



340B Drug Pricing Program

UnitedHealthcare Community Plan of Louisiana is sharing [IB 25-27: 340B Drug Pricing Program](#) on behalf of the Louisiana Department of Health. Effective January 1, 2026, Louisiana Medicaid will implement updates to the 340B Drug Pricing Program and the Medicaid Drug Rebate Program to ensure compliance with federal mandates.

This change addresses the risk of duplicate discounts between the 340B Drug Pricing Program and the Medicaid Drug Rebate Program. To prevent this, Louisiana uses the Medicaid Exclusion File (MEF) for both fee-for-service (FFS) and managed care claims. Covered entities must correctly identify 340B and non-340B claims using proper claim-level indicators and modifiers. Incorrect or intentional misidentification constitutes improper Medicaid billing and is subject to audit and penalties.

Covered entities must maintain consistent carve-in or carve-out designations for both FFS and managed care beneficiaries. Pharmacy claims for 340B drugs must include NCPDP codes while medical claims. Claims for hepatitis C direct-acting antivirals from 340B pharmacies carved into Medicaid will deny at POS due to supplemental rebate agreements. Contract pharmacies are allowed but must comply with MEF listings. Noncompliance may result in recoupments, sanctions, or other disciplinary actions. For full billing procedures, providers should refer to each MCO's manual.

Key Policy Changes:

- **Rebate Requirements:** Louisiana Medicaid will begin invoicing rebates for all eligible outpatient physician-administered drug claims, including those under managed care. This is to comply with federal requirements to seek rebates on all Medicaid drug claims.
- **Duplicate Discount Prevention:** The intersection of the 340B Drug Pricing Program and the Medicaid Drug Rebate Program can lead to prohibited duplicate discounts. To prevent this, Louisiana uses the HRSA Medicaid Exclusion File (MEF) for both fee-for-service (FFS) and managed care claims.
- **340B Billing Restrictions:**
 - Contract pharmacies are prohibited from billing Medicaid for drugs purchased at 340B pricing—this applies to both FFS and managed care.
 - Claims for Hepatitis C direct-acting antivirals (DAAs) submitted with submission clarification codes 20 or 08 by MEF-listed pharmacies will continue to be denied.

- Claim-Level Identification:
 - Pharmacies listed on the MEF must use appropriate submission clarification codes for 340B claims. Non-340B claims do not require these codes.
 - Covered entities must accurately identify 340B vs. non-340B claims using modifiers. Incorrect identification may result in duplicate discounts and is subject to audit.
- Improper Billing: Deliberately mislabeling a claim with an incorrect 340B modifier constitutes improper Medicaid billing and may trigger audits.

Medicaid Exclusion File (MEF) Procedures

- Covered entities opting to carve-in must submit both their Louisiana Medicaid provider number and NPI to HRSA for inclusion in the MEF.
- Changes to carve-in/carve-out status must be submitted by the 15th of the month prior to the start of a new quarter (e.g., March 15 for Q2). Late submissions will take effect in the following quarter.

Effective January 1, 2026, Louisiana will begin invoicing for rebate based on 340B claim level indicators on all claims, both outpatient medical and pharmacy. It is imperative that covered entity’s and 340B carve-in pharmacies utilize the correct claim level indicators, detailed below. Additional information regarding the MEF can be found at: <https://www.hrsa.gov/opa/updates/2015-october>.

Managed Care Pharmacy Benefit Manager (PBM) Transition

Effective October 1, 2025, Louisiana Medicaid will transition from a single PBM to individual PBMs for each Managed Care Organization (MCO). Each MCO will manage its own pharmacy services, including claims, prior authorizations, and prescription coverage.

- Fee-for-Service (FFS) members will continue using Gainwell Technologies.
- New ID cards with updated pharmacy information will be issued to members.
- Existing prior authorizations will be honored by the new PBMs.
- Pharmacy networks may change; members have been notified if their pharmacy is no longer in-network.

Louisiana Medicaid FFS and MCO BIN, PCN, and group numbers for pharmacy claims:

Plan Name	PBM Name	BIN	PCN	Group
Fee-for- Service	Gainwell Technologies	610514	LOUIPROD	N/A
Aetna	CVS Caremark	610591	MCAIDADV	RX881J
AmeriHealth Caritas	PerformRX	019595	06030000	N/A
Healthy Blue	Carelon Rx	020107	LA	RX8482

Human Healthy Horizons	Humana Pharmacy Solutions, Inc	610649	03191502	LAM01
Louisiana Healthcare Connections	Express Scripts	003858	MA	2ENA
UnitedHealthcare	Optum Rx	610494	4041	ACULA

Payer ID can be utilized to identify managed care Medicaid members' medical claims.

HRSA permits covered entities to contract with pharmacies to improve patient access to 340B drugs. However, HRSA prohibits contract pharmacies from dispensing 340B drugs to Medicaid beneficiaries unless a formal arrangement exists between the covered entity, the contract pharmacy, and the state Medicaid agency to prevent duplicate discounts (Federal Register 75 FR 10272, March 5, 2010).

Louisiana Medicaid does not currently have such agreements in place. Therefore, all contract pharmacies must carve out Medicaid beneficiaries from 340B drug claims for both Fee-for-Service (FFS) and Managed Care Organization (MCO) programs.

Effective September 12, 2017, pharmacy claims submitted with 340B indicators will be denied at Point-of-Sale (POS) if the pharmacy is not listed in the Medicaid Exclusion File (MEF). These prescriptions must be filled using non-340B inventory and billed accordingly.

Current Billing Guidelines

Refer to each MCO's provider manual for complete billing procedures.

Carve-In Billing Requirements

Beginning January 1, 2026, carve-in pharmacy providers must include specific claim-level indicators on all 340B claims submitted for both FFS and managed care beneficiaries. Non-340B claims should be submitted without these indicators.

It is the responsibility of both the pharmacy and the covered entity to ensure accurate claim identification. Mislabeling a claim as 340B or non-340B constitutes improper Medicaid billing and may result in an audit.

Pharmacy Claims

340B Pharmacy claims shall contain BOTH indicators below:

NCPDP Field	NCPDP Field Name	NCPDP Values
420-DK	Submission Clarification Code	20=340B

423-DN	Basis of Cost Determination	08=340B Disproportionate Share Pricing
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Outpatient Medical Claims Submitted by a 340B Covered Entity

All outpatient medical claims from 340B covered entities must include the correct modifier code. The required modifiers are:

- **TB** for drugs purchased under the 340B program for Medicare Part B drugs for dual-eligible members,
- **UD** for drugs purchased under the 340B program, and
- **UC** for drugs purchased without the 340B discount.

Claims without the correct modifier on each separately billed outpatient medication will be denied.

Starting January 1, 2026, Louisiana will invoice rebates at the claim level. Submitting an incorrect modifier is considered improper Medicaid billing and is subject to audit.

Fee-for-Service (FFS) Pharmacy

Covered entities that carve in Medicaid recipients must bill 340B claims using the drug's actual acquisition cost in the NCPDP field 409-D9 (Ingredient Cost Submitted).

Managed Care Organization (MCO) Pharmacy

Covered entities that carve in Medicaid beneficiaries should follow the billing requirements outlined in their contract with the MCO.

Hepatitis C Virus Direct-Acting Antiviral (DAA) Agents

Louisiana launched the Hepatitis C Elimination Program in July 2019 to address the public health crisis caused by hepatitis C. The Louisiana Department of Health and the Department of Corrections entered into a five-year contract with Asegua Therapeutics (a Gilead Sciences subsidiary) to provide unrestricted access to its authorized generic of Epclusa (sofosbuvir/velpatasvir) for Medicaid beneficiaries and incarcerated individuals. This contract has been extended through June 30, 2026. Because supplemental rebate agreements apply, 340B Medicaid claims for hepatitis C drugs carved into Medicaid will deny at the point of sale if they include 340B claim-level indicators.

Vaccines for Adults

Effective July 1, 2020, 340B pharmacies carved into Medicaid may bill vaccines and administration for adults aged 19 and older as a pharmacy benefit. Claim-level indicators should not be included on vaccine claims, as vaccines are not eligible for 340B pricing or rebates.

Carve-Out and Contract Pharmacies

Covered entities that carve out Medicaid beneficiaries and contract pharmacies must follow the billing guidelines provided in each MCO’s provider manual for non-340B drug claims.

Aetna	Materials and forms for Providers Aetna Medicaid Louisiana
AmeriHealth Caritas	Provider Resources
Healthy Blue	Provider Manuals and Guides Healthy Blue Louisiana
Humana Healthy Horizons	
Louisiana Healthcare Connections	Provider Resources Louisiana Healthcare Connections
United Healthcare	Care Provider Manual for Louisiana - UnitedHealthcare Community Plan of Louisiana
Fee-for-Service	PHARMACY.pdf

Policy Compliance

Failure to comply with this policy may result in recoupments, sanctions, and/or other disciplinary actions taken against the covered entity.

Questions

If you have questions regarding the contents of this Informational Bulletin, please contact:

Contact Name	Email	Phone
Jennie Stelly	Jennie.Stelly@la.gov	225-342-4665
Medicaid Pharmacy Help Desk	Medicaid.Pharmacy@la.gov	800-437-9101

Attachment: EDI Submission Information for Healthy Louisiana Plans

Revision Date: 01/2023

Managed Care Organizations – Electronic Data Interchange (EDI) Submissions

Aetna Better Health of Louisiana

- Payer ID: 128LA
- EDI Vendor: Change Healthcare
 - Website: www.changehealthcare.com
 - Phone: 866-371-9066
- Notes:
 - Providers should contact their software vendor for electronic billing questions.
 - All submissions must comply with HIPAA and Aetna policies.
 - If you use a different clearinghouse, have them contact Change Healthcare to establish connectivity.
 - Run a test claim before submitting batches.

- For pharmacy resources, visit: caremark.com → Pharmacists & Medical Professionals

AmeriHealth Caritas Louisiana

- Payer ID: 27357
- Trading Partner: Availity
- EDI Support:
 - Email: edi@amerihealthcaritasla.com
 - ACLA EDI Phone: 866-428-7419
 - Availity Client Services: 800-282-4548

Healthy Blue

- Payer ID: 00661
- Trading Partners:
 - Availity – Payer ID 00661
 - Change Healthcare – Payer ID 58532
 - Smart Data Solutions – Payer ID 16730 or 58532
- Direct Submission:
 - Contact Availity ACS at 800-282-4548 or visit Availity.com.

Humana

- Payer ID: 61101
- Trading Partners:
 - Multiple clearinghouses are available. Some may charge service fees.
 - Contact your clearinghouse directly for more information.

Clearinghouse Vendor Directory

Vendor Name	Website	Phone Number
Availity	Availity.com	800-282-4548
McKesson	McKesson.com	N/A
Waystar	Waystar.com	877-494-7633
Trizetto	Trizetto.com	800-969-3666
Change Healthcare (<i>formerly Emdeon</i>)	ChangeHealthcare.com	800-792-5256
SSI Group	TheSSIGroup.com	800-880-3032

Humana Electronic Claims Submission

When submitting electronic claims to Humana, use the appropriate Payer ID:

- 61101 – Fee-for-service claims
- 61102 – Encounter claims

Claim Payment Inquiries:

Phone: 800-448-3810

Hours: Monday–Friday, 7:00 a.m. – 7:00 p.m.

Louisiana Healthcare Connections

- Payer ID: 68069
- Trading Partners Include:
Emdeon, Availity, Capario, Smart Data, Allscripts/Payerpath, IGI, PhysiciansCC, Claimsources, ClaimRemedi, First HealthCare, Viatrack, GHN Online, MedAssets/XactiMed, SSI, Trizetto Provider Solutions, LLC., Relay/McKesson, MDonLine, CPSI, DeKalb

Support Contact:

Phone: 800-225-2573 ext. 25525

Email: EDIBA@centene.com

UnitedHealthcare

- Payer ID: 87726
- EDI Support:
 - Phone: 800-842-1109 or 800-210-8315
 - Email: ac_edi_ops@uhc.com

Current Trading Partners Include (but not limited to):

Allscripts, Availity, Capario, Emdeon, Gateway EDI/TriZetto, MD Online, MedAssets, Navicare, Office Ally, OptumInsight, Practice Insight, RealMed, RelayHealth, SSI, ZirMed

LDH has published Informational Bulletin 25-27 for your reference [IB25-27 revised 02.24.26.pdf](#).

For questions or concerns regarding any bulletin, contact UnitedHealthcare Community Plan at 1-866-675-1607.