

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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August 12, 2024

Kimberly Sullivan  
Medicaid Executive Director  
State of Louisiana  
Department of Health  
628 N. 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) 24-0014

Dear Medicaid Executive Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. The purpose of this SPA is to amend the provisions governing third party liability in order to: 1. Require that a third party accepts authorization provided by the Department that an item or service is covered under the State Plan, as if the authorization were a prior authorization made by the third party for the item or service; 2. Bar a third party from denying a claim based on failure to obtain prior authorization when certain criteria are met; 3. Require a third party to respond to inquiries made by the Department within 60 days of receipt; and 4. Bar a third party from denying a claim submitted by the Department solely on the basis of submission of the claim, the type or format of the claim form, or a failure to present proper documentation at the point-of-sale that is the basis of the claim.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1902(a)(25)(I). This letter informs you that Louisiana's Medicaid SPA TN 24-0014 was approved on August 12, 2024, with an effective date of July 1, 2024.


Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Louisiana State Plan.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at [Tobias.Griffin@cms.hhs.gov](mailto:Tobias.Griffin@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>24-0014</b>	2. STATE <b>LA</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <del>May 23, 2024</del> <b>July 1, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION  <b>1902(a)(25)(I)</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <del>Attachment 4.22-B, Page 2</del> <b>Supplement to Attachment 4.22</b> <b>Attachment 4.22, Page 70</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <del>Same (TN 21-0010)</del> <b>(TN 08-08)</b> <del>Same (TN 17-0009)</del>	
9. SUBJECT OF AMENDMENT The purpose of this SPA is to amend the provisions governing third party liability in order to: 1. Require that a third party accepts authorization provided by the Department that an item or service is covered under the State Plan, as if the authorization were a prior authorization made by the third party for the item or service; 2. Bar a third party from denying a claim based on failure to obtain prior authorization when certain criteria are met; 3. Require a third party to respond to inquiries made by the Department within 60 days of receipt; and 4. Bar a third party from denying a claim submitted by the Department solely on the basis of submission of the claim, the type or format of the claim form, or a failure to present proper documentation at the point-of-sale that is the basis of the claim.			
10. GOVERNOR'S REVIEW (Check One) <div><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div> <div><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL  		15. RETURN TO  <b>Kimberly Sullivan, J.D.</b> <b>Medicaid Executive Director</b> <b>Louisiana 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>	
12. TYPED NAME <b>Michael Harrington, MBA, MA</b>			
13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>July 2, 2024</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <b>July 2, 2024</b>		17. DATE APPROVED <b>August 12, 2024</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2024</b>		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>		21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>	
22. REMARKS <b>The State made pen and ink changes to boxes 4, 7, and 8.</b> <b>The State made additional pen and ink changes to boxes 7 and 8</b>			

SUPPLEMENT TO ATTACHMENT 4.22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE  
COVERAGE ELIGIBILITY AND CLAIMS DATA

1902(a)(25)(l) The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(l) of the Social Security Act.

In accordance with the Consolidated Appropriations Act (CAA) of 2022, the State ensures that laws are in effect that bar liable third parties from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws also comply with the provisions of section 202 of the CAA 2022.

Revision: HCFA-PM-94-1 (MB)  
FEBRUARY 1994

State/Territory: LOUISIANA

Citation

4.22 (continued)

- 42CFR 433.151 (a) (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)
- ☒ State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.
- ☒ Other appropriate State agency(s):  
IV-A  
IV-E
- ☐ Other appropriate agency(s) of another state:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Courts and law enforcement officials.
- 1902(a) (60) of the Act (g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.
- 1906 of the Act (h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following:
- ☐ The Secretary's method as provided in the State Method Manual, Section 3910.
- ☒ The State provides methods for determining cost-effectiveness ATTACHMENT 4.22-C
- 1902(a)(25)(I) of the Act (i) In accordance with the Consolidated Appropriations Act (CAA) of 2022, the State ensures that laws are in effect that bar liable third parties from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws also comply with the provisions of section 202 of the CAA 2022.