



October 24, 2024

[Submitted electronically via: Public.Comment.DSS@ct.gov]

Andrea Barton Reeves
Commissioner
Connecticut Department of Social Services
370 James St.
New Haven, Connecticut 06513

RE: Comment About HUSKY Health Report

Dear Commissioner Barton Reeves:

The Connecticut Department of Social Services (DSS) recently published an invitation for comments in response to requirements set forth in Section 17 of Public Act 23-171.¹ The American Pharmacists Association (APhA) would like to thank Governor Ned Lamont and DSS for their quick work implementing the law. APhA appreciates the opportunity to provide comments to support the development of a strategy to improve health care outcomes, community health and health equity for Connecticut residents.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession, including 3,100 pharmacists and 4,930 pharmacy technicians in Connecticut. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health. In Connecticut, APhA represents pharmacists, pharmacy technicians, and students who practice in numerous settings and provide care to many of your beneficiaries. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

One of the key barriers that should be addressed by DSS to improve health equity and positively impact health and health care outcomes is to ensure that Medicaid beneficiaries can use their medical benefit insurance to receive health care services provided by pharmacists, similar to how patients use their insurance to receive care from other health care professionals. Adding pharmacists as a provider type under Medicaid will allow for the reimbursement of services provided by pharmacists practicing within their state scope of practice. Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have

¹ <https://www.cga.ct.gov/2023/ACT/PA/PDF/2023PA-00171-R00HB-06669-PA.PDF>

more time with their most accessible health care professional. It also properly aligns the current role of the pharmacist, with their extensive education and training, to practice at the top of their license.

The services pharmacists will be providing are within Connecticut pharmacists' state scope of practice² which are already being provided by many pharmacists in Connecticut. Thus, there is expected to be minimal fiscal impact from this change as demonstrated by comparable programs established in other states. For example, Oregon, identified in their fiscal legislative analysis that the creation of a similar program that would permit pharmacists to engage in the practice of clinical pharmacy and provide patient care services to patients would have "minimal expenditure impact on state or local government."³

Substantial published literature clearly documents the proven and significant improvement to patient outcomes⁴ and reduction in health care expenditures⁵ when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in Connecticut is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and others. In states where such programs have already been implemented, health plans are recognizing the value of the pharmacist and investing in the services they provide to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided patient care services.⁶

As the most accessible healthcare professionals, pharmacists are vital providers of health care, especially for those living in underserved and remote communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall health care expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Connecticut's recognition of many other health care providers.

APhA recommends that DSS consider the following recommendations when adding pharmacists as a provider type under Connecticut Medicaid.

Reimbursement under the Medical Benefit

APhA recommends that all services within a pharmacist's state scope of practice be covered under the state Medicaid program aligned with how all other health care professional services are covered. Pharmacists should be the recognized provider type that orders, renders, administers, and bills for services under the medical benefit using current procedural terminology (CPT) codes similar to those used by other health care professionals (physicians, advanced practice registered nurses, physician assistants, etc.) providing outpatient services. Pharmacists' services should be covered in all outpatient settings and should not be

² Conn. Gen. Stat. Title 20, Ch. 400j, Pt. III

³ FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866>.

⁴ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

⁵ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

⁶ CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at <https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/>

limited to a specific place of service (POS) code. These “services” are distinct from the “dispensing,” of medications and should *not* be reimbursed under the pharmacy benefit.

In order to add pharmacists as providers under the medical benefit, state Medicaid programs can submit a state plan amendment (SPA). Other states have submitted SPAs to add pharmacists as providers under the medical benefit without any legislative changes.⁷ Appendix A provides a SPA template for DSS to consider submitting to CMS. Below are specific considerations that APhA recommends when submitting a SPA.

Recognition of pharmacists as other licensed practitioners

In order to add pharmacists as providers under the medical benefit, state Medicaid programs can submit a SPA within attachment 3.1-A 6.d. to add pharmacists as other licensed practitioners (OLPs), in accordance with [42 CFR § 440.60](#). Attachment 3.1-B would also need to be amended under 6.d. to add pharmacists as OLPs if the state participates in the medically needy program.

Coverage of pharmacists’ services

Some states include a payment methodology for all OLPs within their state plan. To ensure that services rendered by pharmacists are a covered benefit, an amendment may be needed within attachment 4.19-B.

At a minimum, it is essential that evaluation and management office or other outpatient services codes 99202-99205 and 99211-99215 be included on the fee schedule as these codes appropriately describe the most common services pharmacists will be providing to patients. The inclusion of 99202-99205 and 99211-99215 on the pharmacists’ fee schedule is aligned with how many other state Medicaid plans are implementing their pharmacist provider programs.

The following list details of APhA’s recommended set of CPT codes that reflect the complexity and time for various pharmacist patient care services. Patient care services provided by pharmacists have been historically undervalued despite the extensive published literature showcasing the high therapeutic and economic value associated with these services.^{8,9} To appropriately value the services provided by pharmacists, establish parity with services of other providers, and assure involvement by pharmacists in increasing access to care for Connecticut patients, APhA strongly recommends that DSS adopt the inclusion of this set of CPT codes for pharmacists’ services in the Medicaid program:

- Immunization Administration for Vaccine/Toxoids: 90460-90474
- Therapeutic, Prophylactic, and Diagnostic Injections and Infusions: 96372
- Office or Other Outpatient Services: 99203-99205, 99212-99215
- Counseling Risk Factor Reduction and Behavior Change Intervention: 99401-99402, 99406-99407

Many of the CPT codes included in the list above are recommended because they are aligned with codes many other state Medicaid programs are including on pharmacists’ fee schedules, they are comparable with codes that other healthcare professionals utilize and appropriately describe pharmacist patient care services. As an example, the Nevada Department of Health and Human Services Division of Health Care

⁷ <https://www.medicaid.gov/medicaid/spa/downloads/DE-24-0008.pdf>

⁸ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

⁹ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

Financing and Policy, in drafting rules for the implementation of Senate Bill 190¹⁰ and Senate Bill 325¹¹ has proposed allowing pharmacists to bill many of the codes included above, including, but not limited to 99203-99205 and 99212-99215. APhA strongly recommends DSS consider including these CPT codes to ensure patients can receive necessary pharmacist care services while aligning with other states' implementation of similar laws.

In addition to these codes, it is imperative that necessary CPT codes for the administration of all Clinical Laboratory Improvement Amendments of 1988 (CLIA)-waived tests are added to the pharmacists' fee schedule. Additionally, it is necessary that the reimbursement of CPT-codes for CLIA-waived tests be at parity for other provider types, to ensure pharmacy providers are not under-reimbursed for the cost of point-of-care tests administered at the pharmacy.

Recognizing pharmacists as providers in FQHC and RHCs

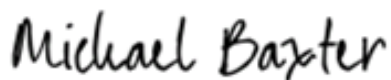
Pharmacists in all practice settings provide highly valuable services, which are important in maintaining the health of patients especially for underserved communities receiving care in federally qualified health centers (FQHCs) and rural health clinics (RHCs). To ensure appropriate access and sustainability of these clinics, APhA recommends allowing pharmacists in all practice settings, including FQHCs and RHCs, the ability to enroll as direct ordering, rendering, administering, and billing providers with Medicaid and be reimbursed for their patient care services. APhA additionally recommends that pharmacists' services be applied to the prospective payment system and/or alternative payment methodologies for bundled payments provided to FQHCs and RHCs. Other states have submitted SPAs that list pharmacists as other licensed practitioners to bill for similar services.¹²

Coverage of Pharmacists' Services in Managed Care Plans

APhA also recommends that services provided by pharmacists be available to all beneficiaries including those enrolled with a managed care plan. In addition, APhA encourages those services provided by pharmacists be applied to managed care plans' medical-loss ratio and their capitation rates. APhA believes this will ensure equitable access to services provided by pharmacists across beneficiary groups.

APhA greatly appreciates the work of DSS to improve health care outcomes, community health and health equity for Connecticut residents. By ensuring Medicaid beneficiaries can use their medical benefit insurance to receive care provided by pharmacists, DSS will successfully improve health equity and positively impact health and health care outcomes across the state. Thank you for your time and consideration of our comments. If you have any questions or require additional information, please contact E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,



Michael Baxter
Vice President, Government Affairs
American Pharmacists Association

¹⁰ Nevada Senate Bill 190. Available at https://www.leg.state.nv.us/Session/81st2021/Bills/SB/SB190_EN.pdf

¹¹ Nevada Senate Bill 325. Available at https://www.leg.state.nv.us/Session/81st2021/Bills/SB/SB325_EN.pdf

¹² <https://www.medicaid.gov/medicaid/spa/downloads/PA-24-0004.pdf>

cc: Nathan Tinker, CEO, Connecticut Pharmacists Association

Appendix A

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S)

2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic-
(which are otherwise included in the state plan)

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided

2.c. Federally qualified health center (FQHC) services and other ambulatory services that are
covered under the plan and furnished by an FQHC in accordance with section 4231 of the State
Medicaid Manual (HFCA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S)

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.

☒ Provided: Identified on attached sheet with description of limitations, if any.

☐ Not provided

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S)

2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic

The following RHC services are covered by the Department of Medicaid in accordance with Sections 1905(a)(2)(B), 1905(l), and 1861(aa)(1) of the Social Security Act:

___ Medical services that are rendered by a pharmacist employed by or otherwise compensated by the RHC;

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S)

2.c. Federally-Qualified Health Center (FQHC) Services

The following FQHC services are covered and paid under the Prospective Payment System (PPS) by the Department of Medicaid in accordance with Section 1905(a)(2)(C) of the Social Security Act:

____ Medical services that are rendered by a pharmacist employed by or otherwise compensated by the FQHC;

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

CATEGORICALLY NEEDY GROUP(S)

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 – 42 CFR 440.60

- Licensed Pharmacist services
- Licensed Pharmacists are covered under their scope of practice in accordance with state law.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**MEDICALLY NEEDY GROUP(S)**

2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic-
(which are otherwise included in the state plan)

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided

2.c. Federally qualified health center (FQHC) services and other ambulatory services that are
covered under the plan and furnished by an FQHC in accordance with section 4231 of the State
Medicaid Manual (HFCA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S)

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.

☒ Provided: Identified on attached sheet with description of limitations, if any.

☐ Not provided

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S)

2.b. Rural health clinic services and other ambulatory services furnished by a rural health clinic

The following RHC services are covered by the Department of Medicaid in accordance with Sections 1905(a)(2)(B), 1905(l), and 1861(aa)(1) of the Social Security Act:

___ Medical services that are rendered by a pharmacist employed by or otherwise compensated by the RHC;

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S)

2.c. Federally-Qualified Health Center (FQHC) Services

The following FQHC services are covered and paid under the Prospective Payment System (PPS) by the Department of Medicaid in accordance with Section 1905(a)(2)(C) of the Social Security Act:

____ Medical services that are rendered by a pharmacist employed by or otherwise compensated by the FQHC;

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S)

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 – 42 CFR 440.60

- Licensed Pharmacist services
- Licensed Pharmacists are covered under their scope of practice in accordance with state law.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____

State/Territory: _____

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES**

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 – 42 CFR 440.60

___ Licensed Pharmacist services

The state Medicaid program reimburses for services provided by a licensed pharmacist operating within their scope of practice. Payment for services provided by licensed pharmacists is made in accordance with a fee schedule established by the department. All covered services are paid at the lesser of the provider's billed charges or the state maximum allowable for the procedures. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers. The agency's fee schedule is published at _____ and is effective for services provided on or after _____.

TN: _____
Supersedes TN: _____

Approval Date: _____
Effective Date _____