

# PHARMACIST PROVIDER STATUS FAQ

This document is intended for all audiences seeking to learn more about Act 98, the Wisconsin Pharmacist Provider Status legislation.

## What is Medicaid Provider Status in Wisconsin, enabled by 2021 Wisconsin 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.



## 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.<sup>1</sup> 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.<sup>2</sup> Pharmacist interventions for patients with chronic conditions save an average of \$1000 per patient per year.<sup>3</sup>



## 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](#).



## References

1. "MUA Find." HRSA Data Warehouse – Shortage Areas. U.S. Department of Health & Human Services. <https://datawarehouse.hrsa.gov/tools/analyzers/maufind.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.