



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: 3/30/2021

TO: Louisiana Medicaid Providers

FROM: Medicaid Enterprise Systems

SUBJECT: ATTENTION PROVIDERS WHO ARE BILLING FEE-FOR-SERVICE CLAIMS FOR MEMBERS SUBJECT TO CHILD SUPPORT ENFORCEMENT UNDER TITLE IV-D

Effective April 1, 2021, Louisiana Medicaid will amend the “pay and chase” procedures related to child support enforcement claims whereby third party liability is derived from an absent parent whose obligation to pay child support is being enforced by the State Title IV-D agency. Previously, these claims were paid by Medicaid first, and then Medicaid sought reimbursement from the liable third party. Now, these claims will be subject to a “wait and see period” if the claim has a date of service of April 1, 2021 or later. Providers may be paid for these claims only after the “wait and see period” has expired. The “wait and see period” will expire after the provider submits the required documentation, which demonstrates that the provider has billed the responsible third party before billing Medicaid, the provider has waited 100 days since the third party was billed, and the provider has not received payment from the responsible third party. Also, the claim must be for a service covered under the State plan.

To meet the documentation requirements, providers should fill out the following attestation form to be submitted with the claim. Providers should also bill the hard copy of the claim to Gainwell Technologies. In other words, these claims will be paid by Louisiana Medicaid ONLY IF: (1) the hard copy claim is billed to Gainwell Technologies; (2) a carrier code is included on the claim reflecting the third party originally billed; and (3) the “Child Support Enforcement Wait and See Period Attestation” form is submitted with the hard copy claim and demonstrates that the “wait and see period” has expired. These attestations will be subject to a post-payment review. If a payment is selected for review, providers must be able to prove through additional documentation that the third party was billed as the primary payer prior to Medicaid being billed and that payment from the third party insurer was not received.

Hardcopy claims and attestations should be submitted to Gainwell Technologies at the following address:

Gainwell Technologies
P.O. Box 91020
Baton Rouge, LA 70821

If you believe the member is not covered under third party liability derived from an absent parent whose obligation to pay support is being enforced by the State Title IV-D agency or if the third party liability

coverage included on Medicaid Eligibility Verification (MEVS) is incorrect please contact tpl.inquiries@la.gov.

Child Support Enforcement Wait and See Period Attestation

Patient Information

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Date of Birth (mm/dd/yyyy): _____ Sex: Male Female Medicaid ID Number: _____

Attesting Provider Information

Provider Name: _____

NPI: _____ Medicaid Provider ID Number: _____

License Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Extension (if applicable): _____

Claim Information

Date of Service (From): _____ Date of Service (To): _____

Third Party Originally Billed: _____

Policy or Group Number: _____

Date TPL Billed: _____

Attestation

I, _____, have provided a service to a Louisiana Medicaid recipient who is subject to third party liability derived from an absent parent whose obligation to pay child support is being enforced by the State Title IV-D agency. By signing this document, I attest that I have billed the member's liable third party insurer prior to billing Medicaid, have not received payment, and 100 days have elapsed since the third party was billed.

Signature _____

Printed Name _____

Date _____