HOW TO BE SUCCESSFUL IN CREDENTIALING AND ACCREDITATION: DOS AND DON’TS

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CURRENT PBM REQUIREMENTS

- Express Scripts (ESI)
  - URAC, ACHC, TJC, CPPA, QOPI accreditation/certification
  - $3500, completed credentialing questionnaire, and onsite visit required

- OptumRx (per notifications sent out to certain practices on 10/5/18. **UPDATED 2/2019 TO NOT REQUIRED**)
  - URAC + 1 other accreditation (ACHC or TJC)
  - Other requirements listed, but generally covered by accreditation.

- Other local/regional plans
  - Some plans or payers in your area may require additional credentialing or accreditation
DIFFERENCE BETWEEN ACCREDITATION AND CREDENTIALING

• **Accreditation**
  • Conducted by 3rd party organization to verify that Pharmacy/MID meets their standards as a specialty pharmacy

• **Credentialing**
  • Conducted by PBM or Payer to verify that you meet their requirements to be included into their network for fill specialty medications
  • Usually requires some form of accreditation
URAC SPECIALTY PHARMACY ACCREDITATION OVERVIEW
Jason Harlow PharmD BCOP
URAC’s Accreditation Process

The accreditation process takes approximately 10-12 months.

https://www.slideshare.net/AllisonKing/be-ready-for-your-specialty-pharmacy-accreditation/14
Specialty Pharmacy Accreditation, Version 3.0

- Pharmacy Core, Version 3.1
  - Organizational Structure
  - Policies and Procedures
  - Regulatory Compliance
  - Inter-departmental Coordination
  - Oversight of Delegated Functions
  - Marketing and Sales Communications
  - Business Relationships
  - Information Management
  - Quality Management
  - Staff Qualifications
  - Staff Management
  - Clinical Staff Credentialing and Oversight Role
  - Health Care System Coordination
  - Consumer Protection and Empowerment

- Customer Service, Communications, and Disclosure
- Specialty Drug Management
- Pharmacy Operations
- Patient Management
- Measures Reporting

Learn more: urac.org/standards

https://www.slideshare.net/AllisonKing/be-ready-for-your-specialty-pharmacy-accreditation
### Challenges: Pharm Core and Operations

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CHALLENGES – PRACTICE PERSPECTIVE

Costs-
URAC has a scaled price per specialty prescription volume- minimum price is $39,000 per 3 year term
Outside consultant can cost $12,000 to $15,000 for accreditation process
Data validation requirements cost $11,000 to $20,000 per year for annual URAC data submission

Time – URAC accreditation will consume 10-25% of time for person in charge of implementing URAC and 5-10% of time for pharmacy staff involved in performing extra tasks associated with accreditation
STARTING THE ACHC ACCREDITATION PROCESS

Step 1
Create a Customer Central account/download standards

Step 2
Submit application and deposit

Step 3
Sign Accreditation Agreement

Step 4
Submit PER Checklist indicating your readiness

Step 5
Participate in an on-site survey

Step 6
Receive your accreditation decision

*FOR INITIAL APPLICANTS ONLY
MAINTAINING ACCREDITATION

After receiving initial accreditation you must maintain standards. There are checklists available on the ACHC website to help you do this broken up into 6 month, 12 month, 24 month and 30 month periods. This is an amazing resource to keep you on track for reaccreditation.
ACCREDITATION SIX-MONTH COMPLIANCE CHECKLIST

Use this checklist to audit your Home/Durable Medical Equipment (HME)/Pharmacy and operations six months after your survey visit. This checklist also helps you determine if your organization is in compliance with applicable local, state, and federal laws and regulations. This checklist is not intended to replace your own comprehensive review of ACHC standards, nor does it guarantee a successful accreditation decision.

☐ Plan of Correction (POC) has been reviewed with all corrections having been fully implemented.
  ☐ All requested POC documentation has been submitted to ACHC (if requested).
  ☐ POC items have been monitored and documented for effectiveness.

☐ Performance Improvement/Quality Improvement (PI/QI) activities/study indicators have been selected and implemented.

☐ PI/QI data has been collected for each of the required categories for the last six months.

☐ Business and/or HME license/permits/pharmacy licenses for each state serviced are displayed and current (including states into which products are mailed).

☐ Hours of operation are posted on the front of the building and are compliant with CMS requirements.

☐ Surety bond and insurance documents are current and available for review (as required).

☐ The organization maintains records of all grievances/complaints, investigations, and outcomes and reports them to leadership through the PI/QI committee.

☐ Criminal background check, Office of Inspector General (OIG) exclusion list check, and national sex offender registry check are completed on all employees who provide direct client/patient care. Personnel with access to
CHALLENGES – PRACTICE PERSPECTIVE

Costs-
ACHC has a lower price than URAC but still costs around $9500 for COA members per 3 year term
Outside consultants can cost up to $15,000 for accreditation assistance

Time-
ACHC accreditation will consume a majority of the time for the person in charge of implementing policies especially if it is your first accreditation and will also involve time for the pharmacy staff involved in performing extra tasks due to changes in SOPs

Visit-
Unannounced, you can choose a couple of dates they can’t come but other than that they just choose a day and show up
ADVANTAGES – PRACTICE PERSPECTIVE

• COA has policies available to help streamline the process, we (the accreditation committee) are working on this for NCODA as well
• Needed for some insurance companies and nationally recognized
ASCO QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI®) CERTIFICATION
Trey McNiel, PharmD
Georgia Cancer Specialists affiliated with Northside Hospital Cancer Institute
ASCO QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI®) CERTIFICATION

• The Quality Oncology Practice Initiative (QOPI®) Certification Program provides a three-year certification recognizing high-quality care for outpatient hematology-oncology practices within the United States.

• Recognizes the clinical practice as a whole vs. the retail pharmacy or MID only

https://practice.asco.org/quality-improvement/quality-programs/qopi-certification-program
ASCO QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI®) CERTIFICATION

Steps to QOPI certification

1. Participate in QOPI
   • Practices input patient data into QOPI system and receive reports based on quality measures selected

2. Submit Application
   • Attend webinars, submit policies/questionnaire, payment, set up on-site survey

3. Participate in On-Site Survey
   • Oncology professional assesses compliance to standards through medical record reviews, observations, and interviews

4. Receive On-Site Survey Report
   • Report documenting compliance, practice submits compliance action plan to address deficiencies (if needed)

5. Receive Certification Decision
   • Once fully compliant with all standards, the practice is awarded QOPI certification

https://practice.asco.org/quality-improvement/quality-programs/qopi-certification-program
ASCO QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI®) CERTIFICATION

Standards (June 1, 2018) 4/year

1. Creating a Safe Environment
2. Treatment Planning, Patient Consent, and Education
3. Ordering, Preparing, Dispensing, and Administering Chemotherapy
4. Monitoring after Chemotherapy is given, including Adherence, Toxicity, and Complications

https://practice.asco.org/quality-improvement/quality-programs/qopi-certification-program
ASCO QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI®) CERTIFICATION

Considerations

• Entire practice involvement (pro or con?)
• 6 month start to finish time with a 50% dedicated staff member with strong leadership and problem-solving abilities
• Currently not expressly stated as an accepted certification/accreditation for some PBMs (wasn’t stated for ESI originally either)
• Cost based on number of Providers
  • Example (2015 estimate) 50 providers = $27,000
  • Recertified every 3 years
DO’S AND DONT’S OF CREDENTIALING

DO

• Do the best you can to meet the deadlines set forth by the PBM/Payer
• Reach out to others that have been through the credentialing process (GPO, NCODA credentialing committee, COPA resources)
• Verify with the PBM that what you do have will not suffice before proceeding with other accreditations.
• Evaluate the requirements they have sent (accreditations, charges, etc).

DONT

• Wait to implement best practices
• Ignore the notice if received (it is not going away)
• Rush to get accreditation the PBM requests without first seeing if what you do have will be acceptable.
• Give the PBM any information that they don’t specifically ask for
• Be intimidated by the process – you are probably doing most of these things, just don’t have them in policy form.
QUESTIONS?