

**Sovereign States Drug Consortium (SSDC)
CMS Approved Medicaid Supplemental Drug Rebate Pool Fact
Sheet**

The Sovereign States Drug Consortium (SSDC) is an organization of 15 state Medicaid programs that have agreed to collectively solicit and evaluate offers from manufacturers for state supplemental and DME rebates. The SSDC, which started in 2006 with three charter states – Iowa, Maine, and Vermont – is the only Medicaid rebate pool organized and managed by the states. The SSDC is also unique in that it is the only Medicaid rebate pool in which member states contract individually with manufacturers using their own state-specific Supplemental Rebate Agreements (SRAs). The SSDC enables the states to leverage the purchasing power of their collective, over 14 million covered lives while providing each state with full ownership of its contracts.

The SSDC contracts with Change Healthcare to administer the rebate solicitation, negotiation, and evaluation process. Each spring, Change Healthcare solicits offers for the pool from manufacturers for the following calendar year.

States belonging to the SSDC:

- Use Preferred Drug Lists (PDLs) or Product Based Prior Authorization (PBPA) programs to direct utilization to drug and DME products that provide the greatest value.
- Leverage their collective covered lives to negotiate for drug and DME discounts from manufacturers.
- Collaborate and share best practices in other areas of Medicaid pharmacy administration and management.

Vendor Administered v. State Administered Medicaid Supplemental Drug Rebate Pools:

Key differences in current Medicaid rebate pools:

- **Vendor/Contractor** administered pools are “owned” by the vendor/contractors.
 - There are two vendor/contractor pools approved by CMS - the National Medicaid Pooling Initiative (NMPI) and The Optimal PDL Solution (TOP\$). Both pools are administered by Magellan Medicaid Administration and/or its affiliate Provider Synergies.
 - States participating in a vendor/contractor-managed pool must contract directly with the vendor. Termination of the contract with the vendor automatically terminates a state’s participation in the pool.
 - Rebate contracts are between the manufacturer and the vendor, with states signing Participation Agreements with the vendor to access the rebate contracts. Because all participating states access the same contract, states have limited flexibility.
- **State** administered pools are “owned” by the member states.
 - There is one state administered pool approved by CMS – the Sovereign States Drug Consortium (SSDC). Change Healthcare is contracted by the SSDC to administer the rebate solicitation, negotiation and evaluation process.
 - States participate in the SSDC by signing a Consortium Agreement with, and paying a small membership fee to, the SSDC. States do not have to contract with Change Healthcare to participate in the pool.
 - Each member uses its own Supplemental Rebate Agreement to contract directly with

manufacturers for discounts negotiated by Change Healthcare on behalf of the SSDC. This provides the states with greater flexibility and full ownership of its agreements.

Covered Medicaid Lives and Expenditures for SSDC Member States:

STATE	PDL LIVES*	SPEND	PDL TYPE
DELAWARE	280,751	\$334,457,171	UNIFIED FFS-MCO
IOWA	700,297	\$472,186,690	UNIFIED FFS-MCO
KENTUCKY	1,521,389	\$3,121,783,265	UNIFIED FFS-MCO
MAINE	368,635	\$553,611,482	ALL PHARMACY IN FFS
MISSISSIPPI	709,000	\$687,970,000	UNIFIED FFS-MCO
NORTH DAKOTA	104,335	\$114,452,503	ALL PHARMACY IN FFS
OHIO	2,974,962	\$ 5,670,211,345	UNIFIED FFS-MCO
OKLAHOMA	1,500,000	\$1,500,000,000	UNIFIED FFS-MCO
OREGON	1,345,504	\$254,884,986	UNIFIED FFS-MCO FOR SELECT CLASSES
PENNSYLVANIA	3,501,495	\$6,000,000,000	UNIFIED FFS-MCO
SOUTH DAKOTA	165,000	\$135,577,144	FFS- ONLY
UTAH	457,337	\$302,707,814	FFS- ONLY
VERMONT	171,846	\$286,845,571	ALL PHARMACY IN FFS
WEST VIRGINIA	521,007	\$861,578,746	ALL PHARMACY IN FFS
WYOMING	85,769	\$106,497,589	ALL PHARMACY IN FFS
TOTAL	14,407,327	\$20,402,764,306	

*Number of Medicaid lives covered under state Medicaid PDL including MCO enrollees in states with Unified PDLs for some or all drug classes

Additional information for States interested in joining the SSDC:

- The SSDC operates through a Member State Consortium Agreement.
- States able to commit to the SSDC Consortium Agreement may join the SSDC with the approval of the existing Member States.
- Vermont is the Member State managing and paying for the SSDC’s contract services. States agree to share in the cost of these services through the Consortium Agreement and to pay Vermont for their share.
- An accretion fee applies when a state first joins the SSDC.
- States wishing to participate may request a savings analysis of their utilization data for a nominal fee. If a state then chooses to join the SSDC, that fee will be applied to its accretion/membership fees.

Schedule of Annual SSDC Activities:

- The Member State-Manufacturer contracts are annual with the contract year running from January

- 1 to December 31 (except for certain DME contracts, which may extend to two years).
- Early each spring, Change Healthcare solicits offers for the following contract year for pharmaceutical and DME products on behalf of the SSDC. Change Healthcare negotiates offers with the manufacturers that best meet the goals set by the Member States.
 - Each summer, SSDC Member States hold an annual meeting to review the offers that have been negotiated, to set priorities and strategy, and to exchange information and best practices.
 - After the annual meeting, SSDC Member States make final decisions on which offers to accept. To the extent possible, the Member States attempt to take a unified approach in this decision-making process.
 - Each state's Supplemental Rebate Agreements for the offers that have been accepted go into effect on January 1.

Contact for Interested States:

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