

State of Louisiana

Louisiana Department of Health Office of the Secretary

VIA ELECTRONIC MAIL ONLY

October 16, 2019

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

RE: Louisiana Title XIX State Plan Transmittal No. 19-0028

Dear Mr. Brooks:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,

Rebekah E. Gee MD, MPH

Secretary

Attachments (2)

REG:JS:MVJ

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER	2. STATE Louisiana			
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 5. TYPE OF PLAN MATERIAL (Check One)	4. PROPOSED EFFECTIVE DATE October 1, 2019				
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERE	D AS NEW PLAN 🔀 AMENDMENT	51			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	DMENT (Separate transmittal for each an	nendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1004 of the SUPPORT for Patients and Communities Act	7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> \$ <u>0</u> b. FFY <u>2021</u> \$ <u>0</u>				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4.26, Pages 74d and 74e	9. PAGE NUMBER OF THE SUPERSE SECTION OR ATTACHMENT (If A None – new pages				
(DUR) provisions that, in compliance with the SUPPOI designed to reduce opioid-related fraud, misuse and ab		s Act, are			
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 revie	ew State Plan material.			
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Jen Steele, Medicaid Director	•			
13. TYPED NAME Cindy Rives, designee for Rebekah E. Gee MD, MPH	State of Louisiana Department of Health				
14. TITLE Secretary	628 North 4th Street P.O. Box 91030				
15. DATE SUBMITTED	Baton Rouge, LA 70821-9030				
October 16, 2019 FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED	18. DATE APPROVED				
PLAN APPROVED - ONE	COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICE	AL			
21. TYPED NAME	22. TITLE				
23. REMARKS					
FORM CMS-179 (07/92) Instructions	on Back				

Revision: HCFA-PM (MB)

State/Territory: **LOUISIANA**

Citation

Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

Drug Utilization Review Requirements to Comply with the SUPPORT for Patients and Communities Act

1. Claims Review Limitations

The State has opioid-related prospective point of sale (POS) safety edits and retrospective reviews in place to address:

- a. Duplicate fill and early fill alerts;
- b. Quantity limits;
- c. Morphine milligram equivalent (MME) limits; and
- d. Therapeutic duplication edits for:
 - i. Opioids/benzodiazepines
 - ii. Short-acting opioids/short-acting opioids
 - iii. Long-acting opioids/long-acting opioids

The State has the following annual retrospective utilization reviews for opioid safety:

- a. Concurrent opioid with benzodiazepines;
- b. Concurrent opioid with sleep agents;
- c. Concurrent opioid with antipsychotic agents; and
- d. Fentanyl transdermal, focus on Centers for Disease Control and Prevention (CDC) Guideline.

2. Program to Monitor Antipsychotic Medications by Children

The State has therapeutic duplication edits for oral/oral antipsychotic agents and injectable/injectable antipsychotic agents. Clinical authorization is required for antipsychotic medications prescribed for all children 0-5 years old. Antipsychotic medications have quantity limits and/or maximum doses and require a diagnosis code for all recipients. Pharmacy claims that exceed these limits will deny at POS. Overrides are addressed by the pharmacist after consultation with the prescriber or through the prior authorization process, depending on the edit.

The State performs annual retrospective utilization reviews for concurrent use of antipsychotic agents.

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3.	Fraud	and	Abuse	Identification	ì
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Recipient profiles are reviewed based on pre-determined criteria. If potential misuse or over-utilization is identified, the recipient will be referred for pharmacy and/or prescriber lock-in.

4. Medicaid Managed Care Organizations Requirements

Effective October 1, 2019, the Louisiana MCO contracts were revised to comply with requirements of Section 1004 of the SUPPORT for Patients and Communities Act.

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