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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 14-011

This file contains the following documents in the order listed:

- 1) RO Follow-Up Approval Letter
- 2) Pharmacy Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

May 5, 2014

Dr. David J. Dzielak
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, Mississippi 39201-1399

Attention: Kristi Plotner

RE: Title XIX State Plan Amendment, MS 14-011

Dear Dr. Dzielak:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on March 17, 2014. The State's requested effective date of January 1, 2014 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated April 18, 2014 that was submitted to the State by Kim Howard, Acting Director, Division of Pharmacy;
2. the original signed 179; and
3. the approved plan page.

If you have any additional questions regarding this amendment, please contact Tandra Hodges, State Coordinator for Mississippi at 404-562-7409.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

April 18, 2014

David J. Dzielak
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, Mississippi 39201-1399

Attention: Kristi Plotner

Dear Mr. Dzielak:

We have reviewed Mississippi State Plan Amendment (SPA) 2014-011, Prescribed Drugs, received in the Atlanta Regional Office on March 17, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, Mississippi SPA 2014-011 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Mississippi state plan will be forwarded by the Atlanta Regional Office.

If you have any questions regarding this amendment, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

/s/

Kim Howell
Acting Director
Division of Pharmacy

cc: Jackie Glaze, ARA, Atlanta Regional Office
Caletha Henry, Atlanta Regional Office
Judith Clark, Mississippi Division of Medicaid
Margaret Wilson, Mississippi Division of Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-011	2. STATE MS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION: ACA § 2502; SSA § 1927(d)(7)		7. FEDERAL BUDGET IMPACT: 2014: \$0.00 2015: \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3. 1-A Exhibit 12a, pages 1 and 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 3. 1-A Exhibit 12a, pages 1 and 2	
10. SUBJECT OF AMENDMENT: SPA 14-011 Non-Excluded Prescription Drugs is being submitted to remove barbiturates, benzodiazepines and all drugs used for smoking cessation from the Medicaid excluded drugs list. This SPA does not change the coverage of these drugs as the Division of Medicaid still covers these drugs but removes them from the Centers for Medicare and Medicaid Services (CMS) pre-print for excluded drugs. This change is required to comply with the Affordable Care Act.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: David J. Dzielak Miss. Division of Medicaid Attn: Kristi Plotner 550 High Street, Suite 1000 Jackson, MS 39201-1399	
13. TYPED NAME: David J. Dzielak			
14. TITLE: Executive Director			
15. DATE SUBMITTED: 02-28-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03-17-14		18. DATE APPROVED: 04-18-14	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

12a. **Prescribed Drugs:**

- (1) Covered outpatient drugs are those produced by any manufacturer which has entered into and complies with an agreement under Section 1927 (a) of the Act which are prescribed for a medically acceptable indication. Compounded prescriptions (mixtures of two (2) or more ingredients) except for hyperalimentation are not covered.
- (2) All Medicaid beneficiaries age 21 and older are limited to five (5) prescriptions per month with no more than two (2) brand name (single source or innovator multiple source) drugs per month for each non-institutionalized Medicaid beneficiary.
- (3) As provided in Section 1935 (d) (1) of the Act, effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible under Part A or Part B.
- (4) As provided by Sections 1927 (d)(2) and 1935 (d)(2) of the Act, the Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses, to all Medicaid beneficiaries including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit-Part D.
 - (a) Agents when used for anorexia, weight loss or weight gain;
 - (b) Agents when used to promote fertility;
 - (c) Agents when used for cosmetic purposes or hair growth;
 - (d) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee;
 - (e) Those drugs designated less than effective by the FDA as a result of the Drug Efficacy Study Implementation (DESI) program;
 - (f) Nonparticipating rebate manufacturers;
 - (g) Select agents when used for symptomatic relief of cough and colds: antihistamines, decongestants, antihistamine/decongestant combination products, legend antitussive benzonate;

State of Mississippi

- (h) Select prescription vitamins and mineral products, except prenatal vitamins and fluoride:
vitamin K, cyanocobalamin injection, vitamin D, folic acid as a single entity;

- (i) Select nonprescription (OTC) drugs:
Insulin, allergy and sinus products, analgesics/antipyretics, antitussives, antitussive/expectorants, digestive medications, ophthalmic agents, topical antibiotics, topical antiparasitics, topical antifungals, and vaginal antifungals.