

PUBLIC NOTICE

12/13/2022

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 23-0001 Value-Based Purchasing. The Division of Medicaid, in the Office of the Governor, will submit this proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective January 1, 2023, contingent upon approval from CMS, our Transmittal #23-0001.

1. Mississippi Medicaid State Plan Amendment (SPA) 23-0001 is being submitted to allow the Division of Medicaid (DOM) to enter into value-based contracts with manufacturers on a voluntary basis, effective January 1, 2023.
2. This change is expected to be budget neutral.
3. The Division of Medicaid is submitting this proposed SPA to be in compliance with 42 C.F.R. § 447.201 which requires all policy and methods used in setting payment rates for services be included in the State Plan.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov, or requested at 601-359-3984 or by emailing at DOMPolicy@medicaid.ms.gov.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or DOMPolicy@medicaid.ms.gov for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.
6. A public hearing on this SPA will not be held.

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICE PROVIDED

Supplemental Drug Rebate Agreements:

The Division of Medicaid, or the Division of Medicaid in consultation with the Sovereign States Drug Consortium, may negotiate supplemental drug rebate agreements (SDRAs) that would reclassify any drug not designated as preferred in the baseline listing for as long as the agreement is in effect. A SDRA between the Division of Medicaid and a drug manufacturer for drugs provided to the Medicaid program, submitted to the Centers for Medicare & Medicaid Services (CMS) on December 27, 2005 and entitled, "State of Mississippi Supplemental Rebate Agreement", was authorized by CMS. CMS authorized the State of Mississippi to enter into the "Sovereign States Drug Consortium (SSDC)" multi-state purchasing pool. The SDRA submitted to CMS on September 7, 2012, entitled, "State of Mississippi Supplemental Rebate Agreement", was authorized by CMS. CMS authorized the revised multi-state SSDC agreement submitted on March 17, 2014, for the Division of Medicaid population to cover supplemental drug rebates for fee-for-service and coordinated care Medicaid programs, effective July 1, 2014. CMS authorized the revised multi-state SSDC agreement submitted on November 3, 2017 to be effective January 1, 2018, with changes in references to various federal laws, to include the Covered Outpatient Drug Rule and to standardize the terms of the SDRA with that of the other states in the consortium.

An Agreement may not be amended or modified without the authorization of CMS.

Based on the requirements for Section 1927 of the Act, the Division of Medicaid will comply with the following policies for drug rebate agreements:

- The drug file permits coverage of participating manufacturers' drugs.
- The Division of Medicaid may require prior authorization for covered outpatient drugs. Non- preferred drugs are available with prior authorization.
- The prior authorization process for covered outpatient drugs will conform to the provisions of section 1927 (d) (5) of the Social Security Act.
- The Division of Medicaid will comply with the drug reporting requirements for state utilization information and restriction to coverage.
- Supplemental rebate agreement between the Division of Medicaid and a pharmaceutical manufacturer will be separate from federal rebates and are in excess of those required under the national drug rebate agreement.
- The state agrees to report all rebates from manufacturers to the Secretary for Health and Human Services. The state will remit the federal portion of any state supplemental rebates collected.
- The Division of Medicaid will allow all participating manufacturers to audit utilization data.
- The unit rebate amount will be held confidential and will not be disclosed for purposes other than rebate invoicing and verification.
- The State may enter into value/outcomes-based agreements/contracts with manufacturers on a voluntary basis. These contracts will be executed on the model agreement entitled "Value-Based Supplemental Rebate Agreement" submitted to CMS on (Insert Submission Date) and authorized for use beginning (Approval Date).