Credentialing/Recredentialing Criteria
Non-Physician HealthCare Practitioner
PHARMACISTS Providing Comprehensive Medication Management Services (CMMS)

In order to be able to treat members, the Plan must assure itself that the practitioners affiliating with the Plan are appropriately credentialed. To that end, the following items constitute the credentialing and recredentialing criteria for Pharmacists providing Comprehensive Medication Management Services (CMMS).

In addition to the requirements of Policies CR-01A and CR-02A, Pharmacists providing Comprehensive Medication Management Services (CMMS) must meet the following specialty-specific credentialing and recredentialing criteria:

1. Clinical pharmacists must practice in a clinical setting as part of an interprofessional team. A clinical setting is defined as a hospital, ambulatory care clinic, or medical home and, unless otherwise stated, does not include practices directly associated with a retail storefront.

2. Clinical pharmacists shall enter into a written agreement with a physician, physician group, institution, or health care system which defines services which may be provided by a pharmacist while conducting comprehensive medication management. Pharmacy services will be performed in accordance with this written agreement or protocol and may include:
    a. Adjustments to drug strength, dosing frequency, or route of administration. Adjustments shall not include substituting a different agent unless such a substitution is specifically expressed in the written agreement or protocol.
    b. Evaluation and ordering of laboratory tests related to drug therapy management for the disease state(s) specified within the written agreement or protocol
    c. Routine patient monitoring parameters as necessary for drug therapy management including collection and review of patient histories and ordering and checking of vital signs including pulse, temperature, blood pressure, and respiration.

3. The pharmacist shall provide progress notes in the patient's medical record which document all encounters, therapy modifications, and recommendations.

4. All services must be provided by a qualified clinical pharmacist, as defined by the following criteria
    a. Pharmacist must have received a PharmD degree (or B.S. in Pharmacy with evidence of equivalent clinical training) from a school of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE)
    b. Pharmacist must have an active New York State pharmacy license and be in good professional standing
    c. Pharmacist must have at least 1 year of post-graduate residency training in a program accredited by the American Society of Health Systems Pharmacists (ASHP) OR have at least 5 years experience in a clinical setting in which at least 50% of time was spent working in an interprofessional team providing direct patient care

d. Pharmacist must have received certification from the Board of Pharmacy Specialties (BPS) and/or the Commission for Certification in Geriatric Pharmacy (CCGP), or board-eligible for those specialties without an existing certification process. Board-eligible status for those specialized areas of practice without BPS certification pathways would require that the training and experience requirements as described above are in the area of the specialized practice. Once board certification from BPS becomes available, the clinical pharmacist will be expected to become certified.

5. The pharmacist shall provide patient care using a structured process of care which includes patient identification, assessment, development of a care plan, and evaluation plan. A patient care area that meets privacy / space requirements must also be available.

6. All changes in licensure or alleged medical liability involving any Plan member must be reported to the Plan within ten (10) business days of notification to the practitioner.

7. Clinical pharmacists must maintain professional liability insurance coverage of $1,000,000 per occurrence and $3,000,000 aggregate and be able to provide documentation substantiating such coverage.

8. Clinical pharmacist(s) and associated medical practice(s) must be willing to participate in and accept the results of the Utilization Management and Quality Management Programs. Clinical and economic outcomes of pharmacy services will be assessed in a retrospective review, on a mutually accepted basis.

9. The practitioner must authorize the release of information regarding professional history and agree to absolve the Plan and its personnel from any liability associated with the review and/or evaluation of the practitioner's credentials.

10. Have completed and certified the accuracy of the information provided in the application and provide documentation upon request regarding previous and current challenges to licensure, loss of membership in any professional organization, and previous and current pending medical liability actions.

11. Practitioner coverage must be provided by another Plan participating practitioner.

12. Practitioners must complete and provide documentation of twenty (20) continuing education credit hours annually as part of the recredentialing process. Continuing education credits must be obtained through accredited courses related to comprehensive medication management in an interprofessional setting or clinical updates related to the setting in which services are provided.
13. The clinical pharmacist must provide a dated letter from the clinic or hospital administrator confirming employment in an interprofessional setting.

14. The clinical pharmacist must not have been convicted of a felony or crime involving moral turpitude, dishonesty, or false statement, or other acts that may be grounds for

suspension or termination of the practitioner's right to practice, and must not have been found guilty of professional misconduct as defined by New York State.