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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 12-58

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young St., Room 833 Dallas, TX 75202



DIVISION OF MEDICAID AND CHILDREN'S HEALTH, REGION VI

January 16, 2013

Our Reference: SPA LA 12-58

Ms. Ruth Kennedy, State Medicaid Director Department of Health and Hospitals Bienville Building 628 North 4th Street Post Office Box 91030 Baton Rouge, LA 70821-9030

Attn: Keydra Singleton

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-58. This state plan amendment revises the implementation date of the Recovery Audit Contract (RAC) program to comply with the federal requirements under Section 6411 of the Affordable Care Act. The State will have a Medicaid RAC program in place no later than June 30, 2013.

Transmittal Number 12-58 is approved with an effective date of June 30, 2013 as requested. A copy of the HCFA-179, Transmittal No. 12-58 dated November 16, 2012 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at <u>ford.blunt@cms.hhs.gov</u> or by phone at (214) 767-6381.

Sincerely,	Δ
BIII BROOKS	
Associate Regiona	1 . 1

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPRO
HEALTH CARE FINANCING ADMINISTRATION TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 093 2. STATE
STATE PLAN MATERIAL	12-58	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION SOCIAL SECURITY ACT (ME	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DAT	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 30, 2013	E.
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONS		MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	ich amendment)
Section 1902(a)(42)(B)(l) of the Social Security Act	a. FFY 2012	<u>so</u>
•	b. FFY 2013	<u>so</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPP SECTION OR ATTACHMENT	
Care Act. The State will have a Medicaid RAC program	uirements under Section 6411	of the Affordable
	the implementation date of the implementation date of the puirements under Section 6411 in in place no later than June 30 OTHER, AS SPECIFIED: The Governor does not rev	of the Affordable 0, 2013.
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FORM HCFA-179 (07-92)

	79(ab)1	STATE LOUISIANA
Revision:		DATE APPVID 1-16-13

PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.5 Medicaid Recovery Audit Contractor Program

Citation	The State has established a program under which it will contract
	with one or more recovery audit contractors (RACs) for the
Section 1902(a)(42)(B)(i)	purpose of identifying underpayments and overpayments of
of the Social Security Act	Medicaid claims under the State plan and under any waiver of the
,	State plan.
	_X_The State is seeking an exception to establishing such program
	for the following reasons:
	The State will have a Medicaid RAC program in place no
	later than June 30, 2013.
	X The State/Medicaid agency will have contracts of the type(s)
	listed in section 1902(a)(42)(B)(ii)(1) of the Act. All contracts
Section 1902(a)(42)(B)(ii)(l)	will meet the requirements of the statute. RACs are consistent
of the Act	with the statute.
	Place a check mark to provide assurance of the following:
}	X The State will make payments to the RAC(s) only from amounts
	recovered.
	\mathbf{X} The State will make neuments to the $\mathbf{PA}(\mathbf{C}(\mathbf{c})$ on a
	X The State will make payments to the RAC(s) on a contingent
	Basis for collecting overpayments.
	Dasis for concerning overpayments.
	The following payment methodology shall be used to determine State
	payments to Medicaid RACs for identification and recovery of
Section 1902 (a)(42)(B)(ii)(II)(aa) of	overpayments (e.g., the percentage of the contingency fee):
the Act	
	X The State attests that the contingency fee rate paid to the
	Medicaid RAC will not exceed the highest rate paid to
	Medicare RACs, as published in the Federal Register.
	The State attests that the contingency fee rate paid to the
	Medicaid RAC will exceed the highest rate paid to Medicare
	RACs, as published in the Federal Register. The State will
	only submit for FFP up to the amount equivalent to that
	published rate.
	The contingency fee rate paid to the Medicaid RAC that will
	exceed the highest rate paid to Medicare RACs, as published in
	the Federal Register. The State will submit a justification for
	that rate and will submit for FFP for the full amount of the
	contingency fee.

TN No. <u>12 - 58</u> Supersedes TN No. 12-16

Approval Date: 1 - 16 - 13

Effective Date: <u>6-30-13</u>

SUPERSEDES: TN- 12-16