

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: LOUISIANA

A. The following charges are imposed on the categorically needy:

| Service | Deduct. | Type Charge Coins. | Copay | Amount and Basis for Determination |
|---------|---------|-----------------------|-------|------------------------------------|
|---------|---------|-----------------------|-------|------------------------------------|

Prescription Drugs

X

For each prescription reimbursed by Medicaid, the recipient will be responsible for paying a co-payment amount based on the following table as set out at 42 CFR 447.54:

| CALCULATED STATE PAYMENT | COPAYMENT |
|--------------------------|-----------|
| \$10.00 or less | \$0.50 |
| \$10.00 to \$25.00 | \$1.00 |
| \$25.01 to \$50.00 | \$2.00 |
| \$50.01 or more | \$3.00 |

| | |
|-----------|----------------|
| STATE | <i>Special</i> |
| DATE RECD | OCT 03 1995 |
| DATE | NOV 27 1995 |
| DATE EFF | JUL 13 1995 |
| HCHA 179 | <i>95-26</i> |
| A | |

TN No. 95-26

Supersedes TN No. 92-25

Approval Date 11/22/95

Effective Date 7/13/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

B: The method used to collect cost sharing charges for categorically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C: The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

A person's assertion to the provider of their inability to pay the copayment establishes this inability.

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|--------------------------------|---|
| STATE <u>Louisiana</u> | A |
| DATE REVIS <u>OCT 03 1995</u> | |
| DATE APPROV <u>NOV 27 1995</u> | |
| DATE EFF <u>JUL 13 1995</u> | |
| HCFA 179 <u>95-26</u> | |

TR No. 95-26
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HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Louisiana excludes from copayment those individuals and services described in 42 CFR 447.53(b) through the claims processing system using the recipient file information, certain designated claim codes, and the drug file.

- E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

| | | |
|------------|------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>10-03-95</u> | |
| DATE APP'D | <u>11-27-95</u> | |
| DATE EFF | <u>07-13-95</u> | |
| HCFA 179 | <u>95-26</u> | |

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Approval Date 11/27/95
Date

Effective 7/13/95

TH No. 9406 85.32

HCFA ID: 0053C/0061E

see phone to Linda Jones,
HCFA 12/13/95.
S. Hamud

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

A. The following charges are imposed on the medically needy for services:

| Service | Type of Charge | | | Amount and Basis for Determination | | | | | | | | | | |
|--------------------------|----------------|--------|--------|---|--------------------------|-----------|-----------------|--------|--------------------|--------|--------------------|--------|-----------------|--------|
| | Deduct. | Coins. | Copay. | | | | | | | | | | | |
| Pharmacy | | | X | <p>For each prescription reimbursed by Medicaid, the recipient will be responsible for paying a co-payment amount based on the following table as set out at 42 CFR 447.54.</p> <table border="1"> <thead> <tr> <th>CALCULATED STATE PAYMENT</th> <th>COPAYMENT</th> </tr> </thead> <tbody> <tr> <td>\$10.00 or less</td> <td>\$0.50</td> </tr> <tr> <td>\$10.01 to \$25.00</td> <td>\$1.00</td> </tr> <tr> <td>\$25.01 to \$50.00</td> <td>\$2.00</td> </tr> <tr> <td>\$50.01 or more</td> <td>\$3.00</td> </tr> </tbody> </table> | CALCULATED STATE PAYMENT | COPAYMENT | \$10.00 or less | \$0.50 | \$10.01 to \$25.00 | \$1.00 | \$25.01 to \$50.00 | \$2.00 | \$50.01 or more | \$3.00 |
| CALCULATED STATE PAYMENT | COPAYMENT | | | | | | | | | | | | | |
| \$10.00 or less | \$0.50 | | | | | | | | | | | | | |
| \$10.01 to \$25.00 | \$1.00 | | | | | | | | | | | | | |
| \$25.01 to \$50.00 | \$2.00 | | | | | | | | | | | | | |
| \$50.01 or more | \$3.00 | | | | | | | | | | | | | |

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|-----------|----------|
| STATE | LA |
| DATE RECD | 9-30-97 |
| DATE APVD | 12-12-97 |
| DATE ST | 7-1-97 |
| DATE | 97-16 |
| A | |

TN No. 97-16
 Supersedes
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Approval Date 12-12-97

Effective Date 7-1-97

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

B. The method used to collect cost sharing charges for medically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

A person's assertion to the provider of their inability to pay the co-payment establishes this inability.

TN No. 9716
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Approval Date 12-12-97 Effective Date 7-1-97

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|-----------|-----------------|---|
| STATE | <u>LA</u> | A |
| DATE RECD | <u>9-30-97</u> | |
| DATE APVD | <u>12-12-97</u> | |
| DATE EFF | <u>7-1-97</u> | |
| HCFA 179 | <u>97-16</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Louisiana excludes from co-payment those individuals and services described in 42 CFR 447.53(b) through the claims processing system using the recipient file information, certain designated claim codes, and the drug file.

E. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

TN No. 97-16
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| | | |
|------------|-----------------|---|
| STATE | <u>LA</u> | A |
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| DATE AP'D | <u>12-12-97</u> | |
| DATE EFF | <u>7-1-97</u> | |
| HCFA 179 | <u>97-16</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

"Not applicable - the State does not impose premiums on low income pregnant women and infants."

Premiums Imposed on Low Income Pregnant Women and Infants

- A. The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:

- B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

TN No. 91-25
Supersedes None New Pag Approval Date MAY 12 1992 Effective Date OCT 01 1991
TN No. _____

HCFA ID: 7986E

| | |
|--------------------------------|---|
| STATE <u>Louisiana</u> | A |
| DATE REC'D <u>DEC 05 1991</u> | |
| DATE APPV'D <u>MAY 12 1992</u> | |
| DATE EFF <u>OCT 01 1991</u> | |
| HCFA 179 <u>91-25</u> | |

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 4.18-D
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

N/A

C. State or local funds under other programs are used to pay for premiums:

Yes No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

TN No. 91-25
Supersedes None-New Page Approval Date MAY 12 1992 Effective Date OCT 01 1991
TN No.

HCFA ID: 7986E

| | | |
|-------------|--------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>DEC 05 1991</u> | |
| DATE APPV'D | <u>MAY 12 1992</u> | |
| DATE EFF | <u>OCT 01 1991</u> | |
| HCFA 179 | <u>91-25</u> | |

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals

"Not applicable - the State does not impose premiums on Qualified Disabled and Working Individuals."

- A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

- B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

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| | | |
|-------------|--------------------|---|
| STATE | <u>Louisiana</u> | A |
| DATE REC'D | <u>MAY 12 1992</u> | |
| DATE APPV'D | <u>MAY 12 1992</u> | |
| DATE EFF | <u>OCT 01 1991</u> | |
| HCFA 179 | <u>91-25</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

"Not applicable - the State does not impose premiums on Qualified Disabled and Working Individuals."

C. State or local funds under other programs are used to pay for premiums:

Yes No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

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Supersedes None-New Page Approval Date MAY 12 1992 Effective Date OCT 01 1991
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| | | |
|-------------|--------------------|---|
| STATE | <u>Louisiana</u> | A |
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| DATE APPV'D | <u>MAY 12 1992</u> | |
| DATE EFF | <u>OCT 01 1991</u> | |
| HCFA 179 | <u>91-25</u> | |