TO: Contracted Medicaid Managed Care Plans
Contracted MyCare Ohio Plans

FROM: Megan Powell, Section Chief
Policy and Program Development, Office of Managed Care

DATE: November 30, 2020 (revised December 10, 2020)

SUBJECT: Pharmacists as Providers Guidance Memo for Managed Care Organizations (MCOs)

The Ohio Department of Medicaid (ODM) has filed a new Ohio Administrative Code (OAC) rule which will allow an individual licensed pharmacist under Chapter 4729 of the Ohio Revised Code to enroll with Ohio Medicaid as a pharmacist provider. Pharmacists may go through the enrollment process with each Medicaid managed care plan (MCP) and MyCare Ohio plan (MCOP) to become network providers while their Ohio Medicaid enrollment is pending. In accordance with 42 CFR 438.602, plans may execute a temporary 120 calendar day network provider agreement pending the outcome of the ODM screening, enrollment, and revalidation process. Plans are not required to credential this provider type prior to centralized credentialing go-live. On day-one of centralized credentialing, ODM will send a letter to Medicaid enrolled pharmacist providers to begin the ODM credentialing process. The pharmacists will be identified as a billing provider type 69, rendering provider type 69, and rendering provider specialty 690.

Enrolled pharmacists, in accordance with OAC 5160-8-52, may perform the following services when medically necessary:
1. Managing medication therapy under a consulting agreement with a prescribing practitioner pursuant to section 4729.39 of the Revised Code;
2. Administering immunizations in accordance with section 4729.41 of the Revised Code; or
3. Administering medications in accordance with section 4729.45 of the Revised Code.

Per OAC rule 5160-8-52, managed care organizations are not prohibited from paying pharmacists for additional purposes, within their scope of practice, including care management services that are rendered by pharmacists without a consult agreement.

For the above services, providers are expected to submit professional claims for reimbursement; although, for the administration of immunizations and injectable medications in a pharmacy setting, providers may choose to submit pharmacy (NCPDP) claims for the medication with the appropriate professional service code.

Although the services listed above are covered by Medicare, the pharmacist as a provider type is not eligible to enroll as a Medicare provider under Medicare Part B. For this reason, ODM is implementing a third-party liability (TPL) bypass for these services when rendered by this provider type 69. MCOPs will need to implement a TPL bypass for these services.

While plans are required to ensure adequate access to pharmacist services, ODM anticipates no unique network requirements for pharmacist providers, other than the applicable network requirements already specified in the MCP Provider Agreement (Appendix H, Section 4(c)) and the MCOP Three-Way Agreement (Section 2.7.9.1). Plans should consider the unique aspects of pharmacist care, in that patients may only utilize the medication management services of pharmacists that have an active consult agreement with their physician as described in OAC rule 5160-8-52.

ODM does not anticipate unique prior authorization requirements for these services, however plans are able to prior authorize services if necessary.

Pharmacist providers are expected to adhere to established clinical documentation requirements. Documentation should be adequately detailed to describe the services performed, the complexity of those services, and the total time spent with the patient. Documentation should be sufficiently detailed to support the CPT code submitted.

Tentative Timeline for Implementation (the following dates are expected but are subject to change)

10/2020	ODM UAT Testing
11/11/2020	MITS Release
11/19/2020	MITS Basic Billing Training for Providers (9:00am – 2:00pm)
11/2020 – 1/29/2020	MITS Screening Applications for Enrollment [*During this time period ODM will not have centralized credentialing in place. Plans are not required to credential this provider type. For the purposes of this time period, this provider type will be considered a "non-credentialed type" until the Provider Network Management (PNM) module goes live. After that date, all new and existing pharmacist providers will be credentialed by ODM's vendor*]
1/1/2021	MITS Enrollment Welcome Letter/PIN Sent to Providers
1/15/2021	OAC Rule Effective Date
TBD	MITS Public Portal Shutdown (enrollment applications only) to prepare for MITS conversion
TBD	MITS Conversion

The OAC rule, a list of E&M codes, and a link to the provider administered pharmaceutical fee schedule is attached to this policy memo. The attached documents are subject to change and should not be considered final or all-inclusive.

Any additional questions or comments regarding this memo should be sent to ManagedCarePolicy@medicaid.ohio.gov.