

**Crosswalk for the implementation of the Revi:
current CMS 64.9 Form series, starting Quarte**

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<p>64.9 Expenditure Form series: CMS is adding the new Line item 7A7 VALUE BASED PURCHASING DRUG REBATE OFFSET</p>
<p>64.9 Expenditure Form series: CMS is adding the new Line item 49 Health Homes for Children with Medically Complex Conditions</p>

**sions of (CMS-64.9) VALUE BASED PURCHASING DRUG
r beginning 10/01/2022
Type of Change**

A line that allows for Total Computable (A) entry for Drug
Rebate Offser - Value Based Purchasing

A line that allows for Total Computable (A) entry for Health
Homes for Children with Medically Complex Conditions

REBATE OFFSET and ACE KIDS HEALTH HOME in MBES/CBES on the

Rationale for the Change

Implementation of the final rule regarding the reporting of Drug Rebate Offset amounts as a result of the VBP legislation will require a new line item. **LINE 7A7, DRUG REBATE OFFSET - VALUE BASED PURCHASING**, will be added to the Form CMS-64.9 MAP series of forms. The line will be available for entry beginning October 1, 2022, for all states and territories that have drug rebates that are related to prescribed drugs that were purchased under the VBP guidelines. The line is necessary for accurate reporting, transparency, and oversight of states' and territories' Medicaid and MCHP drug rebates returned by states and territories. Total Computable will be enterable for Indian Health Services, Family Planning, and for Optional Breast and Cervical Cancer which is at the Enhanced FMAP rate.

Implementation of Section 1945A of the Act for Health Homes for Children with Medically Complex Conditions will require a new line item. **LINE 49, HEALTH HOMES FOR CHILDREN WITH MEDICALLY COMPLEX CONDITIONS**, will be added to the Form CMS-64.9 MAP series of forms. The line will be available for entry beginning October 1, 2022, for states and territories that have an approved SPA for this legislation. The line is necessary for accurate reporting, transparency, and oversight of states' and territories' Medicaid and CHIP expenditures matched at the Regular FMAP + 15% for the first two quarters that a state has an approved SPA. Quarters 3 and onward will revert to the regular FMAP rate. Total Computable will not be enterable for Indian Health Services, and Family Planning but would be allowed for Optional Breast and Cervical Cancer which is at the Enhanced FMAP rate. The FMAP matching rate is capped at 90%