

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)(c) (12) ~~The State will pay and chase third parties when~~ For services covered under the plan that are provided to an individual on the plan that are provided furnished 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. If liability, if such 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 anysuch liable third party to the extent of such legal liability, under the following conditions:

~~If a provider first bills a third party rather than Title XIX for such claims, the State will only authorize payment under the following conditions:~~

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

~~The State will monitor the pay and chase system for such claims for improper billings made by providers and take appropriate corrective action.~~

~~42-CFR 433.139(b)(3)(ii)(B) (2) Providers who have billed a third party prior to billing Medicaid must —certify on the Medicaid claim that a third party has been billed, that —payment has not been received from the third party, and that 100 days have —elapsed from the date of service.~~

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~~Section 1902(a)(25)(E) (3) The State shall make payments  
42 CFR 433.139(b)(3)(i) without regard to third party liability for pediatric preventive  
services unless a determination related to cost effectiveness and access to  
care that warrants cost avoidance for 90 days has been made.~~

Section 1902(a)(25)(E) (34) The State ~~will~~shall use standard coordination of benefits cost avoidance when processing claims for prenatal services, ~~including~~ labor and delivery, and postpartum care claims.

42 CFR 433.139(f)(2) (45) Third party recovery for ~~Accident (t~~Accident Trauma ~~c~~Claims: ~~For investigative action, T~~For the State will ~~pursue seek recovery of reimbursement from the potential liable~~ pursue seek recovery of reimbursement from the liable third party ~~collections on all claim types when the accumulated total of all claim types equals physician claims and inpatient and outpatient hospital claims of \$500 or more accumulated during each regular pay cycle. For all other Trauma recovery actions, the State will pursue third party collections on all claim types, when the accumulated total equals \$500 or more.~~ collections on all claim types when the accumulated total of all claim types equals physician claims and inpatient and outpatient hospital claims of \$500 or more accumulated during each regular pay cycle. For all other Trauma recovery actions, the State will pursue third party collections on all claim types, when the accumulated total equals \$500 or more.  
~~Health c~~Health c~~Claims: The State will pursue potential seek recovery of reimbursement from the liable~~ Claims: The State will pursue seek recovery of reimbursement from the liable third party ~~collections on all claim types, when the accumulated total of all claim types, except pharmacy claims, equals of \$100 or more, except pharmacy claims, of \$100 or more that have may be accumulated during each regular pay cycle.~~ collections on all claim types, when the accumulated total of all claim types, except pharmacy claims, equals of \$100 or more, except pharmacy claims, of \$100 or more that have may be accumulated during each regular pay cycle.

~~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.~~

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~~The State will pursue potential third party collections on all pharmacy claims of \$100 or more that have accumulated in a six month period.~~

~~The State 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.~~

~~42 CFR 447.20 The Louisiana Department of Health will no longer does not 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 Louisiana Department of Health 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.~~