

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

February 19, 2014

Our Reference: SPA LA 13-45

Ms. Ruth Kennedy, State Medicaid Director
Department of Health and Hospitals
Bienville Building
628 North 4th Street
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attn: Darlene Adams
Jodie Hebert

Dear Ms. Kennedy:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-45. This SPA amends the provisions governing third party liability to discontinue the practice of allowing providers to pursue collection of the difference from liable third parties in traumatic injury cases.

Transmittal Number 13-45 is approved with an effective date of January 20, 2014 as requested. A copy of the HCFA-179, Transmittal No. 13-45 dated November 26, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Ford Blunt III a: ford.blunt@cms.hhs.gov or by phone at (214) 767-6381.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks" with a stylized flourish at the end.

Bill Brooks
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
13-45

2. STATE
Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 20, 2014

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 440.120~~ 42 CFR 447.15
42 CFR 433, Subpart D

7. FEDERAL BUDGET IMPACT:

a. FFY 2014 (\$0)
b. FFY 2015 (\$0)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.22-B, Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (if Applicable):

Same (TN 07-08)

10. SUBJECT OF AMENDMENT: **The SPA proposes to amend the provisions governing third party liability to discontinue the practice of allowing providers to pursue collection of the difference from liable third parties in traumatic injury cases.**

11. GOVERNOR'S REVIEW (Check One):

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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Kathy H. Klebert

14. TITLE:
Secretary

15. DATE SUBMITTED:
November 26, 2013

16. RETURN TO:

**J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **26 November, 2013**

18. DATE APPROVED: **19 February, 2014**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
20 January, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Bill Brooks

22. TITLE: **Associate Regional Administrator
Division of Medicaid and Children's Health**

23. REMARKS: **The State requests a pen and ink change to Block 6 as noted above.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability –
Payment of Claims

- (e) 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 Department of Health and Hospitals 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.

State: Louisiana
Date Received: 11/26/13
Date Approved: 2/19/14
Date Effective: 1/20/14
Transmittal Number: LA 13-45

TN No. 13-45
Supersedes
TN No. 07-08

Approval Date 2/19/14

Effective Date 1/20/14