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State/Territory Name: Arkansas PHARM

State Plan Amendment (SPA) #: 18-012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page



### Center for Medicaid and CHIP Services

# Disabled and Elderly Health Programs Group

October 3, 2018

Ms. Dawn Stehle State Medicaid Director Arkansas Department of Health and Human Services Division of Medical Services P.O. Box 1437 Little Rock, Arkansas 72203-1437

Dear Ms. Stehle,

We have reviewed Arkansas State Plan Amendment (SPA) 18-0012, Prescribed Drugs, received in the Dallas Regional Office on August 14, 2018. This SPA proposes to include Medicaid managed care organizations (MCOs) to the state supplemental rebate agreement, with an effective date of January 1, 2019.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 18-0012 is approved with an effective date of January 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Arkansas state plan, will be forwarded by the Dallas Regional Office.

If you have any questions regarding this request, please contact Lisa Shochet at 410-786-5445 or Lisa.Shochet@cms.hhs.gov.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph. Director, Division of Pharmacy

cc: Bill Brooks, Associate Regional Administrator, Dallas Regional Office
Billy Bob Farrell, Dallas Regional Office
Stacey Shuman, Dallas Regional Office
Dave Mills, Arkansas Department of Health and Human Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
	2018-012	ARKANSAS
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2019	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):	January 1, 2019	
NEW STATE PLAN   AMENDMENT TO BE CONSIDERED AS NEW PLAN   AMENDMENT     COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	amendment)
0. FEDERAL STATUTE/REGULATION CITATION.	a. FFY 2019 \$ 0	
Section 1927 of the Social Security Act	b. FFY 2020 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI OR ATTACHMENT ( <i>If Applicable</i> ):	
Attachment 3.1-A, Page 5aa Attachment 3.1-B, Page 4h	Same, Approved 08-18-16, TN 16-02 Same, Approved 08-18-16, TN 16-02	
10. SUBJECT OF AMENDMENT:     The Arkansas Title XIX State Plan has been amended to include Managed Care Organizations (MCO) in the State Supplemental		
Rebate Program.		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):	OTHER, AS SPEC	IFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Division of Medical Services PO Box 1437, Slot S295	
13. TYPED NAME:	Little Rock, AR 72203-1437	
Tami Harlan	Attention: Dave Mills	
14. TITLE:		
Interim Director, Division of Medical Services	-	
15. DATE SUBMITTED: August 14, 2018		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: August 14, 2018	18. DATE APPROVED: October 3, 2	018
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2019	20. SIGN	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Admin Division of Medicaid and Children's	istrator s Health (DMCH)
23. REMARKS:		

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

January 1, 2019

## AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

#### CATEGORICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

- a. Prescribed Drugs (continued)
  - (4) The state is in compliance with section 1927 of the Social Security Act. The state will cover drugs of Federal rebate participating manufacturers. The state is in compliance with reporting requirements for utilization and restrictions to coverage. Pharmaceutical manufacturers can audit utilization data.

The state will be negotiating supplemental rebates in the Medicaid program in addition to the Federal rebates provided for in Title XIX. Rebate agreements between the state and pharmaceutical manufacturer(s) will be separate from the Federal rebates.

**Revised:** 

A rebate agreement between the state and a participating drug manufacturer for drugs provided to the Medicaid program, submitted to CMS on May 24, 2016, and entitled, State of Arkansas Supplemental Rebate Agreement, has been authorized by CMS. Any additional versions of rebate agreements negotiated between the state and manufacturer(s) after May 24, 2016, will be submitted to CMS for authorization.

The state supplemental rebate agreements would apply to the drug benefit, both fee-for-service and those paid by contracted Medicaid managed care organizations (MCOs), under prescribed conditions in Attachment C of the State of Arkansas Supplemental Rebate Agreement. State supplemental rebate agreements would apply to beneficiaries, including those made eligible under the Affordable Care Act receiving fee-for-service benefits and those that are enrolled under a Medicaid managed care organization agreement.

Supplemental rebates received by the State in excess of those required under the National Drug Rebate Agreement will be shared with the Federal government on the same percentage basis as applied under the national rebate agreement.

All drugs covered by the program, irrespective of a supplemental rebate agreement, will comply with the provisions of the national drug rebate agreement.

The supplemental rebate program does not establish a drug formulary within the meaning of 1927(d)(4) of the Social Security Act.

The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification, in accordance with Section 1927(b)(3)(D) of the Social Security Act.

(5) Pursuant to 42 U.S.C. Section 1396r-8 the state is establishing a preferred drug list with prior authorization for drugs not included on the preferred drug list. Prior authorization will be provided within a 24-hour turn-around from receipt of request and a 72-hour supply of drugs in emergency situations.

State: Arkansas Date Received: 14 August, 2018 Date Approved: 3 October, 2018 Effective Date: 1 January, 2019 Transmittal Number: 18-012

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

# AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised: MEDICALLY NEEDY January 1, 2019

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