



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

February 27, 2020

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. 20-0002

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,

By Cindy River, for
Stephen R. Russo, JD
Interim Secretary

Attachments (3)

SRR:EC:SSJ

| | | |
|--|--|------------------------------|
| 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 | |

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)

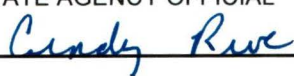
| | |
|--|---|
| 6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447, Subpart I | 7. FEDERAL BUDGET IMPACT a. FFY 2020 \$263 b. FFY 2021 \$0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 6, Page 5 Attachment 4.19-B, Item 6, Page 11 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same – TN 10-79 Same – TN 10-79 |

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
☐ 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 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 | 18. DATE APPROVED |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL | 20. SIGNATURE OF REGIONAL OFFICIAL |
| 21. TYPED NAME | 22. TITLE |
| 23. REMARKS | |

LA TITLE XIX SPA
TRANSMITTAL #: 20-0002
TITLE: Pharmacy Benefits Management Program-Vaccine Administration and Reimbursement
EFFECTIVE DATE: March 20, 2020

FISCAL IMPACT:
Increase

| | year | % inc. | fed. match | *# mos | range of mos. | dollars |
|---------|------|--------|------------|--------|----------------------------|---------|
| 1st SFY | 2020 | | 0.00% | 3.33 | March 20, 2020 - June 2020 | \$393 |
| 2nd SFY | 2021 | | 0.00% | 12 | July 2020- June 2021 | \$0 |
| 3rd SFY | 2022 | | 0.00% | 12 | July 2021 - June 2022 | \$0 |

*Includes 1 month claim lag

| | | | | | | |
|--|------|----------|-----|--------|--------|----------------------------|
| Total increase or decrease cost FFY 2020 | | | | | | |
| SFY | 2020 | \$393 | for | 3.33 | months | March 20, 2020 - June 2020 |
| | | | | | | \$393 |
| | | | | | | |
| SFY | 2021 | \$0 | for | 12 | months | July 2020- June 2021 |
| | | \$0 / | | 12 X 3 | | July 2020 - September 2020 |
| | | | | | | = \$0 |
| | | | | | | <u>\$393</u> |
| | | | | | | |
| FFP (FFY | | 2020) = | | \$393 | X | 66.86% = |
| | | | | | | <u>\$263</u> |
| Total increase or decrease cost FFY 2021 | | | | | | |
| SFY | 2021 | \$0 | for | 12 | months | July 2020- June 2021 |
| | | \$0 / | | 12 X 9 | | October 2020 - June 2021 |
| | | | | | | = \$0 |
| | | | | | | |
| SFY | 2022 | \$0 | for | 12 | months | July 2021 - June 2022 |
| | | \$0 / | | 12 X 3 | | July 2021 - September 2021 |
| | | | | | | = \$0 |
| | | | | | | <u>\$0</u> |
| | | | | | | |
| FFP (FFY | | 2021)= | | \$0 | X | 67.51% = |
| | | | | | | <u>\$0</u> |

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL
AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

CITATION Medical and
42 CFR 440.60 Remedial Care
 and Services.

5. Pharmacists

Medication Administration

The Department shall provide coverage for administration of vaccines by a qualified pharmacist when:

- a. the pharmacist has been credentialed by the Louisiana Board of Pharmacy to administer medications; and
- b. the pharmacist is Medicaid enrolled.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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.