

Comments and Responses: SPA 20-0012 Pharmaceutical Service Reimbursement Parity

Comment: Five commenters stated that the supervising physician is not the entity contracted to receive reimbursement and; therefore, the proposed language should be changed to allow Pharmacist Clinicians the ability to bill separately with reimbursement made to the pharmacist clinician or the PhC's contracted business. Also, the requirement to bill under the supervising physician may limit the ability of PhCs to practice in rural and underserved areas.

Department Response: The Department agrees that the contracted entity (which will not always be the supervising physician) can be reimbursed for Pharmacy Clinician services. This has been clarified in the final SPA.

Comment: One commenter indicated reimbursement should be made at the "standard contracted rate", not the lesser of the three options described in the proposed state plan amendment.

Department Response: The SPA describes only the Medicaid fee-for-service (FFS) reimbursement structure. Providers and managed care organizations (MCOs) may negotiate rates through their contracted agreements that do not reflect the FFS reimbursement methodology. The language in the SPA was revised but does not reference rates between MCOs and their contracted providers since those are outside the scope of the SPA.

Comment: One commenter stated that "pharmacy" should be added to the definition of places where Pharmacist Clinicians (PhCs) are able to provide direct health care. The commenter also stated that the requirements for PhCs and pharmacists with prescriptive authority are the same and recommended including language to clarify that point.

Department Response: The Department agrees and has made this change as suggested.

Comment: One commenter suggested changing the wording "New Mexico law allows pharmacists to be certified to *provide prescriptive authority...*" to "New Mexico law allows pharmacists to be certified to *prescribe...*"

Department Response: The Department agrees and has made this change as suggested.

Comment: One commenter explained that removing the current structure that pays only for the cost of the dispensing fee and administration fee will have negative consequences to pharmacies and patient access and is inconsistent with statute. **Further Comment:** Billing based on a fee schedule structure requires a change in methodology and technology which could be expensive and time consuming. Removing ingredient cost plus administration fee reimbursement would be detrimental. The Human Services Department's fiscal impact is overstated; the complexity of implementation of a billing process given the limited number of providers make the cost insignificant compared to the health benefits provided.

Department Response: The Department appreciates these comments and remains open to further discussion with the commenter regarding potential changes that may be suggested as SPA revisions in the future. No changes to the final SPA were made to address this comment.

Comment: Two commenters support implementing a process to allow pharmacists to use their pharmacy billing systems to bill for prescribing and counseling services, eventually allowing transition to medical billing systems. A suggestion was made to develop a billing code for “pharmacy billing-clinical services”, separate from product dispensing.

Department Response: The Department is willing to consider reimbursement strategies that will make it easier for providers to serve Medicaid patients and be adequately reimbursed. The level of detail suggested by the commenter is not needed within the SPA; therefore, no change was made to the SPA language.

Comment: One commenter suggests establishing rules and management for fee-for-service and MCO’s for: 1) consistent reimbursement between plans for clinical services; 2) pharmacies to participate in plan clinical networks; and 3) credentialing clinical services pharmacist providers.

Department Response: The Department appreciates these comments and recognizes the commenter’s desire for consistency across the MCOs. The SPA reflects Medicaid FFS policy and reimbursement rules, and is not the structure by which the MCOs are regulated or directed. The language of the SPA was not revised in response to this comment, since MCO reimbursement, provider participation, and credentialing are outside the scope of the amendment.