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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 19-0004

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
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303



Atlanta Regional Operations Group

July 15, 2019

Mr. Drew Snyder, Executive Director
Mississippi Division of Medicaid
Attention: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

Re: Mississippi Title XIX State Plan Amendment, Transmittal #19-0004

Dear Mr. Snyder:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on May 3, 2019. The State's requested effective date of July 1, 2019 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated July 5, 2019 that was submitted to the State by John M. Coster, Director, Division 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 D. Roberts, MSN
Deputy Director
Division of Medicaid Field Operations South

Enclosure(s)

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



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

July 05, 2019

Drew L. Snyder
Executive Director
State of Mississippi
Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201-1399

Dear Mr. Snyder;

We have reviewed Mississippi's State Plan Amendment (SPA) 19-0004 received in the Atlanta Regional Operations Group on May 3, 2019. This amendment proposes to allow the Division of Medicaid to increase the prescription drug limit from five (5) to six (6) per month.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0004 is approved with an effective date of July 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Mississippi's state plan will be forwarded by the Atlanta Regional Operations Group.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or charlotte.amponsah@cms.hhs.gov.

Sincerely,

/s/

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

cc: Shantrina D. Roberts, Deputy Director, CMS, Division of Medicaid Field Operation South
Tandra, Hodges CMS, Atlanta Regional Operations Group
Margaret Wilson, State of Mississippi, Division of Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-0004	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 07/01/2019	

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

NEW STATEPLAN
 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: <p style="text-align: center;">42 C.F.R. § 430.12</p>	7. FEDERAL BUDGET IMPACT: FFY19: \$324,658 FFY20: \$1,308,660
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <p style="text-align: center;">Attachment 3.1-A Exhibit 12a, Page 1 and 2</p>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <p style="text-align: center;">Attachment 3.1-A Exhibit 12a, Page 1 and 2</p>

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 19-0004 Prescription Drug Limit Increase is being submitted to allow the Division of Medicaid to increase the prescription drug limit from five (5) to six (6) per month, effective July 1, 2019.

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: <p style="text-align: center;">/s/</p>	16. RETURN TO: Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: Drew L. Snyder	
14. TITLE: Executive Director	
15. DATE SUBMITTED: 05/03/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 05/03/19	18. DATE APPROVED: 07/05/19
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/19	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Shantina D. Roberts	22. TITLE: Deputy Director Division of Medicaid Field Operations South

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 non-Early and Period Screening, Diagnostic and Treatment (EPSDT)-eligible beneficiaries are limited to six (6) prescriptions, which includes legend and prescribed OTC drugs, per month with no more than two (2) brand name (single source or innovator multiple source) drugs per month.
 1. Preferred brand drugs listed on the Universal Preferred Drug List (PDL) do not count toward the two (2) brand limit, and
 2. Over-the-counter (OTC) drugs prescribed by a physician listed on the Division of Medicaid's OTC PDL do not count toward the two (2) brand limit.
- (3) Prescription limits are not applicable for Medicaid beneficiaries receiving institutional long-term care services.
- (4) 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.
- (5) 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;

State of Mississippi

- (f) Nonparticipating rebate manufacturers;
- (g) Select agents when used for symptomatic relief of cough and colds:
antihistamines, decongestants, antihistamine/decongestant combination products,
legend antitussive benzonatate;
- (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:
Are defined by the Division of Medicaid, updated annually and located on the
Division of Medicaid's website at [https://medicaid.ms.gov/providers/ pharmacy
/pharmacy-resources/](https://medicaid.ms.gov/providers/pharmacy/pharmacy-resources/)