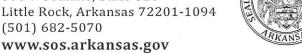
ARKANSAS REGISTER



Transmittal Sheet Use only for FINAL and EMERGENCY RULES

Secretary of State John Thurston

500 Woodlane, Suite 026 Little Rock, Arkansas 72201-1094 (501) 682-5070





For Office		
Use Only: Effective Date	Code Number	
Name of Agency Department of Human	Services	PERCENT AND DESCRIPTION OF THE PERCENT OF THE PERCE
Department Division of Medical Service	ces	
Contact Mac E. Golden	E-mail Mac.E.Golden@dhs.arkansas.gov Phone 501.320.6383	
Statutory Authority for Promulgating Rules Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129		
Rule Title: Pharmacy Manual	Update 3-21 and SPA 2022-0001	
Intended Effective Date		Date
(Check One) Emergency (ACA 25-15-204)	Legal Notice Published	03/13/2022
10 Days After Filing (ACA 25-15-204)	Final Date for Public Comment	04/11/2022
Other 06/01/2022 (Must be more than 10 days after filing date.)	Reviewed by Legislative Council	05/20/2022
(Must be more than 10 days after filing date.)	Adopted by State Agency	06/01/2022
Electronic Copy of Rule e-mailed from: (Require	d under ACA 25-15-218)	
	e v	5/20/2022
Contact Person	E-mail Address	Date
	ON OF AUTHORIZED OFFICER	
	fy That The Attached Rules Were Adopted kansas Administrative Act. (ACA 25-15-201 et. seq.)	
in compliance with the in	Kansas rammistrative net. (nen 25-15-201 et. seq.)	
L. Ele	ATIM	
504.044.004	Signature	
501-244-3944 Phone Number	Elizabeth.Pitman@dhs.arkansas.g E-mail Address	
	Director	
9	Title 05/20/2022	

Pharmacy Section II

TOC required

201.100 Arkansas Medicaid Participation Requirements for Prescribing Pharmacists and for Pharmacies Administering Vaccines

6-1-22

The Arkansas Medicaid Program will allow pharmacists to enroll individually as atypical providers to prescribe and administer specified drugs and test and screen for certain health conditions, per current allowable protocols. Pharmacists are not billing providers, but they may be rendering providers on medical claims. Pharmacists will be allowed as prescribing providers on pharmacy claims for drugs identified in current protocol.

The Arkansas Medicaid Program will reimburse pharmacies the cost and administration fee for selected vaccines and immunizations for Medicaid clients three (3) years of age and older under current protocol and written consent of the parent or legal guardian of the minor. Consent must be obtained before the administration of the vaccine or immunization. Written protocol and consent must be retained and is subject to reporting requirements. For a complete list of covered vaccines and CMS-1500 billing instructions, please refer to the CMS-1500 Claim Form Billing Instructions.

The Arkansas Medicaid Program will reimburse pharmacies the administration fee for selected vaccines that are obtained through the Vaccine for Children Program (VFC) or ARKids-B SCHIP Vaccine Program. Please refer to section 292.950 of the Physician manual for VFC vaccines billing procedures and section 262.430 for ARKids-B SCHIP vaccine. All Arkansas State Board of Pharmacy laws and regulations will apply.

To be eligible for participation, the pharmacy must meet the following criteria, in addition to those specified in Section 201.000:

- A. Complete Section III, Item 22, of the enrollment application (<u>view or print Provider</u>

 <u>Enrollment application material</u>) if the pharmacist is certified to administer the influenza virus and pneumococcal polysaccharide vaccines; and
- B. Pharmacies must be enrolled in the Title XVIII (Medicare) Program to administer the vaccines.

Refer to Section 210.100 for scope of coverage; Section 213.000 for benefit limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE ARKANSAS

ATTACHMENT 3.1-A Page 3b

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

June 1, 2022

CATEGORICALLY NEEDY

- 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. (Continued)
- 6.d. Other Practitioners' Services (Continued)
 - (5) Psychologists

Refer to Attachment 3.1-A, Item 4.b. (13).

(6) Obstetric - Gynecologic and **Gerontological** Nurse Practitioner

Refer to Attachment 3.1-A, Item 24 for coverage limitations.

(7) Pharmacists

TN: 22-0001 Approved:05/03/2022 Effective:06/01/2022

Supersedes TN:AR-01-25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

ATTACHMENT 3.1-B Page 3d

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

Revised:

June 1, 2022

MEDICALLY NEEDY

- 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. (Continued)
- 6.d. Other Practitioners' Services (Continued)
 - (5) Psychologists

Refer to Attachment 3.1-A, Item 4.b.(13).

(6) Obstetric - Gynecologic and **Gerontological** Nurse Practitioner

Refer to Attachment 3.1-B, Item 21 for coverage limitations.

(7) Pharmacists

TN: 22-0001 Approved:05/03/2022 Effective:06/01/2022

Supersedes TN: AR-01-25