

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability -
Identifying Liable Resources

Citation: 4.22-A

42 CFR 433.138(d)(1)

(b)(1) Data Exchange Frequency -SWICA and SSA Wage and Earnings file match for Title IV-A and all other Medicaid recipients at application and quarterly. SWICA and SSA Wage and Earnings file match for absent or custodial parents of recipients and their employer(s) at initial certification and quarterly. These intervals are in accordance with the intervals specified in 42 CFR 435.948

42 CFR 433.138(d)(3)

IV-A agency identifies Medicaid recipients that are employed and their employers at application and redetermination. This information is furnished to the Medicaid agency as outlined in the data exchange agreement submitted with Transmittal 87-29.

42 CFR 433.138(d)(4)

State Workers Compensation and State Motor Vehicle declined participation with the Medicaid agency. No data match is made with either agency. Documentation submitted, separate copy.

TN No. <u>9074</u>	Approval Date <u>MAY 24 1990</u>	Effective Date <u>2/15/90</u>
Supersedes		
TN No. <u>87-29</u>		
STATE <u>Louisiana</u>		
DATE REC'D <u>MAY -4 1990</u>		
DATE APP'D <u>MAY 24 1990</u>		
DATE EFF <u>FEB 15 1990</u>		
HCFA 179 <u>90-14</u>		
		A

HCFA ID:1076P/0019P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability -
Identifying Liable Resources

42 CFR 433.138(e)

Paid claims for Medicaid recipients for trauma, diagnosis codes 800 through 999 (ICDM), except 994.6, are cumulated and run weekly according to the State recovery threshold per Attachment 4.22-B.

42 CFR 433.138(g)(1)(ii) and (2)(ii)

(b)(2)

Followup procedures for identifying legally liable third party resources - During the application process for IV-A and all other Medicaid benefits, SWICA and SSA Wage and Earnings file are queried for wage and benefit information which is used in determining financial and Medicaid eligibility.

When the data exchange produces information that may affect the recipient's financial/medical eligibility a discrepancy report is generated. This report goes to the case worker who then has 30 days to followup (if appropriate) on such information in order to identify legally liable third party resources and incorporate such information into the eligibility case file and into the third party data base and Third Party Recovery Unit.

TN No. 90-14
Supersedes 87-29
Approval Date MAY 22 1990
Effective Date 2/15/90

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>MAY - 4 1990</u>	
DATE APPV'D	<u>MAY 22 1990</u>	
DATE EFF	<u>FEB 15 1990</u>	
HCFA 179	<u>90-14</u>	

HCFA ID:1076P/0019P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability -
Identifying Liable Resources

With respect to Health Insurance information obtained during initial application and redetermination processes, within 60 days the State will follow-up on such information (if appropriate) in order to identify legally liable Third Party Resources and incorporate such information into the eligibility case file and into the Third Party Data Base and Third Party Recovery Unit.

42 CFR 433.138(g)(3)(i) and (iii) (b)(3)

Not applicable.

42 CFR 433.138(g)(4)(i) through (iii) (b)(4)

Diagnosis and trauma code edits - follow-up requirements - The State pursues potential third party for claims with diagnosis codes 800-999, except 994.6 and accumulated payment totals of \$500 or more in each regular weekly pay cycle.

A monthly report is generated and forwarded to the Department of Health and Hospitals, Bureau of Health Services Financing, Third Party/Medicaid Recovery Unit, for pursuit of the third party.

TN No. 9014
Supersedes None
Approval Date MAY 22 1990
Effective Date 2/15/90

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>MAY - 4 1990</u>	
DATE APPV'D	<u>MAY 22 1990</u>	
DATE EFF	<u>FEB 15 1990</u>	
HCFA 179	<u>90-14</u>	

HCFA ID:1076P/0019P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Requirements for Third Party Liability -
Identifying Liable Resources

The Recovery Unit generates a monthly inquiry to the parish office for detailed information on the trauma claim. The parish has 30 days to respond to the inquiry and return the information to the Recovery Unit.

If a potential third party is identified, the Recovery Unit seeks recovery of reimbursement within 60 days after the end of the month it learns of the existence of the potential third party or benefits become available.

When a legally liable third party is identified it is then incorporated into the eligibility case file and into the third party data base and third party recovery unit within 30 days.

Trauma codes that yield the highest Third Party Collections are identified periodically by the State Recovery Unit with follow-up priority set up accordingly.

TN No. 9014

Supersedes

TN No. New York

Approval Date MAY 22 1990

Effective Date 2/15/90

STATE <u>Louisiana</u>	A
DATE REC'D <u>MAY - 4 1990</u>	
DATE APPV'D <u>MAY 22 1990</u>	
DATE EFF <u>FEB 15 1990</u>	
HCFA 179 <u>9014</u>	

HCFA ID:1076P/0019P