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**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 13-45**

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 Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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February 19, 2014

Our Reference: SPA LA 13-45

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

Attn: Darlene Adams  
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-45. This SPA amends the provisions governing third party liability to discontinue the practice of allowing providers to pursue collection of the difference from liable third parties in traumatic injury cases.

Transmittal Number 13-45 is approved with an effective date of January 20, 2014 as requested. A copy of the HCFA-179, Transmittal No. 13-45 dated November 26, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III at [ford.blunt@cms.hhs.gov](mailto:ford.blunt@cms.hhs.gov) or by phone at (214) 767-6381.

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

**13-45**

2. STATE

**Louisiana**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**January 20, 2014**

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:

~~42 CFR 440.120~~ 42 CFR 447.15  
42 CFR 433, Subpart D

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 (\$0)  
b. FFY 2015 (\$0)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.22-B, Page 2**

9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (if Applicable):

**Same (TN 07-08)**

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing third party liability to discontinue the practice of allowing providers to pursue collection of the difference from liable third parties in traumatic injury cases.**

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Kathy H. Kliebert**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**November 26, 2013**

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 26 November, 2013

18. DATE APPROVED: 19 February, 2014

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**20 January, 2014**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

**Bill Brooks**

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS: The State requests a pen and ink change to Block 6 as noted above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability –  
Payment of Claims

- (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20 by:
1. Publishing rules and regulations.
  2. Updating provider manuals.
  3. Publishing changes in the provider newsletter.
  4. Provider enrollment agreement.
  5. Agency investigations of complaints and application of appropriate sanctions.

The Department of Health and Hospitals will no longer allow providers to pursue a liable or potentially liable third party for payment in excess of the Medicaid paid amount to a provider for health care services rendered that are related to traumatic injury.

Recipient Responsibilities

The claims included in the initial lien calculated by the Medicaid Third Party Liability Recovery Unit and the Medicaid contracted managed care entity (s) shall be deemed as an accurate reflection of the total amount paid by Medicaid and the Medicaid contracted managed care entity (s), unless challenged in writing by the recipient or his representative within 30 days of the date of the initial lien notification to the Medicaid recipient or his representative.

Noncompliance and Violations

A provider who has filed and accepted Medicaid payment and who also accepts payment in excess of billed charges, or a duplicate payment for the same health care services, may be referred for investigation and prosecution for possible violation of either federal or state laws and may be excluded from participation in the Medicaid Program.

State: Louisiana  
Date Received: 11/26/13  
Date Approved: 2/19/14  
Date Effective: 1/20/14  
Transmittal Number: LA 13-45