



GPS



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NATIONAL COMMUNITY
PHARMACISTS ASSOCIATION

Growth. Performance. Success.

2024 ANNUAL CONVENTION



Practical Implementation Strategies for Working with Health Plans and Integrating Medical Billing Into Your Pharmacy's Workflow

NCPA 2024 Annual Convention and Expo
Columbus, Ohio

Speakers



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Director, CPESN Medical Billing
Supports

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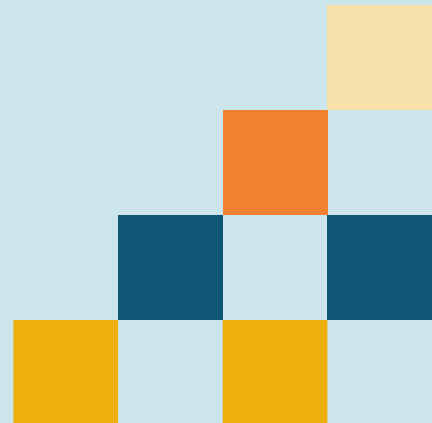
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Director, Medicaid Pharmacy
Growth & Innovation

UnitedHealthcare

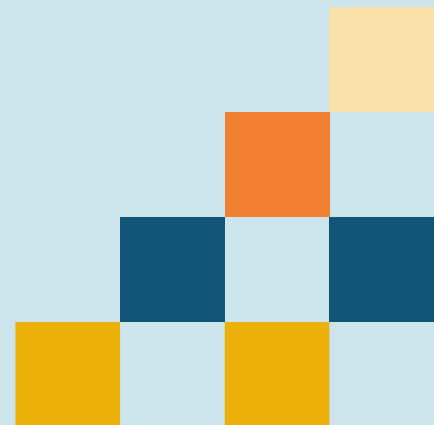
Disclosure Statement

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. Summarize strategies for pharmacists to overcome barriers to enrolling as a provider.
2. Discuss best practices for documenting patient encounters for payment and continuity of care.
3. Identify payer quality gaps that pharmacists can directly affect with access to care.





Overcoming Barriers to Enrollment of the Pharmacist as a Provider

2023 Provider Status End of Year Legislative Update

- 180 bills were introduced in 43 states pertaining to
 - pharmacist scope of practice
 - payment for pharmacist-provided patient care services, and/or
 - the designation of pharmacists as providers
- As of December 31, 2023
 - 55 bills in 32 states have been signed into law!
 - Vaccine Authority
 - HIV PrEP/PEP Prescribing Authority
 - Opioid Antagonist Prescribing
 - Medication Therapy Management
 - Point-of-Care Testing and Treatment
 - Contraceptive Prescribing
 - Collaborative Practice Authority
 - Preventive and Evaluation/Management

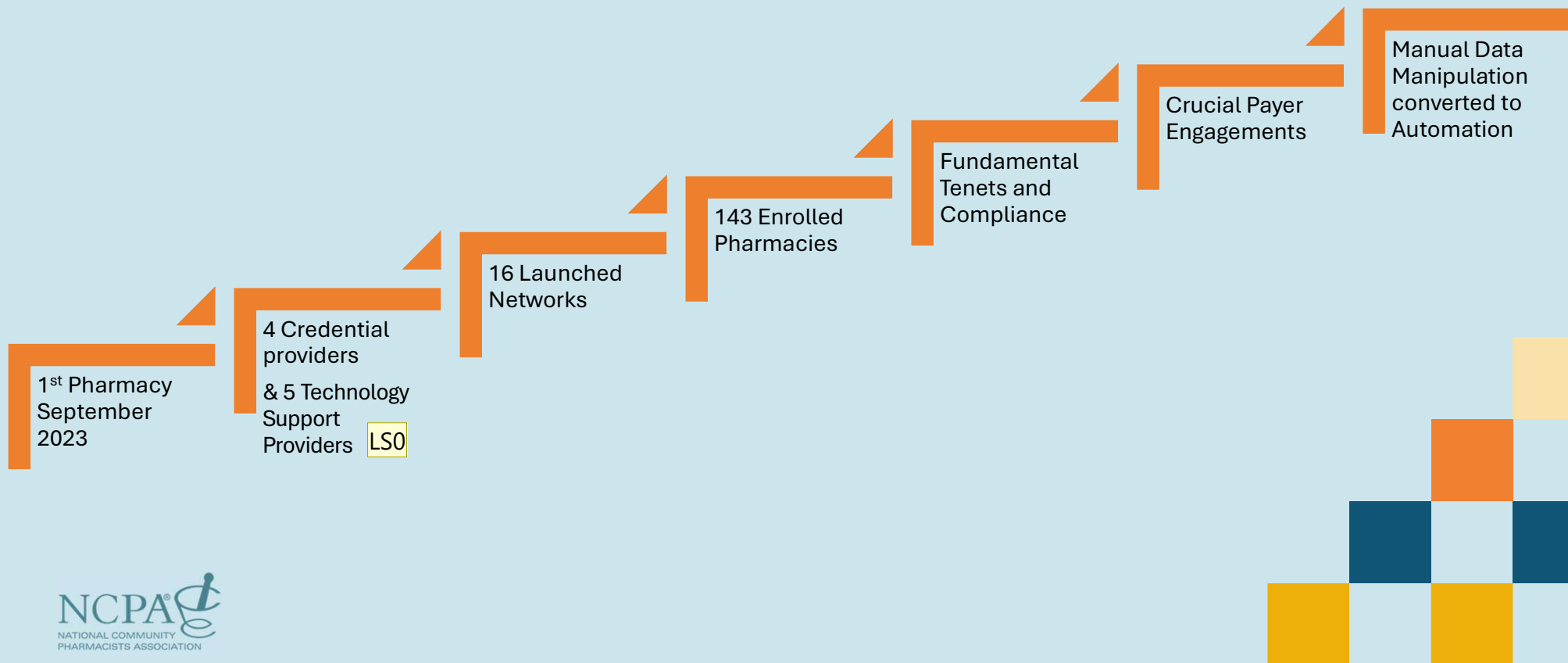
• <https://nasca.us/blog/resource/2023-provider-status-end-of-year-legislative-update/>. Accessed 18 Feb.2024

Medical Billing Supports

1. Evaluate opportunities
2. Establish level 1 relationship
3. Facilitate Transparent Credentialing Providers
4. PharmFurther Medical Billing Education
5. Facilitate Billing Technology Support Providers to Clearinghouse
6. Review remittance data for opportunities and barriers
7. Ensure proper billing for state Scope of License
8. Design and Deliver Best Practices
9. Rinse & Repeat- new codes same payers, same codes new payers
10. Continual Payer Engagement

Source: this custom process was developed by PharmFurther Business Coaching and is contracted to members of CPESN Medical Billing Supports; contact your Managing Network Facilitator for more information

16 Specific States Launched as of August 2024



Credentialing

- Essentially a thorough background check to prove qualifications to provide service
- “^{LSO}the process by which medical organizations and insurance companies verify the credentials of healthcare providers to ensure they have the required licenses, certifications, and skills to properly care for patients”
- Usual steps:
 - Verify clinic (practice location/setting), training, and scope of provider
 - Provider eligibility for healthcare services within third party rules
 - Often a pre-application process for simple auto denial reasons
 - Many require universal CAQH platform, but you should always verify this first



Qualifying with the Payer

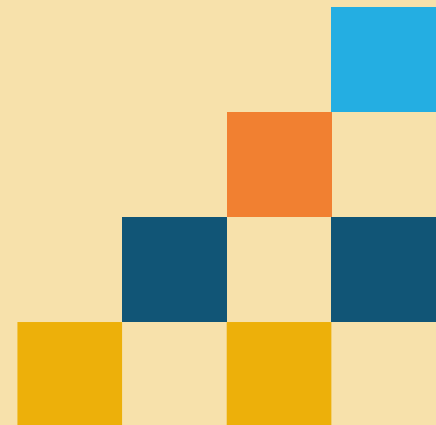
- Medicare excludes pharmacists from list of qualified health care providers (QHCP) LS0
- Specific state laws have given pharmacist expanded scope
- Many payers have boundaries of program design
 - Regional teams
 - State specific benefit coverage
- A new path may need to be paved (more on this later!)
- Often the payer does not know there are barriers until you try



Specific Credentialing Examples

- Diabetes Self-Management Education (DSME) services billed to Medicare Part B ^{LS1} ^{LS0}
 - MediCal in California
 - Forward Health in Wisconsin
 - BCBS in Texas
 - Oklahoma Healthcare Authority in Oklahoma
- BCBS in Arkansas
- Cigna in Texas

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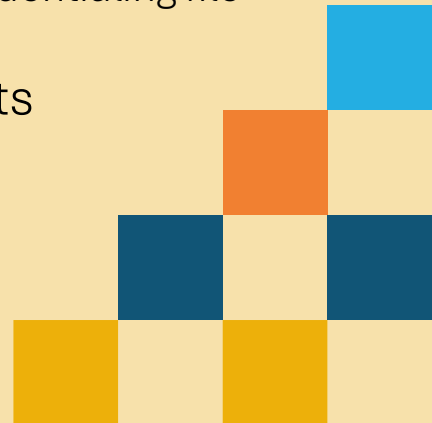
Why Credential Pharmacist Providers? LS0

- Credentialing is a formal process that utilizes an established series of guidelines to ensure that patients receive the highest level of care from healthcare professionals who have undergone the most stringent scrutiny regarding their ability to practice medicine
- Credentialing assures patients that they are being treated by providers whose qualifications, training, licensure, and ability to practice medicine are acceptable
- Credentialing processes ensure that all healthcare workers are held to the same standard



National Committee for Quality Assurance

- The National Committee for Quality Assurance (NCQA) is an independent, nonprofit organization that works to improve healthcare quality through the administration of evidence-based standards, measures, programs, and accreditation
 - NCQA has established a set of standards that currently serve as a guideline for credentialing healthcare providers
 - Pharmacists currently do not appear as practitioners included in the credentialing file review
 - There is not a standardized process for credentialing pharmacists
 - Payers may vary in the information required for pharmacist enrollment



Credentialing Services

The screenshot shows the CAQH Provider Data Portal website. The header includes the CAQH logo, 'PROVIDER DATA PORTAL', and a 'Help' button. Navigation tabs are labeled 'Provider', 'Provider Groups', 'Practice Managers', and 'Participating Organizations'. The main content area is titled 'Provider Data Portal' and 'Formerly CAQH ProView'. It contains a welcome message, a 'Sign In' section with fields for 'Username' and 'Password', a 'Remember me' checkbox, and a 'Sign In' button. A callout box highlights the 'CAQH Provider Data Website' text.

CAQH | PROVIDER DATA PORTAL [Help](#)

Provider | Provider Groups | Practice Managers | Participating Organizations

Provider Data Portal

Formerly CAQH ProView

Welcome to the CAQH Provider Data Portal formerly known as CAQH ProView. CAQH Provider Data Portal eliminates duplicative paperwork with organizations that require your professional and practice information for claims administration, credentialing, directory services, and more.

Help reduce inquiries for your administrative information and save even more time by keeping your profile complete and up-to-date. Ensure that the healthcare organizations you authorize have instant access to accurate, timely information.

Sign in on the right to update your existing profile information or, if you are a new user, register to create a profile.

Sign In

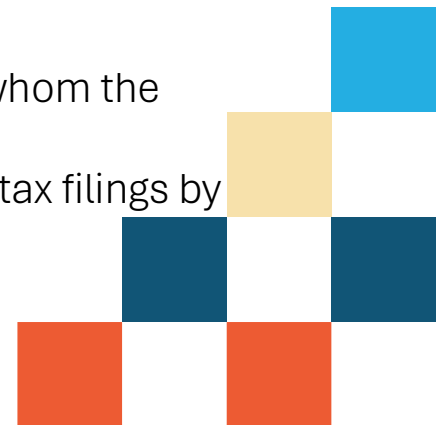
CAQH Provider Data Website

• How Much Does CAQH Credentialing Cost?

- The CAQH application, profile, and Proview database (used for storage and maintenance) are free for healthcare providers and practices.
- Health plans and other healthcare organizations pay fees to use the CAQH Provider Data for credentialing.

Pharmacist Provider Contracting

- Most existing contracts between the *Pharmacy* and the PBM and are specific for dispensing functions
 - Some may include ancillary payments for administration of a vaccine or injectable medication given at the point of sale, but few include payment for clinical services
- Health Plans may vary in their approach to contracting with individual pharmacists working within a pharmacy or medical facility
- Most commonly, the pharmacy is contracted as medical group, inclusive of the pharmacist providers within the group
 - Contract and payment for services will go directly to the business entity for whom the pharmacist works
 - Payments made directly to the individual pharmacist may require additional tax filings by the pharmacist

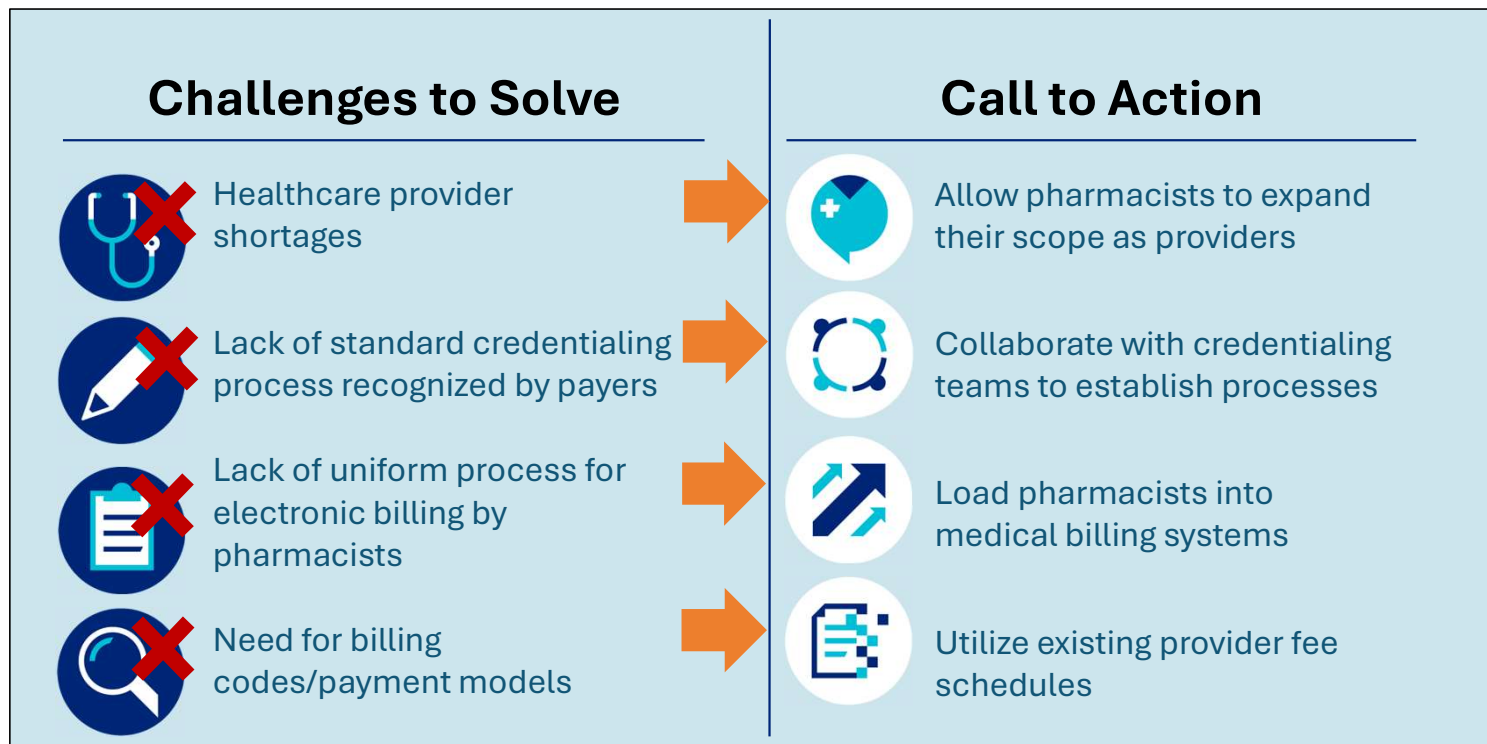


Why should health plans contract pharmacist providers?

- Health plans are expected to demonstrate how they are differentiating their approach with programs to improve outcomes and close gaps in care
- Pharmacists can provide a diverse range of patient care services beyond traditional dispensing services
- Contracting pharmacist providers increases access to care in rural and underserved communities
- Pharmacists, Pharmacy Technicians, and Community Health Workers are integrated in the local community and readily accessible



Transforming Pharmacist Engagement & Care Delivery Models to Improve Access to Care and Patient Outcomes



Provider Enrollment

Health plans will need to gather a significant amount of information to properly contract with you and provide payment for your services.

These may include, but are not limited to:

Identifying information:

- Individual NPI
- Individual state license number
- Pharmacy/facility NPI
- Pharmacy/facility tax ID
- Pharmacy W-9
- Taxonomy code
- State Medicaid enrollment
- Professional liability insurance
- Curriculum Vitae

Proof or attestation of:

- Completion of board of pharmacy requirements
- Minimum continuing education requirements
- Highest level of education completed
- Completion of cultural competency training
- State certification
- Clinical Laboratory Improvement Amendment (CLIA) waiver (if applicable)
- History of felony conviction/discipline





Where do I start??

Arkansas BlueCross BlueShield

Coverage policy Forms Prior Authorization Support

Resource center

Resource center

- Provider forms
- Health Information Network (HIN)
- HEDIS measures
- BlueCard® Program
- Value-based programs
- Interviews
- Blue Distinction Centers
- My BlueLine
- Network Development Reps

Network participation guidelines

Practitioners requesting participation in Arkansas Blue Cross and Blue Shield's Procedures and Terms and Conditions and meet the network Credentialing Standards. Providers who have questions about participation should contact their region's Provider Network Operations provides administrative support for Arkansas Blue Cross and Blue Shield.

Provider Network Operations

Attn: Provider File
P.O. Box 2181
Little Rock, Arkansas 72203-2181
Telephone: 501-210-7050
Fax: 501-378-2465
Email: providernetwork@arkbluecross.com

Terms and Conditions for Practitioners:

[Notice of Payer Policies and Procedures and Terms and Conditions \[pdf\]](#)
Applicable to all individual network participants and applicants.

Credentialing Standards for Practitioners:

[Arkansas Blue Cross Credentialing Standards for all eligible disciplines \[pdf\]](#)



HealthPartners medical and dental health plan

You can check the status of your application by any of the following:

- Log in and go to [Provider Data Profiles](#)
- Or email [HealthPartners Credentialing Service Bureau](#)
- [Who we credential](#)

Initial Credentialing

Before credentialing can begin, you must be a contracted provider or have been offered a contract.

- Fully completed MN Uniform Credentialing Application
 - [Minnesota Uniform Credentialing Application \(PDF\)](#)
 - [Initial Dental Credentialing Application \(PDF\)](#)
 - [Initial MTM Credentialing Application \(PDF\)](#)
- Copy of Malpractice Face sheet



[Join/Renew Now](#)

North Carolina Medicaid Enrollment and Billing



Overview and Informational Webinar

[Overview and Informational Webinar](#)

On January 8, 2024, North Carolina Medicaid began allowing pharmacists, who provide care and prescribe medications via statewide protocols, to enroll as healthcare providers. Prior to this date, and since 2018, clinical pharmacist practitioners, working under a collaborative agreement, have been allowed to enroll as NC Medicaid providers.

[Background and Protocols](#)



[Network participation guidelines - ABCBS - Arkansas Blue Cross and Blue Shield](#)

[Provider Credentialing Form \(healthpartners.com\)](#)

<https://www.ncpharmacists.org/medicaid-enrollment-and-billing>

UnitedHealthcare Pharmacist Provider Enrollment

UnitedHealthcare has setup a “Front Door” specifically for pharmacists requesting provider enrollment

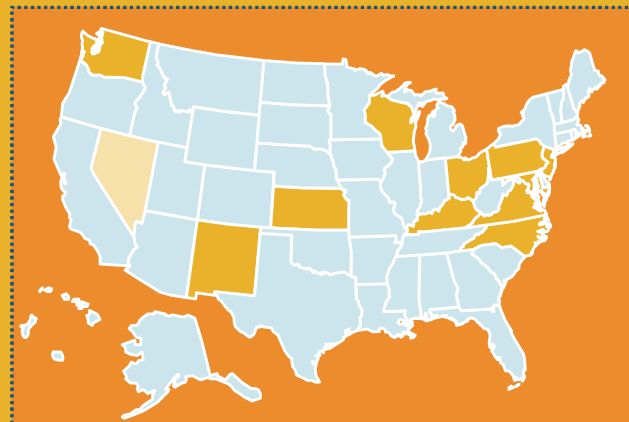
Pathway for pharmacists to request to enroll with UHC Medicaid as providers:

(KS, KY, MD, NC, NM, OH, PA, VA, WA, WI)

[Join our network - Ancillary providers and centers | UHCprovider.com](#)

(Home > Resource Library > Join our network > Join our network - Ancillary providers and centers)

The screenshot shows the UnitedHealthcare website's "Join our network - Ancillary providers and centers" page. The page includes a navigation bar with "Members", "New User & User Access", and a search bar. Below the navigation bar, there are links for "Eligibility and Referrals", "Prior Authorization", "Claims and Payments", "Our network", and "Resources". The main heading is "Join our network - Ancillary providers and centers". Below this, there is a paragraph explaining the network and a "What to have ready" section with a list of requirements: "Complete contact information", "NPI and TIN", "W-9, if applicable", and "Cultural competency details". A blue folder icon with a white cross is shown to the right. Below the requirements, there is a section for "Pharmacist: Community Plan network" with an orange arrow pointing to it. At the bottom, there is a "Required steps" section with a three-step process: 1. "Enroll with the individual state Medicaid program", 2. "Email notice of interest to uhccs_pharmacy@uhc.com", and 3. "Register with the UnitedHealthcare Provider Portal".



UnitedHealthcare Medicaid Enrollment



Pharmacist Provider Enrollment

Pharmacists electing to provide services covered by Medicaid should complete the following steps to request enrollment with UnitedHealthcare Community Plan.

- In compliance with federal requirements in the 21st Century Cures Act, most states require all providers to first enroll with their state Medicaid program, as applicable.
 - If you are not currently enrolled with the state Medicaid program, visit the following link for more information: [State Medicaid Enrollment Resources](#)
- Once enrolled with Medicaid, please complete and submit this form to initiate the process with UnitedHealthcare
 - This form may be used for up to 3 pharmacists per pharmacy location; however, there is no limit to the number of pharmacists per location. To request enrollment for additional pharmacists, please complete additional form submissions as needed.
- Within 3-5 business days, you should receive a secure email from UnitedHealthcare requesting any additional documents required for enrollment.
- When all the required documentation is submitted and reviewed for completion, UnitedHealthcare will send a provider contract via DocuSign for electronic signature.
- Once your contract has been completed, and you are enrolled as a provider, visit [Get Connected](#) on our UHC.provider.com website to learn how to create a One Healthcare ID and a UnitedHealthcare Provider Portal Profile.

For questions or concerns, email us at Pharmacist Provider Enrollment: uhccs_pharmacy@uhc.com

Review & Complete Form

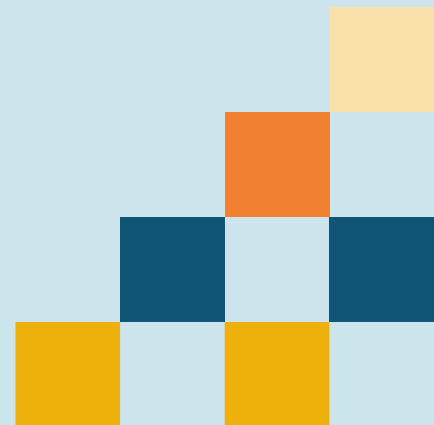
- Pharmacists will be contracted as individuals practicing within the Pharmacy Group Practice.
 - This enables the pharmacist to bill for services they provided within the pharmacy with payment for the services made to the pharmacy.
- The enrollment form may be used to submit up to 3 pharmacists per pharmacy location
 - There is no limit to the total number of pharmacists which may enroll per location. Complete additional forms, as necessary.
- The form contains smart-logic which will allow for applicable data to be collected as one moves through the form.



Documenting Patient Care for Continuity and Value Measure

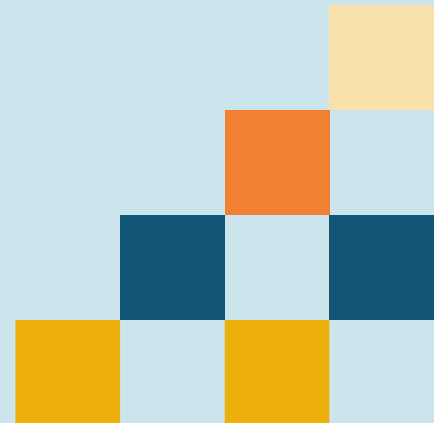
The Importance of Documentation

- “If we want to be providers, we have to look like providers”
- Working within our scope, requires methods of continuity of care
- Billing for your service is more than CPT codes and Diagnosis pointers
- Two main goals
 - Document the visit and what was done
 - Attach a claim with codes that the plan can receive



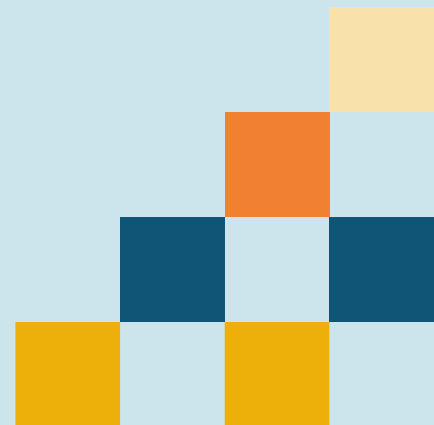
E-care plan is/was a Bridge

- E-care plans still very valuable for Value Based Care LSO
- Easy to integrate into workflow
- Difficult to read information received at the pharmacy level
- Applies to specific patient populations only
- Process learned without the why in many cases



Pharmacists must learn Medical Billing

- NCPDP Telecommunication for pharmacy claims
 - Pros: Ease of workflow integration; smaller learning curve
 - Cons: Care documentation where? PBMs also have a smaller learning curve, service transactions not adopted, intermediary required to translate Telecom Rx claims to medical claim format
- Templated system with click boxes and drop downs
 - If the patient fits, can make life easier
 - Can give you confidence (as long as the patient fits)
- Free form EHR documentation and billing tools
 - Any patient fits
 - Can still have templates
 - Harder to learn but more reward at stake



Billing for Services

- There are still many uncertainties regarding how pharmacists bill for clinical services
- Traditional medical billing appears to be the preferred trajectory
 - This may require additional training for pharmacy staff and the potential need for system updates and integration



Electronic Medical Claims

- Traditional medical billing processes
- Utilizing standard fee schedules

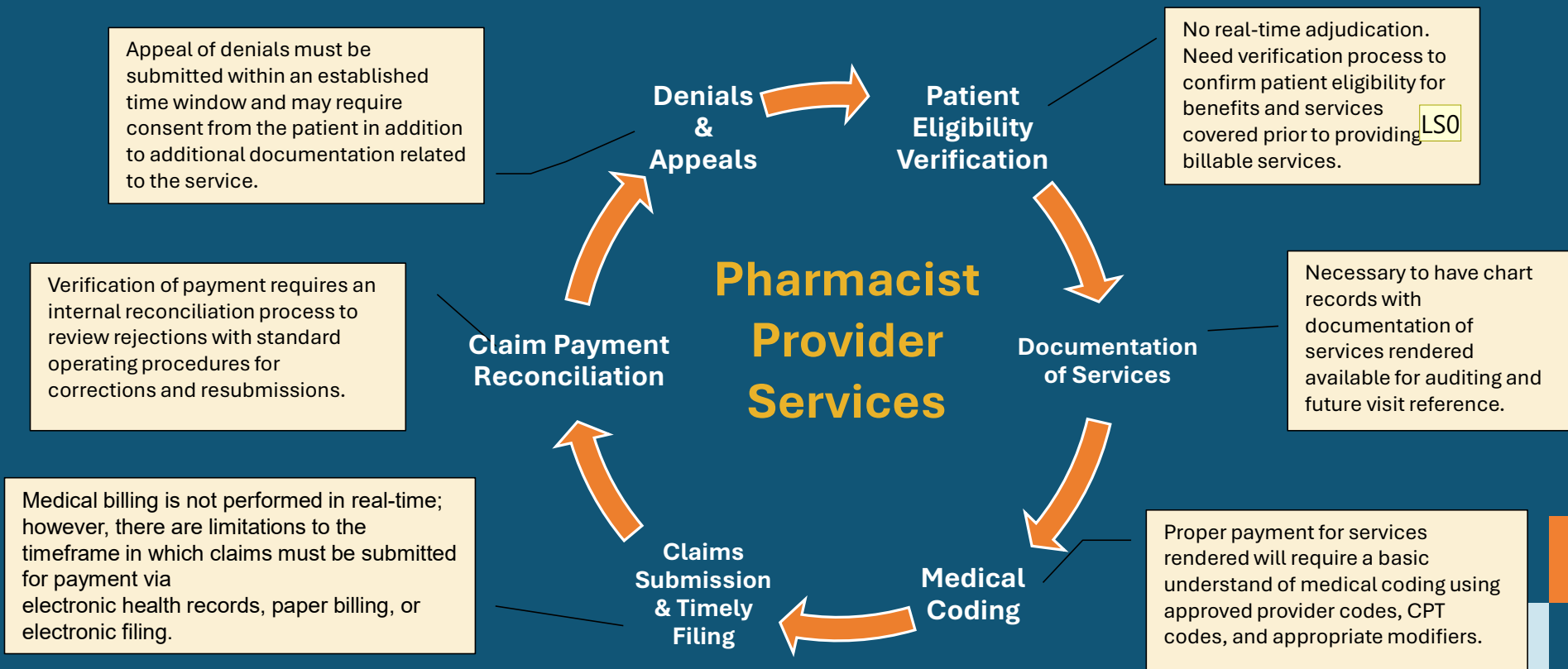
NCPDP PBM Claims LS1

- Utilizes traditional pharmacy billing practices
- Incorporates PBM into medical payments

Paper & Invoiced Claims

- Manual process
- Can be more time consuming

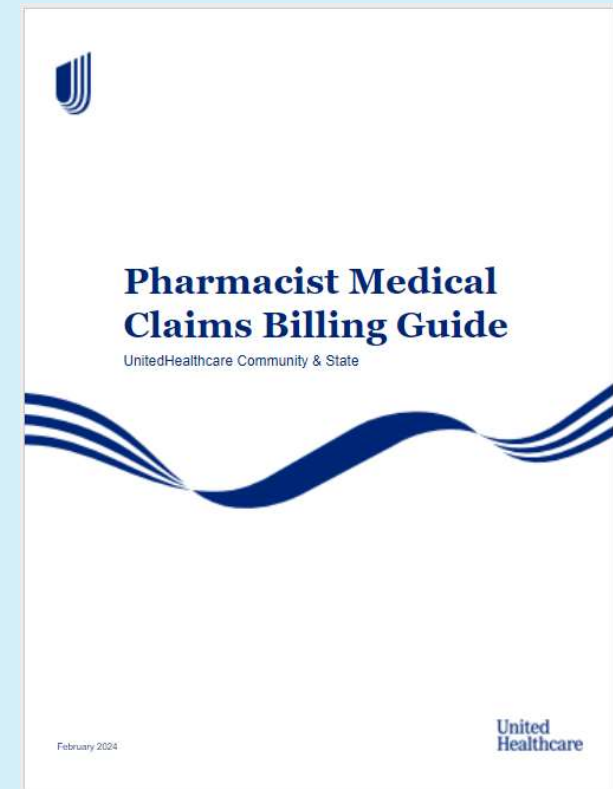
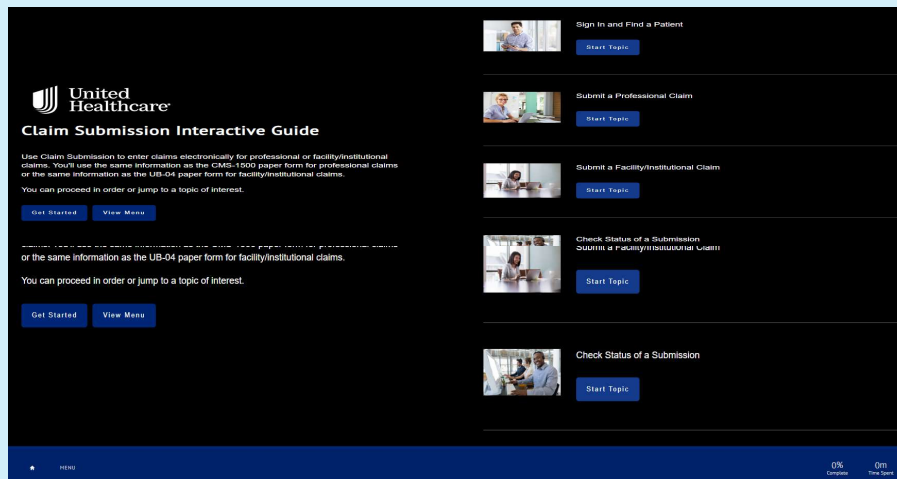
Medical Billing Cycle



Claims Submission Guide

Visit our [Interactive Guide](#) to learn how to enter claims electronically for eligible pharmacist-billable services.

- This site will allow electronic claim submission as well as checking the status on submitted claims.
- Only individual, professional claims can be submitted here.



Collaborating with Payers for Patient Outcomes

Paving New Roads

- Need an agreed upon destination
- A demand to travel it
- Increasing scope as destination is readily achieved

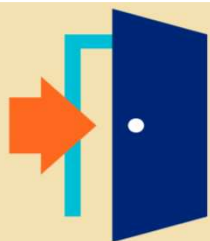


Where are your destinations?



Closing Gaps in Care

HbA1c levels
Blood Pressure
Med Adherence
Statin use



Access to Care

Point-of-Care testing
Prescribing Protocols
Access to patients



Social Drivers of Health

Identification of patient needs
Direct connections to resources



Education & Counseling

Vaccine awareness
Smoking Cessation
MTM

Questions?



Contact Information

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