

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 23-0026**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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August 31, 2023

Kimberly Sullivan  
Interim Medicaid Executive Director  
State of Louisiana  
Department of Health  
628 N 4th Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) TN 23-0026

Ms. Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0026. This amendment proposes an extension of the exception from participation in the Recovery Audit Contractor (RAC) Program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 455 Subpart F. This letter is to inform you that Louisiana Medicaid SPA 23-0026 was approved on August 31, 2023, with an effective date of August 6, 2023, for a period not to exceed two years.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at [Tobias.Griffin@cms.hhs.gov](mailto:Tobias.Griffin@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'James G. Scott', is written over a digital signature line.

Digitally signed by  
James G. Scott -S  
Date: 2023.08.31  
19:07:42 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Mandy Strom, Acting Branch Manager  
Karen Barnes, LA Department of Health

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <b>23-0026</b>	2. STATE <b>LA</b>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE <b>August 6, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 455 Subpart F</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. <b>FFY 2023 \$ 0</b> b. <b>FFY 2024 \$ 0</b>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Section 4.5b, Pages 37 and 38</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>Same (TN 21-0018)</b>

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

**42 CFR 455 Subpart F**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Section 4.5b, Pages 37 and 38**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

- a. **FFY 2023 \$ 0**
- b. **FFY 2024 \$ 0**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

**Same (TN 21-0018)**

9. SUBJECT OF AMENDMENT

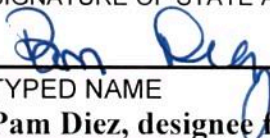
**The purpose of this SPA is to request an extension of the exemption from participation in the Recovery Audit Contractor program.**

10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

**Pam Diez, designee for Stephen R. Russo, JD**

13. TITLE

**Secretary**

14. DATE SUBMITTED

**July 7, 2023**

15. RETURN TO

**Tara A. LeBlanc, Medicaid Executive Director  
Louisiana Department of Health  
628 North 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED

**July 7, 2023**

17. DATE APPROVED

**August 31, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**August 6, 2023**

19. SIGNATURE OF APPROVING OFFICIAL



Digitally signed by James G. Scott -S  
Date: 2023.08.31 19:08:09 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

**James G. Scott**

21. TITLE OF APPROVING OFFICIAL

**Director, Division of Program Operations**

22. REMARKS



<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</p> <p>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p>Payments to the RAC will be made on a flat fee basis from a pool of funds created through the identification of overpayments not to exceed the regulatory contingency fee percentage.</p> <p>The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The fees paid will not exceed the regulatory contingency fee percentage.</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for Federal Financial Participation (FFP) up to the amount equivalent to that published rate.</p> <p>_____ The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.</p> <p>The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):</p> <p>Payments to the RAC will be made on a flat fee basis from a pool of funds created through the identification of overpayments not to exceed the regulatory contingency fee percentage.</p> <p>_____ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p> <p>_____ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State Plan or a waiver of the plan.</p> <p>_____ The State assures that the recovered amounts will be subject to State's quarterly expenditure estimates and funding of the State's share.</p> <p>Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or state and federal law enforcement entities and the CMS Medicaid Integrity program.</p>
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