PROVIDER STATUS & BILLING FOR PATIENT CARE SERVICES
Implementation Checklist for Pharmacy Leadership
[Version 5.0]

Guiding Principles
1) Create a process for pharmacist provider recognition and billing that mirrors current state for all other health care providers.
   a. Utilize same documentation standards as other providers
   b. Apply same billing code methodology
   c. Follow same professional reviews and standards
2) Obtain broad-based stakeholder commitment and buy-in from the beginning
3) Ensure key stakeholders meet regularly to receive status updates and troubleshoot issues

Key departments within organization to connect and work with
✓ Medical Staff Services
✓ Contracting and Business Development
✓ Regulatory Compliance
✓ Revenue Operations Management
   o Generates 3rd party bill
   o Reimbursement and denials
✓ Profession Documentation & Coding
✓ Health Information Services
   o Application Engineers
   o Informatics
✓ Provider Coaching
✓ Finance Revenue Stream
✓ Patient Relations
✓ Patient Financial Services

Checklist – 4 Core Areas of Emphasis
1) Credentialing and Privileging Set-up
2) Care Model Design
3) Billing and Reimbursement Set-up
4) Third Party Payer Relationships

Credentialing / Privileging

Who to work with:
- Medical Staff Service
- Contracting and Business Development

Making the Case / Set-up
Identify who handles provider credentialing in the organization (usually Medical Staff Services)
If credentialing is handled in a department other than pharmacy, meet with department leadership to determine applicable portions of credentialing application
Review medical staff bylaws to identify any issues that may influence the approach to credentialing pharmacists
   o Consider changes to medical staff bylaws that recognize pharmacists as providers if necessary to obtain stakeholder engagement
   o Meet with Chair of the Credentialing Committee to get support of your plans
Determine which health plans the organization has arrangements for delegated credentialing
Pursue options for direct credentialing with the payer if organization if not delegated.
Identify physician champion for care delivery efforts (e.g. Chief of Primary Care)
Revise your broad based plan with the physician champion to promote the pharmacist provider role and need to be credentialed:
   1) review care delivery model for patient clinical services provided by pharmacists
   2) communicate intent for pharmacists to bill for services provided
   3) include pharmacist on credentialed provider listings
Ensure executive leadership is briefed on progress and specific elements of the plan requiring their direction for change
If multiple pharmacist groups within organization (inpatient vs. ambulatory), consider credentialing the groups in a sequential manner to phase in the implementation.
Understand malpractice insurance requirements for providers within organization and if this will have implications for pharmacists
Prepare the pharmacists with targeted education regarding rationale for credentialing (vision, background) and operational tools (sample completed application template, FAQ’s) that facilitate required paperwork
Pharmacy leadership and physician champion meet with medical staff services to propose credentialing
   o Identify individuals to credential (or sequence for phasing in)
   o Create talking points that describe provider status and reimbursement changes
   o Offer pharmacy resources to participate in credentialing process and/or membership on the credentialing committee
   ❖ Limited resources in Medical Staff Services are often a potential barrier. Be prepared to describe how you will support and provide your own resources. (Application completion support, letters of recommendation, retrieval of missing information)

**Credentialing Details**
Ensure all staff have an NPI ([https://nppes.cms.hhs.gov/NPPES/Welcome.do](https://nppes.cms.hhs.gov/NPPES/Welcome.do))
Determine the pharmacist provider taxonomy to be used within the organization
Ensure all pharmacists have updated information with NPPES
Review the credentialing application, create a completion guide template that emphasizes essential elements, sections that can be skipped, etc.
Work out a timeline for the Credentialing Committee to review and approve your team.

Recognition of pharmacist as a provider within insurance network
Determine who handles provider contracting & who communicates the list of credentialed providers
Determine what information the payer groups need about the pharmacists in order to add to the network (e.g., NPI, CTDA #, date of birth)
Send specific memo to each payer group with pharmacist provider information
Ensure pharmacist providers are included on the file that is sent payers

Privileging
Determine if Medical Staff Services or Pharmacy Department will manage privileging
Validate the skills and knowledge necessary to provide specific services and level of care
Identify minimum experience requirements for consideration (e.g. years of practice in ambulatory setting, residency training or other demonstrated competency)
Set standards for training, certification (eg. board certifications)
Demonstrate specific knowledge-skills and/or proctoring requirements
Develop peer-to-peer evaluation. (e.g. The Joint Commission’s Ongoing Professional Practice Evaluation [OPPE] guidelines used by other providers).
Define process for assessing any clinical metric performance

Peer Review
Review The Joint Commission Ongoing Professional Practice Evaluation (OPPE) requirements
Determine how your organizational care team will evaluate pharmacist contributions that impact quality of care and patient safety
Include feedback from other providers outside pharmacy
Coordinate review with pharmacist privileging and renewal

CARE MODEL DESIGN
Who to work with:
- Physician and Clinic leadership
- Professional Documentation and Coding
- Regulatory Compliance
- Provider Coaching
- Health Information Services

Pharmacist Care Delivery
Determine the care model for pharmacist providers (e.g. team based model, service line, stand-alone clinic, etc.)
Identify physician champion(s) for care delivery efforts (e.g. Chief of Primary Care)
Collaborate with clinic leadership to integrate your model into strategic plans (e.g. growth, productivity, quality metrics)
Determine referral processes to pharmacist and sources (e.g. hospital, primary care provider, specialty providers, nurse care managers)
Define how communication and care coordination between team members will occur
Create or revise collaborative drug therapy agreement to support practice model

Provider Set-up in electronic health record
Identify and apply standard set-up used for other providers when hired at the organization
  - Provider codes
  - Electronic health record functionality
  - Ordering labs, prescribing medication, consult orders, etc.
Determine what, if any, back-end edits need to happen within the EHR for lab ordering or billing purposes

Documentation
Identify an assigned documentation and coding analyst for the pharmacist providers
Once billing codes are determined (see next section), the analyst can provide ongoing feedback on how pharmacists document in order to satisfy requirements
Annual documentation and coding reviews completed, as is for all other providers
**REIMBURSEMENT**

Who to work with:
- Revenue Operations Management
- Contracting and Business Development
- Professional Documentation and Coding
- Finance Revenue Stream
- Patient Relations
- Patient Financial Services

Billing for Visits
Determine billing methods to be used (E&M, MTM, “incident to”, etc)
Work with documentation and coding analyst to revise patient templates to support billing codes used (Recommend developing one template that satisfies all billing requirements regardless of payer)
Determine who in finance builds the billing rules and edits
Build edits that allow correct routing if different billing codes are used based on third party payer (e.g Medicare versus Commercial)
Make sure patient relations is informed so they can triage patient inquires (co-payments, deductibles)
Targeted education to the pharmacists on how to handle patient inquires during clinic visits regarding a change to the bill for services

Ongoing Assessment
Plan a follow up meeting with finance team to review claim denials and set a performance target
Develop a communication plan with Contracting and Business Development and reach out to payers who are consistently rejecting claims – need to understand why
Plan a follow up meeting with Finance team to review paid claims

**THIRD PARTY PAYERS**

Payer Collaboration and Relationships
Reach out to health plan medical staff services, pharmacy leadership, and provider networking executives (Share plans, strategy and rationale). Understand their needs for support billing.
Reach out to, and work with, health plan contracting team
Work with multiple payers at one time to support defined standards policy consistency
Understand how pharmacists will submit charges and what charges pharmacists will submit
Review denials and support audits for coding and billing compliance.

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