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**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 24-0021**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 6, 2025

Ms. Kimberly Sullivan, J.D.  
Medicaid Executive Director  
State of Louisiana  
Department of Health  
628 N. 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) 24-0021

Dear Medicaid Executive Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0021. This amendment proposes to amend the provisions governing the Pharmacy Benefits Management Program to update the copay tier payment schedule to align with the U.S. Department of Health and Human Service, CMS, recommended guidelines.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act Sections 1916 and 1916A and implementing regulations in 42 CFR 447.50 through 54. This letter informs you that Louisiana's Medicaid SPA TN 24-0021 was approved on March 5, 2025, effective December 20, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Louisiana State Plan.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at [Tobias.Griffin@cms.hhs.gov](mailto:Tobias.Griffin@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Marjorie Jenkins, LA Department of Health  
Mandy Strom, Branch Manager

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: Louisiana

Transmittal Number:  
*Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.*  
LA-24-0021

Proposed Effective Date  
12/20/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation  
Sections 1916 and 1916A of the Social Security Act and 42 CFR 447.50-447.57

Federal Budget Impact	Federal Fiscal Year	Amount
First Year	2025	\$ 257837.00
Second Year	2026	\$ 311176.00

Subject of Amendment  
The purpose of this SPA is to amend the provisions governing the Pharmacy Benefits Management Program to update the copay tier payment schedule to align with the U.S. Department of Health and Human Services, Centers for Medicare and

Governor's Office Review

☐ Governor's office reported no comment

☐ Comments of Governor's office received  
Describe:

☐ No reply received within 45 days of submittal

☒ Other, as specified  
Describe:  
The Governor does not review State Plan material.

Signature of State Agency Official

Submitted By: Marjorie Jenkins

Last Revision Date: Feb 19, 2025

Submit Date: Dec 23, 2024



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: LA - 24 - 0021

## Cost Sharing Amounts - Categorically Needy Individuals

G2a

1916  
1916A  
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Yes

### Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Prescription Drugs \$5.00 or less	0.00	<input type="text"/>	Prescription		Remove
Add	Prescription Drugs \$5.01 - \$10.00	0.50	<input type="text"/>	Prescription		Remove
Add	Prescription Drugs \$10.01 - \$25.00	1.00	<input type="text"/>	Prescription		Remove
Add	Prescription Drugs \$25.01 - \$50.00	2.00	<input type="text"/>	Prescription		Remove
Add	Prescription Drugs \$50.01 or more	3.00	<input type="text"/>	Prescription		Remove

### Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Remove Service or Item

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add				<input type="text"/>	Prescription		Remove

Add Service or Item

### Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

No



# Medicaid Premiums and Cost Sharing

## **Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals**

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

No

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

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