

Office of the Secretary

July 2, 2024

James G. Scott, Director Division of Program Operations Medicaid & CHIP Operations Group 601 East 12th Street, Room 0300 Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan

Transmittal No. 24-0014

Dear Mr. Scott:

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.

Respectfully,

Michael Harrington, MBA, MA

Secretary

Attachments (2)

MH:KS:NF

ENTERS FOR MEDICARE & MEDICAID SERVICES		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 24-0014	2. STATE LA
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 23, 2024 July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
1902(a)(25)(I)	a. FFY $\underline{2024}$ $\underline{\$0}$ b. FFY $\underline{2025}$ $\underline{\$0}$	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 4.22-B, Page 2Supplement to Attachment 4.22	2 Same (TN 21-0010) (TN 08-08)	
the State Plan, as if the authorization were a prior author 2. Bar a third party from denying a claim based on failure 3. Require a third party to respond to inquiries made by th 4. Bar a third party from denying a claim submitted by the the type or format of the claim form, or a failure to prese of the claim. 10. GOVERNOR'S REVIEW (Check One)	to obtain prior authorization when ce to Department within 60 days of receip Department solely on the basis of sub-	rtain criteria are met; pt; and omission of the claim,
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.
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO	
Michael Hamit	Kimberly Sullivan, J.D. Medicaid Executive Director	
12. TYPED NAME Michael Harrington, MBA, MA	Louisiana Department of Health	
13. TITLE Secretary	628 North 4 th Street P.O. Box 91030	
14. DATE SUBMITTED July 2, 2024	Baton Rouge, LA 70821-9030	
FOR CMS U	SE ONLY	
16. DATE RECEIVED	17. DATE APPROVED	
PLAN APPROVED - ON	IE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	
22. REMARKS The State made pen and ink changes to boxes 4, 7, and	18.	

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.