



PHARMACIST CREDENTIALING FOR CLINICAL SERVICES

March 30, 2023

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*Pharmacist-In-Charge
West Side Pharmacy*



ACPE ACCREDITATION

This presentation will
count towards 1.0 contact
hours for pharmacists by
UAMS





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The following planners and speakers of this CE activity have no relevant financial relationships with ineligible companies to disclose:

Marlene Battle, PharmD

Nicki Hilliard, PharmD

Maddison Schuller, PharmD

The accreditation compliance reviewer, Courtney Bryant, has no financial relationships with ineligible companies to disclose.




JOINT ACCREDITATION AND CREDIT DESIGNATION STATEMENTS

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These knowledge based activities will provide pharmacists up to 1.0 contact hours or 0.1 CEU. CE credit information, based on verification of live attendance and completion of the program evaluation, will be provided to NABP within 60 days after the activity completion.





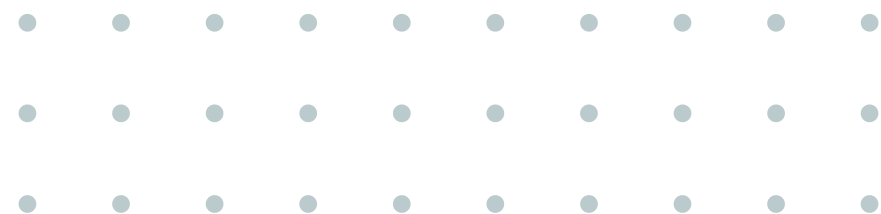
01. WHAT IS CREDENTIALING?

02. WHO CAN I CREDENTIAL WITH?

03. MEDICAID CREDENTIALING

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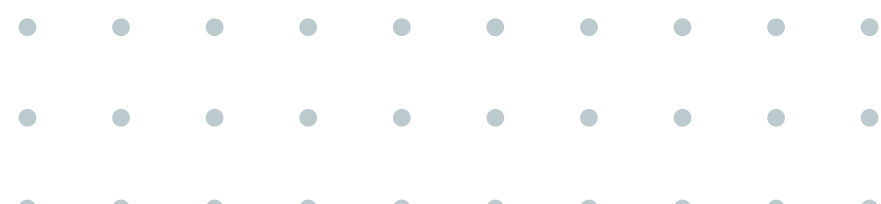


WHAT IS CREDENTIALING?

Credentialing (especially in regards to insurance) is the process of organizing and verifying the records and qualifications that allow us to bill for services and accept third party reimbursement

WHY SHOULD I BE CREDENTIALLED?

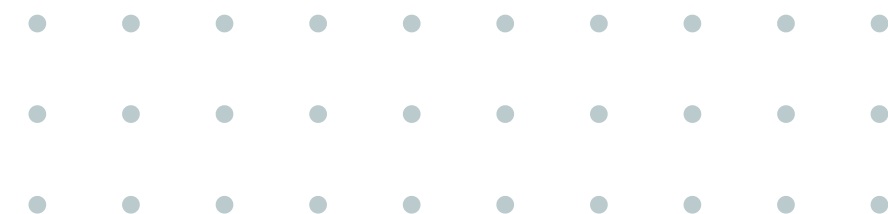
As of February 19th, Arkansas BCBS released a list of medical billing codes that pharmacists can submit for reimbursement related to clinical services





WHAT CLINICAL SERVICES ARE COVERED?

- 01. TEST & TREAT**
Bill for Strep/COVID/Flu test and assessment
- 02. NALOXONE PRESCRIBING**
Bill for counseling
- 03. SMOKING CESSATION**
Bill for counseling
- 04. ORAL CONTRACEPTIVE PRESCRIBING**
Including pregnancy test if needed

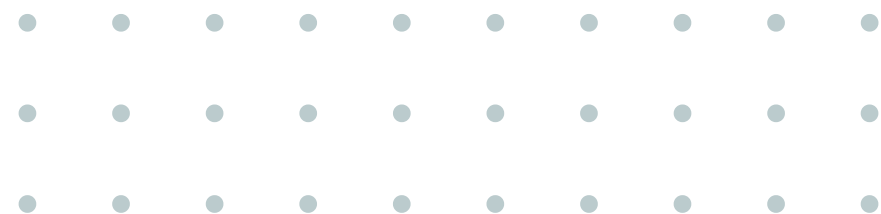


02.

WHO CAN WE CREDENTIAL WITH?

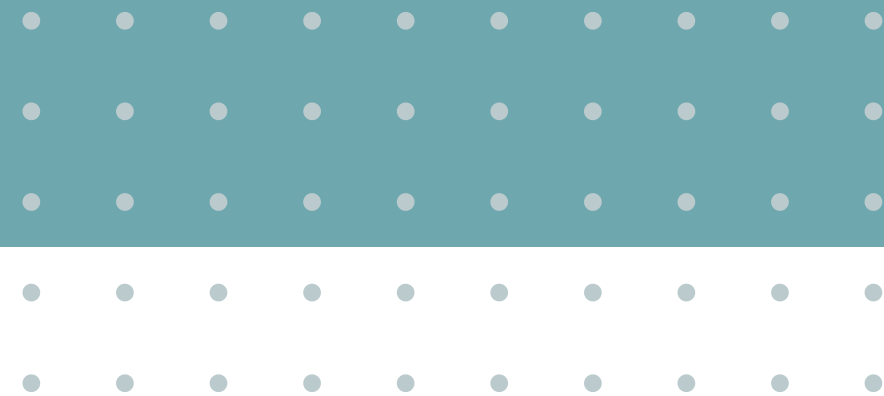
For medical billing purposes, right now
pharmacists in Arkansas should get
credentialed through Medicaid and
BCBS

We should have more medical payers
available in the future!



03.

MEDICAID CREDENTIALING



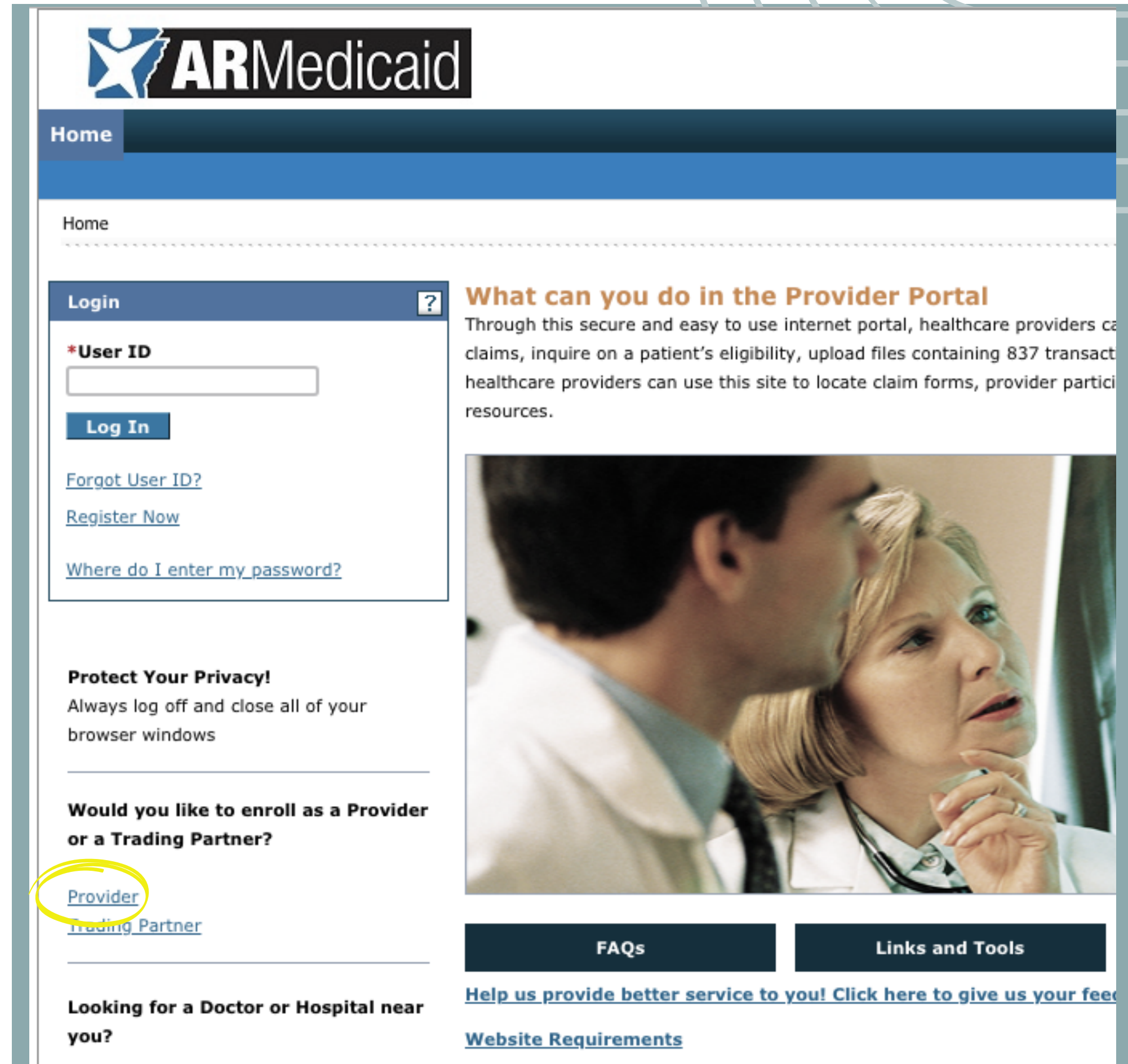
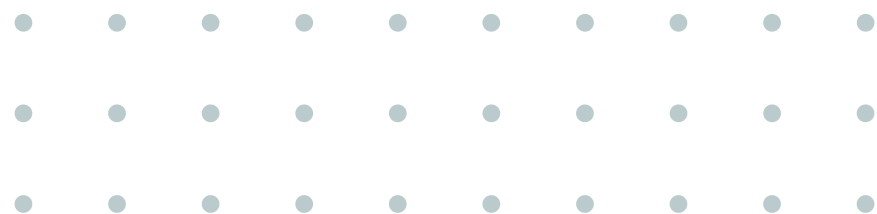
MEDICAID

Arkansas Medicaid recognizes pharmacists as providers

The process for enrolling as a provider is through an online portal

Visit the AR Medicaid Portal:

<https://portal.mmis.arkansas.gov/armedicaid/provider/Home/tabid/135/Default.aspx>



Provider Enrollment

Enrollment Application

Initiate a New Enrollment application.

Re-Enrollment

Initiate a Re-enrollment application.

Resume Enrollment

Resume an existing application that you previously started.

Enrollment Status

Check the current status of an enrollment application.

Completing an Online Application

Watch this video to see step by step instructions on how to complete an online Enrollment Application.

[Home](#) > [Provider Enrollment](#) > Start Enrollment

Provider Enrollment: Start Enrollment

Select Enrollment Type, Provider Type, and Specialty then enter your assigned N

The * indicates a required field.

*Enrollment Type	<input type="text" value="Atypical"/>
*Provider Type	<input type="text" value="95 - REGISTERED, NONCREDENTIALAED PROVIDER"/>
*Specialty	<input type="text" value="RX - PHARMACIST"/>
NPI	<input type="text"/>
*Tax ID ⓘ	<input type="text"/>

Personal NPI

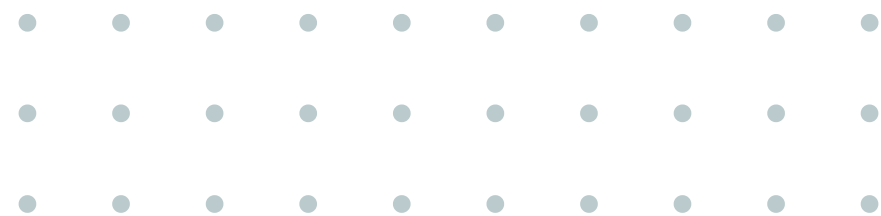
Pharmacy Tax ID#

MEDICAID APPLICATION

After entering in your initial enrollment information, you will proceed to the "Welcome" section of the application

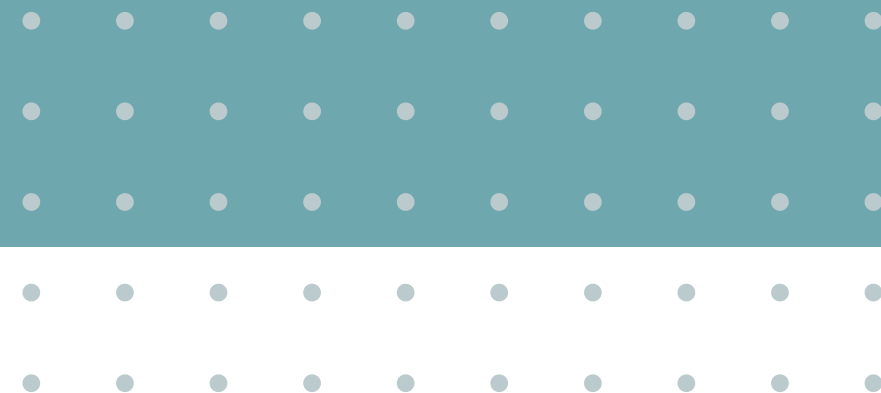
From here you will follow prompts and provide the documents listed

All individual providers must enroll with **their SSN** and DOB



04.

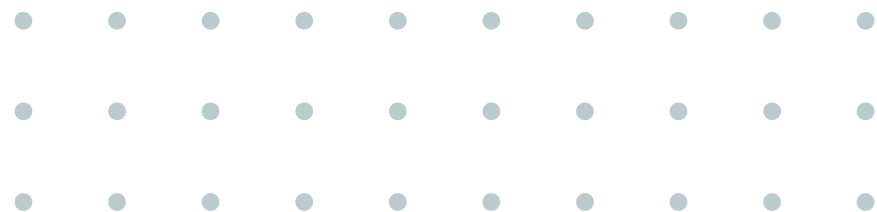
ARKANSAS BCBS CREDENTIALING



FIRST STEP...

The very first step in getting credentialed is to contact your region's Network Development Representative (NDR)

They will send you the appropriate form packet to fill out and return



NDRs

NORTHWEST & WEST CENTRAL REGION

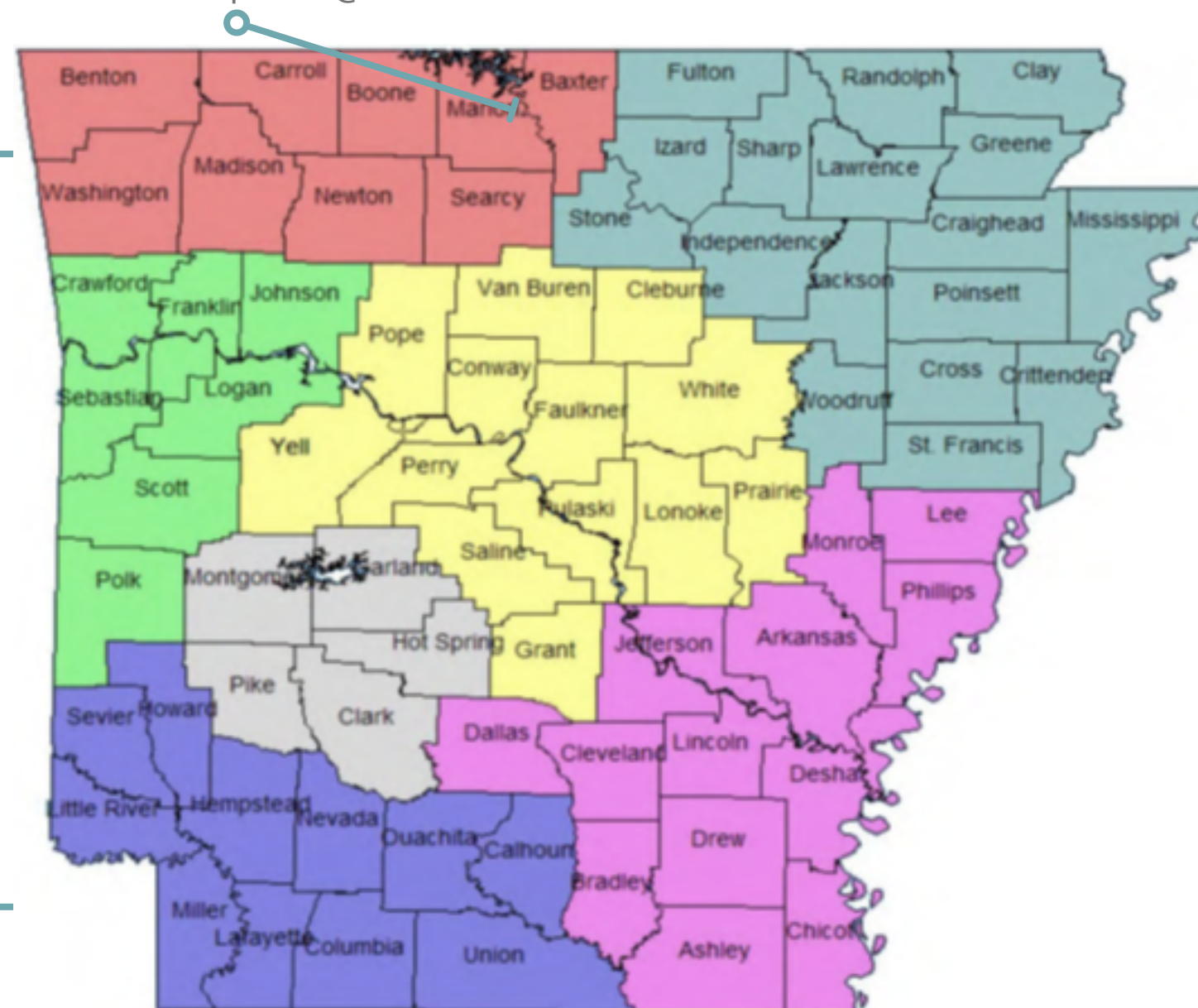
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ENROLL PHARMACY AS A CLINIC/GROUP PRACTICE

If your pharmacy is not previously enrolled with BCBS, you may have to send in a new clinic application

Certain regions will have you send in this form, a "Contract Request Form" first. This is why it is essential to contact your NDR

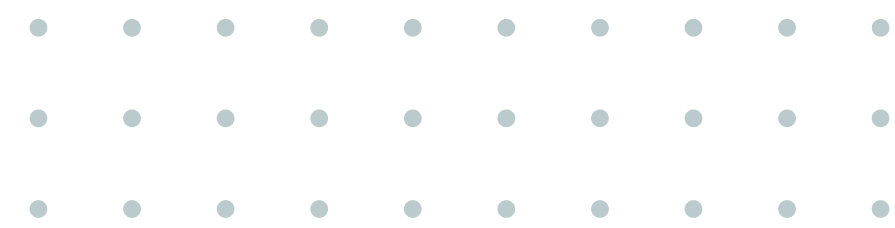
You can use a pharmacist as the provider and your pharmacy as the clinic

Application / Contract Request	
Arkansas Blue Cross and Blue Shield • Health Advantage • USABLE Corporation	
To: Provider Network Operations	Date:
From:	Region: Central Region
Category: <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> CNP/APN <input type="checkbox"/> Facility	MAIL TO:
PROVIDER INFORMATION	
Provider Name BCBS # NPI #	
Primary Specialty Other Specialty (If applicable)	
Collaborating Physician Name & NPI # (If applicable)	
Primary Admitting Facility (If applicable)	
PHO (If applicable)	
Clinic Name Clinic NPI # New Clinic or Solo(Yes/No)	
Address Pope or Yell County (Yes/No)	
City State Zip	
Contact Person Phone #	
Email Address Fax #	
Comments	
Approved By (NDR)	
Networks Available: (For Office Use Only)	
<input type="checkbox"/> Preferred Payment Plan	
<input type="checkbox"/> True Blue PPO	
<input type="checkbox"/> Health Advantage HMO	
<input type="checkbox"/> Medi-Pak PFFS	
CN Region Network Development, P.O. Box 2181, Little Rock, AR 72203 Phone: 501-379-4649 Fax: 501-379-4655 REV 04/2014	

PROVIDER APPLICATION

Do not be concerned that all of these forms read as if we are physicians at a clinic

Fill them out using you, the pharmacist, as provider and your pharmacy as clinic



Provider Application

Name _____ NPI _____
(as it appears on license) (Attach copy of NPI verification from NPPES)

Date of Birth _____ Male _____ Female _____ SSN _____

Specialty _____ Language _____
(Primary / Secondary)

Collaborative / Supervisory Physician

(Name and NPI)

(Name and NPI)

State License # _____ ST _____ Issue Date _____ Expiration Date _____

DEA # _____ ST _____ Issue Date _____ Expiration Date _____

If you have DEA issued in Arkansas you are enrolled with the Arkansas Prescription Monitoring Program ("AR PMP")? Y / N

If you authorize the Arkansas Department of Health to release confirmation of your AR PMP enrollment? Y / N
(Please note: Network credentialing standards require enrollment in the AR PMP for those providers who hold an active DEA issued in AR. Not authorizing confirmation of your enrollment will result in rejection of your network applications)

PRIMARY PRACTICE LOCATION - Must be a street address, not a PO Box

Street Address _____

City _____ State _____ ZIP _____

Contact _____
(Name, Title, Email)

Phone # for Patient Appointments _____ Fax # _____

Medical Records Fax Number (MRR) _____

Office hours at this location-

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open :	Open :	Open :	Open :	Open :	Open :	Open :
Close :	Close :	Close :	Close :	Close :	Close :	Close :

CORRESPONDENCE INFORMATION - For notifications, newsletters, credentialing updates, etc.

Correspondence Address _____

City _____ State _____ ZIP _____

Correspondence Phone # _____ Fax # _____

Contact _____
(Name, Title, Email)

PAYMENT INFORMATION - If payment to a clinic or group is required, please complete the *Authorization for Clinic Billing* form, and do not complete payment information on this form.

Payment EIN or SSN _____ Doing Business As _____
(Attach IRS verification of EIN, W9 not accepted)

Payment Address _____

City _____ State _____ ZIP _____

Contact _____

Payment Phone # _____ Payment Fax # _____

Contact _____
(Name, Title, Email)

Signature _____ Date _____
(Individual Practitioner- NO STAMPS OR DIGITAL SIGNATURES)

FORM 100

NETWORK APPLICATION

I only listed my pharmacy as a practice location on Page 1

On Page 3 you list references and on Page 4 list your education

All pages (even if blank) need to be scanned back for the application to be complete



Network Application
Health Advantage • True Blue PPO

Name _____ NPI _____

PRACTICE LOCATIONS FOR THE MOST RECENT 10 YEARS

• Practice Name _____
City _____ State _____ Zip _____
Beginning (mm/yy) _____ End (mm/yy) _____

• Practice Name _____
City _____ State _____ Zip _____
Beginning (mm/yy) _____ End (mm/yy) _____

• Practice Name _____
City _____ State _____ Zip _____
Beginning (mm/yy) _____ End (mm/yy) _____

• Practice Name _____
City _____ State _____ Zip _____
Beginning (mm/yy) _____ End (mm/yy) _____

• Practice Name _____
City _____ State _____ Zip _____
Beginning (mm/yy) _____ End (mm/yy) _____

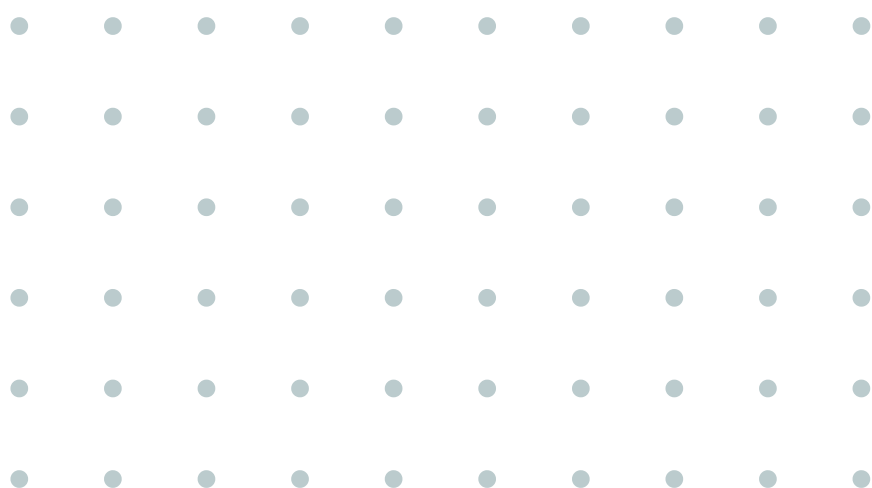
• Practice Name _____
City _____ State _____ Zip _____
Beginning (mm/yy) _____ End (mm/yy) _____

PNO 10/16

FORM 102

CLINIC OR GROUP BILLING AUTHORIZATION

This document is all about your
pharmacy or primary location



Authorization Form for Clinic/Group Billing

Arkansas Blue Cross and Blue Shield • Health Advantage • USAbile Corporation

Completed forms with supporting documents may be returned via email pdf attachment to ProviderNetwork@arkbluecross.com or by fax to 501-378-2465 or U.S. Mail addressed to Provider Network Operations, P.O. Box 2181, Little Rock, AR 72203-2181.

☐ Add Practitioner to Existing Clinic/Group

Name _____ NPI # _____

(Print Name of Individual Practitioner) (Individual Practitioner)

Is this group one of the following: Hospitalist /Billing Group/for Emergency Services **ONLY** ☐

Name of Clinic or Group _____

Date Practitioner Joined Clinic/Group _____ Clinic/Group EIN _____

(Attach IRS verification of EIN)

Clinic/Group NPI # _____

Street Address of Clinic/Group _____

Phone # for Patient Appointments _____

Clinic/Group Fax # _____

Contact Person _____ Contact Phone # _____

Correspondence Address of Clinic/Group _____

(If different than above)

Correspondence Phone # _____

Clinic/Group Fax # _____

Contact Person _____ Contact Phone # _____

Collaborative/Supervisory Physician _____ 123456789

(To be completed by CNP, CNS, CHM, PA) (Name and NPI)

(Name and NPI)

The undersigned hereby authorizes Clinic/Group named above, or any of its duly authorized administrators, to accept on the undersigned's behalf any assignment or direct payment for services rendered by undersigned at such clinic/group that are covered under the following contracts:

- Arkansas Blue Cross and Blue Shield Preferred Payment Plan
- USAbile Corporation True Blue PPO
- USAbile Corporation Arkansas' FirstSource® PPO
- HMO Partners, Inc. (d/b/a Health Advantage)

- Medi-Pak® Advantage PFFS
- Medi-Pak® Advantage LPPO
- Medi-Pak® Advantage HMO

This authorization applies to all moneys due under the agreements designated above, including payment for healthcare services and any risk-sharing settlements, if applicable. The undersigned retains the right to revoke this authorization by giving 30 days prior written notice to Provider Network Operations, Attention Clinic/Group Billing Authorization. The undersigned understands and agrees that the Clinic/Group named above can likewise refuse to accept payment(s) authorized by this assignment. Payments for services rendered at above named Clinic/Group and due after Provider Network Operations receives the written notice of revocation of this authorization from the undersigned or refusal to accept payments from the Clinic/Group, shall be paid direct to undersigned, provided, however, that the following additional terms shall apply: (a) following execution of this Authorization, neither Arkansas Blue Cross and Blue Shield nor any other payer accessing the PPO or HMO networks (hereafter collectively referred to as "Payers") shall be obligated to redirect payment to any other location or recipient except upon 30 days' prior written notice; (b) Payers shall be entitled to require satisfactory proof of signatures and authority to redirect payment; (c) in the event of a dispute between clinic/group and the undersigned or between the undersigned and any other party regarding right to receipt of any payment, Payers may, in their sole discretion, either hold all payments until such Payers deem the dispute resolved, or Payers may make payment to clinic/group, in which case the undersigned agrees to look solely to clinic/group with respect to any claims for payment, and the undersigned hereby releases Payers from any liability with respect to such payments. By signing this form, the undersigned expressly agrees to the preceding terms and conditions of clinic/group billing.

Signature _____ Date _____

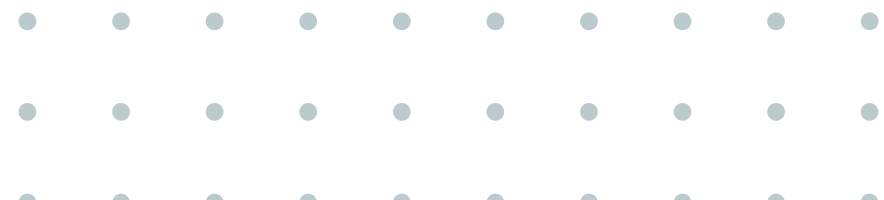
(Individual Practitioner - NO STAMPS)

PNO0212 FORM 125

NOW IT'S TIME FOR THE CONTRACTS...



- 01. PREFERRED PAYMENT PLAN (PPP)**
16 Pages
- 02. PREFERRED PROVIDER NETWORKS (PPN)**
20 Pages
- 03. HEALTH ADVANTAGE HMO (HA)**
20 Pages
- 04. MEDICARE ADVANTAGE HEALTH ADVANTAGE (MA/HA)**
19 Pages



PHARMACIST LICENSE

Make sure you make a copy
of your license




NPI VERIFICATION FORM

This form needs to come from NPPES and it needs to have your personal pharmacist NPI #

I logged into my NPPES profile and selected "Print Summary"

I used this summary page for my BCBS application



National Plan & Provider Enumeration System

Manage Provider Information








You currently have access to the NPIs associated with the provider. If the provider currently has more than one NPI associated with it, you will see a list of NPIs.

New If you would like to upload documentation related to an NPI, click on the "Upload Documentation" link.

Please scroll to the right using the scroll bar at the bottom of the table.

Filter...

Search by NPI:

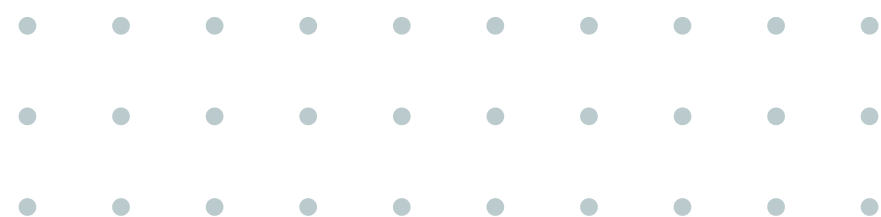
Action	NPI	Type ▲	TIN
<div><div></div></div> <div><div></div></div> <div><div></div></div> <div><div>XXX-XX-3</div></div>			



PROFESSIONAL LIABILITY INSURANCE

I use Pharmacists Mutual
and I attached a copy of my
policy

Make sure the professional
liability amounts are listed
for the policy- you must
have a minimum of \$1 million
per occurrence with \$3
million in coverage per
calendar year





**LAST BUT NOT
LEAST...**

**ATTACH YOUR
RESUME!**

Make sure to include
beginning and ending month
and year for all education
and work history

Include an explanation of
ALL time gaps



KEY POINTS

01. EMAIL YOUR NDR FIRST (RIGHT AFTER THIS C.E.)
02. MUST HAVE ALL TIME ACCOUNTED FOR ON RESUME
03. IF YOU NEED TO CORRECT A DOCUMENT, YOU NEED TO GET THE INFORMATION SENT TO BCBS IN 24 HOURS



01. CONTRACT APPLICATION REQUEST ☐
(May not be required by region NDR)

02. PROVIDER APPLICATION ☐

03. NETWORK APPLICATION ☐

04. CLINIC AUTHORIZATION ☐

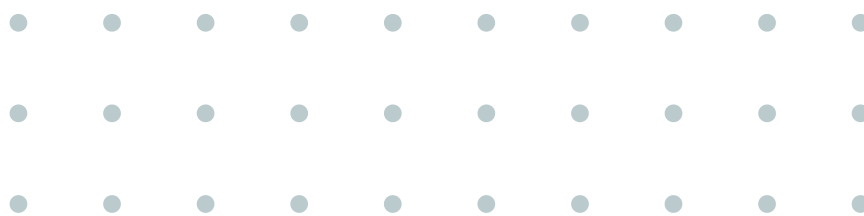
05. PLAN CONTRACTS (4) ☐

06. PHARMACIST LICENSE ☐

07. NPI VERIFICATION ☐

08. PROFESSIONAL LIABILITY INSURANCE ☐

09. RESUME ☐



DOCUMENT CHECKLIST

NEXT STEPS: AVAILITY

The next step after starting the credentialing process is to sign up for Availity

Availity is the billing platform used by BCBS. Even if you end up working with a clearinghouse to bill your claims, it is important to be able to check plan eligibility on patients

[https://apps.availity.com/web/onboarding/portal-entry/?
_gl=1*148y8v2*_ga*MTQxNDU2MTEwNy4xNjc4NDY5OTg4*_ga_E2R9S4EQP7*MTY4MDEzODM
yMC4yLjAuMTY4MDEzODMyMC42MC4wLjA.#/create-account](https://apps.availity.com/web/onboarding/portal-entry/?_gl=1*148y8v2*_ga*MTQxNDU2MTEwNy4xNjc4NDY5OTg4*_ga_E2R9S4EQP7*MTY4MDEzODMyMC4yLjAuMTY4MDEzODMyMC42MC4wLjA.#/create-account)



ANNUAL APA CONVENTION

DATE: JUNE 15–16TH, 2023

LOCATION: DOUBLETREE HOTEL IN
LITTLE ROCK



REFERENCES

CPESN

If you are a CPESN member, they have a great resource guide:

<https://www.arkansascpesn.com/>

ARKANSAS DEPARTMENT OF HUMAN SERVICES

If you would like more information on Medicaid enrollment, they have a great Provider Enrollment page:

<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/provider-enrollment/>



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THANK YOU

Have any questions?

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 maddisons@westsidepharm.com

