Flip the Pharmacy Change Package
Domain 6

Flip the Pharmacy: Champion Checklist

Developing the Business Model and Expressing Value

- ☐ **Understand the importance of leveraging the appointment-based model to optimize patient care, clinical service delivery, and non-dispensing revenues.**
- ☐ **Consider what additional resources you need to help your pharmacy team be more successful providing sustainable care.**
  - Staffing, technology, training/education, clinical services development, credentialling and medical billing support, etc.
- ☐ **Workflow Innovations: Evaluate and implement opportunities to generate revenue related to clinical services and develop a plan for workflow implementation.**
  - Optimizing payer programs if available
  - Implementing clinical, revenue generating services (e.g. Point-of-Care testing, Test and Treat, comprehensive medication management, medication therapy management, immunizations, functional medicine consults) that can be either cash-based or billed to third parties
  - Participate and perform in grants that focus on clinical services delivery with reimbursement (e.g. vaccine hesitancy, continuous glucose monitoring, health disparities and social determinants of health, disease state management, etc.)
  - Research opportunities to bill health plans (including state Medicaid programs) as a medical provider in your area.
  - Implement new practice/business models that generate improved reimbursement that integrate services with product (e.g. Cost-Plus, Direct Contracting with Employers, Direct Primary Care)
- ☐ **Optimize non-pharmacy staff to provide services within their scope of practice and to free up pharmacists to provide patient care services**
  - Immunizations, community health worker (CHW), technician product verification, triaging patients, clinical data collection, etc.

ACTION → **Evaluate and Implement Opportunities to Generate Revenue Related to Clinical Services and Develop a Plan for Workflow Implementation.**

Workflow Innovation: Developing the Business Model and Expressing Value: Putting It All Together.

STEP ONE: If you haven't done so recently, analyze your community and patient population.

- **Determine what patient care services may be needed in your market area.**
  - **Here are some resources previously shared to help you better understand the population you serve and their unique needs.**
    - Look at your county statistics for health behaviors and social and economic factors **Click HERE**
    - Census data – **Click HERE**
    - City data – **Click HERE**
  - **Your own data from your pharmacy management system is a great tool for analyzing your current patient population.**
  - **Review your state's pharmacy practice act to see about the ability to bill as medical provider.**
- **Create a list of providers and services currently offered in your area to determine potential practice partners and competitors.**
- **If you haven't already done so, identify and connect with community-based organizations (CBOs) and other community resources such as your social services and public health departments for bi-directional referrals.**
- **Discuss how patients can be referred to your pharmacy who are in need of medication management and/or other pharmacy services and how you can refer back to them** (including the best way to communicate between organizations).
  - Perhaps there is an opportunity to partner with a prescribers practice either through a Direct Primary Care (DPC) model or other partnership in which payment for services is included.
- **From the research done, create a list of services that you want to develop and implement that will provide new, non-dispensing revenues.**

STEP TWO: Assess how your pharmacy team can continue to be successful with implementing Flip the Pharmacy workflow innovations and be sustainable.

- **As a team, reevaluate the "why" you decided to participate in Flip the Pharmacy and offer enhanced services to your patients.**
  - **Beyond the great care you are providing to your patients, come up with a few reasons it is important to stay engaged in your practice transformation efforts. Here are some examples from participating pharmacies:**
    - Keep the momentum to continue to evolving our practice
    - Payer program readiness
    - Even if you aren't actively participating in a payer program right now, it is crucial to have the processes in place to be successful in any program.

      NOTE → Many payers are looking for solutions to SDoH, so make sure you have a system in place to identify SDoH and referral sources.

    - Support for participation in a current payer program
    - Best practice sharing to bring innovative ideas back to our community

STEP THREE: Evaluate payer opportunities that are available now.

- **Determine any payer programs that are already existing in your area.**
  - **Work closely with your Managing Network Facilitator (MNF),**
  - **Ensure that your practice is included,**
  - **Be ready to perform so that you maximize the opportunity.**
- **As a practice and team, meet regularly to review payer program metrics to determine if you are meeting the requirements of the program and optimizing your opportunity.**
- **Ensure that staff are trained and prepared to maximize the payer program.**

STEP FOUR: Identify an opportunity that would be a good fit for your pharmacy team to pursue.

- **Evaluate the options presented from the market analysis.**
- **Consider what additional opportunities may be available in your area.**
  - **Does your state allow you to have a CPA with another provider?**
  - **Are there billing opportunities (e.g. incident-to-billing or provider status billing opportunities)?**
    - **Click HERE** for the CDC's Collaborative Practice Agreement Resource and Implementation Guide for Pharmacists.
    - **Click HERE** for information about how to get started with a Hypoglycemia Awareness Program provided by FtP Team Iowa.
      - Consider using for provider outreach with the potential for establishing a CPA for dispensing glucagon.
  - **Cash-based POCT services**
    - This could also be an opportunity to trial approaching patients about cash-based POCT testing.
      - Ask them if they would be interested in the service if you were to offer it in the pharmacy.
  - **Remember that there are opportunities tied to payment in your pharmacy right now. Make sure you are maximizing these potential revenue streams.**
    - Part D
    - Comprehensive Medication Reviews
    - Targeted Interventions related to adherence and gaps in care
    - EQuIPP scores tied to STAR ratings and DIR fees
    - Immunizations
- **Pick one opportunity to focus on for this month (and potentially the next several months as you build the service).**

STEP FIVE: Create a business plan.

- **Click HERE to review *Writing a Business Plan for a New Pharmacy Service*.**
  - This document addresses the core components of a business plan and will aid in creating your own business plan.
  - Use this as a starting point to create a basic business plan for the opportunity you plan to focus on.

STEP SIX: Implement your new service!

- **Set a timeline for implementation and evaluation of the services.**
  - For example, if implementing cash POCT services, you may have a goal to begin marketing and offering the service the following month with monthly reviews of revenue, expenses, and effects on operations.
  - Likewise, if you are starting to offer services based on a CPA with a provider, it will be important to evaluate the number of patients seen, medication adjustments made, track labs, etc. (in addition to financials and operations) so that you evaluate the effectiveness of the program and potentially use it to market the service to other providers.

STEP SEVEN: Don't forget to evaluate the service and refer back to your business plan.

- ***Like a road map, the business plan can be reviewed regularly to help the management team stay focused on key goals and assess their progress.***

Workflow Innovation: Getting Started with Medical Billing

1. Determine if your pharmacy has an existing medical billing intermediary (e.g. if currently billing Medicare Part B claims or certain durable medical equipment claims). If not, consider which medical billing intermediary might best fit your medical billing needs.

2. Assess which health plan provider networks you may be able to enroll and contract with for commercial and Medicaid billing opportunities. Contracting opportunities can be considered at an organization level (i.e. CPESN) or at a pharmacy level. Generally, pharmacy level opportunities and requirements will be state and plan dependent. Some states have a centralized enrollment and/or credentialing process while others do not. Some medical billing intermediaries can assist with contracting and credentialing. ***Community pharmacy's path to medical billing is not straightforward.*** Reaching out to your local CPESN network or state association for guidance is a great starting point.

3. Determine what type of credentialing you may need to complete. Credentialing refers to the review process of a provider's qualifications by the health plan or payer. Some states have their own centralized credentialing process. Many health plans use CAQH's (Council for Affordable Quality Healthcare) credentialing process.

   - CAQH credentialing is one of the most widely accepted credentialing sources nationwide. CAQH ProView is their FREE online provider data-collection solution. It streamlines provider data collection by using a standard electronic form that meets the needs of nearly every health plan, hospital and other healthcare organization. To get started, refer to the CAQH Guide for Community Pharmacists **HERE** created by CPESN Tennessee, CPESN Northeast Tennessee, and the Tennessee Pharmacists Association.

     NOTE → The credentialing process is for ***individual providers*** and will require a Type 1 NPI specific to the pharmacist as an individual provider. This is different from your pharmacy's Type 2 NPI, specific to the organization. If you don't have a Type 1 NPI, **Apply HERE**.

4. Research and review resources and organizations that may support medical billing efforts.

5. When ready, start providing care and bill medical claims.