

Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 19-0001

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
801 Market Street
Suite 9400
Philadelphia, Pennsylvania 19107-3134



Regional Operations Group

SWIFT #020420194004

March 5, 2019

Dennis Schrader, Medicaid Director
Maryland Department of Health
201 West Preston Street
Baltimore, Maryland 21201

Dear Mr. Schrader:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 19-0001. The purpose of this SPA is to allow Pharmacists to enroll and be reimbursed as Medicaid providers, in accordance with Health-General Article, §15-148(c), Annotated Code of Maryland.

The effective date for this amendment is January 1, 2019. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Ms. Talbatha Myatt of my staff at 215-861-4259.

/s/ Sincerely

Deputy Director
Eastern Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 19 - 0001	2. STATE Maryland
	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 01/01/2019
---	---

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION N/A	7. FEDERAL BUDGET IMPACT a. FFY <u> \$0 </u> \$ <u> \$0 </u> b. FFY <u> \$0 </u> \$ <u> \$0 </u>
--	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A pg 19-4 (19-0001) Attachment 4.19B (19-0001)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1A pg 19-4 (NEW) Attachment 4.19B (11-12)
---	--

10. SUBJECT OF AMENDMENT

To allow Pharmacists to enroll and be reimbursed as Medicaid providers, in accordance with Health-General Article, §15-148(c), Annotated Code of Maryland.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

<p>12. SIGNATURE OF STATE AGENCY OFFICIAL /s/</p> <p>13. TYPED NAME Dennis Schrader</p> <p>14. TITLE Medicaid Director Maryland Department of Health</p> <p>15. DATE SUBMITTED 02/01/2019</p>	<p>16. RETURN TO</p> <p>Dennis Schrader MDH 201 W. Preston St., 5th floor Baltimore, MD 21201</p>
---	--

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED February 1, 2019	18. DATE APPROVED February 28, 2019
--	---

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Francis T. McCullough	22. TITLE Deputy Director

23. 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: Pharmacist prescriber services

Covered Services

- A. Pharmacist Prescriber practitioners are able to furnish services within the scope of their practice as defined by State Law.
- B. The Pharmacist Prescriber covers a patient assessment to determine whether or not patients are eligible to receive contraceptives and, if eligible, which contraceptive to prescribe when the services are provided by a licensed and legally authorized pharmacist in the state in which the service is provided.

Limitations

The following services are not covered:

- A. Personal hygiene care;
- B. Routine care;
- C. Medical supplies;
- D. Drugs and supplies which are acquired by the pharmacist at no cost;
- E. More than one visit per day for the same service unless adequately documented in the patient's medical record as an emergency;
- F. Services not identified by the Department as medically necessary or covered;
- G. Services rendered by mail, telephone, or otherwise not one-to-one, in person;
- H. Visits by or to the pharmacist solely for the purpose of prescription or drug pick-up;
- I. Completion of forms or reports;
- J. Broken or missed appointments;
- K. Investigational or experimental drugs or procedures;
- L. Does not cover services performed while pharmacist is dispensing or consulting regarding prescribed drugs covered under the State plan; or
- M. Services prohibited by the Maryland Board of Pharmacy.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Program/Service

Pharmacist Prescriber Rates

The Department's original reimbursement methodology for professional services rendered by pharmacist prescribers was developed as of January 1, 2019 and is effective for services rendered on or after that date. All pharmacist prescribers must be licensed in the jurisdiction in which they provide services. Services are limited to those allowed under their scope of practice in Maryland. The pharmacist prescribers will be paid the lower of either the provider's customary fee schedule to the general public or the published Medicaid fee schedule.

Both government and non-government pharmacist prescribers are reimbursed pursuant to the same fee schedule. All pharmacist prescribers 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

Payment limitations:

- The Department will not pay for pharmacist prescribers administered drugs obtained from manufacturers which do not participate in the federal Drug Rebate Program.
- The Department will not pay for disposable medical supplies usually included with the office visit.
- The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - 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.