033](#)). Dispensing practices will remain under the prescription benefit.

8. What are the benefits of establishing pharmacists as providers in Wisconsin?

Two-thirds of Wisconsin counties have areas considered medically underserved with significant gaps in healthcare.¹ Pharmacist providers can help to address these gaps. By reimbursing pharmacists as providers, access to medication-focused services will increase both in the clinic and community settings. 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. Will pharmacists be coded as primary or specialty care providers in Medicaid?

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

2. 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 pharmacist medical benefit claims. PSW is working with Medicaid to determine these details. More information will be included in future implementation resources.

3. Will Act 98 change Medicaid prescription medication coverage?

Act 98 will allow Medicaid pharmacist providers to bill Medicaid for medical services. However, Act 98 does not change the Medicaid prescription medication coverage structure.

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

1. 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 healthcare 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 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](#).

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

Credentialing is performed by a health plan and/or healthcare 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 healthcare organization, whereby the scope and content of patient care services are authorized for a healthcare provider based on their credentials and performance. Privileging is conducted by healthcare organizations to determine the role of each member of the healthcare team. Contact your organization's credentialing and billing departments to discuss what this means for pharmacists within your organization.

3. Will an advanced practice pharmacy license be required?

No. Any licensed pharmacist in Wisconsin will be considered a healthcare provider under Act 98.

4. Can a pharmacist legally provide services to those only enrolled in Medicaid?

Pharmacist providers will only receive reimbursement from plans that they are contracted with for covered services provided to covered patients. Services may be provided to non-covered patients, but the services may not be reimbursed. Organizational policies differ.

Please refer to the [No Surprises Act](#) and the [Emergency Medical Treatment and Labor Act \(EMTALA\)](#) for additional considerations. Refer to your organization-specific policies for guidance regarding dual eligible and managed care organization-covered patients.

BILLING

1. What services will be covered? What additional service coverage will PSW advocate for?

Act 98 requires reimbursement for a service in the pharmacist's scope of practice (Wisconsin Statute 450.01(16)) if Medicaid already reimburses other providers for the service and there are no limitations on the types of providers who may be reimbursed for the service. Services do not include consultation covered by a dispensing fee. Pharmacists will be able to bill Medicaid for a service not within the pharmacist's scope of practice (as outlined in [Wisconsin Statute 450.01\(16\)](#)) if the pharmacist has established a collaborative practice agreement (CPA) with a physician for the service and there are no additional provider or location restrictions on the service. For further clarification, please see this [infographic](#).

Reimbursement for some services is limited to select providers or locations of service. PSW is advocating to Wisconsin Medicaid to include pharmacists as providers of tobacco cessation and other services.

2. What billing codes will be used?

Specific codes, documentation requirements, and examples will be available for reference in future PSW implementation materials. In general, Healthcare Common Procedure Codes (HCPCS) codes will be used, including Level 1 Codes (used to report and bill procedures, tests, and services) and CPT codes for Evaluation and Management (E&M) based upon complexity, and Level 2 codes (used to bill biologics, injectables, and infusions). Additionally, pharmacists may use temporary G codes and ICD-10 Codes for diagnoses.

3. What will be the process for pharmacists' reimbursement?

The reimbursement process for medical services will be consistent with the current process for other providers. PSW will provide specific implementation procedures and details.

4. Is a diagnosis required to bill for services?

Yes. ICD-10 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 providers' medical services that are being billed. Wisconsin Medicaid's ForwardHealth Portal can be used to submit claims, or the pharmacy can contract with a third-party medical claims processor to support this process.

6. 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.

7. Will a pharmacist be able to bill for both Wisconsin Pharmacy Quality Collaborative (WPQC) comprehensive medication review and assessment (CMR/A) services and through Wisconsin Medicaid provider status?

The WPQC program will remain an option for pharmacists to provide reimbursable CMR/A services to covered Medicaid members. These services are billed with the WPQC-accredited pharmacy NPI and paid for by the Medicaid pharmacy benefit. Medicaid provider status will allow pharmacists to bill for medical services provided and submit for reimbursement to the medical side of the Medicaid benefit using the pharmacist's NPI.

8. What will the fee structure be?

PSW is awaiting Medicaid's guidance. More information will be detailed in our forthcoming implementation guide.

PREPARING FOR PROVIDER STATUS

1. What can individual pharmacists do to prepare for provider status?

- When planning to gain support for implementation of provider status with other providers/ HR/ billing department, think about:
 - » What is your why? What is the problem you're trying to solve?
 - » Collecting patient anecdotes and outcomes to be used as support
- Think about why a patient would want to see a pharmacist
 - » Create business/promotional provider cards
 - » Change terminology to “pharmacist providers”
 - » Who will help with supporting the pharmacist provider? (e.g., medical assistants support other providers)
- Where does the pharmacist salary come from (i.e., department, revenue stream)? Will this change with provider status?
- How will you justify your program?
 - » What type of data, workflow and billing needs will you have?
 - » Understand your cost centers
 - » Can you develop a pharmacy department within a medical department that flows back to your pharmacy cost center?
- How does a provider become credentialed within your organization and with health plans (i.e., Medicaid)? Talk within your organization!
- Plan a clinic satisfaction survey 6-9 months after services have been implemented (to demonstrate that healthcare worker burnout hasn't worsened or has improved)

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

Applying for and enrolling in a Medicaid can be a time-consuming process. The process of enrollment can 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 claims 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.

4. What has happened since Act 98 was signed and what does PSW anticipate going forward?

PSW has frequently communicated with Wisconsin Medicaid regarding the implementation of Wisconsin provider status. Wisconsin Medicaid is drafting a Medicaid State Plan Amendment, which would permit pharmacist reimbursement for services, for CMS's review and approval.

PSW is preparing resources, such as an implementation guide, that pharmacists can use to prepare for provider status implementation. PSW will share preparation pearls and resources in Fast Facts and at PSW conferences.

PSW anticipates that the Medicaid State Plan Amendment will be approved and Medicaid rules and policies will be updated by mid-2023. Upon approval, pharmacists can enroll as providers with Wisconsin Medicaid and begin billing for services.

References

1. "MUA Find." HRSA Data Warehouse – Shortage Areas. U.S. Department of Health & Human Services. <https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx>
2. Bellone, Jessica M., Jaime C. Barner, and Debra A. Lopez. "Postdischarge interventions by pharmacists and impact on hospital readmission rate." *Journal of the American Pharmacists Association*. 52, no. 3 (2012):358-362
3. "Improving Medication Adherence and Healthcare Outcomes Through a Retail Pharmacy Chain." *JCMP*. October 2015.

