Advancement Through Credentialing and Privileging

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Disclosures

• Jenny Arnold and Jon Roth have no financial relationships to disclose
• Anne Burns declares that she is an employee of the American Pharmacists Association
CPE Information

• Target Audience: Pharmacists
• ACPE#: 0202-0000-19-021-L04-P
• Activity Type: Knowledge-based

(APhA will complete this information.)
Learning Objectives

1. Define credentialing and privileging for health care providers.
2. Explain how credentialing and privileging programs help to advance opportunities for pharmacists to deliver patient care services.
3. Describe examples of pharmacist credentialing and privileging programs currently in use.
4. Discuss how credentialing and privileging can be implemented in various practice settings.
1. Which of the following is true about credentialing?

A. Credentialing only applies to pharmacists who provide patient care under a collaborative practice agreement.
B. Credentialing requirements are determined by national pharmacy organizations.
C. Credentialing authorizes a practitioner’s scope of practice within a health care organization.
D. Verification of a pharmacist’s license from the board of pharmacy is part of a credentialing process.
2. Pharmacist Smith works in the Mercy Hospital outpatient cholesterol management clinic. Recently, Pharmacist Smith submitted an application and supporting documentation to Mercy Hospital’s Governing Board requesting authority to order laboratory tests and adjust medication doses as part of her cholesterol management services. After a review by the board, Pharmacist Smith was authorized to perform these functions at Mercy Hospital as a midlevel practitioner.

Which of the following best describes the process Pharmacist Smith navigated to obtain the authorization?
A. Accreditation
B. Credentialing
C. Privileging
D. Licensing
3. Which of the following states were the first to adopt the need for credentialing for pharmacist-delivered services?

   A. Iowa & Ohio
   B. California & Washington state
   C. New York & Florida
   D. Oregon & Arkansas
4. Which of the following is an important factor for implementing credentialing processes for pharmacists?

A. Pharmacist recognition that credentialing is needed for patient care service delivery and payment
B. Development of credentialing processes that are unique to pharmacists
C. Credentialing is a process that happens once as part of the hiring process.
D. There are uniform requirements for pharmacist credentials across the healthcare system
Overview of Credentialing and Privileging

Anne L. Burns, RPh
Vice President, Professional Affairs
American Pharmacists Association
Alphabet Soup of Terms

Credentialing
Credential
Fellowship
PharmD
CDE
Residency
License
Certificate
BPS
Accreditation
Traineeship
Privileging
Privileges
Practice-based CPE
Documented evidence of professional qualifications

- Academic degrees
- State licensure
- Residency certificates
- Training certificates
- Continuing education statements
- Board certifications

http://www.pharmacycredentialing.org/Files/CCP_Special_Feature.pdf
Credentialing – Two Types

• Credentialing: process of granting a credential (e.g. granting a PharmD degree, professional license, or board certification)

• Credentialing (health care): process of assessing and confirming the license or certification, education, training, and other qualifications of a licensed or certified health care practitioner

http://www.pharmacycredentialing.org/Files/CCP_Special_Feature.pdf
Privileging

The process of authorizing a health care practitioner’s specific scope and content of patient care services.

• Privileges are granted by a hospital, health care institution or facility to an individual healthcare professional

http://www.pharmacycredentialing.org/files/CCP_Special_Feature.pdf
Credentialing of Healthcare Professionals

• Requirement for healthcare professionals across the healthcare system for:
  • Health care organizations that provide care to patients
  • Payers who enroll healthcare professionals as contracted providers

• Credentialing provides verification and assurances to organizations, payers, and patients of the validity of healthcare professionals’ qualifications to provide care
Who Gets Credentialed?

- Physicians
- Pharmacists
- Social Workers
- Nurses
- Occupational Therapist
- Others
- Physical Therapists
- Physician Assistants
What credentials are required?

- Healthcare organization
  - Academic degree(s)
  - License to practice
  - Additional credentials depending on organization-determined qualifications to deliver the scope of services
  - Determined by healthcare organization, state scope of practice

- Payer
  - Academic degree(s)
  - License to practice
  - Additional credentials depending on covered services
  - Determined by payer, state scope of practice

- Role of pharmacists, pharmacy profession
Where and when does credentialing occur?

• Healthcare organization:
  • Hospital, long term care, clinics, pharmacies, other
  • Upon hiring
    • Human Resources (HR) department often involved
  • Periodic reappraisal (re-credentialing) as determined by the organization, laws, accreditation

• Payer:
  • As part of the process to be a contracted provider
  • Periodic re-credentialing as determined by the payer
  • **As part of the medical benefit
Delegated Credentialing

• Health care entity gives another health care entity the authority to credential its health care practitioners
  • Often between payers and provider organizations
  • Example: a health plan delegates the credentialing process to a physician group practice
    • Physician group practice responsible for evaluating qualifications and making credentialing decisions on its providers for the health plan based on health plan requirements
    • Physician group practice credentials for its own organization and the payer
  • Agreement must be in place between the entities

• Most common: Direct Credentialing
  • Individual works directly with each health plan

https://www.npdb.hrsa.gov/guidebook/DelegatedCredentialing.jsp
How Does Credentialing Work?

Application
Identify applicant and obtain completed form from applicant.

Verification and Information Gathering
Develop credentials file.

Analysis
Review and evaluate file.

Decision
Notify applicant.

Applicant initiates recredentialing process.

Internal or outsourced service.

On-going monitoring, evaluation and improvement.

The Application

Potential information items requested from employers OR payers:
• Demographic information
• Education and training
• Credentials with identifying information (degree, licensure, other credentials)
• Liability insurance information
• Practice location(s)
• Work history
• Adverse legal actions and judgments
• References
• Curriculum Vitae (CV) and other supplemental information
• Signed attestation that the information provided is correct

http://www.pharmacycredentialing.org/Files/CCP_Special_Feature.pdf
Verification Process

• Primary source verification – verifying credentials (education, training, license, certifications, certificates) from the original source
  • University for a PharmD degree
  • National Association of Boards of Pharmacy (NABP) or state board of pharmacy for pharmacy license
  • Board of Pharmacy Specialties (BPS) for specialty certification

• Who conducts?
  • Employer or payer through internal committees, departments (HR often involved)
    OR
  • External contractor (Credentials Verification Organization – CVO) on behalf of the employer or payer

https://www.jointcommission.org/assets/1/6/AHC_who_what_when_and_where_credentialing_booklet.pdf
Why is credentialing important to pharmacists?

• Standard requirement for healthcare professionals
  • Expectation that pharmacists are credentialed providers of patient care services in their organizations

• Implications of provider status – credentialing requirements of payers
  • Pharmacists need to be credentialed by payers in order to contract for covered services

• Safety and quality
  • Assurances to patients, providers, and payers that qualifications are valid

• Importance of preparation: Washington State experience
  • Pharmacists credentialed in health-systems, clinics vs pharmacists in community pharmacies
  • Lag time for credentialing process

• Need for pharmacists’ credentialing processes to emulate other health care provider processes
Privileging of Healthcare Professionals

• Process conducted by a healthcare organization that provides patient care services
  • Payers only credential, they do not privilege
• Authorizes defined scope of services for certain healthcare professionals within the organization
  • Those services and procedures that an individual healthcare provider is authorized to perform
    • Admitting privileges
    • Clinical privileges
  • Sufficient detail provided for the clinical activities to be conducted each service/procedure
• Peer review of verified credentials and assessment of experience and performance
Who could be privileged?

- Licensed independent practitioners (LIPs) - required
- Other licensed or certified practitioners
- Other clinical staff
- 2012: CMS clarified that non-physicians in hospitals, including pharmacists, were eligible and could be considered for appointment to the medical staff with hospital privileges
  - Within their state scope of practice
  - Per privileges authorized

How and when does privileging occur?

Initial privileges

• Request for privileges is submitted
  • Formal application, letter of request, or conversation with medical director who documents the request
  • Completed credentialing file
  • Statement that no health problems exist
  • Additional information per organizational policy

• Peer review process
  • Multidisciplinary peer review committee
  • Expert in the privileging area

• Approval, disapproval or modification of requested privileges
  • Based on organizational policies – often by a governing body
  • Healthcare professional receives decision in writing
  • Initial and ongoing assessment of clinical activities

https://www.jointcommission.org/assets/1/6/AHC_who_what_when_and_where_credentialing_booklet.pdf
Reappraisal of privileges

• Periodic re-evaluation of privileges
  • At designated intervals – often every two years
  • Professional misconduct or substandard care
  • Organizational policies determine what materials need to be reviewed
Why is privileging important to pharmacists?

- Standard requirement for certain healthcare professionals to provide patient care services
  - Ensures continuing competence
  - Raises prominence of pharmacist accountability and contributions to patient outcomes - pharmacists integral to patient care
- Efficiencies in practice
  - Privileging authorizes the healthcare professional to perform designated clinical activities independently
- Provider status - payers
  - Payers don’t privilege but privileging status at an organization is a consideration for certain providers in credentialing applications to payers
- Involvement of pharmacists needed so that pharmacists’ privileging processes integrate with and emulate existing privileging processes
Putting it together: Credentialing vs. Privileging

• 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

Acknowledgement Jeff Rochon, Washington State Pharmacy Association
Coalition of 10 national pharmacy associations

Mission: Provide leadership, guidance, public information, and coordination for the profession of pharmacy's credentialing programs.

Vision: All credentialing programs in pharmacy will meet established standards of quality and contribute to improvement in patient care and the overall public health.

Select credentialing resources: [www.pharmacycredentialing.org](http://www.pharmacycredentialing.org)

- Credentialing and privileging of pharmacists: A resource paper from the Council on Credentialing in Pharmacy
- Guiding Principles for Post-licensure Credentialing of Pharmacists
California Experience
Jon Roth MS, CAE

Chief Executive Officer
California Pharmacists Association (CPhA)
California and Washington State were the first two states to adopt “provider status” and the resulting need for credentialing for pharmacist-delivered services.

California passed legislation that achieved:
- Provider Status – e.g. Recognized pharmacists as health care providers
- Expanded scope of practice
- Eligibility to receive payment for pharmacist delivered services
A Tale of One Small Village

• California
  • 39 million residents
  • 1 in 3 residents on state Medicaid (14 million)
  • Led Affordable Care Act implementation, Medicaid expansion, state exchange, etc.
  • 40,000 licensed pharmacists, 6,500 community pharmacies
What Does Pharmacist “Provider Status” Mean?
One definition of provider status...

When pharmacists have the **scope of practice** to provide services (authority), **appropriate integration** into healthcare system (access to patients), and the **ability to be reimbursed** for those services (payment).
When pharmacists have the scope of practice to provide services, appropriate integration into healthcare system, and the ability to be reimbursed for those services.
When pharmacists have the **scope of practice** to provide services, appropriate integration into healthcare system, and the ability to be reimbursed for those services.

Integration (patients) -

Scope of Practice -
When pharmacists have the **scope of practice** to provide services, appropriate integration into healthcare system, and the ability to be **reimbursed** for those services.

**Reimbursement** -

**Integration (patients)** -

**Scope of Practice** -
When pharmacists have the **scope of practice** to provide services, appropriate integration into healthcare system, and the ability to be reimbursed for those services.

Reimbursement -

Integration (patients) -

Scope of Practice -

Possessing credentials and having the ability to verify those credentials are necessary to functionally implement
Why Credential?

• Bottom line considerations drive decision-making:
  – Revenue generation realized by system / plan / payer
    – “What can bring revenue in for me?”
  – System-wide savings – offsets
    – “What can you save me?”
  – Quality improvement
    • Patient satisfaction
    • System specialization/patient population
    • Clinical
      • “How are you going to improve me?”
Payment for Services

- Successfully passed legislation authorizing Medicaid payment for specific services (AB 1114)
  - Immunizations
  - Birth control
  - Naloxone
  - Travel Medicine
  - Rx Nicotine Replacement Therapy (NRT)
Credentials Verification Services

**Current Landscape**

- Payers contract with pharmacies and verify only the pharmacy’s credentials and perhaps those of the Pharmacist-In-Charge.
- Pharmacies bill directly to the Pharmacy Benefits Management (PBM) company or other payers primarily for medication dispensing services.

**New Landscape**

- Pharmacists are gaining the authority to perform more and more clinical services (e.g., immunizations, medication therapy management, diabetes care services, pain management, smoking cessation, etc.).
- Pharmacists are earning credentials to support this advanced scope of practice (non-dispensing).

Slide courtesy Pharmacy Profiles©
What this Means

• Pharmacists are increasingly being recognized for the expanded clinical services they provide and are being given legislative and regulatory authority to expand their scope of practice.

• Payors will want to take advantage of these expanding and cost-effective clinical services provided by pharmacists.

• Payors will want to know if pharmacists are able to provide an array of clinical services and ensure they are appropriately trained to do so.

• Payors will need new tools to assist in the process.
Pharmacy Profiles collects, maintains, and verifies pharmacists’ and pharmacies’ professional information. Profiles offers the most comprehensive array of credentials verification in the market.

**For pharmacists**
- Manage all of their professional information in one place with an easy-to-use, secure online tool

**For pharmacy networks, health plans, and others**
- Track and validate the credentials and professional information of participating pharmacies and pharmacists
- Ensure their network’s eligibility to provide patient care services
Getting started

• Organize your professional information
• Claim your Pharmacist Profile
  • No cost to pharmacist
  • Easy-to-use, secure
  • Consent-driven model

KEY BENEFITS
• Document capabilities to provide advanced patient care services
• Showcase skills and experience
• Manage professional information all in one place
Credentials Verification Services

A single-source repository of the nation’s pharmacist providers designed to support the expanding scope of pharmacy practice.

Data Sources
- APhA
- NABP
- ACPE
- State Boards of Pharmacy
- BPS
- NCPDP
- OIG, SAM.gov
- Other credential sources
- Pharmacist
- NPPES (NPI)

Data Elements
- Demographics
- Employment
- Licensure
- Advanced Credentials
- NPI
- Collaborative Practice Agreements
- State Specific Practice Authority
- Pharmacy Information and Specialties

Slide courtesy Pharmacy Profiles ©
California Pilot

• Pilot goals
  • Gain feedback from users
  • Test platform
  • Implement customer service and other procedures
  • Test in a state with provider status

• Conducted in partnership with CPhA
  • Leading advocacy role among state pharmacy associations, pharmacists, and others
  • Marketing outreach focused on CPhA-affiliated pharmacists

Slide courtesy Pharmacy Profiles©
Advanced Credentials

90 credential sources

180+ credentials

60 categories
- Immunizations
- Diabetes
- Asthma
- MTM
- Compounding

Pharmacy-based Immunization Delivery Certificate
Certified Diabetes Educator
Certified Asthma Educator
Advanced Cardiovascular Life Support
Credentialed Pain Educator
PCAB Pharmacy Compounding Accreditation
Board Certified-Advanced Diabetes Management
Board Certified Ambulatory Care Pharmacist
Board Certified Geriatric Pharmacist
Pharmacy-based Travel Health Services Certificate

Slide courtesy Pharmacy Profiles©
## Credentials Verification Service

### Data Sources
Third-party verified data from multiple industry sources, as well as self-attested data from the pharmacist

- ACPE
- APhA
- Credentials Sources
- OIG, SAM.gov
- NABP
- NCPDP
- NPPES
- State Boards of Pharmacy
- Pharmacist and more

### Credentials Verification Service
Track the following data:

- **Certifications**
- Advanced Practice Training
- State Practice Authority Tracking
- Collaborative Practice Agreements

- **Demographics**
- NPI #
- NCPDP #

- **Pharmacy Information**
- Licensure
- Sanctions

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**Slide courtesy Pharmacy Profiles©**
Payors can confirm that the pharmacists and pharmacies in their networks have the qualifications they need.

<table>
<thead>
<tr>
<th>Comprehensive</th>
<th>Verified</th>
<th>Updated</th>
<th>Ready Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 180+ credentials</td>
<td>• Third-party verification of most information</td>
<td>• Regularly updated</td>
<td>• Reports</td>
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<tr>
<td>• Includes both pharmacist and pharmacy information</td>
<td></td>
<td>• From leading industry data sources</td>
<td>• Real-time web access</td>
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<tr>
<td>• Custom-defined data elements</td>
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<td>• API interface</td>
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<td>• Full, summary and custom reports</td>
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Credentialing is an important component for health plans to be able to establish provider networks and payment systems for individual providers (pharmacists).

Next steps for realizing adoption for Payors

Payors need to:

- Recognize that credentialing pharmacists is beneficial
- Be willing to think “beyond the dispense” regarding the role of credentialed pharmacists in their networks
- Verify eligibility of pharmacists to provide patient care services
- Integrate pharmacists in their networks as they do with other providers
Pharmacists’ Next Steps for Credentialing

Pharmacists need to become comfortable with this new approach to integrating into a health plan, Accountable Care Organization (ACO), or with other payors. They must ask: “Here is the value I can bring. How can I get credentialed into your plan?”

Next steps for realizing adoption for Pharmacists

**Pharmacists need to:**

- Recognize that credentialing is needed to achieve patient care services (non-dispensing) reimbursement
- Think “beyond the dispense” regarding how this reimbursement will be structured
- Talk to payors about the value they can bring to their beneficiaries
- Verify their professional credentials to provide patient care services
Washington State Experience
Jenny Arnold, PharmD, BCPS

Director of Practice Development
Washington State Pharmacy Association
Health carriers cannot exclude pharmacists from provider networks.

Pharmacists must follow the same process and standards as other providers.

Pharmacists are reimbursed as providers.

Pharmacists are billing E&M* codes (99212-99215).

*E/M = Evaluation and Management
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Self Assessment

• T/F Credentialing and privileging are processes that happen once, generally as a part of the hiring process.
Health carriers cannot exclude pharmacists from provider networks
Pharmacists must follow the same process and standards as other providers
Pharmacists are reimbursed as providers
Pharmacists are billing all codes within their scope
Direct
Credentialing process by plans

Delegated
Credentialing done by health system/employer
• Checklist of information
• Provider or designee can complete application
• Provider must attest
• All plans must accept this form of application

http://www.onehealthport.com/
Independent Pharmacists

- Pharmacists are being added to provider networks
- Adopting software programs for Electronic Medical Record (EMR)/billing
- Vaccines, Pre-exposure Prophylaxis (PReP), contraception, medication reviews, travel medicine, etc
Clinic Pharmacists

- Federally Qualified Health Center (FQHC), physician groups, health system based
- Promoting pharmacist to billing provider EMR access
- Balance of quality vs billing justification
Chain pharmacies

- In process, a fundamental shift
- Use support staff to submit information
- Contract as a group?
Direct
Credentialing process by plans

Delegated
Credentialing done by health system/employer
Delegated Credentialing Agreement

- Large Health Systems
- Contracts with the plans to credential staff
- Providers complete the Washington Provider Application
- Credentialing office staff verifies information
- Separate from employment credentialing
Privileging

- Minimum standards set for specific roles
- Peer evaluation of visits and notes
- Relative Value Unit (RVU) standards and measures
- Billing provider access to EMR
- Credential and certification standards
What trends are you seeing related to requirements for specific credentials in both credentialing and privileging processes?

What are some of the barriers pharmacists have had in engaging in credentialing and privileging processes?
What tips can you share for pharmacists who are starting to navigate these processes?

What successes have you seen?

What are your 3 key takeaway messages for the audience?
Key Takeaways

• Credentialing and privileging processes are critical components in pharmacists’ recognition for the provision of patient care services and payment
• Pharmacists’ credentialing and privileging processes should be aligned with those of other healthcare professionals
• It’s important for pharmacists to be involved at the local, state, and national levels to influence the development and implementation of credentialing and privileging processes
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Advancement Through Credentialing and Privileging

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