Advancing Collaborative Patient Care

LESSONS LEARNED FROM WASHINGTON STATE
Disclosures

Jeff Rochon has no financial relationships to disclose. He is employed by the Washington State Pharmacy Association.
Learning Objectives

Upon completion of the activity, participants should be better able to:

1. Describe the history of state-level provider status in Washington state.
2. Discuss lessons learned from Washington state’s efforts related to state-level provider designation, including how these changes can impact patient care.
3. Identify opportunities and strategies for advancement of pharmacist provider status in other states.
Breaking the Glass Ceiling:
Pharmacists Paid as Patient Care Providers

- Health plans must recognize pharmacists as patient care providers of covered medical benefits
- **Adequate** number of pharmacists in their networks
- Includes services within scope of practice
  - **covered** services within essential health benefit requirements
- Clarified that pharmacies in health plans’ drug benefit networks **DOES NOT** satisfy new requirements
- Required for commercial carriers covering large group, small group, individual and family plans
Clinic Pharmacist Example

Volume of CPT code billed by clinic pharmacists

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Visit Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>99212</td>
<td>13,516</td>
</tr>
<tr>
<td>99213</td>
<td>11,907</td>
</tr>
<tr>
<td>99214</td>
<td>4,505</td>
</tr>
<tr>
<td>99215</td>
<td>2,252</td>
</tr>
</tbody>
</table>

** Does not include linked visits or shared medical appointments

Virginia Mason Medical Center January through August 2016
Community Pharmacist Example

- 10 pharmacists within one independently owned pharmacy
- Contracted with 5 health plans
- Billed > 500 medical claims
  - Evaluation and Management consultation codes (office visits)
  - HIV PreP, home visits, travel medicine
- Level 3 and 4 E&M Claims paid
One Payer Snapshot

- 4 clinics
- Over 3,000 claims submitted
- $203,445 Paid to pharmacists

Regence BCBS Data 1/1/16 through 10/13/16
How?
Achieving Provider Status Patient Access

- Provider Designation
- Payment for Service
- Optimization of Pharmacy Practice Act

Patient Access to Pharmacists' Patient Care Services

Image: National Alliance of State Pharmacy Association (NASPA)
Still Lacking Recognition by Payers

Provider Designation

Optimization of Pharmacy Practice Act

Payment for Service

Patient Access to Pharmacists' Patient Care Services
Potential Solution: “Every Category of Provider” Law

- RCW 48.43.045(1)
  - Requires health plans to include access to every type or “every category” of licensed medical provider

- WAC 284-43-205
  - Health carriers shall not exclude any category of provider who provide health care services or care within the scope of their practice
Legislative Victory

ESSB 5557 introduced by Senator Linda Evans Parlette (R-12)

May 11, 2015: Governor Inslee signed bill into law
The Path to Provider Status

**Legislation**
Signed into law May 2015

**Implementation Advisory Committee**
Summer 2015

**Deliverables to OIC**
Recommendations due by December 2015

**Implementation**
- **Jan 2016**: Health plans enroll pharmacists in health-systems with delegated credentialing agreements
- **Jan 2017**: Health plans enroll pharmacists in all settings
Now what?
Excitement and Challenges

• Finally… EQUALITY

• Held to the same standards as other providers means there is much to learn

• Billing medical claims is very different than billing pharmacy claims

• No direction on business processes/work flow, coding, documentation, and clinical record management/billing systems
Identified Knowledge Gaps

- How to enroll in participating provider networks
  - Contracting, Credentialing, Privileging
- Understand medical benefit coverage
- Medical billing processes
- Health information technology
  - Health Information Exchange
  - Practice Management
Implementation Workgroups

- Contracting, Credentialing & Privileging
- Billing, Coding & Documentation
- Technology & Communication
- Outcomes & Research
Roadmap to Payment

1. Enroll in provider networks
2. Identify billable services
3. Fill technology gaps
4. Submit medical claims
Step 1: Health Plan Provider Network Enrollment: Credentialing, Contracting and Privileging
So, what is a credential?

- A credential is documented evidence of professional qualifications
- Such evidence includes:
  - academic degrees
  - state licensure
  - residency
  - fellowship
  - training certificates
  - statements of continuing education (CE) credit
  - and board certifications
Credentialing Process

• Process for documenting and demonstrating a health care professional has attained the credentials to provide certain patient care services within the scope of care in a particular setting.

• Simple vs Complex

• Direct or Delegated
What is a privilege?

• Granted by a health care institution to a provider
• Authority to render specific diagnostic, procedural, or therapeutic services
• Include:
  • **Admitting privileges**: rights to admit patients
  • **Clinical privileges**: rights to treat
    • Clinical privileges are both facility and individual specific
Privileging Process

• The process by which a health care organization grants privileges to a health care provider to perform a specific scope of patient care services within that organization

• Allows pharmacy to differentiate which pharmacists provide which services based on credentials
Who credentials vs. privileges?

- Health plans ONLY credential providers
  - Do not privilege providers
  - Credentials for a provider **do not vary** based on specific services

- Provider organizations credential AND privilege their providers
  - Credentials for a provider **may vary** based on specific services

- Organizations that are provider organization AND health plan
  - May credential AND privilege their providers
  - Credentials for a provider **may vary** based on the specific services
Provider Network Enrollment Process

1. Determine which process for your practice setting?
   - Direct or Delegated (internal)

2. Identify health plans covering your patients
   - Commercial plans: Large group, Small Group, Individual, Family
   - Public: Medicaid Managed Care

3. Contact plans to start provider network enrollment
   - Primarily online through the health plans provider enrollment webpage
   - Some plans require a phone call
Provider Network Enrollment Requirements

Credentialing Process

- Start enrollment process for each health plan
- Complete and submit provider/practitioner application

Provider/Practitioner Application or a health plan specific version

- Robust document of credentials
  - Individual NPI
  - Proof of Liability Insurance
  - Professional Credentials
  - Description of Care Setting
  - Attestations
Hurry Up and Wait…. For a contract

- Timeline for health plan notification varies between plans
- Providers can expect:
  - Notification that plans are reviewing completed application
  - Notification of approval/decline
  - If approved, offer of practitioner contract
    - Most health plans appear to have similar practitioner contracts

http://clipart-library.com/clipart/592383.htm
Enrollment Lessons Learned

• Enrollment/Contracting makes you eligible for bill medical claims for covered patient care services within scope of practice

• Individual pharmacists must contract and credential with health plans (not PBM’s) as providers

• Processes already exist for other health care providers

• Health plans have similar processes
  • but they can differ in requirements for enrollment (credentials)

• Most can be done by a delegated staff member
Step 2: Identify Billable Services
What Services are Billable?

- All covered services (essential health benefit)
- Care within pharmacists scope of practice
  - Drug therapy monitoring/management
    - Ordering and interpreting labs
  - Administration
  - Collaborative Practice
- Billable by office visit or individual service
Billable Visits

- Evaluation And Management (E/M)
  - Time-based or Complexity-based
    - Outpatient, Office Visits
    - Home Visits
Billable Interventions

• Preventive Care Services
  • Emergency Contraception
  • HIV Prevention (PreP)
  • Hormonal Contraception
  • Immunization
  • Naloxone
  • TB Testing
  • Tobacco Cessation
  • Travel Medicine
  • And More
Billable Interventions

Chronic Care (Drug Therapy Monitoring/Management)

- Anticoagulation
- Asthma
- COPD
- Chronic Kidney Disease
- Congestive Heart Failure
- Coronary Artery Disease
- Diabetes
- Hyperlipidemia

- Hypertension
- Behavioral/Mental Health
- Obesity
- Osteoporosis
- Pain
Billable Interventions

• Infused, Injectables, And Laboratory Tests
  • Infusion and Injectable Medications
  • Laboratory Tests

• Medication Therapy Management
  • Comprehensive Medication Review

• Other Time-based Services
  • Prolonged Services
  • Telemedicine/Telehealth
  • Telephone Services
Step 3: Fill the Technology Gaps
Demystify Medical Billing
PHARMACY BILLING CYCLE

COLLECTION & VERIFICATION
- Order Entry

CLAIMS SUBMISSION
- Claim Submission
- Switch Vendor
- PBM Adjudicate
  - Preauthorization or Denials
  - Resubmit
  - Accept

PAYMENT
- Fill & Record Dispensed Medication
  - Yes: Collect Payment from Patient
  - No: Patient Pays?

PATIENT CARE
- Patient Counseling
  - Yes: Patient Pays?
  - No: Collect Payment from Patient

END

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MEDICAL BILLING CYCLE

COLLECTION & VERIFICATION
- Pre-visit & Visit
  - Preauthorization
    - GAP 1

PATIENT CARE
- Patient Care
  - Billing Service
    - Clearinghouse Vendor
      - Claim Submission
        - Payer Adjudicate
          - Pharmacist
            - Bill Patient?
              - YES
                - Patient Pays?
                  - YES
                    - END
              - NO
                - Collection Agency?
                  - NO
                    - Collection
                  - YES
                    - Collection

CLAIMS SUBMISSION
- ACCEPT
- REJECT
- GAP 2
- GAP 3
- GAP 4
- GAP 5
COLLECTION & VERIFICATION

Pre-visit & Visit

Preauthorization

GAP 1

GAP: Patient management

CHALLENGE: Determine insurance eligibility, schedule appointments, and collect patient information prior to or during visit

SOLUTION: Practice Management and/or Revenue Cycle Management

SOLUTION: Practice Management and/or Revenue Cycle Management*

- HIPAA & regulatory compliance
- Scheduling
- Patient registration
- Insurance eligibility verification
- Claims processing and tracking
- Charge capture and posting
- Reimbursement management
- Patient billing, payment, and collection
- Reports and benchmarks

*Many software providers integrate features of both Practice Management and Revenue Cycle Management into one system

COLLABORATIVE HEALTHCARE OUTCOME IMPROVEMENT CENTER

WASHINGTON STATE PHARMACY ASSOCIATION
New Vendor Relationships Needed

- Electronic Health Record System
  - Stand Alone, Integrated, C-CDA Certified
- Practice Management System
  - Scheduling, patient billing and collection
- Billing Services
- Clearinghouses
- Revenue Cycle Management
- Integrated System
  - EHR/EMR, Practice Management System
Step 4: Provide Care and Submit Medical Claims
New Billing Language

• HCPCS
  • Healthcare Common Procedure Coding System

• ICD-10
  • International Statistical Classification of Diseases and Related Health Problems

• CMS medical billing standards

• And SNOMED CT documentation codes
Essentials for Billing Medical Claims

Preparation to document, code, and bill for medical services requires understanding the following:

• Medical billing and coding systems with documentation processes

• ‘Incident to’ rule
  • supervision requirements
  • associated risks in pharmacy practice
Consultation codes such as Evaluation and Management (E/M) Codes

- Time-based method of coding and billing
- Complexity-based method of coding and billing using
  - components of history
  - components of examination
  - components of medical decision making
Essentials for Billing Medical Claims continued

- Audits of medical records
- Compliance laws and regulations
- Medical revenue cycle management
Medical Billing Implementation Resources

- **On-Demand Training:** Ten online CE courses on billing, coding, documentation, and compliance
  - November 2016

- **Live Trainings:** Medical Billing Workshop for Pharmacy Professionals
  - 2016-2017

- **Guidebook:** Medical billing, coding and documentation
  - 2018
  - **Additional On-Demand Training:** 6-8 Online CEs
    - Disease/clinical focus and case studies
Step 5: Get Paid
The Road “Treasure” Map Works

• Pharmacists are successfully enrolled in provider networks
• Medical claims submitted by pharmacists in hospitals, clinics, and community pharmacies
• Billing medical claims for services
  • Mainly E/M consultation codes
• …and they are getting paid!

http://www.clker.com/clipart-treasure-map-1.html
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Community Pharmacy Foundation
Questions?

Jeff Rochon, Pharm.D.

JEFF@WSPARX.ORG
References

- Credentialing and privileging of pharmacists: A resource paper from the Council on Credentialing in Pharmacy
  - [http://www.pharmacycredentialing.org/Files/CCP_Special_Feature.pdf](http://www.pharmacycredentialing.org/Files/CCP_Special_Feature.pdf)
- SB5557 Advisory Work Group materials
  - [https://www.onehealthport.com/essb-5557](https://www.onehealthport.com/essb-5557)

Washington State Pharmacy Association Resources

- Get Started Checklist
  - [www.wsparx.org/?page=GetStarted](http://www.wsparx.org/?page=GetStarted)
- Contracting and Credentialing Resource Center
  - [www.wsparx.org/?page=ContractCredentialing](http://www.wsparx.org/?page=ContractCredentialing)
- Billing for Patient Care Services Resource Center
  - [www.wsparx.org/?page=PatientCare](http://www.wsparx.org/?page=PatientCare)