

Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 10-77

This file contains the following documents in the order listed:

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

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

January 13, 2012

Our Reference: SPA LA 10-77

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

Attn: Keydra Singleton

Dear Mr. Gregory:


We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-77. This state plan amendment is required for compliance of section 6411 of the Affordable Care Act pertaining to the Medicaid Recovery Audit Contractor (RAC) program. Louisiana is attesting that they have established a Medicaid RAC program, though the State has not yet determined a payment methodology for underpayments.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for the SPA. Pursuant to section 1902(a) (73) of the Act added by section 5006(e) of the Recovery and Reinvestment Act of 2009, the State must evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 10-77 is approved with an effective date of December 31, 2010 as requested. A copy of the HCFA-179, Transmittal No. 10-77 dated December 20, 2010 is enclosed along with the approved plan pages.

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

Sincerely,


for Bill Brooks
Associate Regional Administrator

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 10-77	2. STATE Louisiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE April 1, 2011 January 1, 2012 * Dec 31, 2010	

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

5. TYPE OF PLAN MATERIAL (Check One):

G NEW STATE PLAN G 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:
Section 1902(a)(42)(B)(i) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$0.00
b. FFY 2012 \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 4.5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable):
None (New Pages)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to comply with the federal requirements of section 6411 of Affordable Care Act, "Expansion of the Recovery Audit Contractor Program."**

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:
Bruce D. Greenstein

14. TITLE:
Secretary

15. DATE SUBMITTED:
December 15, 2010

16. RETURN TO:

**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: **20 December, 2010**

18. DATE APPROVED: **13 Jan, 2012**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
~~1 January, 2012~~ **31 Dec 2010**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Bill Brooks

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

23. REMARKS: * Pen and Ink Change made per State's Letter Dated 9/27/11 changing the effective date of the SPA to 1/1/2012.
* Pen and Ink Change made per State's Letter dated 12/20/11 changing the effective date of the SPA to 12/31/2010.

<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p>	<p><u>X</u> 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 style="text-align: center;">Payment methodology for underpayments has not yet been determined.</p>
<p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p>	<p><u>X</u> The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</p>	<p><u>X</u> 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>Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act</p>	<p><u>X</u> The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p>
<p>Section 1902(a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p><u>X</u> 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>

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-10-10</u>	
DATE APPV'D <u>1-13-12</u>	
DATE EFF <u>12-31-10</u>	
HCFA 179 <u>10-77</u>	

TN No. 10-77

Supersedes SUPERSEDES: NONE - NEW PAGE

Approval Date: 1-13-12

Effective Date: 12-31-10