

Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 20-0005

This file contains the following documents in the order listed:

- 1) Pharmacy 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

Disabled and Elderly Health Programs Group

October 14, 2020

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

Dear Mr. Snyder:

The CMS Division of Pharmacy team has reviewed Mississippi's State Plan Amendment (SPA) 20-0005 received in the CMS Division of Program Operations on August 5, 2020. This SPA proposes to allow the state to revise the Medicare fee schedule update frequency from quarterly to annually. It also proposes to reimburse physician-administered drugs at Wholesale Acquisition Cost (WAC) +0% if there is no Medicare Part B Drug Fee Schedule or Medicare Addendum B OPPS Fee Schedule rate available.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 20-0005 is approved with an effective date of July 1, 2020. CMS Division of Program Operations will forward a copy of the revised, signed CMS-179 form, as well as the pages approved for incorporation into Mississippi's state plan.

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: Margaret Wilson, State of Mississippi, Division of Medicaid
James G. Scott, Division Director, CMS Division of Program Operations
Cheryl Wilson, CMS Division of Program Operations - South Branch

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20-0005	2. STATE MS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN x <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 447.201		7. FEDERAL BUDGET IMPACT: a. FFY 20 \$0.00 b. FFY 21 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 12a.3 and 12a.4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Pages 12a.3 and 12a.4	
10. SUBJECT OF AMENDMENT: State Plan Amendment (SPA) 20-0005 Physician Administered Drugs is being submitted to allow the Division of Medicaid (DOM) to revise the fee schedule update from quarterly to annually, specify if there is no Average Sales Price (ASP) or Medicare Addendum B OPPS fee schedule that a fee will be calculated using the Wholesale Acquisition Cost (WAC) pricing + 0%, and remove "plus six percent (6%)" from the ASP due to the ASP already including this 6% and is redundant. replace ASP + 6% with Medicare Part B Drug Fee Schedule			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		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: 12-19-13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 5, 2020		18. DATE APPROVED: October 14, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: John M. Coster, PH.D., R.PH		22. TITLE: Director, Division of Pharmacy Health Opns	
23. REMARKS: The state is authorizing Pen & Ink changes to Box 10 to read: 1. Add "+0%" to the WAC pricing, and 2. Replace "remove plus six percent (6%)" from the ASP due to the ASP already including this 6% and is redundant." with "replace ASP+6% with Medicare Part B Drug Fee Schedule			

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 July 1 of each year and effective for services provided on or after that date. The statewide uniform fee schedule will be calculated using the April 1 Medicare Part B Drug Fee Schedule of each year.

- 1) If there is no Medicare Part B Drug Fee Schedule a fee will be calculated at one hundred percent (100%) of the current April 1 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 Medicare Part B Drug Fee Schedule or Medicare Addendum B OPPS Fee Schedule a fee will be calculated using Wholesale Acquisition Cost (WAC) + 0% in effect on April 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 Part B Drug Fee Schedule, Medicare Addendum B OPPS Fee or WAC + 0% 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 July 1 of each year and effective for services provided on or after that date. The statewide uniform fee schedule will be calculated using the April 1 Medicare Part B Drug Fee Schedule of each year.

- 1) If there is no Medicare Part B Drug Fee Schedule a fee will be calculated at one hundred percent (100%) of the current April 1 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 Part B Drug Fee Schedule or Medicare Addendum B OPPS Fee Schedule a fee will be calculated using WAC + 0% in effect on April 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) Medicare Part B Drug Fee Schedule, Medicare Addendum B OPPS Fee Schedule or WAC + 0% 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 April 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 1 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 WAC + 0% in effect on April 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 WAC + 0% 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/#. The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service when applicable. The five percent (5%) reduction has been in place since July 1, 2002 and the fee schedule already incorporates the five percent (5%) reduction. The federal match will be paid based on the reduced amount.