



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

June 28, 2021

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. 21-0010

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](mailto:Karen.Barnes@la.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

\_\_\_\_\_, for  
Dr. Courtney N. Phillips  
Secretary

Attachments (2)

CNP:TAL:SSJ

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>21-0010</b>	2. STATE <b>Louisiana</b>
	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 <b>April 1, 2021</b>	

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  <b>42 CFR 139(b)(3)(i) and (ii)</b> <b>42 CFR 433.139(f)(2)</b> <b>42 CFR 433.139(f)(3)</b> <b>42 CFR 447.15</b> <b>42 CFR 447.20</b> <b>Section 1902(a)(25)(E) of the Act</b> <b>Section 1902(a)(25)(F) of the Act</b>	7. FEDERAL BUDGET IMPACT  a. FFY <b>2021</b> <b>\$ 0</b> b. FFY <b>2022</b> <b>\$ 0</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.22, Page 69a</b> <b>Attachment 4.22-B, Pages 1-2</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 07-08)</b> <b>Same (TN 20-0010)</b>
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10. SUBJECT OF AMENDMENT: **The purpose of the SPA is to amend the provisions governing third party liability in order to clarify language around the wait and see period for child support enforcement and around third party recovery for accident and health claims.**

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 <b>Tara A. LeBlanc</b> <b>Interim Medicaid Executive Director</b> <b>State of Louisiana</b> <b>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>
13. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>	
14. TITLE <b>Secretary</b>	
15. DATE SUBMITTED <b>June 28, 2021</b>	

**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

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

State/Territory: LOUISIANACitation

- 42 CFR 433.139(b)(3) (ii)(A) \_\_\_\_\_ (c) Providers are required to bill liable 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 IV-D agency.
- 42 CFR 433.139(b)(3)(ii)(C) (d) ATTACHMENT 4.22-B specifies the following:
- 42 CFR 433.139(f)(2) (1) The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
- 42 CFR 433.139(f)(2) (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.
- 43 CFR 433.139(f)(3) (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
- 42 CFR 447.20 (e) The Medicaid agency ensures that the provider  
42 CFR 447.15 furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.

The Louisiana Department of Health does not allow a provider to pursue a liable or potentially liable third party for payment in excess of the Medicaid amount paid to the provider for health care services rendered that are related to traumatic injury. This provider restriction applies to those providers who bill and accept payment from Medicaid.

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

Section 1902(a)(25)(E)  
42 CFR 433.139(b)(3)(i)

(1) The State will make payment for pediatric preventive services, including early and periodic screening, diagnosis, and treatment services, without regard to third party liability and seek reimbursement from any liable third party to the extent of such legal liability.

Section 1902(a)(25)(F)  
42 CFR 433.139(b)(3)(ii)

(2) For services covered under the plan that are provided to an individual on whose behalf child support enforcement is being carried out by the State Title IV-D agency, the State will make payment for such services without regard to third party liability that is derived (through insurance or otherwise) from the parent whose obligation to pay support is being enforced by the State Title IV-D agency, and seek reimbursement from such liable third party to the extent of legal liability, under the following conditions:

- a) The provider first bills the third party for the services.
- b) At least 100 days have elapsed since the date the provider initially billed the third party.
- c) The provider has not received payment for the services.
- d) An attestation form executed by the provider is attached to the claim certifying that conditions (a) through (c) have been met.

Section 1902(a)(25)(E)

(3) The State will use standard coordination of benefits cost avoidance when processing claims for prenatal services, labor and delivery, and postpartum care claims.

42 CFR 433.139(f)(2)

(4) Third party recovery for trauma and health claims  
Trauma claims: The State will seek recovery of reimbursement from the liable third party on all claim types when the accumulated total of all claim types equals \$500 or more.

Health claims: The State will seek recovery of reimbursement from the liable third party on all claim types, when the accumulated total of all claim types equals \$100 or more.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability  
Payment of Claims

42 CFR 433.139(f)(3)

(5) Third party recovery for trauma and health claims

Trauma claims: The State will seek recovery of reimbursement from a particular liable third party on all claim types when the accumulated total of all claim types equals \$500 or more.

Health claims: The State will seek recovery of reimbursement from a particular liable third party on all claim types, when the accumulated total of all claim types equals \$100 or more.