



Pharmacist Professional Services
 In accordance with California Assembly Bill 317 (AB 317)
 Quick Reference Guide

November 2024

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Overview

In 2013, California Senate Bill 493 (SB 493) recognized pharmacists as providers in the state of California, with the intention of expanding access to care for Californians and helping to relieve strain on the health care system. Enactment of SB 493 expanded the scope of practice for pharmacists beyond their traditional role of dispensing prescription medications. The bill also established the "Advanced Practice Pharmacist" (APh) licensure category.

Following the passage of SB 493 and additional legislation, current law grants California licensed pharmacists the authority to provide professional services such as furnishing medications (i.e., independent initiation and provision of medication), administering medications, performing select laboratory tests, and managing chronic conditions.

On October 7, 2023, California Assembly Bill 317 (AB 317) was signed into law to mandate payment for the cost of professional services performed by a pharmacist. AB 317 is a payment parity law that requires health care service plans and insurers, such as Blue Shield of California (Blue Shield) to reimburse pharmacists for professional services that are within their scope of practice and rendered in outpatient retail pharmacies if the plan would *"otherwise provide reimbursement for identical services performed by other licensed health care providers."*¹

In April 2024, California Association of Health Plans assembled a statewide multi-stakeholder workgroup to ensure a measure of statewide consistency in implementation of the new requirement. Additional stakeholders included the California Pharmacist Association (CPhA, author of the bill), the California Right Meds Collaborative (CRMC), health plans (including Blue Shield), community pharmacies, health systems, physicians, and academic representatives. The Department of Managed Healthcare (DMHC) was aware of this effort.

In August 2024, guidance documents were developed collaboratively by the stakeholder workgroup to help provide an understanding of the intent of the bill and identify best practices to support implementation. Blue Shield has now enabled internal systems to support reimbursing pharmacists for professional services that are eligible for reimbursement.

¹ https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB317

Frequently Asked Questions

1. What is AB 317?

AB 317 requires healthcare service plans and insurers in California to reimburse for pharmacist professional services that are within their scope of practice and rendered in outpatient retail pharmacies if the plan would otherwise provide reimbursement for identical services performed by other licensed healthcare providers.

2. To which lines of business does this law apply?

This law applies to commercial and Medi-Cal health care service plans and insurers licensed and regulated by the DMHC, the California Department of Insurance, and the Department of Health Care Services. This law does not apply to Medicare benefit plans.

3. What are the requirements for a pharmacist or pharmacy for providing and billing for professional services?

In addition to meeting all requirements to provide professional services as stated by California law, pharmacists billing for such services must obtain a National Provider identifier (NPI). The NPI of the rendering provider is required when submitting medical claims.

For services provided to Medi-Cal members:

- The billing pharmacy must be a Medi-Cal enrolled pharmacy
- The pharmacist must be enrolled as an ordering, referring, and prescribing (ORP) provider with Medi-Cal

Note: Some covered services may have additional requirements. Please refer to the [Medi-Cal website](#) for more information.

4. Does a pharmacy or pharmacist need to directly contract with Blue Shield for reimbursement?

No. A pharmacy or pharmacist does not need to be directly contracted with Blue Shield for reimbursement. Services are reimbursed in accordance with a member's benefit plan.

A member's benefit plan determines whether a service is covered and if the member has an out-of-pocket cost. If a service is covered, a medical claim should be submitted to Blue Shield using the standard processes established for other provider types, to request reimbursement.

Although a direct contract between Blue Shield and pharmacies for these services is not required today, the possibility of creating such contracts is being evaluated.

5. Does a pharmacy or pharmacist need to be credentialed by Blue Shield for reimbursement?

No. A pharmacy or pharmacist does not need to be credentialed by Blue Shield for reimbursement for eligible services. Blue Shield credentialing is only required for directly contracted providers.

6. Are services provided outside of an outpatient retail pharmacy eligible for reimbursement?

It is possible to obtain reimbursement for eligible services provided outside of a pharmacy. Pharmacists practice in a variety of settings, or "places of service." The law does not prohibit payment for such services rendered by pharmacists in other settings such as medical clinics or hospital-based clinics.

Determining whether services provided outside of a traditional outpatient retail pharmacy are eligible for reimbursement depends on the contractual agreement between Blue Shield and the provider.

Services rendered by pharmacists who are employed by provider organizations and recognized as providers by their provider organization may be eligible for reimbursement.

Alternatively, many healthcare facilities contracted with Blue Shield are paid to manage members through specific arrangements that may include per diem rates, capitation, etc. If services associated with managing the member are included in the contractual arrangement between Blue Shield and the facility and are outsourced to a pharmacy or pharmacist outside of the facility, reimbursement for these services should be negotiated between the pharmacy or pharmacist and the facility. Blue Shield will not reimburse these services as it results in double payment.

7. How can services rendered by a pharmacist employed by a provider organization be reimbursed?

Provider organizations can recognize pharmacists as providers within their organization and add them to their provider roster.

Provider organizations that are delegated for credentialing are responsible for credentialing pharmacists who are added to their provider roster, following the entity's standard processes established for other billable provider types.

Depending on the standard practice of the provider organization and the services for which a pharmacist is privileged, medical claims for eligible services rendered by a pharmacist may be submitted to Blue Shield with the pharmacist as the rendering provider. Provider organizations may also submit medical claims to Blue Shield for services rendered by a pharmacist as "incident to" with the supervising physician as the rendering provider.

A member's benefit plan determines whether an eligible service is covered and what the member's out-of-pocket cost will be.

If a service is covered by a member's benefit plan, medical claims may be submitted to Blue Shield following standard processes established for other billable provider types. Provider organizations that receive capitation by Blue Shield should submit encounters following standard processes established for other billable provider types.

In all instances, appropriate billing codes must be utilized.

8. What services are eligible under AB 317 for reimbursement by Blue Shield?

AB 317 is intended as payment parity law, mandating payment for pharmacist professional services that would otherwise be reimbursed if performed by other licensed health care providers.

According to the law, services eligible for reimbursement are professional services that are:

- Within the scope of practice of a duly licensed pharmacist;
- Performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the healthcare service plan or insurer has an out-of-network benefit; and
- Otherwise reimbursed if performed by other licensed health care providers.

Exception(s) include:

- Medi-Cal

Medication Therapy Management (MTM): MTM Pharmacy Services are currently “carved out” of Managed Care Medi-Cal. Claim submissions must be billed as fee-for-service to Medi-Cal. Pharmacists billing MTM services to Blue Shield for Medi-Cal members will receive a claim denial. Pharmacists should resubmit the claim directly to the Department of Health Care Services (DHCS). Refer to DHCS for payment.

- [MTM-Services \(ca.gov\)](https://www.dhcs.ca.gov/mtm-services)
- [Medication Therapy Management \(mtm serv\)](https://www.dhcs.ca.gov/mtm-serv)

- Medicare

Medication Therapy Management (MTM) services associated with MTM program required by the Centers for Medicare & Medicaid Services (CMS) are eligible for reimbursement by Blue Shield, but are administered and paid through our contracted vendor, Outcomes®. Pharmacists billing MTM services to Blue Shield for Medicare members will receive a claim denial. Pharmacists should resubmit the claim through Outcomes. Information is available at <https://www.outcomes.com/>

9. Are the professional services rendered by pharmacists and in-scope under AB 317 covered under the medical benefit or outpatient prescription drug benefit?

These services are covered under the medical benefit.

10. What is “furnishing”?

Furnishing is defined as the act of making a pharmaceutical agent or agents available to the patient in strict accordance with standardized procedures.

Furnishing includes two distinct components:

- Clinical assessment of a health condition
- Provision of a drug product to treat/manage the health condition, if appropriate

Reimbursement for clinical assessment is covered under the medical benefit. Reimbursement for the drug product, if provided, is covered under the outpatient prescription drug benefit.

11. How does a pharmacist know if the professional services rendered will be covered for a member?

The member’s benefit plan determines whether a service is covered, as well as the member’s out-of-pocket cost. Before providing services, the billing/rendering provider is responsible for checking a member’s eligibility and benefits.

Pharmacists do not have access at this time to tools that require login credentials on the Provider Connection website at blueshieldca.com/provider. Pharmacists may, however, utilize Blue Shield’s Interactive Voice Response (IVR) system to verify member eligibility. Refer to the IVR instructions in this guide. Visit the [“Contact Us”](#) section on Provider Connection for more ways to contact Blue Shield.

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12. How does a pharmacist submit a medical claim for professional services performed?

Processes for submitting claims for professional services performed by a pharmacist, covered under medical benefit, should be consistent with standard processes in place for all other provider types.

- Medical claims must include pharmacist NPI, in addition to other required information.
- Electronic submission of medical claims is highly encouraged via electronic data interchange (EDI) clearinghouse.

Standard rules for payment, including time frames for submitting, contesting, or adjusting a claim, established for other billable provider types also applies to medical claims submitted for professional services rendered by a pharmacist. Pharmacies, provider organizations, and other stakeholders should be referred to Blue Shield's Provider Connection website, documents, etc. for guidance. Claims tools available on Provider Connection:

- [Submitting Claims](#)
- [Electronic Claims Submission via Electronic Data Interchange \(EDI\)](#)
- [Enrolling in EDI](#)

13. Why can't a pharmacist register to get access to the authenticated part of the Provider Connection website (where login is required)?

Access to the authenticated part of the Provider Connection website is unavailable to pharmacists at this time.

Blue Shield offers certain information and resources to all providers through the unauthenticated sections of our Provider Connection website (no login required).

- Blue Shield: <https://www.blueshieldca.com/en/provider>
- Blue Shield Promise: <https://www.blueshieldca.com/en/bsp/providers>

14. Do the recommendations in this document apply to all health plans?

No. Although AB 317 requires health plans to reimburse the cost of eligible services rendered by a pharmacist at a retail pharmacy, the approach to implementation may vary by health plan.

Guidance documents were developed through a statewide, multi-stakeholder workgroup to help provide a general understanding of the intent and implementation of the bill; the California Association of Health Plans and various health plans, including Blue Shield, participated in the development.

Recommendations offered by Blue Shield regarding reimbursement for professional services rendered by a pharmacist reflect Blue Shield's approach to implementation. Providers should review a member's specific health plan for plan-specific recommendations.

15. What can pharmacies and pharmacists do to improve success in seeking reimbursement for professional services rendered by a pharmacist?

Although each payer's requirements and processes may differ, the suggestions listed below have been made.

- **Ensure all pharmacists who will be providing professional services complete these steps:**
 - Obtain a national provider identifier (NPI).
 - Complete and maintain all required training/education/certifications.
- **Acquire knowledge of standard medical claims submission and billing**
 - Professional services rendered by pharmacists will be held to the same reimbursement policy standards that are in effect with other providers for services within their scope of practice.
- **Adopt a practice management platform/software**
 - Ensure maintenance of patient record documentation to support professional services that are provided and billed.
 - Streamline your electronic medical claims submission process.
- **Establish relationships with providers in your service area**
 - Coordinate the professional services rendered by pharmacists with a member's primary care physician/provider and other care team members to ensure consistent and optimal cost-effectiveness of care.
 - Build and maintain important relationships to help build trust, establish collaborative practice agreements (CPAs), increase referrals, and more.

Member Eligibility Check Via Interactive Voice Response (IVR) Instructions

Access to certain tools on Blue Shield's Provider Connection website is limited to contracted provider organizations or practitioners. Non-participating providers, however, may utilize Blue Shield's Interactive Voice Response (IVR) system to verify eligibility information for a Blue Shield health plan member.

The IVR system is available to providers to access such information 24 hours a day, seven days a week.

Before you begin, have the following information available:

- Your national provider identifier (NPI)
- Member's subscriber number
- Member's date of birth

To access this information and other details such as member benefits, claims, etc., via our IVR system:

1. Dial (800) 541-6652 for Blue Shield members or (800) 468-9935 for Blue Shield of California Promise Health Plan (Blue Shield Promise) members.
2. When prompted, say or enter your unique NPI. If you don't know your NPI, use your provider tax identification number (TIN).
3. At the main menu say "Eligibility" or press 1.
4. Say or enter the member's subscriber number which can be found on their Blue Shield or Blue Shield Promise member ID card. If you do not have the member's ID number, you can use their social security number (SSN). For Medi-Cal members you can also use their California identification number (CIN).
5. Say or enter the member's date of birth.

6. You will hear the member's eligibility information, and you can request a faxed copy for your records. There is no limit to the number of members for whom you can verify eligibility during your call; just say "Another Member" to get information for an additional member.

At any time during the call, you can say "Customer Service" or press "0" to be connected with a Provider Customer Service representative during normal business hours, 6 a.m. to 6:30 p.m. PT, Monday through Friday.

To view a telephone quick reference guide, go to blueshieldca.com/provider, scroll to the bottom, and click "Contact Us."

Clean Claim Submission Tips

View and/or download Blue Shield's [Clean claims submission tips for professional providers](#) guide for all professional provider types.

Additional guidance for pharmacies and pharmacists

1. Provider definitions
 - "Rendering provider" is the pharmacist
 - "Billing provider" refers to the pharmacy/entity
2. Taxonomy codes
 - Pharmacists select from the National Uniform Claim Committee (NUCC) list under the following section: "Individual"/"Pharmacy Service Provider"/"Pharmacist"
 - Pharmacies select from the NUCC list under "Non-Individual"/"Suppliers"/"Pharmacy"
3. National Provider Identifier (NPI)
 - Pharmacists must have a unique NPI. They may apply for an individual NPI through the National Plan & Provider Enumeration System (NPPES)
 - Pharmacy: Provide the accurate NPI that is assigned specifically to the Pharmacy, vs. an NPI assigned to other departments and/or for the pharmacy's "umbrella organization"
4. Other important claim form fields:
 - Federal Tax identification number (TIN): TIN of billing provider (i.e., the pharmacy)
 - Name, address, telephone associated with provider(s): Accurate information

Helpful external websites:

- NUCC: <https://taxonomy.nucc.org/>
- NPPES: <https://nppes.cms.hhs.gov/#/>

Other helpful Blue Shield web pages:

- Submitting Claims: <https://www.blueshieldca.com/en/provider/claims/policies-guidelines/claim-forms-guidelines>

Additional Resources

- California Pharmacists Association (CPhA): <https://cpha.com/>
Pharmacist Provider Webpage (Coming Soon)
- California Right Meds Collaborative (CRMC): <https://calrightmeds.org/>
- Board of Pharmacy (BOP): <https://www.pharmacy.ca.gov/>
BOP (resources, e.g., clinical practice protocols, sample collaborative practice agreements, etc.):
https://www.pharmacy.ca.gov/licensees/important_info_licensees
- Department of Health Care Services: <https://www.dhcs.ca.gov/>
California Department of Health Care Services (DHCS) Pharmacy Manual:
<https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/publications/manual?community=pharmacy>