State/	Territory:	MS		
AMOUNT, DURATION	AND SCOPE	OF SERVICES	S PROVIDED	
CATEGOR	RICALLY NEE	DY GROUP(S)	
30. Coverage of Routine Patient Cost in	n Qualifying Cli	nical Trials		
*The state needs to check each assurance	ce below.			
Provided: X				
I. General Assurances:				
Routine Patient Cost – Section 1905(g	gg)(1)			
X Coverage of routine patient cost fo are furnished in connection with participation			(00)	that
Qualifying Clinical Trial – Section 19	05(gg)(2)			
X A qualified clinical trial is a clinical	al trial that meets	s the definition	at section 1905(gg)(2)	١.
Coverage Determination – Section 19	05(gg)(3)			
X A determination with respect to co trial will be made in accordance with se	_		pating in a qualified cl	inical
PRA Disclosure Statement - This information is Services in implementing Section 210 of the Co the Social Security Act (the Act), by adding a na coverage of routine patient services and costs for qualifying clinical trials effective January 1, 20, 1937(b)(5) of the Act to make coverage of this	onsolidated Approp ew mandatory bene urnished in connecti 22. Section 210 als	oriations Act of 202 efit at section 1905(ion with participation of amended section	1 amending section 1905(a)(30). Section 210 mand on by Medicaid beneficiars 1902(a)(10)(A) and	lates ries in

TN: <u>21-0052</u> Approval Date: Supersedes TN: <u>New</u> Effective Date <u>01/01/2022</u>

benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unlessit displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 SecurityBoulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B

Page 30

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

The Division of Medicaid reimburses routine patient costs for items and services furnished in connection with participation in a qualifying clinical trial according to the state plan reimbursement methodology for the item or service provided.

TN No. <u>21-0052</u> Supercedes TN No. NEW Date Received:_

Date Approved:_

Date Effective: 01/01/2022

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S)
30. Coverage of Routine Patient Cost in Qualifying Clinical Trials
*The state needs to check each assurance below.
Provided: X
I. General Assurances:
Routine Patient Cost – Section 1905(gg)(1)
X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.
Qualifying Clinical Trial – Section 1905(gg)(2)
\underline{X} A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).
Coverage Determination – Section 1905(gg)(3)
\underline{X} A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

State/Territory: ____

MS

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unlessit displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 SecurityBoulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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