



ForwardHealth has developed this Frequently Asked Questions document to capture questions about the Wisconsin Act 98 Pharmacist as a Provider Project and share answers. This document will be revised with new information as it is available. Additionally, more information will be communicated in future ForwardHealth Updates.

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Enrollment

Date: 10/13/2023

Question: When will I be allowed to enroll in Wisconsin Medicaid?

Answer: Pharmacists may begin enrolling in Wisconsin Medicaid in March 2024. ForwardHealth will publish guidance on February 1, 2024, on the [ForwardHealth Portal](#).

Date: 10/13/2023

Question: Will I need to be licensed in Wisconsin to enroll in Wisconsin Medicaid?

Answer: Yes, pharmacists must be licensed in Wisconsin in order to enroll in Wisconsin Medicaid.

Date: 10/13/2023

Question: Will I need to enroll in Wisconsin Medicaid to be reimbursed for medical services provided to ForwardHealth members?

Answer: Yes, pharmacists will need to enroll in Wisconsin Medicaid to receive reimbursement for medical services provided.

Date: 10/13/2023

Question: Where do I apply to enroll in Wisconsin Medicaid?

Answer: Providers may enroll in Wisconsin Medicaid by accessing the [Portal](#) and clicking the [Become a Provider](#) link in the Providers quick link box.

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Created: 10/13/2023

Date: 10/13/2023

Question: How long does the application process take?

Answer: Once you start the application process, you will have 10 days to complete and submit your application on the Portal. If you do not complete your application within 10 days, you will need to start the application process over.

Date: 10/13/2023

Question: When will I receive notice of my enrollment status?

Answer: Once a completed application is received, Wisconsin Medicaid usually notifies the provider of their enrollment status within 10 business days after receiving the complete enrollment application, but no longer than 60 days.

Collaborative Practice Agreements

Date: 10/13/2023

Question: I am working under a collaborative practice agreement; do I need to let ForwardHealth know?

Answer: Yes, pharmacists will need to attest if working under a collaborative practice agreement upon enrolling.

Date: 10/13/2023

Question: I am enrolled in Wisconsin Medicaid, and I am now working under a collaborative practice agreement. What do I need to do?

Answer: Pharmacists will need to log in to their Portal account and update the information in Demographic Maintenance.

Date: 10/13/2023

Question: Will I be required to provide my collaborative practice agreement(s) when enrolling in Wisconsin Medicaid?

Answer: No, you will not be required to provide your collaborative practice agreement(s) when enrolling in Wisconsin Medicaid; however, you will need to maintain a copy of the collaborative practice agreement(s) and provide it upon request to the Wisconsin Department of Health Services.

Date: 02/09/2024

Question: Does a physician who has a collaborative practice agreement with a pharmacist need to be enrolled in Wisconsin Medicaid?

Answer: Yes, a provider must be enrolled in Wisconsin Medicaid to provide services to ForwardHealth members. A physician in a collaborative practice agreement with a pharmacist is delegating medical services for the physician's patients. In order for a physician to delegate medical services to a pharmacist for a ForwardHealth member, the physician must be enrolled in Wisconsin Medicaid.

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Created: 10/13/2023

Reimbursement

Date: 05/16/2024

Question: What is the reimbursement rate for pharmacists?

Answer: Pharmacists will be reimbursed for most covered medical services at 90 percent of the physician's rate. Pharmacists will agree to this rate as part of their enrollment process. Refer to the [Physicians, Physician Assistants, and Pharmacists Terms of Reimbursement](#) for more information.

Date: 10/13/2023

Question: I provided services to a ForwardHealth member before I was enrolled. Can I be reimbursed for the services provided?

Answer: No, Wisconsin Medicaid can only reimburse for services provided to ForwardHealth members when the date of service is on or after you become a provider.

Date: 10/13/2023

Question: Are the covered medical services provided by pharmacists covered under the member's pharmacy benefit?

Answer: No, medical services are covered under the member's medical benefit; therefore, pharmacists need to adhere to Medicaid policy and claim submission guidance outlined in the Online Handbook.

Date: 10/13/2023

Question: I provided a medical service to a ForwardHealth member, and after the medical appointment, the member had a prescription to pick up and I consulted the member on their medication. Can I be reimbursed for consulting the member on their medication after their appointment?

Answer: If a member is picking up their medication **after** their medical appointment and you provide a consultation, you may not submit a claim for consultation. Pharmacies are paid a professional dispensing fee, which medication consultation is a part of. If you are providing a medication overview **during** their appointment, you may submit a claim for educational services.

Covered Medical Services and Drugs

Date: 05/16/2024

Question: Will a non-vaccine injectable drug be billed to the medical or pharmacy benefit?

Answer: It may depend on the drug, where the drug is provided, and who is billing for reimbursement of the drug.

Drugs that meet the federal definition of a covered outpatient drug as stated in s. 1927(k)(2) of the Social Security Act are carved out to fee for service for almost all Medicaid members. A covered outpatient drug may have policy allowing it to be billed to fee for service on a pharmacy claim, as a physician-administered drug on a professional claim (1500 Health Insurance Claim form or 837 Health Care Claim: Professional transaction), or in some cases, both.

Note: Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) are provided by the member's managed care organization (MCO).

FAQs About Act 98 Pharmacist as a Provider Project

Created: 10/13/2023

Date: 05/16/2024

Question: What do you mean by carved-out to fee for service?

Answer: Generally, “carve-out policy” refers to services that are provided to managed care members that are billed to and reimbursed by fee-for-service Medicaid.

Carved-out covered outpatient drugs include drugs eligible for coverage under the pharmacy benefit by billing on a pharmacy claim, or drugs eligible for coverage under the medical benefit that are billed by providers as physician-administered drugs on a professional claim (1500 Health Insurance Claim form or 837 Health Care Claim: Professional transaction).

Date: 05/16/2024

Question: Can you explain more about physician-administered drugs and the carve-out policy?

Answer: Physician-administered drugs carve-out policy applies to certain procedure code sets, services, places of service (POS), and claim types. A service is carved out based on the procedure code, POS, and claim type on which the service is submitted. It is important to note that physician-administered drugs may be given in many different practice settings and submitted on different claim types. Whether the service is carved in or out depends on the combination of these factors, not just the procedure code.

Physician-administered drugs typically included in the carve-out policy are billed with Healthcare Common Procedure Coding System (HCPCS) codes such as:

- Drug-related “J” codes.
- Drug-related “Q” codes.
- Certain drug-related “S” codes.

Professional claims (1500 Health Insurance Claim forms or 837 Health Care Claim: Professional transactions) that include provider-administered drugs must be submitted to fee-for-service BadgerCare Plus and Wisconsin Medicaid for fee-for-service members.

Professional claims (1500 Health Insurance Claim forms or 837 Health Care Claim: Professional transactions) for provider-administered drugs must be submitted to fee-for-service BadgerCare Plus and Wisconsin Medicaid for managed care members. Other covered medical services submitted on a professional claim must be submitted to the HMO for managed care members.

Note: Only the HCPCS code representing the covered outpatient drug is carved out to fee for service. For example, injection or infusion administration services submitted with Current Procedural Terminology (CPT) procedure codes that may be associated with a carved-out physician-administered drug would be submitted separately to the HMO for managed care members.

Date: 05/16/2024

Question: Where can I find more information about carved-out drugs covered under the pharmacy benefit or physician-administered drugs?

Answer: For information regarding drugs covered under the pharmacy benefit, providers should utilize tools such as the [Preferred Drug List Quick Reference data table](#), the [Drug Search Tool](#), and the [Pharmacy](#) service area of the [ForwardHealth Online Handbook](#).

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For information on the physician-administered drugs that may be submitted on a professional claim (1500 Health Insurance Claim form or 837 Health Care Claim: Professional transaction), providers may utilize the [Physician-Administered Drugs Resources](#) page of the Portal.

Note: Physician-administered drug policies do not apply to SeniorCare members. SeniorCare members only have coverage of drugs as a prescription drug benefit, vaccines provided in a pharmacy, and pharmacy Medication Therapy Management (MTM) services.

Covered Medical Services

Date: 10/13/2023

Question: Will the medical services provided be billed under the medical benefit or the pharmacy benefit?

Answer: Medical services provided by a pharmacist will be billed to the member's medical benefit.

Date: 10/13/2023

Question: Is this a new benefit that is carved out to fee for service?

Answer: No, this is not a new benefit. Pharmacists are being added as an allowable provider to provide covered medical services to ForwardHealth members. Members receive covered medical services through their medical benefit billed either through fee for service or through their managed care plan.

Date: 10/13/2023

Question: What do I need to do to provide medical services that are outside a pharmacist's scope of practice?

Answer: Pharmacists working under a collaborative practice agreement may provide the medical services that are authorized under that agreement and covered by ForwardHealth.

Date: 10/13/2023

Question: Are there service limitations on the medical services I will be providing?

Answer: Yes, medical services will follow existing ForwardHealth policies. Medical services policies can be found in the [Physician](#) service area of the [Online Handbook](#). Providers may need to consult other service areas of the Online Handbook for service-specific policies.

Date: 10/13/2023

Question: I want to provide smoking cessation services to a ForwardHealth member. Which procedure code would I use?

Answer: Pharmacists should refer to the Tobacco Cessation Drugs and Services topic ([#494](#)) of the Online Handbook for billing information.

Smoking cessation drugs are billed to the member's pharmacy benefit through a pharmacy.

Date: 02/09/2024

Question: How do I find out which medical services are covered for Medicaid-enrolled pharmacists?

Answer: Pharmacists should refer to the [maximum allowable fee schedule](#).

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Created: 10/13/2023

Date: 02/09/2024

Question: Why are medical procedure codes being covered for pharmacists?

Answer: The medical procedures are broad in nature as Wisconsin law grants physicians' broad authority to delegate services to a pharmacist under a collaborative practice agreement.

HMO/Managed Care Organization

Date: 05/16/2024

Question: Could different HMOs or MCOs decide to pay differently or cover fewer services?

Answer: HMOs and MCOs are required to cover the same benefits as fee for service. However, an HMO or MCO may choose who is in-network so it is possible payments could differ between organizations.

Revised: 05/16/2024

Question: Will I need to be credentialed with each HMO and MCO?

Answer: Pharmacists should contact the HMO to learn if the HMO will require a credentialing process.

Date: 10/13/2023

Question: When can I start the credentialing process with HMO and MCO plans?

Answer: Pharmacists may begin the credentialing process with the HMOs and MCOs after they have received confirmation from Wisconsin Medicaid that they are enrolled.

Date: 10/13/2023

Question: Will pharmacists be a monitored provider type for network adequacy requirements?

Answer: No, pharmacists will not be a monitored provider type at this time. Therefore, there is no requirement for time/distance or ratio standards.

Date: 10/13/2023

Question: Will there be a need to include pharmacists in an HMO's provider directory?

Answer: No, ForwardHealth is not requiring pharmacists to be added to an HMO's provider directory; however, an HMO may choose to include pharmacists in their HMO provider directory.

Date: 02/09/2024

Question: Will ForwardHealth be providing guidance to HMOs and MCOs on credentialing of pharmacists?

Answer: No, ForwardHealth will not be providing guidance on the credentialing process for pharmacists. ForwardHealth recommends HMOs and MCOs follow their existing credentialing process for new providers within their organization.

Date: 02/09/2024

Question: Will ForwardHealth verify the pharmacist's license upon their enrollment?

Answer: Yes, licensure verification is part of the enrollment process for new providers.

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Federally Qualified Health Center/Community Health Center

Date: 10/13/2023

Question: Will a pharmacist visit be billable at the prospective payment system encounter rate as a direct or indirect service?

Answer: If a medical service provided during a pharmacist visit is direct or indirect today, it will remain a direct or indirect service when a pharmacist becomes a provider.

Date: 10/13/2023

Question: Will a pharmacist visit be considered a medical visit and, therefore, subject to restrictions on same-day visit types?

Answer: Yes, medical services provided by a pharmacist are considered a medical visit and subject to the same-day visit restrictions.

Date: 10/13/2023

Question: Will a pharmacist visit be considered a behavioral health visit and, therefore, subject to restrictions on same-day visit types?

Answer: Yes, behavioral health services provided by a pharmacist are considered a behavioral health visit and subject to the same-day visit restrictions.

Date: 10/13/2023

Question: Will there be a patient copay for the pharmacist visit?

Answer: No, there are no copays for members in a federally qualified health center/community health center.

Hospital

Revised: 05/16/2024

Question: How should an organization bill for pharmacist services in an inpatient hospital setting?

Answer: Medical services performed by a Medicaid-enrolled pharmacist should be billed on a professional claim separately from the inpatient hospital claim, which is a facility or institutional claim. Pharmacist services will be reimbursed separately from the inpatient claim as described in the [State Plan Attachment 4.19A §7920](#), Wis. Admin. Code § [DHS 107.08\(4\)\(d\)](#), and the Professional Services topic (#13337) of the Online Handbook. The inpatient hospital claim is priced using All Patient Refined Diagnosis Related Group (APR DRG) methodology.

Note: The separation of pharmacist services from the inpatient hospital claim should not be construed to mean that drugs administered to a hospital patient are carved out from DRG reimbursement. Drugs dispensed by a hospital pharmacy for administration to a hospital inpatient are generally facility services and should be billed on an inpatient hospital bill.

Date: 02/09/2024

Question: How should an organization bill for pharmacist services in an outpatient hospital setting?

Answer: Medical services provided by a Medicaid-enrolled pharmacist should be billed on a professional claim when those services are not already included in the technical (that is, facility) charges billed by the

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hospital. Hospitals should follow similar guidelines for billing for physician assistant services in determining whether the pharmacist's services can be billed separately.

Date: 02/09/2024

Question: What are some examples of billing for pharmacist services in a hospital setting?

Answer: Below are billing examples for pharmacists in a hospital setting:

- A Medicaid member is admitted to the hospital as an inpatient and treated for several days while occupying a hospital bed. During the member's stay, a pharmacist on the care team performs a comprehensive medication review. The comprehensive medication review performed by the pharmacist is not included in the DRG reimbursement provided on the hospital claim and should be submitted separately on a professional claim. Medications, room and board, and other hospital costs should be billed on an institutional claim.
- A Medicaid member presents to the hospital for emergency department care and is placed under observation. While the member is under observation as an outpatient, a pharmacist performs a medication review. The pharmacist should bill for the medication review on a professional claim. The hospital should bill the appropriate emergency department level code and all observation hours on an institutional claim.

Business Model

Date: 10/13/2023

Question: Do I need to carry professional and liability insurance?

Answer: ForwardHealth is not requiring pharmacists to carry professional and liability insurance; however, a pharmacist may choose to carry additional insurance.

If you are contracting with an HMO or MCO, you will need to follow the contracting requirements of the HMO or MCO that may require a provider to have additional insurance.

Date: 10/13/2023

Question: Do I need to have written patient consent to provide medical services to a patient?

Answer: ForwardHealth is not requiring a pharmacist-specific consent form. However, there are certain situations when a patient receiving services is required to provide written informed consent. For example, the patient understands, writes, and signs a statement declaring they agree to a treatment. The patient must sign by choice. It is a provider's responsibility to comply with any state or federal obligation to obtain a patient's informed consent. It is also the provider's responsibility to know when patient consent is needed.

Date: 10/13/2023

Question: Does ForwardHealth require appointments?

Answer: ForwardHealth does not require pharmacists to have appointments with members in order to provide a service. You may want to consider setting up your own appointment schedules.

Providers can refer to the Provider Enrollment and Ongoing Responsibilities and Member Information sections of the Online Handbook for ForwardHealth policies related to topics such as ongoing responsibilities, provider and member enrollment, and documentation.

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Resources

Date: 10/13/2023

Question: What are some helpful ForwardHealth resources that I may be interested in?

Answer: Helpful resources include the following:

- [Act 98 Pharmacist as a Provider Project](#) page
- [Portal](#)
- [Maximum allowable fee schedules](#)
- [Online Handbook](#)
- [Training Resources](#) page

Date: 10/13/2023

Question: How can I contact ForwardHealth if I have questions?

Answer: You can call the Provider Services call center at 800-947-9627. Available Monday–Friday, 7 a.m.–6 p.m. (Central time, with the exception of state-observed holidays).

Providers can call Provider Services for enrollment, policy, and billing questions.