

ForwardHealth **UPDATE**

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information



COVERAGE POLICY FOR MEDICAID-ENROLLED PHARMACISTS

Effective for dates of service on and after July 1, 2024, pharmacists enrolled with Wisconsin Medicaid as a provider under 2021 Wisconsin Act 98 may begin to provide and submit claims for covered services.

2021 Wisconsin Act 98 grants the Wisconsin Department of Health Services (DHS) authority to reimburse licensed pharmacists for services delegated to them by a physician through a collaborative practice agreement (CPA) or for services that are within the pharmacist's scope of practice.

Pharmacists were authorized to begin enrolling as allowable providers with Wisconsin Medicaid beginning March 1, 2024.

This ForwardHealth Update covers the following topics related to pharmacists:

- [Collaborative Practice Agreement Policy](#)
- [Clinical Laboratory Improvement Amendments](#)

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Adult Mental Health Day Treatment Providers, Advanced Practice Nurse Prescribers With Psychiatric Specialty, Community Health Centers, Hospital Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's-Level Psychotherapists, Nurse Practitioners, Nurse Midwives, Nurses in Independent Practice, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Pharmacies, Pharmacists, Physician Assistants, Physician Clinics, Physicians, Psychologists, Rural Health Clinics, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

- [General Policy](#)
- [Covered Medical Services](#)
- [Reimbursement for Covered Medical Services](#)
- [Noncovered Medical Services](#)
- [Process for Requesting Medical Services Coverage Consideration](#)
- [Claim Submission](#)
- [Pharmacy Provider Policies Unaffected](#)
- [Additional Information for Pharmacist Providers](#)

Collaborative Practice Agreement Policy

A CPA is a formal agreement between a physician (as described in Wis. Stat. § [448.01\[5\]](#)) and a pharmacist. A physician delegates to a pharmacist the authority to provide services that would typically be provided by the physician. Delegated services may be for select patients, or a select group or groups of patients (such as all patients who have high blood pressure). The physician is ultimately responsible for the services the pharmacist provides to the physician's patients.

The services delegated and overall composition of CPAs may vary. Because of the variation, the CPA policy is broken into two parts, required and recommended, with an **overarching policy that both the physician and the pharmacist must be enrolled in Wisconsin Medicaid**. The CPA is required to be on file with the providers and must be made available at the request of DHS.

Pharmacists are required to update their demographic maintenance information with any changes related to CPA status. Refer to the Keeping Information Current topic ([#217](#)) of the ForwardHealth Online Handbook for more information.

For details about updating information using the demographic maintenance tool, refer to the [ForwardHealth Portal Demographic Maintenance Tool User Guide](#).

Requirements

The CPA must include the following:

- The name and license number of any physician who is delegating services to the pharmacist
- The name and license number of the pharmacist who is entering into the agreement

The information provided in this ForwardHealth Update is published in accordance with 2021 Wisconsin Act 98.

- The specific timeframe, not to exceed three years, for which the agreement is in effect
- The patient or groups of patients eligible to receive delegated services under the agreement, including any patient inclusion or exclusion criteria
- The delegated services that the pharmacist may perform
- A process for the physician or designee of the physician to monitor compliance with the delegation agreement by the pharmacist
- A process for how the delegated services provided by the pharmacist will be documented or included in the patient's health record
- The signature and date of any physician delegating services
- The signature and date of the pharmacist entering into the agreement

The physician(s) and pharmacist(s) are required to review the CPA and it must be renewed no later than every three years for the pharmacist(s) to continue providing delegated services. Payments for services provided by a pharmacist without a current CPA may be recouped.

Additional Recommendations

In addition, the CPA may include any of the following:

- A process for reviewing, revising, or renewing the CPA
- A method for terminating the CPA
- Guidelines for referring the patient back to the physician
- A process for the physician to provide feedback and quality assurance to the pharmacist
- Guidelines for communication and documentation between the pharmacist and the physician
- Guidelines for documentation retention of services provided by the pharmacist
- A description for additional training the physician is requiring of the pharmacist

Pharmacists who receive Medicaid reimbursement for delegated services:

- May be subject to audit at any time.
- Are required to retain relevant documentation supporting adherence to program requirements and produce it for and/or submit it to ForwardHealth upon request.

ForwardHealth may deny or recoup payment for services that fail to meet program requirements.

REMINDER

Providers are required to keep CPAs current and on file, and they must be produced upon request.

Clinical Laboratory Improvement Amendments

The Clinical Laboratory Improvement Amendments (CLIA) is a federal program administered by the Centers for Medicare & Medicaid Services.

Pharmacists can perform CLIA-waived testing as there are no testing personnel requirements for providers who perform waived testing.

Pharmacists should ensure their practice location has obtained CLIA certification, including paying the fee and receiving the actual CLIA certification, before performing and billing for CLIA-waived testing. CLIA certification cannot be backdated, so any tests that have been performed before the practice location obtains CLIA certification are considered noncovered services and are not reimbursable by ForwardHealth.

Pharmacists who wish to pursue CLIA certification for their practice location should refer to the DHS [Clinical Laboratory Improvement Amendments \(CLIA\): Application/Certification and Fee Payment](#) page or the CLIA Certification or Waiver topic ([#899](#)) for more information.

General Policy

Pharmacists should refer to the appropriate service area (such as [Physician](#) or [Pharmacy](#)) of the Online Handbook for policies related to the covered services provided to ForwardHealth members.

Pharmacists are required to follow all ForwardHealth policies (for example, prior authorization [PA] requirements, age restrictions) and procedures (such as claim submission) in the Online Handbook.

Covered Medical Services

Effective July 1, 2024, enrolled pharmacists will be able to render and/or bill for covered medical services that are not the typical pharmacy services included under the covered outpatient drug pharmacy benefit (for example, drug dispensing or drug consultation typically covered by a professional dispensing fee). Refer to the [maximum allowable fee schedule](#) for a list of allowable covered services and reimbursement rates. Examples of covered services include:

- Non-vaccine drug administration
- Chronic disease state management
- Member education and training
- Physician-delegated services via a CPA

The information provided in this ForwardHealth Update is published in accordance with 2021 Wisconsin Act 98.

Smoking Cessation

As a result of pharmacists enrollment as providers, ForwardHealth has revised the policy for smoking cessation to include pharmacists.

Tobacco cessation services can be reimbursed when provided by a pharmacist.

When submitting claims for tobacco cessation services, pharmacists should indicate the following appropriate Current Procedural Terminology (CPT) procedure code on the claim:

- 99406 (Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes)
- 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes)

Services must be performed one-on-one, face-to-face between the provider and the member. Group sessions or phone conversations between the provider and member are not covered under evaluation and management procedure codes.

Reimbursement for Covered Medical Services

Reimbursement for services provided by a pharmacist will be made as a percentage of a physician's payment. Payment will be made at the lesser of the usual and customary charge or no more than 90 percent of the physician fee for that procedure. Certain services are exceptions to the rule and will be paid at the full physician fee including immunization injections, HealthCheck visits, and select diagnostic procedures.

Pharmacists should refer to the [fee schedule](#) for updated reimbursement rates.

Noncovered Medical Services

ForwardHealth will not reimburse noncovered services as defined in Wis. Admin. Code § [DHS 107.03](#). Other examples of noncovered services for pharmacists include:

“Reimbursement for services provided by a pharmacist will be made as a percentage of a physician's payment. Payment will be made at the lesser of the usual and customary charge or no more than 90 percent of the physician fee for that procedure. Certain services are exceptions to the rule and will be paid at the full physician fee including immunization injections, HealthCheck visits, and select diagnostic procedures.”

The information provided in this ForwardHealth Update is published in accordance with 2021 Wisconsin Act 98.

- Services in which ForwardHealth policy was not followed
- Services provided outside the pharmacist's scope of practice unless they were delegated by a physician through a valid CPA
- Services provided under an invalid CPA (for example, when the effective dates have expired)

Process for Requesting Medical Services Coverage Consideration

If a provider or individual is interested in requesting coverage consideration under the medical benefit for procedures, devices, and treatments, a proposal can be submitted through the Dossier process. Interested parties can navigate to the [DHS website](#) to fill out the [online request](#) form and attach all required materials. DHS will then review these requests. This review can take up to 120 days. If approved, the policy development process can take six–18 months.

Note: ForwardHealth only considers coverage for services that have a permanent procedure code (CPT Level I or II). Emerging technologies, services, and procedures assigned temporary procedure codes (CPT level III) cannot be considered.

Claim Submission

Providers are responsible for the accuracy, truthfulness, and completeness of all claims submitted either by the provider or an outside billing service or clearinghouse.

ForwardHealth requires that all codes indicated on claims and PA requests be valid including:

- Diagnosis codes
- Revenue codes
- Healthcare Common Procedure Coding System (HCPCS) codes
- Health Insurance Prospective Payment System (HIPPS) codes
- CPT codes

Claims received without valid diagnosis codes, revenue codes, and HCPCS, HIPPS, or CPT codes will be denied, and PA requests received without valid codes will be returned to the provider. Providers should refer to current national coding and billing manuals for information on valid code sets.

The information provided in this ForwardHealth Update is published in accordance with 2021 Wisconsin Act 98.

Claims must be billed using the 1500 Health Insurance Claim Form or the electronic 837 Health Care Claim: Professional transaction for professional claims.

Pharmacy Provider Policies Unaffected

The following policies related to Medicaid-enrolled **pharmacy** providers remain unchanged as a result of **pharmacists** being enrolled as a provider.

Medication Therapy Management

The Medication Therapy Management (MTM) benefit consists of a comprehensive medication review and assessment, which is a private consultation between the pharmacist and a member to review the member's drug regimen.

The MTM benefit is not changing due to Act 98. Providers should continue to follow the existing MTM policy found in An Overview of Medication Therapy Management topic ([#14477](#)).

A separate office visit should not be billed for a covered MTM service visit.

Vaccine Services Provided in a Pharmacy

ForwardHealth reimburses vaccine services provided in a pharmacy on a fee-for-service basis for both children (18 years of age and younger) and adult members even if they are enrolled in a state-contracted HMO or managed care organization (MCO).

Billing for vaccine services is not changing as a result of Act 98. Providers should continue to submit professional claims for vaccines administered to Wisconsin Medicaid and BadgerCare Plus members. Providers may not submit compound or noncompound drug claims for administered vaccines. Providers should refer to the Vaccines topic ([#12457](#)) for more information.

Additional Information for Pharmacist Providers

Dual Eligibles

Pharmacists should refer to the Online Handbook for ForwardHealth policies regarding dual-eligible members and should refer to Medicare guidance for Medicare policy. Pharmacists must adhere to claim submission requirements of both programs. Members cannot be charged for covered services when performed by the wrong provider type. Refer to the Member Payment for Covered Services topic ([#86](#)) for more information.

The information provided in this ForwardHealth Update is published in accordance with 2021 Wisconsin Act 98.

Federally Qualified Health Centers

Tribal and non-tribal federally qualified health centers (FQHCs), also known as community health centers, can generally receive payment for one encounter per day, per member for covered services each for medical, dental, and behavioral services.

Multiple encounters with the same health professional that take place on the same day at a single location for treatment of the same health condition or diagnosis constitutes a single encounter **unless** the member suffers illness or injury that requires additional diagnosis or treatment **after** the first encounter.

If a member visits a physician and a dentist on a single day, those visits will be classified as two encounters. However, if a member visits a physician and a pharmacist on a single day, those visits will be classified as a single encounter.

If the billing provider is the FQHC itself and the rendering provider is the pharmacist, an FQHC may bill for covered medical services provided by the FQHC's pharmacist. However, because the pharmacist is providing medical services, the one payer per service per day rule still applies. When all conditions are met, the Prospective Payment System (PPS) rate would apply.

If an FQHC adds pharmacy services to their practice, they may qualify for a change in scope that may increase their PPS rate.

Rural Health Clinics

Wisconsin Medicaid requires certain information to enable the programs in Wisconsin Medicaid to certify providers and to authorize and pay for medical services provided to eligible members. Providers are required to submit information to DHS for a settlement determination and payment to take place.

ForwardHealth has revised and renamed the voluntary Rural Health Clinic Reclassification and Adjustment of Trial Balance Expenses form, F-11023 (10/2016). The form has been renamed the Cost Report for Provider-Based Rural Health Clinics form, F-11023 (06/2024). Rural health clinics should use the revised voluntary form immediately.

Providers should report pharmacist and pharmacy services on the following lines on the revised form:

- Line 6—Pharmacist—Use this line to report costs related to the medical services provided to members by a **pharmacist**.

The information provided in this ForwardHealth Update is published in accordance with 2021 Wisconsin Act 98.

- Line 44—Pharmacy—Use this line to report costs related to services provided to members by a **pharmacy** (such as drug dispensing).

The form and instructions can be found by searching for the form number on the [Forms](#) page of the ForwardHealth Portal.

Resources

Providers are encouraged to use the various resources intended to help them succeed in doing business with ForwardHealth.

Act 98 Pharmacist as a Provider Project Page

Providers can refer to the [Act 98 Pharmacist as a Provider Project](#) page of the Portal for updates and other information including policy-related FAQs regarding the project. The page includes general information as well as links to other important information such as partner meetings and resources. ForwardHealth will be discontinuing this page on September 30, 2024. Pharmacists should refer to the Online Handbook for current policies.

Portal Messaging and Email Subscription

ForwardHealth sends Portal account messaging and email subscription messaging to notify providers of newly released Updates.

Providers who have established a secure ForwardHealth Provider Portal account will automatically receive notifications from ForwardHealth in their Portal Messages inbox.

Providers and other interested parties may also [register](#) to receive email subscription notifications. Refer to the [ForwardHealth Portal Email Subscription User Guide](#) for instructions on how to sign up for email subscriptions.

Provider Services

Provider Services is organized to include program-specific and service-specific assistance to providers. For answers to enrollment and policy questions, providers should call Provider Services at 800-947-9627.

As a supplement to Provider Services, WiCall is an automated voice response system that allows providers direct access to claim status, enrollment verification, PA status, and provider CheckWrite information. Providers can reach WiCall at 800-947-3544 and press “1” to begin.

QUICK LINKS

- [Portal](#)
- [Provider Enrollment Information](#) homepage
- [Act 98 Pharmacist as a Provider Project](#) page
- [Trainings](#) page
- [Forms](#) page
- Keeping Information Current topic ([#217](#))
- CLIA Certification or Waiver topic ([#899](#))
- An Overview of Medication Therapy Management topic ([#14477](#))
- Vaccines topic ([#12457](#))
- Member Payment for Covered Services topic ([#86](#))
- A Comprehensive Overview (Physician Services) topic ([#646](#))
- A Comprehensive Overview (Evaluation and Management Services) topic ([#481](#))
- Telehealth Policy topic ([#510](#))

The information provided in this ForwardHealth Update is published in accordance with 2021 Wisconsin Act 98.

Training

Pharmacists can go to the [Trainings](#) page of the Portal for additional information. There is an [enrollment training](#) and [checklist](#) that can be used as additional help when enrolling in ForwardHealth.

DHS recommends pharmacists review the following trainings in preparation for billing covered medical services:

- [Portal Basics for New Users](#)
- [Options for Electronic Claims Submission Training](#)
- [Provider Electronic Solutions Claim Submission Software Training](#)
- [Overview of Security Enhancements to the ForwardHealth Portal](#) (7 minutes, 4 seconds)
- Interactive Maximum Allowable Fee Schedule
 - [How to Search the Interactive Maximum Allowable Fee Schedule](#) (14 minutes, 48 seconds)
 - [Understanding Search Results Using the Interactive Maximum Allowable Fee Schedule](#) (9 minutes, 37 seconds)

DHS also recommends pharmacists review the following trainings:

- Office of the Inspector General Trainings:
 - [Module 1: Office of the Inspector General Overview](#) (7 minutes, 54 seconds)
 - [Module 2: Provider Fraud, Waste, and Abuse in the Wisconsin Medicaid Program](#) (14 minutes, 26 seconds)
 - [Module 3: Wisconsin Medicaid Enrollment Tips for Providers](#) (16 minutes, 35 seconds)
 - [Module 4: Wisconsin Medicaid Self-Audit Tips for Providers](#) (17 minutes, 27 seconds)
- [Wisconsin Department of Health Services: Payment Integrity Review Program](#) (13 minutes, 14 seconds)

Updates and Online Handbook

Updates are the first sources for provider information and announce the latest information on policy and coverage changes.

Changes to policy information are typically included in the [Online Handbook](#) in conjunction with published Updates. Pharmacists are required to follow all existing policies and procedures detailed in the Online Handbook.

NEVER MISS A MESSAGE

Stay current on policies and procedures by signing up for Portal text messages or email alerts! These alerts let providers know when there is a new secure Portal message. Go to the **Message Center** on the secure Portal and click **Notification Preferences**. Section 12.4 of the [ForwardHealth Provider Portal Account User Guide](#) has detailed instructions.

The information provided in this ForwardHealth Update is published in accordance with 2021 Wisconsin Act 98.

User Guides and Instruction Sheets

[Portal user guides and instruction sheets](#), including the [ForwardHealth Portal Demographic Maintenance Tool User Guide](#), give step-by-step instructions on how to work through various functional areas of the Portal.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

Pharmacists must be enrolled in ForwardHealth as a provider and contact each MCO to learn the contracting and credentialing requirements for payments from the MCO. For information about managed care implementation, contact the appropriate MCO.

IN THE KNOW

Stay current by [signing up](#) for ForwardHealth's email subscription service. Select from a list of service areas to receive policy, training, and benefit information specific to those areas.

The information provided in this ForwardHealth Update is published in accordance with <<insert relevant citations from CE here>>

This Update was issued on June 14, 2024, and information contained in this Update was incorporated into the Online Handbook on July 1, 2024.

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.