



COMMONWEALTH of VIRGINIA

Office of the Governor

Marvin B. Figueroa
Secretary of Health and Human Resources

August 25, 2026

Todd McMillion
Director
Department of Health and Human Services
Centers for Medicare and Medicaid Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Dear Mr. McMillion:

Attached for your review and approval is amendment 26-026, entitled "Cell and Gene Therapy Model - Unbundle Diagnosis Related Group (DRG)" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,

A handwritten signature in black ink, appearing to be "MBF", enclosed within a hand-drawn oval.

Marvin B. Figueroa

Attachment

cc: Steve Ford, Director, Department of Medical Assistance Services
CMS, Region III

Transmittal Summary

SPA 26-026

I. IDENTIFICATION INFORMATION

Title of Amendment: Cell and Gene Therapy Model – Unbundle Diagnosis Related Group (DRG)

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Purpose: In accordance with the 2026 Appropriation Act, Item 291.WWWWW.1 and 2, the state plan will be revised to allow DMAS to participate in the CMS Cell and Gene Therapy Access Model, which is a partnership between CMS and states to provide sickle cell treatments for Medicaid members. A previous SPA was filed with CMS to provide authority for value-based payment arrangements that are part of the Model. This SPA reimburses hospitals for selected carved-out drugs separately from the inpatient All Patient Refined Diagnosis Related Group (APR-DRG) payment for drugs approved under the Model. A separate outpatient claim will be submitted by the hospital for the reimbursement of these drugs at the Acquisition Cost (AAC).

Substance and Analysis: The sections of the State Plan for Medical Assistance that are affected by this action are “Methods and Standards for Establishing Payment Rates – Inpatient Services” and “Methods and Standards for Establishing Payment Rates – Other Types of Care.”

Impact: There are no costs or savings associated with this change.

Tribal Notice: Please see attached.

Prior Public Notice: Please see attached.

Public Comments and Agency Analysis: Please see attached.



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

STEVE FORD
DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219
804/786-7933
800/343-0634 (TDD)
www.dmas.virginia.gov

August 11, 2026

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to CMS Cell and Gene Therapy Access Model.

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS.

In accordance with the 2026 Appropriation Act, Item 291.WWWWW.1 and 2, the state plan will be revised to allow DMAS to participate in the CMS Cell and Gene Therapy Access Model, which is a partnership between CMS and states to provide sickle cell treatments for Medicaid members. A previous SPA was filed with CMS to provide authority for value-based payment arrangements that are part of the Model. This SPA reimburses hospitals for selected carved-out drugs separately from the inpatient All Patient Refined Diagnosis Related Group (APR-DRG) payment for drugs approved under the Model. A separate outpatient claim will be submitted by the hospital for the reimbursement of these drugs at the Acquisition Cost (AAC).

We realize that the changes in this SPA may impact Medicaid members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through September 10, 2026. You may submit your comments directly to Meredith Lee, DMAS Policy Division, by phone (804) 371-0552, or via email: Meredith.Lee@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services,
Attn: Meredith Lee
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,

A handwritten signature in blue ink, appearing to read "S Ford".

Steve Ford
Director



Tribal Notice - State Plan Amendment

From McClellan, Emily (DMAS) <Emily.McClellan@dmass.virginia.gov>

Date Tue 8/11/2026 12:20 PM

To TribalOffice@MonacanNation.com <TribalOffice@monacannation.com>; Ann Richardson <chiefannerich@aol.com>; Pamelathompson4@yahoo.com <Pamelathompson4@yahoo.com>; rappahannocktrib@aol.com <rappahannocktrib@aol.com>; regstew007@gmail.com <regstew007@gmail.com>; Richard.matens@pamunkey.org <Richard.matens@pamunkey.org>; chief <chief@monacannation.gov>; chiefstephenadkins@gmail.com <chiefstephenadkins@gmail.com>; bradbybrown@gmail.com <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov <tabitha.garrett@ihs.gov>; administrator@nansemond.gov <administrator@nansemond.gov>; info@afwellness.com <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; contact@Nansemond.gov <contact@Nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; lorraine.reels-pearson@ihs.gov <lorraine.reels-pearson@ihs.gov>; remedios.holmes@ihs.gov <remedios.holmes@ihs.gov>; lindsey.taylor@ihs.gov <lindsey.taylor@ihs.gov>; joni.lyon@ihs.gov <joni.lyon@ihs.gov>

 1 attachment (175 KB)

DMAS Director Steve Ford approved and signed 08.11.2026 - Tribal Notice Letter.pdf;

Dear Tribal Leaders and Indian Health Programs,

Attached please find a letter from DMAS Director Steve Ford related to the new Cell and Gene Therapy Model.

Please let me know if you have any questions.

Thank you! --Emily McClellan

Emily McClellan
Policy Division Director
Department of Medical Assistance Services
emily.mcclellan@dmass.virginia.gov 804-371-4300
Tuesday - Friday 7:00 am - 5:30 pm
www.dmass.virginia.gov





VIRGINIA
REGULATORY TOWN HALL

Agency

Department of Medical Assistance Services

Board

Board of Medical Assistance Services

[Edit Notice](#)

General Notice

Public Notice - Intent to Amend State Plan - Cell and Gene Therapy Model – Unbundle Diagnosis Related Group (DRG)

Date Posted: 8/25/2026

Expiration Date: 2/25/2027

Submitted to Registrar for publication: YES

[30 Day Comment Forum](#) is underway. Began on 8/25/2026 and will end on 9/24/2026

**LEGAL NOTICE
COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
NOTICE OF INTENT TO AMEND**

(Pursuant to §1902(a)(13) of the *Act* (U.S.C. 1396a(a)(13))

THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE

This Notice was posted on August 25, 2026

The Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to amend the Virginia State Plan for Medical Assistance to provide for changes to the *Methods and Standards for Establishing Payment Rates – Inpatient Services (12 VAC 30-70)* and *Methods and Standards for Establishing Payment Rates – Other Types of Care (12 VAC 30-80)*.

This notice is intended to satisfy the requirements of 42 C.F.R. § 447.205 and of § 1902(a)(13) of the *Social Security Act*, 42 U.S.C. § 1396a(a)(13). A copy of this notice is available for public review from Meredith Lee, DMAS, 600 Broad Street, Suite 1300, Richmond, VA 23219, or via e-mail at: Meredith.Lee@dmass.virginia.gov.

DMAS is specifically soliciting input from stakeholders, providers and beneficiaries, on the potential impact of the proposed changes discussed in this notice. Comments or inquiries may be submitted, in writing, within 30 days of this notice publication to Meredith Lee and such comments are available for review at the same address. Comments may also be submitted, in writing, on the Town Hall public comment forum attached to this notice.

This notice is available for public review on the Regulatory Town Hall (<https://townhall.virginia.gov>) on the General Notices page, found at: <https://townhall.virginia.gov/L/generalnotice.cfm>

Methods and Standards for Establishing Payment Rates - – Inpatient Services (12 VAC 30-70) and Methods and Standards for Establishing Payment Rates – Other Types of Care (12 VAC 30-80).

In accordance with the 2026 Appropriation Act, Item 291.WWWWW.1 and 2, the state plan will be revised to allow DMAS to participate in the CMS Cell and Gene Therapy Access Model, which is a partnership between CMS and states to provide sickle cell treatments for Medicaid members. A previous SPA was filed with CMS to provide

authority for value-based payment arrangements that are part of the Model. This SPA reimburses hospitals for selected carved-out drugs separately from the inpatient All Patient Refined Diagnosis Related Group (APR-DRG) payment for drugs approved under the Model. A separate outpatient claim will be submitted by the hospital for the reimbursement of these drugs at the Acquisition Cost (AAC).

There are no expected increases or decreases in annual fee-for-service aggregate expenditures as a result of these changes.

Contact Information

Name / Title:	Meredith Lee / <i>Policy Supervisor</i>
Address:	600 East Broad Street Richmond, 23219
Email Address:	Meredith.Lee@dmass.virginia.gov
Telephone:	(804)371-0552 FAX: (804)768-1680 TDD: (800)343-0634

This general notice was created by Meredith Lee on 08/25/2026 at 11:04am

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT SERVICES

~~12 VAC 30-70-230. Repealed.~~~~12 VAC 30-70-231.~~ Operating payment for DRG cases.

A. The operating payment for DRG cases that are not transfer cases shall be equal to the hospital specific operating rate per case, as determined below in ~~12 VAC 30-70-31~~ the section called "Hospital Specific Operating Rate Per Case," times the DRG relative weight, as determined below in ~~12 VAC 30-70-38~~ the section called "DRG Relative Weights and Hospital Case-Mix Indices."

B. Exceptions.

1. Special provisions for calculating the operating payment for transfer cases are provided below in ~~12 VAC 30-70-251~~ the section called "Operating Rate for Transfer Cases."

2. Readmissions within five days of discharge shall be considered a continuation of the same stay and shall not be treated as a new case.

3. Effective July 1, 2020, readmissions within six to thirty days of discharge shall be paid at fifty percent of the normal rate unless it is a planned readmission, an obstetrical readmission, an admission to critical access hospitals, or in any case where the patient was originally discharged against medical advice.

~~3.4.~~ Virginia is a participant in the CMS Cell and Gene Therapy Access Model. As a part of the Model, select carve-out drugs CASGEVY™ and LYFGENIA™ are excluded from the DRG payment and will be paid at 100% of the Actual Acquisition Cost (AAC). The AAC is the hospital's invoice price for the drug, net of all on or off invoice reductions, discounts, rebates, charge backs and similar adjustments that the hospital has, or will, receive from the drug manufacturer or other party for the drug, including any efficacy, outcome, or performance based guarantees (or similar arrangements), whether received prepayment or post payment. A separate claim will be submitted by the hospital for the reimbursement of these drugs. DMAS reimbursement requires submission of an invoice showing the (AAC) of the drug along with the claim. Supplemental charges to cover the administration of the drug shall be reimbursed based on the appropriate DRG. The 340B program does not apply to these drugs.

~~12 VAC 30-70-240. Repealed.~~~~12 VAC 30-70-241.~~ Operating payment for per diem cases.

A. The operating payment for acute care psychiatric cases and rehabilitation cases shall be equal to the hospital specific operating rate per day, as determined below in subsection A of ~~12 VAC 30-70-321~~ the section called "Hospital Specific Operating Rate Per Day," times the covered days for the case.

B. The payment for freestanding psychiatric cases shall be equal to the hospital specific rate per day for freestanding psychiatric cases, as determined below in subsection B of ~~12 VAC 30-70-321~~ the section called "Hospital Specific Operating Rate Per Day," times the covered days for the case.

~~12 VAC 30-70-250. Repealed.~~~~12 VAC 30-70-251.~~ Operating payment for transfer cases.

A. The operating payment for transfer cases shall be determined as follows:

1. A transferring hospital shall receive the lesser of (i) a per diem payment equal to the hospital's DRG

TN No. 20-020Approval Date 12/22/2021Effective Date 07/01/2020

Supersedes

TN No. 14-0021

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT SERVICES

operating payment for the case, as determined above in ~~12 VAC 30-70-234~~ the section called “Operating Payment for DRG Cases,” divided by the arithmetic mean length of stay for the DRG into which the case falls times the length of stay for the case at the transferring hospital or (ii) the hospital’s full DRG operating payment for the case, as determined above in ~~12 VAC 30-70-234~~ the same section. The transferring hospital shall be eligible for an outlier operating payment, as specified below in ~~12 VAC 30-70-264~~ the section called “Operating Outlier Payment,” if applicable criteria are satisfied.

2. The final discharging hospital shall receive the hospital’s full DRG operating payment, as determined above in ~~12 VAC 30-70-234~~ the section called “Operating Payment for DRG Cases.” The final discharging hospital shall be eligible for an outlier operating payment, as specified below in ~~12 VAC 30-70-264~~ the section called “Operating Outlier Payment,” if applicable criteria are satisfied.

B. Exceptions.

1. Cases falling into DRG 456, 639, or 640 shall not be treated as transfer cases. Effective October 1, 2014, cases falling into DRG 580 and 581 shall not be treated as transfer cases. Both the transferring hospital and the final discharging hospital shall receive the full DRG operating payment.

TN No. 20-020

Supersedes

Approval Date 12/22/2021Effective Date 07/01/2020TN No. 14-0021

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

8. Payment for pharmacy services will be as described above in sections 7.1 - 7.7; however, shall include the allowed cost of the drug plus only one professional dispensing fee, as defined at 42 CFR § 447.502, per month for each specific drug. Exceptions to the monthly dispensing fees shall be allowed for drugs determined by the department to have unique dispensing requirements. The professional dispensing fee for all covered outpatient drugs shall be \$10.65. The professional dispensing fee shall be determined by a cost of dispensing survey conducted at least every five years.

9. Physician administered drugs (PADs) submitted under the medical benefit will be reimbursed at 106 percent of the Average Sales Price (ASP). PADs without an ASP on the CMS reference file will be reimbursed at the provider's acquisition cost. Covered entities using drugs purchased at the prices authorized under Section 340B of the Public Health Services Act for Medicaid members must bill Medicaid their actual acquisition cost (AAC).

10. Payment to Indian Health Service, tribal and urban Indian pharmacies. DMAS does not have any Indian Health Service, tribal or urban Indian pharmacies at this time. Payment for pharmacy services will be defined in a state plan amendment if such entity enrolls with DMAS.

11. Investigational drugs are not a covered service under the DMAS pharmacy program.

12. Virginia is a participant in the CMS Cell and Gene Therapy Access Model. As a part of the Model, select carve-out drugs CASGEVY™ and LYFGENIA™ are excluded from the DRG payment and will be paid at 100% of the Actual Acquisition Cost (AAC). The AAC is the hospital's invoice price for the drug, net of all on or off invoice reductions, discounts, rebates, charge backs and similar adjustments that the hospital has, or will, receive from the drug manufacturer or other party for the drug, including any efficacy, outcome, or performance based guarantees (or similar arrangements), whether received prepayment or post payment. A separate claim will be submitted by the hospital for the reimbursement of these drugs. DMAS reimbursement requires submission of an invoice showing the (AAC) of the drug along with the claim. Supplemental charges to cover the administration of the drug shall be reimbursed based on the appropriate DRG. The 340B program does not apply to these drugs.

TN No. 26-0026

Approval Date _____

Effective Date 10-01-26

Supersedes

TN No. 16-002

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 6 — 0 0 1 9

2. STATE

V A

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2027 \$ 0

b. FFY 2028 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19A, revised page 7 and new page 7.1
Attachment 4.19B, revised page 7.5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Same as box #7.

9. SUBJECT OF AMENDMENT

Cell and Gene Therapy Model - Unbundle Diagnosis Related Group (DRG)

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



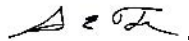
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Steve Ford

13. TITLE

Director

14. DATE SUBMITTED

08/11/2026

15. RETURN TO

Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Attn: Policy Supervisor

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT SERVICES**Operating payment for DRG cases.**

A. The operating payment for DRG cases that are not transfer cases shall be equal to the hospital specific operating rate per case, as determined below in the section called “Hospital Specific Operating Rate Per Case,” times the DRG relative weight, as determined below in the section called “DRG Relative Weights and Hospital Case-Mix Indices.”

B. Exceptions.

1. Special provisions for calculating the operating payment for transfer cases are provided below in the section called “Operating Rate for Transfer Cases.”
2. Readmissions within five days of discharge shall be considered a continuation of the same stay and shall not be treated as a new case.
3. Effective July 1, 2020, readmissions within six to thirty days of discharge shall be paid at fifty percent of the normal rate unless it is a planned readmission, an obstetrical readmission, an admission to critical access hospitals, or in any case where the patient was originally discharged against medical advice.
4. Virginia is a participant in the CMS Cell and Gene Therapy Access Model. As a part of the Model, select carve-out drugs CASGEVY™ and LYFGENIA™ are excluded from the DRG payment and will be paid at 100% of the Actual Acquisition Cost (AAC). The AAC is the hospital’s invoice price for the drug, net of all on or off invoice reductions, discounts, rebates, charge backs and similar adjustments that the hospital has, or will, receive from the drug manufacturer or other party for the drug, including any efficacy, outcome, or performance based guarantees (or similar arrangements), whether received prepayment or post payment. A separate claim will be submitted by the hospital for the reimbursement of these drugs. DMAS reimbursement requires submission of an invoice showing the (AAC) of the drug along with the claim. Supplemental charges to cover the administration of the drug shall be reimbursed based on the appropriate DRG. The 340B program does not apply to these drugs.

Operating payment for per diem cases.

A. The operating payment for acute care psychiatric cases and rehabilitation cases shall be equal to the hospital specific operating rate per day, as determined below in subsection A of the section called “Hospital Specific Operating Rate Per Day,” times the covered days for the case.

B. The payment for freestanding psychiatric cases shall be equal to the hospital specific rate per day for freestanding psychiatric cases, as determined below in subsection B of the section called “Hospital Specific Operating Rate Per Day,” times the covered days for the case.

Operating payment for transfer cases.

A. The operating payment for transfer cases shall be determined as follows:

1. A transferring hospital shall receive the lesser of (i) a per diem payment equal to the hospital’s DRG

TN No. 26-0026

Approval Date

Effective Date 10/01/2026

Supersedes

TN No. 20-020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-INPATIENT SERVICES

operating payment for the case, as determined above in the section called “Operating Payment for DRG Cases,” divided by the arithmetic mean length of stay for the DRG into which the case falls times the length of stay for the case at the transferring hospital or (ii) the hospital’s full DRG operating payment for the case, as determined above in the same section. The transferring hospital shall be eligible for an outlier operating payment, as specified below in the section called “Operating Outlier Payment,” if applicable criteria are satisfied.

2. The final discharging hospital shall receive the hospital’s full DRG operating payment, as determined above in the section called “Operating Payment for DRG Cases.” The final discharging hospital shall be eligible for an outlier operating payment, as specified below in the section called “Operating Outlier Payment,” if applicable criteria are satisfied.

B. Exceptions.

1. Cases falling into DRG 456, 639, or 640 shall not be treated as transfer cases. Effective October 1, 2014, cases falling into DRG 580 and 581 shall not be treated as transfer cases. Both the transferring hospital and the final discharging hospital shall receive the full DRG operating payment.

TN No. 26-0026

Supersedes

Approval Date

Effective Date 10/01/2026TN No. New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE**

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9. Physician administered drugs (PADs) submitted under the medical benefit will be reimbursed at 106 percent of the Average Sales Price (ASP). PADs without an ASP on the CMS reference file will be reimbursed at the provider's acquisition cost. Covered entities using drugs purchased at the prices authorized under Section 340B of the Public Health Services Act for Medicaid members must bill Medicaid their actual acquisition cost (AAC).
10. Payment to Indian Health Service, tribal and urban Indian pharmacies. DMAS does not have any Indian Health Service, tribal or urban Indian pharmacies at this time. Payment for pharmacy services will be defined in a state plan amendment if such entity enrolls with DMAS.
11. Investigational drugs are not a covered service under the DMAS pharmacy program.
12. Virginia is a participant in the CMS Cell and Gene Therapy Access Model. As a part of the Model, select carve-out drugs CASGEVY™ and LYFGENIA™ are excluded from the DRG payment and will be paid at 100% of the Actual Acquisition Cost (AAC). The AAC is the hospital's invoice price for the drug, net of all on or off invoice reductions, discounts, rebates, charge backs and similar adjustments that the hospital has, or will, receive from the drug manufacturer or other party for the drug, including any efficacy, outcome, or performance based guarantees (or similar arrangements), whether received prepayment or post payment. A separate claim will be submitted by the hospital for the reimbursement of these drugs. DMAS reimbursement requires submission of an invoice showing the (AAC) of the drug along with the claim. Supplemental charges to cover the administration of the drug shall be reimbursed based on the appropriate DRG. The 340B program does not apply to these drugs.

TN No. 26-0026

Approval Date _____

Effective Date 10-01-26

Supersedes

TN No. 16-002