

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 21-0010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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August 26, 2021

Mr. Michael Boutte, Interim Medicaid Director  
State of Louisiana  
Department of Health  
628 N 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

RE: TN LA 21-0010


Dear Mr. Boutte:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 20-0010 dated June 28, 2021. This state plan amendment is to amend the provisions governing third party liability in order to clarify language around the wait and see period for child support enforcement and around third-party recovery for accident and health claims.

Based on the information submitted, we approved the amendment on August 26, 2021, for incorporation into the official Louisiana State Plan with an effective date of April 1, 2021. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions regarding this matter, you may contact Tobias Griffin at (214) 767-4425, or by email at [tobias.griffin@cms.hhs.gov](mailto:tobias.griffin@cms.hhs.gov).

Sincerely,

 Digitally signed by James  
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: 2021.08.26 15:13:45  
0'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Billy Bob Farrell, Branch Manager  
Karen Barnes, LA Department of Health

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>21-0010</b>	2. STATE <b>Louisiana</b>
	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 <b>April 1, 2021</b>
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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  <b>42 CFR 139(b)(3)(i) and (ii)</b> <b>42 CFR 433.139(f)(2)</b> <b>42 CFR 433.139(f)(3)</b> <b>42 CFR 447.15</b> <b>42 CFR 447.20</b> <b>Section 1902(a)(25)(E) of the Act</b> <b>Section 1902(a)(25)(F) of the Act</b>	7. FEDERAL BUDGET IMPACT  a. FFY <b>2021</b> <b>\$ 0</b> b. FFY <b>2022</b> <b>\$ 0</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.22, Page 69a</b> <b>Attachment 4.22-B, Pages 1-2</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 07-08)</b> <b>Same (TN 20-0010)</b>
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10. SUBJECT OF AMENDMENT: **The purpose of the SPA is to amend the provisions governing third party liability in order to clarify language around preventive pediatric services, the wait and see period for child support enforcement and around third party recovery for accident and health claims.**

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      The Governor does not review State Plan material.  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO <b>Tara A. LeBlanc</b> <b>Interim Medicaid Executive Director</b> <b>State of Louisiana</b> <b>Department of Health</b> <b>628 North 4<sup>th</sup> Street</b> <b>P.O. Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>June 28, 2021</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED June 28, 2021	18. DATE APPROVED August 26, 2021
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2021	20. SIG 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS **The State requests a pen and ink change to box 10.**

Revision: HCFA-PM-94-1 (MB)

State/Territory: LOUISIANACitation

42 CFR 433.139(b)(3)(i) \_\_\_\_\_ (c) The State will make payment for pediatric preventive services, including early and periodic screening, diagnosis, and treatment services, without regard to third party liability and seek reimbursement from any liable third party to the extent of such legal liability.  
 42 CFR 433.139(b)(3)(ii)(A)

Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.

(d) ATTACHMENT 4.22-B specifies the following:

42 CFR 433.139(b)(3)(ii)(C) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).

42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.

43 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.

42 CFR 447.20 (e) The Medicaid agency ensures that the provider  
 42 CFR 447.15 furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

The Louisiana Department of Health does not allow a provider to pursue a liable or potentially liable third party for payment in excess of the Medicaid amount paid to the provider for health care services rendered that are related to traumatic injury. This provider restriction applies to those providers who bill and accept payment from Medicaid.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability  
Payment of Claims

Citation

4.22-B

Section 1902(a)(25)(E)  
42 CFR 433.139(b)(3)(i)

(1) The State will make payment for pediatric preventive services, including early and periodic screening, diagnosis, and treatment services, without regard to third party liability and seek reimbursement from any liable third party to the extent of such legal liability.

Section 1902(a)(25)(F)  
42 CFR 433.139(b)(3)(ii)

(2) For services covered under the plan that are provided to an individual on whose behalf child support enforcement is being carried out by the State Title IV-D agency, the State will make payment for such services without regard to third party liability that is derived (through insurance or otherwise) from the parent whose obligation to pay support is being enforced by the State Title IV-D agency, and seek reimbursement from such liable third party to the extent of legal liability, under the following conditions:

- a) The provider first bills the third party for the services.
- b) At least 100 days have elapsed since the date the provider initially billed the third party.
- c) The provider has not received payment for the services.
- d) An attestation form executed by the provider is attached to the claim certifying that conditions (a) through (c) have been met.

Section 1902(a)(25)(E)  
42 CFR 433.139(b)(3)(i)

(3) The State shall make payments without regard to third party liability for pediatric preventive services unless a determination related to cost-effectiveness and access to care that warrants cost avoidance for 90 days has been made.

Section 1902(a)(25)(E)

(4) The State will use standard coordination of benefits cost avoidance when processing claims for prenatal services, labor and delivery, and postpartum care claims.

42 CFR 433.139(f)(2)

(5) Third party recovery for trauma and health claims  
Trauma claims: The State will seek recovery of reimbursement from the liable third party on all claim types when the accumulated total of all claim types equals \$500 or more.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability  
Payment of Claims

Health claims: The State will seek recovery of reimbursement from the liable third party on all claim types, when the accumulated total of all claim types equals \$100 or more.

42 CFR 433.139(f)(3)

(6) Third party recovery for trauma and health claims

Trauma claims: The State will seek recovery of reimbursement from a particular liable third party on all claim types when the accumulated total of all claim types equals \$500 or more.

Health claims: The State will seek recovery of reimbursement from a particular liable third party on all claim types, when the accumulated total of all claim types equals \$100 or more.