

John Bel Edwards
GOVERNOR



Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Department of Health
Bureau of Health Services Financing

April 4, 2019

Magellan Medicaid Administration, Inc.
Attention: Chief Financial Officer
11013 W. Broad Street, Suite 500
Glen Allen, VA 23060-5937

RE: Attachment A-2 LA TOP\$ Medicaid Program Attestation of Inclusion/Exclusion
of Medicaid MCOs

Dear Chief Financial Officer:

Enclosed is Attachment A-2 Louisiana TOP\$ Medicaid Program Attestation of
Inclusion/Exclusion of Medicaid MCOs. Please return the original to the Department of
Health, Attention of Germaine Becks-Moody.

If you have questions or require additional assistance please contact Sue Fontenot at
(225) Germaine Becks-Moody at (225) 342-9479 to answer your questions. We
appreciate your continued patience, and cooperation, and look forward to continuing a
good working relationship between the Louisiana Department of Health and Magellan
Medicaid Administration.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Jen Steele".

Jen Steele
Medicaid Director

JS/gbm

Attachments

**ATTACHMENT A-2
ATTESTATION OF INCLUSION/EXCLUSION OF MEDICAID MCOS**

The State of Louisiana acting by and through the Louisiana Department of Health (hereinafter collectively referred to as "**Participating Medicaid Program**"), hereby represents and warrants the following with respect to Medicaid MCOS (must check one):

Effective for utilization dispensed to Participating Medicaid MCO members on or after 05/01/2019 (date*), the Participating Medicaid Program will include utilization of Participating Medicaid MCO(s) for State Supplemental Drug Rebates under this Agreement for:

all preferred Supplemental Covered Products, OR

limited to the following Supplemental Covered Product(s) or Product Category(ies):

1. _____
2. _____

I certify on behalf of the Participating Medicaid Program listed below that the State Medicaid Plan permits the inclusion of Medicaid MCO utilization in State Supplemental Drug Rebates, and that the State's contracts with Participating MCOs do not prohibit such inclusion. I further certify on behalf of the Participating Medicaid Program listed below that the State has reasonably determined that: (i) the utilization of any Participating Medicaid MCO submitted hereunder is eligible for National Rebates under 42 U.S.C. § 1396r-8 and (ii) each such Participating Medicaid MCO shall align their respective formulary(ies) and/or preferred drug list(s), as applicable, assuring access to preferred Supplemental Covered Product is no more restrictive than the Participating Medicaid Program Medicaid PDL, for any period with respect to which the Participating Medicaid Program will invoice for Supplemental Rebates for utilization under this Agreement. It is the intent and expectation of the Participating Medicaid Programs that Supplemental Rebates hereunder shall be excluded from Manufacturer's calculation of Best Price or AMP. ***If this option is checked, the State must have documented the above determination via applicable regulation, law, contract, or other formal state agency issuance and the State must attach hereto: (1) a copy of such documentation, as well as (2) a copy of the applicable Participating Medicaid Program's Medicaid Plan (and/or amendment thereto) permitting the election of this option.***

The Participating Medicaid Program will exclude utilization from all of its Medicaid MCOS under this Agreement.

The Participating Medicaid Program has no Medicaid MCOS.

MANUFACTURER CONSENT SHALL NOT BE REQUIRED FOR A STATE TO AMEND THIS ATTACHMENT A-2

So Certified:

State Participating Medicaid Program: Louisiana Department of Health

By: _____

Title: Medicaid Director

Date: 4/4/19

* Effective date for including Participating MCO utilization shall not predate the date this Attachment A-2 is executed by the State