



Pharmacists Can Do More... But Where Do We Start?

Collaborative Drug Therapy Agreements &
First Steps to Medical Billing

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Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.

Disclosure

I will not discuss off label use and/or investigational use in my presentation.

Objectives

Define

- Scope and purpose of a collaborative drug-therapy agreement (CDTA) in accordance with Washington laws and regulations

Identify

- Core elements required in developing the written CDTA protocol and its limitations

Describe

- Basic steps in provider credentialing to become an in-network provider

Recognize

- Challenges with the credentialing and contracting process as well as billing requirements for clinical service reimbursements

Self-Assessment Questions

- 1. Which of the following statements is NOT true of a CDTA?**
 - a. CDTA must identify the authorized practitioner to prescribe and name of each pharmacist included in the agreement
 - b. CDTA must include a statement of the types of diseases, drugs or drug categories involved and type of prescriptive authority authorized in each case
 - c. CDTA is valid for five years from the date of signing
 - d. Any modification of the written guideline or protocol shall be treated as a new CDTA
- 2. True or False: Credentialing process for pharmacists is different than for other providers.**
 - a. True
 - b. False
- 3. Which of the following are barriers for community pharmacists to bill for direct patient-care services?**
 - a. Direct credentialing process with health plans can take months
 - b. Pharmacy dispensing software are not equipped to submit medical codes
 - c. Lack of training and knowledge in documentation and medical coding
 - d. All of the above

Scope of Pharmacy Practice in Washington State

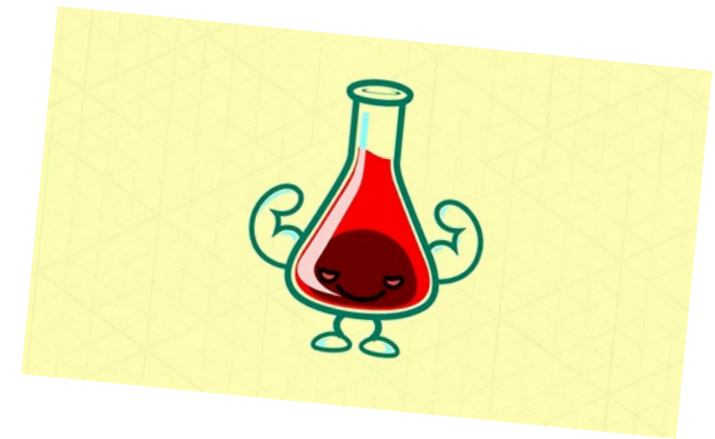
In Washington State, the “Practice of Pharmacy” (RCW 18.64.011 (29)) includes:

- Compounding, dispensing, labeling, administering, and distributing of drugs and devices
- Initiating or modifying of drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs
- Monitoring of drug therapy and use
- Participating in drug utilization reviews and drug product selection
- Providing of information on legend drugs which may include, but is not limited to, the advising of therapeutic values, hazards, and the uses of drugs and devices

Monitoring of Drug Therapy & Use

WAC 246-945-355

- Evaluation of the patient through history taking, physical examination
- Ordering, administering or reviewing laboratory tests, imaging related to drug therapy
- Examples Include:
 - Blood chemistries and cell counts
 - Drug levels in blood, urine, tissue or other bodily fluids
 - Culture and sensitivity tests
 - Performed in accordance with policies and procedures or protocols applicable to the practice setting



When is a CDTA necessary?



Under current Washington State prescribing laws, if a pharmacist will be prescribing medications in the course of their patient care services, such as for chronic disease management (i.e. adjusting blood pressure medications or anticoagulation), or initiating new therapies (immunizations, oral contraception), then a CDTA would be necessary to delegate prescribing authority to the pharmacist.

For more information on how CDTAs are regulated, see WAC 246-945-350.

Collaborative Drug-Therapy Agreements (CDTAs)

Signed agreement between one or more providers with prescriptive authority and one or more licensed pharmacists.

Practitioner must be in active practice, and authority granted must be within scope of practitioners' current practice.

Collaborative Drug Therapy Agreement: Diabetes Care

As a licensed healthcare provider authorized to prescribe medications in the State of Washington for [Health Center], I,

[_____] (Provider name/title) [_____] (License number)

Authorize the below listed pharmacist

[_____] (Pharmacist name/title) [_____] (License number)

to manage drug therapy, according to the protocol that follows. The protocol provides written guidelines for managing drug therapy in accordance with the laws (RCW 18.64.011(11)) and regulations (WAC 246-863-100) of the State of Washington. Authority is limited to patients under the care of the undersigned medical director or designees, and only under the scope of the prescriber's current practice.

1. The pharmacist may authorize any reasonable new or refill request as well as corresponding laboratory orders as appropriate, within the scope of each providers practice, excluding controlled substances and acute medications, for the clinic's patients at any time after reviewing the patient's medical record.
2. Authorized pharmacists may independently prescribe glucometers, test strips, lancets, alcohol swabs, sharps containers, insulin syringes and glucagon kits to [HCs] patients needing to monitor their blood sugar or administer insulin.
3. The pharmacist may utilize therapeutic substitution in drug therapy as appropriate for third party payer coverage to process prior authorizations and for internal formulary decisions.
4. The pharmacist will document all actions taken for an individual patient in the patient's medical record. For situations beyond the scope of this collaborative drug therapy agreement, the information will be routed to one of the clinic's providers for review.

In exercising this authority, the pharmacist is to use appropriate professional judgement in compliance with all state and federal regulations, as well as the policies and procedures of [Health Center]. Specific areas of review may include: medication compliance, laboratory testing, reasonable appointment scheduling, and other drug specific issues. Some quality assurance measures include:

- Utilizations of published dosing guidelines from current literature and professional associations
- On-going organization peer review chart audit

This protocol will be in effect for two years after this date, unless rescinded earlier in writing to the Washington State Board of Pharmacy by either party. A review of the protocol and of prescribing decisions will be conducted yearly. Any modification of the protocol shall be treated as a new protocol and filed with the Pharmacy Quality Assurance Committee.

Provider Signature

Date

Pharmacist Signature

Date

WAC 246-945-350

(formerly WAC 246-863-100)

Statement identifying the practitioner authorized to prescribe and the pharmacist(s) who are party to the agreement.

Statement of the type of prescriptive authority decisions which the pharmacist is authorized to make

- Type of diseases, drugs, or drug categories involved, and type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case
- General statement of training required, procedures, decision criteria, or plan the pharmacist is to follow when making therapeutic decisions

Statement of activities the pharmacist is to follow in the course of exercising prescriptive authority, including documentation and communication plan or feedback to the authorizing prescriber

Valid for only TWO years from the date of signing

Filed with the Pharmacy Quality Assurance Commission (PQAC)

Prescriptive Protocols

A component of the CDTA which outlines the extent of the prescriptive authority

- Can be very specific or more broad

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Examples of CDTA Protocol Areas

Public Health

- Immunizations
- Emergency Contraception
- Contraception
- Naloxone
- Tuberculosis Screening

Chronic Disease Monitoring and Management

- Anticoagulation
- Diabetes
- Hypertension
- Asthma
- Pain
- Comprehensive Medication Reviews

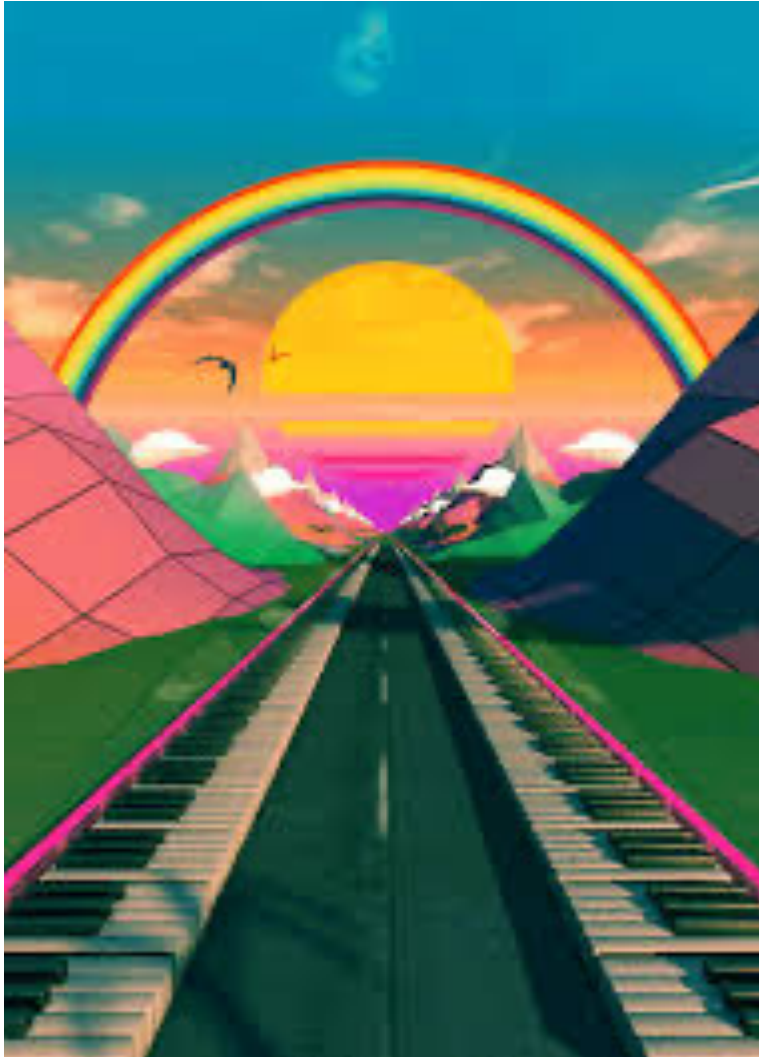
Collaborative Drug Therapy Agreements

Upon filing of the CDTA with PQAC, each pharmacist will be assigned a unique CDTA identifier

2015: Approx. 10,000 CDTAs

- 6500 - Immunization Agreement CDTA
- 3500 – Other areas of care provisions (prescribe through initiation or modifying therapies)

2018: 34,000+ CDTAs



Road to Provider Status

1995: “Every Category of Health Care Provider Law”

RCW 48.43.045(1) requires health plans in Washington to include access to every type or every category of licensed medical provider to provide health care services to care for conditions included in the basic health plan

January 2013: WA State AG’s office provided an informal opinion confirming:

“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 if the pharmacist agrees to abide by stated standards related to cost containment, management, and clinically efficacious health services.”

WA Provider Status - ESSB 5557

Signed on May 11th, 2015 & took effect on January 1, 2017

- Clarified pharmacists inclusion into existing law RCW 48.43.045
- Requires commercial health insurance carriers to recognize pharmacists in the same way as other providers such as physicians, nurse practitioners, and physician assistants with regards to their role as patient care providers of covered medical benefits
- Law does not apply to Medicare, Medicaid Fee-For-Service and Self-Insured plans

First in the country!

Credentialing

Process of obtaining, verifying, and assessing the qualifications of a pharmacist to provide care or services in or for a health care organization

- **Direct Credentialing:** when a health plan or provider organization gathers and verifies the defined set of provider's credentials
 - Can take several months!
- **Delegated Credentialing:** when a health plan has approved a provider organizations' process for defining, gathering, and verifying a provider's required set of credentials

First Steps to Credentialing

Every Pharmacist Needs Their Own National Provider Identification (NPI)

An NPI number is your unique 10-digit ID that identifies you as an individual provider. Visit [NPPES](#) (National Plan and Provider Enumeration System) to apply. Your NPI remains with you regardless of a job or location change.

Pharmacists will also need Taxonomy Code(s) for provider billing

Health Care Provider Taxonomy Code Set can be located on the [National Uniform Claim Committee \(NUCC\)](#) website

- The Health Care Provider Taxonomy code is a unique 10-character code structured into three distinct levels include provider grouping, classification, and area of specialization.
- Pharmacist Taxonomy: 183500000X
- Secondary Pharmacist Taxonomy (in some practice settings): 1835P0018X (Clinician/Clinical Pharmacy Specialist)

Get Your Personal Professional Liability Insurance

Medical insurance companies mandate that each health care provider is covered under individual professional liability insurance. Coverage needs to include provision of patient care services within your scope of practice in WA which is outside the standard definition of pharmacy practice nationally.

Companies that offer individual professional liability insurance includes:

- Pharmacist Mutual
- Proliability, powered by Mercer
- Healthcare Providers Service Organization

Credentialing Databases

OneHealthPort: Provider Source

- SB 5346: requirement that a statewide data collection process be set up for all credentialing and privileging data to reduce hassles for the provider community and simplify access to data for health plans and hospitals
- Washington Provider Application

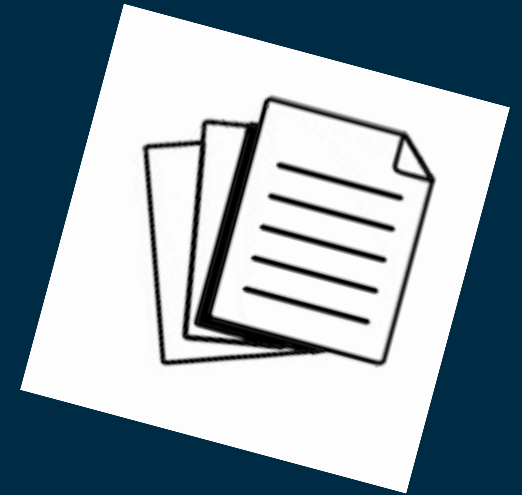
CAQH ProView

- Nationwide

Provider Source is utilized by all Washington medical providers for credentialing by insurance companies.

- Basic Personal Information
- Education and Training
 - Medical /Professional school
 - Graduate school
 - Internships and residencies
 - Fellowships and preceptorships
 - Teaching appointments
- Specialties and Board Certification
- Practice Location Information
 - Practice name and type
 - Address and contact information
 - Billing, office manager and credentialing contact
 - Services, certifications, limitations and hours of operation
 - Partners and covering colleagues
- Hospital Affiliation Information
- Malpractice Insurance Information
- Work History and References
- Disclosure and Malpractice History

Type of Information Needed



Tips: Where to Start?

Every health plan have their own credentialing/contracting process!

1. Designate an administrative person or pharmacy technician
2. Identify Top 5 Health Insurance Plans
3. Talk with your CDTA provider – Help Identify Top Health Plans (if in similar area)
4. Connect with your local providers
5. Follow-up every two weeks after submission

All medical providers go through the same credentialing process – including pharmacists!

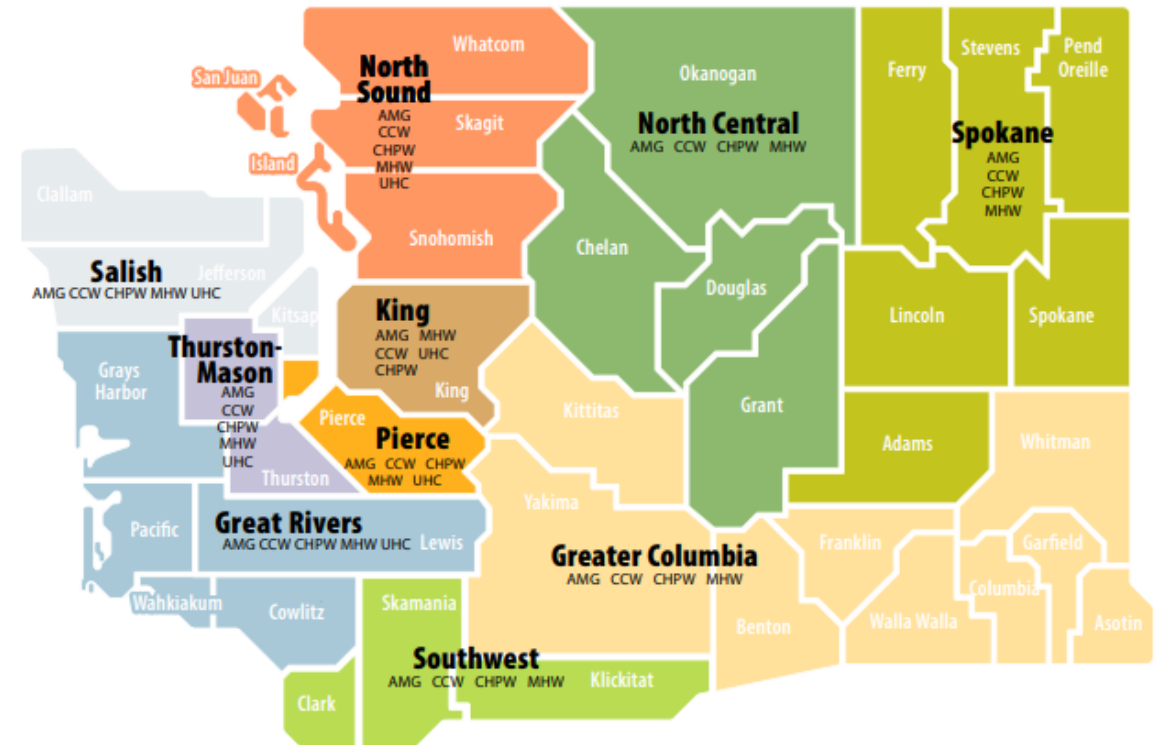
Contracting Health Plans

State Medicaid and Managed Care Organizations

- Medicaid: Health Care Authority
- Amerigroup
- Community Health Plan of Washington
- Coordinated Care
- Molina
- UnitedHealthCare

Commercial Plans (Not Inclusive of all)

- Premera
- Regence
- UnitedHealthCare
- Cigna
- Aetna



Prepping for Billing – Medical Claims

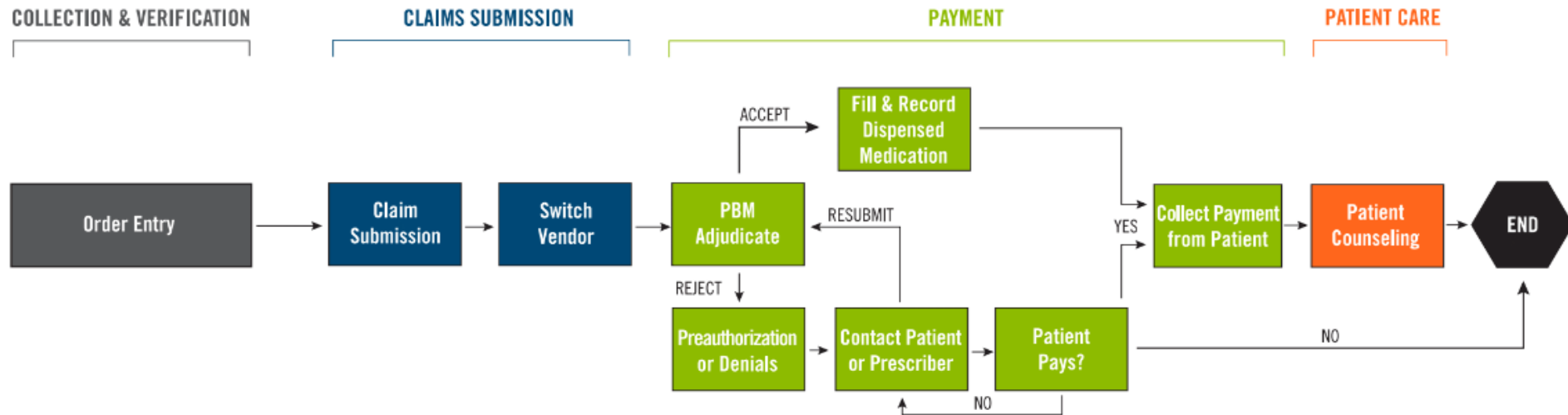
A. Become acquainted to medical billing and coding language

- International Classification of Diseases, 10th Revision (ICD-10)
- Current Procedural Terminology (CPT®) Codes
- Healthcare Common Procedure Coding System (HCPCS)
- Time-Based E/M or Complexity-Based E/M

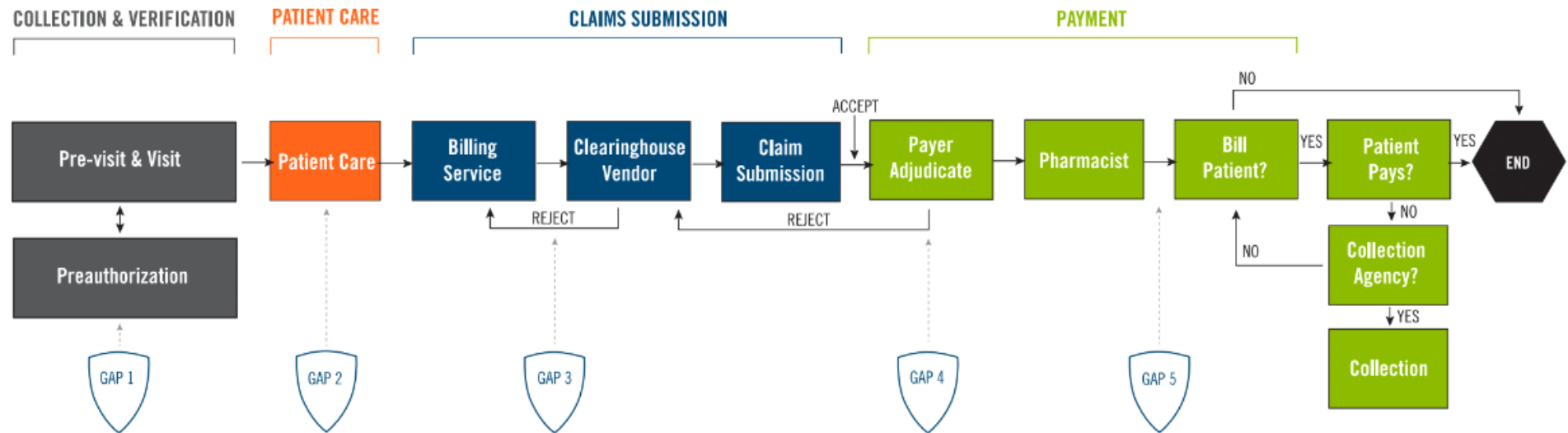
B. Identify an electronic health record (EHR) and/or practice management solution

- Documentation Templates: Note templates for Evaluation & Management Services (E/M)
 - Subjective, Objective, Assessment, Plan (SOAP)
 - Assessment, Plan, Subjective, Objective (APSO)
- Revenue Cycle Management

PHARMACY BILLING CYCLE



MEDICAL BILLING CYCLE



Challenges

Medical Billing ≠ Pharmacy Billing

- Difference in workflow, documentation, reimbursement cycle and claim management

Credentialing/Contracting Process – Not Easy

- High Administrative Cost and Burden

Financial Considerations – Can Be Expensive

- Adopting a new EHR and/or Practice Management Software
- Dedicated staff member to maintain credentialing/recredentialing/revenue cycle management



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References

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Questions?

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