

John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

September 10, 2020

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

RE: Louisiana Title XIX State Plan
Transmittal No. 20-0010

Dear Mr. Brooks:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Warmly,

A handwritten signature in blue ink, appearing to read "Courtney N. Phillips".

_____, for
Dr. Courtney N. Phillips
Secretary

Attachments (2)

CNP:RJ:SSJ

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 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
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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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 90-14) Same (TN 13-45)
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10. SUBJECT OF AMENDMENT: **The purpose of this SPA is 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 medical support enforcement.**

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	18. DATE APPROVED
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLE

23. REMARKS

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) (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.

TN _____
Supersedes
TN _____

Approval Date _____

Effective Date _____

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.