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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 20-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

April 30, 2020

Ms. Ruth Johnson, Medicaid Executive Director
Louisiana Department of Health
628 N 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

RE: TN LA 20-0002

Dear Ms. Johnson:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 20-0002 dated February 27, 2019. This state plan amendment is to amend the provisions governing reimbursement in the Pharmacy Benefits Management Program in order to add vaccines for adult recipients as a pharmacy benefit to provide an alternative location for these recipients to receive necessary vaccinations and immunizations.

Based on the information submitted, we approved the amendment on April 24, 2020, for incorporation into the official Louisiana State Plan with an effective date of March 20, 2020. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at tobias.griffin@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosure

cc: Billy Bob Farrell, Branch Manager
Jennifer Katzman, LA Department of Health
Karen Barnes, LA Department of Health

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 20-0002	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE March 20, 2020
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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 2020 \$263 b. FFY 2021 \$0263
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 6, Page 5 Attachment 4.19-B, Item 6, Page 11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same – TN 10-79 Same – TN 10-79
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10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to amend the provisions governing reimbursement in the Pharmacy Benefits Management Program in order to add vaccines for adult recipients as a pharmacy benefit to provide an alternative location for these recipients to receive necessary vaccinations and immunizations.**

11. GOVERNOR'S REVIEW (Check One)

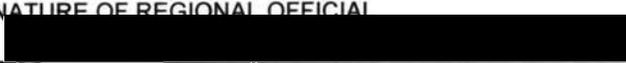
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State Plan material.
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Erin Campbell, Acting Medicaid Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Cindy Rives, designee for Stephen R. Russo, JD	
14. TITLE Interim Secretary	
15. DATE SUBMITTED February 27, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED February 27, 2020	18. DATE APPROVED April 24, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL March 20, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director Division of Program Operations

23. REMARKS **The State requests a pen and ink to change to box 7.**

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION	Medical and Remedial	<u>Pharmacists</u>
42 CFR 447.201	Care and Services	

Medication Administration

Reimbursement Methodology

Reimbursement to pharmacies for immunization administration (intramuscular, subcutaneous or intranasal) performed by qualified pharmacists, is a maximum of \$15.22. This fee includes counseling, when performed.

Vaccines for recipients aged 19 and over, shall be reimbursed at wholesale acquisition cost (WAC) or billed charges, whichever is the lesser amount.

Reimbursement for a dispensing fee will not be allowed when an administration fee is paid.