

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

December 2, 2014

J. Ruth Kennedy
State Medicaid Director
Louisiana Department of Health and Hospitals
628 N. 4th Street
P.O. Box 91030
Baton Rouge, LA 70821

Dear Ms. Kennedy:

We have reviewed Louisiana State Plan Amendment (SPA) 12-66A, received in the Dallas Regional Office on December 20, 2012. Under this SPA, Louisiana proposes to increase the dispensing fee from \$10.13 to \$10.51 per prescription.

Based on the information provided, we are pleased to inform you that consistent with regulations at 42 CFR 430.20, SPA 12-66A is approved with an effective date of November 1, 2012. A copy of the CMS-179 form, as revised, as well as the pages approved for incorporation into the Louisiana state plan, will be forwarded by the Dallas Regional Office. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office
Ford Blunt, Dallas Regional Office
Dorothy Ferguson, Dallas Regional Office

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

12-66A

2. STATE

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

November 1, 2012

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447, Subpart D

7. FEDERAL BUDGET IMPACT:

- a. FFY ~~2012~~ **13** \$ ~~(3,022.98)~~ **3,680.80**
- b. FFY ~~2013~~ **14** \$ ~~(11,437.11)~~ **13,894.36**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 4.19-B, Item 12a, Page 2, 4, 5, and 7~~
Attachment 4.19-B, Item 12a, Page 7

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

~~Pending (FN 12-55)~~
Attachment 4.19-B, Item 12a, Page 7

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is revise the provisions of the September 5, 2012
Emergency Rule governing methods of payment for prescription drugs covered under the Pharmacy
Benefits Management Program.**

11. 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:

The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:


**J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030**

13. TYPED NAME:

Bruce D. Greenstein

14. TITLE:

Secretary

15. DATE SUBMITTED:

December 21, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 20 December, 2012

18. DATE APPROVED 2 December, 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 November, 2012

20. SIGNATURE OFFICIAL:



21. TYPEID NAME:

BILL BROOKS

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS: **November 6, 2014 - State requests Pen & Ink changes to Box 1, 7, 8, and 9.**

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	<u>Prescription drugs, dentures, and prosthetic devices and Eyeglasses</u>
42 CFR	Care and Services	<u>Prescribed by a Physician Skilled in Diseases of the Eye, or by an</u>
447	Item 12.a.	<u>Optometrist.</u>
Subpart D		

V. DISPENSING FEE

A. Establishment of Dispensing Fee

The dispensing fee shall be set by the Department and reviewed periodically for reasonableness and, when deemed appropriate by the Medicaid Program, may be adjusted considering such factors as fee studies or surveys.

Provider participation in the Louisiana Dispensing Fee Survey shall be mandatory. Failure to cooperate in the Louisiana Dispensing Fee Survey by a provider shall result in removal from participation as a provider of pharmacy services in the Medicaid Program. Any provider removed from participation shall not be allowed to re-enroll until a dispensing fee survey document is properly completed and submitted to the Department.

B. Dispensing Fees

1. The dispensing fee for drugs dispensed to Louisiana Medicaid enrollees will be up to \$10.51 per prescription. This includes the provider fee assessed for each prescription filled in the state or shipped into the state, per legislative mandate.
2. The dispensing fee for drugs dispensed to Louisiana Medicaid enrollees and obtained through the Public Health Service 340B Program will be up to \$10.51 per prescription. This includes the provider fee assessed for each prescription filled in the state or shipped into the state.

State: Louisiana
Date Received: 20 December, 2012
Date Approved: 2 December, 2014
Date Effective: 1 November, 2012
Transmittal Number: LA 12-66A

TN# 12-66A
Supersedes
TN# 12-55

Approval Date 12-2-2014

Effective Date 11-1-2012