

## Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-66A

This file contains the following documents in the order listed:

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

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**

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December 2, 2014

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, LA 70821

Dear Ms. Kennedy:

We have reviewed Louisiana State Plan Amendment (SPA) 12-66A, received in the Dallas Regional Office on December 20, 2012. Under this SPA, Louisiana proposes to increase the dispensing fee from \$10.13 to \$10.51 per prescription.

Based on the information provided, we are pleased to inform you that consistent with regulations at 42 CFR 430.20, SPA 12-66A is approved with an effective date of November 1, 2012. A copy of the CMS-179 form, as revised, as well as the pages approved for incorporation into the Louisiana state plan, will be forwarded by the Dallas Regional Office. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.  
Director  
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office  
Ford Blunt, Dallas Regional Office  
Dorothy Ferguson, Dallas Regional Office

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
**12-66A**

2. STATE  
**Louisiana**

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

4. PROPOSED EFFECTIVE DATE  
**November 1, 2012**

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

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 D**

7. FEDERAL BUDGET IMPACT:

a. FFY ~~2012-13~~ **2012-13**    \$ ~~(3,022.98)~~ **3,680.80**  
b. FFY ~~2013-14~~ **2013-14**    \$ ~~(11,437.11)~~ **13,894.36**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 4.19-B, Item 12a, Page 2, 4, 5, and 7~~  
**Attachment 4.19-B, Item 12a, Page 7**

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 PAGE NUMBER OF THE SUPERSEDED PLAN  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

~~Pending (TN 12-55)~~  
**Attachment 4.19-B, Item 12a, Page 7**

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is revise the provisions of the September 5, 2012  
Emergency Rule governing methods of payment for prescription 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:

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**

13. TYPED NAME:

**Bruce D. Greenstein**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**December 21, 2012**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 20 December, 2012

18. DATE APPROVED: 2 December, 2014

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 November, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**BILL BROOKS**

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

23. REMARKS: **November 6, 2014 - State requests Pen & Ink changes to Box 1, 7, 8, and 9.**

**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:**

<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		

**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 \$10.51 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 \$10.51 per prescription. This includes the provider fee assessed for each prescription filled in the state or shipped into the state.

State: Louisiana  
Date Received: 20 December, 2012  
Date Approved: 2 December, 2014  
Date Effective: 1 November, 2012  
Transmittal Number: LA 12-66A