

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 12-55**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Pages

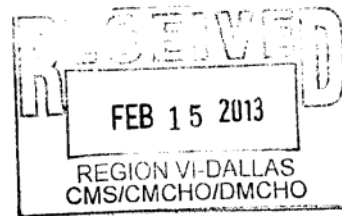
DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Disabled & Elderly Health Programs Group**

**FEB 08 2013**

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



Attention: Keydra Singleton

Dear Ms. Kennedy:

We have reviewed Louisiana State Plan Amendment (SPA) 12-55 received in the Dallas Regional Office on September 28, 2012. Under this SPA, the state proposes to revise the current pharmacy reimbursement methodology for the ingredient cost from average wholesale price (AWP) minus 13% for independent pharmacies and AWP minus 15% for chain pharmacies to average acquisition cost (AAC). The state also proposes to eliminate the Louisiana State Maximum Allowance Cost (LMAC) and to increase the dispensing fee from \$5.77 to \$10.13 for single source drugs and multiple source drugs other than drugs subject to a physician certification. In addition, the state proposes to revise the dispensing fee from \$8.10 to \$10.13 for drugs obtained through the Public Health Services 340B Program. We are pleased to inform you that the Louisiana SPA 12-55 is approved, effective September 5, 2012.

The Dallas Regional Office will forward to you a copy of the CMS-179 form, as well as the pages approved for incorporation into the Louisiana Medicaid State Plan. If you have any questions regarding this amendment, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

Larry Reed  
Director  
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office  
Ford Blunt, Dallas Regional Office  
Amanda Caire, Louisiana Department of Health and Hospitals

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
**12-55**

2. STATE  
**Louisiana**

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

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

4. PROPOSED EFFECTIVE DATE  
**September 5, 2012**

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 I**

7. FEDERAL BUDGET IMPACT:

a. FFY **2012** (**\$816,467**)

b. FFY **2013** (**\$11,583,821**)

**(\$3,061.75)**

**(\$11,584.82)**

*delete*

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**See attachment to the Form 179**

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

**See attached add**  
**Per State email dated 2/21/13**  
*delete*

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is revise the reimbursement methodology for  
prescription drugs and the dispensing fee for these 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:

13. TYPED NAME:  
**Bruce D. Greenstein**

14. TITLE:  
**Secretary**

15. DATE SUBMITTED:  
**September 14, 2012**

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
**1 October, 2012**

18. DATE APPROVED:  
**8 February, 2013**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**5 September, 2012**

21. TYPED NAME:  
**Bill Brooks**

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

23. REMARKS:

**Attachment to CMS Form 179**

<b>Attachment 4.19-B, Item 12a, Page 1</b>	<b>Same (TN 03-12)</b>
<b>Attachment 4.19-B, Item 12a, Page 2</b>	<b>Same (TN 05-10)</b>
<b>Attachment 4.19-B, Item 12a, Pages 3 and 4</b>	<b>Pending (TN 10-13)</b>
<b>Attachment 4.19-B, Item 12a, Page 4a</b>	<b>Same (TN 10-79)</b>
<b>Attachment 4.19-B, Item 12a, Page 5</b>	<b>Same (TN 11-33)</b>
<b>Attachment 4.19-B, Item 12a, Page 6</b>	<b>Same (TN 92-01)</b>
<b>Attachment 4.19-B, Item 12a, Page 7</b>	<b>Same (TN 92-01)</b>
<b>Attachment 4.19-B, Item 12a, Page 8</b>	<b>Same (TN 95-27)</b>

**REMOVE:**

**Attachment 4.19-B, Item 12a, Page 9 (TN 97-15)**

**Attachment 4.19-B, Item 12a, Pages 10 and 11 (TN 95-27)**

**Attachment 4.19-B, Item 12a, Page 12 (TN 98-14)**

**Attachment 4.19-B, Item 12a, Page 13 (TN 05-13)**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 12a, Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICES 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		

Prescribed Drugs are reimbursed as follows:

**I. METHODS OF PAYMENT**

Maximum and minimum payment rates for medications - pharmacy or dispensing physician are as follows:

A. Maximum Pharmaceutical Price Schedule

The Maximum payment for a prescription shall be no more than the cost of the drug established by the state plus the established dispensing fee.

B. Payment for Medications to Dispensing Physicians/Practitioners

Payment will be made for medications dispensed by a physician or other practitioner (within the scope of practice as prescribed by State Law) on a continuing basis only when his main office is more than five miles from a facility which dispenses drugs.

Under the above circumstances, vendor payment (when the treating prescriber dispenses his own medications and bills the Medicaid Program under his own name or the name of his own clinic or hospital) will be made on the same basis as a pharmacist as specified in Paragraph A. above.

**II. STANDARDS FOR PAYMENT**

A. Reimbursement will be made for medications following payment procedures for a Medicaid Program enrollee presenting proper identification.

B. The pharmacy must be licensed to operate in Louisiana, except:

1. as provided for a person residing near the state line; or
2. as provided for an enrollee visiting out-of-state.

C. Payment will be made only to providers whose records are subject to audit.

**III. REIMBURSEMENT LIMITS**

Payments shall be limited to Drugs covered by the Medicaid Program.

STATE	<u>Louisiana</u>
DATE REC'D	<u>10-1-12</u>
DATE APPV'D	<u>2-8-13</u>
DATE EFF	<u>9-5-12</u>
INDEX 179	<u>12-55</u>

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TN# 12-55  
Supersedes  
TN# 03-12

Approval Date 2-8-13

Effective Date 9-5-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 12a, Page 2

**PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES**

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

CITATION Medical and Remedial  
42 CFR Care and Services  
447 Subpart D Item 12.a.(Continued)

STATE	<u>Louisiana</u>
DATE REC'D	<u>10-1-12</u>
DATE APPV'D	<u>2-8-13</u>
DATE EFF	<u>9-5-12</u>
NOFA 179	<u>12-55</u>

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**A. Definitions**

340B Program - the federal drug discount program established under Section 340B of the Public Health Service Act and administered by the Office of Pharmacy Affairs within Health Resources and Services Administration.

Average Acquisition Cost (AAC) – the average of payments that pharmacists made to purchase a drug product as determined through the collection and review of pharmacy invoices and other information deemed necessary, in accordance with applicable state and Federal law.

Dispensing Fee - the fee paid by the Medicaid Program to reimburse for the overhead and labor expense incurred by pharmacy providers, such as professional services provided by a pharmacist when dispensing a prescription, including the provider fee assessed for each prescription filled in the state of Louisiana or shipped into the state of Louisiana per legislative mandate.

Estimated Acquisition Cost (EAC) - the Average Acquisition Cost (AAC) of the drug dispensed. If there is not an AAC available, the EAC is equal to the Wholesale Acquisition Cost (WAC), as reported in the drug pricing compendia utilized by the Department's fiscal intermediary.

Multiple Source Drug - a drug marketed or sold by two or more manufacturers or labelers or a drug marketed or sold by the same manufacturer or labeler under two or more different proprietary names or both under a proprietary name and without such a name.

Provider Fee - The provider fee is a legislatively mandated fee that is assessed for each prescription filled. The amount of the provider fee is developed by the legislature.

Single Source Drug - a drug marketed or sold by one manufacturer or labeler.

Usual and Customary Charge – a pharmacy's charge to the general public that reflects all advertised savings, discounts, special promotions, or other programs, including membership-based discounts initiated to reduce prices for product costs available to the general public, a special population, or an inclusive category of customers.

Wholesale Acquisition Cost (WAC) – the manufacturer's published catalog price for a drug product to wholesalers as reported to the Department by one or more national compendia on a weekly basis.

TN# 12-55  
Supersedes  
TN# 05-10

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Effective Date 9-5-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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Attachment 4.19-B  
Item 12a, Page 3

**PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES**

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

CITATION                      Medical and Remedial  
42 CFR                        Care and Services  
447 Subpart D                Item 12.a.(Continued)

STATE	<u>Louisiana</u>
DATE REC'D	<u>10-1-12</u>
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**B. Federal Upper Limits (FUL) for Multiple Source Drugs**

1. Except for drugs subject to "Physician Certification", Medicaid shall utilize listings established by CMS that identify and set upper limits for multiple source drugs that meet the following requirements:
  - a. All of the formulations of the drug approved by the Food and Drug Administration (FDA) have been evaluated as therapeutically equivalent in the most current edition of their publication, Approved Drug Products with Therapeutic Equivalence Evaluations, including supplements or in-successor publications;
  - b. At least three suppliers list the drug, classified by the FDA as category "A", in published compendia of cost information for drugs available for sale nationally.
2. Medicaid shall utilize the maximum allowable cost established by CMS in determining Multiple Source Drug cost.

**C. Other Drug Cost Limits**

1. Payments for Multiple Source Drugs not exempted by "physician certification" shall consider:
  - a. Medicaid's Estimated Acquisition Cost plus the established dispensing fee;
  - b. The provider's usual and customary charge to the general public; not to exceed Medicaid's "Maximum Pharmaceutical Price Schedule"; or
  - c. Any applicable Federal Upper Limit for Multiple Source Drugs plus the established dispensing fee.

Average acquisition cost will be determined through a collection and review of pharmacy invoices and other information deemed acceptable by the Department and in accordance with applicable State and Federal law. Other information deemed acceptable includes acquisition cost information provided by the pharmacy in a format other than an invoice, but in an acceptable form such as acquisition cost information from its wholesaler.

In addition to the review, the Department will evaluate the rates on an ongoing basis throughout the year and adjust them as necessary to reflect prevailing market conditions such as drug availability issues (e.g., shortages due to manufacturing or raw materials disruptions). Providers shall be given advance notice of any additions, deletions, or adjustments in price. A complete AAC rate listing will be available on the website to all providers and updated periodically.

The AAC rate will apply to all versions of a drug that share the same active ingredient combination, strength, dosage form, and route of administration. There will be a separate AAC rate for single source and multiple source drugs.

TN# 12-55  
Supersedes  
TN# 10-13

Approval Date 2-8-13

Effective Date 9-5-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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STATE OF LOUISIANA

Attachment 4.19-B  
Item 12a, Page 4

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1902(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and Remedial  
42 CFR Care and Services  
447 Subpart D Item 12.a.(Continued)

2. Payments for Drugs under the Public Health Service 340B Program

Effective September 5, 2012 and thereafter, payments for drugs obtained through 340B will include the acquisition cost plus a dispensing fee as specified in Section V.

**D. Lower of Reimbursement for Single Source Drugs and Multiple Source Drugs**

1. The agency shall make payments for Single Source Drugs based on the lower of:

- a. The Medicaid Estimated Acquisition Cost of the drug product, plus the established dispensing fee;
- b. The provider's usual and customary charges to the general public, not to exceed the "Maximum Pharmaceutical Price Schedule."

3. The agency shall make payments for Multiple Source Drugs other than drugs subject to "physician certification" based on the lower of:

- a. Any applicable Medicaid Estimated Acquisition Cost limit, plus the established dispensing fee;
- b. Any applicable Federal Upper Limit for multiple source drugs, plus the established dispensing fee;
- c. The provider's usual and customary charges to the general public, not to exceed the "Maximum Pharmaceutical Price Schedule."

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HCFA 179	<u>12-55</u>

**A**

TN# 12-55  
Supersedes  
TN# 10-13

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Effective Date 9-5-12



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19-B  
Item 12a, Page 4a

**PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES**

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

CITATION Medical and Remedial  
42 CFR Care and Services  
447 Subpart D Item 12.a.(Continued)

STATE	<u>Louisiana</u>
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**E. Physician Certifications**

Limits on payments for multiple source drugs shall not be applicable when the prescriber certifies in his own handwriting that a specified brand name drug is medically necessary for the care and treatment of a recipient. Such certification shall be written directly on the prescription or on a separate sheet which is attached to the prescription. The wording of the certification should testify to the medical necessity of the brand name drug by stating either "brand medically necessary" or "brand necessary".

Any practice which precludes the prescriber's handwritten statement shall not be accepted as valid certification. Such practices include, but are not limited to:

1. A printed box on the prescription blank that could be checked by the prescriber to indicate brand necessity.
2. A handwritten statement transferred to a rubber stamp and then stamped on the prescription blank.
3. Preprinted prescription forms using a facsimile of the prescriber's handwritten statement.

- F. Effective for dates of service on and after January 1, 2011, influenza vaccines shall be reimbursed at the following rates or billed charges, whichever is the lesser amount:

<u>Vaccine</u>	<u>Vaccine Reimbursement</u>
Influenza Vaccine, Preservative Free, IM	\$17.37
Influenza Vaccine, IM	\$13.22
Influenza Vaccine. Intranasal	\$22.03

**IV. GENERAL REQUIREMENTS APPLICABLE TO ALL PRESCRIPTIONS**

- A. For all prescriptions, the maximum quantity payable shall be a month's supply or 100 unit doses, whichever is greater. The quantity billed shall be that prescribed, unless it exceeds the maximum quantity payable. In such cases, the maximum quantity payable shall be filled.
- B. When maintenance drugs are prescribed and dispensed for chronic illness, they shall be in quantities sufficient to effect economy in dispensing and yet be medically sound. Listed below are drugs considered maintenance type drugs and which should be prescribed and dispensed in a month's supply:

TN# 12-55  
Supersedes  
TN# 10-79

Approval Date 2-8-13

Effective Date 9-5-12

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Attachment 4.19-B  
Item 12a, Page 5

**PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES**

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

CITATION

42 CFR

447 Subpart D

Medical and Remedial

Care and Services

Item 12.a.(Continued)

Anti-coagulants	Cardiovascular Drugs including:	Ferrous Sulfate
Anti-convulsants	Diuretics	Folic Acid
Anti-diabetics (Oral)	Antihypertensives	Nicotinic Acid
Calcium Gluconate	Antihyperlipidemics	Potassium Supplements
Calcium Lactate	Estrogens	Thyroid & Anti-thyroid drugs
Calcium Phosphate	Ferrous Gluconate	Vitamin A, D, K, & B12 injection

- C. For patients in nursing homes, the pharmacist shall bill for a minimum of a month's supply of medication unless the treating physician specifies a smaller quantity for a special medical reason.
- D. Payment will not be made for narcotics prescribed only for narcotic addiction.
- E. Enrollees shall have free choice of pharmacy unless subject to the agency's "lock-in" procedures.
- F. Vendor payments will not be made for medications which are included under another service (In-patient Hospital, LTC, etc.). The provisions applicable to such service plans shall apply during the time the service is provided.
- G. Payment will be made for prescriptions refilled for drugs other than controlled substances not more than eleven times or more than 1 year after issue date and only to the extent indicated by the prescriber on the original prescription, and is restricted by state and federal statutes. Payment will be made for prescriptions refilled for controlled substances in Schedule III, IV & V not more than five times or more than six months after issue date and only to the extent indicated by the prescriber on the original prescription, and is restricted by state and federal statutes. The prescriber is required to state on the prescription the number of times it may be refilled.
- H. Prescriptions for drugs other than controlled substances covered under the Medicaid Program shall expire one year after the date prescribed by a physician or other prescribing practitioner. A prescription for a controlled dangerous substance in Schedule II, III, IV, or V shall expire six months after the date written. Expired prescriptions shall not be refillable or renewable. Transfer of a prescription for drugs other than controlled substances from one pharmacy to another is allowed if less than one year has passed since the date prescribed. Transfer of a prescription for controlled substance in schedule III, IV & V from one pharmacy to another is allowed if less than six months has passed since the date prescribed, and transfer of prescription for controlled substance in Schedule II are not allowed. These transfers are allowed in accordance with the Louisiana Board of Pharmacy Regulations.
- I. A prescriber who has a sub office in an area more than five miles from a pharmacy or other facility dispensing medications shall not be paid for medication dispensed, if the main office is within five miles of a pharmacy or other facility dispensing medications.

TN# 12-55  
Supersedes  
TN# 4-33

Approval Date 2-8-13

Effective Date: 9-5-12

STATE	<u>Louisiana</u>
DATE REC'D	<u>10-1-12</u>
DATE APP'D	<u>2-8-13</u>
DATE EFF	<u>9-5-12</u>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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Attachment 4.19-B  
Item 12a, Page 6

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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CITATION Medical and Remedial  
42 CFR Care and Services  
447 Subpart D Item 12.a.(Continued)

- J. When a prescriber bills Medicaid for medications dispensed, he shall certify that he himself, another authorized prescriber, or pharmacist dispensed the medications and he shall maintain the same records as required of an enrolled pharmacy provider.
- K. The manufacturer number, product number, and package number for the drug dispensed shall be listed on all claims. This information shall be taken from the actual package from which the drug is purchased by a provider. Drug products supplied through repackaging into smaller quantities by chain drug store central purchasing shall be billed by the dispensing pharmacy using the manufacturer number, product number, and package size number of the package sized purchased by the central purchasing unit. If the package size is larger than the largest size listed by the Medicaid Program, then the package size billed shall be the largest size listed in the American Druggist Blue Book or other national compendia used by the state to update the Medicaid Management Information System. In instances where drugs are supplied in smaller quantities by a manufacturer or third party package size billed shall be the largest size listed in the American Druggist Blue Book or other national compendia utilized to update the Medicaid Management Information System (MMIS).

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DATE EFF	<u>9-5-12</u>
NOFA 179	<u>12-55</u>

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TN# 12-55  
Supersedes  
TN# 92-01

Approval Date 2-8-13

Effective Date 9-5-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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Attachment 4.19-B  
Item 12a, Page 7

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICES 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>42 CFR</u>	Care and Services
<u>447 Subpart D</u>	Item 12.a.(Continued)

**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 \$10.13 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 \$10.13 per prescription. This includes the provider fee assessed for each prescription filled in the state or shipped into the state.

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REGA 179	<u>12-55</u>

**A**

TN# 12-55  
Supersedes  
TN# 95-27

Approval Date 2-8-13

Effective Date 9-5-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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Attachment 4.19-B  
Item 12.a.  
Page 8

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:

**C. Parameters and Limitations**

No downward adjustment in the dispensing fee shall be made in violation of 42 CFR 447 Subpart I.

**D. Interim Changes to Dispensing Fees**

Dispensing fee adjustment may be made when the event causing the adjustment is not one that would be reflected in fee studies or surveys. This would normally be a change in service requirements.

**VI. PARENTERAL NUTRITION THERAPY**

- A. Reimbursement for Parenteral Nutrition Therapy (TPN) formula is 80 percent of the Medicare Fee Schedule amount or billed charges, whichever is the lesser amount.
- B. Reimbursement for TPN supplies is 70 percent of the Medicare Fee Schedule amount or billed charges, whichever is the lesser amount.
- C. Reimbursement for TPN infusion pumps is 70 percent of the Medicare Fee Schedule amount or billed charges, whichever is the lesser amount.

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DATE EFF	<u>9-5-12</u>
NOFA 179	<u>12-55</u>

**A**

TN# 12-55  
Supersedes  
TN# 95-27

Approval Date 2-8-13

Effective Date 9-5-12