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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: LA 25-0011

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

October 30, 2025

Drew Maranto
Medicaid Executive Director
Louisiana Medicaid Program
Louisiana Department of Health Bureau of Health Services Financing
628 North Fourth Street Post Office Box 91030
Baton Rouge, Louisiana 70821-9030

RE: TN 25-0011

Dear Director Maranto:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Louisiana state plan amendment (SPA) to Attachment 4.19-A. LA 25-0011, which was submitted to CMS on August 4, 2025. This plan amendment updates selected drugs as listed on the State's website (or provider manual) administered during an inpatient stay shall be reimbursed outside of the per diem rate for the inpatient stay.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Tom Caughey at 517-487-8598 or via email at Tom.caughey@cms.hhs.gov.

Sincerely,

Rory Howe
Director
Financial Management Group

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 25-0011	2. STATE LA
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447, Subpart C		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$0 b. FFY 2026 \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, Item 1, Page 16		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None (New Page)	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend provisions governing inpatient hospital services, to include reimbursement for gene therapies for sickle cell disease administered during an inpatient stay.			
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.	
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO	
12. TYPED NAME Drew Maranto, designee for Bruce D. Greenstein		Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
13. TITLE Undersecretary			
14. DATE SUBMITTED August 4, 2025			
FOR CMS USE ONLY			
16. DATE RECEIVED August 4, 2025		17. DATE APPROVED October 30, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2025		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe		21. TITLE OF APPROVING OFFICIAL Director, FMG	
22. REMARKS			

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

Selected Carve Out Drugs

Effective for dates of service on or after July 1, 2025, selected drugs as listed on the lamedicaid.com website administered during an inpatient stay shall be reimbursed outside of the per diem rate for the inpatient stay. Claims for these selected drugs shall be reimbursed at actual acquisition cost (AAC). The AAC is the hospital's invoice price for the drug, ***net of all*** on or off invoice reductions, discounts, rebates, charge backs and similar adjustments that the hospital has, or will, receive from the drug manufacturer or other party for the drug, including any efficacy, outcome, or performance based guarantees (or similar arrangements), whether received prepayment or post payment.