

DECLARATION OF EMERGENCY

**Department of Health and Hospitals
Bureau of Health Services Financing**

**Coordinated Care Network
Pharmacy Services Coverage
(LAC 50:I.3503-3509)**

The Department of Health and Hospitals, Bureau of Health Services Financing amends LAC 50:I.3503-3509 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Bureau of Health Services Financing adopted provisions which implemented a coordinated system of care in the Medicaid Program designed to improve performance and health care outcomes through a healthcare delivery system called coordinated care networks, also known as the BAYOU HEALTH Program (*Louisiana Register*, Volume 37, Number 6).

The department now proposes to amend the provisions governing coordinated care networks to include pharmacy services as a covered service under the BAYOU HEALTH Program for recipients enrolled in pre-paid health plans.

This action is being taken to avoid a budget deficit in the medical assistance programs and to promote the health and welfare of recipients enrolled in a BAYOU HEALTH pre-paid health plan. It is estimated that implementation of this Emergency Rule will reduce expenditures in the Medicaid Program by approximately \$16,342,263 for state fiscal year 2012-2013.

Effective November 1, 2012, the Department of Health and Hospitals, Bureau of Health Services Financing amends the provisions governing coordinated care networks in order to include the coverage of pharmacy services.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part I. Administration

Subpart 3. Medicaid Coordinated Care

Chapter 35. Coordinated Care Network Managed Care Organization Model

§3503. Managed Care Organization Model Responsibilities

A. - N. ...

O. A CCN-P shall participate on the department's established committees for administrative simplification and quality improvement, which will include physicians, hospitals, pharmacists, other healthcare providers as appropriate, and at least one member of the Senate and House Health and Welfare Committees or their designees.

P. - P.1.b. ...

Q. The member handbook shall include, but not be limited to:

1. - 5.i. ...

j. how to make, change and cancel medical appointments and the importance of canceling and/or rescheduling rather than being a "no show";

k. the extent to which and how after-hour services are provided; and

l. information about the CCN's formulary and/or Preferred Drug List (PDL), including where the member can access the most current information regarding pharmacy benefits.

Q.6. - S.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1583 (June 2011), amended LR 38:

§3505 Network Access Standards and Guidelines

A. - D. ...

E. Any pharmacy or pharmacist participating in the Medicaid Program may participate as a network provider if licensed and in good standing with the Louisiana State Board of Pharmacy and accepts the terms and conditions of the contract offered to them by the CCN-P.

1. The CCN-P shall not require its members to use mail service pharmacy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1585 (June 2011), amended LR 38:

§3507. Benefits and Services

A. - A.2. ...

B. The CCN-P:

1. - 5.a. ...

b. no medical service limitation can be more restrictive than those that currently exist under the Title XIX Louisiana Medicaid State Plan;

6. shall provide pregnancy-related services that are necessary for the health of the pregnant woman and fetus, or that have become necessary as a result of being pregnant and includes, but is not limited to prenatal care, delivery, postpartum care, and family planning/interconception care services for pregnant women in accordance with federal regulations; and

7. shall establish a Pharmaceutical and Therapeutics (P & T) Committee or similar committee for the development of its formulary and the PDL.

C. - C.4. ...

D. The following is a summary listing of the core benefits and services that a CCN-P is required to provide:

1. - 16. ...

17. chiropractic services;

18. rehabilitation therapy services (physical, occupational, and speech therapies); and

19. pharmacy services (prescription drugs).

NOTE - G.1.f. ...

G.1.g.

school-based Individualized Education Plan services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures;

h. home and community-based waiver services;

i. specialized behavioral health; and

j. targeted case management services.

H. - H.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:185 (June 2011), amended LR 38:

§3509. Reimbursement Methodology

A. - A.4.d. ...

5. PMPM payments related to pharmacy services will be adjusted to account for pharmacy rebates.

B. - K.1. ...

L. Network Provider Reimbursement

1. ...

a. The CCN-P shall pay a pharmacy dispensing fee, as defined in the contract, at a rate no less than the minimum specified in the terms of the contract.

L.2. - L.3.a. ...

M. Out-of-Network Provider Reimbursement

1. - 2. ...

3. The CCN-P is not required to reimburse for pharmacy delivered by out-of-network providers. The CCN-P shall maintain a system that denies the claim at the point-of-sale for providers not contracted in the network.

N. - N.2.a. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:1587 (June 2011), amended LR 38:

Implementation of the provisions of this Rule may be contingent

upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. She is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Bruce D. Greenstein

Secretary