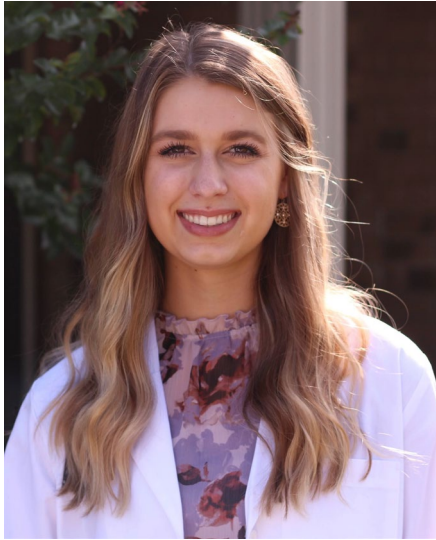# From Paperwork to Payments: Understanding Medical Billing Credentialing, Contracting, and Workflow Best Practices

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Duane Jones, BS Pharm, Pharmacy Regional Supervisor, Harps Food Stores, Inc.

Speakers

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Disclosure Statement

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

Pharmacist and Technician Learning Objectives

1. Explain why credentialing and contracting are critical for pharmacists and how these processes contribute to a pharmacy's financial health.

2. List key steps involved in the credentialing process.

3. Outline medical billing workflow best practices for avoiding common pitfalls that can delay reimbursement.

About Our Pharmacies

Harps Food Stores, Inc.

- Employee-owned small regional chain based out of Springdale, Arkansas

- 39 pharmacies operating across Arkansas, Missouri, and Oklahoma

- Implemented a medical billing workflow in all locations

- 10+ years of successful medical billing experience

Our Roadmap for Today's Presentation

Medical Billing Workflow
Best practices for avoiding delays in reimbursement

Credentialing
How to get started and what to expect

Contracting
Establishing value and payer relationships

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JULY 9-12, 2025

Focusing on Workflow

- At our pharmacies, one of our core focuses is *workflow*.

- Every enhanced service that we offer is streamlined into the pharmacy workflow.

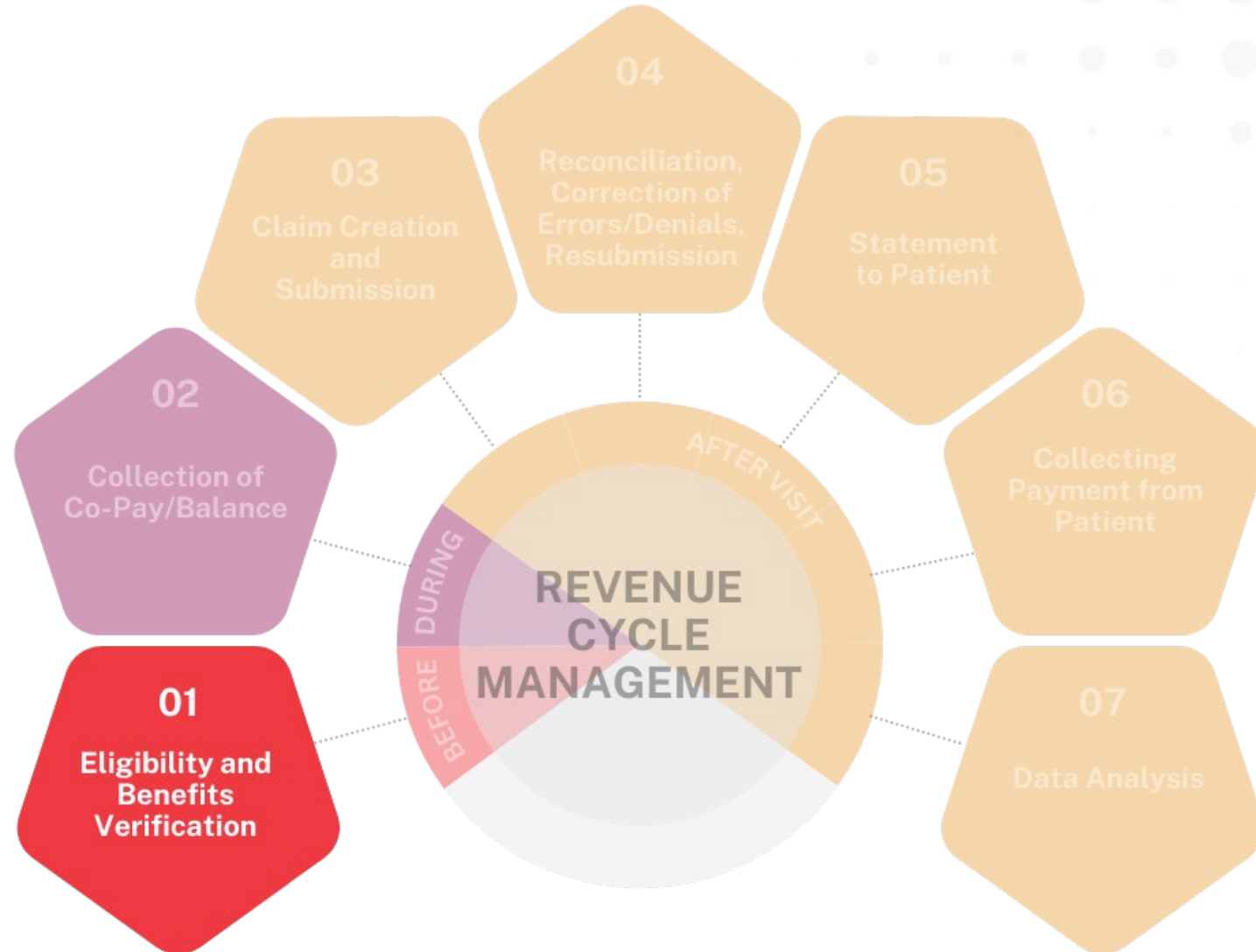 - It started with immunizations and has grown immensely!

Without effective workflow strategies in place, even the most capable teams can be overwhelmed.

# Revenue Cycle Management Overview
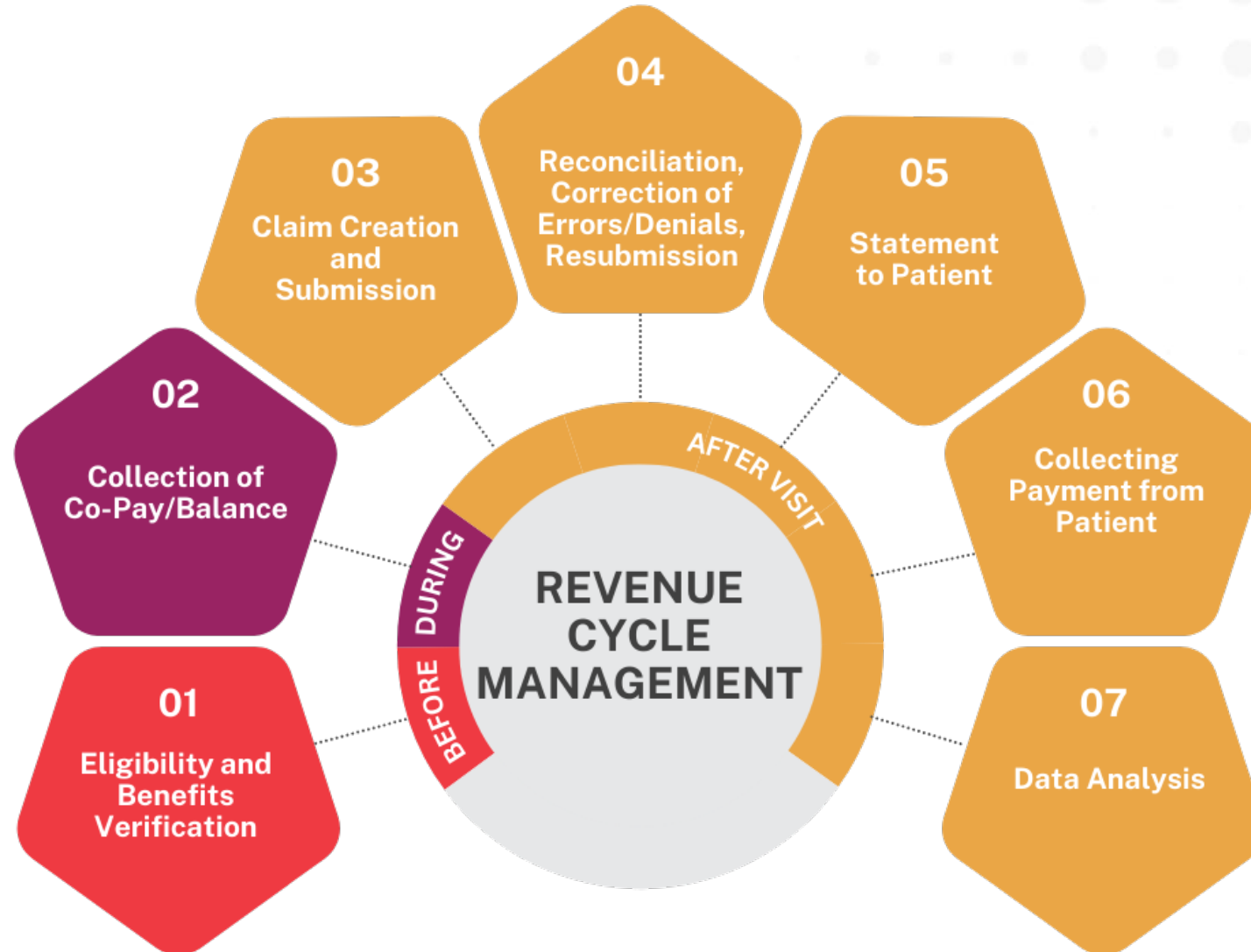
Eligibility and Benefits Verification

Eligibility and Benefits Verification

- Highly encourage appointments
  - Walk-in patients may have a longer wait but it's still faster than urgent care!
- The technician collects the patient's medical insurance card
  - Is coverage active on the date of service?
  - What is the patient's copay, deductible, or coinsurance?

Collection of Copay/Balance
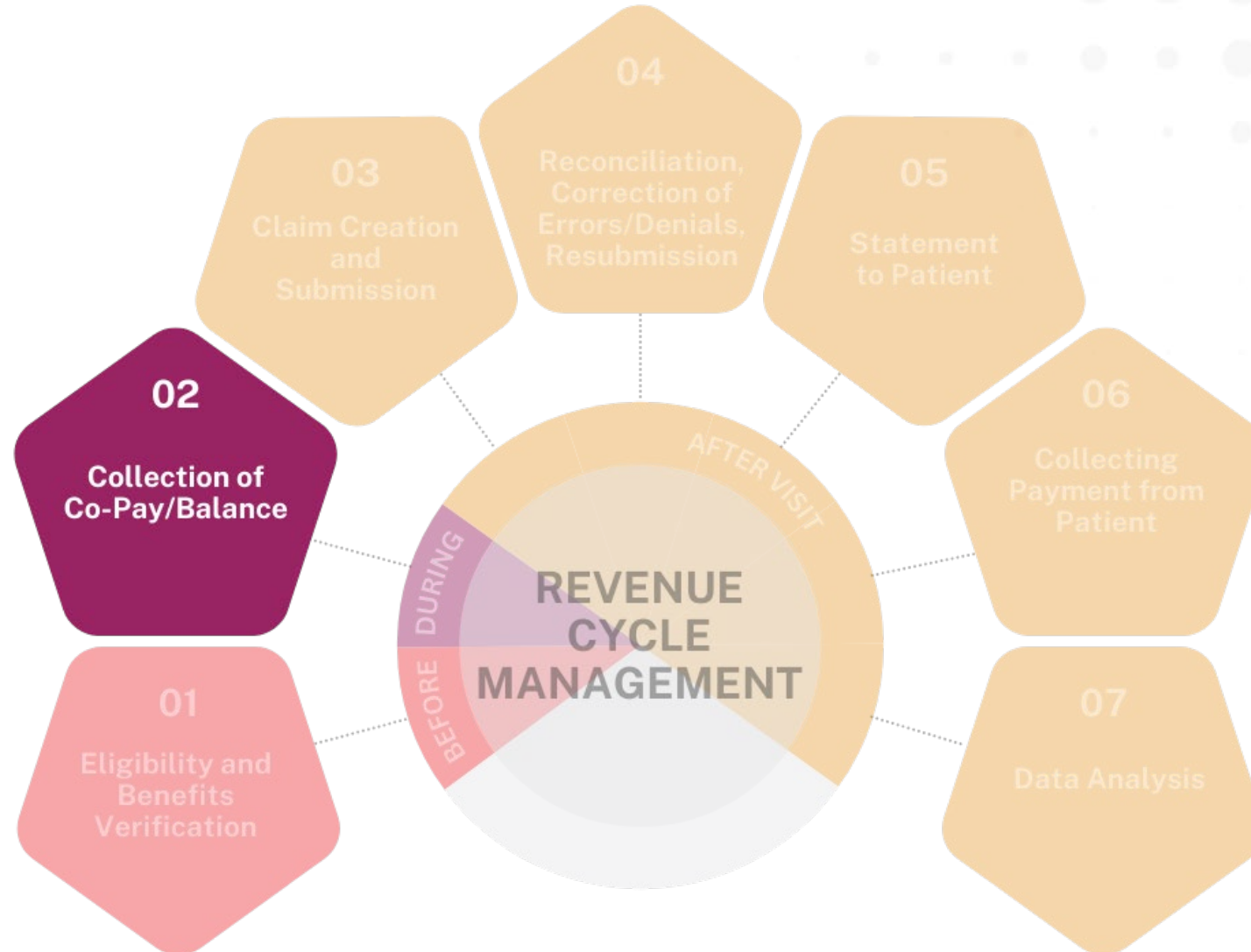
Collection of Copay/Balance

- When to collect payment—
  - Collect at the time of service or bill the patient later
  - Be consistent and communicate clearly with patients
- If you collect at the time of service:
  - Immediate revenue and reduced risk of non-payment
  - May need to send a bill or refund later
- If you bill the patient later:
  - Bill the exact amount owed after the claim is processed.
  - Delayed revenue and higher risk of non-payment

Collection of Copay/Balance

- Your services are just as valuable as any other healthcare provider
  - Patients are used to paying copays and deductibles.
- Just as patients push back regarding their prescription cost, they may do the same with their medical cost.

Remember that their copay is their copay, and they will have to pay it wherever they go.

Collection of Copay/Balance

- Medical billing is not in real-time
  - When a patient is meeting a deductible, we can only make our best guess of what they may owe until insurance fully processes the claim.

- Use payer fee schedules
  - Helps guide what to collect for deductibles or coinsurance
  - We recommend creating a pricing guide for
    - Cash pay patients
    - Each payer (based on their specific fee schedule)

Sample Fee Schedule

Point of Care Test HCPCS/CPT	Description	Rate
87400	Influenza a/b antigen test	$14.70
87426	COVID-19 antigen test	$31.52
87430	Strep antigen test	$16.89
Evaluation and Management		
99202	New patient 15-29 min	$57.17
99203	New patient 30-44 min	$89.30
99211	Established patient <10 min	$18.16
99212	Established patient 10-19 min	$44.92
99213	Established patient 20-29	$73.15

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Claim Creation and Submission
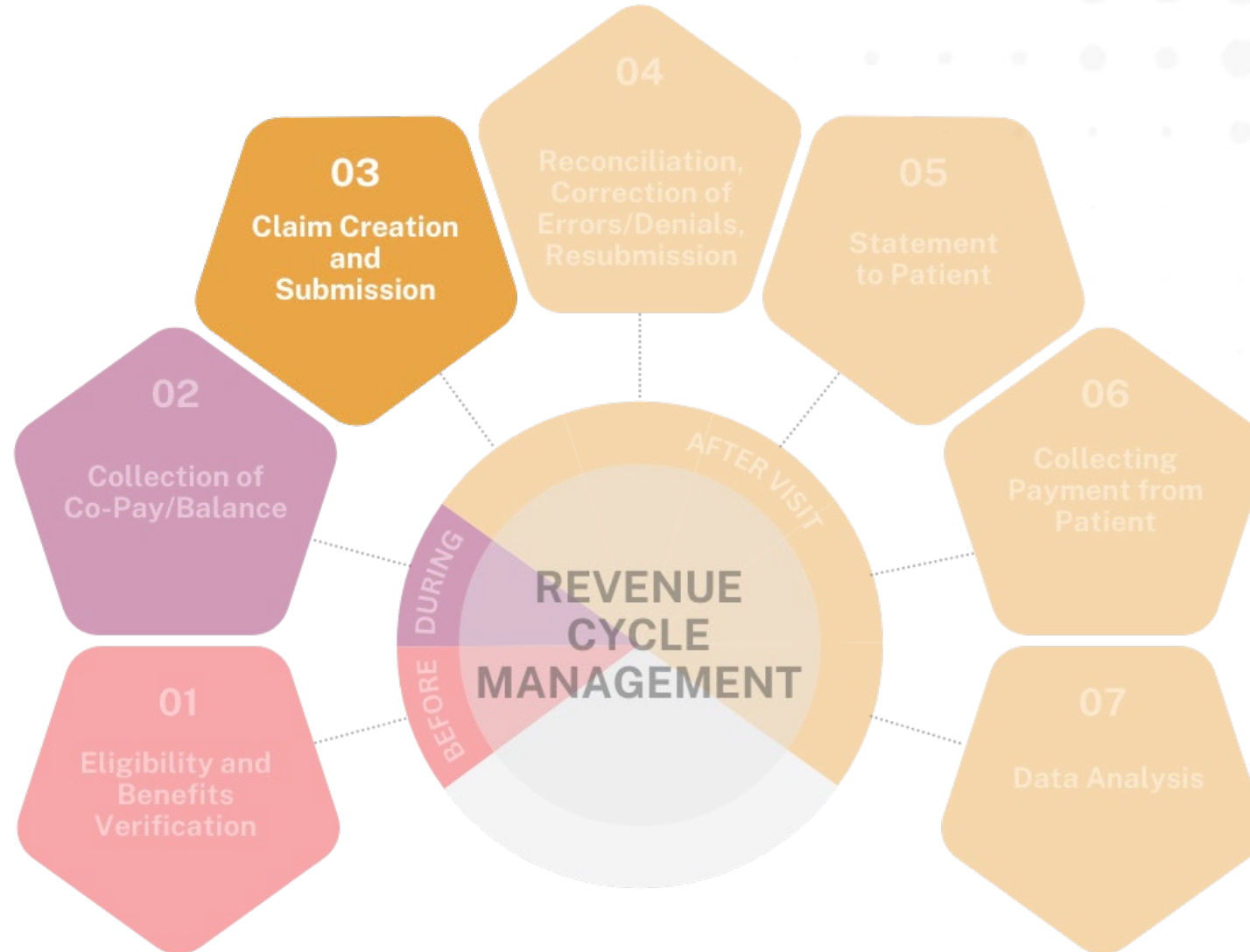
Claim Creation and Submission

- You have options when it comes to how you create and submit claims
  - Submit through a third-party vendor
  - Submit directly through your pharmacy management software
    - It may not feel intuitive at first but it's doable!
- Use "billing blanks" to simplify claim creation.
  - A cheat sheet of what codes to bill for the service.

Claim Creation and Submission

NAME _____ DOB _____ Date _____

CPT Code 99202
New Patient 15 - 29 Minutes

Code Billing
BIN   016904
PCN   SB520

Pharmacist _____

ADDITIONAL INFORMATION

Product Service ID Qualifier (436-E1)   **07**- Common Procedure Terminology CPT4
Product Service ID (407-D7)   **99202**
Diagnosis code qualifier (492-WE)   **02**- ICD-10 Clinical Modifications CPT4
Diagnosis Code (424-D0)   **See Protocol**

Procedure Modifier Code (459-ER)   **QW** - Medicare/Medicaid ONLY

Claim Creation and Submission

NAME   DOB   Date

CPT Code 87400
Influenza A Test

Code Billing	
BIN	016904
PCN	SB520

Pharmacist _____

ADDITIONAL INFORMATION

Product Service ID Qualifier (436-E1)	**07-** Common Procedure Terminology CPT4
Product Service ID (407-D7)	**87400**
Diagnosis code qualifier (492-WE)	**02-** ICD-10 Clinical Modifications CPT4
Diagnosis Code (424-D0)	**See Protocol**
Procedure Modifier Code (459-ER)	**QW** - Medicare/Medicaid ONLY

Reconciliation, Correction of Errors/Denials, & Resubmissions

Reconciliation, Correction of Errors/Denials, & Resubmissions

- The MOST important step
  - You can submit claims all day but what matters is making sure they get paid.
  - Your pharmacy provided the service – you should be paid for it.
- Rejected claims = your money sitting out there
  - Often these claims require just a simple fix.
- Review payer rejected claims once weekly
  - Timely correction improves cash flow

Reconciliation, Correction of Errors/Denials, & Resubmissions

- The goal is to avoid payer-rejected claims
  - Compare it to pharmacy claims adjudicating – something was submitted incorrectly.

- The common issues are quick fixes!
  - Misspelled or hyphenated names
  - Incorrect member ID numbers
  - Other simple data entry errors

Reconciliation, Correction of Errors/Denials, & Resubmissions

- Some rejections require outreach.
  - Occasionally, you will need to contact your third-party vendor or payer regarding a claim.
  - Having a reliable point of contact is essential because odd rejections will inevitably occur.

# Statement to Patient & Collecting Payment from Patient

Statement to Patient & Collecting Payment from Patient

- Decide on a process that works best for your community because you know your patients best.

- What we do:
  - Send monthly statements to patients with an outstanding balance.
  - Patients can pay in person, over the phone, or by mailing a check.

- Other options:
  - Call patients directly about their balance.
  - Set up a notification in their pharmacy profile to prompt payment next time they pick up a prescription.

Data Analysis
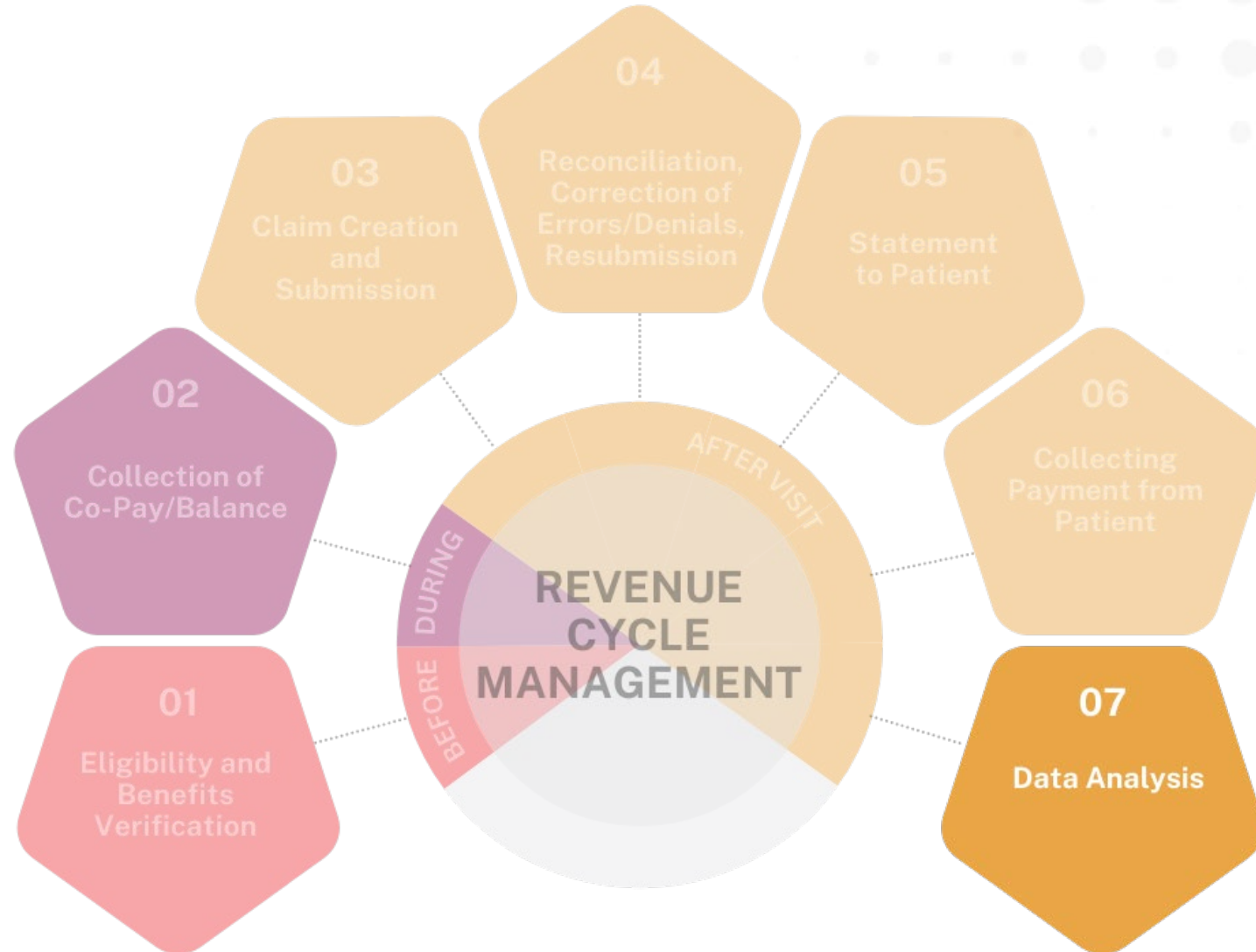
Data Analysis

- Take the time to regularly review claims
  - Are you billing the correct amount?
  - Are you underbilling instead of overbilling?
  - Are you being paid the correct amount?
  - Are there patterns in payer-rejected claims?
  - Are technicians entering claim data correctly?

- Overbilling is not a bad thing
  - The insurance will only pay up to the allowable amount.
  - If you underbill, you will be underpaid.

Pro Tips and Lessons Learned

- Delegate medical billing tasks to a technician and empower them by providing dedicated time each week to these tasks.

- Run test claims before going live (if possible).

- Have strong payer contacts.

- Review payments, denials, and payer rejections weekly.

- Avoid underbilling.

Why Credentialing Matters

- If we want to be providers, we need to act like providers!

- Credentialing is a necessary step for every healthcare provider.

- It must be a priority.
  - We drop everything for PBM audits, and this deserves the same urgency.

- Go ahead and get credentialed even if you are not ready to start billing.

- Take ownership and be cautious of companies who promise to do it all for you.

Plan Differences: One Size Doesn't Fit All

- The credentialing process differs from plan to plan.
  - Reach out to your payer representative
  - Some plans will have each pharmacist/pharmacy complete credentialing paperwork and some plans you may only have a contract and provide a list of pharmacists that will be billing at your pharmacy.

Credentialing Made Simple

1. **Reach out to your payer representatives** to confirm their credentialing process and receive the required forms.

2. **Gather Required Documentation.**
   - i.e., Updated CV, current liability insurance, valid licenses, NPI number, etc.

3. **Complete the application(s) properly.**
   - If you have any questions, reach back out to the payer representatives – they are there to help you!
   - Document the questions and answers for the next time a new pharmacist needs to be credentialed.

Credentialing Made Simple

4. **Submit the application(s).**

   - Once you submit the forms, touch base with your payer representative to get an estimated date for when it should be processed.

5. **You are credentialed!**

   - Once this process is complete, you'll never have to redo it!

   - It is a one-time investment in your future.

Streamlining the Process

How we got 76 pharmacists credentialed in 6 months–

- We created a clear, step-by-step guide with all the required forms.

- This guide also contained helpful information we learned during the process so others could avoid the common mistakes we faced.

BCBS Credentialing documents.zip 6 items

Name	Last modified	File size
PDF AR BCBS Authorization letter_1.pdf	Jul 26, 2023	1 MB
PDF CV Example 1 page.pdf	Sep 7, 2022	125 KB
W CV template.docx	Sep 7, 2022	27 KB
PDF Pharmacist - App.pdf	Sep 7, 2022	229 KB
PDF Pharmacist - Clinic Auth.pdf	Sep 7, 2022	300 KB
PDF Pharmacist - Network App.pdf	Sep 7, 2022	260 KB

Step-by-Step Guide Example

Provider Application

Name _____ NPI _____
(as it appears on license)   (Attach copy of NPI verification from NPPES)

Date of Birth _____ Male _____ Female _____ SSN _____

Specialty _____ Language _____
                 (Primary / Secondary)

Collaborative / Supervisory Physician

_____
(Name and NPI)

_____
(Name and NPI)

State License # _____ ST _____ Issue Date _____ Expiration Date _____

DEA # _____ ST _____ Issue Date _____ Expiration Date _____

If you have DEA issued in Arkansas you are enrolled with the Arkansas Prescription Monitoring Program ("AR PMP")?   Y / N

If you authorize the Arkansas Department of Health to release confirmation of your AR PMP enrollment?   Y / N

(Please note: Network credentialing standards require enrollment in the AR PMP for those providers who hold an active DEA issued in AR. Not authorizing confirmation Of your enrollment will result in rejection of your network applications)

PRIMARY PRACTICE LOCATION - Must be a street address, not a PO Box

Street Address _____

City _____ State _____ ZIP _____

Contact _____
      (Name, Title, Email)

Phone # for Patient Appointments _____ Fax # _____

Medical Records Fax Number (MRR) _____

Step-by-Step Guide Example

Pharmacist App (Provider Application)

1. This form must be printed **(single-sided)** handwritten, then scanned back in.

2. Specialty: leave blank

3. Collaborative-Supervisory Physician: leave blank

4. DEA: leave blank

5. If you have DEA issued in Arkansas you are enrolled with the AR PMP?: Circle N

6. If you authorize the Arkansas Department of Health to release confirmation of your AR PMP enrollment? Circle: N

7. Primary Practice Location: your home store address

   1. Contact: Duane Jones, Pharmacy District Manager, Clinical Program Director

   2. Phone # for Patient appointments: your home store number

   3. MRR: leave blank

8. Office hours: fill out your pharmacy hours (M-F 9-7; Sat 9-2)

9. Correspondence info: 918 S. Gutensohn Road, Springdale, AR 72762; 479-215-9562; Duane Jones, Pharmacist, duanejones5@gmail.com

10. Payment Info: leave blank

11. *SIGN and date the bottom of the first page*

Maintaining Your Provider Status

- **Re-attestation**
  - You will need to re-attest regularly for government and commercial plans.
  - Quick and straightforward process!
- **Location Inspections**
  - Expect occasional on-site inspections by payers.
    - Focused on privacy and location setup
  - Payers are often flexible because they want to work with you.
    - Pharmacists are uniquely positioned to fill care gaps

You Don't Need to Be a Contracting Expert

- It's okay if you don't know all the ins and outs of contracting – most people don't!

- When meeting with payers, have a conversation about the value that you bring and the positive impact you have on your patients and community.

Value-Based Contracts

- Establishing value (we like $100 per patient/month)
- 100% success rate
  - When payers try to reduce our rate and we push back, they often agree because they know the value we bring and the millions they will save.
  - If you keep 10% of their patients out of the hospital, that is significant savings!
- Don't undersell yourself!
  - If you accept $40 today and come back asking for $90, payers will want to know why.
- The big win is on the other side with healthier patients.

Be Ready for Patient Attributions

- You might only have one patient attributed to you at first!

- If you only have one patient, take care of them and document everything– this is working to create a pathway for additional revenue in the future.

- Plans are monitoring these opportunities. If we don't act, we risk losing these opportunities.
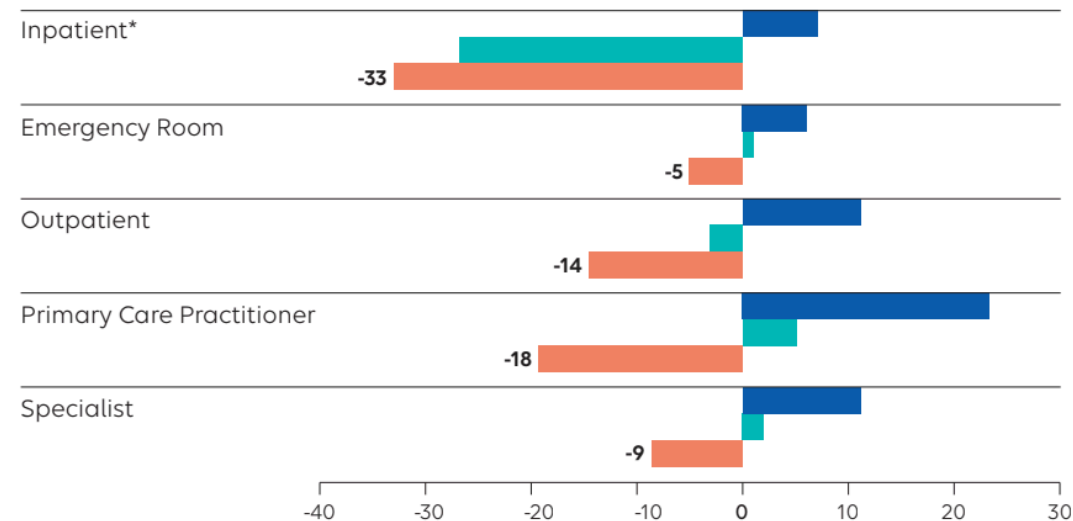
Now We Have Data!

- Elevance Health Public Policy Institute
  - *Outcomes in Medicaid Members Engaged in Health Plan, PBM & Community Pharmacy Collaboration* – September 2024

Figure 2

Percentage Point Change in Medical Utilization, Engaged vs. Nonparticipant Members, for Any Chronic Condition

Number of visits per thousand members per year

- Pre/Post Difference Nonparticipant Members
- Pre/Post Difference Engaged Members
- Difference-in-Difference

Inpatient*: -33
Emergency Room: -5
Outpatient: -14
Primary Care Practitioner: -18
Specialist: -9

* = Denotes statistical significance at <.001

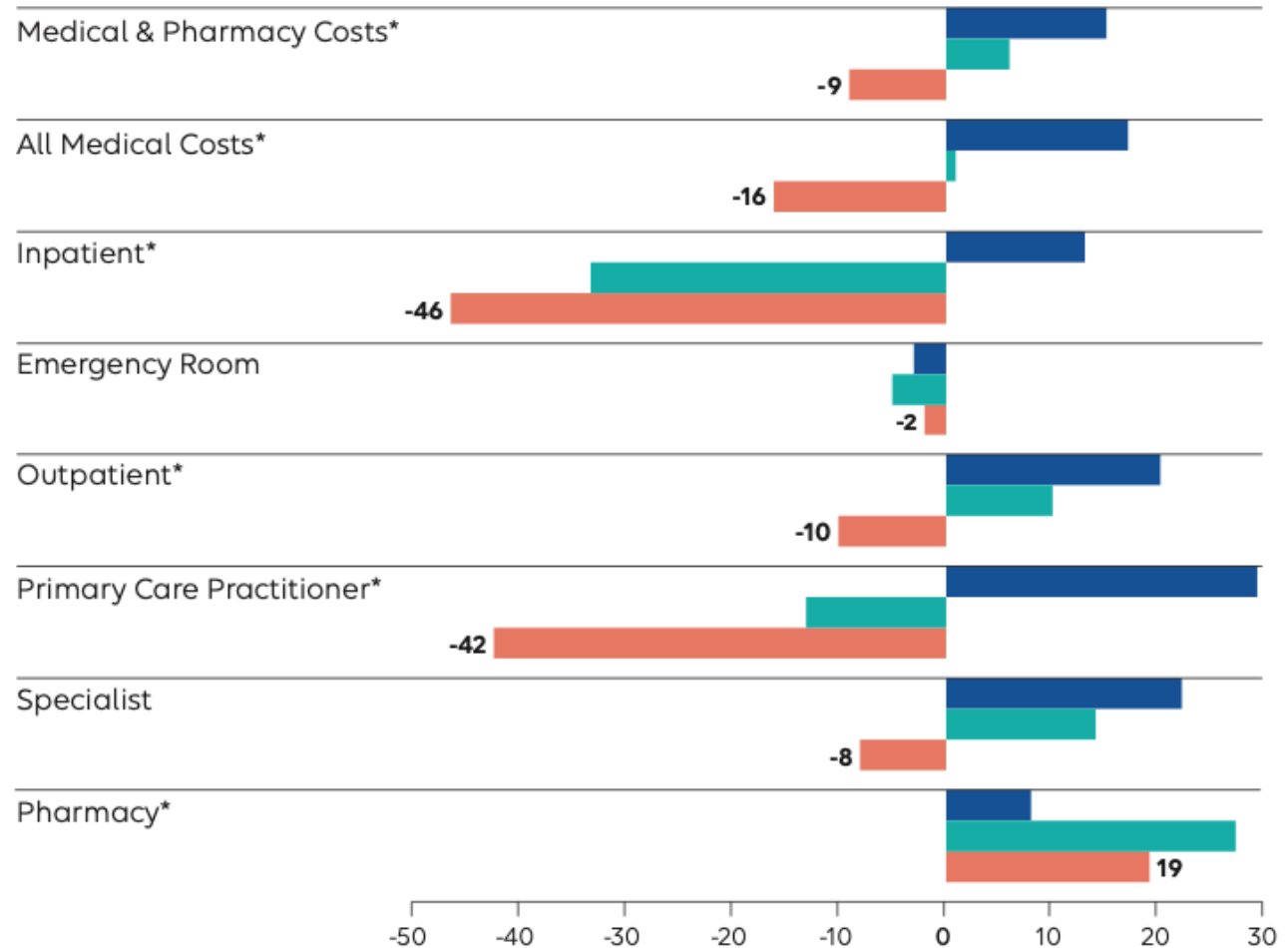https://www.elevancehealth.com/content/dam/elevance-health/articles/ppi_assets/reports/EHPPI_PBM_CRx_CPESN.pdf

Now We Have Data!

Figure 4

Percentage Point Change in Medical Costs, Engaged vs. Nonparticipant Members, for Any Chronic Condition

Costs per member per month

Legend:
- Pre/Post Difference Nonparticipant Members
- Pre/Post Difference Engaged Members
- Difference-in-Difference

Medical & Pharmacy Costs*: -9
All Medical Costs*: -16
Inpatient*: -46
Emergency Room: -2
Outpatient*: -10
Primary Care Practitioner*: -42
Specialist: -8
Pharmacy*: 19

*= Denotes statistical significance at <.001

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You Have Support!

- Use CPESN resources
- Connect with other pharmacists
  - Don't reinvent the wheel - reach out to those doing what you want to be doing.

You are needed— We can't be successful without YOU!

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Activity

Take 1 minute to identify/write down what your next step is moving forward with medical billing when you return home to your pharmacy.

Questions?

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Resources

Elevance Health Public Policy Institute. (2024, September). Outcomes in Medicaid Members Engaged in Health Plan, PBM & Community Pharmacy Collaboration. https://www.elevancehealth.com/content/dam/elevance-health/articles/ppi_assets/reports/EHPPI_PBM_CRx_CPESN.pdf

Ransom, T. (n.d.). *Medical billing in revenue cycle management (RCM) process*. Medical Billing in Revenue Cycle Management (RCM) Process. https://www.imagineteam.com/blog/medical-billing-revenue-cycle-management-process