

## Pharmacists Provider Enrollment Training FAQs (As of 04/15/2024)

Q: Will the presentation be made available after the training?

Response: Yes, the PowerPoint presentation, along with a recording of the training, is posted on the DHS Provider Enrollment Documents webpage. The link is: <https://www.dhs.pa.gov/providers/Providers/Pages/Provider-Enrollment-Docs.aspx>

Q: When and why should a pharmacist enroll?

Response: A pharmacist should enroll if they plan to provide the additional services detailed in MAB 01-24-01 and would like to be reimbursed. For additional information, please refer to the Medical Assistance Bulletin (MAB) 10-24-02 Pharmacist Enrollment in the Medical Assistance Program at the following link: <https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2024020101.pdf> and MAB 01-24-01 Pharmacist Billing <https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2024021301.pdf>

Q: In the 02/01/2024 MAB, what is the definition of scope of practice?

Response: Activities a person licensed to practice as a health professional is permitted to perform as permitted by State law.

Q: If a pharmacist works for a pharmacy, health system or medical practice and currently payment goes to the pharmacy, health system or medical center, does the pharmacist need to enroll?

Response: A pharmacist would not need to enroll if the scope of their current duties is not changing. If the pharmacist is providing the additional services detailed in MAB 01-24-01, the pharmacist may enroll and fee assign to their employer.

Q. Should the pharmacy complete the provider enrollment application or the pharmacist?

Response: The pharmacist should complete the application.

Q. Is the National Provider Identifier (NPI) for the individual pharmacist or the pharmacy?

Response: The NPI is for the individual pharmacist.

Q: When completing the application, should the pharmacist use their individual NPI and pharmacy EIN and DEA?

Response: When completing the application, the pharmacist should use their individual NPI. The pharmacist should not use the pharmacy EIN and DEA.

Q. If a pharmacist is working in a pharmacy and has not already enrolled as a Pennsylvania (PA) Medicaid provider, would they still need to enroll?

Response: If a pharmacist is working in a pharmacy and their duties are not changing, the pharmacist would not need to enroll. If the pharmacist is providing the additional services detailed in MAB 01-24-01, the pharmacist may enroll and fee assign to their employer.

Q: If a pharmacist works for a chain pharmacy and floats to multiple stores, how should the pharmacist apply?

Response: If a pharmacist works at multiple stores (service locations), the pharmacist must enroll at each service location at which they provide additional services detailed in MAB 01-24-01.

Q: Can the same pharmacist work at more than one location?

Response: Yes. A pharmacist can work at more than one location. The pharmacist must submit a separate application for each of their work locations where they perform the additional covered services.

Q: How does a pharmacist enroll with the managed care organizations (MCOs)?

Response: A pharmacist must first enroll with PA Medical Assistance (MA). After the pharmacist is PA MA enrolled, the pharmacist must credential and contract with the individual MCO(s) to participate in the MCOs' provider network. All questions related to MCO credentialing and participation should be directed to the MCO. Contacts for each MCO can be found in the MCO Directory on the DHS website at the following link: <https://www.dhs.pa.gov/providers/Providers/Documents/Managed%20Care%20Information/MCO%20Directory.pdf>

Q: If a pharmacist is working at an independent pharmacy and plans to provide these additional services, do they need to enroll?

Response: Yes. If a pharmacist is working at an independent pharmacy and will provide and submit claims for the additional services, the pharmacist must enroll in PA MA.

Q: If a pharmacist is already working for an enrolled pharmacy, does the pharmacist need to submit an application?

Response: If the scope of the pharmacist duties is not changing the pharmacist would not need to submit an application. If the pharmacist duties include the additional services listed in [MAB 01-24-01](#) Pharmacist Billing, the pharmacist must submit an application.

Q: If a pharmacist is already enrolled as a tobacco cessation counselor, does the pharmacist need to enroll as a mid-level provider?

Response: Yes. If the pharmacist is already enrolled as a tobacco cessation counselor, they need to also enroll as a provider type (PT) 10 Mid-Level Provider/Specialty Code (SC) 247 Pharmacist. The pharmacist should then call the Provider Enrollment hotline (1-800-537-8862) to request their tobacco cessation specialty be added to their file.

Q: If a pharmacist is in the process of submitting an application to become a tobacco cessation provider, should they hold off submitting it?

Response: The pharmacist should submit their PT 10/SC 247 application first. The pharmacist can add the tobacco cessation specialty after they have completed their training by calling the Provider Enrollment hotline (1-800-537-8862) to request their tobacco cessation specialty be added to their file

Q: Does a pharmacist need to submit their license for authorization to administer immunizations?

Response: No. The pharmacist only needs to submit their Department of State (DOS) issued pharmacist license.

Q: What is the 13-digit provider ID number?

Response: The 13-digit provider ID number is a number assigned by the PA MA Program to a provider upon MA enrollment. The first 9 digits identify the provider, the last 4 digits denotes the service location.

Q: What is Provider Eligibility Program (PEP)?

Response: A Provider Eligibility Program (PEP) code identifies how a provider enrolled in the Medical Assistance (MA) Program will be reimbursed for services to beneficiaries of MA. Pharmacists can enroll with only one PEP per service location. Pharmacists should use the following PEP codes when enrolling in MA:

- Fee-For-Service (FFS) PEP means that the pharmacist will submit claims as both the billing and rendering provider and will be paid directly from PA MA FFS (ACCESS Program).
- Enrolled Not Paid (ENP) PEP means the pharmacist will not be paid directly by MA FFS. Any pharmacist performing services at an FQHC or FQHC look alike should enroll using the ENP PEP.
- Enrolled Rendering Only (ERO) PEP means the pharmacist is employed by an MA enrolled provider (non-FQHC or RHC clinic) and will not receive direct payment from MA FFS. Instead, the employer pays the pharmacist for their services. The employer will submit the claim as the billing provider. The MA enrolled pharmacist's NPI will be submitted on the claim as the rendering provider.
  - **Examples for when the pharmacist should enroll with the ERO PEP:**
    - The pharmacist is employed by a hospital clinic or other clinic (not an FQHC or RHC)
    - The pharmacist is employed by a physician's office
    - The pharmacist is employed by a pharmacy

Q: How should a pharmacist respond to the 'Will you be performing services only as an ordering, referring, or prescribing provider (i.e., you are not the rendering provider on the bill)' question?

Response: If the pharmacist is enrolling as FFS PEP, the response would be "no". If the pharmacist is enrolling as ENP PEP, the response would be "yes".

Q: Can a FQHC fee assign a pharmacist?

Response: No. A FQHC cannot fee assign a pharmacist. The pharmacist would enroll as ENP PEP.

Q: If a pharmacist is employed by a primary care clinic, who would receive payment?

Response: The PEP selected by the enrolled pharmacist determines the recipient of payment from MA FFS.

Q: Since pharmacists are not recognized as providers under Medicare, how should a pharmacist respond to the 'Are you a Medicare participating Provider' question on the application?

Response: The pharmacist should respond "no" to the 'Are you a Medicare participating Provider' question on the application.

Q: How should a pharmacist respond to the 'Is your enrollment for the sole purpose of Medicare Cost Share' question?

Response: The pharmacist's response should be "no" to the 'Is your enrollment for the sole purpose of Medicare Cost Share' question. Medicare Cost Share is used for providers who are not recognized by PA MA, but they wish to submit claims for services furnished to dual - Medicare and Medicaid - eligible beneficiaries.

Q: What is the difference between pharmacist and pharmacy billing processes?

Response: Regarding submission of claims to the Fee-For-Service delivery system -

- Pharmacy provider submitted claims must include the MA enrolled pharmacy's NPI in the billing provider field. Pharmacy claims must include an MA enrolled provider NPI submitted in the rendering or prescribing provider field. Generally, pharmacies submit claims via the NCPDP standard claim transaction for the drug or product National Drug Code (NDC).
- Claims for pharmacist rendered services must be submitted on an 837 Professional or PROMISe™ Internet claim and include the applicable CPT code for the service rendered.

Q: Please explain what the 'Pay To' address is.

Response: The 'Pay to' address is the location where the MA enrolled pharmacist wants the MA FFS Program billing correspondence sent.

Q: If a pharmacist was previously enrolled and changes pharmacy employers, does the pharmacist need to re-enroll?

Response: Yes. The pharmacist must re-enroll at each new location.

Q: When would a pharmacist need to submit a Clinical Laboratory Improvement Amendments (CLIA) certificate and lab permit? Is a CLIA certificate document required for enrolling?

Response: If a pharmacist is going to bill for lab services, the pharmacist must submit a CLIA and lab permit with their application for the pharmacy, provider office or clinic where they work.

Q: Does a pharmacist need their own CLIA certificate or lab permit?

Response: No. A pharmacist does not need their own CLIA certificate or lab permit. CLIA certificates and lab permits are assigned to a pharmacy, provider office or clinic, not an individual.

Q: How should a pharmacist complete the 'Is a Drug Enforcement Administration (DEA) Number associated with this provider' question?

Response: If a pharmacist has a DEA number, the pharmacist should list their DEA number. If a pharmacist does not have a DEA number, they should not enter anything in this cell.

Q: How can a pharmacist group enroll?

Response: At this time, pharmacist groups cannot enroll as a mid-level provider.

Q: If a pharmacist is out of state, how should they complete the required documentations for verification of their state MA enrollment and Board Certification?

Response: If a pharmacist is not allowed to participate in their home state, PA MA will verify and if all requirements are met, permit them to enroll with PA. Instead of uploading the proof of home state participation, they would provide a note indicating that their home state does not enroll pharmacists. The pharmacist would notate the same for Board Certification.

Q: Does a pharmacist need to be credentialed by each managed care organization (MCO) in order to bill PA MA?

Response: Yes. A pharmacist needs to be credentialed and added to each MCO's provider network in which they intend to perform services and submit claims for payment.

Q: Can a pharmacist provide services telephonically?

Response: Yes, effective 3/1/2024, MA enrolled Pharmacists may submit claims for services rendered in the Fee-For-Service delivery system for the below listed covered services rendered via telehealth. Please reference Medical Assistance Bulletin [99-23-08](#). For future code additions, please reference the [online MA Program Fee Schedule](#) to identify services that can be rendered via telehealth, indicated by Place of Service 02 or 10.

Q: Can a pharmacist provide telehealth services if the rates are the same as face-to-face?

Response: Yes, effective 3/1/2024, MA enrolled Pharmacists may submit claims for services rendered in the Fee-For-Service delivery system for the following list of covered services rendered via telehealth. Please reference Medical Assistance Bulletin [99-23-08](#). For future code additions, please reference the [online MA Program Fee Schedule](#) to identify services that can be rendered via telehealth, indicated by Place of Service 02 or 10.

Codes	Code Description	PT	PS	POS	Effective Date
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	10	247	02	3/1/2024
		10	247	10	3/1/2024
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded	10	247	02	3/1/2024
		10	247	10	3/1/2024
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	10	247	02	3/1/2024
		10	247	10	3/1/2024
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	10	247	02	3/1/2024
		10	247	10	3/1/2024
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	10	247	02	3/1/2024
		10	247	10	3/1/2024
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	10	247	02	3/1/2024

		10	247	10	3/1/2024
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	10	247	02	3/1/2024
		10	247	10	3/1/2024
G0109	Diabetes outpatient self-management training services, group session (two or more), per 30 minutes	10	247	02	3/1/2024
		10	247	10	3/1/2024
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5-15 minutes time (This code is used for Medicaid billing purposes)	10	247	02	3/1/2024
		10	247	10	3/1/2024
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])	10	247	02	3/1/2024
		10	247	10	3/1/2024

Q: Are telemedicine visits for MTM services billable?

Response: No. MTM services require face-to-face visits (per the national description).

Q: If a pharmacist is working at a FQHC, can the FQHC bill for services the pharmacist provided via telehealth?

Response: Yes, MA enrolled FQHCs may submit claims for services rendered in the Fee-for-Service delivery system for services that pharmacists provide within their scope of practice and for which the FQHC has an approved scope of project. For additional information regarding telehealth in the FQHC, refer to pages 9-10 of their [Provider Handbook](#) and Medical Assistance Bulletin [99-23-08](#).

Q: On the application there is a question 'In addition to English, do you or your staff communicate with patients in another language'. What is information used for?

Response: This information will be included in the Provider Directory as required by CMS.

Q: Can you please explain what is 'Managing Employee or Agent Disclosure'?

Response: A Managing Employee or Agent Disclosure is a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the day-to-day operation of an institution, organization, or agency.

Q: Where can a pharmacist find a list of covered services?

Response: The list of covered services in the MA FFS (ACCESS Program) for which an MA enrolled pharmacist is eligible to receive reimbursement are detailed in MAB 01-24-01 Pharmacist Billing at the following link:

<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2024021301.pdf>

For future code additions, please reference the [online MA Program Outpatient Fee Schedule](#).

Q: Are the list of covered services in MAB 01-24-01 Pharmacist Billing new billing codes or existing billing codes?

Response: The list of covered services in MAB 01-24-01 Pharmacist Billing are a combination of new and existing billing codes on the [MA Outpatient Fee Schedule](#).

Q: If a pharmacist works for a non-profit hospital organization and fee assigns to the organization, will the pharmacist still receive a 1099 tax form?

Response: 1099 tax forms are sent by PA MA to the provider who received direct payment from the MA Program.

Q: If a pharmacist is fee assigned to a group, who would receive the 1099 tax form?

Response: The group would receive the 1099 tax form.

Q: Can a pharmacist fee assign to a physician group?

Response: Yes. A pharmacist can fee assign to a physician group.

Q: Can a pharmacist fee assign to a doctor's office that is either hospital-based or non-hospital based?

Response: Yes. A pharmacist can fee assigned to a doctor's office that is either hospital-based or non-hospital based.

Q: Can a pharmacist fee assign to an inpatient hospital?

Response: No. A pharmacist cannot fee assign to an inpatient hospital.

Q: If the same FQHC has multiple sites throughout the same city, does a pharmacist have to submit an application for each site?

Response: Yes. The pharmacist must submit an application for each FQHC site where they will render services.

Q: For a pharmacist group, would each pharmacist need to submit an application?

Response: Yes. Each pharmacist rendering services to MA beneficiaries must submit an application.

Q: Does a pharmacist require a collaboration agreement with a prescriber to enroll?

Response: No. A collaboration agreement is not required for a pharmacist to enroll.

Q: Is a referral from a provider required before a pharmacist can provide and bill for a service?

Response: No. A referral is not required for an enrolled pharmacist claim for the additional services billed to Fee-for-Service. The MA MCOs may require referrals.

Q: How does a pharmacist enroll for a taxonomy number?

Response: When a pharmacist obtains their NPI, they will get a taxonomy code. As the pharmacist is completing their application, they will receive a dropdown box to select the taxonomy code.

Q: Does the pharmacist have their own taxonomy code or should they use the pharmacy's taxonomy code?

Response: The pharmacist should have and use their own taxonomy code.

Q: How should a pharmacist proceed if their NPI taxonomy includes a subspecialty?

Response: The pharmacist should include the taxonomy code assigned to the pharmacist.

Q: Does a pharmacy need to enroll separately?

Response: Yes. Pharmacies are to enroll in MA as a PT 24 Pharmacy.

Q: Can you please explain the applicability to inpatient pharmacy?

Response: A pharmacist is not eligible to provide services and receive reimbursement in the inpatient setting.

Q: If multiple pharmacists are working at one pharmacy, would all pharmacists need to enroll?

Response: If the pharmacists' roles are not changing, they would not need to enroll. However, if the pharmacists' roles are expanding to provide the additional services, each pharmacist rendering services must enroll.

Q: Can a pharmacist bill PA MA FFS if it is secondary coverage to Medicare?

Response: Yes. A pharmacist can bill PA MA if it is secondary coverage. As a reminder, Medicaid is the payor of last resort.

Q: If a pharmacist was already enrolled in PA MA as a PT 24/SC 247 and has a PROMISe ID, do they need to submit another application to be a PT 10/SC 247?

Response: No. All pharmacists previously enrolled as a PT 24/SC 247, were moved to PT 10/SC 247. If a pharmacist is adding a new service location, they must complete an application for each new service location.

Q: If a pharmacist is working in a pharmacy, can the pharmacy bill for the pharmacy procedure codes?

Response: A pharmacy can bill MA FFS for the additional services a pharmacist provides if the pharmacist is enrolled in PA MA, fee assigned to the pharmacy and is ERO PEP. The additional service claims must be submitted on a professional claim (837P) or PROMISe internet claim using the applicable CPT codes.

Q: Can a pharmacy be reimbursed for services without an enrolled individual pharmacist?

Response: Yes. The pharmacy enrollment and billing processes did not change.

Q: If a pharmacist is contracted or employed by a FQHC, can the FQHC enroll the pharmacist?

Response: No. The pharmacist must complete the application. The pharmacist should select the ENP PEP for that FQHC location.

Q: If a pharmacist is the owner and pharmacist of an independent pharmacy, does the pharmacist need to enroll?

Response: If the pharmacist will render and submit claims to the MA Program for the additional services they must enroll. If there is no change to the pharmacist's scope of duties at the pharmacy the pharmacist does not need to enroll.

Q: For claim submission, is there a provider field that will need to be included for authorizing provider, ordering provider and rendering provider?

Response: Yes. For claim submission the fields for authorizing provider, ordering provider and rendering provider must be completed.

Q: What are the requirements a pharmacist must do to remain active with PA MA?

Response: To remain active with PA MA, a pharmacist must have a current active license, be in good standing with federal and state requirements and must revalidate each service location where they work every five (5) years.

Q: How should a pharmacist bill for vaccine and administration fees?

Response: In the FFS delivery system, the MA enrolled pharmacy submits the claims for the vaccine ingredient cost and dispensing fee via NCPDP, 837P or PROMISe Internet claim formats using the accurate NDC and NDC units. Claims for vaccine administration fees must be submitted separately from the vaccine ingredient cost and dispensing fee on the 837P or PROMISe Internet claim form. The administration fee claims can be submitted by the MA enrolled pharmacy or pharmacist using the applicable CPT code on the [MA Outpatient Fee Schedule](#) for the correct vaccine that was administered.

Pharmacists providing services to MA beneficiaries in the managed care delivery system should contact the appropriate MCO with coding or billing questions.

Q: Will a pharmacy be able to bill for the newly recognized clinical/cognitive services provided by an affiliated pharmacist even if that pharmacist themselves has not completed the enrollment process?

Response: No. A licensed pharmacist must enroll if they are intending to render and submit claims for the additional services to MA beneficiaries.

Q: If a pharmacist working in a community pharmacy wants to provide medication therapy management (MTM) services to PA MA beneficiaries and receive reimbursement, does the pharmacist need to submit an application? In this scenario, what PEP should the pharmacist select so the payment goes to the pharmacy?

Response: Yes. Pharmacists who will render and submit claims for MTM services must apply.

The pharmacist should select ERO PEP and fee assign to the pharmacy. The pharmacist will need to provide the pharmacy's 13-digit PROMISe ID when enrolling.

Q: If a pharmacist is rendering services at a site other than at a pharmacy, but is still providing patient care on behalf of the pharmacy, would the pharmacist be able to fee assign to the pharmacy's NPI number for payment to be sent directly to the pharmacy?

Response: Yes. A pharmacist rendering services at a site other than at a pharmacy but is still providing patient care on behalf of the pharmacy, can fee assign to the pharmacy's NPI number for payment to be sent directly to the pharmacy. A pharmacist is eligible to provide services in certain locations. The pharmacist should refer to MAB 01-24-01 Pharmacist Billing or MA Fee Schedule ([humanservices.state.pa.us/outpatientfeeschedule](https://humanservices.state.pa.us/outpatientfeeschedule)) to confirm which locations they are eligible to provide services.

Q: Do the MCOs determine what pharmacist services are reimbursable?

Response: The MCOs must, at a minimum, reimburse the same services as FFS. The MCOs have the ability to reimburse for additional services for which FFS does not reimburse.

Q: Which services are considered 'additional' that would require a pharmacy to have an individual pharmacist enroll?

Response: Please refer MAB 01-24-01 Pharmacist Billing at the following link for a complete list of services for which MA enrolled pharmacists can render and receive reimbursement: <https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20MAP/MAB2024021301.pdf>

Q: Does a pharmacist who works for an FQHC owned pharmacy and offers counseling services in multiple family practice offices need to submit an application for each office?

Response: Yes. A pharmacist who works at multiple practice offices must enroll each location at which they provide services.

Q: Can a pharmacist request an expedited application review or do they need to wait the full 7-10 days for their application to be reviewed and go through the proper social security administration (SSA) verification checks?

Response: SSA verification checks occur prior to the Department receiving the pharmacist application to review. The Department is unable to expedite these checks.

Q: What is the anticipated timeframe to add a service location to an existing provider number?

Response: Within 30 working days.

Q: Are pharmacy technicians or students authorized to work on behalf of the pharmacist?

Response: No. Pharmacy technicians or students are not authorized to work on behalf of the pharmacist

Q: Is registering on the provider portal a requirement?

Response: Registering on the provider portal is strongly encouraged. Registering on the provider portal permits the pharmacist to check recipient eligibility, submit claims, check claim status, retrieve Remittance Advice statements, review Enrollment Summary information, access Enrollment Application, links to the DHS website, enrolled provider look-up, enroll in Electronic Funds Transfer (EFT) and when adding additional service locations, a prefilled application.

Q: Can a request be made for retrospective assignment of a service location?

Response: Pharmacist enrollment in PA MA started March 1, 2024. A pharmacist may request a retrospective start date of March 1, 2024, but no earlier.

Q: Is there a cost for submitting an application?

Response: No. There is no cost for submitting an individual pharmacist PT 10/SC 247 application.

Q: Is the MA recipient's ID number on their ACCESS card?

Response: Yes. The MA recipient's ID number is on their ACCESS card.

Q: Are the MCOs able to deny/refuse credentialing and contracting for certain pharmacists or service or pay a lower amount?

Response: A pharmacist must meet the MCO's credentialing requirement to be considered for inclusion in the MCO's network. The MCOs must provide, at a minimum, the same services and reimbursement as FFS.

Q: What is the average time for payment for clean claim submissions?

Response: The average time for payment for clean claim submissions is 21-28 days.

Q: Can a pharmacist bill through their electronic medical record (EMR)?

Response: Yes. A pharmacist can bill through their EMR using an 837P claim.

Q: What diagnosis codes would a pharmacist use for covered services?

Response: The pharmacist would use the MA beneficiary's diagnosis corresponding to the requested covered service.

Q: Is an electronic signature acceptable?

Response: Yes. An electronic signature is acceptable.

Q: Is a pharmacist who is visiting at a Skilled Nursing Facility (SNF) able to enroll and be reimbursed for these new services?



Response: No. Pharmacists visiting at a SNF can enroll. However, the pharmacist is not eligible for reimbursement for services provided at a SNF location.

Q: How does a pharmacist bill for a MA dual-eligible beneficiary?

Response: An MA enrolled pharmacist can bill PA MA after all primary coverage is exhausted. Medicaid is the payer of last resort.

Q: If a PA MA beneficiary has other insurance as primary, does the pharmacist still need to bill the primary insurance and then submit to PA MA?

Response: Yes. If a PA MA beneficiary has other insurance as primary, the pharmacist must bill the primary insurance first. If the primary insurance denies coverage, the pharmacist may submit a claim to PA MA.

Q: How does a pharmacist access the PA MA Fee Schedule?

Response: The PA MA Fee Schedule is located at the following link: <https://www.humanservices.state.pa.us/outpatientfeeschedule> The pharmacist will need to scroll to the bottom of the page and select 'I accept'. Once selected, the pharmacist will be connected to the PA MA Fee Schedule.

Q: Can a pharmacist bill multipliers based on time?

Response: Multipliers cannot be billed based on time. CPT code 99607 may only be billed once per date of service.

Q: For 'Place of Service', is hospital an option in the drop down?

Response: No. Hospital is not an option for place of service location.

Q: If a dual-eligible patient has Medicare Part B or a Medicare Advantage plan as their primary insurance, with PA Medical Assistance secondary, how does a pharmacist bill for services provided?

Response: The pharmacist must bill Medicare Part B or the Medicare Advantage plan first. If the primary payer denies coverage the TPL denial information must be submitted on the claim submitted to PA MA.

Q: Can a pharmacist bill multiple vaccine administration fees in the same day?

Response: Yes. A pharmacist can submit more than one vaccine administration fee claims to FFS for the same patient on the same date of service.

Q: Would the unnecessary fields for claim submission be grayed out or the necessary fields highlighted for specific claim types submitted by pharmacist provider?

Response: Required fields are identified on the internet professional claim that must be completed for claims submitted via PROMISE.

Q: How can an organization view their currently enrolled pharmacists on the PROMISE portal?

Response: The organization must first logon to the PROMISE™ Provider Portal using the following link, <https://promise.dpw.state.pa.us/> to access their Enrollment Summary. The Enrollment Summary allows the provider to view current enrollment information and download a PDF of their Enrollment Summary. Users may also download an extract of all active service locations associated with their 9-digit provider ID. For group providers, download an extract of all providers associated with their service location within the last 2 years.

Q: How can a pharmacist request one-on-one billing training?

Response: To request one-on-one billing training for MA FFS, the pharmacy should contact the Please contact the Provider Assistance Center 1-800-248-2152 or 717-975-4100. The Provider Assistance Center is open Monday – Friday, 8:00 a.m.–5:00 p.m. Billing questions for the MCOs should be directed to the individual MCOs.

Q: If a MA beneficiary is enrolled in an MCO, who should the pharmacist bill?

Response: If a MA beneficiary is enrolled in an MA MCO, the pharmacist should bill the MCO.

Q: Is there a way for a user to search for a PROMISE ID and address (how it is in the system) for a pharmacy?

Response: Currently, there is not a way for a user to search for a PROMISE ID and address (how it is in the system) for a pharmacy. If a pharmacist needs this information, they should call the Provider Enrollment hotline (1-800-537-8862). The pharmacist will need to have the pharmacy NPI and FEIN to confirm the PROMISE ID.

Q: When a pharmacist is fee assigning to a pharmacy, does there need to be an exact match for the address?

Response: Yes. The service location address must be the same.

Q: Is there a way for a billing agent attached to a pharmacy to know who is assigned to their pharmacy? Does a pharmacy agent need to approve assignment?

Response: If the billing agent has access to the portal, they will see it in the Summary. The agent does not need to approve the assignment.

Q: If a pharmacist assigns payment, will the payment information for the pharmacy be automatically carried over?

Response: No. The pharmacy payment information will not carry over if a pharmacist assigns payment to themselves.

Q: Is there a way to somehow handle/know which pharmacist providers that have not assigned?

Response: No. Only the MA enrolled pharmacist has access to their fee assignment selection.

Q: If someone has a PROMISE account already, how should they proceed?

Response: The pharmacist will log into their current account and submit a new application.

Q: If someone else is completing the enrollment for the pharmacist, is there a way for the person processing the enrollment to receive the communication back about completion? Is there a secondary or backup notification/communication spot on the form?

Response: At the beginning of the application, the person who is to receive all communications should complete the Contact Person information with their information. Currently, there is no secondary or backup notification/communication selection on the form.