

Pharmacy Credentialing and Accreditation: Critical Tools for Ensuring High-quality Patient Care

What is credentialing?

- Credentialing is the process that health plans and other payers use to validate and approve facilities and practitioners to be in their networks as participating providers of healthcare services. The credentialing process can include a review of documents proving required state and/or federal licenses and registrations, education, experience, evidence of adequate insurance coverage, and other qualifications.
- Public and private payers require credentialing for facilities and providers such as hospitals, clinical laboratories, skilled nursing facilities, individual practitioners and group practices, and pharmacies.
- Pharmacy benefit managers (PBMs) use the credentialing process to confirm that a pharmacy is a legitimate business, that it has the capability to fulfill its contractual commitments, and to assess the services that the pharmacy will make available to plan enrollees.
- PBMs may require copies of the state licenses for the pharmacy itself and for the pharmacist in charge, the pharmacy's DEA registration for controlled substances, as well as information about languages spoken, hours of operation, and the services and programs provided to the pharmacy's patients.

What is accreditation?

- Accreditation goes beyond the basics of credentialing, and involves an independent third party's evaluation of a provider's quality of services and care against a pre-determined set of consensus-based standards, as well as the provider's ability to meet applicable regulatory requirements.
- Accreditation typically involves on-site visits and extensive document review, which assess best practices for:
 - Use of evidence-based practices and clinical decision support programs;
 - Patient counseling and benefits coordination;
 - Patient outcomes and quality of care; and
 - Many other clinical and patient care factors
- There are several prominent national, independent accrediting organizations, such as the Joint Commission, the National Committee for Quality Assurance (NCQA), URAC, and the Center for

Pharmacy Practice Accreditation (CPPA), which is a partnership established by the National Association of Boards of Pharmacy (NABP), the American Pharmacists Association (APA), and the American Society of Health-System Pharmacists (ASHP).

- As with credentialing, virtually every player in the health care delivery and reimbursement systems can be accredited (and some must be accredited), from hospitals to health plans, telehealth programs, PBMs, mail service pharmacy, community pharmacy, and specialty pharmacy.

Credentialing and accreditation are particularly important in specialty pharmacy.

- Specialty pharmacies manage drug regimens for patients with complex, chronic, or rare medical conditions, such as multiple sclerosis, hepatitis C, cystic fibrosis, and hemophilia. Specialty pharmacies dispense drugs that may not be stocked at most retail pharmacies and often have unique storage or shipment requirements.
- Patients taking these drugs often have multiple co-morbidities that require other medications to treat, which makes their pharmaceutical care even more complex. For example, patients newly diagnosed with multiple sclerosis can commonly have one or more of fibromyalgia, inflammatory bowel disease, epilepsy, depression, and bipolar disorder.¹
- Given the patient populations specialty pharmacies serve, it is not only commonplace—but a best practice—for health plans and PBMs to require credentialing for specialty pharmacies, where there is a greater need for robust infrastructure (e.g., nursing staff capacity, 24-hour service, compliance, adherence, etc.).
- Using dedicated, specialized personnel, specialty pharmacies provide patients with education and clinical support beyond traditional dispensing activities, such as:
 - Round-the-clock access to health professionals specially trained in the disease treated by the drug, the specialty drug, the drug's potential side effects, and the drug's potential interaction with the patient's co-morbidities and drugs prescribed to treat them;
 - Physician consultations to address side effects, drug reactions, and other concerns;
 - Data collection and tracking of outcomes for specific patients; and
 - Managing care within FDA-required manufacturer risk evaluation and mitigation strategies (REMS) program requirements.

¹ Hughes, Sue, "Multiple Sclerosis: Comorbidities Common at Diagnosis," Medscape, March 24, 2016, <https://www.medscape.com/viewarticle/860968>, accessed January 29, 2018.

- These patient-centered services and coordinated benefit management strategies enhance adherence to drug therapies, improve the quality of care, and reduce expenditures on hospitalizations.
- **PBMs obtain no financial benefit when third parties such as URAC accredit specialty pharmacies in their networks.**