

RULE

Department of Health and Hospitals
Office of the Undersecretary
Bureau of Health Services Financing

Pharmacy Program—Copayment Requirement

The Department of Health and Hospitals, Office of the Undersecretary, Bureau of Health Services Financing has adopted the following rule as authorized by R.S. 46:153 and pursuant to Title XIX of the Social Security Act and as directed by the 1995-96 General Appropriation Act, which states: "The Secretary shall implement reductions in the Medicaid program and as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, utilization review, and other measures as allowed by federal law". This rule is in accordance with the provision of the Administrative Procedure Act, R.S. 49:950 et seq.

Rule

The Department of Health and Hospitals, Office of the Undersecretary, Bureau of Health Services Financing imposes a copayment requirement in the Pharmacy Program based on the following payment schedule:

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

The pharmacy provider shall collect a copayment from the Medicaid recipient for each drug dispensed by the provider and covered by Medicaid. The following pharmacy services are exempt from the copayment requirement:

- A. services furnished to individuals under 21 years of age;
- B. services furnished to pregnant women if such services are related to the pregnancy, or to any other medical condition which may complicate the pregnancy;
- C. services furnished to any individual who is an inpatient in a hospital, long term care facility, or other medical institution;
- D. emergency services provided in a hospital, clinic, physician office or other facility equipped to furnish emergency care;
- E. family planning services and supplies.

In accordance with Federal regulations the following provisions apply: 1) the provider may not deny services to any eligible individual on account of the individual's inability to pay the copayment amount. However, this service statement does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the copayment. Providers shall not waive the recipient copayment liability. Departmental monitoring and auditing will be conducted to determine provider compliance. Violators of this policy will be subject to a penalty such as suspension from the Medicaid Program.

Bobby P. Jindel
Secretary