



UNISYS

***Community Mental Health
Centers
PROVIDER TRAINING***

***June 18, 2008
&
June 23, 2008***

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**LOUISIANA MEDICAID PROGRAM
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING**

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Note: Green highlighted areas of this training packet were added after the initial training dates to reflect current policy.

OVERVIEW

Effective immediately Louisiana Medicaid will begin accepting enrollment of Medicare Certified Community Mental Health Centers (CMHC) for the adjudication of Medicare partial hospitalization **crossover claims**.

Medicaid Enrollment

Retroactive enrollment dates will be January 1, 2005 or the CMHC's Medicare certification date, whichever is later. A provider enrollment packet may be obtained at www.lamedicaid.com or by calling Unisys Provider Enrollment at (225) 216-6370. Proof of Medicare certification will be required to enroll, including a notarized attestation of certification form.

Potential providers must complete their Medicaid enrollment process by September 30, 2008, and the Medicaid enrollment process must be successfully completed and a provider number assigned before claims may be submitted for processing.

Medicaid Billing

Provider applicants will be allowed to submit claims back to the provider's retroactive date of enrollment. Medicare certification proof must cover the retroactive period for which the provider intends to submit claims.

For the limited time period **August 1, 2008 through October 31, 2008**, Medicaid will override the timely filing edits and process all claims submitted by an enrolled CMHC provider back to the provider's retroactive date of enrollment. Beginning **November 1, 2008**, crossover claims must be filed in accordance with timely filing guidelines.

The enrollment process and the billing process are detailed in this document.

Questions concerning enrollment should be directed to Unisys Provider Enrollment at (225) 216-6370. Questions concerning billing should be directed to Unisys Provider Relations at (800) 473-2783 or (225) 924-5040. Other questions or concerns should be directed to Pamela Brown, Program Manager at (225) 342-6255.

NATIONAL PROVIDER IDENTIFIER (NPI)

Applying for a NPI

If you have not requested your NPI(s) from the National Plan and Provider Enumeration System (NPPES) you must complete that process first then return to the Louisiana Medicaid NPI Registration application to register your NPI(s) after you have received it.

If you plan to enumerate with the NPPES in any other way than a one-to-one or if you have any other questions regarding the NPI please contact the Louisiana NPI Assistance Line at LAMedicaidNPI@Unisys.com or (225) 216-6400 so that we can discuss your NPI enumeration situation and determine the best method for accommodating your circumstance.

Health care providers needing assistance on obtaining an NPI should contact the NPI Enumerator at 1-800-465-3203, TTY 1-800-692-2326, or email the request to the NPI Enumerator at CustomerService@NPIenumerator.com.

Louisiana Medicaid Registration

If you have not requested your NPI(s) from the National Plan and Provider Enumeration System (NPPES) you must complete that process first then return to the Louisiana Medicaid NPI Registration application to register your NPI(s) after you have received it.

A web based application for Louisiana Medicaid providers to register their NPI(s) with Louisiana Medicaid.

Alternatively, providers may choose to register their NPI using the [NPI paper registration form](#) instead of the secured web application. The hard copy registration form is available for download from the list of helpful web links below. The paper form can be faxed or mailed back to Unisys.

Note: The Louisiana Medicaid Registration application is currently only accepting NPI information from providers that have requested and received an NPI for each Louisiana Medicaid ID (One NPI to One Louisiana Medicaid provider number relationship).

If you plan to enumerate with the NPPES in any other way than a one-to-one or if you have any other questions regarding the NPI please contact the Louisiana NPI Assistance Line at LAMedicaidNPI@Unisys.com or (225) 216-6400 so that we can discuss your NPI enumeration situation and determine the best method for accommodating your circumstance.

Recommendations for Enumeration

Louisiana Medicaid will follow Medicare's enumeration recommendation which says that a provider should request an NPI for each of their legacy Medicaid ID numbers wherever possible. The primary reason for this recommendation is that it assists Louisiana Medicaid in building the best possible cross-walk file from the NPI to the current

Tie-breaker/Taxonomy

If the same NPI is used for multiple Medicaid provider numbers, the provider must use a tie-breaker (either Taxonomy or Zip Code + 4) for registering the NPI AND on the EDI claims submission. This allows the claim/payment to be directed to the correct Medicaid provider.

A taxonomy code is part of the NPI rule and is intended to categorize the provider by type, specialty, and sub-specialty. The taxonomy list may be accessed through the LA Medicaid web site under the home page link, Important NPI Links, and then Washington Publishing link.

MEDICARE CROSSOVER CLAIMS BILLING PROCEDURES

Community Mental Health Centers will bill Medicaid for Medicare crossover claims ONLY. These claims should cross electronically and automatically from the Medicare Carrier to the Coordination of Benefits Administrators (COBA) who sends them to Medicaid for processing. Under ideal conditions, the provider shouldn't need to submit hard copy claims to Medicaid.

REVENUE AND PROCEDURE CODES

For current billing, acceptable Revenue and Procedure Codes must be used appropriately in combination and include:

Revenue Codes	Procedure Codes
0250	
043X	G0129
0900	90801, 90802, 90899
0904	G0176
0910	90801, 90802, 90899
0914	90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829
0915	90849, 90853, 90857
0916	90846, 90847, 90849
0918	96101, 96102, 96103, 96116, 96118, 96119, 96120 *
0942	G0177

*Use applicable codes billed to Medicare for retroactive dates of service.

Acceptable Types of Bill are: 762, 763, and 764.

NOTE 1: These services will not be considered for payment if provided on the same date of service as Inpatient Hospital, Mental Health Rehabilitation, or Mental Health Clinic services.

NOTE 2: Claims will be paid at \$.00.

NOTE 3: If Medicare denies the claim, Medicaid will deny the claim also.

SUBMISSION OF CLAIMS FOR RETROACTIVE DATES OF SERVICE

Claims being submitted with retroactive dates of service may be submitted either electronically or hard copy.

Electronic Claims Submissions:

Electronic Claims Submission directly from providers will be allowed only for the transmission of retroactive Medicare Crossover Claims. Claims must be received within the approved time frame of August 1, 2008, through October 31, 2008. Current claims should electronically cross directly from Medicare/COBA to Medicaid. Providers should allow approximately 3-4 weeks for these claims to cross to Medicaid and appear on the RA.

Providers interested in submitting retroactive claims to Medicaid must complete the necessary paperwork to obtain a Submitter ID and have it loaded on the provider file for the new CMHC provider number.

Providers must then work with their vendor (software vendor, clearinghouse, or billing agent) and the Unisys EDI Department to submit a test file to ensure that claims will process correctly.

Once the testing is approved, the EDI Department will “move” the submitter to the production environment, and claims may be transmitted electronically for this process only.

Hard Copy Submissions:

Retroactive claims may be submitted hard copy at any time during the time frame above **following the instructions below for ongoing claims submissions.**

Ongoing Claims Submissions:

Current claims should electronically cross directly from Medicare/COBA to Medicaid. Providers should allow approximately 3-4 weeks for these claims to cross to Medicaid and appear on the RA.

If current claims do not cross over electronically from Medicare, provider must submit a hard copy claim form for processing and payment.

Providers are responsible for verifying on the Medicaid Remittance Advice that all Medicare payments have successfully crossed over. If Medicare makes a payment which is not adjudicated by Medicaid within 3-4 weeks of the Medicare EOB date, you should submit your crossover claim hard copy with the Medicare EOB attached. All timely filing requirements must be met even if a claim fails to cross over.

If it is necessary to submit a paper claim to Medicaid, the provider should submit a hard copy claim just as to Medicare and must attach a copy of the Explanation of Medicare Benefits (EOB) from the Medicare carrier, making sure any remarks/comments from the carrier are legible and attached. Also, the provider's 7-digit Medicaid ID number is required in Form Locator 57A and the recipient's 13-digit Medicaid ID number is required in Form Locator 60. **The Medicare Paid Amount from the Medicare EOMB must be entered in the Prior Payments field (Form Locator 54).**

NOTE: Any remarks/comments on the copy of the EOB from the Medicare Carrier must be legible and attached. Additionally, the dates of service, procedure codes and total charges **must match**, or the claim will be rejected.

Hard copy claims must be bundled together and submitted using the CMHC Claims cover sheet (Appendix A) to the following address.

Unisys
ATTENTION CMHC CLAIMS
P.O. Box 91023
Baton Rouge, LA 70821

ELECTRONIC CROSSOVER PROBLEMS

If problems occur with Medicare claims crossing over electronically, please follow the steps listed below:

- If your Medicare claims are not crossing electronically, please call Unisys Provider Relations at (800) 473-2783 or (225) 924-5040. Be very specific with your inquiry. You should indicate whether **all** of your claims are not crossing over or only claims for certain recipients. Were the claims crossing over previously and suddenly stopped crossing, or is this an ongoing problem? The more information you can give the better. The Unisys representative will check certain pieces of information against the provider and/or recipient files to determine if an identifiable file error exists. If a file update is required, the Unisys representative will route this information to the Unisys Provider Enrollment or Third Party Liability Unit to correct the Medicaid file. If a problem cannot be identified, you may be referred to the Third Party Liability Unit for further assistance.
- **Claims will cross electronically ONLY if the Medicare NPI(s) is cross-referenced to the Medicaid file.**

NOTE: Medicare adjusted claims **DO NOT** crossover electronically. Providers must submit Medicaid adjustments with the Medicare original EOB and the adjustment EOB attached for corrected payment.

The following pages contain two hard copy claim examples.

1 ABC Community Mental Health Center P.O. Box 1234 Anytown, LA 70809		2		3 PAT CNTL # 23233432012045607890		4 TYPE OF BILL 763	
5 FED. TAX NO. 711222311		6 STATEMENT COVERS PERIOD FROM 05/01/08 THROUGH 05/02/08		7			
8 PATIENT NAME Andrews, Joe		9 PATIENT ADDRESS 230 Third Street, Anytown, LA 70809					
10 BIRTHDATE 01/20/54		11 SEX M		12 DATE		13 HR 3	
14 TYPE 2		15 SRC		16 DHR 30		17 STAT 41	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42		43		44		45	
46		47		48		49	
900 NURSING/ACTIVITY ASSESSMENT		90801		05/01/08		2	
904 ACTIVITY THERAPY		G0176		05/01/08		1	
915 GROUP PSYCHOTHERAPY		90853		05/01/08		1	
942 EDUCATION THERAPY		G0177		05/01/08		1	
900 PSYCHOSOCIAL ASSESSMENT		90801		05/02/08		1	
915 GROUP PSYCHOTHERAPY		90853		05/02/08		4	
PAGE OF		CREATION DATE 06/13/08		TOTALS		1480 00	
50 PAYER NAME Medicare Medicaid		51 HEALTH PLAN ID 190000		54 PRIOR PAYMENTS 288.44		55 EST. AMOUNT DUE 1777780	
58 INSURED'S NAME Andrews, Joe		59 P.F. 40000000000		61 GROUP NAME		62 INSUR. GROUP NO.	
Andrews, Joe		1704100308102					
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONT. NUMBER		65 EMPLOYER NAME			
66 DX 295.70		67		68			
69 ADMIT DX 295.70		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NP 1515115110		77 QUAL	
77 OPERATING NP		78 OTHER NP		79 OTHER NP		80 QUAL	
80 REMARKS		81 C C		82		83	
		84		85		86	
		87		88		89	
		90		91		92	
		93		94		95	
		96		97		98	
		99		00		01	

Medicare Paid Amount

7-digit Louisiana Medicaid Provider Number

13-digit Louisiana Medicaid Recipient ID

 Medicare National Standard Intermediary Remittance Advice

FPE: 08/31/2008
 PAID: 05/21/2008
 CLM#: 8

NPI: _____ TOB: 762
 TRANSFER TO (COB): LOUISIANA MEDICAID

ID CODE: _____

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PATIENT: ANDREWS	JOE	PCN:
HIC: 40000000000	SVC FROM: 05/01/2008	MRN:
PAT STAT: CLAIM STAT: 19	THRU: 05/02/2008	ICN:

=====

CHARGES:	PAYMENT DATA:	*DRG	0.900=REIM RATE
1480.00=REPORTED	0.00=DRG AMOUNT		0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CAP		0.00=PROF COMPONENT
0.00=CLAIM ADJS	1119.46=LINE ADJ AMT		0.00=ESRD AMOUNT
1480.00=COVERED	0.00=OUTLIER		0.00=PROC CD AMOUNT
DAYS/VISITS:	0.00=CAP OUTLIER		288.44=ALLOW/REIM
0=COST REPT	0.00=CASH DEDUCT		0.00=G/R AMOUNT
0=COVD/UTIL	0.00=BLOOD DEDUCT		0.00=INTEREST
0=NON-COVERED	72.10=COINSURANCE		0.00=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND		0.90=PER DIEM AMT
0=NCOV VISITS	0.00=MSP LIAB MET		288.44=NET REIM AMT

REMARK CODES: _____ MA01 MA13

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
0900	05/01	90801			2	340.00	0.00	CO	97	340.00	
0900	05/02	90801			1	170.00	0.00	CO	97	170.00	
0904	05/01	G0176			1	95.00	0.00	CO	97	95.00	
0915	05/01	90853			1	150.00	144.22	CO	45	-30.27	
								PR	2	36.05	
0915	05/02	90853			4	600.00	144.22	CO	45	419.73	
								PR	2	36.05	
0942	05/01	G0177			1	125.00	0.00	CO	97	125.00	

1 ABC Community Mental Health Center P.O. Box 1234 Anytown, LA 70809		2		3 PAT CNTL # 23233432012045607890		4 TYPE OF BILL 763	
8 PATIENT NAME Agnew, Margaret		9 PATIENT ADDRESS 230 Third Street, Anytown, LA 70809					
10 BIRTHDATE 06/20/31		11 SEX F		12 DATE		13 HR	
14 TYPE 3		15 SRC 2		16 DHR		17 STAT 30 41	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38	
39 VALUE CODES		40 VALUE CODES		41 VALUE CODES		42	
43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50	
904 ACTIVITY THERAPY		G0176		04/28/08		1 95 00	
915 GROUP PSYCHOTHERAPY		908583		04/28/08		2 300 00	
942 EDUCATION THERAPY		G0177		04/28/08		1 125 00	
904 ACTIVITY THERAPY		G0176		04/29/08		1 95 00	
915 GROUP PSYCHOTHERAPY		90853		04/29/08		2 300 00	
942 EDUCATION THERAPY		G0177		04/29/08		1 125 00	
904 ACTIVITY THERAPY		G0176		04/30/08		1 95 00	
915 GROUP PSYCHOTHERAPY		90853		04/30/08		2 300 00	
942 EDUCATION THERAPY		G0177		04/30/08		1 125 00	
904 ACTIVITY THERAPY		G0176		05/01/08		2 190 00	
915 GROUP PSYCHOTHERAPY		90853		05/01/08		1 150 00	
942 EDUCATION THERAPY		G0177		05/01/08		1 125 00	
PAGE OF		CREATION DATE 06/13/08		TOTALS		2025 00	
50 PAYER NAME Medicare Medicaid		51 HEALTH PLAN ID 190000		54 PRIOR PAYMENTS 576.88		56 EST. AMOUNT DUE 1234567890	
58 INSURED'S NAME Agnew, Margaret Agnew, Margaret		60 INSURED'S UNIQUE ID 4000000000 1704100308102		62 INSURANCE GROUP NO.		68	
67 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z		68		69		70	
69 ADMIT DX 295.34		70 PATIENT REASON DX		71 HIPPS CODE		72 EQI	
74 PRINCIPAL PROCEDURE DATE		75 OTHER PROCEDURE DATE		76 ATTENDING NPI 1515115110		77 QUAL	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		80 QUAL	
80 REMARKS		81C a b c d		82		83	

Medicare Paid Amount

7-digit Louisiana Medicaid Provider Number

13-digit Louisiana Medicaid Recipient ID

 Medicare National Standard Intermediary Remittance Advice

FPE: 08/31/2008
 PAID: 05/21/2008
 CLM#: 2

NPI: TOB: 763
 TRANSFER TO (COB): LOUISIANA MEDICAID ID CODE:

=====

PATIENT: AGNEW	MARGARET	PCN:
HIC: 40000000000	SVC FROM: 04/28/2008	MRN:
PAT STAT: CLAIM STAT: 19	THRU: 05/01/2008	ICN:

=====

CHARGES:	PAYMENT DATA: =DRG	0.900=REIM RATE
2025.00=REPORTED	0.00=DRG AMOUNT	0.00=MSP PRIM PAYER
0.00=NCVD/DENIED	0.00=DRG/OPER/CAP	0.00=PROF COMPONENT
0.00=CLAIM ADJS	1303.92=LINE ADJ AMT	0.00=ESRD AMOUNT
2025.00=COVERED	0.00=OUTLIER	0.00=PROC CD AMOUNT
DAYS/VISITS:	0.00=CAP OUTLIER	576.88=ALLOW/REIM
0=COST REPT	0.00=CASH DEDUCT	0.00=G/R AMOUNT
0=COVD/UTIL	0.00=BLOOD DEDUCT	0.00=INTEREST
0=NON-COVERED	144.20=COINSURANCE	0.00=CONTRACT ADJ
0=COVD VISITS	0.00=PAT REFUND	0.90=PER DIEM AMT
0=NCOV VISITS	0.00=MSP LIAB MET	576.88=NET REIM AMT

REMARK CODES: MA01 MA13

REV	DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
0904	04/28	G0176			1	95.00	0.00	CO	97	95.00	
0904	04/29	G0176			1	95.00	0.00	CO	97	95.00	
0904	04/30	G0176			1	95.00	0.00	CO	97	95.00	
0904	05/01	G0176			2	190.00	0.00	CO	97	190.00	
0915	04/28	90853			2	300.00	144.22	CO	45	119.73	
								PR	2	36.05	
0915	04/29	90853			2	300.00	144.22	CO	45	119.73	
								PR	2	36.05	
0915	04/30	90853			2	300.00	144.22	CO	45	119.73	
								PR	2	36.05	
0915	05/01	90853			1	150.00	144.22	CO	45	-30.27	
								PR	2	36.05	
0942	04/28	G0177			1	125.00	0.00	CO	97	125.00	
0942	04/29	G0177			1	125.00	0.00	CO	97	125.00	
0942	04/30	G0177			1	125.00	0.00	CO	97	125.00	
0942	05/01	G0177			1	125.00	0.00	CO	97	125.00	

HARD COPY CLAIMS PROCESSING REMINDERS

Unisys Louisiana Medicaid images and stores all Louisiana Medicaid paper claims on-line. This process allows the Unisys Provider Relations Department to respond more efficiently to claim inquiries by facilitating the retrieval and research of submitted claims.

If claims do not cross electronically from Medicare, and it becomes necessary to submit a hard copy claim form, prepare paper claim forms according to the following instructions to ensure appropriate and timely processing:

- Submit an original claim form whenever possible. Claim forms **must be two sided** documents and include the standard information on the back regarding fraud and abuse. If a copy is submitted, it should be legible, and not too light or too dark.
- Enter information within the appropriate boxes and align forms in your printer to ensure the correct horizontal and vertical placement of data elements within the boxes.
- **DO NOT use a highlighter to draw attention to specific information.**
- Paper claims must be legible and in good condition for scanning.
- Continuous feed forms must be torn apart before submission.
- Use high quality printer ribbons or cartridges-black ink only.
- Use 10-12 point font sizes such as Courier 12, Arial 11, and Times New Roman 11.
- Do not use italic, bold, or underline features.
- **Do not use white out or a marking pen to omit claim line entries. To correct an error, draw a line through the error and initial it. Use a black ballpoint pen (medium point).**
- All claim attachments should be standard 8 1/2 x 11 sheets. Any attachments larger or smaller than this size should be copied onto standard sized paper. If it is necessary to attach documentation to a claim, the documents must be placed directly behind **each** claim that requires this documentation. **Therefore, it may be necessary to make multiple copies of the documents if they must be placed with multiple claims.**

The recipient's 13-digit Medicaid ID number must be used to bill claims. The CCN number from the plastic card is NOT acceptable.

Changes to Claim Forms

Louisiana Medicaid policy prohibits Unisys staff from changing any information on a provider's claim form. Any claims requiring changes must be made prior to submission. Please do not ask Unisys staff to make any changes on your behalf. Claims with insufficient information are rejected prior to keying.

Data Entry

Data entry clerks do not interpret information on claim forms - data is keyed as it appears on the claim form. If the data is incorrect, difficult to read, or **IS NOT IN THE CORRECT LOCATION**, the claim will not process correctly.

Rejected Claims

Each year, Unisys returns more than 250,000 claims that are illegible or incomplete. These claims are not processed and are returned along with a cover letter stating why the claim(s) is/are rejected.

THE REMITTANCE ADVICE

The Remittance Advice (RA) or payment register plays an important communication role between the provider, DHH, and Unisys. Aside from providing a record of transactions, the Remittance Advice will assist providers in resolving and correcting possible errors and reconciling paid claims.

The RA is the control document which informs the provider of the current status of submitted claims. It is sent out each week when the provider has adjudicated claims. Providers may also choose to receive an electronic RA (835). Questions concerning electronic RAs should be directed to the Unisys EDI Department at (225) 216-6303.

In situations where providers choose to contract with outside billing or collection agencies to bill claims and reconcile accounts, it is the provider's responsibility to provide the contracted agency with copies of the RAs or other billing related information in order to bill the claims and reconcile the accounts.

More detailed information concerning Remittance Advices can be found in the 2006 Basic Training Packet located on the LA Medicaid web site, link Training.

GENERAL POLICY REMINDERS

TIMELY FILING GUIDELINES

In order to be reimbursed for services rendered, all providers must comply with the following filing limits set by Medicaid of Louisiana:

- Claims for recipients who have Medicare and Medicaid coverage must be filed with the Medicare fiscal intermediary within 12 months of the date of service in order to meet Medicaid's timely filing regulations.
- Claims which fail to cross over electronically and have to be filed hard copy **MUST** be received within six months of the payment date on the Medicare Explanation of Medicare Benefits (EOMB), provided that they were filed with Medicare within one year from the date of service.

BILLING MEDICAID RECIPIENTS

Recipients may not be held responsible for claims denied due to provider error. Medicaid providers are also reminded that if they accept Medicaid reimbursement for services rendered, any reimbursement is considered payment in full for those services and the Medicaid recipient cannot be billed for the difference.

PROVIDER ASSISTANCE

LA MEDICAID WEB SITE

www.lamedicaid.com

The Louisiana Department of Health and Hospitals and Unisys maintain a website to make information more accessible to LA Medicaid providers. At this online location, www.lamedicaid.com, providers can access information ranging from how to enroll as a Medicaid provider to directions for completing a Medicaid claim form.

Below are some of the most common topics found on the public website.

[New Medicaid Information](#)
[National Provider Identifier \(NPI\)](#)
[Disaster](#)
[Provider Training Materials](#)
[Provider Web Account Registration Instructions](#)
[Provider Support](#)
[Billing Information](#)
[Fee Schedules](#)
[Provider Update / Remittance Advice Index](#)
[Pharmacy](#)
[Prescribing Providers](#)
[Provider Enrollment](#)
[Current Newsletter and RA](#)
[Helpful Numbers](#)
[Useful Links](#)
[Forms/Files/User Guidelines](#)

WEB APPLICATIONS

This website has several applications that should be used by Louisiana Medicaid providers. These applications require that providers establish an online account for the site. Providers may follow the easy, step-by-step instructions for obtaining an online account found on the home page link, Provider Registration.

The following applications are the most commonly used:

- Medicaid Eligibility Verification System (e-MEVS) for Medicaid recipient eligibility inquiries;
- Claims Status Inquiry (e-CSI) for inquiring on Medicaid claims status; and
- Clinical Data Inquiry (e-CDI) for inquiring on recipient Medicaid pharmacy prescriptions as well as other Medicaid claims payment data.

These applications are available to providers 24 hours a day, 7 days a week at no cost. More detailed information about the web site is located in the 2006 Basic Training Packet located on this site, link Training.

UNISYS PROVIDER RELATIONS DEPARTMENT

Along with the website, the Unisys Provider Relations Department is available to assist providers. This department consists of three units, (1) Telephone Inquiry Unit, (2) Correspondence Unit, and (3) Field Analyst. The following information addresses each unit and their responsibilities.

TELEPHONE INQUIRY UNIT

The telephone inquiry staff assists with inquiries such as obtaining policy and procedure information/clarification; ordering printed materials; billing denials/problems; requests for Field Analyst visits; etc.

(800) 473-2783 or (225) 924-5040
FAX: (225) 216-6334*

*Provider Relations will accept faxed information regarding provider inquiries on an **approved** case by case basis. However, faxed claims **are not acceptable** for processing.

CORRESPONDENCE GROUP

The Provider Relations Correspondence Unit is available to research and respond in writing to questions involving problem claims.

Providers who wish to submit problem claims for research and want to receive a written response, **must submit a cover letter** explaining the problem or question, a copy of the claim(s), and all pertinent documentation (e.g., copies of RA pages showing prior denials, copies of previously submitted claims, documentation verifying eligibility, etc.). A copy of the claim form along with applicable corrections/and or attachments must accompany all resubmissions.

All requests to the Correspondence Unit should be submitted to the following address:

Unisys Provider Relations Correspondence Unit
P. O. Box 91024
Baton Rouge, LA 70821

FIELD ANALYSTS

Provider Relations Field Analysts are available to visit and train new providers and their office staff on site, upon request. Providers are encouraged to request Analyst assistance to help resolve complicated billing/claim denial issues and to help train their staff on Medicaid billing procedures.

Since the Field Analysts routinely work in the field, they are not available to answer calls regarding eligibility, routine claim denials, and requests for material, or other policy documentation. These calls should not be directed to the Field Analysts but rather to the Telephone Inquiry Unit at (800) 473-2783 or (225) 924-5040.

A listing of the Field Analysts, their territories, and phone numbers is available on the LA Medicaid web site, link [Provider Assistance](#).

More detailed information concerning Provider Assistance can be found in the 2007 Basic Training Packet located on the web site, link [Training](#).

DHH PROGRAM MANAGER REQUESTS

Questions regarding the rationale for Medicaid policy, coverage and reimbursement, written clarification of policy that is not documented, etc. should be directed in writing to the manager of your specific program:

Program Manager - CMHC
Department of Health and Hospitals
P.O. Box 91030
Baton Rouge, LA 70821

PHONE AND FAX NUMBERS FOR PROVIDER ASSISTANCE

Department	Toll Free Phone	Phone	Fax
REVS – Automated Eligibility Verification	(800) 776-6323	(225) 216-7387	
Provider Relations	(800) 473-2783	(225) 924-5040	(225) 216-6334
Electronic Data Interchange (EDI) - Unisys		(225) 216-6303	(225) 216-6335
Provider Enrollment - Unisys		(225) 216-6370	
Fraud and Abuse Hotline (for use by providers and recipients)	(800) 488-2917		
WEB Technical Support Hotline – Unisys	(877) 598-8753		

ADDITIONAL NUMBERS FOR PROVIDER ASSISTANCE

Department	Phone Number	Purpose
Regional Office – DHH	(800) 834-3333 (225) 925-6606	Providers may request verification of eligibility for presumptively eligible recipients; recipients may request a new card or discuss eligibility issues.
Eligibility Operations – BHSF	(888) 342-6207	Recipients may address eligibility questions and concerns.
Specialty Care Resource Line – ACS	(877) 455-9955	Providers and recipients may obtain referral assistance.

PHONE NUMBERS FOR RECIPIENT ASSISTANCE

Department	Phone Number	Purpose
Fraud and Abuse Hotline	(800) 488-2917	Recipients may anonymously report any suspected fraud and/or abuse.
Regional Office – DHH	(800) 834-3333 (225) 925-6606	Recipients may request a new card or discuss eligibility issues.
Eligibility Operations –BHSF	(888) 342-6207	Recipients may address eligibility questions and concerns.
Specialty Care Resource Line – ACS	(877) 455-9955	Recipients may obtain referral assistance.



APPENDIX A

CMHC CLAIMS COVERSHEET

(next page)



UNISYS

Louisiana Medicaid

CMHC CLAIMS

HOW DID WE DO?

In an effort to continuously improve our services, Unisys would appreciate your comments and suggestions. Please complete this survey and return it to a Unisys representative or leave it on your table. **Your opinion is important to us.**

Seminar Date: _____ Location of Seminar (City): _____

Provider Subspecialty (if applicable): _____

FACILITY	Poor					Excellent
The seminar location was satisfactory	1	2	3	4	5	
Facility provided a comfortable learning environment	1	2	3	4	5	
SEMINAR CONTENT						
Materials presented are educational and useful	1	2	3	4	5	
Overall quality of printed material	1	2	3	4	5	
UNISYS REPRESENTATIVES						
The speakers were thorough and knowledgeable	1	2	3	4	5	
Topics were well organized and presented	1	2	3	4	5	
Reps provided effective response to question	1	2	3	4	5	
Overall meeting was helpful and informative	1	2	3	4	5	
SESSION:						

Do you have internet access in the workplace? _____

Do you use www.lamedicaid.com? _____

What topic was most beneficial to you? _____

Please provide us with your business email address: _____

Please provide constructive comments and suggestions: _____

To order written materials provided by Unisys, please call Unisys Provider Relations Telephone Inquiry Unit at
(800) 473-2783 or (225) 924-5040