



OHIO PHARMACISTS ASSOCIATION

2674 Federated Blvd., Columbus, OH 43235 • Phone: (614) 389-3236 • Fax: (614) 389-4582

**Provider Status Bootcamp Schedule**

Thursday, April 10, 2025

Hilton Columbus Downtown

1 – 5 pm

Topic	Explanation	Time
<b>Welcome and Introduction</b>	Registration and Check - In	10 min
<b>Transforming practice site</b> <i>Stu Beatty</i>	What is needed to make clinical services work at your site	40 min
<b>Q&amp;A</b>	Time for questions	5 min
<b>Breakout</b>	Break into clinical roundtables: <ul style="list-style-type: none"><li>- Diabetes care</li><li>- Cardiovascular care</li><li>- Nicotine dependence</li><li>- Point of Care Testing/Wellness</li></ul>	40 min
<b>Break</b>		10 min
<b>Ohio Law Overview</b>	Law review of provider status in Ohio	10 min
<b>Billing Codes</b> <i>Cory Coffey</i>	Overview of codes available to bill in Ohio and billing guidance	20 min
<b>Documentation</b> <i>Stu Beatty</i>	Review of necessary components needed for justification and audits	10 min
<b>Billing Platforms</b> <i>Stu Beatty</i>	Introduce what to look for to allow medical billing	10 min
<b>Q&amp;A</b>	Time for questions	5 min
<b>Break</b>		10 min
<b>Next steps</b> <i>Stu Beatty</i>	Discuss places for additional training on service development, billing	10 min
<b>Happy Hour Credentialing/contracting time</b>	Network and visit with Payors to help set up credentialing/contracting	60 min
<b>Adjourn</b>		



# Welcome!

## Provider Status Bootcamp

April 10, 2025  
Columbus, OH

1



## Thank you to our sponsors!






2

2



## Bootcamp Ground Rules

- Cover the agenda topics but be flexible to maximize benefit for YOU.
  - Introductions
  - Questions and interactions allowed
  - We are all here to learn and share :)
  - Join the breakout group of your choosing
  - Leave with YOUR next-steps (large or small!)
  - Additional Resources will be provided

3



## Agenda

- Introduction
- Transforming Practice Site
- Breakout Groups
- Billing Codes
- Documentation
- Billing Platforms
- Next Steps
- Networking/Credentialing

4

4



## Introductions

5



## I. Practice Site Transformation

6

6

## Pharmacy Practice Transformation

- Pharmacy team roles have evolved over time
- Change management is key when building a new service



7

7

Moving beyond filling prescriptions at a moment in time, to caring for patients over time.

Flip the Pharmacy is a practice transformation initiative that aims to "flip" community-based pharmacies away from point-in-time, prescription-level care processes and business models to longitudinal and patient-level care processes and business models.

The initiative focuses on identifying and adopting best practices for workflows that promote delivery of enhanced clinical services.



8

8

## Team Evaluation

Evaluate your current workflow

- Who does what
- Who does too much
- Who doesn't do enough
- What needs to change

At your setting, evaluate the following:

- Job descriptions vs. actual tasks
- Optimization of each staff role
- Capacity and interest in new tasks and growth



9

9

## Workflow Change – Patient Visit

Create a workflow plan

- Create a plan for a patient coming in for a visit
- Have everything prepared from pre-visit preparation to post-visit evaluations
- Share the plan with the team as you prepare to receive your first patients



10

10

## Workflow Process Chart



11

11

## Sustaining Clinical Services

Checkpoints:

- Debrief after launch
- Check in with patients (those that like new service and those that don't)
- Re-evaluate and re-assign roles if needed

*Identify early adopters on your team and empower them to influence others*



12

12

## Sustaining Clinical Services

Team Role Transitions

- Administrative – credentialing, contracting, adjudication
- Marketing – how to identify
- Team structure
  - Multi-pharmacist teams: Each pharmacist should gain expertise (disease states, first visit, follow up visits)
  - Smaller pharmacist teams: Delegation of tasks
- Scheduling



13

## Goal Setting

Staff Goal Setting

- Important for engagement
  - Patient recruitment
  - Appointment coordination
  - Patient visit preparation/follow up



14

## Place to Start: Identify Gaps in Care

- Most Payers now have components of value-based care in contracts with health-systems/providers
  - Capitation (e.g., PMPM)
  - Pay-for-performance
  - Shared savings
- Tied into provider performance/reimbursement
- Practices, Payers, and health departments are using dashboards
  - Helpful to identify gaps in care



15

## Dashboard Example

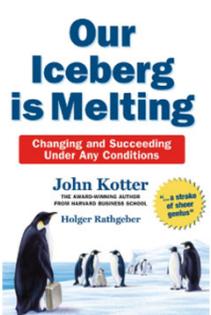
	Panel Size*	Annual wRVU**	Third Next Available Appointment (TNAA)***	A1c <9%	HTN control	Pneumovax rate for age >65 yo
Goal		5100	7 days	64%	62%	77%
Provider A	2700	7922	13 days	62%	68%	64%
Provider B	3500	11281	32 days	48%	60%	72%
Provider C	1200	2971	3 days	74%	78%	42%
Provider D	2000	4954	7 days	72%	74%	72%

Available at: <http://www.zhamacjit.org/pdfs/FINAL%20PHITS%20WG%20RVU.pdf>



16

## Change Management




17

## Meet the Penguins

Louis	Patient, wise, respected leader
Fred	Curious, observant, creative, not a large voice
Alice	Tough, pragmatic, problem-solver; sometimes impatient
Professor	Intellectual, analytical; lectures people
Buddy	Trusted, popular, well-liked; doesn't typically generate idea
Sally/Scouts	Buys in, volunteers, rallies others
NoNo	Negative, change averse, antagonistic



18

## Kotter's Principles of Change

Urgency	PBMs, Healthcare costs, primary care shortage
Pull Together	Transparency; concerns
Vision and Strategy	Decide on service; set deadlines; establish roles
Communicate	Dedicated meetings for transformation
Empower	IDEA board; share what will work and TRY IT
Short-Term	Set goals and deadlines (credentialing, 1 <sup>st</sup> patient)
Don't Quit	Restructure roles, templates, workflows
New Culture Created	All staff helping recruit for new service(s)

19

19

## The New Normal

Where we have to live

Our Comfort Zone

20

20

## II. Break

10 minutes

21

21

## NICOTINE USE DISORDER CERTIFICATE PROGRAM PROMOTION

**FREE**

Only On For Annual Conference Attendees!

This home study is designed to give pharmacists the expertise to help patients successfully quit smoking or using tobacco.

- 8 hours of CE credit
- Tools to confidently integrate nicotine cessation into your practice
- A certificate to showcase your expertise in tobacco cessation

USE THE DISCOUNT CODE:  
**OPAFREE4U**  
VALID UNTILL MAY 11, 2025

Act Fast — Limited-time Offer!

22

22

## III. Breakout Groups

Pick a clinical area of expertise and discuss ways to jumpstart a clinical service.

23

23

## Breakout – 40 minutes

Select a table based on the service you are most interested in starting:

- Cardiovascular (e.g, hypertension)
- Diabetes
- Nicotine dependence
- POC testing/Wellness

24

24

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PROVIDER STATUS  
enrollment

## IV. Break

*10 minutes*

25

25

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## THE PHARMACIST PROVIDER

**Want more in-depth training?**  
OPA members can enroll in the Provider Status certificate program

Member rate **\$499**  
Bootcamp promotional rate **\$349**  
Use Discount Code: **bootcamp**

[www.thepharmacistprovider.com](http://www.thepharmacistprovider.com)



26

26

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## V. Ohio Law Overview

27

27

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enrollment

## Healthcare Payment



**PBM Reform**



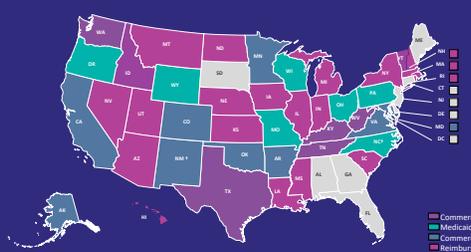
**Pharmacist Provider Status**

This Photo by Unknown Author is licensed under CC BY-NC

28

28

### Payment for Pharmacists' Services in the States\*



\*Number of states where pharmacists are receiving reimbursement for direct or supervised-of-other-pharmacist care services. Not intended to be a comprehensive representation. Pharmacists' reimbursement for a broad scope of services is largely tied to the requirement of being an advanced practice pharmacist.

**APHA**

*For Every Pharmacist. For All of Pharmacy.*

29

29

**OPA**  
PROVIDER STATUS  
enrollment

## VI. Billing Codes



30

30

## Billing Terminology Basics

- E/M: evaluation and management
- MDM: medical decision making
- CPT: current procedural terminology
- ICD: international classification of diseases
- HCPCS: healthcare common procedure coding system
- NPI: national provider identifier
- PFS: physician fee schedule

31

## Billing Disclaimer

- Codes and payment released annually by CMS
  - States and private insurance base payment off CMS rate
  - States and private insurance can determine eligibility criteria
- Rules/regulations for code requirements should always be reviewed by the individual provider using the code
- Payment listed is public for Medicare and Medicaid rates
- Documentation must accurately reflect the service provided

32

## Evaluation and Management (E/M)

- Cognitive services by healthcare professional(s) in diagnosing and treating illness or injury
- Most common set of codes utilized in outpatient medicine
- Establish/new patient visit (9920x) reimburse higher
- Codes may be determined by medical decision making (MDM) or time-based

	New Patient Codes	Established Patient Codes
		99211
	99202	99212
	99203	99213
	99204	99214
	99205	99215

Available at: <https://www.cms.gov/medicare/physician-fee-schedule/search?Y1=0&T=4&HT=C&CT=1&H1=99211&H2=99215&C=5&M=4>

33

## Medical Decision Making (MDM)

**Final Determination Table for Medical Decision Making**  
To arrive at the final level of exam, 2 of 3 components (problems, data and risks) must meet or exceed the same level of complexity (straightforward, low, moderate or high).

COMPONENT	STRAIGHT-FORWARD	LOW	MODERATE	HIGH
Number and/or Complexity of Problems Addressed at the Encounter	Minimal 1 self-limited or minor problem	Low 2 or more self-limited or minor problems; Or 1 stable chronic illness; Or 1 acute, uncomplicated illness; Or 1 acute, acute illness; Or 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Moderate 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; Or 2 or more stable chronic illnesses; Or 1 undiagnosed new problem with uncertain prognosis; Or 1 acute illness with systemic symptoms; Or 1 acute complicated injury	High 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; Or 1 acute or chronic illness or injury that poses a threat to life or body function
Amount and/or Complexity of Data to be Reviewed and Analyzed	Minimal or none	Limited 1 of 2 categories must be met Category 1: Tests, documents, or independent historical(s). Any combination of 2 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test Category 2: Independent interpretation of tests performed by another physician/GHP (not separately reported); Or Category 2: Discussion of management or test interpretation with external physician/GHP/appropriate source (not separately reported)	Moderate At least 1 of 3 Categories must be met Category 1: Tests, documents, or independent historical(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historical(s) Category 2: Independent interpretation of tests performed by another physician/GHP (not separately reported); Or Category 2: Discussion of management or test interpretation with external physician/GHP/appropriate source (not separately reported)	Extensive 2 of 3 categories must be met Category 1: Tests, documents, or independent historical(s). Any combination of 3 from the following: • Review of prior external note(s) from each unique source • Review of the result(s) of each unique test • Ordering of each unique test • Assessment requiring an independent historical(s) Or Category 2: Independent interpretation of tests performed by another physician/GHP (not separately reported); Or Category 2: Discussion of management or test interpretation with external physician/GHP/appropriate source (not separately reported)
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34

## Medical Decision Making (MDM)

**MODERATE**  
Moderate  
1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;  
Or 2 or more stable chronic illnesses;  
Or 1 undiagnosed new problem with uncertain prognosis;  
Or 1 acute illness with systemic symptoms;  
Or 1 acute complicated injury

**Moderate**  
At least 1 of 3 Categories must be met  
Category 1: Tests, documents, or independent historical(s). Any combination of 3 from the following:  
• Review of prior external note(s) from each unique source  
• Review of the result(s) of each unique test;  
• Ordering of each unique test;  
• Assessment requiring an independent historical(s)  
Or Category 2: Independent interpretation of tests performed by another physician/GHP (not separately reported);  
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**Moderate**  
Moderate risk of morbidity from additional testing or treatment.  
Examples only:  
• Prescription drug management  
• Decision regarding minor surgery with identified patient or procedure risk factors  
• Decision regarding elective major surgery without identified patient or procedure risk factors  
• Decision on treatment significantly limited by social determinants of health

35

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Visit billed as 99214

36

## Medical Decision Making (MDM)

**MDM element: Number and complexity of problems addressed** Or pharmacist! Dependent on payer and contracting

**Q. The physician sees an established patient, who has uncontrolled type 2 diabetes mellitus (T2DM), with hyper- and hypoglycemic episodes. Depending on where this falls under the number of complexity and problems addressed in medical decision making (MDM), would it be appropriate to report a higher-level evaluation and management (E/M) code (e.g., 99214 or 99215)?**

A. The Current Procedural Terminology (CPT) E/M MDM table identifies "one or more chronic illnesses with severe exacerbation, progression or side effects of treatment" as qualifying for a high-level for number and complexity of problems addressed at the encounter. It is commonly known that patients with uncontrolled T2DM typically have such episodes periodically, and other related conditions or comorbidities as a result, which must be considered and managed as well.

Therefore, it is incumbent upon the clinician to properly evaluate a patient and to assign the appropriate level of E/M services code for that visit, based either on meeting MDM guidelines or documented time spent on the date of the encounter. Based on the scenario described in the question, a higher-level E/M visit code may be appropriate according to the criteria of the MDM element identified.

<https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management-em-revisions-faqs>

37

## Time-Based Billing

- AMA changes in January '21 allowing E/M to be either MDM or time-based
  - Emphasis to spend time with patient, not documenting
- Billing for total time when >50% care coordination or patient counseling
  - Time with patient, documenting, review of labs, history, etc.
  - Can not include time on administrative tasks
  - Total time on day of the encounter

38

## Evaluation and Management (E/M)

CPT Code	Requirements
99211	Outpatient office visit, <10 min
99212	Outpatient office visit, 10-19 min
99213	Outpatient office visit, 20-29 min
99214	Outpatient office visit, 30-39 min
99215	Outpatient office visit, 40-54 min

Available at: <https://www.cms.gov/medicare/physician-fee-schedule/search?y=0&T=4&HT=2&CT=1&H1=99211&H2=99215&C=56&H=5>

39

## Telehealth

- NEW IN 2025!
- Time based codes established for audio visits as well as audio-video visits
  - Audio-Video- 98000-98007
  - Audio only- 98008-98015
- Use same time-based criteria as E/M office codes

Established Office E/M	Established Audio-Video	Established Audio-Only	Time
99212	98004	98012	10-19 min
99213	98005	98013	20-29 min
99214	98006	98014	30-39 min
99215	98007	98015	40+ min

40

## Other Codes for Pharmacy Consideration

- Transitional Care Management (TCM)
- Chronic Care Management (CCM)
- Remote Patient Monitoring (RPM)
- Remote Therapeutic Monitoring (RTM)
- Diabetes Self-Management Education
- Diabetes Prevention Program
- POCT testing
- Device teaching
- Smoking cessation
- Anticoagulation Management
- Annual Wellness Visit
- Medication Administration
- Vaccine Administration

New codes added every year!  
270 new codes in 2025 alone

Available at: <https://www.cms.gov/medicare/physician-fee-schedule/search?y=0&T=4&HT=2&CT=1&H1=99211&H2=99215&C=56&H=5>

41

## Applying Billing Principles

**Pharmacy Behavioral Health Collaborative Practice Agreement Follow-up**

**Insurance Coverage:** OH Medicaid

**Pharmacist Visit:** Scheduled phone follow up

**CPA Service:** Yes, depression

Total Time: 16 min

A. 99212  
B. 99442  
C. 98004  
D. 98012

42

42

## Telehealth

**OPA**  
 PROVIDER STATUS  
 Element

Use same time-based criteria as E/M office codes

Established Office E/M	Established Audio-Video	Established Audio-Only	Time
99212	98004	98012	10-19 min
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43

## Medical Decision Making (MDM)

**OPA**  
 PROVIDER STATUS  
 Element

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44

## Applying Billing Principles

**OPA**  
 PROVIDER STATUS  
 Element

**Insurance Coverage:**  
OH Medicaid

**Pharmacist Visit:**  
Scheduled video follow up

**CPA Service:**  
Yes, diabetes and hypertension

Total Time (video):  
24 min

A. 98005  
B. 99212  
C. 98013  
D. 99213

**OPA**  
 PROVIDER STATUS  
 Element

45

## Telehealth

**OPA**  
 PROVIDER STATUS  
 Element

Use same time-based criteria as E/M office codes

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46

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47

## Provider Status Impact

Determine percent change in:

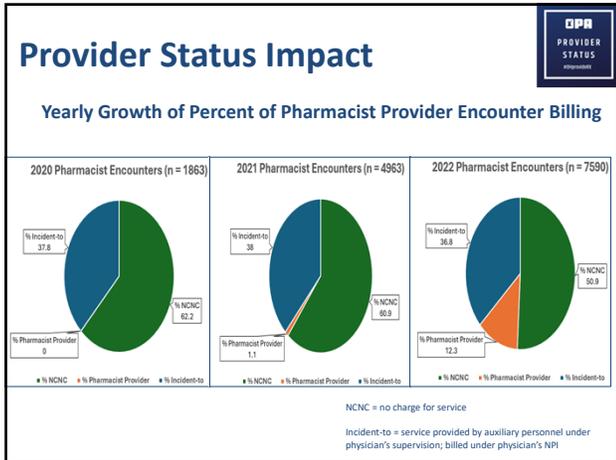
pharmacist-provided services that were billed and reimbursed before (2020) and after (2021-2022) provider status implementation in a network of primary care clinics

pharmacist-provided services that were billed incident to vs. pharmacist as provider before (2020) and after (2021-2022) provider status implementation in a network of primary care clinics

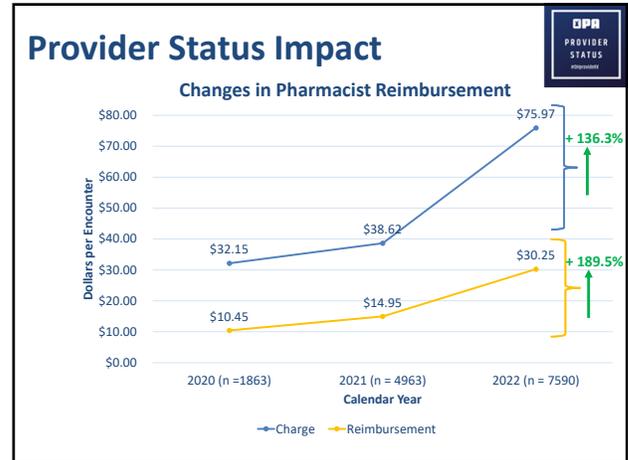
reimbursement per encounter as a result of pharmacist-provided services before (2020) and after (2021-2022) provider status implementation in a network of primary care clinics

Coffey CP, et al. Reimbursement for services provided by clinical pharmacists in primary care: Description of changes over time in an academic primary care network in Ohio following the recognition of pharmacists as providers. *American Journal of Health-System Pharmacy*, 2025; xzaf021. <https://doi.org/10.1093/ajhp/zza021>

48



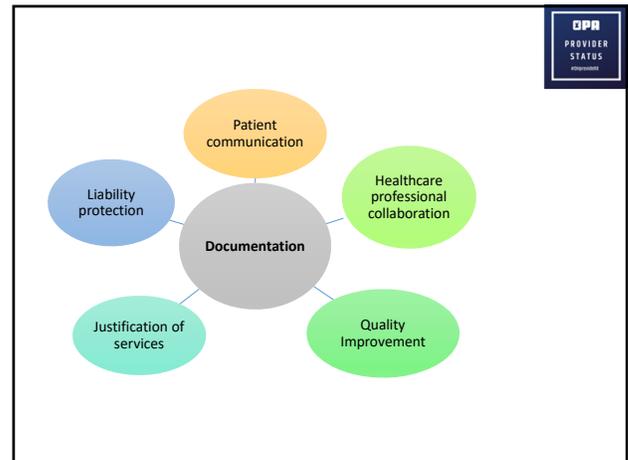
49



50

## VII. Documentation and Auditing

51



52

- ### Documentation Overview
- Avoid 'checkbox' approach
    - Need to differentiate patient visits
  - Use templates to help guide your visit
    - Software may allow to 'pull' previous visit forward
  - Documentation is not sent to Payer
    - Must be readily retrievable if requested for audit purposes
  - When possible, use discrete fields
    - Allow portions to be pulled for reports

53

Patient Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Hypertension Initial Visit**

(Patient Name) presents for a hypertension with pharmacist.

**Hypertension Care Plan**

Current hypertension medication regimen: \_\_\_\_\_

Headache/Blurry Vision/Dizziness/Falls/Other Adverse Drug Events? \_\_\_\_\_

Medication Adherence - \_\_\_\_\_

Home blood pressure readings: \_\_\_\_\_

Compelling indications (e.g., diabetes, CKD, transplant) \_\_\_\_\_

**Social Management (diet, exercise, weight)**

Diet: \_\_\_\_\_

- Number of meals per day:
- Number of snacks per day:
- Drinks:
- Salt content:
- Caffeine:

Tobacco use: \_\_\_\_\_

Exercise Routine: \_\_\_\_\_

Weight: \_\_\_\_\_

**Cardiovascular Risk Reduction (indicated for statin and/or aspirin)**

Current -statin/dose - \_\_\_\_\_  
Current ASA dose \_\_\_\_\_

Last Chem: \_\_\_\_\_  
CC/CP/R: \_\_\_\_\_  
Vitals from visit: \_\_\_\_\_

**Assessment/Plan:**

Recommended Follow Up: Patient instructed to follow-up with \*\*\* in \*\*\*

Total time spent with patient: \_\_\_\_\_

54

## Collaborative Practice Agreements

Check OPA website for templates

**Collaborative Practice Agreement (Consult Agreement) General Template**

1. **Participating Members in the Collaborative Practice Agreement (CPA)**
  - a. Practitioner(s) or physician group of drug therapy management
  - b. Pharmacist(s) or pharmacist practice group authorized to dispense drugs and engage in drug therapy management
    - i. Only Ohio licensed practitioners and Ohio licensed pharmacists may participate in a consult agreement pursuant to section 4729.39 of the Ohio Revised Code and Chapter 4729-1-6 of the Ohio Administrative Code.
2. **Training and Competency**
  - a. Describe site specific pharmacist requirements and training
    - i. These requirements may include continuing education, privileging/credentialing, board certification, or any other training requirements.
    - ii. The agreement shall include a process to verify that the pharmacists participating in the agreement meet site specific criteria.
    - iii. See Supplement A for examples for this section
3. **Scope of the CPA - Disease States, Prescriptive Practice Authority, Guidelines, and Protocols**
  - a. List the disease state(s) and scope of practice being co-managed under the CPA

Disease State	Scope of Practice	Disease State Appendices and Applicable Guidelines (include guidelines utilized for specific disease state here)
Hypertension	□ Initiate, modify, or discontinue medications	Appendix 1

55

55

## Audits - Be Ready!

- Performed by Payers
- Want justification of services rendered
- May be randomly selected or identified based on billing practices
  - e.g., high proportion of 99215 visits
- Typically look at sampling of encounters, not individual encounter



56

56

## VIII. Billing Platforms



57

57

## Billing Platforms

- Health-system or FQHC pharmacists
  - work with your credentialing or contracting department to ensure pharmacists are added as provider
- Independent or Chain pharmacists
  - may need to purchase patient management software or develop in house

58

58

## Software comparisons

Practice Management	Pharmacy Management
<ul style="list-style-type: none"> <li>● Generates notes in SNOMED format</li> <li>● Generates claims in an 837 standard</li> <li>● Revenue Cycle Management</li> <li>● Checking enrollment and claims</li> <li>● Some have ability to develop and share documentation</li> </ul>	<ul style="list-style-type: none"> <li>● NCPDP standard "language"</li> <li>● Notes fields not standardized</li> <li>● Medical claims require an intermediary</li> <li>● Limited ability to share data</li> <li>● Some have ability to develop and share documentation</li> </ul>

59

59

## Practice Management Software Characteristics



60

60

## VIII. Q&A

5 minutes. We will have time during Happy Hour to ask more questions!

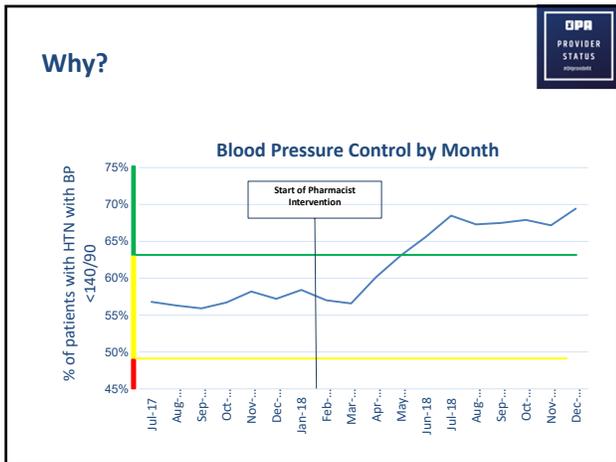
61

61

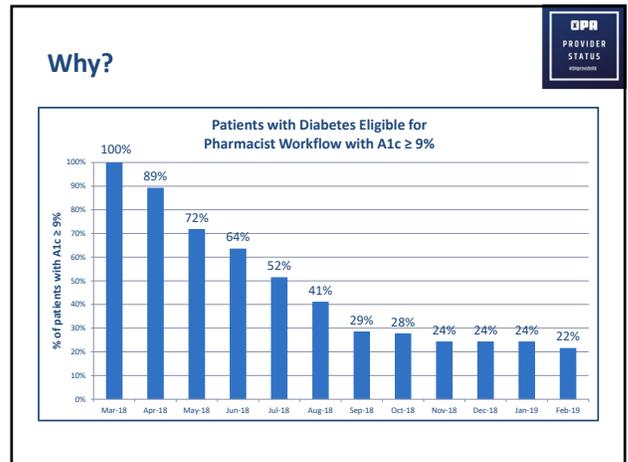
## IX. Next Steps

62

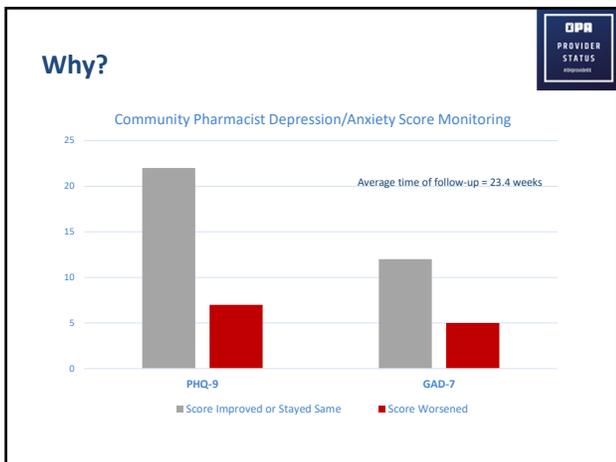
62



63



64



65

## Where do I start?

1. Create the culture of a health care setting
  - Empower your team
  - Utilize technology and technicians
2. Identify and fill in the gaps in care in your community
  - Review dashboards to get started
3. Get involved...Stay involved
  - Stay uncomfortable

66

66

**Where do I start?**

4. Credentialing/network enrollment/contracting
  - Need to be enrolled for recognition as provider
5. Bill consistently for services provided
  - Take advantage of existing payment opportunities
6. Document your services/encounters
  - Create/use templates
  - Justify billing
  - Liability protection
7. Consider technology vendors



67

**Want more?**

**THE PHARMACIST PROVIDER**

[www.thepharmacistprovider.com](http://www.thepharmacistprovider.com)




68

**Start Today...**

Timeframe	Action Step	Person Responsible
By the end of April...		
By the end of June...		
By the end of December...		



69

**THE PHARMACIST PROVIDER**

**Want more in-depth training?**  
OPA members can enroll in the Provider Status certificate program

Member rate **\$499**  
Bootcamp promotional rate **\$349**  
Use Discount Code: **bootcamp**

[www.thepharmacistprovider.com](http://www.thepharmacistprovider.com)




70



**OPA PROVIDER STATUS**

**NICOTINE USE DISORDER CERTIFICATE PROGRAM PROMOTION**

**Only On For Annual Conference Attendees!**

**FREE**

USE THE DISCOUNT CODE: **OPAFREE4U**  
VALID UNTILL MAY 11, 2025

Act Fast — Limited-time Offer!



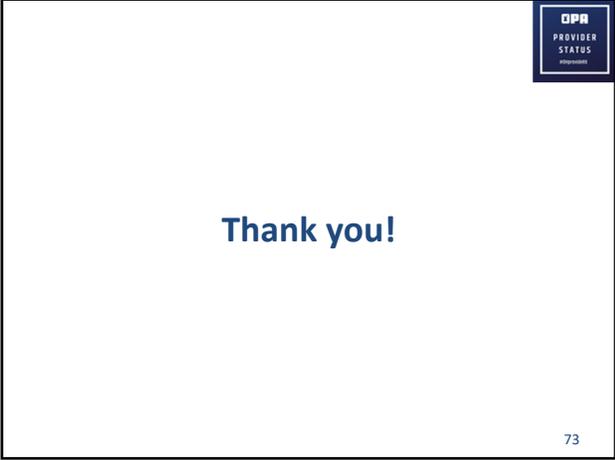
71

**X. Credentialing**

Network and visit with Payors to help set up credentialing/contracting while you are here!



72



**OPR**  
PROVIDER  
STATUS  
FORUM

**Thank you!**

73

73



### Action Planning

Timeframe	Action Step	Person Responsible
By the end of April...		
By the end of June...		
By the end of December...		



## Notes

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# Pharmacist Checklist for Medical Billing Application

---

01

## Obtain an NPI Number

- If you already have an NPI number, please move on to Step 2
- \*\* Guide down below
- **National Plan and Provider Enumeration System (NPPES)**
  - 'create or manage account'
  - click 'OK' on leaving the NPPES Website
  - Accept Terms and Conditions
  - 'Create account now' to proceed
  - Complete:
    - user registration fields
    - user security fields
    - select your address
    - multi-factor authentication (MFA)
    -
  - Once the MFA code is received, enter the 6 digit code and select 'verify'
  - **You have now completed the 1st step!** Now, log out of 'Identity and Access' and return to NPPES
  - Now, sign into registered user sign in
    - verify MFA code
  - Select 'apply for NPI for myself' (this does not have to be finished in 1 sitting!!! -> utilize 'save and return to main page' button at any time)
    - fill in required information
  - At minimum, you must provide a business mailing address and at least one practice location address (select one practice location as 'primary' location)
  - Fill out Health Information Exchange - Endpoints
  - One taxonomy code and license must be submitted at minimum
  - Fill out contact information - this is where verification will be sent
    - send to yourself
  - Error Check
  - Submission Clarification
  - Submission Confirmation
- Things you need for the application:
  - formal business name, practice location, mailing address, business phone and fax numbers
  - business tax identification code
  - pharmacist taxonomy code indicating your specialization, if any



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02

## Apply for Medicaid Number

- Ohio Medicaid Online Application
  - -> select 'New Provider' -> 'Standard Application'
  - Fill in all information as applicable
  - \*\*\*Guide down below

---

03

## Get credentialed through CAQH

- First create an account, then:
  - Complete all application Questions
  - Complete any outstanding required fields
  - Review Application Data Summary
  - Authorize participating organizations to have access to your application data
  - Attest to your application data
  - Upload your supporting documentation
- **Information you will be asked:**
  - Basic Personal Info
  - Education and Training
  - Specialties and Board Certifications
  - Practice Location Information (we will provide you with)
  - Hospital Affiliation Information
  - Malpractice Insurance Information
  - Work History and References
  - Disclosure and Malpractice History
- **Materials Needed to Complete Application:**
  - IRS Form W-9(s)
  - DEA Certificate
  - Controlled and Dangerous Substances (CDS) Certificates
  - State Practice License(s)
  - Various Identification Numbers (including Medicaid Number)
  - Malpractice Insurance Policy(ies)

---

04

After completion of each of the above steps, please submit verification (including in progress statuses) to **your clinical coordinator.**

---

# Provider View – Initial Application



- Access <https://nppes.cms.hhs.gov>

The screenshot shows the NPPES website interface. On the left, there is a 'Registered User Sign In' section with fields for 'User ID' and 'Password', and buttons for 'SIGN IN' and 'FORGOT USER ID OR PASSWORD?'. On the right, there is a 'Create a New Account' section with a 'CREATE OR MANAGE AN ACCOUNT' button. A red arrow points to this button.

- Select **Create or Manage an Account**

The screenshot shows a yellow 'Leaving NPPES Website' pop-up dialog box. The text inside reads: 'You are being directed to I&A to create a User ID and Password. When you are done, return to NPPES to log in and apply for or view/modify an NPI.' There are 'Cancel' and 'OK' buttons at the bottom right. A red arrow points to the 'OK' button.

- Select **OK** on the **Leaving NPPES Website** pop up.

# Provider View – Initial Application



1

- User must select **Accept** to agree to the Terms and Conditions of the Identity & Access Management System.

The screenshot shows the 'Identity & Access Management System' Terms and Conditions page. The text includes: 'You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: ... You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. ... At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. ... Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose. ... Our system uses Cookies for security purposes to ensure that unauthorized users cannot bypass our Multi-Factor Authentication. The cookies are not storing personally identifiable information about our users. For increased security to your account, please make sure Cookies are enabled in your browser. To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.' There are 'Accept' and 'Decline' buttons at the bottom. A red arrow points to the 'Accept' button.

2

# Provider View – Initial Application

- One account will be created to access multiple systems. Select Create Account Now to proceed.

- Complete the User Registration fields.
  - E-mail Address / Confirm E-mail Address
  - Captcha
  - Submit

# Provider View – Initial Application

- Complete the User Registration – User Security fields
  - User ID / Password / Confirm Password

- Five Security Questions and Answers

# Provider View – Initial Application



- Complete the **User Registration** – User Information fields
  - First & Last Name
  - Business Phone
  - DOB
  - SSN
  - Personal Phone
  - Home Address
  - City
  - Country
  - State / Province / Territory
  - Zip Code
- Primary E-mail Address (auto-filled)

\* First Name: Henry

Middle Name: Alan

\* Last Name: Jones

Suffix: [dropdown]

\* Business Phone Number: (701)433-0037

Fax Number: [text box]

\* Date of Birth: (MM/DD/YYYY) [text box]

\* SSN: [text box]

Primary E-mail Address: henry.jones@email.com

\* Personal Phone Number: (701)654-9852

\* Home Address Line 1: 300 45th St S

Home Address Line 2: Suite 218

\* City: Fargo

\* Country: United States [dropdown]

\* State/ Province/ Territory: ND - NORTH DAKOTA [dropdown]

\* Postal/ ZIP Code: 58103

# Provider View – Initial Application



- Select your address:
  - Use Standardized Address
  - or*
  - Use the Address I Entered

**Select your address**

**Important Note: Your address has been standardized.**  
Your address has been standardized to USPS standards to your ensure contact information is accurate. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect, you may choose to use the address you entered by selecting it below. If you wish to modify the address, select Cancel to return to the address entry page.

**Use Standardized Address:**  
300 45th St S Ste 218  
Fargo, ND 58103-1189  
United States

**Use The Address I Entered:**  
300 45th St S  
Suite 218  
Fargo, ND 58103  
United States

# Provider View – Initial Application



We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

\* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call

Continue | Cancel

☐ Multi-Factor Authentication is required to verify the user's identity via:

Phone Number Text/SMS

or

E-Mail Address

or

Phone Number Voice Call

Please select a Multi-Factor Authentication Method:

\* Authentication Method:

Phone Number Text/SMS

\* Phone Number:

Enter your 10 digit phone number the way you normally dial it.

(555) 123-4567 x

7

# Provider View – Initial Application



We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

\* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call

Continue | Cancel

☐ Multi-Factor Authentication is required to verify the user's identity via:

Phone Number Text/SMS

or

E-Mail Address

or

Phone Number Voice Call

Please select a Multi-Factor Authentication Method:

\* Authentication Method:

E-mail Address

You can use the E-mail Address associated with your I&A account or enter a new one.

\* E-mail Address where you will receive your verification code

newaccount1@email.com

Select the Send E-mail button to verify that it works.

Send E-mail | Cancel

8

# Provider View – Initial Application

We need a way to deliver a temporary code to you to verify your identity. We can do this via a phone number (either by voice or Text/SMS) or you can choose to have it sent to you in an e-mail. You must enter this code on the next page.

You must identify at least one method for receiving your verification code; however, you may provide up to two different methods.

Please note the following Text/SMS and Voice Call Details:

- International phone numbers are not supported.
- Standard message and data charges may be applied by your carrier.
- By entering a Mobile Phone Number, you are certifying that you are the account holder or have the holder's permission to use the phone number to receive a Text/SMS message.

Please select a Multi-Factor Authentication Method:

\* Authentication Method:

Select Primary Authentication Method

Select Primary Authentication Method

Phone Number Text/SMS

E-mail Address

Phone Number Voice Call

Continue | Cancel

Please select a Multi-Factor Authentication Method:

\* Authentication Method:

Phone Number Voice Call

\* Phone Number:

Enter your 10 digit phone number the way you normally dial it.

(555) 987-6543

Extension:

Enter your phone number extension if applicable.

12345 x

- ☐ Multi-Factor Authentication is required to verify the user's identity via:

Phone Number Text/SMS

or

E-Mail Address

or

Phone Number Voice Call

# Provider View – Initial Application

User Registration - Multi-Factor Authentication (MFA) Setup - Verify Code

Step 1 ✓ User Security | Step 2 ✓ User Info | Step 3 MFA Setup | Final Review

\* Indicates required field(s)

[Back to Previous Page](#)

An E-mail was sent to newaccount1@email.com

\* Enter Code:  Verify Code

Haven't received an E-mail yet? [Resend E-mail](#)

Need to make changes where you receive your code? [Back to Setup Page](#)

Cancel

- ☐ Once the MFA code is received via the selected route, the user will enter the 6-digit code and select Verify Code.

- ☐ The MFA code can be resent as needed.

**User Registration - Multi-Factor Authentication (MFA) Setup - Primary MFA Setup Complete**

Step 1 ✓ User Security   Step 2 ✓ User Info   Step 3 MFA Setup   Final Review

① Congratulations, your E-mail testnew@test.com was successfully verified! This will be used to verify your identity upon logging in.

If you wish to set up an Alternative MFA method, please select Begin Alternative Setup.

Begin Alternative Setup

Complete Registration | Cancel

- The Begin Alternative Setup option can be used to set up an *additional form of MFA* or the user can continue with the Complete Registration option.

11

- User Registration – Registration Complete

**User Registration - Registration Complete**

Step 1 ✓ User Security   Step 2 ✓ User Info   Step 3 ✓ MFA Setup   Final Complete

① Congratulations, your account has been successfully created.

- If you are an Individual Provider, you will be able to see all associations with your NPI.
- If you are an Authorized Official or Access Manager, you will need to add your employer(s) to manage staff and connections associated with your employer(s).
- If you are a Staff End User, you may add your employer and ask an Authorized Official or Access Manager associated with your employer to grant you access; or you can ask an Authorized Official or Access Manager associated with your employer to invite you to work on the behalf of the employer.

Continue To Home Page

- The user has now created an account in Identity & Access...this is only the first step!
  - Sign Out of Identity and Access and return to NPES.

12

## Provider View – Future Sign In



- The next time a User signs into I&A, they will be asked where to send the verification code and about the device.



Your Verification Code will be sent to:

\* Select where you wish to receive your verification code:

Primary Authentication Method: Phone Number Voice Call: (xxx) xxx-7822 X 21211

\* Are you logging in to the system on a Public or Private device?

This is a [Public Device](#)

This is a [Private Device](#)

\* Enter Code:

- **Public Device** – MFA code will only verify access for that **ONE** session.
- **Private Device** – the system will install a cookie on the device, & the MFA is good for **24 hours**.

13

## Provider View – Initial Application



- Once back at <https://nppes.cms.hhs.gov>, the user will sign in under **Registered User Sign In** to begin the initial NPI application.

### Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID ⓘ

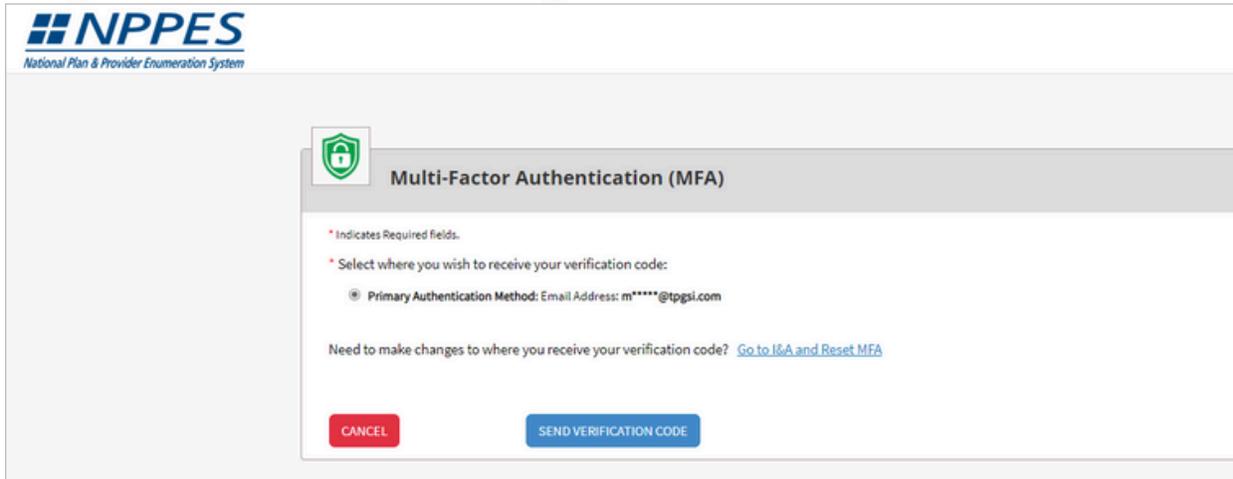
Password

**SIGN IN**

**FORGOT USER ID OR PASSWORD?**

14

- The user will be presented a page detailing MFA requirements for NPPES.
  - Since the MFA is set up in I&A, the MFA page prompts the user to send/receive the verification code to the location initially selected during set up.
  - If the user needs to make changes to where the code is sent, they can select the link to make edits to their MFA set up.

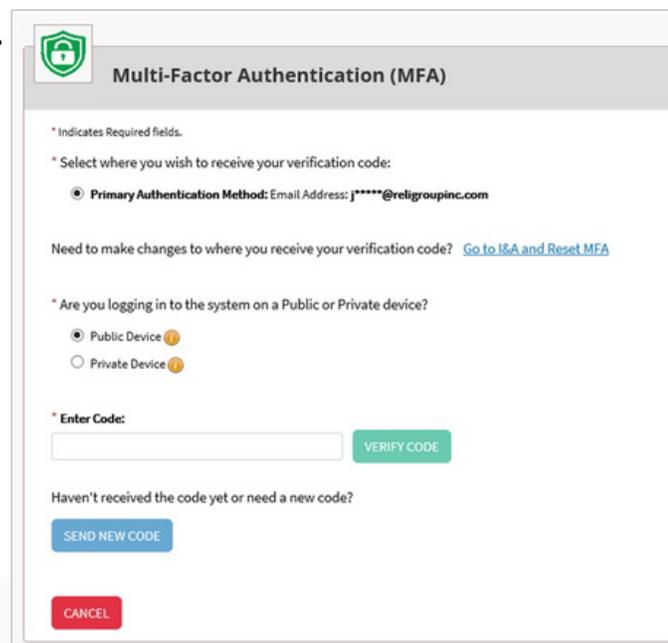


15

- After the code is sent, the user must select the device type.
- **VERIFY CODE** is selected.

**Public Device** – MFA code will only verify access for that **ONE** session.

**Private Device** – the system will install a cookie on the device, & the MFA is good for **24 hours**.



16

## Initial Application for Myself – Type 1



17

## Initial Application -Myself



- Upon logging in with the I&A established User ID and password, the user can select [Apply for an NPI for myself](#).

A screenshot of the 'National Provider System Main Page'. At the top, there is a home icon and the text 'National Provider System Main Page'. Below this, there is a section titled 'Apply for a National Provider Identifier (NPI)' with a subtitle: 'Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.' There are three main application options, each with a representative image and a button: 1. 'INDIVIDUAL PROVIDER' with a photo of a female doctor and a button labeled 'Apply for an NPI for myself'. 2. 'EMPLOYEE OR SURROGATE' with a photo of a female doctor and a male doctor, and a button labeled 'Apply for an NPI for another Individual'. 3. 'EMPLOYEE OR SURROGATE' with a photo of a group of healthcare workers, and a button labeled 'Apply for an NPI for an Organization'. A red arrow points to the 'Apply for an NPI for myself' button.

18

# Initial Application – Provider Profile



### Provider Profile

\* Indicates Required fields.  
 Note: Fields with icon will NOT be publicly available.

**Provider Name Information:**

Prefix:  \* First:  Middle:  \* Last:  Suffix:

Credential(s):(MD, DO, etc.)

Other Name(s)(if applicable)

Prefix:  First:  Middle:  Last:  Suffix:

Type of Other Name:  Credential(s):(MD, DO, etc.)

**Other Identifying Information:**

\* Date of Birth:  \* TIN Type:  \* Tax Identification Number(TIN):

\* State of Birth:(if U.S.)  Country of Birth:

\* Gender:  Male  Female

\* Is the Provider a Sole Proprietor?  Yes  No

# Initial Application -Provider Profile



Tip:Once a radio button is selected, it can be changed; however the selection cannot be removed completely.

## Provider Profile – Optional Information

Demographic information(optional)

Ethnicity:  No, not of Hispanic, Latino/a or Spanish Origin  
 Yes, Hispanic, Latino/a or Spanish Origin

Race:  White  
 Black or African American  
 American Indian or Alaska Native  
 Asian  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian  
 Native Hawaiian or other Pacific Islander

Choose Language Filter:

Filter by Language:

Choose Language Spoken:

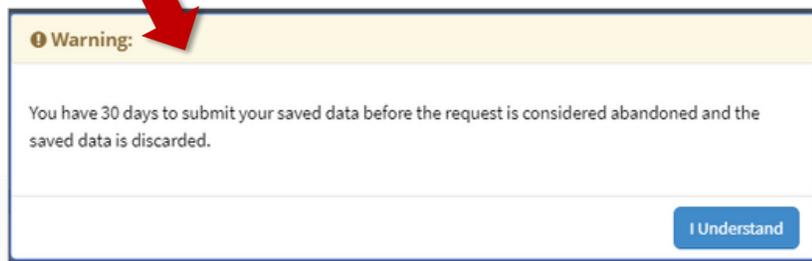
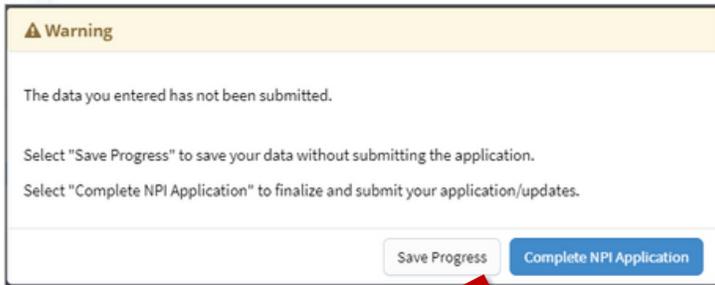
Select Language:

Primary	Languages Spoken	Actions

1 / 1 items per page

# Application Progression

- Applications are *not* required to be completed in one sitting. Users can save information and come back to it at a later point.
- On any page, the **SAVE & RETURN TO MAIN PAGE** may be utilized to save the application progress.



# Application Progression

- To return in an application that is in progress, select the pencil icon to return to the page that was last completed in that application.

National Provider System Main Page

Apply for a National Provider Identifier (NPI)  
Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.



INDIVIDUAL PROVIDER

Apply for an NPI for myself



EMPLOYEE OR SURROGATE

Apply for an NPI for another Individual



EMPLOYEE OR SURROGATE

Apply for an NPI for an Organization

Manage Provider Information  
You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the icon to expand the provider and view all NPIs associated with the provider.

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
	0000003214	Jones, Henry				In Progress	

# Initial Application - Address



Users must provide both a Business Mailing Address and, at minimum, one Practice Location.

The screenshot shows a progress bar at the top with 8 steps: 1. PROFILE (checked), 2. ADDRESS (active), 3. HEALTH INFORMATION EXCHANGE, 4. OTHER IDENTIFIERS, 5. TAXONOMY, 6. CONTACT INFO, 7. ERROR CHECK, 8. SUBMISSION. Below the progress bar, the 'Address' section is highlighted. It contains a sub-section for 'Business Mailing Address (Correspondence Address)' with a description and an 'ADD A BUSINESS MAILING ADDRESS' button. Below that is a sub-section for 'Practice Location (only one required)' with a description and an 'ADD A PRACTICE LOCATION' button. A status indicator at the bottom right says '31% application completed'.

23

## Business Mailing Address



This screenshot shows the 'Business Mailing Address (Correspondence Address)' form with the 'US Domestic' radio button selected. The form includes fields for 'Mailing Address Line 1', 'Mailing Address Line 2', 'City', 'State', 'Zip Code', 'Zip Ext', 'Telephone Number', 'Extension', 'Fax Number', and 'Organization Name (Optional)'. There is also a checkbox for 'This is my home address'. The 'US Domestic' label is highlighted in red.

This screenshot shows the 'Business Mailing Address (Correspondence Address)' form with the 'Outside US / Foreign' radio button selected. The form includes fields for 'Mailing Address Line 1', 'Mailing Address Line 2', 'City', 'Foreign Province or Territory', 'Foreign Postal Code', and 'Country'. There is also a checkbox for 'This is my home address'. The 'Outside US / Foreign' label is highlighted in red.

This screenshot shows the 'Business Mailing Address (Correspondence Address)' form with the 'Military' radio button selected. The form includes fields for 'Mailing Address Line 1', 'Mailing Address Line 2', 'City', 'State', 'Zip Code', 'Zip Extension', 'Telephone Number', 'Extension', 'Fax Number', and 'Organization Name (Optional)'. There is also a checkbox for 'This is my home address'. The 'Military' label is highlighted in red.

Users must select the type of address that will populate the required fields for the Business Mailing Address.

- US Domestic
- Military
- Outside US / Foreign

Additional checkbox to indicate: 'This is my home address'

24

# Business Mailing Address Verification



Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

**Your input address:**

\* Address Line 1: (Street Number and Name)  
300 45th St S

Address Line 2: (e.g., Apartment/Suite Number)  
\_\_\_\_\_

\* City: Fargo      \* State: ND - NORTH DAKOTA      \* Zip Code: 58103      Zip Ext: \_\_\_\_\_

Organization Name(Optional)  
\_\_\_\_\_

\* Tell us why you don't want to use the standardized address(shown to your right)  
Select

**Your standardized address:**

300 45th St S  
Fargo, ND 58103-1189

Tell us why you don't want to use the standardized address(shown to your right)

Select

- Incorrect Street address (e.g: Street instead of BLVD)
- Incorrect City
- Incorrect State
- Incorrect Zip Code
- Incorrect PO Box
- Other: This will allow users to enter comments

- Accept Standardized Address – Accepts what is listed in the box on the right / Information may be different than was input.
- Use Input Address – Leaves the information that was input / Comments are required if using Input Address.
- Revalidate Address – Allows the user to modify information and NPPES will provide an address to accept.

25

# Business Practice Location



**Business Practice Location**

This address(es) is where services are rendered. If the provider has more than one practice location, one must be identified as the primary practice location.

\* Indicates Required fields.

Select Type of Address:  US Domestic  Military  Outside US / Foreign

Same as mailing address  
 This is my home address  
 Primary practice location

\* Address Line 1: (Street Number and Name) \_\_\_\_\_      \* Telephone Number: ( ) \_ - \_\_\_\_\_      Extension: \_\_\_\_\_      Fax Number: ( ) \_ - \_\_\_\_\_

Address Line 2: (e.g., Apartment/Suite Number) \_\_\_\_\_      Choose Language Filter:  Filter by Language.      Choose Language Spoken:

\* City: \_\_\_\_\_      \* State: \_\_\_\_\_      \* Zip Code: \_\_\_\_\_      Zip Ext: \_\_\_\_\_

Organization Name(Optional): \_\_\_\_\_

Office Hours:

Languages Spoken      Actions

<      <<      1 / 1      >>      >

5 items per page

Apply to all

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
OPEN	OPEN	OPEN	OPEN	OPEN	CLOSE	CLOSE
<input type="button" value="SELECT"/>						
<input type="button" value="SELECT"/>						

Is this office accessible to individuals with mobility disabilities?  Yes  No

Does this office have exam rooms accessible to individuals with mobility disabilities?  Yes  No

Does this office have medical equipment accessible to individuals with mobility disabilities?  Yes  No

Does this office have medical equipment accessible to individuals with mobility disabilities?  Yes  No

Optional Information

26

# Business Practice Location Verification



Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

**Your input address:**

\* Address Line 1: (Street Number and Name)  
100 Universal City Plaza

Address Line 2: (e.g., Apartment/Suite Number)

\* City: Universal City    \* State: CA - CALIFORNIA    \* Zip Code: 91608    Zip Ext: \_\_\_\_\_

Organization Name (Optional):

\* Tell us why you don't want to use the standardized address(shown to your right)  
Select

**Your standardized address:**

100 Universal City Plz  
Universal City, CA 91608-1002

- Accept Standardized Address – Accepts what is listed in the box on the right / Information may be different than was input.
- Use Input Address – Leaves the information that was input / Comments are required if using Input Address.
- Revalidate Address – Allows the user to modify information and NPPES will provide an address to accept.

27

# Business Practice Location– Additional Locations



- Once additional practice location(s) are added, the user must select one practice location as a Primary Location.

**Practice Location (only one required)**

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

**Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions**

Primary Location	Address	City	State/Province/Region	Country	Office Hours	Languages Spoken	Actions
<input type="checkbox"/>	300 45th St S Ste 318	Fargo	ND	US			
<input checked="" type="checkbox"/>	350 5th Ave	New York	NY	US			
<input type="checkbox"/>	233 S Wacker Dr	Chicago	IL	US			
<input type="checkbox"/>	100 Universal City Plz	Universal City	CA	US			

- The pencil or trash can be utilized at any point to edit or delete information that has been entered on the application.

28

# Health Information Exchange -Endpoints



Endpoints may be associated with an NPI.

- Endpoints provide a simple and secure way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the internet. Can be used to exchange health information
- between health care entities (primary care physicians, specialists, hospitals, labs, etc.).

29

# Health Information Exchange -Endpoints



Endpoint: In the context of a provider directory, secure locations on computer networks where protected health information can be sent and received.

Endpoint Description: Freeform narrative that provides information on the Endpoint. Used to provide context.

30

# Health Information Exchange -Endpoints



- Select Endpoint Type:

Endpoint Type:

- CONNECT URL
- Direct Messaging Address
- FHIR URL
- Other URL
- RESTful URL
- SOAP URL

- Input the Endpoint:

Endpoint: securerecords.sanford.html

- Select Yes *or* No to Is provider affiliated to another organization?

Is the Endpoint affiliated to another organization?  
 Yes  No

Endpoint Location: [Dropdown] Add New Endpoint Location

CLEAR SAVE

Is the Endpoint affiliated to another organization?  
 Yes  No

Affiliation: [Input] Choose Affiliation

Endpoint Location: [Dropdown] Add New Endpoint Location

CLEAR SAVE

31

# Health Information Exchange -Endpoints



- If Yes, the user must select **Choose Affiliation** and look up the organization using either the NPI, full EIN, or LBN. Search Results will show below the search bar.

Affiliation: [Input] Choose Affiliation

Search for Affiliated Organization

Please enter data for one of the following:

NPI: [Input] EIN: 99-9999999 Organization Name (Legal Business Name): [Input] Clear Search

If you are unable to find the organization your endpoint is affiliated with in the table below, please enter the affiliated organization's Legal Business Name in the **Affiliated Organization Legal Business Name** field and select **Save** to create a new Endpoint Listing.

Affiliated Organization Legal Business Name: [Input] SAVE

Search Results:

Filter: [Input]

Type	NPI	Affiliated Organization LBN	Action
	1003107873	Meharry Medical College, School of Dentistry	Select
	1003126004	Chillicothe VA Medical Center	Select
	1013156017	Devoted Care	Select
	1013391556	Carlotta D. Winn	Select
	1053722751	Maryann DiLibero, OD	Select

1 - 5 of 88 items per page 1 - 5 of 88 items

CANCEL

32

# Health Information Exchange - Endpoints



- The user can select from the search results by selecting select next to the appropriate affiliated organization LBN.
- They must choose the corresponding Endpoint Location using either the drop-down menu or by selecting [Add New Endpoint Location](#).
  - An Endpoint Location Addressfield will open and the user can add a new location. It will run address standardization
- Select **Save**.

This screenshot shows two main sections. On the left, under 'Affiliation:', there is a search box containing 'Meharry Medical College, School of Dentistry' and a 'Choose Affiliation' button. On the right, under 'Endpoint Location:', there is a dropdown menu showing '1007 DB Todd Blvd Meharry Medical College, School of Dentistry 1007DB Tod Nashville, TN, US 37208' and an 'Add New Endpoint Location' button. At the bottom right, there are 'CLEAR' and 'SAVE' buttons.

This screenshot shows the 'Endpoint Location Address' form. It includes a 'Select Type of Address' section with radio buttons for 'US Domestic', 'Military', and 'Outside US / Foreign'. There is a checkbox for 'This is my home address'. The form contains several text input fields for 'Address Line 1 (Street Number and Name)', 'Address Line 2 (e.g., Apartment/Suite Number)', 'City', 'State', 'Zip Code', 'Zip Ext.', 'Telephone Number', 'Extension', and 'Fax Number'. There is also an 'Organization Name (Optional)' field. 'CANCEL' and 'SAVE' buttons are at the bottom right.

33

# Health Information Exchange - Endpoints



- If information is entered on this page, the user is required to check the acknowledgement box before saving.

This screenshot shows a multi-step form titled 'Endpoint for Exchanging Healthcare Information (optional)'. A progress bar at the top indicates steps 1 through 8, with step 3 (HEALTH INFORMATION EXCHANGE) currently active. The form includes a detailed introduction about endpoints, followed by fields for 'Endpoint Type', 'Endpoint', 'Endpoint Description', 'Endpoint Use', and 'Endpoint Content Type'. There is a question 'Is the Endpoint affiliated to another organization?' with 'Yes' and 'No' radio buttons. A red arrow points to the 'No' option. Below this is a blue box with the text: 'Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.' There is a 'Add New Endpoint Location' button and 'CLEAR' and 'SAVE' buttons at the bottom right. A progress indicator shows '63% application completed'.

34

# Other Identifiers (Optional)



- Other Identifiers listed on this page will associate other provider identifiers with the NPI.

- Medicaid&anynon-Medicare numbers

- Select issuer type from the Issuer: drop-down menu.
- Input the issuer Identification Number:
- Input the applicable State Issued:

Issuer	Other Issuer	State Issued	Identification Number
Medicaid		DC	236
Other	BCBS		568946544
Other	Health Partners		5874

35

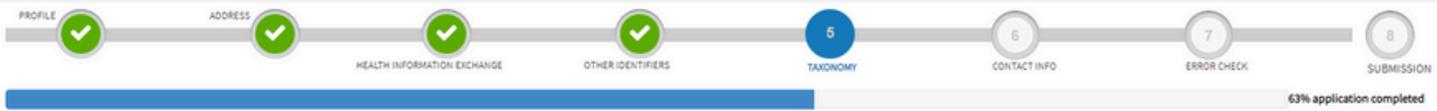
# Other Identifiers -Warning



- If a user enters their SSN or any 9-digit number NPPES will generate a warning message:

- User has the option to [Review Data Entered](#) or [I Understand](#).

# Taxonomy



### Taxonomy

Provider's Taxonomy Information.

\* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the Washington Publishing Company's web page.

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

Choose Taxonomy Filter:

Filter by Taxonomy name or Taxonomy code.

\* Choose Taxonomy:

\* Classification Name/Specialization:

License Number:

State Issued:

# Taxonomy



- At minimum, one Taxonomy Code and License (if applicable) must be entered on this page.

\*\*\*15 Taxonomy Codes may be listed at MAX\*\*

- All taxonomy codes available within the NPPES system may be found in the Choose Taxonomy: dropdown.

Choose Taxonomy
101Y0000X - Counselor
101YA0400X - Counselor - Addiction (Substance Use Disorder)
101YM0800X - Counselor - Mental Health
101YP1600X - Counselor - Pastoral
101YP2500X - Counselor - Professional
101YS0200X - Counselor - School
102L0000X - Psychoanalyst
102X0000X - Poetry Therapist
103G0000X - Clinical Neuropsychologist
103K0000X - Behavioral Analyst
103T0000X - Psychologist
103TA0400X - Psychologist - Addiction (Substance Use Disorder)
103TA0700X - Psychologist - Adult Development & Aging
103TB0200X - Psychologist - Cognitive & Behavioral
103TC0700X - Psychologist - Clinical
103TC1900X - Psychologist - Counseling
103TC2200X - Psychologist - Clinical Child & Adolescent
103TE1100X - Psychologist - Exercise & Sports
103TF0000X - Psychologist - Family

- The Choose Taxonomy Filter can also be utilized to filter by taxonomy name or taxonomy code.

Choose Taxonomy Filter:

Social

\* Classification Name/Specialization:

\* Choose Taxonomy:

Choose Taxonomy

- 10410000X - Social Worker
- 1041C0700X - Social Worker - Clinical
- 1041S0200X - Social Worker - School

# Taxonomy



Once the taxonomy code(s) and license(s) are added to the application, one taxonomy code must be identified as being the Primary Taxonomy.

- Select the checkbox to the left of the applicable taxonomy code.

Primary Taxonomy ▲	Taxonomy Code	Taxonomy Type	Group Type	License Number	State
<input type="checkbox"/>	103TF0000X	Psychologist - Family		1234	LA
<input type="checkbox"/>	101Y00000X	Counselor		5894	LA
<input type="checkbox"/>	103TS0200X	Psychologist - School		987456A	AL

- If only one taxonomy code has been entered on the application, NPPES will default this taxonomy code as the Primary Taxonomy.

Primary Taxonomy ▲	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input checked="" type="checkbox"/>	122300000X	Dentist		29049	NY	

39

# Contact Information



- Contact Person Information can be:
  - Provider – *info will auto-fill from Provider Profile page*
  - 2nd individual – *should be knowledgeable of NPPES/NPI*
- This is where the NPI will be sent when it is enumerated & also who will be contacted if verification is needed when processing the application.
- Information is hidden from the NPI Registry.

PROFILE

ADDRESS

HEALTH INFORMATION EXCHANGE

OTHER IDENTIFIERS

TAXONOMY

6  
CONTACT INFO

7  
ERROR CHECK

8  
SUBMISSION

69% application completed

**Contact Information**

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

**Contact Information (only one required)**

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

ADD CONTACT INFORMATION

40

# Contact Information

### Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

\* Indicates Required fields.

Contact Information is for internal use only and will not be available to the public.

Primary Contact Information

Contact Person is same as Myself ([Henry Jones](#))

Prefix:  \* First:  Middle:  \* Last:  Suffix:

Credential(s):(MD, DO, etc.)  Title/Position:

\* Telephone Number:  Extension:  \* Contact Person Email:  \* Confirm Contact Person Email:

# Contact Information

- Multiple Contact People can be added by selecting the **ADD ANOTHER CONTACT** button on the Contact Information page.
  - OneContactPerson mustbeselectedas thePrimary Contact.

### Contact Information

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

#### Contact Information (only one required)

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

Filter...

Primary Contact	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email
<input checked="" type="checkbox"/>	Mary Shelly		Office Assistant	6548974521	Mary.Shelly@email.com
<input type="checkbox"/>	Fred Flinstone		Office Lead	5649873210	FredandWilma@email.com

1 2 3 4 5 items per page 1: 2 of 5

# Error Check – No Errors



PROFILE ✓ ADDRESS ✓ HEALTH INFORMATION EXCHANGE ✓ OTHER IDENTIFIERS ✓ TAXONOMY ✓ CONTACT INFO ✓ **7** ERROR CHECK SUBMISSION 8

94% application completed

### Error Check

**Note:** Please click the NEXT button to submit your application.

Step 1: Provider Profile

✓ COMPLETED: Profile  
No Errors Found [REVIEW](#)

Step 2: Address

✓ COMPLETED: Address  
No Errors Found [REVIEW](#)

Step 3: Health Information Exchange

✓ COMPLETED: Health Information Exchange  
No Errors Found [REVIEW](#)

Step 4: Other Identifiers

✓ COMPLETED: Other Identifiers  
No Errors Found [REVIEW](#)

Step 5: Taxonomy

✓ COMPLETED: Taxonomy  
No Errors Found [REVIEW](#)

Step 6: Contact Information

✓ COMPLETED: Contact Information  
No Errors Found [REVIEW](#)

43

# Submission Certification



PROFILE ✓ ADDRESS ✓ HEALTH INFORMATION EXCHANGE ✓ OTHER IDENTIFIERS ✓ TAXONOMY ✓ CONTACT INFO ✓ ERROR CHECK ✓ **8** SUBMISSION 8

94% application completed

### Submission Certification

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

\* Indicates Required fields.

- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the [NPI] Enumerator of this fact immediately.
- I authorize the [NPI] Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the [Privacy Act Statement](#).
- I have read and understand the **Penalties for Falsifying Information** on the [NPI] Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

[← PREVIOUS](#) [SUBMIT](#) [SAVE & RETURN TO MAIN PAGE](#)

44

# Submission Confirmation



## Submission Confirmation

**Thank you.** Your application will be processed. **Your Tracking number is:** 02052021614839

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person(s) listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if a designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the [FAQ Menu](#).

If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Organization Name: JH Org 02052021  
Authorized Official: Jessie Org  
Contact Person: Jessie Three-fourteen  
Primary Practice Location Address: 7281 4th St, Remington VA 22734-2124, US  
EIN: 525020521  
Date Submitted: Feb-05-2021  
Contact Email: jhuser0314@test.com

To print this page for your reference, click:

[PRINT THIS PAGE](#)

Please Note: This page printout may contain sensitive information.  
To View or print this application click:

[VIEW PRINTER FRIENDLY VERSION OF APPLICATION](#)

The NPI Enumerator may be contacted Monday through Friday, 9am to 5pm (Eastern Time)

By Phone:  
1-800-465-3203 (NPI Toll-Free)  
1-800-692-2326 (NPI TTY for the deaf, hard of hearing or those with speech difficulties)

By Email:  
[customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

By Mail:  
NPI Enumerator  
7125 AMBASSADOR RD STE 100  
WINDSOR MILL MD 21244-2751

\*Holiday hours may vary

A request for a National Provider Identifier (NPI) or a change to the existing NPI for the following provider was recently submitted to <https://nppes.cms.hhs.gov>, and you were listed as the contact person. This is to inform you that the request was successfully submitted and the following Tracking ID has been assigned to the request: 02052021614839

If the submitted NPI application or change request requires no verifications, the enumeration or changes may be effective within the next 24 hours. If verification is required, processing may take up to 30 days.

Organization Name: JH Org 02052021  
Authorized Official: Jessie Org  
Primary Contact Person: Jessie Three-fourteen  
Primary Practice Location Address: 7281 4th St Remington, VA 22734-2124 United States  
EIN: 525020521  
Date Submitted: Feb-05-2021

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the [FAQ Menu](https://nppes.cms.cmsext/webhelp/nppeshelp) at <https://nppes.cms.cmsext/webhelp/nppeshelp>.

NPI Enumerator Contact Information Monday through Friday, 9am to 5pm (Eastern Time)\*  
By phone:  
1-800-465-3203 (NPI Toll-Free)  
1-800-692-2326 (NPI TTY for the deaf, hard of hearing, or those with speech difficulties)

\*Holiday hours may vary

By e-mail: at [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

By mail at:  
NPI Enumerator  
7125 AMBASSADOR RD STE 100  
WINDSOR MILL MD 21244-2751

If you are not the provider, you are required to inform the provider of the information in this letter and furnish a copy of this notification to the provider.

# Quick Reference Guide: New Provider Application

## Steps:

1

Reg ID	Provider	Status	Provider Type	NPI	Medicaid ID	Specialty	DD Contract Number	DD Facility Number	Location	Effective Date	Submit Date	Revalidation Due Date
<input type="text"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>					

Once the dashboard is accessed, the input of Provider information can be initiated by clicking the 'New Provider?' button.

2

"Please note that you have 10 days to complete your application. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application."

<b>Standard application</b> Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program. <a href="#">Select</a>	<b>Ordering, Referring, Prescribing</b> Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing. <a href="#">Select</a>	<b>Change of Operator</b> Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities. <a href="#">Select</a>	<b>MCP Single Case</b> Use this application if you are entering into a Single Case agreement with a Managed Care Plan. <a href="#">Select</a>
---	---	--	---

[Click here for more application types](#)

Select the proper application type, based on the descriptions listed on the page.

**Note:** 10 days are allotted to complete the application. After 10 days, information will be removed.

3

"Please note that you have 10 days to complete your application. After 10 days, your information will be removed and you will have to re-start the process from the beginning of the application."

<b>Standard application</b> Use this application if you are applying to become a new individual, group, facility, or institutional provider to provide fee-for-service for the State Medicaid program. <a href="#">Select</a>	<b>Ordering, Referring, Prescribing</b> Use this application if you are applying solely for the purpose of Ordering, Referring or Prescribing. <a href="#">Select</a>	<b>Change of Operator</b> Use this option if you want to initiate a Change of Operator for Skilled Nursing Facility or Intermediate Care Facility for individuals with intellectual disabilities. <a href="#">Select</a>	<b>MCP Single Case</b> Use this application if you are entering into a Single Case agreement with a Managed Care Plan. <a href="#">Select</a>
<a href="#">Less</a>			
<b>Medicaid Waiver (ODM)</b> Use this application if you are applying to become a Waiver Provider with Ohio Department of Medicaid. <a href="#">Select</a>	<b>Medicaid Waiver (ODA)</b> Use this application if you are applying to become a Waiver Provider with Ohio Department of Aging or if you are initiating a Change of Ownership or Change of Operator as an ODA Provider. <a href="#">Select</a>	<b>Medicaid Waiver (DODD)</b> Use this application if you are applying to become a Waiver Provider with Ohio Department of Developmental Disabilities. <a href="#">Select</a>	<b>Non-Medicaid DODD</b> Use this application if you are applying for one or more of the following options. Supported Living Service, Unpaid Support Broker, ICF Operators, or Licensees. <a href="#">Select</a>

If the application being applied for is not listed, select the "click here for more application types..." button (pictured in Step 2) to display additional options.

# Quick Reference Guide: New Provider Application

## Steps:

4



The screenshot shows a web interface for selecting an application type. At the top, there is a dropdown menu labeled "Application Type" with "Standard application" selected and a "Change" link to its right. Below this are five buttons, each with an icon and a label: "Individual" (person icon), "Group" (group of people icon), "Organization" (building icon), "Facility/Institution" (hospital icon), and "Pharmacy" (pharmacy icon).

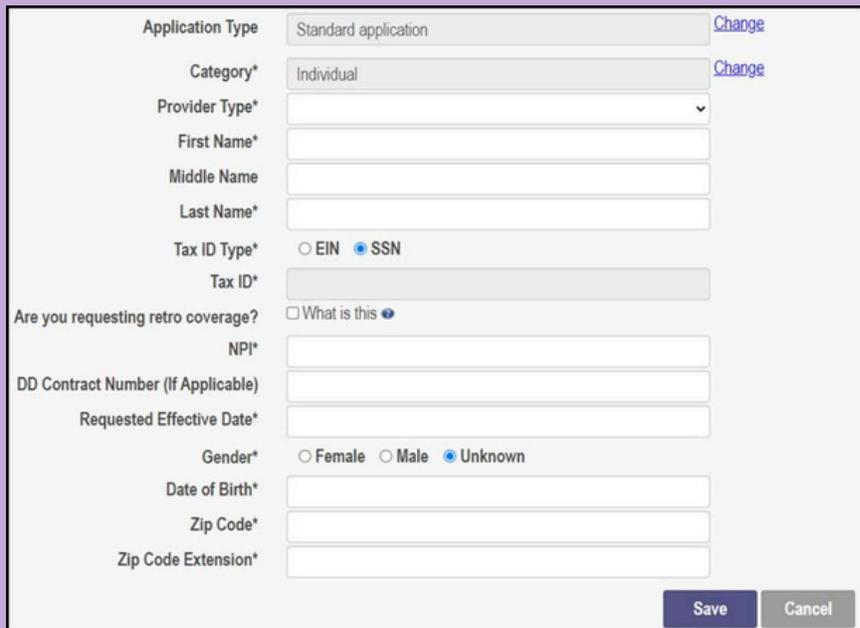
After choosing the proper application, select the category that pertains to the business.

**Note:** Not all categories display under each application type.

5

Complete the provider details for the applicant. All items marked with an asterisk\* are required fields and must be completed for the page to be saved. Once all information is completed, click 'Save.'

**Note:** Depending on the category selected, different information may appear or be required. Complete the information on the selected screen after choosing a category.



The screenshot shows a form for entering provider details. The "Application Type" is set to "Standard application" with a "Change" link. The "Category" is set to "Individual" with a "Change" link. The "Provider Type" is a dropdown menu. The "First Name\*", "Middle Name", and "Last Name\*" are text input fields. The "Tax ID Type\*" has radio buttons for "EIN" and "SSN", with "SSN" selected. The "Tax ID\*" is a text input field. The "Are you requesting retro coverage?" section has a checkbox for "What is this?". The "NPI\*" is a text input field. The "DD Contract Number (If Applicable)" is a text input field. The "Requested Effective Date\*" is a text input field. The "Gender\*" has radio buttons for "Female", "Male", and "Unknown", with "Unknown" selected. The "Date of Birth\*", "Zip Code\*", and "Zip Code Extension\*" are text input fields. At the bottom right are "Save" and "Cancel" buttons.

---

## **Chronic Disease Management Service Checklist for Pharmacists (Ohio-specific Guidelines)**

---

### **1. Perform a Needs Assessment**

- Assess the health needs of your patient population to identify gaps in care (health system/primary care offices, Department of Health).
- Engage local healthcare providers to identify existing pressure points and how a pharmacist can help.
- Estimate how many patients exist at your practice setting in need of potential service.

---

### **2. Determine Supplies and Equipment**

- Identify what devices are needed for you to perform your service (e.g., BP cuff, glucometer)
- Ensure appropriate licensure to perform tests (e.g., CLIA, OSHA)
- Research documentation, scheduling, and billing software that may aid in new service.
- Determine what space you have to adhere to HIPAA and other privacy laws for the protection of patient data. Are renovations needed?

---

### **3. Evaluate Budget, Payer(s), and Projected ROI**

- Determine costs for renovations, supplies, billing, documentation, scheduling, and administrative needs.
- Investigate insurance reimbursement policies (Medicare, Medicaid, private insurers) and patient payment structures. Know how much revenue is possible
- Estimate the potential return on investment, considering both direct and indirect benefits (e.g., patient retention, increased pharmacy services).

---

## **7. Market and Implement Program**

- Develop a marketing strategy to inform the local community about the new services.
- Train staff on new service, eligible patients, and scheduling. Communicate to patients and providers what benefits exist to new program.
- Update existing marketing to include the new service. Encourage patients to ask you what it can do for them.

---

## **8. Evaluate Program**

- Track clinical patient outcomes and health improvements. Develop a way to document discrete fields that can be pulled into report.
  - Gather feedback from patients regarding their satisfaction, convenience, and perceived value of the service.
  - Assess the financial performance of the program, including ROI, cost savings, and insurance reimbursements.
  - Schedule team meetings to discuss workflow and ways to improve efficiency as new service is being developed.
-

---

## Point-of-Care Testing Implementation Checklist for Pharmacists (Ohio-specific Guidelines)

---

### 1. Perform a Needs Assessment

- **Evaluate Community Needs:** Assess the health needs of your patient population to determine which point-of-care test(s) would be most beneficial (e.g., cholesterol, blood glucose, flu, HbA1c).
- **Consult with Healthcare Providers:** Engage local healthcare providers to understand testing needs and gaps in services.

---

### 2. Identify Applicable Federal, State, and Local Regulations

- **Review Ohio Board of Pharmacy Guidelines ([Rule 4729:1-3-01](#)):** Ensure compliance with regulations for point-of-care testing in Ohio.
  - **Terminal Distributor**
  - **CLIA Certificate of Waiver ([CMS-116 CLIA Application](#))**
  - **Appropriate training to conduct testing**
- **Understand CLIA Requirements:** Ensure the pharmacy meets the Clinical Laboratory Improvement Amendments (CLIA) [waiver requirements](#).

---

### 3. Select Test Devices

- **Choose FDA-Approved Devices:** Select point-of-care testing devices that are [FDA-approved](#) and appropriate for community pharmacy use.
- **Consider Test Procedure and Portability:** Evaluate devices based on ease of use, portability, and patient comfort.
- **Evaluate Cost-Effectiveness:** Consider device costs, test kit availability, and long-term sustainability for the pharmacy.

---

### 4. Evaluate Budget, Payer(s), and Projected ROI

- **Assess Initial and Ongoing Costs:** Determine costs for test kits, devices, supplies, training, and administrative needs.
- **Identify Payer Options:** Investigate insurance reimbursement policies (Medicare, Medicaid, private insurers) and patient payment structures.
- **Calculate Projected ROI:** Estimate the potential return on investment, considering both direct and indirect benefits (e.g., patient retention, increased pharmacy services).

---

### 5. Establish and Gain Approval for Testing Policy and Procedures

- **Develop Written Protocols:** Create comprehensive procedures for conducting point-of-care tests, including patient consent, test administration, and result interpretation.
  - **Ensure Patient Privacy:** Adhere to HIPAA and other privacy laws for the protection of patient data.
  - **Get Approval:** Present policies and procedures to the pharmacy's management or board for approval.
-

---

## 6. Train Pharmacy Personnel

- **APhA Test and Treat Program ([Program Link](#)):** Comprehensive, national program to prepare pharmacists to initiate and perform POCT and test to treat programs
- **CDC Ready? Set? Test Course ([Program Link](#)):** Multidisciplinary course outlining steps to initiate POCT and perform appropriately
- **Develop Site-Specific Materials** Prepare training materials on the specific tests, devices, and procedures to be followed.
- **Provide Training to Staff:** Ensure all involved pharmacy personnel are trained on proper test administration, result interpretation, and patient communication.
- **Maintain Ongoing Education:** Establish plans for ongoing education and re-certification as needed.

---

## 7. Market and Implement Program

- **Create Marketing Plan:** Develop a marketing strategy to inform the local community about the new testing services available at the pharmacy.
- **Implement Testing Services:** Launch the program with a clear communication plan to ensure patients understand the services and benefits.
- **Promote via Digital and In-store Channels:** Utilize your pharmacy's website, social media, and in-store promotions to inform patients about point-of-care testing.

---

## 8. Evaluate Program on Clinical, Humanistic, and Economic Outcomes

- **Clinical Evaluation:** Track patient outcomes and health improvements (e.g., cholesterol levels, blood sugar levels, flu diagnosis).
- **Humanistic Evaluation:** Gather feedback from patients regarding their satisfaction, convenience, and perceived value of the service.
- **Economic Evaluation:** Assess the financial performance of the program, including ROI, cost savings, and insurance reimbursements.

---

## 9. Stay Compliant with State Regulations

- **Review BOP and CLIA Guidelines Regularly:** Stay updated on any changes to state and federal regulations governing point-of-care testing.
- **Participate in Continuing Education:** Attend training sessions and webinars to stay informed on the latest testing technologies, regulatory changes, and best practices.

---

### Handout adapted from the framework established by:

Rodis, J. L., & Thomas, R. A. (2006). Stepwise approach to developing point-of-care testing services in the community/ambulatory pharmacy setting. *Journal of the American Pharmacists Association*, 46(5), 594-604. <https://doi.org/10.1331/1544-3191.46.5.594.rodis>

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## Workflow Best Practices for Clinical Services

Kenneth Furdich, Pharm.D., BCACP  
*Clinical Pharmacy Manager, Assistant Professor of Pharmacy Practice  
 AxessPointe Community Health Centers, Northeast Ohio Medical University*

Nicotine Use Disorder Training Certificate

1

## Disclosure Statement

- Kenneth Furdich has no relevant financial relationship(s) with ineligible companies to disclose.
- None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.

2

- 01** Discuss preliminary considerations for developing a service workflow plan
- 02** Outline nicotine replacement therapy (NRT) follow-up care plans incorporating required elements from Ohio law
- 03** Describe documentation requirements for dispensing nicotine replacement therapy pursuant to a protocol
- 04** Identify considerations for initial and follow-up NRT consultation structure

3

# 01

Discuss preliminary considerations for developing a service workflow plan

4

## Information Gathering

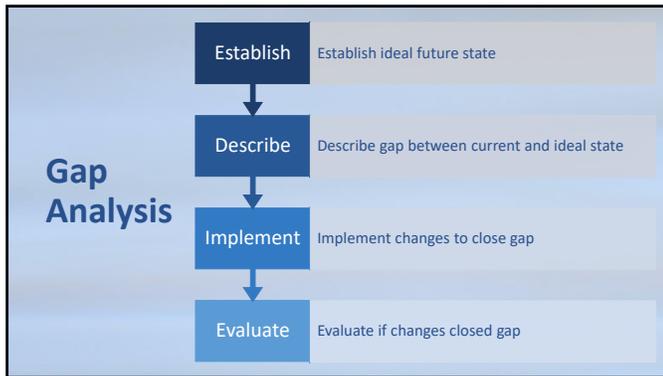
- Literature search
- White papers
- Pharmacy organization resources
- Local/state/national meetings
- Organization listservs
- Colleagues

5

## First Steps

- Conduct a gap analysis
  - Understand your pharmacy/health system
    - Current workflow for established services
    - Technologies used for patient care/documentation
    - Reimbursement models
- Establish policies and procedures
- Determine structure of initial and follow-up consultation

6



7

### Establish Ideal Future State

- Standardized and efficient workflow that empowers pharmacy staff to dispense NRT to qualifying patients
- Service in compliance with applicable laws/regulations
- Patients satisfied with NRT dispensing service
- Positive return on investment

8

### Describe Gap

- No current policies/procedures or workflow processes in place
- No protocol in place for pharmacist dispensing of NRT
- No established clinical, humanistic, or financial outcomes

9

### Implement: Policies and Procedures (P&P)

- Appointment scheduling: Time allotted for consultation, late arrival/no show, rescheduling, disruptive patient behavior
- Service logistics: appointment/consultation billing, documentation, staff responsibilities
- NRT protocol specific: authority & supervision, requirements for pharmacist to dispense NRT, pharmacist responsibilities, documentation, location of dispensing, record storage

10

### P&P: Authority & Supervision

- Who signs NRT protocol & how often?
  - Rule 4729:1-3-07: signed by a physician, renewed biennially
- Supervision
  - Pharmacy intern/extern/technician responsibilities for dispensing NRT
  - Must be supervised by a pharmacist

11

### P&P: Pharmacist Requirements

- Specify what training is required for pharmacists to dispense NRT
  - Rule 4729:1-3-07: Course on NRT accredited by ACPE or another course approved by board of pharmacy

12

## P&P: Pharmacist Responsibilities

- **Screening**
  - Standardized screening tool: NRT precautions/contraindications
  - FDA labels
- **Assessment**
  - Standardized process
  - "5 A's" model: Ask, Advise, Assess, Assist, Arrange
- **Treatment Selection**
  - Site preferred treatment options
  - Restrictive (Patch, gum, lozenge) vs flexible (any FDA approved NRT agent)
- **Follow-up**
  - Required components

13

## P&P: Documentation

- Screening, dispensing, treatment, education, and follow-up plans
  - Where stored and for how long?
    - Dispensing system, electronic health record (EHR), etc.
    - Rule 4729:1-3-07: 3 years
  - Consistent & easily retrievable
- **Primary care provider notification:**
  - What method? How is notification documented? When does it occur?
  - Rule 4729:1-3-07: within 72 hours after screening
  - Consistent & easily retrievable

14

## P&P: Location

- Where can pharmacists dispense NRT?
  - Restrictive: specific room or area
  - Flexible: pharmacy location

15

## Implement: Protocol Development

- Screening
- Assessment
- Treatment Selection
- Education
- Follow-up plan

Photo by Andrea Pasquato: <https://www.pexels.com/photo/crop-businessman-giving-contract-to-woman-to-sign-3700067/>

16

## Screening: NRT Precautions/Contraindications

<18 years old	Cardiac arrhythmias or palpitations
Pregnancy	Uncontrolled HTN
Breastfeeding	Esophagitis
Use smokeless/chewing tobacco	Active peptic ulcer disease
Myocardial infarction in previous year	Soy allergy
Stable or unstable angina	Hypersensitivity to nicotine or menthol

- Implementation: Screening tool
  - Verbal vs paper/electronic

17

## Assessment

<b>Ask</b>	about tobacco use
<b>Advise</b>	tobacco users to quit
<b>Assess</b>	readiness to quit
<b>Assist</b>	with quitting tobacco
<b>Arrange</b>	follow-up plan

- Implementation: Screening tool
  - Verbal vs paper/electronic

18

## Treatment Selection & Education

In consultation with the patient, the pharmacist can opt for any FDA-approved NRT product (either singly or in combination), included in **Table 1** of this protocol. Generic equivalent products may also be provided.

- Treatment selection will take into consideration patient preferences, availability of NRT replacement agents, precautions, side effects, and current recommended treatment guidelines as outlined in **Table 1** below.
- Combination long and short acting NRT is preferred in patients smoking >10 cigarettes daily

Product	Common		Transdermal Patch
	Generic	Brand	Generic
Preparation	Microfilm, Quilichew, Generic	Nicorette Lozenge, Nicorette Mini Lozenge, Generic	Nicotrol CQ, Generic
	OTC, 4 mg	OTC 2 mg, 4 mg, 8 mg, 16 mg	OTC, Nicotrol CQ, generic
	Original, Chantrel, Pruc, vort		Prucisone
Dosing	Report (1-2 weeks) mucocutaneous irritation	Report (1-2 weeks) mucocutaneous irritation	Report (1-2 weeks) mucocutaneous irritation
	Serious underlying arrhythmias	Serious underlying arrhythmias	Serious underlying arrhythmias
	Serious underlying angina pectoris	Serious underlying angina pectoris	Serious underlying angina pectoris
Contraindications	Pregnancy / breastfeeding	Pregnancy / breastfeeding	Pregnancy / breastfeeding
	Adipose tissue (OTC only)	Adipose tissue (OTC only)	Adipose tissue (OTC only)
	CONTRAINDICATIONS	CONTRAINDICATIONS	CONTRAINDICATIONS
Dosing	OTC quipette 100 nicotine after waking 4 mg	OTC quipette 100 nicotine after waking 2 mg	OTC quipette 100 nicotine after waking 2 mg
	OTC quipette 100 nicotine after waking 2 mg	OTC quipette 100 nicotine after waking 2 mg	OTC quipette 100 nicotine after waking 2 mg
	OTC quipette 100 nicotine after waking 2 mg	OTC quipette 100 nicotine after waking 2 mg	OTC quipette 100 nicotine after waking 2 mg

Adapted from: Nicotine Replacement Therapy Statewide Protocol, Arkansas State Board of Pharmacy, Accessed Oct 11, 2023. <https://www.health.arkansas.gov/images/stories/pdf/NicotineReplacementTherapyProtocol.pdf>

19



## Outline follow-up care plans incorporating required elements from Ohio law

20

## Follow-up plan

- Shall include all the following...
- A recommendation that the individual notify their provider that they have initiated a quit attempt

21

## Follow-up plan

- Shall include all the following...
- Plan to deal with psychological aspects of tobacco addiction
  - Oral fixation
  - Accountability
  - Trigger avoidance
  - Dissociation techniques

22

## Follow-up plan

- Shall include all the following...
- How to seek services from Ohio tobacco quit line
  - 1-800-QUIT-NOW (1-800-662-4357)

23

## Follow-up plan

- Shall include all the following...
- Plan for possible side effects

NRT Form	Common Side Effects	Mitigation Strategies
Gum	Mouth Irritation	Use the chew and park method; switch to lozenge
	Upset Stomach	Use the chew and park method; educate on spitting saliva out rather than swallowing it; do not eat or drink for 15 minutes before using the gum or while you are using it
Lozenge	Nausea or Vomiting	Do not suck on the lozenge, but rather let it dissolve between teeth and gums; educate on spitting saliva out rather than swallowing it
	Heartburn or Indigestion	Do not eat or drink for 15 minutes before using the gum or while you are using it
	Mouth Ulcers	Discontinue use
Patches	Skin Irritation	Rotate patch placement daily, consider using an OTC cortisone cream
	Sleep Disturbances	Remove patch before bed, consult with a healthcare provider for alternative NRT options
	Dizziness or Headaches	Lower the dose and use OTC medications such as Tylenol for headaches

24

### Follow-up plan

- Shall include all the following...
- How, when, and how many times to refill NRT
  - Consider days supply with max use
  - Patch-stepdown instructions

25

### Follow-up plan

- Shall include all the following...
- Follow-up time-frame
  - 1-4 weeks after initial consultation
  - More follow-ups (3-4) are associated with higher quit rates<sup>3</sup>, but must also consider staff availability and workload

26

### Follow-up plan

- Shall include all the following...
- How and when to stop using NRT
  - Consider expected therapy duration

27

### Follow-up plan

- Shall include all the following...
- Instructions to seek assistance from pharmacist or provider if relapse occurs
- Before re-trying
  - Identify cues & triggers
  - Decide alternative coping strategies

28

### Follow-up plan

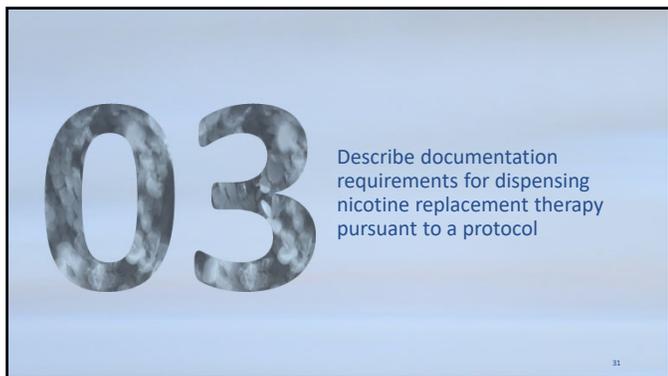
- Shall include all the following...
- If tobacco cessation therapy with non-NRT agents is indicated, instruct to see PCP
  - Varenicline
  - Bupropion

29

### Follow-up plan

Required component	Notes
Recommendation to patient to notify provider of quit attempt	n/a
Plan to deal with psychological aspects of tobacco addiction	Oral fixation, accountability, trigger avoidance, dissociation techniques
How to seek services from Ohio tobacco quit line	1-800-QUIT-NOW (1-800-662-4357)
Plan for possible side effects	Mitigation strategies
How, when, and how many times to refill NRT	n/a
How and when to stop using NRT	Treatment limits
Instructions to seek assistance from pharmacist or provider if relapse occurs	n/a
Follow-up time-frame	1-4 weeks
If relapse occurs: identify smoking cues/triggers, decide alternative coping strategies	n/a
If tobacco cessation therapy with non-NRT agents is indicated, instruct to see PCP	Varenicline, bupropion

30

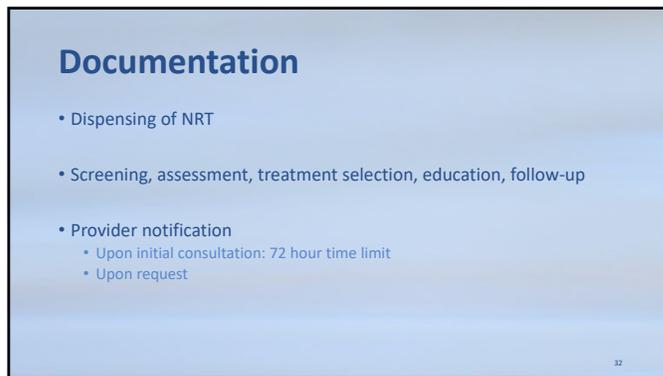


# 03

Describe documentation requirements for dispensing nicotine replacement therapy pursuant to a protocol

31

31



## Documentation

- Dispensing of NRT
- Screening, assessment, treatment selection, education, follow-up
- Provider notification
  - Upon initial consultation: 72 hour time limit
  - Upon request

32

32

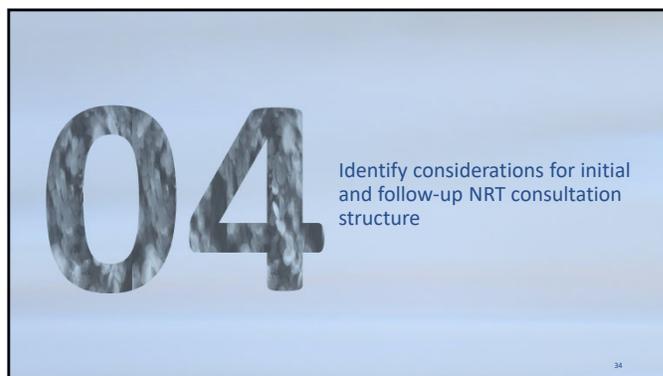


## Evaluation

- How will you determine if your service is successful?
- How will you demonstrate value to stakeholders?
- Clinical outcomes
  - Quit rates at 12 weeks
  - Pharmacist interventions & intervention outcomes
- Humanistic outcomes
  - Patient/provider satisfaction
- Economic outcomes
  - Revenue
  - Return on investment

33

33

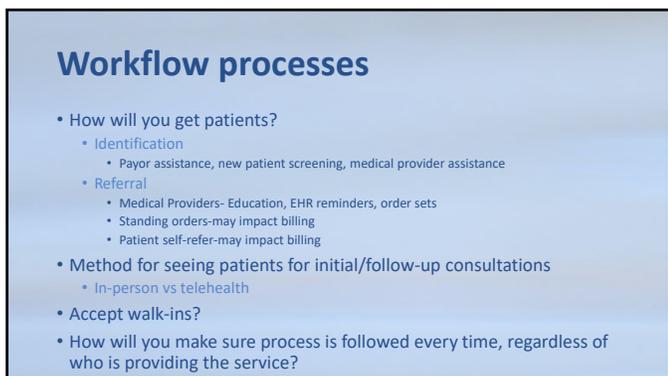


# 04

Identify considerations for initial and follow-up NRT consultation structure

34

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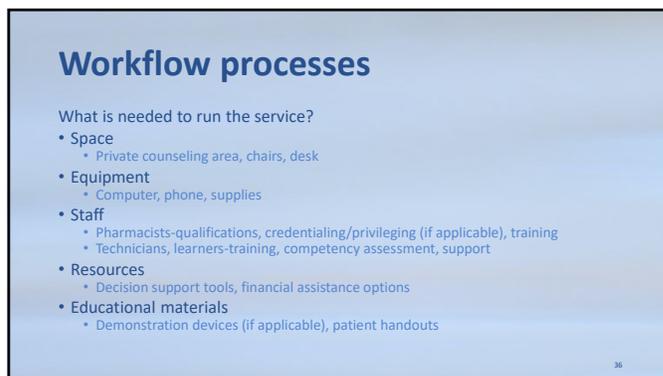


## Workflow processes

- How will you get patients?
  - Identification
    - Payor assistance, new patient screening, medical provider assistance
  - Referral
    - Medical Providers- Education, EHR reminders, order sets
    - Standing orders-may impact billing
    - Patient self-refer-may impact billing
- Method for seeing patients for initial/follow-up consultations
  - In-person vs telehealth
- Accept walk-ins?
- How will you make sure process is followed every time, regardless of who is providing the service?

35

35



## Workflow processes

What is needed to run the service?

- Space
  - Private counseling area, chairs, desk
- Equipment
  - Computer, phone, supplies
- Staff
  - Pharmacists-qualifications, credentialing/privileging (if applicable), training
  - Technicians, learners-training, competency assessment, support
- Resources
  - Decision support tools, financial assistance options
- Educational materials
  - Demonstration devices (if applicable), patient handouts

36

36

## Initial visit structure

### Scheduled

- Pros
  - Defined schedule
  - Planned time/FTE commitment
- Cons
  - Staff time for scheduling
  - No-shows/reschedules
  - Potentially less volume

### Walk-in

- Pros
  - More potential revenue
  - Ease of access – increased satisfaction
- Cons
  - Workflow disruptions
  - Staff availability
  - Variable time/FTE commitment

37

## Initial visit structure

### Telehealth

- Pros
  - Ease of access – increased satisfaction
  - Potentially lower time/FTE commitment
- Cons
  - Less rapport-building
  - Technical difficulties
  - Education/counseling pitfalls

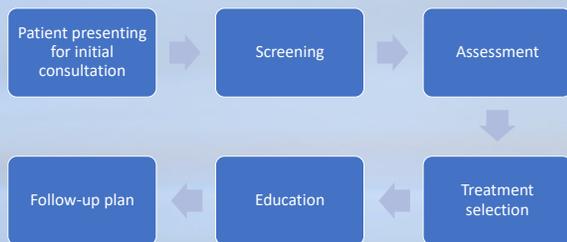
### In-person

- Pros
  - Rapport-building
  - Medication reconciliation
- Cons
  - No-show rate

38

## Initial visit structure

30-60 minutes



39

## Follow-up visit structure

• Time: 5-15 min

• Telehealth vs in-person

### • Components

- Medication assessment
  - Efficacy-maintaining abstinence?
  - Safety-NRT side effects
  - Compliance- using patch daily? Using prn nicotine products for cravings?
- Review successes, barriers, and progress

40

## Follow-up visit structure

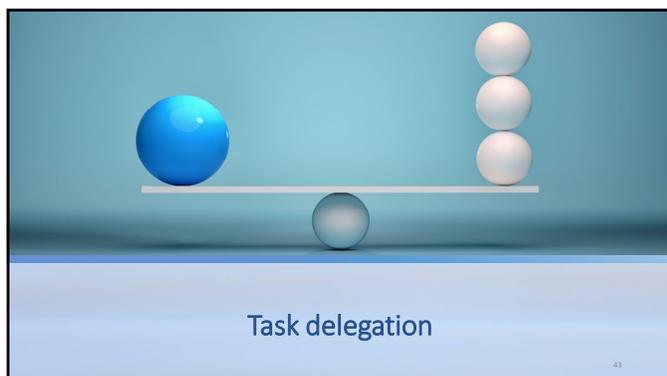
5-15 minutes



41

## Additional Considerations

42



43

### NRT service tasks

- Visit scheduling-Technician/intern/extern
- Information collection-Technician/intern/extern -> pharmacist
- Documentation-Technician/intern/extern -> pharmacist
- Assessment-Intern/extern -> pharmacist
- Treatment selection-Intern/extern -> pharmacist
- Education-Intern/extern -> pharmacist

44

### Additional payment opportunities

Bill for time spent conducting initial and follow-up consults

- Provider status
  - Collaborative practice agreements (CPA)
  - Billing capabilities vary depending on setting
- Incident-to-billing
  - CPA not needed
  - Need to bill under medical provider's name
  - Limited to lower billing codes (in person: 99211, telephonic: 99441)

45

### References

- Ohio Admin. Code 4729:1-3-07 (2022).
- Clinical Cessation Tools, Centers for Disease Control and Prevention; December 8, 2021. Accessed September 30, 2023. <https://www.cdc.gov/tobacco/patient-care/pdfs/hcp-conversation-guide.pdf>
- Lexicomp Online, Lexi-Drugs Online, Waltham, MA: UpToDate, Inc.; July 30, 2021. <https://online.lexi.com>. Accessed October 27, 2023.
- Xie J, Zhong R, Zhu L, Chang X, Chen J, Wang W, Zhang L, Chen O, Yu X, Zou Y, Li Y. Smoking cessation rate and factors affecting the success of quitting in a smoking cessation clinic using telephone follow-up. *Tob Induc Dis.* 2021 Dec 20;19:99.

46

### Need More Information?

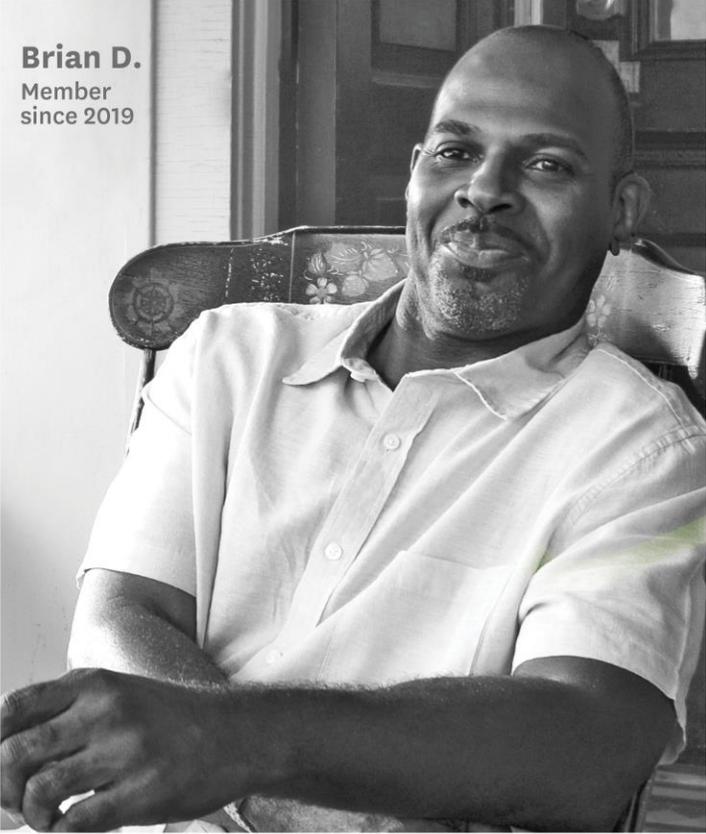
- Session questions
  - Kenneth Furdich, Pharm.D., BCACP  
([kfurdich@axesspointe.org](mailto:kfurdich@axesspointe.org))
- CE-related questions
  - [info@ohiopharmacists.org](mailto:info@ohiopharmacists.org)

47

# Provider Portal Account Setup



**Desiree D.**  
Member since 2015



**Brian D.**  
Member  
since 2019



**Reyanna P.**  
Member since 2015



**Autumn T.**  
Member  
since 2005



**Audrey S.**  
Member since 2014

# Provider Home Page

	FOR MEMBERS	FOR PROVIDERS	GET INSURED	COMMUNITY CONNECT	CORONAVIRUS INFORMATION
<b>FOR PROVIDERS</b>					
Coronavirus Information for Providers					
Caregiver Resources					
Become a Provider					
Pre-Auth Check					
Pharmacy					
Provider Resources					
QI Program					
Behavioral Health					
Provider Communications					
Provider Exhibit					
Utilization Management					

## Welcome to the Buckeye Provider Home Page

Being a trusted partner with our providers is a top priority. We must earn that trust every day, with every interaction. Based on your feedback, we have begun implementing a communication plan to enhance our provider messaging and communications. Please let us know if you have suggestions.

### Important Messages

- Effective April 1, 2021 the November 2020 decision to remove [prior authorizations and/or pre-certifications](#) for long-term acute care facilities, inpatient rehabilitation facilities and skilled nursing facility admissions will be rescinded.
- COVID Vaccine Billing has been updated with the new Johnson & Johnson vaccine. See our [Medicaid COVID Vaccine](#) page for details you may need and our COVID Champions document.
- [COVID-19 Billing Guidelines Released for Allwell and Ambetter](#)
- Reminder: Practitioners & Groups Must Enroll with ODM. ODM requires professional and group groups to be enrolled as [outlined in their memo \(PDF\)](#).
- EVV Training - The Ohio Department of Medicaid is hosting webinars:
  - March: Overview and Updates for Case Manager
  - [See details](#).

### Sign Up to Receive Our Provider Communications



**Provider Update Newsletter**

### Latest provider information:

- [Behavioral Health Video Series - Bullying](#)
- March 2021 [Provider Update Newsletter](#)
- [2019 Community Impact Report](#)
- [Pregnancy & Prenatal Resources](#)
- March 2021: [Qrtly Claims Payment System Error Notifications \(CPSE\) \(PDF\)](#)

### Portal Login

If you are a contracted Buckeye Health Plan provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Once you have created an account, you can use the Buckeye Health Plan provider portal to:

- Verify member eligibility
- Manage claims
- Manage authorizations
- View patient list
- Login/Register

[login/register](#)

**STEP 1:** Go to the **Provider Home Page** to find the **Portal Login**.

We recommend that you do not bookmark the actual portal but access from here <https://www.buckeyehealthplan.com/providers.html>

<a href="#">FOR MEMBERS</a>	<a href="#">FOR PROVIDERS</a>	<a href="#">GET INSURED</a>	<a href="#">OUR COMMUNITY CONNECTIONS</a>	<a href="#">CORONAVIRUS INFORMATION</a>	<a href="#">2022 MEDICAID CONTRACT AWARDED</a>
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## Member Portal

Create your own online account today!

Buckeye Health Plan offers many convenient and secure tools to assist you. You also have access to your healthcare information. To enter our secure portal, click on the login button. A new window will open. You can login or register. Creating an account is free and easy.

By creating a Buckeye Health Plan account, you can:

- 1 Request a new Member ID Card
- 2 Update your personal information
- 3 Send us a message

I am a:

Provider

Submit



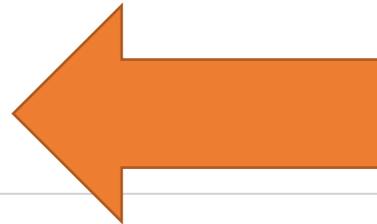


# Log In

Username (Email)

LOG IN

[Create New Account](#)





# Create Your Account

Let's get started - creating an account is quick and easy.

Email

First Name

Last Name

Language Preference

Password

Passwords must be at least 8 characters and include three of the four items below:

- One uppercase letter
- One lowercase letter
- One number
- One special character (For example: &, \$, !, \*)

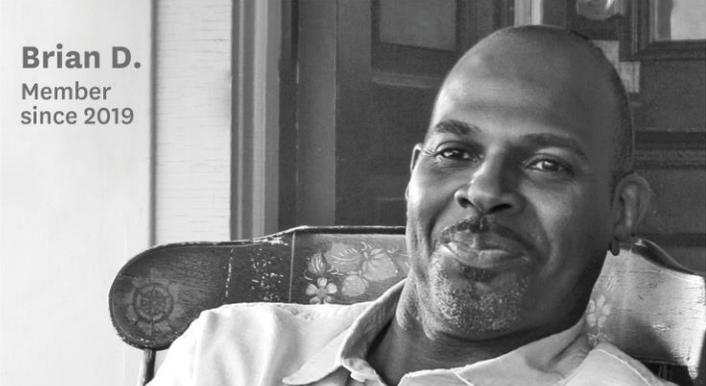
CREATE ACCOUNT

CANCEL

# Secure Provider Portal Quick Billing Guide



**Desiree D.**  
Member since 2015



**Brian D.**  
Member  
since 2019



**Reyanna P.**  
Member since 2015



**Autumn T.**  
Member  
since 2005



**Audrey S.**  
Member since 2014

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- [2019 Community Impact Report](#)
- [Pregnancy & Prenatal Resources](#)
- March 2021: [Qtrly Claims Payment System Error Notifications \(CPSE\) \(PDF\)](#)

### Portal Login

If you are a contracted Buckeye Health Plan provider, you can register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

Once you have created an account, you can use the Buckeye Health Plan provider portal to:

- Verify member eligibility
- Manage claims
- Manage authorizations
- View patient list
- Login/Register

[login/register](#)

**STEP 1:** Go to the **Provider Home Page** to find the **Portal Login**.

We recommend that you do not bookmark the actual portal but access from here <https://www.buckeyehealthplan.com/providers.html>

# Provider Login

## The Tools You Need Now!

Our site has been designed to help you get your job done.

-  **Check Eligibility**  
Find out if a member is eligible for service.
-  **Authorize Services**  
See if the service you provide is reimbursable.
-  **Manage Claims**  
Submit or track your claims and get paid fast.

### Login

User Name ( *Email* )

Password

[Forgot Password / Unlock Account](#)

**Need To Create An Account?**  
Registration is fast and simple, give it a try.

**STEP 2:** Log in to the secure portal.

**BE PREPARED!** – Your first entries will require member name, account number (MMIS), date of birth, provider tax ID (or social security), and billing and location/facility address(es).

# Provider Dashboard

Viewing Dashboard For : TIN [ ] Plan Type Medicaid [ ] GO

What you need to know about COVID-19

### Quick Eligibility Check for Medicaid

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy [Check Eligibility](#)

### Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
✓	05/29/2020	[ ]	T150OHE06803
✓	05/29/2020	[ ]	T150OHE07970
✓	05/28/2020	[ ]	T149OHE06483

### Welcome

- Add a TIN to My ACCOUNT >
- Reports >
- Patient Analytics--Coming Soon >
- Provider Analytics >

### Recent Activity

Date	Activity
------	----------

**STEP 3:** Select the correct TIN and Plan Type and hit the green “Go” button.

## Dashboard features:

- View Claims & Status
- Check eligibility
- View Patient List
- Submit Claims
- Send a Secure Message
- Manage Accounts
- Access Reports

# Provider Dashboard

MyCareOhio  
Connecting Medicare + Medicaid

Eligibility Patients Authorizations Claims Messaging

Viewing Dashboard For : TIN [ ] Plan Type Medicaid [ ] GO

What you need to know about COVID-19

### Quick Eligibility Check for Medicaid

Member ID or Last Name: [123456789 or Smith] Birthdate: [mm/dd/yyyy] [Check Eligibility](#)

### Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
✓	05/29/2020	[ ]	T150OHE06803
✓	05/29/2020	[ ]	T150OHE07970
✓	05/28/2020	[ ]	T149OHE06483

### Welcome

- [Add a TIN to My ACCOUNT](#)
- [Reports](#)
- [Patient Analytics--Coming Soon](#)
- [Provider Analytics](#)

### Recent Activity

Date  
Activity

**STEP 4:** Click the **Claims** icon on the dashboard header.

## Dashboard features:

- View Claims & Status
- Check eligibility
- View Patient List
- Submit Claims
- Send a Secure Message
- Manage Accounts
- Access Reports

# Create Claim



The screenshot shows the MyCareOhio interface. At the top, there is a navigation bar with the following items: buckeye health plan logo, MyCareOhio logo with the tagline 'Connecting Medicare + Medicaid', and menu items for Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there is a section for 'Viewing Claims For :'. It includes a dropdown menu set to 'Medicaid' and a green button with a magnifying glass icon. To the right of this section are two buttons: 'Upload EDI' and 'Create Claim'. The 'Create Claim' button is highlighted with a red rectangular border.

**STEP 5:** Click Create Claim.



This screenshot shows the same MyCareOhio interface as the previous one, but with the search section highlighted in red. The search section contains two input fields: 'Member ID or Last Name' with the placeholder text '123456789 or Smith' and 'Birthdate' with the placeholder text 'mm/dd/yyyy'. To the right of these fields is an orange 'Find' button.

**STEP 6:** Enter Member ID\* or Last Name AND Date of Birth.

Click Find.

\* Member ID is the member's MMIS # or Medicaid ID # located on the member's Buckeye ID card.

# Claim Type

The screenshot shows the MyCareOhio Claims portal interface. At the top, there is a navigation bar with the Buckeye Health Plan logo and the text 'MyCareOhio Connecting Medicare + Medicaid'. Below this are several menu items: Eligibility, Patients, Authorizations, Claims, and Messaging. A 'Viewing Claims For' section includes a dropdown menu set to 'Medicaid' and a green 'GO' button. To the right of this are 'Upload EDI' and 'Create Claim' buttons. The main content area is titled 'Choose Claim for' with a blue progress bar. Below this, the heading 'Choose a Claim Type' is displayed. Two options are presented in a white box: 'CMS 1500 Professional Claim' with a green button and arrow, and 'CMS UB-04 Institutional Claim' with a green button and arrow. At the bottom of the page, there are links for 'Instruction Manual (PDF)', 'Terms & Conditions', 'Privacy Policy', and a copyright notice for Centene Corporation.

**STEP 7:** Choose a Claim Type\*.

# General Info

**General Info**  
Information about the dates of the claim.

Next →

\* Required field

Patient's Account Number\*

Statement Dates\* From  To

**STEP 8:** Enter Patient's Account Number \* (Member Medicaid ID or MMIS #).

**STEP 9:** Enter the Statement Dates for the service billing period.

Click Next.

Required fields are marked with asterisks(\*).

\* **Patient's Account Number** is the member's MMIS # or Medicaid ID # located on the member's Buckeye ID card.

# Diagnosis Codes

**Diagnosis Codes**  
Diagnosis Code and Additional Insurance information.

← Back Next →

\* Required field

ICD Version Indicator\*  ICD 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes\*   (Enter diagnosis code and click on Add button) 21.

I519 -- HEART DISEASE UNSPECIFIED Remove X

← Back Next →

**STEP 10:** Enter diagnosis code and click on **Add** button.

Click **Next**.

Diagnosis code with description will populate below diagnosis field box after clicking “Add”.

**Generic DX code: R6889 - OTHER GENERAL SYMPTOMS AND SIGNS**

# Service Lines

**Service Lines**  
Enter maximum of 50 service lines.

← Back Provider Details →

Total: \$0.00 \* Required field Save / Update

+ New Service Line

Dates of Service\*   24.a

**STEP 11:** Enter Dates of Service\*.

\* Only ONE date of service per service line should be entered (i.e. “From” date and “To” date should be the SAME date). Dates of Service must fall within the Statement Dates entered in Step 7.

# Service Lines (Cont'd)

The screenshot shows a form with four sections. The first section, labeled '24.b', contains a 'Place of Service\*' dropdown menu with 'Select...' and a downward arrow. The second section, labeled '24.c EMG', contains an 'Emergency' field with 'Yes' and 'No' radio buttons, where 'No' is selected. The third section, labeled '24.d', contains a 'Procedure Code\*' text input field with 'XXXXX e.g.'. The fourth section contains a 'Modifiers' text input field with 'XX', an 'Add' button, and the instruction 'Please enter the modifier and click the Add button.'

**STEP 12:** Select **Place of Service** from the drop-down menu.

**STEP 13:** Enter **Service Procedure Code**.

**STEP 14:** Enter **Modifier(s)** where applicable and click the **Add\*** button.

\* **IMPORTANT:** You must click the **Add** button for the modifier(s) to be added to the claim service line. Missing claim modifier(s) where required may result in incorrect reimbursement and/or service line or claim denial.

# Service Lines (Cont'd)

Diagnosis Code(s)\*  I519 - HEART DISEASE UNSPECIFIED

---

Charges\* XX.XX

---

Units / Minutes / Days\* XXXX Type \* UN - Units/ ▼

24.e

24.f

24.g

**STEP 15:** Check box(es) to confirm previously entered **Diagnosis Code(s)**.

**STEP 16:** Enter total **Charges\***.

**STEP 17:** Enter total **Units/Minutes/Days\*** and select **Type** from the drop-down menu.

- ❖ When entering charges for the service billed, include the decimal point to ensure the data displays accurately. For example, 99.0 converts to \$99.00.
- ❖ You must **pre-calculate** the **total Charges** and **total Units** for the Date of Service and enter in the designated fields.

# Service Lines (Cont'd)

**Service Lines**  
Enter maximum of 50 service lines.

← Back Next →

Total: \$40.00 \* Required field Delete Save / Update

**+ New Service Line**

Now Viewing Line 1: 99213 / \$40.00

PROCEDURE / CHARGES

1: 99213 / \$40.00	Dates of Service* From 02/23/2021 To 02/23/2021	24.a
	Place of Service* 11 -- PROVIDERS OFFICE	24.b
	Emergency Yes No	24.c EMG
	Procedure Code* 99213	24.d

**STEP 18:** Click Save/Update.

To add additional **Service Lines\***, scroll to the top and click + **New Service Line**.

**Repeat Steps 10-17** until all service line entries are completed.

Click **Next**.

\* Your added **Service Lines** will appear in the gray shaded area on the left side of the page.

# Providers

**Providers**  
Providers on this claim.

← Back Next →

\* Required field

**Referring Provider**

NPI  Find Provider Qualifier  17.

Last Name or Organizational Name  Find Provider First Name

**Rendering Provider** Only enter rendering provider information if not the same as Billing Provider information. 24.j

NPI  Tax ID  Find Provider

Taxonomy #  Last Name or Organizational Name  First Name  Clear X

**STEP 19:** Enter Referring Provider and Rendering Provider information.

\* Only enter **Rendering Provider** information if not the same as **Billing Provider** information.

# Providers (Cont'd)

**Billing Provider**

Tax ID 33.

Name\* NPI Taxonomy \*

Last Name XXXXXXXXXXX XXXXXXXXXXX

Address\* City\* State\* Zip\*

XXXXXXXXXX XXXXXXXXXXX Select... XXXXX

**Service Facility Location** Same As Billing Provider

Name NPI 32.

Last Name XXXXXXXXXXX

Address City State Zip

XXXXXXXXXX XXXXXXXXXXX Select... XXXXX

[← Back](#) [Next →](#)

**STEP 20:** Enter **Billing Provider** Name, Address, City, State, Zip.

**STEP 21:** Enter **Service Facility Location\*** Name, Address, City, State, Zip.

Click **Next**.

Taxonomy is NOT required.

\* Click “Same as Billing Provider” button if **Service Facility Location** and **Billing Provider** address are the same.

# Attachments

## Attachments

Add attachments to the claim (30MB limit). Supported types are .jpg, .tif, .pdf and .tiff

[← Back](#) If there are no attachments, click Next. [Next →](#)

### Attachments

\*Do NOT send password protected files. You must click ATTACH for each file being submitted.

File\*  No file chosen Attachment Type\*

There are no attached files.

[← Back](#) If there are no attachments, click Next. [Next →](#)

**STEP 22:** Upload Attachments where applicable.

Click **Browse** and **Attach**.

If there are no attachments, Click **Next**.

# Review

## Review

Please review your claim and submit.

← Back

Submit →

## Almost done!

You can go back to review your claim or submit now.

### Claim Id: 826620081

Member Record Number: [REDACTED]

Member Claim Amount Paid: [REDACTED]

Patient's Account Number: [REDACTED]

### General Info [Edit](#)

Statement From Date: 02/23/2021

Statement To Date: 02/25/2021

Date of current illness, injury, pregnancy (LMP):

Other Date:

Hospitalized From:

Hospitalized To:

Additional Claim Information:

Outside Lab?: No

Outside Lab Amount:

Prior Authorization Number:

CLIA Number:

**STEP 23:** Review your Claim.

# Review (Cont'd)

## Diagnosis Codes and Primary Insurance [Edit](#)

### Diagnosis Codes

I519 -- HEART DISEASE UNSPECIFIED

## Service Lines [Edit](#)

Line	From	To	Place	EMG	Proc	Diagnosis	Amount	Units/Minutes/Days	Family Plan	EPSDT	NDC	Supplemental Info
1	02/23/2021	02/23/2021	11	No	99213	I519	\$40.00	1.0	No			

## Providers [Edit](#)

Provider Type	Name	Tax ID	NPI	Taxonomy	Address
ReferringProvider					
RenderingProvider					
BillingProvider	Buckeye Provider,				123 Buckeye Road, CLEVELAND, OH, 44101
Service Facility Location	Buckeye Provider				123 Buckeye Road, CLEVELAND, OH, 44101

## Attachments

[← Back](#)

[Submit →](#)

If there are no Edits, Click **Submit\***.

**\* IMPORTANT:** Carefully check the information entered for accuracy **BEFORE** clicking **Submit**.

# Contact Us!

-  Provider Services: 866.296.8731
  - First point of contact for any issues.
  - If you are unsure of who your Provider Network representative, contact Provider Services.
-  Website: [www.buckeyehealthplan.com](http://www.buckeyehealthplan.com)
  - Sign in to the Secure Portal for secure messaging and we will reach back out to you.