

PHARMACY PROVIDER STATUS QUESTIONNAIRE BY STATE

| | Does your state recognize pharmacists as providers? | Have you enrolled pharmacists in your Medicaid program? | Do you currently reimburse pharmacists for any clinical services? | Do you currently reimburse pharmacies for an clinical services? | Is your state actively pursuing similar legislation? |
|----------------------|--|---|---|---|---|
| Alaska | Able to immunize without collaborative practice per statute but BOP regs pending | Not yet, awaiting BOP regs and will follow up with our corresponding regs to enroll | No; will in future | Tobacco cessation and immunization under collaborative practice | There are rumors of expanded scope of practice (to include prescribing birth control) |
| Arizona | No | No | No | No | Not aware of at this time |
| Arkansas | No | No | No | No | No |
| California | Yes | No. The state law did not include provider status recognition under the Medicaid (Medi-Cal) Program | Not with Medi-Cal | No | Stakeholders are exploring options to have the existing authority extended to the Medi-Cal program. If successful, we will need to develop a reimbursement methodology (including dispensing fee), obtain SPA approval, etc |
| Colorado | No | Currently looking into and plan to start to do so | No | No | Possibly this upcoming legislative session |
| Deleware | No | No | No | Only if you define the administration of vaccines, equal to the professional dispensing fee as unique. Otherwise no | No |
| Georgia | No | No | No | No | No |
| Idaho | Yes | No, but if they are enrolled in HCidea they will be recognized by the system as prescribers for vaccines and Naloxone | No | No | No |
| Indiana | Yes | No | No | Yes | Not definitively certain. Last year's legislative session was targeted at addressing changes required to the Indiana Pharmacy Practice Act that define the practice of MTM. This year no bills have been submitted that address the practice of pharmacists other than as it relates to controlling the dispensing of pseudoephedrine and Naloxone rescue products. Maybe in next year's legislative and budgetary session we will be presented and responding to bills that acknowledge pharmacists as providers for Medicaid. |
| Louisiana | Yes for immunization purposes only. | Yes for immunizations only. | No | Fee for service Medicaid does not. Some of our managed care organizations reimburse pharmacies for MTM. | No |
| Maine | No | No | No | No | No |
| Minnesota | Yes, for MTMS | Yes, for MTMS | No | Yes | Had MTMS since 2005. Board of Pharmacy is pursuing legislation which would allow pharmacists to prescribe Naloxone |
| Missouri | Yes. Individual pharmacists have their own provider type | Yes | Yes | Yes for MTM reimbursement, payment can go to either the pharmacy or the pharmacist. The enrollee gets to decide | Already in place |
| Montana | No | No | No | No | No |
| Nevada | Yes, in a collaborative provider practice. Regulated by Board of Pharmacy | Only to Provide Immunizations | No. Only immunizations | Only Immunizations | Yes, Collaborative practice next session (2017) pending budget authority. The practice is very limited. Needs to be tied to physician or hospital clinic. |
| New Hampshire | No | No | No | No | No |
| New Mexico | Yes. Only by NPI for prescriptive authority at the pharmacy level | Yes. Only by NPI for prescriptive authority at the pharmacy level | No | Yes. Counseling for Naloxone rescue kits, and vaccine administration | Not at this time |
| New York | Yes | No | No | No, only administration of flu vaccine | Not that they are aware of |

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| North Dakota | For certain services (e.g. vaccine administration and MTM) | Yes. Only if they are choosing to bill as an independent provider for vaccine administration, MTM, etc. Most choose to have the pharmacy be the one that gets paid | For certain services (e.g. vaccine administration and MTM) | For certain services (e.g. vaccine administration and MTM) | No |
| Ohio | No | No | No | Only Flu vaccine administration | No |
| Oregon | Yes | Yes, pharmacists individually enroll as provider type 50 Pharmacist, and we assign specialty codes for the different clinical services they are authorized to provide for reimbursement. These are MTM and birth control prescribing. | Yes. MTM and office visit for birth control prescribing, though the latter is still in development. MTM has been almost entirely clozapine treatment monitoring, which is paid at reduced rate. The birth control prescribing came from 2015 legislation. | Yes. I assume you mean as rendering? Only an enrolled pharmacist may furnish birth control prescribing office visit or full MTM for reimbursement. Pharmacy may be billing provider. However, a pharmacy may be the performing provider for MTM clozapine treatment monitoring. | Don't know yet, but probably. Major legislation last session that added clinical. That legislation is still being implemented and we anticipate scope of practice to soon include tobacco cessation and perhaps something related to naloxone. |
| Pennsylvania | No | No | No | No | No |
| South Dakota | No | No | No | No | No |
| Virginia | No | No | No | No | No |
| Washington, DC | No | No | No | Enhanced dispensing fee for HIV medication management under HIV Waiver | Not at this time |
| West Virginia | Yes | Will begin to enroll pharmacists in a few weeks and they will be limited to providing certain vaccines. Will recognize them as a prescriber for these services, but the pharmacy will be paid for the service | No | No | No |
| Wisconsin | Yes | Not yet but plan to moving forward | Not yet but plan to in the future | No | Legislation passed last year |
| Wyoming | Yes, under ORP | Recently completed the CSR to add pharmacists as ORP so they can be the ordering provider on vaccinations; the pharmacy will continue to be the "pay to" provider on claims | No | No | No |