



Dist of Columbia, Department of Health Care Finance, Adopted Rule, Medication Therapy Management, DCMR 29.27.2799DCMR Title 29, Chapter 27, Sections 2716, 2799

---

**Printed By:** JMCCORMACK58 on Tue, 11 Mar 2025 11:30:40 -0400

---

## ▪ Adopted Rule

Vol. 72, No. 10, District of Columbia Register 2025-03-07 pp.2353-2357

PUBLICATION DATE: 2025-03-07

ACTION DATE: 2025-03-07

EFFECTIVE DATE: 2025-02-24

PUBLICATION TYPE: Register

## Proposed Rule

Vol. 71, No. 41, District of Columbia Register 2024-10-11 pp.12433-12436

PUBLICATION DATE: 2024-10-11

ACTION DATE: 2024-10-11

COMMENT DEADLINE: 2024-11-11

PUBLICATION TYPE: Register

## DEPARTMENT OF HEALTH CARE FINANCE

### • NOTICE OF FINAL RULEMAKING

The Director of the Department of Health Care Finance (DHCF), pursuant to the authority set forth in Section 6(6) of the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code § 7-771.05(6)), An Act To enable the District of Columbia to receive federal financial assistance under title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02), and Mayor's Order 2024-115, dated July 1, 2024, hereby gives notice of his adoption of the following amendments to Chapter 27 (Medicaid Reimbursement for Fee for Service Pharmacy Services) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations (DCMR).

This rulemaking adds a new Section 2716 (Medication Therapy Management) to Chapter 27 of Title 29 of the DCMR. This new section outlines service definitions, eligibility, provider qualifications, and reimbursement for Medication Therapy Management ("MTM"), a new benefit provided under the District of Columbia Medicaid State Plan (State Plan). MTM encompasses a range of person-centered, pharmacist-provided services that optimize therapeutic outcomes for beneficiaries. DHCF's MTM service coverage aims to optimize therapeutic outcomes by identifying, preventing, and solving drug-related problems, providing continuity of care, giving the beneficiaries disease state information, and providing medication education. The rule also amends Section 2799 (Definitions) to include the definition of MTM.

This rulemaking corresponds to a State Plan Amendment ("SPA") submitted to the Centers for Medicare & Medicaid Services (CMS) on May 14, 2024, to include MTM as a benefit that licensed pharmacists may provide under the Other Licensed Practitioners authority. This SPA was approved by CMS on August 1, 2024, with an effective date of July 1, 2024.

A Notice of Proposed Rulemaking was published in the *District of Columbia Register* on October 11, 2024, at 71 DCR 012433. Joint comments were received from two stakeholder organizations. Each comment is addressed below.

#### *MTM Visits and Eligibility*

*Comment:* Commenters recommended that DHCF's MTM provider more closely align with Medicare Part D MTM program

requirements. Specifically, 1) commenters recommended against the inclusion of a limit to the number of visits that patients can have per year to receive MTM services and 2) commenters suggest that requiring that a beneficiary have at least ten (10) prescriptions is high, as the Medicare Part D MTM places the limit on eight (8) Part D drugs being the maximum number of drugs a Part D plan sponsor may require as the minimum number of Part D drugs that a beneficiary must be taking to be eligible for MTM services. The commenters believe that patients, pharmacists, and their providers should have autonomy to determine the number of visits a patient needs based on the patient's specific needs and medical necessity.

*Response:* DHCF appreciates the commenters' concerns related to the number of visits and the requirement that an eligible beneficiary have been prescribed ten (10) or more medications per month as well as their desire to more closely align with the Medicare Part D MTM program. DHCF notes, however, that its current MTM program is more inclusive than the Part D MTM program. While DHCF requires ten (10) or more medications be prescribed per month, it does not limit the conditions for which a medication is prescribed. The Part D MTM program allows Part D plans to limit MTM services to individuals with ten (10) core chronic conditions and to require that beneficiaries experience up to three (3) of those chronic diseases for eligibility. The District's Medicaid MTM services has broader eligibility and has the potential to serve a greater population. Because the focus of DHCF's MTM program is broader, thus, a limitation on the number of annual visits per year is required to ensure the efficient use of the District's fiscal resources.

No changes to the text of the rule have been made, at this time.

#### *Reimbursement*

*Comment:* Commenters noted that the District's reimbursement rate for MTMS services will need to be updated before the program is rolled out.

*Response:* DHCF acknowledges this fact and notes that rates will be updated in the online fee schedule at [www.dc-medicaid.com](http://www.dc-medicaid.com), as they are finalized.

#### *Other*

*Comment:* Commenters recommend that DHCF cover all services within pharmacists' scope of practice. This is to ensure that beneficiaries can access all services provided by their trusted community pharmacists. Commenters noted that there has been proven and significant improvement to patient outcomes and reduction in health care expenditures" when pharmacists are optimally leveraged as the medication experts on patient-care teams."

*Response:* DHCF intends to revisit coverage of all services within pharmacists' scope of practice in the future. However, all of the services under a pharmacists' scope of practice are not consistent with the scope of the MTM program, as currently designed. No changes to the text of the rule have been made, at this time.

The Director of DHCF took final action to adopt this rulemaking on February 24, 2025, and the rules shall become effective upon publication of this notice in the *District of Columbia Register*.

---

## **Chapter 27, MEDICAID REIMBURSEMENT FOR FEE FOR SERVICE PHARMACY SERVICES, of Title 29 DCMR, PUBLIC WELFARE, is amended as follows:**

**A new section 2716 is added to read as follows:**

### **2716MEDICATION THERAPY MANAGEMENT**

2716.1 Medication Therapy Management (MTM) services are services provided by a pharmacist to a beneficiary to optimize the therapeutic outcomes for that beneficiary. MTM is a patient-centered service that assesses a patient's entire drug regimen and accounts for patient-centered risk factors, such as concurrent diseases, drug interactions, and lifestyle. MTM services are separate from the pharmacy counseling services required under the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101-508; 104 Stat. 1388) (OBRA '90)), which requires patient consults at prescription pickup.

2716.2 MTM services include:

- (a) Development of a medication treatment plan;
- (b) Monitoring and evaluating the beneficiary's response to medications, including safety and efficacy;
- (c) Conducting a comprehensive review of the beneficiary's medications and immunizations to identify, resolve, and prevent medication-related problems;
- (d) Documenting the care delivered and communicating with the beneficiary's primary care providers;
- (e) Providing education and training to enhance beneficiary understanding and appropriate use of prescribed medications;
- (f) Providing information, support services, and resources to enhance adherence to the beneficiary's drug regimens; and
- (g) Coordinating and integrating MTM services with other health care services being provided to the beneficiary.

2716.3 MTM services are limited to one (1) initial visit and three (3) follow-up visits per calendar year and may be provided in-person or by telehealth in accordance with the requirements of 29 DCMR § 910.

2716.4 MTM services shall be billed in fifteen (15) minute interval units. Providers meeting the requirements of Section 2716.4 may bill up to five (5) units during a single visit, as follows:

- (a) The first fifteen (15) minute unit shall be billed for the type of encounter (first encounter or follow-up encounter);
- (b) Any additional time beyond the first fifteen (15) minutes spent with the beneficiary shall be billed in additional fifteen (15)-minute-interval units; provided, that a provider shall not bill more than four (4) units of additional fifteen (15) minute intervals.

2716.5 To be eligible for MTM services, a Medicaid beneficiary must:

- (a) Be in an outpatient setting (not inpatient or institutional setting);
- (b) Be ineligible for Medicare Part D; and
- (c) Have been prescribed ten (10) or more medications per month.

2716.6 To provide MTM services, a provider must meet the following qualifications:

- (a) Have an active and unrestricted pharmacy license in the District of Columbia, consistent with the requirements outlined in 17 DCMR Chapter 65;
- (b) Have an active pharmacist National Provider Identifier (NPI);
- (c) Be enrolled as a DC Medicaid provider;
- (d) Meet the provider participation requirements outlined in 29 DCMR § 2701;
- (e) Use the electronic MTM system, identified by DHCF in *District of Columbia Pharmacy Benefit Manager Services Fee-for-Service (FFS) Provider Manual* and MTM transmittals, to document provided services;
- (f) Complete an MTM training program identified by DHCF in the District of Columbia *Pharmacy Benefit Manager Services Fee-for-Service (FFS) Provider Manual* and MTM transmittals.

2716.7 Reimbursement rates for MTM services can be found in the online fee schedule at [www.dc-medicaid.com](http://www.dc-medicaid.com).

2716.8 For calendar year 2024, providers may bill for MTM services provided on or after July 1, 2024.

**Section 2799, DEFINITIONS, of Chapter 27, MEDICAID REIMBURSEMENT FOR FEE FOR SERVICE PHARMACY SERVICES, of Title 29, PUBLIC WELFARE, of the DCMR is amended as follows:**

The following definition of " Medication Therapy Management" is added after the definition of " Medicaid Drug Rebate Program":

**Medication Therapy Management (MTM)** - Medicaid services provided by a pharmacist to a beneficiary to optimize the therapeutic outcomes for that beneficiary. MTM is a patient-centered service that assesses a patient's entire drug regimen and accounts for patient-centered risk factors, such as concurrent diseases, drug interactions, and lifestyle. These services are distinct from the routine medication counseling that individuals receive when picking up prescriptions from pharmacies.

# General Information

**Date Filed**

Sat Mar 08 00:00:00 EST 2025