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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 17-0013

This file contains the following documents in the order listed:

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

November 27, 2017

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

Attention: Margaret Wilson

Re: Mississippi State Plan Amendment, Transmittal # 17-0013

Dear Mr. Dzielak:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on November 3, 2017. The state's requested effective date of January 1, 2018 has been accepted.

Enclosed for your records are:

1. A copy of the approval letter dated November 21, 2017 that was submitted to the State by Meagan T. Khau, Deputy Director, Director of Pharmacy;

2. The original signed 179, and;

3. The approved plan pages.

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

Sincerely,

//s//

Shantrina Roberts
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909

CENTERS FOR MEDICARE & MEDICAID SERVICES
Center For Medicaid & CHIP Services

CENTER FOR MEDICAID AND CHIP SERVICES

Disabled and Elderly Health Program Group

November 21, 2017

Mr. David J. Dzielak, PhD
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Dear Mr. Dzielak:

We have reviewed Mississippi State Plan Amendment (SPA) 17-0013, received in the Atlanta Regional Office on November 3, 2017. This amendment proposes to revise the current Supplemental Drug Rebate Agreement (SDRA) to be consistent with the Covered Outpatient Drug final rule with comment period (CMS-2345-FC) and to revise references to various federal laws and definitions that have been changed.

Based on the information provided, we are pleased to inform you that, consistent with the regulations at 42 CFR 430.20, SPA 17-0013 is approved with an effective date of January 1, 2018. A copy of the signed CMS-179 form, 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 Mickey Morgan at (410) 786-4048 or mickey.morgan@cms.hhs.gov.

Sincerely,

//s//

Meagan T. Khau
Deputy Director
Division of Pharmacy

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL **FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**	1. TRANSMITTAL NUMBER: **17-0013**	2. STATE **MS**
	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 **01/01/2018**	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ 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: 42 U.S.C. § 1396r-8	7. FEDERAL BUDGET IMPACT: FY 2017: $0.00 FY 2018: $0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Exhibit 12a, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 3.1-A Exhibit 12a, Page 3

10. SUBJECT OF AMENDMENT:
To revise the current Supplemental Drug Rebate Agreement (SDRA) to be in compliance with the Covered Outpatient Drug Rule, to revise references to various federal laws that have been changed, and to have consistent language with other states in the consortium.

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: **/s/**	16. RETURN TO: **David J. Dzielak** **Miss. Division of Medicaid** **Attn: Margaret Wilson** **550 High Street, Suite 1000** **Jackson, MS 39201-1399**
13. TYPED NAME: **David J. Dzielak**	
14. TITLE: **Executive Director**	
15. DATE SUBMITTED: 11/03/2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 11/03/17	18. DATE APPROVED: 11/21/17
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/18	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Shantrina Roberts	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:

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

Supplemental Drug Rebate Agreements:

The Division of Medicaid, or the Division of Medicaid in consultation with the Sovereign States Drug Consortium, may negotiate supplemental drug rebate agreements (SDRAs) that would reclassify any drug not designated as preferred in the baseline listing for as long as the agreement is in effect. A SDRA between the Division of Medicaid and a drug manufacturer for drugs provided to the Medicaid program, submitted to the Centers for Medicare & Medicaid Services (CMS) on December 27, 2005 and entitled, "State of Mississippi Supplemental Rebate Agreement", was authorized by CMS. CMS authorized the State of Mississippi to enter into the "Sovereign States Drug Consortium (SSDC)" multi-state purchasing pool. The SDRA submitted to CMS on September 7, 2012, entitled, "State of Mississippi Supplemental Rebate Agreement", was authorized by CMS. CMS authorized the revised multi-state SSDC agreement submitted on March 17, 2014, for the Division of Medicaid population to cover supplemental drug rebates for fee-for-service and coordinated care Medicaid programs, effective July 1, 2014. CMS authorized the revised multi-state SSDC agreement submitted on November 3, 2017 to be effective January 1, 2018, with changes in references to various federal laws, to include the Covered Outpatient Drug Rule and to standardize the terms of the SDRA with that of the other states in the consortium.

An Agreement may not be amended or modified without the authorization of CMS.

Based on the requirements for Section 1927 of the Act, the Division of Medicaid will comply with the following policies for drug rebate agreements:

- The drug file permits coverage of participating manufacturers' drugs.
- The Division of Medicaid may require prior authorization for covered outpatient drugs. Non-preferred drugs are available with prior authorization.
- The prior authorization process for covered outpatient drugs will conform to the provisions of section 1927 (d) (5) of the Social Security Act.
- The Division of Medicaid will comply with the drug reporting requirements for state utilization information and restriction to coverage.
- Supplemental rebate agreement between the Division of Medicaid and a pharmaceutical manufacturer will be separate from federal rebates and are in excess of those required under the national drug rebate agreement.
- The state agrees to report all rebates from manufacturers to the Secretary for Health and Human Services. The state will remit the federal portion of any state supplemental rebates collected.
- The Division of Medicaid will allow all participating manufacturers to audit utilization data.
- The unit rebate amount will be held confidential and will not be disclosed for purposes other than rebate invoicing and verification.