Provider Status Update: How Close Are We?

Friday, March 16  8:00-9:30

Jeff Rochon, Pharm.D.
Chief Executive Officer
Washington State Pharmacy Association

Stacie S. Maass, BS Pharm, JD
SVP, Pharmacy Practice and Govt Affairs
American Pharmacists Association
Target Audience: Pharmacists and Pharmacy Technicians

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Activity Type: Knowledge-based
Disclosures

Jeff Rochon, Pharm.D. and Stacie Maass R.Ph., J.D. "declare no conflicts of interest, real or apparent, and 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

At the completion of this knowledge-based activity, participants will be able to:

1. Discuss the different types of laws and regulations that are driving the expanded role of the pharmacist.
2. Explain aspects of the current health environment that have stimulated the need for pharmacists to provide care.
3. Describe partners and collaborations that have helped achieve success.
4. Discuss the impact that policy changes are having on the pharmacy profession and patients.
Assessment Question

1. What is required for pharmacists to get paid for pharmacists’ services?
   A. Provider status is determined only at the state level similar to scope of practice
   B. Passage of federal legislation designating pharmacists as providers will secure payment for pharmacists from government and private payors
   C. Federal legislation and regulation changes are required to impact Medicare payment
   D. None of the above
Assessment Question

2. Pharmacy is having success with “provider status” — an expanded role of the pharmacists in health care — due, in part, to:

A. Shortage of primary care providers
B. Access to health care is an issue across the nation
C. Increases in covered population (e.g. increased coverage, increases in Medicare population)
D. All the above
Assessment Question

3. Washington state’s SB 5557:
   A. Increased scope of practice
   B. Inserted pharmacists into an existing insurance law
   C. Changed pharmacists provider designation
   D. Created new billable services
Assessment Question

4. Recognition as providers and payment from health plans can be achieved by all of the following except
   A. Legislative means
   B. Judicial means
   C. Health plan decision
   D. Provider complaint
Health Care Environment
Problems and Opportunities

- Total health care spending in the United States is expected to reach $4.8 trillion in 2021, up from $2.6 trillion in 2010 and $75 billion in 1970.¹
  - Health care spending will account for nearly 20 percent of GDP, by 2021.¹

- The US spends almost $300 billion annually on medication problems including medication non-adherence.²

- Chronic diseases costs the US health care system $1.7 trillion annually (more than 75% of health care spending).³

³. Partnership to Fight Chronic Disease. 2009 Almanac of Chronic Disease. Available at: [http://www.fightchronicdisease.org/resources/almanac-chronic-disease-o](http://www.fightchronicdisease.org/resources/almanac-chronic-disease-o)
Percentage of Medicare Fee for Service Beneficiaries by Number of Chronic Conditions

- 32% with 0 to 1 chronic conditions
- 32% with 2 to 3 chronic conditions
- 23% with 4 to 5 chronic conditions
- 14% with 6+ chronic conditions

Medicare enrollment is expected to grow from roughly **55 million in 2015** to over **80 million in 2030**.
Health Care Environment

Problems and Opportunities

- Nearly 70 percent of Americans are on at least one prescription drug, and more than 50 percent take two.¹

- In 2011, there were nearly 4 billion prescriptions filled at US outpatient pharmacies – an average of more than 12 prescriptions/person.²

- Almost 50% of people prescribed medications for chronic diseases do not take their medications correctly.³

**Pharmacists with their education and training (including more medication education than other providers) can help improve these statistics.**

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Pathways to Provider Status

- **Federal Sector**
  - Social Security, Medicare Part B & D, Center for Medicare & Medicaid Innovation (CMMI), Accountable Care Organizations (ACOs)
  - Federal Regulations (e.g., by CMS, AHRQ, HRSA, etc)

- **State**
  - Medicaid
  - Health Insurance Exchanges, state health plans
  - Existing provider status and collaborative practice

- **Private Payer**
  - ACOs
  - Private or Employer-based Insurers
  - Medical Homes
Support for Pharmacy

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 32-20-42
Baltimore, MD 21244-1850

CMCS Informational Bulletin

DATE: January 17, 2017

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services (CMCS)

SUBJECT: State Flexibility to Facilitate Timely Access to Drug Therapy by Expanding the Scope of Pharmacy Practice using Collaborative Practice Agreements, Standing Orders or Other Predetermined Protocols.

This guidance addresses flexibilities that states may have to facilitate timely access to specific drugs by expanding the scope of practice and services that can be provided by pharmacists, including dispensing drugs based on their own independently initiated prescriptions, collaborative practice agreements (CPAs), and other licensed prescribing healthcare providers like physicians, “standing orders” issued by the state, or other predetermined protocols. These practices can facilitate easier access to medically necessary and time-sensitive drugs for Medicaid beneficiaries.

Background

Medicaid benefits in every state and the District of Columbia include “prescribed drugs.” In accordance with Section 1927(k)(2)(A) and (B) of the Social Security Act, in order to be covered under the Medicaid prescribed drug benefit, such drugs, including nonprescription and over-the-counter (OTC) drugs, must be prescribed by an authorized licensed health practitioner prior to being dispensed by pharmacies. This practice is consistent with the requirements of other public and private third-party payers for prescription and nonprescription drugs. When an individual with Medicaid or third-party insurance requests drugs at a pharmacy without presenting a prescription, the pharmacist may either 1) advise the individual to contact their prescribing provider to obtain a prescription, or 2) contact the individual’s provider to obtain a prescription.

However, the need to contact a provider who has knowledge of the individual’s medical circumstances may pose barriers to the initiation of drug therapy. The individual may not have established a relationship with a prescribing provider. The time required for individuals or pharmacists to contact prescribing providers for prescriptions could undermine access to, and the efficacy of, certain medications that require timely administration in order to be effective.

Allowing Pharmacists to Dispense Drugs Prescribed Independently, or Under Collaborative Practice Agreements, Standing Orders, or Other Predetermined Protocols.

Through laws and regulations, states establish sets of standards that dictate the scope of practice and services that may be provided by each type of licensed health practitioner in the state. The

The Expanding Role of Pharmacists in a Transformed Health Care System

Executive Summary

Pharmacists practice in a variety of health care settings. Although they are most often associated with dispensing medications in retail pharmacies, their role is evolving to include providing direct care to patients as members of integrated health care provider teams.

The critical role that medication management plays in treating chronic diseases suggests that the integration of pharmacists into chronic-care delivery teams has the potential to improve health outcomes. Studies of pharmacists providing medication therapy management (MTM) services to improve therapeutic outcomes indicate that such services can improve outcomes and reduce costs. Pharmacists typically provide those services in interdisciplinary teams through collaborative practice agreements (CPAs). Such agreements with other health care providers allow a licensed provider to refer patients to a pharmacist and delegate the delivery of clinical services under supervision. Several key challenges and barriers, however, prevent the full integration of pharmacists into health care delivery teams: restrictive laws and regulations governing CPAs, lack of provider recognition in federal and state law governing pharmacist practice, and regulations governing the profession to address the challenges to pharmacists practicing to the full scope of their professional training.

Introduction

The health care system is undergoing a significant transformation in both the finance and delivery of health care services. States, in particular, are examining their health care systems to define policies that create efficient models of care focused on improved quality and health outcomes as well as reduced costs. Integrating pharmacists, who represent the third-largest health profession, into such systems is important for achieving intended goals.

Pharmacists have the professional expertise to address key challenges facing the health care system, including the prevalence of people who have multiple chronic conditions and the increased use of more complex medications to manage those diseases.

Pharmacists’ Clinical Training and Expertise

Pharmacists undergo rigorous education focused on the composition, interaction, and use of medications. Pre-pharmacy students must complete at least two years of college-level coursework in the sciences and mathematics. This education provides students with a strong foundation in the biological, physical, and chemical sciences necessary for understanding the processes of drug action. Students then complete a professional degree, either a Doctor of Pharmacy (PharmD) degree or a postgraduate degree, which includes coursework in the fundamental and clinical sciences and a demonstrated understanding of the role of the pharmacist in patient care. Preparatory coursework is completed in the first two years of the professional degree program, and clinical training and experiences are typically continued over the four years of professional education. During the final year of professional education, students complete an extensive programmed clinical sequence that includes the delivery of patient care under the supervision of experienced pharmacists.
Pharmacy’s Federal Provider Status Efforts
115th Congress – Reintroduction of the Pharmacy and Medically Underserved Areas Enhancement Act

- Senate – S. 109 January 12th, 26 original cosponsors
- House – H.R. 592 January 20th, 107 original cosponsors
Nearly 40 organizations and growing!
PAPCC Strategy and Next Steps

- Considerations
  - Timeline
    - Dependent on possible vehicle/other health care reform legislation
  - Cost of the legislation/ Congressional Budget Office (CBO) Score

- Work with lead sponsors and committee leadership on next steps and timeline

- Continue to build co-sponsor support/utilize full coalition grassroots

- Discussions with administration (HHS, CMS, SAMHSA)
Provider Status’ Effect on the Practice of Pharmacy
Potential Operational Changes

- Changes in workflow
  - Increase in pharmacist’s face-to-face time with patients
  - Shift to appointment-based care

- Changes in facilities
  - Need for more private consultative areas
  - Need for access to electronic health records
  - Increase central-fill
  - Provision of care off site

- Liability
Potential Operational Changes

- Changes in billing mechanisms
  - Medical insurance
  - Partnerships for bundle payments
  - Outcomes based vs fee for service

- Changes in role of the pharmacist
  - Building patient relationships/ engage patient in their care
  - Increased collaborations/ team-based care
  - Effective documentation for care delivered
  - Additional training or verification of performance ability
  - Performance appraisal system - meeting outcomes vs # of Rxs

- Go to www.pharmacist.com for more resources
Pharmacy’s State Provider Status Efforts
The Wave is Cresting....

- Federal Provider Status legislation is a huge focus
- Numerous legislative efforts at the state level have been successful
- Pharmacy practice moving forward across the nation but many different approaches
Achieving Patient Access

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

Image: National Alliance of State Pharmacy Association (NASPA)
Current Landscape of Provider Designation

- Provider designation: 40 states
- State statute: 38 states
- Medicaid: 9 states

Based on data collected by NASPA (June 2016)

Legend:
- State with provider designation
- State without provider designation
Variations in Scope of Practice

**Collaborative Practice Agreements**
- Requires a partnering prescriber
- Voluntarily negotiated
- Apply to patient populations
  - Naturally inclusive of patient-specific
- Highly variable across the state
- Used for acute OR chronic disease management OR preventive care/public health

**Statewide Protocols**
- Does not require a partnering prescriber
- Issued by an authorized body of the state (e.g., take it or leave it)
- Apply to patient populations
- Promotes consistency in service provided across the state
- Currently used for preventive care/public health
States with CPA Provisions

Based on data collected by NASPA (updated Dec 2015)

Have CPA authority to some degree

*Kansas is awaiting rule promulgation. Their law is vague regarding services and calls for rules to be issued
Prescribing Under a Statewide Protocol, Statewide Standing Order or Unrestricted (Category-Specific) Authority

Based on data collected by NASPA (updated Jan 2018)

- One statewide protocol for pharmacists
- Two to four statewide protocols for pharmacists
- Five or more statewide protocols for pharmacists
- Broad prescriptive authority for 20+ categories
2017 State Provider Status Wins

Based on data collected by NASPA (updated Jan 2018)
**Idaho**
Passed three significant provider status bills related to pharmacist prescriptive authority:
- HB 3: prescribing, administering and interpreting TB tests
- HB 4: prescribing all tobacco cessation therapies
- HB 191: broad prescriptive authority – accompanying regulations include 20+ categories of medications
Tennessee
Passed two significant provider status bills related to payment for services:
SB 461: includes pharmacists in private insurance plans (similar to Washington State
HB 628: covers pharmacist-provided MTM in Medicaid
The Washington State Experience
Provider Designation

- Pharmacists are healthcare providers in Washington State Law
  - Incorporated in appropriate practitioner and healthcare provider definitions
  - Review of statutes and rules
  - Took multiple efforts over the years
Scope of Practice

- Definition of Pharmacy Practice “Practice Act”
- RCW 18.64.011 includes:
  - “initiating and modifying drug therapy through written protocols and guidelines”
  - “administering” of drugs and devices
  - “monitoring of drug therapy and use”
    - ordering and interpreting labs
Collaborative Practice in Washington

**Public Health**
- Immunizations
- Emergency Contraception
- Tobacco Cessation
- Emergency Prep Antiviral
- Opioid Overdose Prevention
- Contraception
- Tuberculosis Screening
- Travel Medications
- Pre-Exposure Prophylaxis

**Chronic Disease**
- Anticoagulation
- Dyslipidemia
- Diabetes
- Hypertension
- Asthma
- Pain
- Heart Failure
- Oncology
- Comprehensive Med Reviews

**More than 34,000 active CPA’s on file with Pharmacy Quality Assurance Commission**
Still Lacking Recognition by Payers

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

Patient Access to Pharmacists' Patient Care Services

WSPA
Washington State Pharmacy Association
Focus on Payment

1. Identify stakeholders, partners and champions
2. Propose solution(s)
3. Identify barrier(s)
4. Address barrier(s)
Identify Stakeholders/Champions

- Individual Members
- Pharmacy, Hospital, Clinic, LTC Leadership
- Legislators
- Agency leadership
- Universities
- Provider Organizations
- Payers and Consultants
- Business Decision Makers
- Patient Advocacy Groups
- Others?
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
BARRIER:
Law NOT enforced by Insurance Commissioner
  - Interpretation of current law: did NOT include pharmacists

SOLUTION:
Requested and obtained AG informal opinion stating:

“Pharmacists are health care providers and must be compensated for services included in the basic health plan that are within the scope of the pharmacist’s practice....”
BARRIER #2:
Legal loophole allowing health plan contracts with pharmacies through the PBM to suffice for contracts with pharmacists

SOLUTION #2:
Legislative fix (SB 5557)
Legislative Victory

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

May 11, 2015: Governor Inslee signed bill into law
Keys to Passage

- Attorney General Opinion
- Patient Access/Equality
- Not an expansion of scope just payment for currently covered services
- Support of Hospital Association and Medical Association
- Champions in Agencies
  - OIC
  - DOH
- Addressed concerns of potential opponents
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 by May 2015

ESSB 5557 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
SB 5557 Highlights:
Advisory Committee Process

- OIC designated a lead organization (One Health Port)
- Lead organization formed Advisory Committee
- TASK:
  - Develop best practice recommendations for standards on credentialing, privileging, billing and payment for pharmacist provided services
SB 5557 Highlights: Advisory Committee Participants

- Representative(s) from:
  - Lead organization facilitator
  - State agencies
  - Provider associations
  - Health carriers
  - Health care system that coordinates care and coverage
  - Hospital with internal credentialing process
  - Health facilities with pharmacists providing medical services
  - Pharmacy schools
ESSB 5557 Advisory Committee

- **Intent**
  - Ensure that pharmacists will be treated as any other provider as it relates to health plan:
    - billing
    - processing
    - payment of claims for medical services

- **Specific deliverables:**
  - FAQ
  - Health Plan Policy Directives
  - Pharmacists and Other Provider Expectations
FAQ Document

- Includes key definitions:
  - Pharmacist’s scope of practice
  - Pharmacist licensure requirements, training, education, and certifications
  - Collaborative Drug Therapy Agreements (CDTA)
  - Credentialing
  - Privileging

- And key questions:
  - Diagnosis required to bill for services?
  - Which billing codes?
  - Primary care providers or specialty care providers?
Health Plan Policy Directives

- Policy conditions/requirements for health plans
  - Contracting
  - Credentialing
  - Utilization Management
  - Coding/Billing/Reimbursement
Provider Expectations

- Expectations and/or requirements for pharmacists
  - Applicability
  - Contracting
  - Credentialing
  - Privileging
  - Utilization Management
  - Coding/Billing/Reimbursement
Advisory Committee Documents

- Consensus documents
- Best practice guidance
- Provided needed clarification
Key Takeaways

- State “Provider Status” requires:
  - provider designation
  - scope of practice expansion
  - payer recognition

- Increasing patient choice through insurance code is viable solution.
- Sometime a judicial branch approach is helpful.
- Patient centered message essential.
- Hard to refute equal treatment of pharmacists.
- Collaboration with stakeholders is essential.
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!?
Now What?!
Still had some work to do...

- Passed law
- Guidance from Advisory Committee Deliverables
  - FAQ document
  - Health Plan Policy Directives document
  - Pharmacists and Other Provider Expectations document
- Achieved our goal of equal treatment
Still had some work to do…

- Passed law
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  - FAQ document
  - Health Plan Policy Directives Document
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- Achieved our goal of equal treatment

......BUT we found MAJOR gaps in our guidance
Outside of Advisory Committee’s Scope

- Be careful what you ask for....
- Equal treatment = Figure out what others do
- No direction on business processes/work flow, coding, documentation, and clinical record management/billing systems
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
- Demystify medical billing processes
- Bridge health information technology
  - Health Information Exchange
  - Practice Management
  - Electronic Medical Billing
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
Assessment Question

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   A. Legislative means
   B. Judicial means
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References

- SB5557 Advisory Work Group materials
  - [https://www.onehealthport.com/essb-5557](https://www.onehealthport.com/essb-5557)

**Washington State Pharmacy Association**

- 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)
Need More Information?

Jeff Rochon, Pharm.D.
Chief Executive Officer
Washington State Pharmacy Association
jeff@wsparx.org
www.wsparx.org