

Wisconsin's Pathway to Pharmacist Provider Status: 2024 Update

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TEAMING UP FOR BETTER PATIENT CARE
Pharmacist Provider Status

The Road to Wisconsin Pharmacist Provider Status

I recall sitting in a lecture at UW-Madison's Rennebohm Hall during my first semester of pharmacy school. It was 2021, a time when masks were ubiquitous, and the professor was discussing pharmacist provider status. At the time, I was oblivious to what provider status was, let alone to the strides a provider status workgroup of Pharmacy Society of Wisconsin (PSW) members and staff was making towards the successful passage of WI Act 98. This work began in 2017 and focused on recognizing pharmacists as providers who are able to receive reimbursement for providing Medicaid-covered medical services. The group focused their efforts on reimbursement, not scope of practice, because Wisconsin Statute 450.033 already provided pharmacists with the ability to accept delegation of "any patient care service" by a physician under a collaborative practice agreement (CPA). What 450.033 didn't provide was reimbursement for the services provided pursuant to a CPA. Before the semester's end on December 3, 2021, Wisconsin Act 98 was enacted, and pharmacists were legally recognized as Medicaid providers. However, the enactment of Act 98 still needed approval by the Centers for Medicare and Medicaid

MEMBER THOUGHTS ON PHARMACIST PROVIDER STATUS

Pharmacists and a pharmacy technician were asked their opinions on the new pharmacist provider status opportunity and enrollment process. These pharmacists were already enrolled with Medicaid, and most had begun enrolling with at least one Medicaid HMO. Their thoughts on the ease of enrollment with Wisconsin Medicaid varied; some found it confusing, and others found it relatively straightforward. When asked what made them most excited about provider status, these were some of their responses:

- "I'm excited to be recognized for the level of work pharmacists have been providing for decades. This is also a great step toward improving patient access to providers."
- "We are acting as true providers."
- "I'm also excited that this opens us up to have the ability to offer a lot more services to our patients."
- "The thing that most excites me is the idea of elevating pharmacy to its next level."
- "Opportunity as a way for pharmacists to create an appointment-based model for patients who pick up their medications."
- "Everything."

Services (CMS) via a State Plan Amendment (SPA), administrative rules written and approved, and program implementation by the Wisconsin Division of Medicaid Services (DMS).

In 2022, the COVID-19 pandemic continued to overwhelm resources within the Wisconsin Department of Health Services, delaying the start of defined work towards implementation until January 2023. In the 14 months that followed, DMS prepared, submitted, and received

SPA approval from CMS; developed the list of billing codes for pharmacists; wrote administrative rules for Act 98; and completed the technology changes needed for pharmacists to bill as providers beginning on July 1, 2024. During this same time, PSW staff met with DMS staff monthly, coordinated feedback for DMS from PSW advisory committee members, and provided implementation suggestions for consideration.



Wisconsin Pharmacist Provider Status



Editor's Note:

At the time of this publication the following reflected the statewide and national political landscape surrounding Pharmacist Provider Status.

Nationwide Pharmacist Provider Status Landscape

Wisconsin has joined nine states that have enacted Medicaid provider billing.¹ Pharmacist provider status legislation in these states varies. For example, California and Washington, with almost a decade of experience each, recognize very different state-level pharmacist provider status structures. In Washington, pharmacists can receive reimbursement from commercial insurance plans for certain patient care services provided.² The range of patient care services includes those within their scope of practice, such as placing and interpreting lab orders and monitoring drug therapy, and prescribing under a CPA.² In contrast, pharmacists in California have a defined scope of practice specifying eight detailed services that can be provided by any licensed pharmacist under California Statute SB 493 and reimbursed under AB1114 (e.g., furnishing self-administered hormonal contraceptives and prescription tobacco cessation products).³ A more recent example is the state of New Mexico, which enables certified pharmacists or those with prescriptive authority to receive similar reimbursement rates as other providers from group health plans for medical services.⁴ In Wisconsin, pharmacist providers can now be reimbursed by Medicaid

for medical services within our scope of practice as outlined in Wisconsin Statute 450.01(16) and for services delegated by a Medicaid-certified physician under a CPA as described in Wisconsin Statute 450.033. Despite differences across the nation, state-level provider status aims to dissolve systematic barriers that prevent pharmacists from practicing to the full extent of our education, training, and competence.

There has been a nationwide surge in state-level provider status legislation. Last year alone, Wyoming, Virginia, Maryland, and Missouri passed legislation to reimburse pharmacists for provided services.⁵ These statewide initiatives have been fueled by a lack of federal recognition of pharmacists as providers under Medicare Part B. On May 9, 2023, the federal Pharmacy and Medically Underserved Areas Enhancement Act, S.1491, was reintroduced in another attempt to amend the Social Security Act to include pharmacists as recognized healthcare providers; however, it failed to pass the Senate. On July 25, 2023, the Equitable Community Access to Pharmacist Services Act (ECAPS), H.R. 1770/S.2477, was introduced. ECAPS would permit pharmacist providers to be reimbursed through Medicare Part B for testing and treating certain communicable respiratory diseases. Although narrower in scope than the Medically Underserved Areas Enhancement Act, it would be an initial step forward in the quest to obtain federal pharmacist provider recognition.

The Current State of Wisconsin Pharmacist Provider Status

Fast-forward three years, and I am completing one of my fourth-year experiential rotations at PSW. I was able to see first hand the work that PSW is doing to help facilitate provider status implementation. There has been much development during the last year, with pharmacists being authorized to enroll as Medicaid providers beginning on March 1, 2024. On July 1, 2024, pharmacists who had enrolled as providers with Wisconsin Medicaid could begin providing

PROVIDER STATUS NEWSLETTER

The best way to keep up to date on progress and implementation tips is to [sign up now](#) for the PSW members-only Pulse on Provider Status Newsletter.



PSW Pharmacist Provider Status Newsletter

Sign up now to enroll in the "Pulse on Wisconsin Provider Status" electronic updates from PSW! Receive timely information and updates about Wisconsin pharmacists, provider status enrollment and implementation right to your inbox.

First name

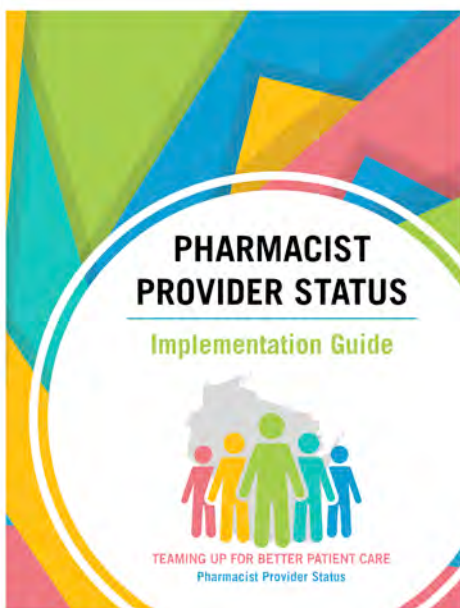
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services and submitting claims for covered medical services. Several Medicaid Health Maintenance Organizations (HMOs) also opened their enrollment process in July. PSW has compiled information on how pharmacists can begin the provider enrollment process for all 13 Medicaid HMOs. Details are provided here: [Medicaid HMO Enrollment Details](#). As of December 9, 2024, 411 pharmacists from more than 136 organizations had enrolled with Wisconsin Medicaid (Figure 1). Many of their organizations are in the process of enrolling with Medicaid HMOs to ensure the ability to serve members who use their pharmacy services.

Although it may seem like we have reached the pharmacist provider status finish line, we have only just begun the course. Medicaid has provided a broad list of covered reimbursement codes for pharmacists and has already begun adding additional codes as requested by PSW. Administrative rules relating to CPAs and pharmacist-prescribed medication coverage will not be finalized until early 2025. Continuous learning and adaptation will be part of the process as Wisconsin pharmacists



begin the journey as Medicaid providers. PSW will continue to work with Wisconsin Medicaid and the Medicaid HMOs to provide updates as changes emerge. Please reach out to PSW to share your experiences and lessons learned as we continue on this path together. The best way to keep up to date on progress and implementation tips is to [sign up now](#) for the PSW members-only Pulse on Provider Status Newsletter.

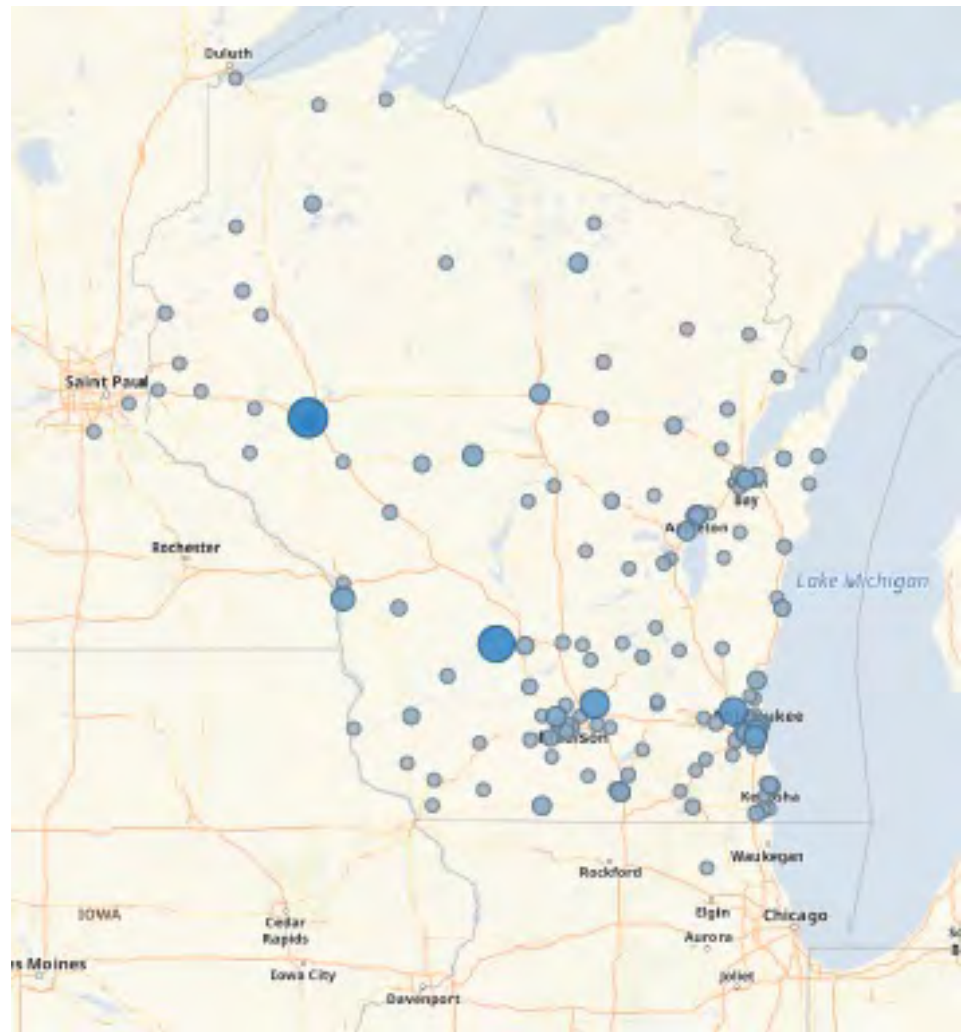
Wisconsin Pharmacist Provider Status: Beyond the Basics

The reimbursement rate for Medicaid pharmacist providers is 90% of physician reimbursement for covered medical services. Pharmacists interested in becoming providers should first enroll with Wisconsin Medicaid before attempting enrollment with a Medicaid HMO. Covered services for pharmacists are not new services, but services already covered when provided by other Medicaid providers. Types of covered medical services include, but are not limited to, continuous glucose monitoring, tobacco cessation consultation, administration of non-vaccine injections, and chronic disease management. Unlike pharmacy services, medical services are billed using American Medical Association Current Procedural Terminology (CPT) codes. Covered CPT codes and reimbursement rates are found in the [Forward Health Max Fee Schedule](#). Provider type 23 designates pharmacists, and provider type 24 designates pharmacies. In general, many chronic disease management services may be billed as evaluation and management office visits (E/M codes), which range from 99202-99205 for new patients and 99212-99215 for established patients. It is necessary to ensure medical services are billed under the appropriate codes with required documentation demonstrating medical necessity to prevent recoupment and ensure Medicaid National Correct Coding Initiative (NCCI) compliance. Pharmacist-specific information about medical billing and documentation can be found in the Pharmacy Practice Guidebook: Medical Billing, Coding and Documentation for Pharmacy Professionals, which is accessible on the [PSW website](#) with a discount for PSW members.

Navigating the implementation

FIGURE 1. Pharmacist as Rendering Provider (23) by Zip Code

Figure 1 depicts the concentration of Medicaid pharmacist providers by zip code. The larger the circle, the higher the concentration of Medicaid pharmacist providers in the respective area.



Data provided by the Wisconsin Department of Health Services

of pharmacist provider status can be intimidating without access to the proper resources. Each pharmacist's provider status journey will vary depending on practice setting and resource availability (e.g., training materials, billing and documentation infrastructure, and contracting and credentialing infrastructure). Pharmacists who are part of health systems may already have a practice management/medical billing system in place to allow for an easier transition into medical billing and documentation. For community pharmacists, this process may be entirely new and may require additional efforts to ensure appropriate billing and documentation. PSW has prepared a

9-credit ACPE-accredited [Wisconsin Pharmacist Provider Status Certificate Program](#), which also includes a [Pharmacist Provider Status Implementation Guide](#). These are high-quality, Wisconsin-specific resources to guide the implementation of provider status in your practice setting.

The Future of Wisconsin Pharmacist Provider Status

In Wisconsin, the passage of Act 98 has come at a crucial time. It is currently estimated that almost half of Wisconsin residents do not have their primary health care needs met,⁶ with almost 2 million Wisconsin residents living in a health

professional shortage area.⁷ Pharmacists provide an accessible solution, given that approximately 90% of the US population lives within five miles of a pharmacy.⁸ Research also demonstrates that patients are 1.5 to 2 times more likely to visit their community pharmacy than their physician.⁹ Trained to provide a variety of medical services, from chronic disease management to non-vaccine injections, pharmacists are uniquely positioned to help alleviate the current shortage and provide increased access to care for patients.

The progress made is worthy of celebration, though there is still much work to be done. Medicaid and Children's Health Insurance Program provide insurance for only 1.2 million Wisconsinites.¹⁰ This leaves a gap of about 3.9 million insured individuals and 312,000 uninsured individuals to pay usual and customary charges for pharmacist-provided medical services.^{11,12} This is particularly detrimental to the one out of ten Wisconsin residents living in poverty who would benefit the most from having access to covered pharmacist medical services.¹³ The inability to provide covered services for non-Medicaid patients was echoed in one pharmacist's survey response:

"I just wish we could offer these types of services and appointments to all of our patients and not just Medicaid members (we will still offer them for a cash price to all patients)."

During my six-week PSW rotation, I was, like many pharmacists around the state, trying to obtain a deep understanding of pharmacist provider status. I spent my time studying the available PSW resources to try to wrap my head around pharmacist provider status and the more detailed complexities of medical billing. By the midpoint of my rotation, I was able to fully appreciate the dedication and discipline the PSW staff had in taking their vision of pharmacist provider status and making it a

reality. The motivation of the staff inspired me to soak in all the information regarding pharmacist provider status and to be proactive in seeking further opportunities. Medicaid pharmacist provider status makes me excited about my future as a pharmacist and the future of the pharmacy profession.

Medicaid provider status is the first step for pharmacists in community and ambulatory settings to be recognized as medical providers. We are fortunate that Wisconsin law does not prohibit pharmacist providers from receiving reimbursement for medical services, allowing room to expand reimbursement to commercial plans. It is our hope that the successful implementation of Medicaid provider status will inspire HMOs with commercial plans to also recognize pharmacists as providers. Once a strong foundation is in place, future initiatives will involve pharmacists reaching out to individual commercial plans to inquire about enrollment. We must keep our momentum high as we continue the marathon of pharmacist provider status, one step at a time.

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For questions regarding Wisconsin Pharmacist Provider Status, please reach out to info@pswi.org.

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