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State/Territory Name: Maryland

State Plan Amendment (SPA)#: 24-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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 and CHIP Operations Group

April 26, 2024

Ryan Moran Medicaid Director Maryland Department of Health 201 W. Preston Street, 5th Floor Baltimore, MD 21201

Re: Maryland State Plan Amendment (SPA) 24-0007

Dear Medicaid Director Moran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0007. This amendment proposes to allow Medicaid enrolled pharmacists to bill Maryland Medicaid for professional services rendered within their lawful scope of practice.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447.201. This letter informs you that Maryland's Medicaid SPA 24-0007 was approved on April 26, 2024, with an effective date of January 1, 2024.

Enclosed are copies of the Form CMS-179 and approved SPA pages to be incorporated into the Maryland State Plan.

If you have any questions, please contact Talbatha Myatt at (215) 861-4259 or via email at Talbatha. Myatt@cms.hhs.gov.

Sincerely

James G. Scott, Director Division of Program Operations

Enclosures

cc: Tricia Roddy, MDH Tyra Hill, MDH Tyler Colomb, MDH

	A TRANSMITTAL MUMBER	2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 4 — 0 0 0 7	MD	
	3. PROGRAM IDENTIFICATION: TITLE OF	THE SOCIAL	
	SECURITY ACT XIX	XXI	
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE	0 701	
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2024		
5. FEDERAL STATUTE/REGULATION CITATION		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
42 CFR 447.201	a FFY 2024 \$ 1,099,796 b. FFY 2025 \$ 366,599		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B Page 25 (24-0007) Attachment 3.1A Page 19-4 (24-0007) Attachment 3.1A Page 29-C-10 (24-0007)	8. PAGE NUMBER OF THE SUPERSEDED PLANSECTION OR ATTACHMENT (If Applicable) Attachment 4.19B Page 25 (20-0014) Attachment 3.1A Page 19-4 (19-0001) Attachment 3.1A Page 29-C-10 (12-02)		
9. SUBJECT •F AMENDMENT The Maryland Department of Health is amending the State Plan to allow Medicaid enrolled pharmacists to bill Maryland Medicaid for professional services rendered within their lawful scope of practice.			
10. GOVERNOR'S REVIEW (Check One) OGOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
	i. Return to Yan Moran		
12 TYPED NAME	dicaid Director		
Tricia Poddy	ryland Department of Health 1 W. Preston St., 5th Floor		
42 TITLE	altimore, MD 21201		
14. DATE SUBMITTED			
March 20, 2024 FOR CMS USE ONLY			
	DATE APPROVED April 26, 2024		
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 19	SIGNATURE OF ARREOVING OFFICE	M	
January 1, 2024			
20. TYPED NAME OF APPROVING OFFICIAL 21	TITLE OF APPROVING OFFICIAL		
James G. Scott	Director, Division of Program Operations		
22. REMARKS			

STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF MARYLAND

- 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: Pharmacists services

Covered Services

A. Pharmacists are able to furnish services within the lawful scope of their practice as defined by State Law and when the services are covered by Maryland Medicaid.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

- 13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
 - G. Medication Therapy Management (MTM)

Covered Services:

- 1. The Medication Therapy Management (MTM) services when provided in an outpatient setting by a licensed and legally authorized pharmacist in the state in which the service is provided.
- 2. The MTM consultation is structured to reduce the risk of adverse events and ensure optimum therapeutic outcomes for targeted patients through improved medication use with disease state specific education, counseling, and medication review related to treatments including drug therapy, laboratory tests, or medical devices provided by licensed and practicing pharmacists.
- 3. These services will be solely based on referrals. The Department will determine eligibility and refer patients based on diagnosis and use of medications.

Limitations:

Under the MTM Services, the following are not covered:

- 1. MTM group visits.
- 2. Broken or missed appointments.
- 3. Time required for preparation of the MTM visits including completion of forms or reports.
- 4. Services rendered by mail or otherwise not one-to-one.
- 5. Any participant eligible for Medicare Part D.
- 6. Participants who reside in a setting where medications are managed/administered by facility staff.
- 7. Services not identified by the Department as medically necessary or covered.
- 8. More than one patient visits per day for MTM services.
- 9. Injections and visits solely for the administration of injections.
- 10. Services prohibited by the Maryland Board of Pharmacy.

Provider Qualifications:

1. In order to receive reimbursement for Medication Therapy Management, the pharmacist must be actively enrolled with the Maryland Medical Assistance Program in good standing and they are operating within their lawful scope of practice as defined by State Law.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Program/Service

Pharmacists Rates

The Department's original reimbursement methodology for professional services rendered by pharmacists was developed as of January 1, 2019 and is effective for services rendered on or after that date. All pharmacists must be licensed in the jurisdiction in which they provide services. Services are limited to those allowed under their lawful scope of practice in Maryland. The pharmacists will be paid at the lower of either the provider's customary fee schedule to the general public or the published Medicaid fee schedule, except for administration of COVID-19 vaccinations. Effective for dates of services on or after December 18, 2020, payments for the administration of COVID-19 vaccinations, based on the national Medicare rates without geographic adjustment in effect when the service is provided, are equivalent to the Medicare rate for any single dose vaccine; and equivalent to the Medicare rate for any vaccine requiring two or more doses.

- 1. Equivalent to the Medicare rate for any single dose vaccine; and
- 2. When two or more doses are required and administered through a pharmacy provider, each dose administration shall be paid for at a rate equivalent to the sum of the total Medicare reimbursement for all doses divided by the total doses needed. For example, if two doses are required, reimbursement would be set according to the following formula: Reimbursement Rate = (Medicare Dose 1 reimbursement rate + Medicare Dose 2 reimbursement rate)/2.

Both government and non-government pharmacists are reimbursed pursuant to the same fee schedule. All pharmacists are paid using CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 79.5 percent of 2017 Medicare fees. The current fee schedule is published on the Department's website at:

Health.maryland.gov/providerinfo

Program limitations:

- The Department will not pay for pharmacists administered drugs obtained from manufacturers who do not participate in the federal Drug Rebate Program.
- The Department will not pay for disposable medical supplies usually included in the office visit.
- The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - o Professional services rendered by mail or telephone; and
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

TN#: 24-0007 Approval Date: April 26, 2024 Effective Date: January 1, 2024