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**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 21-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106 Medicaid



Medicaid and CHIP Operations Group

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June 8, 2021

Maureen M. Corcoran, Director  
Ohio Department of Medicaid  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 21-0009

Dear Ms. Corcoran:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #21-0009 - Coverage, Limitations, and Payment for Services: Services Provided  
by a Pharmacist  
- Effective Date: January 17, 2021  
- Approval Date: June 7, 2021

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).



Sincerely,



James G. Scott  
Director, Division of Program Operations

Enclosures

cc: Carolyn Humphrey, ODM  
Becky Jackson, ODM  
Greg Niehoff, ODM

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>21-009</b>	2. STATE <b>OHIO</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 17, 2021</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60		7. FEDERAL BUDGET IMPACT: a. FFY 2021    \$ 2,479 thousands b. FFY 2022    \$ 3,500 thousands	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, item 2-b page 1 of 1 Attachment 3.1-A, item 2-c page 1 of 1 Attachment 3.1-A, item 6-d-4, page 1 of 1 Attachment 4.19-B, item 6-d-(4) page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, item 2-b page 1 of 1 (TN 16-033) Attachment 3.1-A, item 2-c page 1 of 1 (TN 16-033) Attachment 3.1-A, item 6-d-4, page 1 of 1 (TN 17-023) Attachment 4.19-B, item 6-d-(4) page 1 of 1 (TN 17-023)	
10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Services provided by a pharmacist			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>The State Medicaid Director is the Governor's designee</b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Carolyn Humphrey</b> <b>Ohio Department of Medicaid</b> <b>P.O. BOX 182709</b> <b>Columbus, Ohio 43218</b>	
13. TYPED NAME: <b>MAUREEN M. CORCORAN</b>			
14. TITLE: <b>STATE MEDICAID DIRECTOR</b>			
15. DATE SUBMITTED:    March 15, 2021			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:    March 15, 2021		18. DATE APPROVED: <b>06/07/2021</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 17, 2021		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

**Instructions on Back**

2-b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

An eligible provider of rural health clinic (RHC) services is an entity that meets the definition of an RHC set forth in 42 CFR 491.2 and has been certified as an RHC under Medicare.

The following RHC services are covered by the Ohio Department of Medicaid in accordance with Section 1861(aa)(1) of the Social Security Act:

1. Medical services that are rendered by a physician, physician assistant, advanced practice registered nurse, or pharmacist employed by or otherwise compensated by the RHC;
2. Mental or behavioral health services, including therapy and testing;
3. Services provided under supervision that would be covered if they were rendered by a physician or an advanced practice registered nurse; and
4. Visiting nurse services.

Services and supplies furnished as "incident to the professional services" by an RHC are also covered services.

## 2-c. Federally-Qualified Health Center (FQHC) Services

An eligible provider of FQHC services is an entity that has been determined by the Federal Health Resources and Services Administration to meet all requirements under Section 330 of the Public Health Service Act (PHSA) and that has entered into an agreement with CMS to meet Medicare program requirements.

FQHC covered services under Medicaid are defined under Section 1905(l)(2) of the Social Security Act. FQHC services are listed in Section 1861(aa)(1)(A), (B) and (C) of the Act, and include drugs and biologicals referenced in 1861(s)(10)(A) and (B) of the Act.

The following FQHC services are covered by the Ohio Department of Medicaid in accordance with Section 1905(a)(2)(C) of the Social Security Act:

1. Medical services, which may comprise any of the following services or items:
  - a. All services referenced at 42 USC 1395x(aa)(3);
  - b. Professional services furnished by a physician, physician assistant, advanced practice registered nurse, or pharmacist, except for mental or behavioral health services provided by an advanced practice registered nurse;
  - c. Services and supplies incident to the professional services of a physician, physician assistant, advanced practice registered nurse, clinical social worker, or psychologist for which no separate payment is made;
  - d. Services of a registered nurse acting under the direct supervision of a physician unless provided incident to a professional service; or
  - e. Visiting nurse services,
2. Dental services,
3. Physical therapy services and occupational therapy services,
4. Mental health services,
5. Speech pathology and audiology services,
6. Podiatry services,
7. Vision services,
8. Chiropractic services, and
9. Transportation services.

Services and supplies furnished as “incident to the professional services” by an FQHC are also covered services.

6. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law.

d. Other practitioners' services

(4) Pharmacist services.

Medical services must be performed in accordance with the pharmacist's scope of practice as defined in applicable statutes and regulations. Pharmacist services are limited to the following stated services.

Ohio licensed pharmacists that are not enrolled with the Department but are employed by a pharmacy that contracts with Ohio Medicaid may perform the following medically necessary services:

- (a) Administering immunizations in accordance with State law; or
- (b) Administering medications in accordance with State law.

Ohio licensed pharmacists that are enrolled with the Department may provide the following medically necessary services:

- (a) Managing medication therapy under a consulting agreement with a prescribing practitioner pursuant to State law;
- (b) Administering immunizations in accordance with State law; or
- (c) Administering medications in accordance with State law.

Services of licensed/registered pharmacy interns are coverable when performed under the direct supervision of a licensed pharmacist in accordance with State law. The supervising pharmacist assumes professional responsibility for such services.

Recipients younger than age 21 may receive the services of a pharmacist without limitation when such services are medically necessary.

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

d. Other practitioners' services

(4) Pharmacist services.

For non-enrolled licensed pharmacists employed by a pharmacy that contracts with Ohio Medicaid, payment for administration of an immunization or other drug by injection is the lesser of the provider's charge or the Medicaid maximum payment specified on the agency's provider-administered injectable pharmaceutical fee schedule. This amount is effective for services provided on or after January 17, 2021.

For licensed pharmacists enrolled with the Department, payment for administration of a covered immunization, injection of medication, or provider-administered pharmaceutical, is the lesser of the billed charge or the Medicaid maximum specified in the agency's provider-administered injectable pharmaceutical fee schedule. Payment for managing medication therapy is the lesser of the billed charge or 85% of the Medicaid maximum specified in the agency's Medicine, Surgery, Radiology and Imaging, and Additional Procedures (MSRIAP) fee schedule. These amounts are effective for services provided on or after January 17, 2021.

All Medicaid payment schedules and rates are published on the agency's website at <https://medicaid.ohio.gov/Providers/FeeScheduleandRates.aspx>.