

Table of Contents

State/Territory Name: Minnesota

State Plan Amendment (SPA)#: MN-24-0011

This file contains the following document in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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

Medicaid Benefits and Health Programs Group

June 12, 2024

Julie Marquardt
Assistant Commissioner and Minnesota Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
St. Paul, Minnesota 55164-0983

Dear Julie Marquardt:

The CMS Division of Pharmacy team has reviewed Minnesota's state plan amendment (SPA) 24-0011, received in the Centers for Medicare and Medicaid Services OneMAC application on March 28, 2024. This amendment proposes to expand coverage for prescription contraceptives to up to a 12-month supply.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you MN-24-0011 is approved with an effective date of January 1, 2024. Our review was limited to the material necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the updated CMS-179 form, as well as the pages approved for incorporation into Minnesota's state plan. If you have any questions regarding this state plan amendment, please contact Lisa Shochet at 410-786-5445 or lisa.shochet@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Cynthia R. Denemark.

Cynthia R. Denemark, R.Ph.
Director, Division of Pharmacy

cc: Patrick Hultman, Deputy Medicaid Director, Minnesota Department of Human Services
Chad Hope, Pharm.D, Minnesota Department of Human Services
Sandra Porter, Minnesota State Lead, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 1

2. STATE

MN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT ☒ XIX ☐ XXI

4. PROPOSED EFFECTIVE DATE

January 1, 2024

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.50 & 440.120; and 1902(a)(10)(G)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 156,064b. FFY 2025 \$ 267,538

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, page 46a

Attachment 3.1-B, page 45a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

12-month refills for contraceptive drugs

10. 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:

11. SIGNATURE OF STATE



12. TYPED NAME

Patrick Hultman

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

March 28, 2024

15. RETURN TO

Patrick Hultman

Minnesota Department of Human Services

Federal Relations Unit

540 Cedar Street

PO Box 64983

Saint Paul, MN 55164

FOR CMS USE ONLY

16. DATE RECEIVED

March 28, 2024

17. DATE APPROVED

June 12, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19.  AL

20. TYPED NAME OF APPROVING OFFICIAL

Cynthia R. Denemark, R.Ph.

21. TITLE OF APPROVING OFFICIAL

Director, Division of Pharmacy

22. REMARKS

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: January 1, 2024

Page 46a

TN: 24-11

Approved: June 12, 2024

Supersedes: 21-22 (19-06, 16-01, 12-19, 05-09, 04-09, 03-36)

12.a. Prescribed drugs. (continued)

2. A prescribed drug must be dispensed in the quantity specified on the prescription unless the pharmacy is using unit dose dispensing, the specified quantity is not available in the pharmacy when the prescription is dispensed, or the specified quantity exceeds a 34-day supply.
3. The dispensed quantity of a prescribed drug must not exceed a 34-day supply, unless authorized by the Department. Refill prescriptions for a 90-day supply of maintenance drugs in specific therapeutic classes identified by the Department may be dispensed without prior authorization. Contraceptive drugs may be dispensed in quantities not exceeding a three-month up to a 12-month supply ~~do not require~~ without prior authorization.

Retrospective billing is a billing practice in which the pharmacy bills only for the quantity of medication actually used by the recipient during the retrospective billing cycle established by the pharmacy. A retrospective billing cycle must be between 30 and 34 days in length.

4. An initial or refill prescription for a maintenance drug shall be dispensed in not less than a 30-day supply unless the pharmacy is using unit dose dispensing, or is billing retrospectively for a quantity dispensed to a resident in a long-term care facility via unit dose or an automated dispensing system. No additional professional dispensing fee shall be paid until that quantity is used by the recipient. The pharmacy dispensing drugs to a resident in a long-term care facility must credit the state for the actual acquisition cost of all unused drugs that are eligible for reuse if the pharmacy is not using a retrospective billing process.
5. Except as provided in item (6), coverage of the professional dispensing fee for a particular pharmacy or dispensing physician for a drug for a recipient is limited to one professional dispensing fee per 30- to 34-day supply, or 90 day supply as described in #3.
6. More than one professional dispensing fee per calendar month for a maintenance drug for a recipient is allowed if:
 - a) the record kept by the pharmacist or dispensing physician documents that there is a significant chance of overdose by the recipient if a larger quantity of drug is dispensed, and if the pharmacist or dispensing physician writes a statement of this reason on the prescription; or
 - b) the drug is clozapine.

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: January 1, 2024

Page 45a

TN: 24-11

Approved: June 12, 2024

Supersedes: 21-22 (19-06, 16-01, 12-19, 05-09, 04-09, 03-36)

12.a. Prescribed drugs. (continued)

2. A prescribed drug must be dispensed in the quantity specified on the prescription unless the pharmacy is using unit dose dispensing, the specified quantity is not available in the pharmacy when the prescription is dispensed, or the specified quantity exceeds a 34-day supply.
3. The dispensed quantity of a prescribed drug must not exceed a 34-day supply, unless authorized by the Department. Refill prescriptions for a 90-day supply of maintenance drugs in specific therapeutic classes identified by the Department may be dispensed without prior authorization. Contraceptive drugs may be dispensed in quantities not exceeding a three month up to a 12-month supply ~~do not require without~~ prior authorization.

Retrospective billing is a billing practice in which the pharmacy bills only for the quantity of medication actually used by the recipient during the retrospective billing cycle established by the pharmacy. A retrospective billing cycle must be between 30 and 34 days in length.

4. An initial or refill prescription for a maintenance drug shall be dispensed in not less than a 30-day supply unless the pharmacy is using unit dose dispensing, or is billing retrospectively for a quantity dispensed to a resident in a long-term care facility via unit dose or an automated dispensing system. No additional professional dispensing fee shall be paid until that quantity is used by the recipient. The pharmacy dispensing drugs to a resident in a long-term care facility must credit the state for the actual acquisition cost of all unused drugs that are eligible for reuse if the pharmacy is not using a retrospective billing process.
5. Except as provided in item (6), coverage of the professional dispensing fee for a particular pharmacy or dispensing physician for a drug for a recipient is limited to one professional dispensing fee per 30 to 34-day supply, or 90 day supply as described in #3.
6. More than one professional dispensing fee per calendar month for a maintenance drug for a recipient is allowed if:
 - a) the record kept by the pharmacist or dispensing physician documents that there is a significant chance of overdose by the recipient if a larger quantity of drug is dispensed, and if the pharmacist or dispensing physician writes a statement of this reason on the prescription; or
 - b) the drug is clozapine.