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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 20-0010

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

October 8, 2020

Ms. Tara LeBlanc, 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 20-0010

Dear Ms. LeBlanc:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number (TN) 20-0010 dated September 10, 2020. This state plan amendment is to modify third party liability (TPL) rules related to special treatment of certain types of care and payment and to allow for payment up to 100 days after a claim is submitted for claims related to support enforcement; to modify TPL rules around preventive pediatric services; and to modify the cost avoidance changes for prenatal services and coordination of benefits cost avoidance when processing claims for prenatal services, including labor and delivery, and postpartum care claims.

Based on the information submitted, we approved the amendment on October 08, 2020, for incorporation into the official Louisiana State Plan with an effective date of July 1, 2020. 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.

Sincerely,


 Digitally signed by James G. Scott
-05'00'
James G. Scott, Director
Division of Program Operations

Enclosure

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 20-0010	2. STATE Louisiana
	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 July 1, 2020	

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 139(b)(3)(i) 42 CFR 433.139(b)(3)(ii)(B) Section 1902(a)(25)(E) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 0 b. FFY 2022 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.22-B, Page 1 Attachment 4.22-B, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 90-14) Same (TN 13-45)

10. SUBJECT OF AMENDMENT: **The purpose of this SPA is to modify third party liability (TPL) rules related to special treatment of certain types of care and payment and to allow for payment up to 100 days after a claim is submitted for claims related to support enforcement; to modify TPL rules around preventive pediatric services; and to modify the cost avoidance changes for prenatal services and coordination of benefits cost avoidance when processing claims for prenatal services, including labor and delivery, and postpartum care 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 Ruth Johnson, Medicaid Executive Director State of Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
14. TITLE Secretary	
15. DATE SUBMITTED September 10, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 10, 2020	18. DATE APPROVED October 8, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2020	20. SIG  OFFICIAL Digitally signed by James G. Scott -S Date: 2020.10.08 14:21:24 -05'00'
21. TYPED NAME James G. Scott	22. TITLE Director Division of Program Operations

23. REMARKS **The State requests a pen and ink change to boxes 6 and 10.**

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

42 CFR 433.139(b)(3)(ii)(c) (1) The State will pay and chase 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 Title IV-D agency.

If a provider first bills a third party rather than Title XIX for such claims, the State will only authorize payment under the following conditions:

- a) Up to 100 days have elapsed from the date of service.
- b) Documentation is attached to the claim verifying that condition a. has been met.

The State will monitor the pay and chase system for such claims for improper billings made by providers and take appropriate corrective action.

42 CFR 433.139(b)(3)(ii)(B) (2) Providers who have billed a third party prior to billing Medicaid must certify on the Medicaid claim that a third party has been billed, that payment has not been received from the third party, and that 100 days have elapsed from the date of service.

Section 1902(a)(25)(E)
42 CFR 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 shall use standard coordination of benefits cost avoidance when processing claims for prenatal services, including labor and delivery and postpartum care claims.

42 CFR 433.139(f)(2) (5) Third party recovery for Accident (Trauma) and Health claims
Accident Claims: The State will pursue potential third party collections on physician claims and inpatient and outpatient hospital claims of \$500 or more accumulated during each regular pay cycle.
Health Claims: The State will pursue potential third party collections on all claim types, except pharmacy claims of \$100 or more that may be accumulate during each regular pay cycle.

42 CFR 433.139(f)(3) (6) The State will pursue potential third party collections on all pharmacy claims of \$100 or more that have accumulated in a six-month period.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability
Payment of Claims

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 Louisiana Department of Health 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.