Credentialing and Privileging 101:
Essential Steps to Bill for Patient Care Services
Sunday, March 18  7:30-8:30

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Washington State Pharmacy Association
Target Audience: Pharmacists
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Activity Type: Knowledge-based
Disclosures

Jeff Rochon, Pharm.D. has no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
Learning Objectives

1. Define credentialing and privileging and how they relate to pharmacists serving as health care providers.

2. Describe emerging technologies to centralize and facilitate pharmacist credentialing processes.

3. Explain the benefits of credentialing and privileging programs to the advancement of pharmacists’ patient care service delivery.

4. Describe examples of pharmacist credentialing and privileging programs in the marketplace.
Self-Assessment Question

1. Minimal credentialing requirements are decided by:
   A. law
   B. health plans
   C. health care facilities
   D. CMS
Self-Assessment Question

2. Initial credentialing applications can be completed:
   A. individually online through payer websites
   B. efficiently through one portal to multiple payers
   C. one time per provider
   D. by auxiliary staff
3. Credentialing and privileging are
   A. processes demonstrating competency of providers.
   B. both completed by health plans as part of the contracting process.
   C. processes facilities use to differentiate the care providers can provide based on skill set.
   D. continuous quality improvement review processes for healthcare providers.
Self-Assessment Question

4. (T/F) The APhA Pharmacy-Based Immunization Delivery Certificate Training can be utilized as a credential by employers.
Washington State Provider Status Efforts: Still Lacking Recognition by Payers

Provider Designation

Patient Access to Pharmacists’ Patient Care Services

Optimization of Pharmacy Practice Act

Payment for Service

Image: National Alliance of State Pharmacy Association (NASPA)
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
SB 5557 Highlights:
Pharmacists 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
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
Shattered glass ceiling for pharmacists!

- Health plans are now required by law to treat us like other providers
- Commercial health plans must include some pharmacists in their provider networks
- Eligible to bill medical claims for covered patient care services
- No longer limited to “incident to”, facility, or specific services
- Individual provider contracts with health plan not PBM
Time to celebrate!?!
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

http://clipart-library.com/clipart/603810.htm
Our Next Steps

- Work with members and partners to put the other pieces together
  - Identify and address knowledge gaps
  - Advocate for appropriate integration of pharmacists into provider networks
  - Collect and share data supporting value of pharmacists provided services
  - Share with colleagues throughout the country
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

WSP Ao
WASHINGTON STATE PHARMACY ASSOCIATION

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
Provider Network Enrollment Processes

- 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).
- Some can be done by a delegated staff member.
How does this all work?
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
**Credential vs Certificate**

- A certificate is a document issued to an individual when achieving a predetermined performance level.
- Can be used as credentials within the credentialing process.
What are the currently recognized certifications for a pharmacist?

- The Council on Credentialing in Pharmacy has developed and maintains a list of pharmacist certifications.
- New certifications are developed, so the list is not complete.
- Pharmacist specific or multidisciplinary certifications
- Currently there are no certifications available for many areas of pharmacy practice, e.g. reproductive health.

- [http://www.pharmacycredentialing.org](http://www.pharmacycredentialing.org)
What is Credentialing?

A 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.
Principles for Credentialing of Pharmacists

- Based on a demonstrated patient/societal need.
- Required for enrollment in health plan provider networks.
- Enables pharmacists to defend patient care privileges.
- Should emulate other healthcare provider credentialing.
- Includes measures to assess attainment of competencies.
- Eventually established profession-wide through consensus.
Credentialing Requirements

- The requirements can vary by health plan
  - Simple
    - Verifying professional licensure and academic achievement
  - Complex
    - Assessing clinical experience and preparation for specialty practice beyond the assurances of professional licensure
The Credentialing Process

- **Application**
  - Identify applicant and obtain completed form from applicant

- **Verification and Information Gathering**
  - Develop credentials file

- **Analysis**
  - Review and evaluate file

- **Decision**
  - Notify applicant

- **Internal or outsourced service**

- **Applicant initiates recredentialing process**

- **Ongoing monitoring, evaluation, and improvement**
Credentialing Pathways

- Credentialing can be done via two major pathways:
  - Direct credentialing
  - Delegated credentialing
Direct Credentialing

- Places responsibility on the individual provider to initiate the credentialing process with multiple health plans
- Most common
Delegated Credentialing

- Allows **provider organization** to internally credential their providers based on health plan requirements.
- Requires agreement between provider organization and health plan.
- Typically faster and more efficient process than direct credentialing.
What is a privilege?

- Authority to render specific therapeutic, diagnostic, or procedural services
- Granted by a health care institution to a provider
- Examples:
  - **Admitting privileges**: rights to admit patients
  - **Clinical privileges**: rights to treat
    - Clinical privileges are both facility and individual specific
What is privileging?

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

- Authority is granted based on:
  - review of the individual provider’s credentials and performance
  - establishing that the provider has demonstrated competence to provide these services.
  - the services are within the scope of provision of the organization.
  - the organization can support their delivery.
Sample Privileging Process

- **Initial privileges**
  - Request Application
  - Reviewed by committee of peers
  - Approval or modification

- **Reappraisal of privileges**
  - Common review over designated period of time
  - CQI process
  - Liability issues
  - Provider should keep own records
Purpose of Privileging Process

- Mechanism for health care organizations to govern who provides which services and who does not.
- To assure all stakeholders that the health care professional being considered for certain privileges has the specific competencies and experience for specific services that the organization provides and/or supports.
- Integral part of the quality assurance review process
  - Quality safeguards
  - Competency assurance
Designing Privileging Processes

- Pharmacists should parallel and coordinate with existing processes
- Define the quality standards and competencies that will be required of pharmacists
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 with providers 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. Identify health plans covering your patients

Example:

Washington State law requires
- Commercial plans: Large group, Small Group, Individual, Family
- Public: Medicaid Managed Care
- Not required by WA law
  - Self-Insured: federally regulated
  - Medicaid FFS
- Required federal law change
  - Medicare Part B
Enrollment in Provider Networks continued

2. Start credentialing process for each health plan
   - Primarily online through the health plans provider enrollment webpage
   - Some plans require a phone call
   - Complete and submit provider/practitioner application
     - Information about you and your practice setting
Provider/Practitioner Application

- Practitioner Information
  - Individual NPI
  - License(s)
- Practice Information
- Peer References
- Attestations
- Proof of Professional Liability Policy
- Curriculum Vitae
  - Not a substitute for completing the application
Credentialing in Washington

- Best practice guidance states that a pharmacist’s education and training required for licensure meets the competency requirements for health plan covered services that fall within a pharmacist’s scope of practice.
FINE PRINT:

- Similar to other provider types, as service requirements become more advanced, health plans may require pharmacists to have advanced training and/or certification in addition to licensure in order to be considered for and subsequently be extended contracts within that Plan’s network.
Credentialing Process in Washington

As part of the credentialing process, every pharmacist must:

1. Demonstrate that they meet Washington State Pharmacy Licensure Requirements (RCW 18.64; WAC 246-861 and WAC 246-863)

<table>
<thead>
<tr>
<th>Licensure Requirements</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure Application</td>
<td>State Licensure Application Form</td>
</tr>
<tr>
<td>Education</td>
<td>Pharmacy Degree from an Accreditation Council for Pharmacy Education (ACPE) accredited pharmacy program</td>
</tr>
</tbody>
</table>
| Examination            | - North American Pharmacy Licensure Examination  
                          - Multi-state Jurisprudence Examination |
| Training               | - 1,500 hours of experiential training  
                          - 7 hours of HIV training  
                          - 3 hours Suicide Awareness training |
| Renewal                | 15 hours of continuing education annually |
Credentialing in Washington

2. Attest that all licensing requirements associated with services to be performed
   - include processes to obtain appropriate prescriptive authorization from healthcare provider(s) with independent prescriptive authority and/or appropriate CDTA(s), when applicable, have been/will be met.
     - Provide any/all CDTA identifier(s) that are on file with the Washington State Pharmacy Quality Assurance Commission.
Credentialing in Washington

3. Demonstrate liability coverage at minimum level established by the health plan, either independently or as part of a delegated or non-delegated group.
Credentialing Process in Washington

- In 2009, SB 5346 required the selection and implementation of a statewide provider database to collect and share information for credentialing, privileging and other uses.

- The vendor selected was Medversant and their application, ProviderSource, collects provider data and allows the practice organization to manage all provider data.
Credentialing in Washington

- All health plans have their own processes for credentialing.
- **ProviderSource** within OneHealthPort is the provider portal from which all health plans can retrieve verified provider credentialing information.
ProviderSource Credentialing

- Providers begin the credentialing process using the ProviderSource Washington Practitioner Application (WPA) field mapping template
Health Plan Notification

- After completing the WPA through the ProviderSource Portal, you can notify the plan of your interest through the system.

- Some plans also require email notification when the application is complete.

http://clipart-library.com/clipart/248574.htm
Pharmacy Profiles

- Single source repository of the nation’s pharmacist providers
- Securely maintain an accurate record of your professional information in one place
- Collects, maintains, and verifies pharmacists’ professional information
- Subsidiary of the American Pharmacists Association
Privileging in Washington

- In 2016, implementation limited to health systems, so pharmacists followed the privileging processes of their institutions.

- In 2017, privileging largely following CDTA requirements so far.
Hurry Up and Wait….

- The process and timeline after application completion and health plan notification varies between plans.

- Providers can expect:
  - Notification that plans are reviewing completed application.
  - Notification of approval.
Practitioner Contracts

- Most health plans appear to have similar practitioner contracts.
- In Washington, plans are required to submit a template to the Office of the Insurance Commissioner (without rates).
The New Pharmacy Musts

- Most pharmacies are already internally credentialing and privileging in some capacity

- Lesson learned: it takes time and should be started prior to provider status

- Parallel quality assurance as other healthcare providers

- Policy and procedure work should expedite contracting with health plans.

➢ Don’t wait... prepare now!
Credentialing Relationship to Reimbursement

- Required for other health care providers by health plans
- Health plans utilize credentials to determine which providers to contract with, i.e., enroll in their provider network.
- Alignment with value-based performance measures (e.g., HEDIS, PQRS, Star Ratings, ACO measures, etc.)
- Quality improvement expectations hinge on willingness of providers to undergo peer-assessment and mentoring
- Conditions of participation include payer authority for auditing of care provided
Roadmap to Payment

1. Enroll in provider networks
2. Identify billable services
3. Fill technology gaps
4. Provide care and submit medical claims

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
- ...and they are getting paid!
Volume of CPT Codes 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

Breakdown of CPT codes used by clinic pharmacists:
- 99212: 41%
- 99213: 37%
- 99214: 14%
- 99215: 7%

Data provided by Virginia Mason Medical Center Seattle, WA
Reported Payer Data

- One payer
- 4 clinics
- Amount Paid: $203,445.00
- 1,963 paid claims
  - Mostly 99211 – 99215
  - Other common claims:
    - 36415, 36416, 85610
- Data from 1/1/16 – 10/31/16

Data provided by Cambria Regence BCBS
2017 Example:
Community Pharmacists in Health Plans

- 10 pharmacists within one independent pharmacy
- Contracted with 8 health plans
- Billing 80 medical claims per month
  - Evaluation and Management consultation codes (office visits)
  - HIV PreP, home visits, travel medicine
- Claims paid!

Data provided by Kelley-Ross Pharmacy Seattle, WA
Is it time to celebrate?
Not so fast! Next focus...

- Assist with education of health plans about law
- Help facilitate implementation in community settings
  - Identify billing IT solutions that work for community pharmacists
  - Address other barriers to implementation
- Establish a viable business model of community pharmacies with contracted pharmacists providing care
We are not slowing down until...
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References

- SB5557 Advisory Work Group materials
  - https://www.onehealthport.com/essb-5557

- Credentialing and privileging of pharmacists:
  A resource paper from the Council on Credentialing in Pharmacy
  - http://www.pharmacycredentialing.org/Files/CCP_Special_Feature.pdf

**Washington State Pharmacy Association**

- Get Started Checklist
  - www.wsparx.org/?page=GetStarted

- Contracting and Credentialing Resource Center
  - www.wsparx.org/?page=ContractCredenti

- Billing for Patient Care Services Resource Center
  - www.wsparx.org/?page=PatientCare
Thank you!
Need More Information?

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