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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 24-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

August 12, 2024

Kimberly Sullivan
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) 24-0014

Dear Medicaid Executive Director Sullivan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. The purpose of this SPA is to amend the provisions governing third party liability in order to: 1. Require that a third party accepts authorization provided by the Department that an item or service is covered under the State Plan, as if the authorization were a prior authorization made by the third party for the item or service; 2. Bar a third party from denying a claim based on failure to obtain prior authorization when certain criteria are met; 3. Require a third party to respond to inquiries made by the Department within 60 days of receipt; and 4. Bar a third party from denying a claim submitted by the Department solely on the basis of submission of the claim, the type or format of the claim form, or a failure to present proper documentation at the point-of-sale that is the basis of the claim.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 1902(a)(25)(I). This letter informs you that Louisiana's Medicaid SPA TN 24-0014 was approved on August 12, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Louisiana State Plan.

If you have any questions, please contact Tobias Griffin at 214-767-4425 or via email at Tobias.Griffin@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2024.08.12
18:09:03 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures


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

1. TRANSMITTAL NUMBER 24-0014	2. STATE LA
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE May 23, 2024 July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 1902(a)(25)(I)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.22-B, Page 2 Supplement to Attachment 4.22 Attachment 4.22, Page 70	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 21-0010)(TN 08-08) Same (TN 17-0009)

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing third party liability in order to:
1. Require that a third party accepts authorization provided by the Department that an item or service is covered under the State Plan, as if the authorization were a prior authorization made by the third party for the item or service;
2. Bar a third party from denying a claim based on failure to obtain prior authorization when certain criteria are met;
3. Require a third party to respond to inquiries made by the Department within 60 days of receipt; and
4. Bar a third party from denying a claim submitted by the Department solely on the basis of submission of the claim, the type or format of the claim form, or a failure to present proper documentation at the point-of-sale that is the basis of the claim.

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor does not review State Plan material.
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME
Michael Harrington, MBA, MA

13. TITLE
Secretary

14. DATE SUBMITTED
July 2, 2024

15. RETURN TO
**Kimberly Sullivan, J.D.
 Medicaid Executive Director
 Louisiana Department of Health
 628 North 4th Street
 P.O. Box 91030
 Baton Rouge, LA 70821-9030**

FOR CMS USE ONLY

16. DATE RECEIVED July 2, 2024	17. DATE APPROVED August 12, 2024
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.08.12 18:09:29 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS **The State made pen and ink changes to boxes 4, 7, and 8.**
The State made additional pen and ink changes to boxes 7 and 8

SUPPLEMENT TO ATTACHMENT 4.22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: LOUISIANA

STATE LAWS REQUIRING THIRD PARTIES TO PROVIDE
COVERAGE ELIGIBILITY AND CLAIMS DATA

1902(a)(25)(l) The State has in effect laws that require third parties to comply with the provisions, including those which require third parties to provide the State with coverage, eligibility and claims data, of 1902(a)(25)(l) of the Social Security Act.

In accordance with the Consolidated Appropriations Act (CAA) of 2022, the State ensures that laws are in effect that bar liable third parties from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws also comply with the provisions of section 202 of the CAA 2022.

Revision: HCFA-PM-94-1 (MB)
FEBRUARY 1994

State/Territory: LOUISIANA

Citation

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 Method Manual, Section 3910.
- [X] The State provides methods for determining cost-effectiveness ATTACHMENT 4.22-C
- 1902(a)(25)(I) of the Act (i) In accordance with the Consolidated Appropriations Act (CAA) of 2022, the State ensures that laws are in effect that bar liable third parties from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules. These laws also comply with the provisions of section 202 of the CAA 2022.