

November 30, 2015

Mike Kreidler,
 Washington State Insurance Commissioner
 PO Box 40255
 Olympia, WA 98504-0255

Dear Commissioner Kreidler,

It is a pleasure to share with you the final deliverables from the OneHealthPort’s Collaborative Work Group on Health Plan Reimbursement of Pharmacist Provided Medical Services prepared at the direction of the legislature in ESSB 5557. Pursuant to ESSB 5557, your office re-authorized OneHealthPort as the Lead Organization and charged us with assembling a work group, considering the issues raised in the bill and delivering recommendations back to your office by December 1, 2015. Along these lines, forty-four clinical, operational, and administrative stakeholders representing a cross-section of pharmacy providers, health plans, academic institutions, and professional organizations agreed to work together to draft and iteratively refine a set of policy guidelines and operational expectations for reimbursing pharmacists for medical services that they deliver. OneHealthPort facilitated and supported the work of this group.

We are grateful for the spirit of cooperation all of the work group participants displayed and the significant effort they applied to the problem at hand. I also want to thank the Washington State Pharmacy Association and Washington State Medical Association for their support and Jim Freeburg, Jennifer Kreidler and Stacy Middleton from your office for their ongoing assistance and finally, Bill Campbell of Via Consulting and his team for doing such an effective job facilitating this process.

Work Groups member include:

Name	Organization	Type
Melissa Hull	Polyclinic	Clinic
Brian Seppi	Providence Internal Medicine Washington State Medical Association	Clinic Professional Association
Iwalani Paquette	The Everett Clinic	Clinic
Kari Stanislaw	The Everett Clinic	Clinic
Nathan Lawless	The Everett Clinic	Clinic
Jean Wirtz	Cigna	Health Plan
Collin Conway	Group Health Cooperative	Health Plan
Sharon Burks	Group Health Cooperative	Health Plan
Chuck Agte	Healthcare Authority (HCA – Medicaid)	Health Plan
Cindy Bergley	Premera	Health Plan
Dan Richardson	Premera	Health Plan
Maggie McInnis	Premera	Health Plan
Natalie Dangelo	Premera	Health Plan
Stephanie Yamamoto	Premera	Health Plan
Helen Noonan-Harnsberger	Providence	Health Plan
John Joffer	Providence	Health Plan
Carolyn Rohrs	Regence	Health Plan
Hattie Clabby	Regence	Health Plan
Jeff Larsen	Regence	Health Plan
Jim Carlson	Regence	Health Plan
Sean Karbowicz	Regence	Health Plan
Zach Snyder	Regence	Health Plan
Eric Wymore	CHI Franciscan	Health System

Name	Organization	Type
Kandi James	CHI Franciscan	Health System
Katie Lucas	Confluence	Health System
Peggi Ann Amstutz	Confluence	Health System
Steve Pickette	Harborview Medical Center	Health System
Heidi Chinwuba	Providence	Health System
Roger Woolf	Virginia Mason	Health System
Josh Akers	Kelley-Ross Pharmacy	Independent Pharmacy
Ryan Oftebro	Kelley-Ross Pharmacy	Independent Pharmacy
Chris Humberson	Department of Health	Other
Sue Merk	OneHealthPort	Other
Jennifer Kreidler	Office of Insurance Commissioner	Other
Jim Freeburg	Office of Insurance Commissioner	Other
Stacy Middleton	Office of Insurance Commissioner	Other
Jeff Rochon	Washington State Pharmacy Association	Professional Association
Billy Chow	Bartell Drug	Retail Pharmacy
Sepi Soleimanpour	Walgreens	Retail Pharmacy
Don Downing	UW School of Pharmacy	Academic Institution
Peggy Odegard	UW School of Pharmacy	Academic Institution
Sean Sullivan	UW School of Pharmacy	Academic Institution
Angela Stewart	WSU College of Pharmacy	Academic Institution
Julie Akers	WSU College of Pharmacy	Academic Institution

This letter and the attached documents fulfill the responsibilities you assigned to OneHealthPort under ESSB 5557. In reviewing the deliverables it is important to understand the following context.

Intent

The intent of this work is to ensure that pharmacists will be regarded as any other provider, in accordance with relevant state law, as it relates to health plan billing, processing, and payment of claims for medical services that are provided.

Scope of Work – Deliverable

This work recommends guidelines for payment-dependent interactions between health plans and pharmacists/provider organizations, i.e. Contracting, Credentialing, Utilization Review, and Coding/Billing/Reimbursement. Specific deliverables include:

- The *FAQ* document reflects industry information, gathered during a discovery process that offers understanding and context for the recommended *Policy Directives and Expectations*.
- The *Health Plan Policy Directives* document identifies policy conditions/requirements that health plans will have in place to enable the billing and appropriate reimbursement of medical services provided by pharmacists.
- The *Pharmacists and Other Provider Expectations* document lists and briefly describes the expectations and/or requirements that will need to be met by pharmacists, other providers, and other stakeholders in order to operationalize, within their respective organizations, the reimbursement of pharmacist-provided services.

Guidelines for internal capabilities required of organizations to perform those interactions are not the focus of this work. Similar to other providers, the capability to interact with health plans must be in place. Business processes/work flows, coding, education/training, and clinical record management/billing systems are pre-requisites for a) submitting claims to health plans for medical services delivered by pharmacists and b) appropriately billing and collecting patient cost-share. Though these capabilities have been identified as expectations in the course of this work, the development of specific guidelines pertaining to them are outside of scope.

Key Issues Deliberated

Over the course of the work, five fundamental issues surfaced which were deliberated and addressed as follows.

1. *Does this legislation require all health plans to reimburse pharmacists for medical services that they deliver?* **NO**

The 5557 legislation only requires Washington State licensed insured large group, small group, individual, and family plans to reimburse for pharmacist provided medical services. These reimbursement requirements may not apply to Federal plans such as Medicare, Tricare, Taft-Hartley AND to other State plans, e.g. PEBB/Uniform Medical plans, Washington State Medicaid and related plans, commercial self-insured plans, etc.

2. *Are pharmacists being regarded as all other provider types?* **YES**

The intent of these documents is that pharmacists fall under the “Every Category of Provider” rules. The rules that apply to all other providers will apply to pharmacist as well.

Review of the documents will reveal language such as “Similar to other providers”. The use of that language arose from concerns where different reviewers wanted to make sure that, for a specific issue of importance to them, the pharmacists are being regarded as other providers. That phrase has become prevalent enough within the documents that we now risk readers thinking that directives/expectations without that phrase indicates situations where pharmacists will be treated differently than other providers, this is not the case.

3. *For a given type of provider, e.g. pharmacists, do the credentialing requirements of a health plan vary depending upon the services to be provided by that pharmacist, i.e. is credentialing service-specific?* **NO**

For health plans, the defined set of credentials gathered and verified for a provider, e.g. PA, ARNP, Pharmacist, to deliver services to that health plan’s members **do not vary** based on the specific services that a provider of that type delivers in the course of their work.

For organizations that are both a provider organization AND a health plan, i.e. provide patient care and take on financial risk for providing care, the defined set of credentials gathered and verified for a provider, e.g. PA, ARNP, Pharmacist, **may vary** based on the specific services that a provider of that type delivers in the course of their work. Similar to provider organizations, these organizations have a baseline set of credentials that apply to all providers of a given type AND they may have additional training and certification standards depending upon the services that the provider delivers.

4. *Might health plans change credentialing requirements over time for all providers of a given type (including pharmacists)?* **YES**

Health plans may, at some point in the future, require additional certifications and/or advanced training in order for pharmacists to be credentialed. They may require advanced certifications for all pharmacists or may define different types of pharmacists and vary credentialing requirements by type. This practice will not be uniquely directed towards pharmacists as health plans manage all provider types in this manner.

Based upon discussion with stakeholder health plans there are no intentions, at least for the foreseeable future, to change credentialing requirements for pharmacists from those that are outlined in the Policy Directives document.

5. *Are pharmacists required to get a diagnosis from a medical provider in order to bill a health plan for preventive care and related services?* **NO**

Though a diagnosis is ALWAYS required on any/all claim forms, pharmacists are not required to get a diagnosis from a medical provider *if/when* they are billing for medical services that are *not* related to injury or illness. Specific ICD10 diagnosis codes (Z series codes) are available to pharmacists for billing preventive care and associated services that are not related to injury or illness.

Targets for Future Value-Added Collaborative Work

Over the course of the work, two related concerns emerged for which resolution is outside of the scope of the current work. Pursuing the following opportunities through future collaborative efforts would alleviate those concerns.

1. *Standardize Terminology:* Inconsistent usage of terminology related to providers, pharmacists, services, etc. is in place across a number of regulatory documents, e.g. RCW's, WACs, CDTA guidelines, etc. Furthermore, some/all of those documents may not appropriately reflect the new manner in which pharmacist have been recognized by the 5557 legislation.
There may be value in a process to review/refine existing RCWs, WACs, CDTAs, and other regulatory documents in order to align them with the emerging, broader role of pharmacists as providers of medical services.
2. *Industry Recommendations for Certifications & Training:* Over time (likely at least 2 years into the future) health plans may consider credentialing different types of pharmacists based upon certifications/advanced training. Health plans have indicated an interest in "looking to" the industry for guidance.

There may be value in Washington State processes to:

- a. Recommend certification, training and any other advanced credential guidelines for health plans to use if/when credentialing different types of pharmacists.
- b. Recommend academic and community training curriculum to prepare for and support the credentialing and practice of different types of pharmacists.

Work Process

To understand and rationalize this new opportunity within a complex many-to-many health plan and pharmacist/provider organization environment, with an aggressive timeline, and with multiple types of diverse stakeholders having varying perspectives, an agile and responsive work process was put in place. A small cross-discipline work team drafted formative materials that were reality-tested by a larger work group followed by review and refinement in three iterative waves by the full Stakeholder Group.

The process used to accomplish this work had the following steps:

- Representatives of WSPA and health plans agreed upon the scope of work to be undertaken.
- A forty-four person Stakeholder group, including those specified in the legislation, was assembled to be a representative cross section of the industry that is impacted by the 5557 legislation.
- A very small subset of the Stakeholder group was convened to draft a "start-up" version of the three documents. This start-up version was refined by a larger "reality test" subset of the Stakeholder group.
- The documents were reviewed and refined by the full Stakeholder group in three waves as represented in the table below.

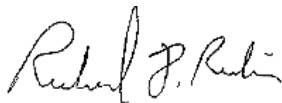
	Begin	Comments Due
Wave 1	September 1	September 18
Wave 2	October 12	October 23
Wave 3	November 9	November 13

Between each wave, feedback/issues/comments raised were addressed with appropriate Stakeholder representatives and refinements were incorporated into the subsequent version of the documents.

- The final version of each document reflects all feedback/issues/comments received as of November 29th.

OneHealthPort welcomes the opportunity to be of service to the citizens of Washington State. We appreciate the confidence of the legislature in entrusting this work to us. We are grateful to the Washington Healthcare Forum for financially supporting this work and allowing us to deliver these results at no cost to the state or the taxpayers. Finally, we continue to enjoy our working relationship with you, your office and staff. Please feel free to contact me if you have any questions.

Sincerely yours:



Richard D. Rubin
President and CEO

Cc: Senate and House Health Care Committees
5557 Collaborative Work Group