GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

June 1, 2026

TO: Interested Party

RE: Consultation Summary for Project Number 2614-Pharmacy - Expansion of Coverage for Pharmacist-Provided Services

Thank you for your comment(s) to the Health Services Administration related to Project Number 2614-Pharmacy. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Responses to specific comments are addressed below.

General Comments About the Healthcare Impact to Medicaid Beneficiaries

Comment: Many commenters were in favor of this policy and emphasized the importance of expanding the scope of pharmacist practice services to improve access to care and support of the overall health and well-being of Michigan residents through both preventive services and timely treatment.

Response: The Michigan Department of Health and Human Services (MDHHS) appreciates the support expressed for expanding pharmacist scope of practice services and recognizes the important role pharmacists play in improving access to both preventive and treatment services. Expanding coverage for these services helps increase timely access to care for Medicaid beneficiaries, particularly in underserved and rural communities, while supporting broader public health goals and improving healthcare access across Michigan.

Comment: Some commenters expressed opposition to the coverage of expanded scope of practice services and raised concerns regarding continuity of care, patient follow-up, and the potential for missed opportunities to address broader health needs during routine physician visits. Concerns were also raised about whether pharmacist-provided contraceptive counseling would allow for the same level of ongoing patient relationship, privacy, and comprehensive assessment as care provided in a traditional clinical setting.

Response: MDHHS recognizes the concerns raised regarding continuity of care and the importance of comprehensive patient counseling and follow-up. The policy is intended to expand access to timely healthcare services, particularly for beneficiaries who may have limited access to a primary care provider or for whom a pharmacist may be the most accessible healthcare professional.

Pharmacists providing expanded scope of practice services must complete required training specific to each service provided and must comply with applicable Michigan Board of Pharmacy requirements. For contraceptive services, beneficiaries are required to complete a comprehensive self-screening risk assessment form that pharmacists must review prior to prescribing. The policy also allows pharmacists to bill for face-to-face counseling provided to beneficiaries and encourages documentation of discussions related to contraceptive methods and patient-specific risks. In addition, Michigan Board of Pharmacy rules require pharmacists to provide beneficiaries with a copy of the prescription information, including a referral to a healthcare provider for ongoing care and follow-up as appropriate.

Comment: Prior to issuing a prescription for hormonal contraceptives, it would be helpful to require beneficiaries to attest to having seen a prescriber within the preceding five years to ensure proper continuity of care.

Response: Final policy language was revised to read that the pharmacist must refer a beneficiary to a primary care provider in accordance with Michigan Board of Pharmacy rules. Additionally, MDHHS will provide a sample Pharmacy Visit Summary that includes referral information for additional follow-up to a provider. This sample form contains fields including healthcare provider name and phone number that pharmacists may populate for the beneficiary.

Comments on Enrollment Questions for Medicaid Pharmacists

Comment: Is there a website for the Community Health Automated Medicaid Processing System (CHAMPS) enrollment instructions?

Response: Instructions on how to enroll as a Medicaid Provider can be found here: https://www.michigan.gov/mdhhs/doing-business/providers/providers. Click on the CHAMPS link and then choose “Provider Enrollment”.

Pharmacists may register as either an Individual/Sole Proprietor for Independent Pharmacy owners, or Rendering/Servicing if they work in a

pharmacist role for an organization. An Individual (Type 1) NPI must be entered. Any questions or issues with enrollment should be sent to providerenrollment@michigan.gov.

Comment: How will pharmacists know if their uploaded training certificates required during enrollment for laboratory testing, ordering self-administered hormonal contraceptives, or immunizations have been accepted as valid by MDHHS?

Response: MDHHS will not be validating course completion certifications uploaded to CHAMPS during enrollment and revalidation. It is up to the pharmacist to ensure that their selected training meets the requirements set forth by the Michigan Board of Pharmacy. Claims are subject to post-payment pharmacy reviews and audits. Noncompliance may result in payment recovery, sanctions, or referral to the Michigan Attorney General's Office.

Pharmacists can track their application to verify their enrollment was approved and is active in CHAMPS. After completing all steps of enrollment, including uploading training certificates for subspecialties and finalizing submission, pharmacists can log into CHAMPS, select the Provider tab, and choose "Track Application". Step-by-Step Enrollment Guides can be found here: https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/provider-enrollment

Comment: How often will pharmacists be required to update their training documentation in CHAMPS enrollment?

Response: All providers, including pharmacists, are required to ensure that their enrollment record in CHAMPS is current, including documentation of successfully completed training required for their subspecialties. All providers are required to revalidate their Medicaid enrollment information a minimum of once every five years, or more often if requested by MDHHS. For more information, refer to the MDHHS Medicaid Provider Manual, General Information for Providers Chapter, SECTION 3 - MAINTENANCE OF PROVIDER INFORMATION.

Providers must notify MDHHS via the on-line system within 35 days of any change to their enrollment information. Examples of such changes include, but are not limited to, addition/change of a specialty.

Many training certifications, including those from Accreditation Council for Pharmacy Education (ACPE), have end dates or expiration dates on them. MDHHS expects pharmacists to ensure their training requirements

for their subspecialties are valid for each claim's date of service. Pharmacists may update their training certifications in CHAMPS by submitting a provider modification.

Additionally, Provider Enrollment has a training publication for revalidation. If pharmacists have questions regarding enrollment modifications or revalidation, they should contact Provider Support at 1-800-292-2550 or by email at ProviderSupport@Michigan.gov.

Comment: Will CHAMPS provider enrollment data for pharmacists, including subspecialty information, be distributed to Medicaid Health Plans (MHP) through the weekly 5938 file?

Response: CHAMPS provider enrollment data is provided to contracted MHPs. Due to the size of the 5938 weekly provider file that is sent to plans, the specific CHAMPS subspecialty data for pharmacists cannot be included at this time. MDHHS is researching options for future inclusion of provider subspecialty in the weekly file or another file or report. MHPs have provider network adequacy requirements and may perform their own network provider validation in addition to verification of a pharmacist's CHAMPS subspecialty enrollment details.

Comments on Billing Requirements for Medicaid Pharmacists

Comment: Pharmacists will be able to bill medical claims for Current Procedural Terminology (CPT) codes 99401 and 99402. Are these counseling codes truly considered preventive? And if so, are patients only allowed one preventive visit to be covered per year, possibly resulting in denials from other types of providers?

Response: The AMA CPT codebook defines codes 99401 and 99402 under the category of Preventive Medicine, Individual Counseling. These codes are to be billed by pharmacists providing face-to-face encounters to counsel for the prescribing of hormonal contraceptives. Beneficiaries will not be limited to one counseling code per year. Using these codes will not result in denials from other providers.

Comment: How will the pharmacist be identified as the prescriber on immunization claims billed through Fee for Service (FFS) at point-of-sale?

Response: Pharmacists that order immunizations should utilize their Individual (Type 1) NPI in the Prescriber ID field and their pharmacy (Type 2) NPI in the Billing Provider field.

Comment: How will the pharmacist be identified on preventive medicine counseling claims billed through CHAMPS?

Response: Pharmacists billing for preventive medicine counseling claims in CHAMPS should report their Individual (Type 1) NPI as the rendering provider and the pharmacy's (Type 2) NPI as the billing provider.

Comment: Where can MHPs find a complete list of laboratory CPT codes that can be billed by a Pharmacist Prescriber?

Response: The list of procedure codes that a pharmacist is eligible to order is not publicly available on the MDHHS website and will need to be identified and operationalized by each individual MHP.

Comment: When a National Council for Prescription Drug Programs (NCPDP) pharmacy claim is submitted with a Pharmacist NPI in the prescriber field, but the NPI doesn't match a qualifying subspecialty (Pharmacist Prescribing), please confirm that the claim should be rejected and with what reject code?

Response: Since October 1, 2019, pharmacy claims submitted with a Prescriber NPI that is not a CHAMPS enrolled prescriber will reject with NCPDP Code 889 – PRESCRIBER NOT ENROLLED IN STATE MEDICAID PROGRAM. See bulletin MSA 19-20 Enrollment Requirement for Prescribers and bulletin MMP 25-01 for additional clarification including what submission clarification codes can be used at pharmacy point of sale and under what circumstances.

Comment: Please confirm that professional claim encounter edit 5169 will be updated to accept claims where the billing/ordering provider has CHAMPS subspecialty Pharmacist Prescriber or Laboratory Testing on claims with qualifying CPT codes (for consultation and lab codes).

Response: Yes, the 5169 edit logic applicable to the independent laboratory claim type will be updated to reflect pharmacists as allowable ordering providers on COVID-19, Influenza, or upper respiratory infection labs.

Additionally, professional claim encounter 1343 edit logic will be applied to hormonal contraceptive counseling claims where the rendering NPI does not have a valid subspecialty in CHAMPS of Pharmacist Prescribing.

Comment: For NCPDP pharmacy claims, should MHPs allow Submission Clarification Codes of 55 & 13 to bypass the CHAMPS rejection for pharmacist prescriber claims, similar to current prescriber rules?

Response: Bulletin MMP 25-01 provides clarification of provider enrollment requirements for Medicaid providers, including what submission clarification codes can be used at pharmacy point of sale and under what circumstances.

Comment: Should MHPs deny claims (any claim type) submitted by out-of-state providers/pharmacists who are not actively MI Medicaid enrolled for the date of service?

Response: Yes. Medicaid enrollment requirements for prescribers are required as detailed in both bulletin MSA 19-20 and clarification in bulletin MMP 25-01.

Comments on Documentation Requirements

Comment: The laboratory portion of the policy references documenting medical necessity for ordering labs. How does the Department recommend this be done?

Response: This portion of the policy refers to the beneficiary's medical record kept by the ordering provider. If the pharmacist was the ordering provider of a laboratory test, this would mean the beneficiary's medical record maintained by the pharmacy.

Comment: Can MHPs add Drug Utilization Review (DUR) rules or pharmacy-entered point-of-sale authorization questions to NCPDP claims requiring pharmacist attestation that the required testing (for antivirals) or consultation (for contraceptives) has been completed prior to submission of the claim?

Response: This pharmacist expanded scope of practice policy does not supersede existing MHP contract requirements and policies related to the pharmacy benefit. MHPs will still be required to fulfill the requirements outlined in their contract related to pharmacy services, single Prescription Drug List (PDL) agents, and Common Formulary covered products. This includes MHPs being unable to allow their pharmacy benefit managers (PBMs) to be more restrictive than FFS for single PDL coverage and not more restrictive than Common Formulary coverage of products not on the single PDL – these both include prescriptions where an enrolled

pharmacist may be the prescriber according to the Michigan Board of Pharmacy rules/regulations. As such, Prospective Drug Utilization Review (ProDUR) edits can only be informational as they cannot result in a delay or denial of individual claims unless specifically authorized by MDHHS according to either single PDL and/or Common Formulary coverage.

Comment: Can pharmacist-provided preventive counseling services be performed via telehealth?

Response: Michigan Board of Pharmacy rules state that the patient may complete the self-screening risk assessment tool electronically. However, the AMA CPT codebook describes codes 99401 and 99402 to be used for reporting face-to-face services.

Comment: Could services rendered according to the Department's Medication Therapy Management (MTM) policy be considered "bundled" or "duplicative" if provided to a beneficiary who has also received preventive medicine counseling claims for hormonal contraceptives?

Response: Conditions eligible for MTM benefit do not include family planning or contraceptive counseling, so MTM would not be considered duplicative with a preventive medicine counseling encounter for hormonal contraceptives.

Thank you for your inquiry. We trust that previous responses addressed the concerns and questions noted. If you wish to comment further, send your comments to Vicki Goethals at goethalsv@michigan.gov.

Sincerely,

Meghan E. Groen, Chief Deputy Director
Health Services