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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 14-0002

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

October 30, 2014

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 #14-002

Dear Mr. Dzielak:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on September 29, 2014. The State's requested effective date of July 1, 2014 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated October 27, 2014 that was submitted to the State by John M. Coster, 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

Enclosure(s)

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

October 27, 2014

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

Attention: Margaret Wilson

Dear Mr. Dzielak:

We have reviewed Mississippi State Plan Amendment (SPA) 14-002, Prescribed Drugs, received in the Atlanta Regional Office on September 29, 2014. This amendment defines coverage and the reimbursement methodology for physician administered drugs including drugs and biologicals, implantable drug system devices, and diagnostic or therapeutic radiopharmaceuticals and contrast imaging agents in the office setting.

Based on the information provided, we are pleased to inform you that Mississippi SPA14-002 is approved with an effective date of July 1, 2014. 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 Bernadette Leeds at (410) 786-9463.

Sincerely,

/s/

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

cc: Jackie Glaze, ARA, Atlanta Regional Office
Tandra Hodges, Atlanta Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-002	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2014
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Social Security Act § 1927(k)(2), 42 USC §1396r-8	7. FEDERAL BUDGET IMPACT: FY 2014: \$94,535.03 FY 2015: \$387,551.72
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: New Attachment 4.19-B, Pages 12a.3-4 New Attachment 3.1-A, exhibit 12a, page 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): N/A - New Page

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 14-002 Physician Administered Drugs and Implantable Drug System Devices is being submitted to define coverage and the reimbursement methodology for physician administered drugs, implantable drug system devices, diagnostic or therapeutic radiopharmaceuticals and contrast imaging agents in the office setting, effective July 1, 2014.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: David J. Dzielak	
14. TITLE: Executive Director	
15. DATE SUBMITTED: 09/29/2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09-29-14	18. DATE APPROVED: 10-27-14
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-14	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

MEDICAL ASSISTANCE PROGRAM

State of Mississippi

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

12a. **Physician Administered Drugs and Implantable Drug System Devices:**

The Division of Medicaid defines Physician Administered Drugs and Implantable Drug System Devices as any covered diagnostic or therapeutic radiopharmaceutical, contrast imaging agent, drug, biological or implantable drug system device that is administered in a clinically appropriate manner to a beneficiary by a Mississippi Medicaid provider other than a pharmacy provider.

The Division of Medicaid covers Physician Administered Drugs and Implantable Drug System Devices as listed on the Physician's Fee Schedule located at www.medicaid.ms.gov/FeeScheduleLists.aspx.

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Physician Administered Drugs and Implantable Drug System Devices

Drugs and Biologicals

Drugs and Biologicals are reimbursed at the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule updated quarterly (July 1, October 1, January 1, April 1) of each year and effective for services provided on or after that date. The statewide uniform fee schedule will be calculated using the Quarterly Medicare Part B Drug Average Sales Price (ASP) plus six percent (6%) in effect quarterly (July 1, October 1, January 1, April 1) of each year.

- 1) If there is no ASP a fee will be calculated at one hundred percent (100%) of the current April Medicare Addendum B Outpatient Prospective Payment System (OPPS) Fee Schedule updated July 1 of each year and effective for services provided on or after that date.
- 2) If there is no ASP or Medicare Addendum B OPPS Fee Schedule a fee will be calculated using RED BOOK™ in effect on January 1 of each year and updated July 1 of each year and effective for services provided on or after that date.
- 3) If there is no (a) ASP, Medicare Addendum B OPPS Fee or RED BOOK™ fee or (b) when it is determined, based on documentation, that a drug or biological fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, the price will be one hundred percent (100%) of the current invoice submitted by the provider including:
 - (1) A matching National Drug Code (NDC) as the product provided, and
 - (2) Medical documentation of the dosage administered.

Implantable Drug System Devices

Implantable drug system devices are reimbursed at the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule updated quarterly (July 1, October 1, January 1, April 1) of each year and effective for services provided on or after that date. The statewide uniform fee schedule will be calculated using the Quarterly Medicare Part B Drug ASP plus six percent (6%) in effect quarterly (July 1, October 1, January 1, April 1) of each year.

- 1) If there is no ASP a fee will be calculated at one hundred percent (100%) of the current April Medicare Addendum B OPPS Fee Schedule updated July 1 of each year and effective for services provided on or after that date.
- 2) If there is no ASP or Medicare Addendum B OPPS Fee Schedule a fee will be calculated using RED BOOK™ in effect on January 1 of each year and updated July 1 of each year and effective for services provided on or after that date.

State of Mississippi

Methods and Standards for Establishing Payment Rates – Other Types of Care

- 3) If there is no (a) ASP, Medicare Addendum B OPPS Fee Schedule or RED BOOK™ fee or (b) when it is determined, based on documentation, that an implantable drug device system fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, the price will be one hundred percent (100%) of the current invoice submitted by the provider including:
 - (1) A matching National Drug Code (NDC) as the product provided, and
 - (2) Medical documentation of the dosage administered.

Diagnostic or Therapeutic Radiopharmaceuticals and Contrast Imaging Agents

Diagnostic or therapeutic radiopharmaceuticals and contrast imaging agents are reimbursed at the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule updated July 1 of each year and effective for services provided on or after that date. The statewide uniform fee schedule will be calculated using one hundred percent (100%) of the January Medicare Radiopharmaceutical Fee Schedule.

- 1) If there is no Medicare Radiopharmaceutical Fee a fee will be calculated at one hundred percent (100%) of the current April Medicare Addendum B OPPS Fee Schedule updated July 1 of each year and effective for services provided on or after that date.
- 2) If there is no Medicare Radiopharmaceutical Fee or Medicare Addendum B OPPS Fee Schedule a fee will be calculated using RED BOOK™ in effect on January 1 of each year and updated July 1 of each year and effective for services provided on or after that date.
- 3) If there is no (a) Medicare Radiopharmaceutical Fee, Medicare Addendum B OPPS Fee Schedule or RED BOOK™ fee or (b) when it is determined, based on documentation, that a diagnostic or therapeutic radiopharmaceuticals and contrast imaging agent fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, the price will be one hundred percent (100%) of the current invoice submitted by the provider including:
 - (1) A matching National Drug Code (NDC) as the product provided, and
 - (2) Medical documentation of the dosage administered.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Physician Administered Drugs and Implantable Drug System Devices. All rates are published at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#. Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service. The federal match will be paid based on the reduced amount.