



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Citation \_\_\_\_\_ Condition or Requirement \_\_\_\_\_

1906 of the Act

**State Method on Cost Effectiveness of Employer-Based Group Health Benefit Plans**

The State is using the Secretary's method in all aspects except geographically we are using statewide average instead of parish by parish averages.

SUPERSEDES: TN- 91-29

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-22-09</u>	
DATE APPV'D <u>11-3-09</u>	
DATE EFF <u>7-1-09</u>	
HCFA 179 <u>09-41</u>	

TN# 09-41  
Supersedes  
TN# 91-29

Approval Date 11-3-09 Effective Date 7-1-09

Revision: HCFA-PM-94-1  
FEBRUARY 1994

(MB)

State/Territory: LOUISIANA

Citation

STATE	LOUISIANA	A
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HCFA 179	09-41	

4.22 (continued)

- 42CFR 433.151 (a) (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)
- [X] State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.
  - [X] Other appropriate State agency(s):  
IV-A  
IV-E
  - [ ] Other appropriate agency(s) of another state:  
\_\_\_\_\_
  - [ ] Courts and law enforcement officials.
- 1902(a) (60) of the Act (g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.
- 1906 of the Act (h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following:
- [ ] The Secretary's method as provided in the State Medicaid Manual, Section 3910.
  - [X] The State Provides methods for determining cost-effectiveness ATTACHMENT 4.22-C

TN# 09-41  
Supersedes  
TN# 94-03

Approval Date 11-3-09

Effective Date 7-1-09

**SUPERSEDES:** TN- 94-03

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



**Division of Medicaid & Children's Health, Region VI**

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November 3, 2009

Our Reference: SPA-LA-09-41

Mr. Jerry Phillips, State Medicaid Director  
Department of Health and Hospitals  
Bienville Building  
628 North 4<sup>th</sup> Street  
Post Office Box 91030  
Baton Rouge, LA 70821-9030

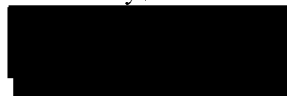
Dear Mr. Phillips:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 09-41. This amendment revises the method used to evaluate the cost effectiveness of the Louisiana Health Insurance Premium payment program (LaHIPP) from a parish by parish average to a statewide average.

Transmittal Number 09-41 is approved with an effective date of July 1, 2009 as requested. A copy of the HCFA-179, Transmittal No. 09-41 dated September 11, 2009 is enclosed along with the approved plan pages.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks  
Associate Regional Administrator

Enclosures

**Marks, Marsha L. (CMS/SC)**

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**From:** Marks, Marsha L. (CMS/SC)  
**Sent:** Wednesday, November 04, 2009 2:20 PM  
**To:** CMS CMSO\_508\_SPA  
**Cc:** Rupley, Cheryl A. (CMS/SC); 'ALLYSON LAMY'  
**Subject:** FW: Approved SPA LA 09-41  
**Attachments:** SPA-LA-09-41.doc; Approval Pkg for LA 09-41.pdf

See Attached.

**State:** Louisiana

**Brief Description:** Plan Revised the method used to evaluate the cost effectiveness of the LA Health Insurance3 Premium payment program from a parish by parish average to a statewide average.

**Approval Date:** 11/3/09

**Effective Date:** 7/1/09

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*Marsha Marks* // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // [marsha.marks@cms.hhs.gov](mailto:marsha.marks@cms.hhs.gov)