Ohio Pharmacist Provider Status Frequently Asked Questions

The Ohio Department of Medicaid (ODM) rules on how pharmacists' function as providers are effective as of **Sunday, January 17, 2021** and available to review here. The Ohio Pharmacists Association worked with the Ohio Department of Medicaid to gain clarification on some frequently asked questions regarding the technical aspects of billing under the new rule.

What is fee-for-service and managed care, and why does this matter to provider status?
There are two types of plans that Medicaid beneficiaries can be signed up for when they enroll with ODM, either Fee-For-Service (FFS) **OR** Managed Care. FFS patients will be straight Ohio Medicaid. If a Medicaid patient is eligible for Managed Care, they are then enrolled in a Managed Care Organization (i.e., Buckeye HealthPlan, Caresource, Molina, Paramount, UHC Community) who then oversees their medical and pharmacy benefit. These are exclusive groups, so a patient will either be a FFS patient or a MCO patient. The breakdown changes from month to month but about ~10% of Medicaid beneficiaries are FFS, and ~90% are MCO patients. This is important because the rules for how a pharmacist can be reimbursed may be different depending on if the patient is a FFS patient or an MCO patient.

An individual who is dually eligible for both Medicare and Medicaid may be enrolled in a MyCare Ohio Plan. MyCare Ohio Plans are in certain regions of the state and coordinate the members Medicare and Medicaid services. MyCare Ohio Plans are MCOs and include Aetna, Buckeye HealthPlan, Caresource, Molina and UHC Community Plan. Pharmacists may also bill for services for these patients at the discretion of the MCO.

How do I enroll to be a Medicaid provider?
Follow the walkthrough document available at the link here to enroll as a Medicaid provider in Ohio. It will take approximately 2 weeks for ODM to process your provider enrollment.

In order to enroll, you will need a National Provider Identifier (NPI) number first. If you do not have an NPI number, follow the walkthrough available at the link here.

What do I do to contract with an MCO to be able to provide and receive reimbursement for services rendered to MCO patients?

Pharmacists, clinics, or billing department will need to reach out to the MCOs to enter into a contractual agreement to allow for the reimbursement of services provided by a pharmacist to the MCOs beneficiaries. Some plans are traditional Medicaid plans as well as a MyCare plans. Providers may need to complete a separate application or fill out an addendum in order to be in network with both. Details on how to reach out to the individual MCOs are provided at the links below (if applicable):

Buckeye Health Plan	Caresource	UnitedHealthcare Community Plan
Molina	Paramount*	Aetna MyCare**

How do I get credentialed to become a Medicaid provider?
The state is currently transitioning to a universal credentialing platform that will allow providers to be credentialed in Medicaid Fee-For-Service (FFS) and with all Medicaid Managed Care Organizations (MCOs), which is expected to be completed in the second quarter of 2021. Because ODM is currently making this transition, they are not requiring pharmacists to be credentialed at this time and are only requiring they enroll as providers with Medicaid. Note: enrollment as a Medicaid provider differs from getting credentialed as a provider.

Once the universal credentialing platform is live, pharmacists that have already enrolled as providers will be credentialed on the platform without further action by the pharmacist.

After the universal credentialing platform is live, new pharmacist providers will have to be credentialed on the universal credentialing platform.

Will I need to contract with payors prior to receiving reimbursement for services I provide as a pharmacist?
By enrolling as a Medicaid provider and providing services under a consult agreement to a Medicaid FFS patient (straight Ohio Medicaid as insurance), you do not need to contract with an MCO.

However, in order to provide services to a Medicaid MCO patient and receive reimbursement, you will need to both enroll with ODM and contract with the MCO.

* Pharmacists who are a contracted provider group practice or facility with Paramount Advantage should be submitted to Paramount as an addition to the group's provider roster. The Provider Information Roster is available on Paramount's website: https://www.paramounthealthcare.com/services/providers/tools-and-resources/documents-and-forms.
If the pharmacist is not contracted, fill out and return a Network Participation Request Form, available on Paramount's website: https://www.paramounthealthcare.com/services/providers/ Click on Join Our Network, and Network Participation Request form. The address for return is on the form itself, which is phcprovider.contracting@promedica.org.

** Email oh_contracting@AETNA.com to begin the contract process.

When is it required for me to have a consult agreement?
When seeking reimbursement for most clinical services provided to Medicaid FFS patients, a consult agreement is required. A consult agreement is not required when seeking reimbursement for administering immunizations or other injectable medications under division (C)(1)(d)(ii) and (iii) of the rule. The requirement of a consult agreement to receive reimbursement for services provided to Medicaid MCO patients is at the discretion of the MCO, and they may reimburse services provided without a consult agreement.

Do I need an order from a physician, nurse practitioner, physician assistant, or other practitioner having appropriate prescriptive authority before I can provide and be reimbursed for services?
Yes, an order issued by a physician, nurse practitioner, physician assistant, or other practitioner having appropriate prescriptive authority is required before reimbursement will be provided for services rendered. Orders are good for 1 year from the date of writing and need to be reissued after expiration for reimbursement to be provided for services rendered. In the case of a patient-specific consult agreement, the pharmacist may be reimbursed for services rendered throughout the duration of the patient-specific consult agreement (more on this in the next question).

Does my consult agreement count as an order?
Generally, no. These requirements are separate and distinct. There is one exception when patient-specific consult agreements are utilized.

Patient-specific consult agreement meet the requirements of also qualifying as an 'order' for reimbursement purposes under the rule. Patient-specific consult agreement means that the consult agreement is signed for only one patient and is appropriately customized for that patient. Patient-specific consult agreements that have an expiration greater than 1 year meet the requirement of an order for the duration of the patient-specific consult agreement.

For example, if a pharmacist has a non-patient specific consult agreement and provides care to a patient for the extent of the consult agreement (2 years), two total annual orders are **REQUIRED** from a practitioner having appropriate prescriptive authority. Alternatively, if a pharmacist has a patient-specific consult agreement and is providing care to a patient for the extent of the consult agreement (2 years), an annual order is **NOT REQUIRED** as the patient-specific consult agreement meets the requirement of the 'order'.

What billing codes can I use as a pharmacist when providing services to patients?
The codes that a pharmacist can use may be dependent on if the patient is a FFS patient or an MCO patient and will include a limited selection of codes from ODM's Non-Institutional Fee Schedule. Current codes that pharmacists can use include:

CPT/HCPCS Code	Description	Place of Service Restriction per Appendix DD to 5160-1-60
99202	**Office or other outpatient visit** for the E&M of a new patient, typically 15-29 minutes	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service
99203	**Office or other outpatient visit** for the E&M of a new patient, typically 30-44 minutes	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service
99211	**Office or other outpatient visit** for the E&M of an established patient, typically 5 minutes	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service
99212	**Office or other outpatient visit** for the E&M of an established patient, typically 10 minutes	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service
99213	**Office or other outpatient visit** for the E&M of an established patient, typically 20-29 minutes	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service
99441	**Telephone or internet** E&M provided by consultative physician with verbal and written report 5-10 minutes of medical consultative discussion and review	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service
99442	**Telephone or internet** E&M provided by consultative physician with verbal and written report 11-20 minutes of medical consultative discussion and review	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service
99443	**Telephone or internet** E&M provided by consultative physician with verbal and written report 21-30 minutes of medical consultative discussion and review	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service
G2012	**Brief communication** technology-based service, e.g. virtual check- in, by a physician or other qualified health care professional who can report E&M services provided to an established patient	Not covered in an inpatient or outpatient hospital, emergency department or inpatient psychiatric facility place of service
90460	**ADMINISTRATION OF FIRST VACCINE OR TOXOID COMPONENT THROUGH 18 YEARS OF AGE WITH COUNSELING**	
90471	**ADMINISTRATION OF 1 VACCINE**	
90472	**IMMUNIZATION ADMIN EACH ADD**	
90473	**ADMINISTRATION OF 1 NASAL OR ORAL VACCINE**	
90474	**IMMUNE ADMIN ORAL/NASAL ADDL**	
96372	**Ther/proph/diag inj, sc/im**	

In addition the codes above, click the link here to find the provider-administered pharmaceutical fee schedule for administered pharmaceutical codes.

Can I bill for an MTM and one of the codes above for a patient?
If engaging with a patient to provide care using the billing codes above, you would not bill for an MTM and the code above on the same day. If both services are rendered on the same day, the time spent with the MTM can be included when determine the correct code to bill as long as the visit and documentation are appropriate.

What codes can I bill if I practice at a hospital-based clinic?
Pharmacists that practice at a hospital-based clinic or a clinic that can bill facility fees cannot bill and will not be reimbursed for services provided by a pharmacist. However, depending on the other services provided on the same day, the facility may be able to bill for services provided by a pharmacist and receive facility reimbursement. Pharmacists may bill for services if working in a provider practice that is not hospital-based; however, what is billable could be impacted by what another provider in the same setting may be billing on the same day.

If I am a pharmacist practicing in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), will the clinic be able to receive wrap/bundled payments under Section 330 for Medicaid beneficiaries?
Yes, ODM has published a Medicaid Advisory Letter, available here, which provides the following guidance, “ODM will pay for a covered pharmacist service furnished by an FQHC or RHC in exactly the same way as it would be for any other PPS medical service”.

How do I get involved with the Ohio Pharmacists Associations' provider status implementation efforts?
Fill out the survey at the link here.