The *voice* of the community pharmacist.

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Unraveling the Complexities of Pharmacy Medical Billing

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Disclosures

There are no relevant financial relationships with ACPE defined commercial interests for anyone who was in control of the content of the activity.

Learning Objectives

1. Describe concepts and terminology unique to medical billing and how it differs from traditional pharmacy billing.

2. Discuss strategies for identifying medical billing opportunities in your region.

3. Identify various patient care services that you can bill health plans and other payers for.

Traditional Pharmacy Roles

Pharmacist

A healthcare professional who is specifically trained to store, handle, prepare, and dispense various medications.

They play an essential role in educating patients about using or administering their medications. Likewise, they serve as a "final check" to ensure that doses are correct and that a patient will not experience negative or harmful drug interactions.

Pharmacist
A healthcare professional who is specifically trained to:

Prepare
prescriptions according to prescribers instructions

Verify
medication dosages prescribed by providers

Ensure
medication is safe for patient i.e. drug interactions, ADR risks

Collect
relevant health data, medication lists, OTC medications

Educate
patients about how & when take/administer prescription

Administer
various vaccinations i.e. flu, shingles, covid

Oversee
and manage pharmacy technicians & interns

Advise
patients about potential side effects, answer any questions

Traditional Pharmacy Roles

Pharmacy Technician

A pharmacy technician should assist pharmacists in their daily tasks and be directly involved with the receiving and dispensing of prescriptions and client/patient contact. All work is done under the direct supervision of a licensed pharmacist.

- Prescription intake
- Refill requests
- Filing
- Packaging
- Patient checkout
- Inventory of prescription and OTC medications
- Support to the pharmacist

Provider Status in TN

Annotated: [Tenn. Code Ann. § 56-32-129](#)

What does this mean?

Pharmacists are included in the classification of providers that can bill commercial insurance plans for services within their scope of practice

Scope of Practice: Pharmacists
What is included in our scope?

- Medication reconciliation and therapy management
- Immunizations (authority to administer and/or order varies by state)
- Chronic disease management education (diabetes, asthma, CHF)
- Durable medical equipment selection and fitting
- Point-of-care testing
  - Health screenings, drug therapy monitoring
  - Test-to-treat model with independent prescribing (in some states) or collaborative practice agreement
  - Pharmacy must obtain CLIA certificate of waiver via CMS form 116

Getting Started

Obtaining individual NPI (State Specific)

- Tennessee pharmacist must have an individual NPI
  - apply 24 hours in advance
- You will only be able to enroll as a provider
- TN state law grant pharmacists provider status with commercial plans (not Medicare or Medicare advantage)
- Open a separate bank account to route EFTs to
  - Use this account to set up with payers that you enroll with

A guide will be provided with instructions

CAQH (TN) - Pre-Steps

Register for a CAQH Provider ID and Proview Account
> *Each state has their own entity for credentialing

- https://proview.caqh.org/PR/Registration to register for Provider ID
- You will receive an email with an internal link to login to ProView (this is where you will upload documentation)
- https://proview.caqh.org/Login/Index?ReturnUrl=%2f
- Decide who will register for the account (Pharmacist or Credentialing Contact)

- TIME REQUIRED: 20 minutes

CAQH- Completing the Profile

- The CAQH ProView is comprised of 12 sections

- **Required Documents**
  - NPI Number
  - Personal Information (e.g., name, contact info, SSN, demographics)
  - Practice Location Information (e.g., legal name, EIN, contact info)
  - Pharmacist Licensure Information (e.g., state(s), number, expiration)
  - Education (e.g., program information, start and end dates)
  - Professional Training (e.g., program information, start and end dates)
  - Completion of Cultural Competency Training

CAQH- Completing the Profile

Required Documents Continued

- Board Certification (e.g., initial certification date and expiration)
- BLS/ACLS/PALS Certification(s) (e.g., certificate number, certification date, expiration)
- Copy of Current Professional Liability Insurance Policy
- Employment history for past 10 years (including start and end dates, explanation of gap dates)
- Medicaid Number (See Appendix)†
- Medicare Number (See Appendix)†

- TIME REQUIRED: 2 hours

Enrollment

- Every insurance provider uses your CAQH ID (TN) to pull your file that includes all of your documentation, so there is no need to gather all of the information again (YAY!)
- Check with your state to obtain information on the health plan credentialing body that they utilize
- After completion of the application, it can take up to 6 months to become par (most of the time it's only about 30 days, however)

  - TIME REQUIRED: 30 minutes per application

Medicare Part B options

- Clinical lab
  - Bill POCTs ordered by a Medicare-enrolled provider
  - Research patient eligibility and coverage of testing benefits

- DME (855b form)

- Immunization (855b form)

- Medicare Diabetes Prevention Program (MDPP) - 20134 application

- Online enrollment via Medicare Provider Enrollment, Chain, and Ownership System (PECOS) https://pecos.cms.hhs.gov/pecos/login.do#headingLv1

Pharmacy vs. Medical Billing Similarities

- Is this patient eligible for coverage?
  - Active coverage?
  - Deductibles met?
- Is the service or product covered?
- In my pharmacy/clinic?
- Is the pharmacy/pharmacist in the patient's insurance network?
- What does it cost?
- Information required to transmit a claim
- Patient demographics and correct insurance information

Pharmacy Billing Process

Submit claims through the pharmacy management system using a switch

- Real-time
- Reversible
- Includes eligibility and claims adjudication in a single transaction
- Trusted adjudicated rates
  - at least, until recently
- Contracting possible through pharmacy services administrative organizations (PSAOs)
- Uses the NCPDP Telecom standard

Medical Billing Requirements

- Eligibility and claims adjudication are separate events
- Generally non-reversible
- Requires separate contract from pharmacy contract
- Eligibility generally does not check all eligibility requirements
- Uses an X12 standard
- Verifies patient active coverage and deductibles but does not confirm that the service is covered or that the pharmacy/pharmacist is in network
- Electonic Remittance Advice (ERA) with payment amounts come either electronically or paper to the facility

Medical Billing…After the Work-up

What should the patient expect?

- Documentation
  - Summary of visit, medical information, school/work excuse
- Treatment for positive POCT if CPA in place
- Follow-up on services performed
- Payment for services
  - Patients' responsibility after copay/coinsurance (EOB)
- Referral to another provider if needed

Potential Barriers

- Lack of resources explaining steps required for the pharmacy to implement clinical services
  - Especially as a billing provider
- Absence of covered services transparency, charting requirements, credentialing, and enrollment steps
- Shortage of successful models that showcase consistent reimbursement from medical payors
- Shortage of scalable staffing/workflow models in the pharmacy enabling consistent service delivery

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Potential Barriers

- Inconsistencies in state and federal agencies recognizing pharmacists as qualified care providers, which services are permitted, and payment parity laws requiring health plan payment for pharmacist providers

- Inadequate training, lack of technology, limited payor credentialing/documentation, and staffing shortages that are also preventing pharmacists from billing for clinical services provided.

Am I ready to start medical billing?

Pharmacy Workflow

Do we have an appointment-based model?

Do we have enough staff?

Is the model replicable?

Appointment-Based Model

- Patients enrolled in the ABM have a designated day to pick up all medications.

- Utilize staff to call patients in advance of their appointment/pick up date

  - Allows pharmacists and pharmacy staff to perform a review of monthly medications

  - Provides the opportunity to identify therapeutic problems

  - Identify compliance issues that patients may be encountering

- This model allows time for the pharmacist to provide clinical services and plan for medication reviews and physician collaboration.

  - With the ABM, it makes adding new services into workflow easier because you have more control of your daily workflow

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Domain	Planning	Workflow	Billing for Services	Patient Follow-up
Services	What services do I want to offer? What kind of training do I need? Which state agencies do I need to check with?	Do I have a model that supports clinical services? Do I have adequate and trainable staff members?	Do I want to bill insurance for these services? If so, which plans are heavy in my area?	Create a model that allows for follow up with patients in a timely manner
Patients	What do my patients want to see? What is my patient population? (chronic conditions, hormone therapy, vet medications, etc)	Can my patients easily schedule an appointment? Do I need a separate phone line? Who will manage the clinical services?	Educate patients on covered services Eligibility checks and collection of co-pays up front	Do I have policies for patient follow-up for each service that we offer?
Reimbursement Goals	How much do I plan to increase my bottom line? How much money do I want to spend to bill medical insurance? (Include time for enrollment and credentialing, software training, reconciliation of claims, etc)	Submission reconciliation, and rejected claims	How do I minimize rejected claims? How do I ensure that I am getting paid?	Patient accounts and application of co-pays, co-insurance and non-covered balances
Employees	Do my employees know how to direct patients to scheduling? Do my employees know how to perform the services?	Do I have an easily followable model for employees to instruct patients?	Can my employees explain the process for billing?	Do we understand the patients' benefits?
Software Required	What requirements are needed for patient billing? (demographics, documentation, storage of records, etc) What can I afford? How many users do I need?	Does the software allow for ease of scheduling and documentation? Define roles for each step of the process. Ex. Intake of information, initial documentation, completion of documentation, claims submission and reconciliation, patient accounts, audits..)	Does my platform allow for billing services as an individual provider? Does the capability exist to search for CPT codes for services provided?	Can I easily access past visits? Are patient accounts easily reconcilable?
Physician Collaboration/ Other relationships	What services do physician need for patients?	Do we have an easy referral process? Who oversees that?	Do we want a shared profit structure or patient pay?	Synopsis of patient visit sent to physician

TECHNICIAN ROLES

PRODUCTION	VS	CLINICAL
Data Collection	⊙	Medical Intake
Adherence Technician (EQUIPP, MedSync, MTMs)	$	Clinical Technician (POCTs, eCare plans, follow-ups)
Data Entry Technician	✔	Billing reconciliation, payment collection (copays)

Pre-Screen

Role: Intake

Key Insights

- Input demographic information into system
- Verify preferred contact and follow-up methods
- Pre-screen patient qualification for service
- Pre-screen insurance information and network status with insurance

Clinical Review

Role: Clinical Coordinator

Key Insights

- Review clinical information and need for service
- Communicate with pharmacist/provider to determine clinical need
- Assist pharmacist with patient assessment and documentation

Coverage Verification

Role: Clinical Coordinator

Key Insights

- Call insurance to determine coverage and patient eligibility
- Explain benefits and coverage to patient
- Set up patient billing options

**If your platform allows, you may check eligibility online

Service Documentation

Role: Clinical Coordinator

Key Insights

- Document services rendered
- Send follow-up clinical document to PCP or referring physician
- Submit eCare plans

Billing

Role: Billing and reconciliation specialist

Patient demographic information

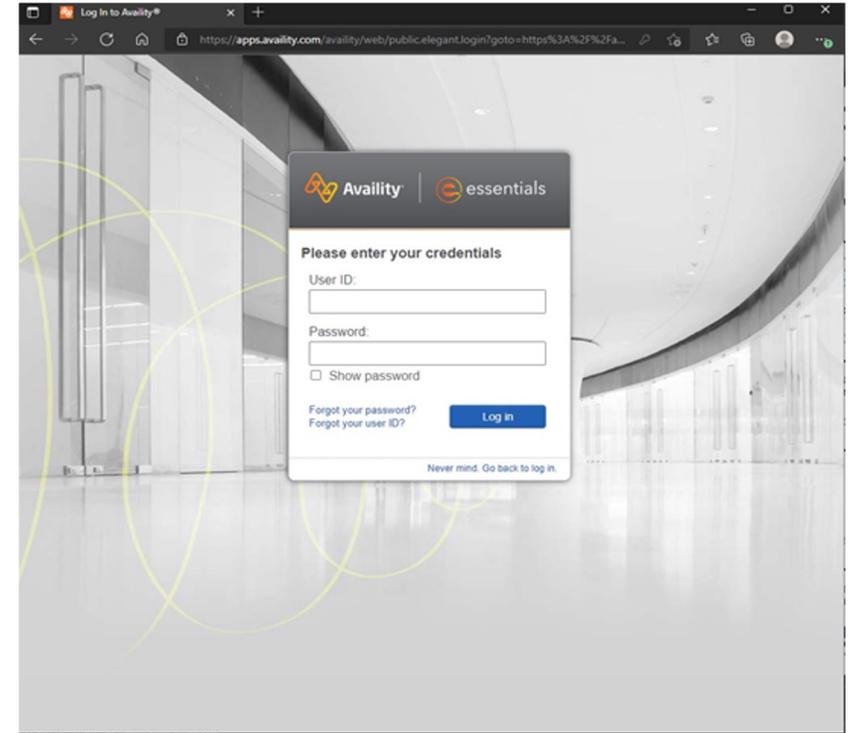Information about the patient's visit to the doctor (diagnosis, procedures, etc.)

Information about the doctor

Key Insights

- Review clinical documentation

- Determine correct CPT code to submit to insurance

- Submit 1500 form electronically using preferred vendor (ex. Availity)

Reconciliation

Role: Billing and reconciliation specialist

Key Insights

- Reconcile EOBs with rendered services

- Verify that the paid amount matches network allowed amounts

- Compare price schedules to network contract

- Send rejected claims to queue

Claims Management

Role: Billing and reconciliation specialist

- Resubmit rejected claims
- Send requested documentation to insurance
  - Clinical documentation may be requested before payment
- Work audits

Accounts Receivable
Role: Billing and reconciliation specialist
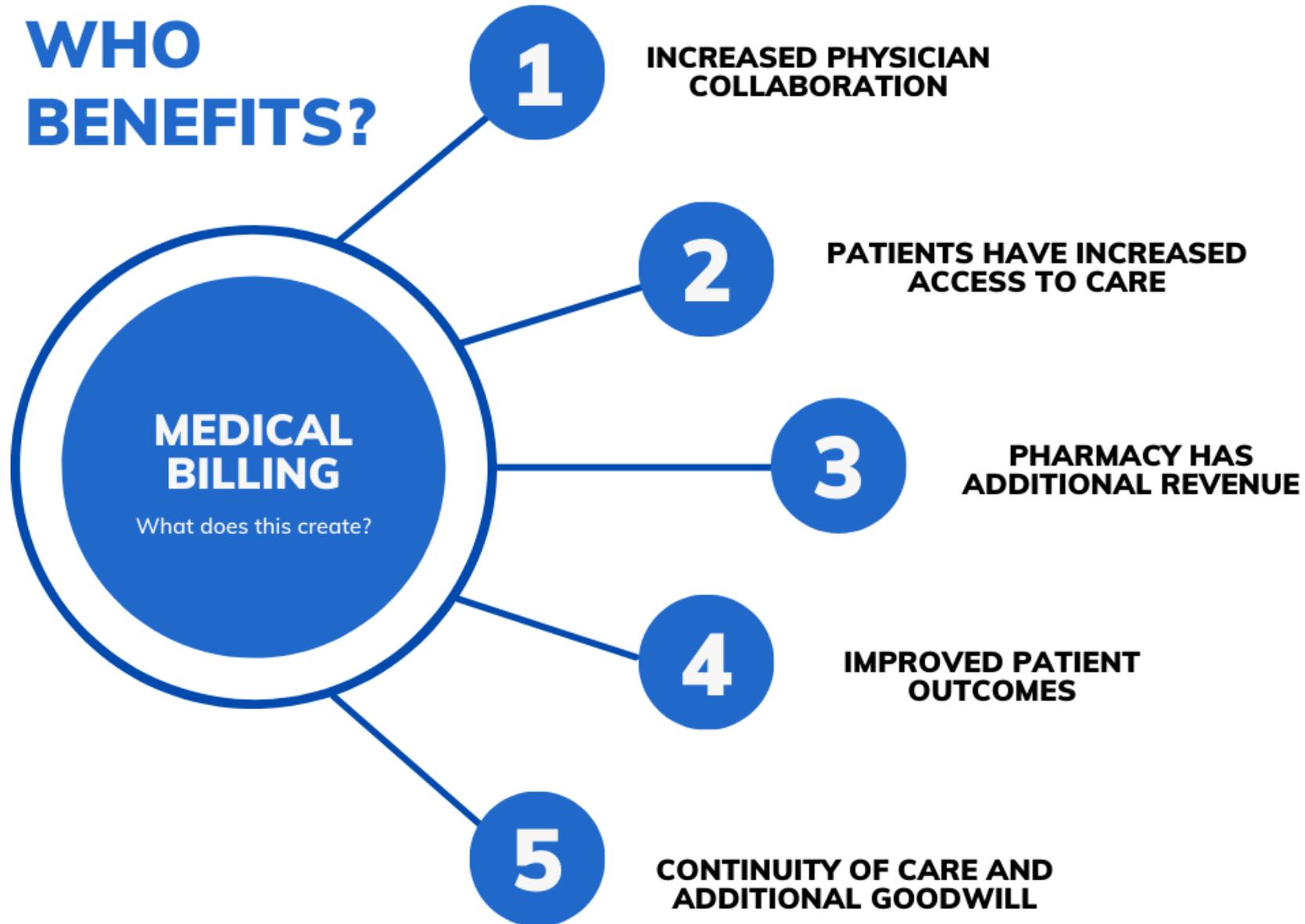

Key Insights

- Apply copays/coinsurance to invoices
- Issue refunds
- Run monthly reports/print statements
- Set up payment plan/auto-pay options

Do you have local opportunities?

What Opportunities Become Available with Physician Relationships?

- Establish a referral network with physicians for education services (that YOU can bill for)

- Packaging services

- Bill for MTMs for medication reconciliation, special packaging, medical at home

- Set up ABM which presents opportunities for immunizations and counseling that YOU can bill for

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Services You Can Bill For

- Medication reconciliation and therapy management
- Immunizations
- Remote Patient Monitoring (additional requirements)
- Education (DSME, Diabetes Prevention)
- Test-to-treat visits
  - Strep, Flu, COVID, UTI, Lymes Disease
- Health screening
  - A1c, lipids, blood glucose, INR
- Chronic disease monitoring
  - Diabetes, asthma, CHF

Choosing a Platform for Billing

Ease of training and usage of platform

- Functions as a physician's office EHR

Ease of working platform into workflow

Uncomplicated layout

Ease of patient follow up

Ease of tracking billing and finances

Adequate customer support

Summary

1. Traditional pharmacy roles can be adjusted to create new clinical roles

   - Creates clinical services for community

   - Creates new roles that staff are proud of

2. Utilize current staff and workflow to assist with adding medical billing and clinical services to your practice

3. Identify services and opportunities for payers in your region that would benefit your patients

Resources

- https://www.ncdsinc.com/pharmacy-medical-billing-101-what-is-it-and-how-to-master-your-pharmacys-revenue-cycle-management/

- https://www.qs1.com/2020/09/11/pharmacy-billing-for-clinical-services-part-1/

- https://www.merriam-webster.com/dictionary/fee-for-service

- https://www.pharmacytimes.com/view/medical-billing-is-now-part-of-job-description

- https://www.northeastern.edu/graduate/blog/what-do-pharmacists-do/

- https://www.aphafoundation.org/appointment-based-model

- https://assurecare.com/five-steps-pharmacies-should-take-to-receive-reimbursements-for-clinical-services/

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