

Jeff Landry
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

August 4, 2025

Courtney Miller, Director
CMS/Center for Medicaid and CHIP Services
Medicaid & CHIP Operations Group
601 East 12th Street, Room 355
Kansas City, Missouri 64106

RE: Louisiana Title XIX State Plan
Transmittal No. 25-0011

Dear Ms. Miller:

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 Marjorie Jenkins at (225) 342-3881 or via email at Marjorie.Jenkins@la.gov.

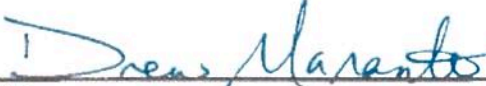
Sincerely,

A handwritten signature in blue ink that reads "Drew Maranto".

Drew Maranto, designee for Bruce D. Greenstein
Undersecretary

Attachments (2)

DM:KS:NF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER 25-0011	2. STATE LA
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		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 <u>2025</u> <u>\$0</u> b. FFY <u>2026</u> <u>\$0</u>	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) None (New Page)	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 Kimberly Sullivan, J.D. Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030	
12. TYPED NAME Drew Maranto, designee for Bruce D. Greenstein			
13. TITLE Undersecretary			
14. DATE SUBMITTED August 4, 2025			
FOR CMS USE ONLY			
16. DATE RECEIVED		17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL	
22. REMARKS			

STATE OF LOUISIANA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL CARE

Gene Therapies for Sickle Cell Disease

Effective for dates of service on or after July 1, 2025, gene therapies for sickle cell disease administered during an inpatient stay shall be reimbursed outside of the per diem rate for the inpatient stay. Claims for gene therapies for sickle cell disease 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.