WISCONSIN PHARMACY QUALITY COLLABORATIVE
an initiative of the pharmacy society of wisconsin

2025 Pulse on Practice Transformation

by Kari Trapskin, PharmD, Helene McDowell, MS, Julie Ulland, MS

Happy New Year, PSW members! Somehow, we find ourselves already a quarter of the way into the 21st century. It has been a year full of continued sleuthing, supporting, and sharing with you as we navigate pharmacy practice transformation through Wisconsin Medicaid Pharmacist Provider Status (PPS) and Medication Therapy Management (MTM) through the PSW Wisconsin Pharmacy Quality Collaborative (WPQC) program.

We began 2025 with 6 months of provider status implementation experience under our belts. PSW had just received the first batch of enrollment and utilization data from WI Medicaid, which provided us with a snapshot of progress to date and tangible data to share with the PSW Board, advisory committees, members, and stakeholders like the WI Department of Health Services (WI DHS) and WI Medicaid Health Maintenance Organization (HMO) contacts. These data also allowed us to create a plan for continued implementation support. The following material provides an overview of the current state of both the PPS and WPQC practice transformation opportunities through the WI Medicaid program, in addition to the projects that PSW staff have been working hard to support throughout 2025.

FIGURE 1. Medicaid Pharmacist Provider Enrollment Map by Zip Code (October 15, 2025) (n=484 pharmacists)

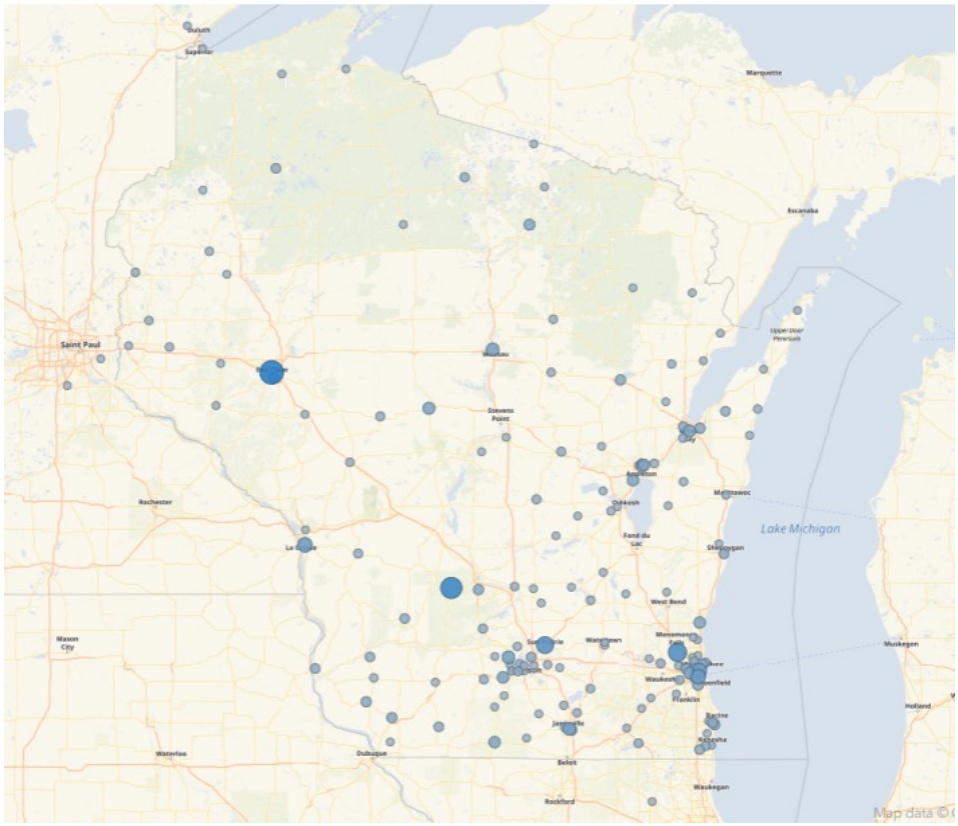


Figure 1 depicts the concentration of Medicaid pharmacist providers by zip code. The larger the circle, the higher the concentration of Medicaid pharmacist providers in the respective area.

Pharmacist Provider Status

Current State

Shepherded by PSW, 2021 Wisconsin Act 98 paved the way for pharmacists to be legally recognized as medical providers for Wisconsin Medicaid. As described in the January/February 2025 issue of the Journal, there were many required steps that occurred prior to the official launch of pharmacist provider enrollment on March 1, 2024, and claims submission on July 1, 2025.[1] One year ago, there were 411 pharmacists enrolled as providers with Wisconsin Medicaid. As of October 15, 2025, that number has grown to 484 pharmacist providers (See Figure 1). Most importantly, as of March 1, 2025, Medicaid data showed 1499 "pharmacist as the rendering provider" paid medical claims. The Current Procedural Terminology (CPT) codes that have been billed and paid span a wide range of services, including Office Visit Evaluation and Management (99202-99205; 99212-99215), Telephone Evaluation and Management (99441-99443), Preventive Medicine (99401), Continuous Glucose Monitor Interpretation (95251), and Non-vaccine injection administration (96372). The codes listed in Figure 2 are included only if more than 20 of that code type have been submitted; therefore, other CPT codes may have been billed but are not represented in these WI Medicaid data (See Figure 2).

According to data from WI Medicaid, the most common reasons for claim denials were reimbursement adjustments, incorrect CPT codes, and incorrect diagnosis codes. One example of an incorrect CPT code used is depicted in Figure 2, under Codes Billed – 99606 and 99607, which are both Medication Therapy Management codes utilized in the WPQC MTM program, in which the pharmacy is the rendering provider of services (provider type 24), explaining why those codes are marked as denied. Notably, as of March 1, 2015, over $65,000 was paid to organizations for claims submitted by pharmacist providers. Additionally, 28.6% of the total claims were submitted by community pharmacies that dispense medications. Lastly, these data show that claims were paid for both fee-for-service (FFS) Medicaid recipients (40%) in addition to HMO Medicaid recipients (60%). The data reflect paid claims from 8 of the 13 Medicaid HMOs.



Education

During 2024, our staff spent significant amounts of time developing the PSW PPS Certificate Program and Implementation Guide to assist PSW members in establishing a solid basis for starting a medical billing program. In 2025, it was exciting to be at the point of working with early PPS adopters in both ambulatory care and community settings to develop and roll out several high-level in-person sessions at PSW conferences. For the April 2025 Educational Conference, we developed a guided, case-based, interactive learning session that provided both pharmacists and technicians hands-on practice in coding and documenting medical services for a variety of conditions. Participants used the PSW Wisconsin Medicaid Billing Guide to evaluate realistic case studies in groups. Session feedback was very positive, leading us to create a similar session for Annual Meeting attendees in August 2025. We designed the interactive session in August to provide novice and advanced case-based opportunities in addition to utilizing multiple learning strategies for the cases (e.g., identifying the incorrect portions of documentation examples, writing portions of the assessment and plan, choosing CPT code options). Focused disease states during both programs included: diabetes, hypertension/self-measurement of blood pressure, non-vaccine injections, heart failure, smoking cessation, anticoagulation, and pain management.

During the 2025 Annual Meeting, we also spotlighted several PSW members' experiences in implementing pharmacist provider medical billing programs through a Lessons Learned from Ambulatory and Community Pharmacy Implementation panel session. Pharmacists from four different community and ambulatory care practice settings participated in the panel, which was led by Jennifer Hardman, PharmD, from Froedtert Health. This session was recorded and is available in the Education section on the PSW website.

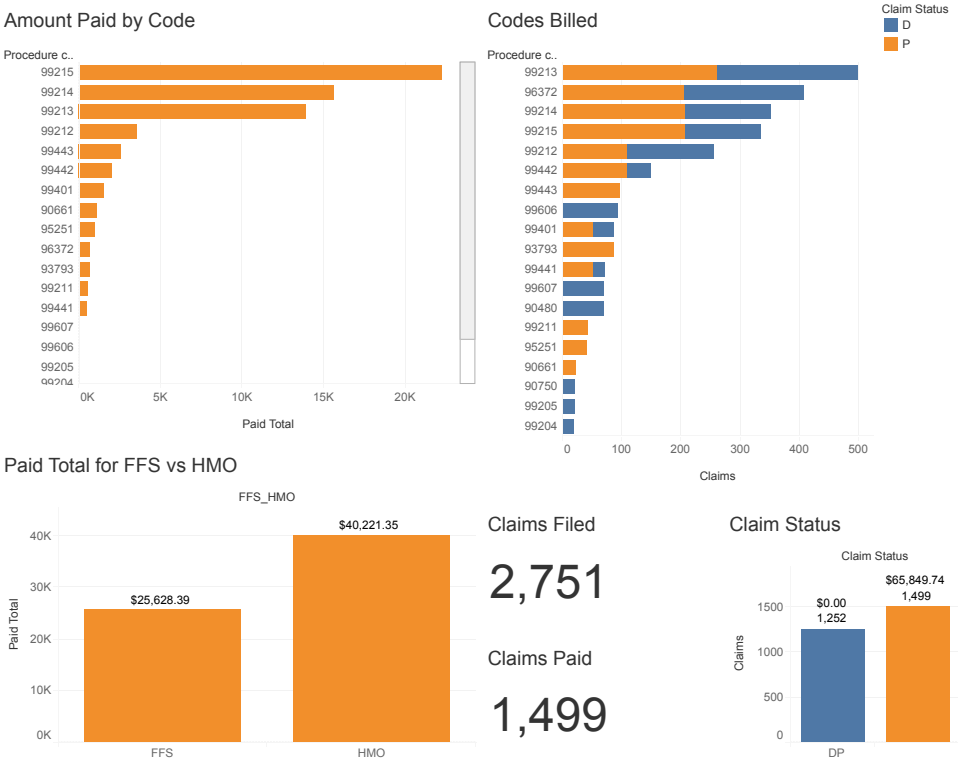
In addition to educational sessions presented at PSW conferences, PSW staff members regularly support members through emails, phone calls, and meetings focused on provider status implementation. Fielding implementation questions helps us to identify topics of significance to research and discuss in further detail during our monthly meetings with WI Medicaid staff. Throughout 2025, provider status questions have evolved to cover more complex subjects, such as specific codes to use for specific services, as well as more nuanced questions related to becoming an independent laboratory for submitting claims for CLIA-waived tests. We also regularly connect with the Community Pharmacy Enhanced Services Network of Wisconsin (CPESN-WI) to discuss billing and coding questions with the goal of determining the best information to provide to our respective members.

THANK YOU!

Special thanks to the following individuals for guiding and facilitating these educational sessions in 2025:

- Julie Bartell, PharmD, BCACP, FPSW
- Lori Dietz, CPhT
- Kaytlyn Dummer, PharmD
- Jennifer Foti, PharmD, BCACP
- Jennifer Hardman, PharmD
- Matthew Huppert, PharmD
- Amy Mahlum, PharmD, BCACP
- Mollie Shoyer, PharmD, BCACP
- Jennifer Slaughter, PharmD, BCACP
- Jordan Spillane, PharmD
- Shelby Van Engel, CPhT
- Jonathan White, PharmD, BCACP
- Rachel Whitesitt, PharmD, MPH

FIGURE 2. WI Medicaid Medical Claims – Pharmacist as Rendering Provider (23) July 1, 2024 – March 1, 2025



Implementation Support

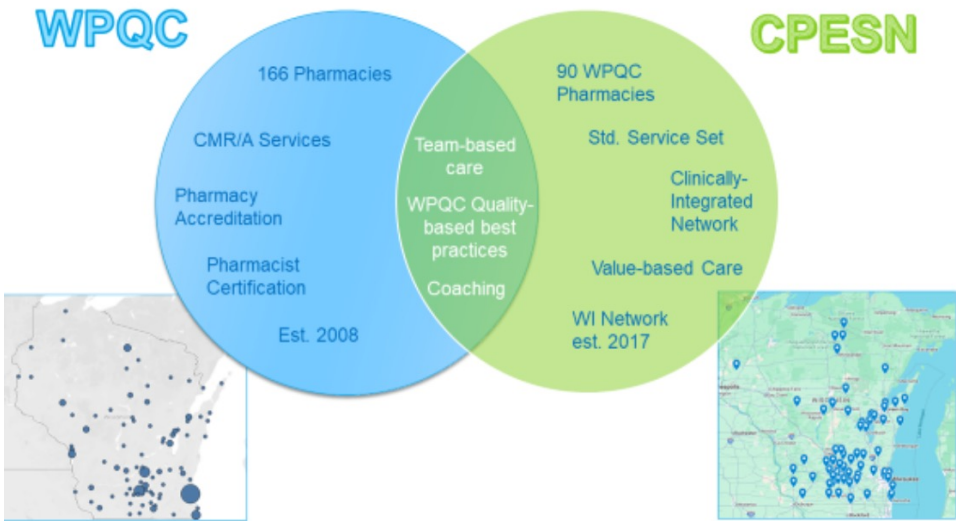
Implementing medical billing workflows and infrastructure in community practices is very challenging and involves different processes depending on the pharmacy setting and particular system. One of the most interesting pieces of information that we have gleaned this year is "when you've seen one health system implement provider status, you've seen one health system implement provider status." PSW members and staff are continually becoming aware of these nuances. Our work with PSW members on the Ambulatory Care Advisory Committee (ACAC), Community Pharmacy Advisory Committee (CPAC), and Provider Status Implementation Task Force has been instrumental in the growth in medical billing knowledge over the last two years. In the last year, PSW implementation support has included: helping pharmacists to become enrolled with Medicaid HMOs by collating and updating requirements from each plan, troubleshooting contracting delays with Medicaid HMOs, facilitating connection between Medicaid HMOs and community pharmacies, publication of a WI Medicaid Medical Billing Guide, publication of a Non-vaccine Injection Guide, analysis of WI Medicaid medical billing utilization data, request to add new CPT codes as needed, regular meetings with WI Medicaid, and several site visits in areas where PSW is working on cardiovascular-, vaccine-, and asthma-focused projects. The PSW Collaborative Practice Agreement (CPA) Toolkit will also be updated to reflect clarified Wisconsin Medicaid Legislative rules and corresponding CPA templates and will be available in early 2026.

Additionally, PSW has published the Pulse on Provider Status newsletter every two months in 2025. The advantage of this newsletter is that it combines all of the most recent provider status learnings and updates into one e-newsletter for members at any point in the process of implementation. PSW members can sign up to receive this newsletter on the Provider Status page on the PSW website. As of October 2025, we have also started a PSW Member Meet-up specific to Pharmacist Provider Status. This virtual meeting will continue to be held quarterly with the goal of providing a forum for sharing implementation experiences within specific interest areas, in addition to sharing between practice settings.

TABLE 1. Asthma MTM Program Results (N=114)

Variable	*P Value*
Asthma Control Test (ACT)	P= 0.0001
Patient understanding – Health Literacy	P= 0.0001
Provision of patient asthma action plan	P = 0.0001
Reduction in health care utilization • Emergency visits • Hospitalizations	 P= 0.05 P= 0.05
Patient perception of asthma control	P = 0.0001
Reduction of patient feeling overwhelmed	P = 0.01

FIGURE 3. WPQC and CPESN-WI Network Pharmacies and Main Activities



Wisconsin Pharmacy Quality Collaborative (WPQC)

Current State

The past year has continued to be fruitful for the WPQC MTM program, with 166 accredited pharmacy locations. 90 WPQC pharmacies are also involved in the CPESN-WI network, which is a clinically-integrated network focused on increasing the quality of patient care and reducing overall health care costs. See Figure 3 for an overview of the network overlap. There is much synergy between the two networks, and as mentioned above, CPESN-WI and PSW work together to help both groups of members attain the goal of providing Wisconsinites access to high-quality pharmacist care.

PSW is proud of the additional number of unique pharmacies that have provided Comprehensive Medication Review and Assessment (CMR/A) Services since 2017. Since 2017, an additional 71 WPQC pharmacies have been reimbursed for at least one CMR/A service claim. Since 2019, 50 additional pharmacies have been reimbursed. Since 2022, 22 additional pharmacies have been reimbursed, demonstrating a consistent increase in WPQC pharmacy participation in the provision of reimbursable services. This increase correlates with the targeted outreach and WPQC support that PSW has provided in specific counties through cooperative cardiovascular and asthma CMR/A grant work with the WI Division of Public Health over the past 10 years. Special congratulations to those pharmacies that have been consistently engaged in the WPQC program. In the first eight months of 2025 alone, Medicaid has paid pharmacies over $260,000 in reimbursement for CMR/A services! (See Figure 4). Figure 4 also shows the monthly counts of paid CMR/A services (both initial and follow-up). In 2025, monthly CMR/A totals ranged from 317 to 814, provided by between 16 and 28 pharmacies monthly. The consistency of monthly claims totaling over 300 also demonstrates the increased level of engagement that has been attained over time with persistence and targeted implementation support.

Outcomes

2025 proved to be a very busy year for our pharmacist-provided chronic disease management programs. These asthma, cardiovascular disease, health-related social needs (HRSN), opioid harm reduction, and immunization education programs have been consistently successful as demonstrated by published project evaluation results, ongoing pharmacy and community partner engagement, and continued private, federal, and state grant funding.

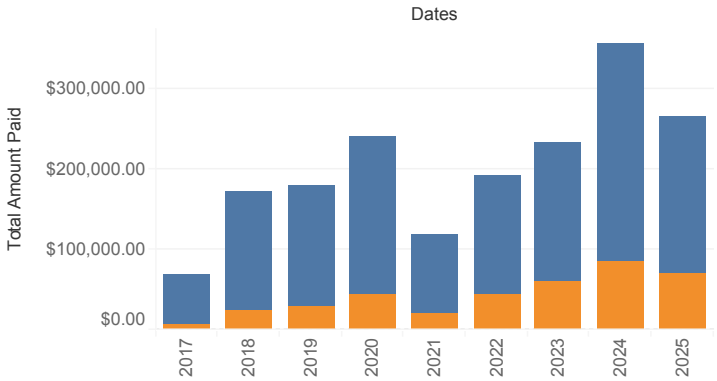
Over 12 years of operating these programs, we have found that these pharmacist-led clinical and educational interventions have many impacts on patient health. Our two primary outcomes for patients across disease states are clinical improvement in the management of patient chronic condition(s) and a significant increase in patient understanding and health literacy. For example, the results in Table 1 show statistically significant effects on specific asthma control indicators as well as patient health literacy specific to asthma management. These results were obtained from two cohorts of patients between October 2022 and October 2024. Data from the third cohort of 25 patients (completed in August 2025) are currently being analyzed.

Furthermore, in previous cardiovascular-focused MTM programs, we saw similar impacts of the pharmacist-provided intervention resulting in clinical improvement in key metrics such as self-management of blood pressure (SMBP), patient understanding of their condition, and reductions in adherence barriers.[2]

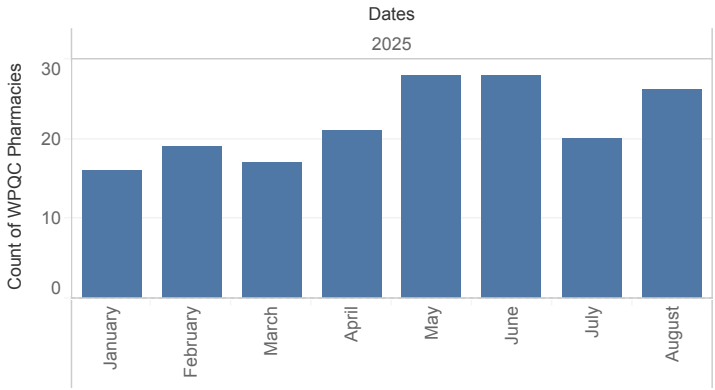
Additional results from our WPQC pharmacist-led vaccine education program further demonstrate the essential role pharmacists play in improving patient health and understanding. In one of our recent vaccine education programs, we intended to educate the community about the importance of vaccines for health maintenance. Four participating pharmacy and community-based organization (CBO) partners around the state educated approximately 345 people about vaccines. 64.3% of these participants reported that the information was extremely beneficial to them, and 49% reported their likelihood of requesting a 1:1 follow-up conversation with a pharmacist about vaccines for themselves and their families. While not the primary objective of this program, 58 (17%) vaccines were also administered during these education sessions.

FIGURE 4. WPQC WI Medicaid Utilization Data January – August 2025

Total Yearly Reimbursement (through August 2025)

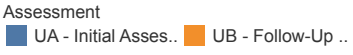


Count of WPQC Pharmacies Providing CMR/A Services by Month

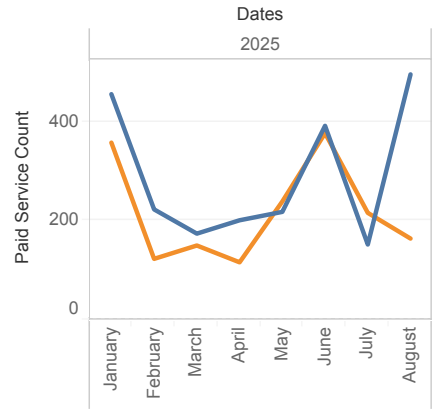


CMR/A Services and Reimbursement by Month

		Assessment					
		UA - Initial Assessment		UB - Follow-Up Assessment		Grand Total	
Year of Dates	Month of Dates	Paid Service Count	Total Amount Paid	Paid Service Count	Total Amount Paid	Paid Service Count	Total Amount Paid
2025	August	496	$42,035.00	164	$6,560.00	660	$48,595.00
	July	152	$12,715.00	216	$8,640.00	368	$21,355.00
	June	392	$32,945.00	377	$14,960.00	769	$47,905.00
	May	218	$18,365.00	239	$9,520.00	457	$27,885.00
	April	201	$17,005.00	116	$4,640.00	317	$21,645.00
	March	174	$14,545.00	150	$5,920.00	324	$20,465.00
	February	223	$18,835.00	123	$4,920.00	346	$23,755.00
	January	456	$38,760.00	358	$14,320.00	814	$53,080.00
	Total	2,312	$195,205.00	1,743	$69,480.00	4,055	$264,685.00



CMR/A Services by Month



These results highlight the incredible ongoing commitment of our members to the health and well-being of their patients. As PSW continues to increase engagement in WPQC and WI Medicaid Provider Status, we remain committed to supporting these types of collaborative and innovative initiatives for our members.

Education

In 2025, PSW launched an updated WPQC Homestudy training program for pharmacists, pharmacy technicians, and pharmacy students, which defines how provider status differs, in addition to vaccination, clinical guidelines, and programmatic updates. WPQC members who have already completed previous versions of the Homestudy are able to complete the updated Homestudy at no additional cost.

In the Spring of 2025, following an influx of new WPQC interest, we offered a new opportunity for newly-engaged WPQC-accredited pharmacies to join PSW staff who support the WPQC program on a "Getting Started: The Wisconsin Pharmacy Quality Collaborative" webinar, which is recorded and available on the PSW website at no cost.

Implementation Support

In 2025, PSW staff continued to support WPQC pharmacies, pharmacists, and technicians to strengthen clinical service delivery and operational success across the network. Several of the electronic PSW Clinical Toolkits are in the process of being updated to align with current guideline updates. PSW also continued to serve as a liaison to WI Medicaid to support claims troubleshooting and program alignment. A new PSW business support opportunity was introduced to provide community pharmacy members with affordable access to the Wisconsin State Health Information Network (WISHIN), enhancing access to the full medical record, thereby increasing support for care coordination. Staff deepened collaboration with CPESN-WI, conducted pharmacy site visits, and delivered personalized member coaching. Education and engagement were further supported through webinars, the WPQC newsletter, e-communications, and social media outreach.

The Future

PSW, in partnership with CPESN-WI, has been awarded funding from the Community Pharmacy Foundation (CPF) as part of a national Flip the Pharmacy initiative. Beginning in January 2026, this one-year grant-funded project will accelerate pharmacist-led care across the state, strengthening community pharmacies as accessible healthcare hubs, and will support pharmacists in providing more hands-on care for patients with chronic conditions, such as asthma. PSW and CPESN-WI will work together to engage practice transformation coaches who will use a tailored coaching approach to WPQC pharmacies statewide based on the pharmacy's level of WPQC engagement—low, medium, or high—using Wisconsin Medicaid MTM claims data and practice insights. CPF support will enable PSW and CPESN-WI to develop a scalable, stepped, multi-level coaching model to guide pharmacies from their current WPQC engagement level to the next level or to the final step of enrolling and providing medical services as Wisconsin Medicaid providers.

We know that Wisconsin WPQC pharmacies have the grit and stamina to grow the engagement of the network and move up the practice transformation ladder. Data from this project will be instrumental in taking this model to commercial and other payers to continue to expand support for community pharmacies in Wisconsin and nationwide.

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References

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2. Swander L, McDowell H, Trapskin K, et al. Successes from the pharmacy-based chronic condition management program: 2019-2022. *JPSW* 2023;26(1):9-16.

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