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State/Territory Name: Missouri

State Plan Amendment (SPA)#: MO-24-0018

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

Medical Benefits Health Programs Group

November 18, 2024

Todd Richardson
Director
MO HealthNet Division
Missouri Department of Social Services
P.O. Box 6500
Jefferson City, Missouri 65102-6500

Dear Todd Richardson,

The CMS Division of Pharmacy team has reviewed Missouri State Plan Amendment (SPA) 24-0018 received in the CMS Medicaid Services OneMAC application on September 12, 2024. This SPA proposes to add language to the State Plan page attesting that the state is in compliance with the Federal Upper Limit (FUL) requirements for multiple source drugs.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 24-0018 is approved with an effective date of August 1, 2024. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

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

Sincerely,

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

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

cc: Josh Moore, PharmD, Director of Pharmacy, MO HealthNet Division
Marissa Crump, CAPM, Executive Assistant, MO HealthNet Division
Rhonda Gray, Missouri State Lead, Medicaid Program Operations, CMS

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

1. TRANSMITTAL NUMBER

2 4 0 0 1 8

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT



XIX



XXI

4. PROPOSED EFFECTIVE DATE

08/01/2024

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

Sections 1902 (a)(54) and 1927 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0

b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19 B, Page 3a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

9. SUBJECT OF AMENDMENT

This State Plan Amendment proposes to add FUL INFORMATION: For multiple source drugs which meet requirements set by the Secretary, payment will not exceed, in the aggregate, upper limits established by the Secretary.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT jaf



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. AGENCY OFFICIAL

15. RETURN TO

MO HealthNet Division
Post Office Box 6500
Jefferson City, MO 65102-6500

12. TYPED NAME
Robert Knodell

13. TITLE
Director

14. DATE SUBMITTED

9-11-24

FOR CMS USE ONLY

16. DATE RECEIVED
September 12, 2024

17. DATE APPROVED
November 18, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
August 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Cynthia R. Denemark, R.Ph.

21. TITLE OF APPROVING OFFICIAL
Director, Division of Pharmacy

22. REMARKS

State: Missouri

3. Wholesale Acquisition Cost (WAC) minus 0%, as furnished by the state's contracted agent; OR
4. The usual and customary charge submitted by the provider if it is lower.
5. For Federal Supply Schedule purchased drugs, reimbursement will be at the providers' actual acquisition cost.
6. Drugs acquired at Nominal Price (outside of 340B or Fee-for-Service) will be reimbursed at the providers' actual acquisition cost.
7. Long-term care pharmacy providers supplying covered drugs to participants in long-term care facilities shall be reimbursed as outlined in items 1-6 above in this section.
8. Drugs not distributed by a retail community pharmacy and distributed primarily through a Specialty Pharmacy or the mail (such as specialty drugs) will be reimbursed as outlined in items 1-6 above in this section. MO HealthNet's MAC is market based and includes all types of drugs.
9. Clotting factors from Specialty Pharmacy, Hemophilia Treatment Centers (HTC), will be reimbursed as outlined in items 1-6 above in this section. MO HealthNet's MAC is market based and includes all types of drugs.
10. Physician Administered Drugs (PAD) will be reimbursed as outlined in items 1-6 above in this section. MO HealthNet's MAC is market based and includes all types of drugs.
11. Investigational drugs are not paid for by MO HealthNet.
12. FUL INFORMATION: For multiple source drugs which meet requirements set by the Secretary, payment will not exceed, in the aggregate, upper limits established by the Secretary.

State Plan TN# 24-0018
Supersedes TN# 18-0020

Effective Date 8/1/2024
Approval Date 11/18/2024