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Citation

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(15), 1902(bb),
1903(a)(1) and
(n), and 1920
of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a),(d),(k),(1), and (m), the Medicaid agency meets the following requirements:

Sections 1902(a)(15) and 1902(bb) of the Act regarding payment for services furnished by Federally Qualified Health Centers (FQHCs) under section 1905(a)(2)(C) of the Act. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

42 CFR 447.205
42 CFR 447.518(a)
1902(a)(54), 1905(a)(12),
and 1927 of the Act

ATTACHMENT 4.19-B describes the methods and standards for establishing payment rates for prescribed drugs. Public notice is required for any changes in payment rates and States must submit a copy of the public notice for CMS review. The payment rate for prescribed drugs will have two components, the ingredient cost of the prescribed drug, which is the estimated acquisition cost (EAC), and the dispensing fee. The EAC is the agency's best estimate of the price generally and currently paid by providers for a drug marketed or sold by a particular manufacturer or labeler in the package size of drug most frequently purchased by providers. States should provide a detailed explanation of how EAC is calculated. For example, States can calculate EAC by applying an algorithm where they reimburse the lesser of the billed amount, the pharmacy's usual and customary

charge to the public, the applicable Federal Upper Limit (FUL) or State Maximum Allowable Cost (MAC), or a specified formula based on average wholesale price or wholesale acquisition cost. For covered entities participating in the 340B Drug Pricing Program, States should pay no more than the pharmacy's actual acquisition cost for 340B drugs. States may also include a statement regarding the requirements of the FULs program and a description of the State's MAC program.

The dispensing fee pays for the costs of dispensing a covered outpatient drug. States should provide the actual dispensing fee or fees in the State plan.

States should carefully evaluate their payment rates for the ingredient cost and the dispensing fee for Medicaid prescription drugs to ensure they are providing appropriate reimbursement for drugs and for costs associated with dispensing drugs. Accordingly, we expect that States provide us with their rationale, data, and analyses when submitting State plan amendments to substantiate any change in these payments. Payment rates that are established pursuant to State legislation should be supported by further documentation. States should evaluate their payment methodologies for both ingredient cost and dispensing fee when making any changes to ensure that they do not inappropriately duplicate payments for the same services.

1902(a)(10) and
1902(a)(30) of the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B
describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

TN No. _____

Supersedes

Approval Date _____ Effective Date _____

TN No. _____