



**Louisiana Department of Health**  
**Informational Bulletin 25-27**  
**Revised February 24, 2026**

**340B Drug Pricing Program**

**Note:** This Informational Bulletin replaces Informational Bulletin 16-9. Per the Centers for Medicare and Medicaid (CMS), Louisiana Medicaid will invoice rebates on a claim-level basis for physician-administered drug claims.

**1 SUMMARY**

January 1, 2026, revisions are being made to be in accordance with CMS 2434-F 2024 Final Rule, which directs state Medicaid programs to invoice for rebate on all rebate eligible physician-administered drug claims.

- The overlap of the 340B Drug Pricing Program and the Medicaid Drug Rebate program creates the possibility of duplicate discounts, which are prohibited under federal law.
- States are federally mandated to seek federal drug rebates on managed care Medicaid claims, meaning that the potential for duplicate discounts exists for managed care claims.
- Louisiana uses the Health Resources and Services Administration’s (HRSA) Medicaid Exclusion File (MEF) for **both** fee-for-service (FFS) and managed care claims in order to prevent duplicate discounts.
- **Contract pharmacies** are not permitted to bill Medicaid for drugs purchased at 340B pricing. This includes **both** FFS and managed care.
- Pharmacy claims submitted by pharmacies on the Medicaid Exclusion File (MEF) for hepatitis C virus direct-acting antiviral (DAA) agents utilizing submission clarification codes of 20 and 08 will continue to deny.
- Effective January 1, 2026, pharmacies listed on the HRSA MEF shall include the correct submission clarification codes on 340B claims. Non-340B claims can be processed without submission clarification codes. It is the pharmacies’ responsibility to correctly identify 340B prescriptions. Incorrectly identifying 340B prescriptions can result in duplicate discounts.

- Effective January 1, 2026, Louisiana will seek rebates on a claim-level basis for outpatient physician-administered drug claims, based upon the modifier attached to the claim. It is the covered entity's responsibility to correctly identify both 340B and non-340B claims. Incorrectly identifying claims can result in duplicate discounts. Refer to section 5.1.1.2.
- **Intentionally including an incorrect 340B modifier on a claim is improper Medicaid billing, and is subject to audit.**

Additional information on the 340B Drug Pricing Program can be found at <http://www.hrsa.gov/opa>.

## 2 MEDICAID EXCLUSION FILE

HRSA communicates carve-in designations to states via the MEF in order to alert states that Medicaid Drug Rebates should not be invoiced on MEF providers' drug claims.

When a covered entity chooses to carve-in, it must provide HRSA with the National Provider Identification (NPI) and Medicaid provider number for each site that carves in for the purpose of inclusion in the MEF. An entry in the MEF indicates that a covered entity has chosen to carve-in for a single quarter. Louisiana carve-in 340B covered entities shall be fully enrolled in Louisiana Medicaid and must provide HRSA with **both** the seven-digit Louisiana Medicaid Provider number and the NPI.

A covered entity can change its carve-in or carve-out designation; however, HRSA stipulates that the effective date of any such change will be the first day of a calendar quarter. Status changes for the next calendar quarter must be provided by the 15th day of the month preceding the quarter's start (March 15, June 15, September 15 and December 15). Changes submitted after this date will not be effective until the start of the second quarter following the change. Because the MEF is produced on the 15th day of the month preceding a quarter's start, this ensures that an entity's carve-in or carve-out election is properly reflected on the applicable quarter's MEF.

Effective **January 1, 2026**, Louisiana will begin invoicing for rebate based on 340B claim level indicators on **all** claims, **both** outpatient medical and pharmacy. It is imperative that covered entity's and 340B carve-in pharmacies utilize the correct claim level indicators, detailed below. Additional information regarding the MEF can be found at:

<https://www.hrsa.gov/opa/updates/2015-october>.

## 3 MEDICAID MANAGED CARE

Section 2501(c) of the Patient Protection and Affordable Care Act (ACA) requires state Medicaid agencies to seek rebates on drugs dispensed by Medicaid managed care organizations (MCO).

**Louisiana requires that covered entities utilize the same carve-in or carve-out designation for managed care as for FFS Medicaid beneficiaries.**

Effective October 1, 2025, Louisiana Medicaid is transitioning from a single Pharmacy Benefit Manager (PBM) for all the Medicaid MCOs to each MCO utilizing their own PBM. All six MCOs will have their own BIN, PCN, and Group number.

Louisiana Medicaid FFS and MCO BIN, PCN, and group numbers for pharmacy claims:

<b>Plan Name</b>	<b>PBM Name</b>	<b>BIN</b>	<b>PCN</b>	<b>Group</b>
<b>Fee-for-Service</b>	Gainwell Technologies	610514	LOUIPROD	n/a
<b>Aetna</b>	CVS Caremark	610591	MCAIDADV	RX881J
<b>AmeriHealth Caritas</b>	PerformRx	019595	06030000	n/a
<b>Healthy Blue</b>	Carelon Rx	020107	LA	RX8482
<b>Humana Healthy Horizons</b>	Humana Pharmacy Solutions, Inc.	610649	03191502	LAM01
<b>Louisiana Healthcare Connections</b>	Express Scripts	003858	MA	2ENA
<b>United Healthcare</b>	Optum Rx	610494	4041	ACULA

Payer ID can be utilized to identify managed care Medicaid members' medical claims.

#### **4 CONTRACT PHARMACIES**

HRSA permits covered entities to contract with one or more pharmacies to provide services to the covered entity's patients in order to increase patient access to 340B drugs.

HRSA expressly prohibits contract pharmacies from dispensing drugs purchased under the 340B Drug Pricing Program to Medicaid beneficiaries unless the covered entity, the contract pharmacy, and the state Medicaid agency have established an arrangement to prevent duplicate discounts (75 FR 10272, March 5, 2010)<sup>1</sup>. **Louisiana** currently has no such agreements in place and **requires that all contract pharmacies carve out Medicaid beneficiaries for both FFS and MCO 340B drug claims.**

Effective Sept. 12, 2017, pharmacy claims shall deny at Point of Sale (POS) if 340B indicators are on the claim but the pharmacy is not listed in the MEF. These claims shall be filled with regular pharmacy stock, not 340B stock, and billed accordingly.

#### **5 CURRENT BILLING GUIDELINES**

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<sup>1</sup>Full text from Federal Register (FR) available at [www.federalregister.gov](http://www.federalregister.gov)

For full billing procedures, please refer to each MCO's provider manual.

## 5.1 Carve-In

### 5.1.1 Claim-level Indicators

Beginning with date of service January 1, 2026, carve-in pharmacy providers shall submit both FFS and managed care claims with the claim-level indicators below on all 340B claims. Carve-in pharmacies will be allowed to process non-340B claims by excluding the claim-level indicators below.

**Please note:** it is the responsibility of the pharmacy and the covered entity to prevent duplicate discounts. Therefore, care needs to be taken to provide the correct indicators on **all** claims. Incorrectly identifying a claim as either 340B or non-340B is improper Medicaid billing, and is subject to audit.

#### 5.1.1.1 Pharmacy Claims

**340B** Pharmacy claims shall contain BOTH indicators below:

NCPDP Field	NCPDP Field Name	NCPDP Values
420-DK	Submission Clarification Code	20 = 340B
423-DN	Basis of Cost Determination	08 = 340B Disproportionate Share Pricing

#### 5.1.1.2 Outpatient Medical Claims Submitted by a 340B Covered Entity

The use of modifier codes will be required on **all outpatient** medical claims submitted by a 340B covered entity:

- **TB:** Drug or biological acquired **with** the 340B drug pricing program discount for Medicare Part B drugs for dual-eligible members.
- **UD:** Drug or biological acquired **with** the 340B drug pricing program discount.
- **UC:** Drug or biological acquired **without** the 340B drug pricing program discount.

If an appropriate modifier is not entered on each separately billed outpatient medication, the claim will deny. As stated previously, Louisiana will begin invoicing for rebates on the claim-level on

January 1, 2026. Intentionally including an incorrect claim level modifier on a claim is improper Medicaid billing, and is subject to audit.

### **5.1.2 FFS Pharmacy**

Covered entities who carve in Medicaid recipients should bill 340B claims with a drug's actual acquisition cost in National Council for Prescription Drug Programs (NCPDP) field 409-D9 Ingredient Cost Submitted.

### **5.1.3 MCO Pharmacy**

Covered entities who carve-in Medicaid beneficiaries should bill according to the contract arrangements between the 340B covered entity and the MCO.

### **5.1.4 Hepatitis C Virus Direct-Acting Antiviral (DAA) Agents**

Starting July 15, 2019, the Louisiana Hepatitis C Elimination Program was implemented to address the public health crisis caused by hepatitis C. The Louisiana Department of Health and the Department of Corrections entered into a five-year contract with Asegua Therapeutics, a wholly owned subsidiary of Gilead Sciences, Inc., to provide unrestricted access to its authorized generic of Eplclusa (sofosbuvir/velpatisvir) for treatment of hepatitis C among Medicaid beneficiaries and incarcerated individuals. This contract has been extended through June 30, 2026.

For Medicaid beneficiaries, a supplemental rebate agreement was utilized. Therefore, as 340B Medicaid claims cannot be included in supplemental rebate agreements, claims for hepatitis C direct-acting antiviral agents from 340B pharmacies carved-in to Medicaid will deny at POS if they include 340B claim level indicators.

### **5.1.5 Vaccines for Adults**

Effective July 1, 2020, 340B pharmacies carved in to Medicaid may bill vaccines and administration for adults (19 years and older) at POS as a pharmacy benefit. Claim-level indicators should not be included on claims for vaccines, as vaccines are not 340B or rebate-eligible.

## **5.2 Carve-Out and Contract Pharmacies**

Covered entities who carve out Medicaid beneficiaries and contract pharmacies shall bill according to guidelines provided in each MCO's provider manual for non-340B drug claims. Links have been provided below:

<b>Aetna</b>	<a href="http://www.aetnabetterhealth.com/louisiana/providers/manual">http://www.aetnabetterhealth.com/louisiana/providers/manual</a>
<b>AmeriHealth Caritas</b>	<a href="https://www.performrx.com/who-we-help/providers/provider-resources.aspx">https://www.performrx.com/who-we-help/providers/provider-resources.aspx</a>
<b>Healthy Blue</b>	<a href="https://providers.healthybluela.com/la/pages/manuals-directories-more.aspx">https://providers.healthybluela.com/la/pages/manuals-directories-more.aspx</a>
<b>Humana Healthy Horizons</b>	<a href="https://www.lamedicaid.com/Provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf">https://www.lamedicaid.com/Provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf</a>
<b>Louisiana Healthcare Connections</b>	<a href="http://www.louisianahealthconnect.com/for-providers/provider-resources/">http://www.louisianahealthconnect.com/for-providers/provider-resources/</a>
<b>United Healthcare</b>	<a href="http://www.uhcommunityplan.com/health-professionals/la.html">http://www.uhcommunityplan.com/health-professionals/la.html</a>
<b>Fee-for-Service</b>	<a href="https://www.lamedicaid.com/Provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf">https://www.lamedicaid.com/Provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf</a>

## 6 POLICY COMPLIANCE

Noncompliance with this policy may result in recoupments, sanctions, and/or other disciplinary action taken against the covered entity.

## 7 QUESTIONS

If you have questions about the contents of this Informational Bulletin, you may contact:

Contact Name	Email	Phone
<b>Jennie Stelly</b>	<a href="mailto:Jennie.Stelly@la.gov">Jennie.Stelly@la.gov</a>	225-342-4665
<b>Medicaid Pharmacy Help Desk</b>	<a href="mailto:Medicaid.Pharmacy@la.gov">Medicaid.Pharmacy@la.gov</a>	800-437-9101

### Attachment: EDI Submission Information for Healthy Louisiana Plans

Rev. 01/2023

### Managed Care Organizations Electronic Data Interchange Submissions

#### Aetna Better Health of Louisiana Payer ID 128LA

Change Healthcare [www.changehealthcare.com](http://www.changehealthcare.com) 866-371-9066

Change Healthcare is the EDI vendor used. Providers should **contact** the software vendor directly for questions about their electronic billing. All electronic submissions shall be submitted in compliance with applicable law including HIPAA regulations and Aetna Better Health of Louisiana policies and procedures. If you use a clearinghouse other than Change Healthcare, have them call Change Healthcare at the following number in order to establish connectivity: 866-371-9066. (Please run a test claim prior to submitting batches.) Use the Payer ID above when submitting claims to Aetna Better Health of Louisiana. For pharmacy resources, visit <https://www.caremark.com/wps/portal> and click on Pharmacists & Medical Professionals.

**AmeriHealth Caritas**  
**Payer ID 27357**

Trading Partner:  
Availity

For ACLA EDI questions:  
Email – [edi@amerihealthcaritasla.com](mailto:edi@amerihealthcaritasla.com)  
ACLA EDI Phone – 866-428-7419  
Availity Client Services – 800-282-4548

**Healthy Blue**  
**Payer ID 00661**

Trading Partners:  
Availity – Claim Payer ID 00661  
Change Healthcare (formerly Capario, Emdeon, MedAvant or WebMD) – Claim Payer ID 58532  
Smart Data Solutions – Claim Payer ID 16730 or 58532

A provider who wishes to submit directly to Healthy Blue should contact Availity ACS at 800-282-4548 or navigate to [Availity.com](http://Availity.com) to start the electronic claims submission process, or with any questions.

**Humana**  
**Payer ID 61101**

Trading Partners:  
The following, including but not limited to, are some of the many clearinghouses offering services to healthcare providers. Some clearinghouses and vendors charge a service fee. Contact the clearinghouse for more information:

Clearinghouse Vendor Name	Website	Phone Number
Availity	<a href="http://Availity.com">Availity.com</a>	800-282-4548
McKesson	<a href="http://McKesson.com">McKesson.com</a>	N/A
WayStar	<a href="http://Waystar.com">Waystar.com</a>	877-494-7633
Trizetto	<a href="http://Trizetto.com">Trizetto.com</a>	800-969-3666
Change Healthcare (formerly Emdeon)	<a href="http://Changehealthcare.com">Changehealthcare.com</a>	800-792-5256
SSI Group	<a href="http://TheSSIGroup.com">TheSSIGroup.com</a>	800-880-3032

When filing electronic claims, use one of the following Humana Payer IDs:

- 61101 for fee-for-service claims
- 61102 for encounter claims

Humana claim payment inquiries: 800-448-3810, Monday through Friday, 7 a.m. to 7 p.m.

**Louisiana Healthcare Connections  
Payer ID 68069**

Trading Partners:

Emdeon	Availity	Capario
Smart Data	Allscripts/Payerpath	IGI
PhysiciansCC	Claimsource	ClaimRemedi
First HealthCare	Viatrack	GHN Online
MedAssets/XactiMed	SSI	Trizetto Provider Solutions, LLC.
Relay/McKesson	MDonLine	CPSI
DeKalb		

For support: 800-225-2573 Ext. 25525 or via email at [EDIBA@centene.com](mailto:EDIBA@centene.com).

**UnitedHealthcare  
Payer ID 87726**

For EDI questions or list of clearinghouses:

Phone – 800-842-1109 or 800-210-8315

Email – [ac\\_edi\\_ops@uhc.com](mailto:ac_edi_ops@uhc.com)

Current Trading Partners include (but are not limited to):

Allscripts	Availity	Capario
Emdeon	Gateway EDI/TriZetto	MD Online
MedAssets	Navicare	Office Ally
OptumInsight	Practice Insight	RealMed
RelayHealth	SSI	ZirMed