

Revised 07/19/07

(\*) Recipient List A

Reference Letter No.111-\*  
Case #\*

PROVIDER NAME: \*

PROVIDER NUMBER: \*

DATES OF SERVICE FROM \* THROUGH \*

RECIPIENT NAME	MEDICAID ID NUMBER
*	*

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(\*) Note to analyst and clerical: The title "Recipient List A" is not part of the table. It is only used as a reference to identify tables "A" and "B."

Revised 07/19/07

**(\*) Recipient List B**

Reference Letter No.111-\*  
Case #\*

**PROVIDER NAME: \***

**PROVIDER NUMBER: \***

<b>RECIPIENT NAME</b>	<b>MEDICAID ID NUMBER</b>	<b>DATES OF SERVICE</b>
*	*	*

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**(\*) Note to analyst and clerical: The title "Recipient List B" is not part of the table. It is only used as a reference to identify tables "A" and "B."**

Revised 10/10/08  
Letter No. 111A-  
Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

\*

**Note to WP: If the letter needs an Attention Line, type it 2 lines after the address.**

Dear \*:

Federal regulations require that Medicaid claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in accordance with Federal and State regulations.

This office is currently reviewing services rendered to the recipient(s) listed on the attached page. We would appreciate a copy(ies) of this/these recipient(s) MT-3 (Verification of Medical Transportation) authorization forms from the dispatch services, and any other documentation that supports the billing for the time period(s) indicated. We are also requesting the following:

- The signature of the provider or his/her representative on the attached statement verifying that all records requested have been copied and are being sent. If this is not the case, please provide an explanation.

*Please be advised that withholding of Medicaid funds will ensue should requested information not be received within fourteen (14) calendar days (including Saturdays and Sundays) of receipt of this letter.* Forward it and any comments to the Unisys address listed below:

**Unisys - Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

The release of this information is authorized in the Title XIX manual for *Medicaid Transportation Services*, on page 1-6, which addresses standards for participation. Please refer to the 2006 *Basic Services Provider Training* manual, on page 1, under "Standards For Participation" for more information.

If you have any questions regarding this correspondence, you may contact \* at (225) 216-\*

Sincerely,

Jeanne Rube, Manager  
Surveillance and Utilization Review

JDR/\*\*  
Enc.

Revised 07/19/07

(\*) Recipient List A

Reference Letter No.111A-\*  
Case #\*

PROVIDER NAME: \*

PROVIDER NUMBER: \*

DATES OF SERVICE FROM \* THROUGH \*

RECIPIENT NAME	MEDICAID ID NUMBER
*	*

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(\*) Note to analyst and clerical: The title "Recipient List A" is not part of the table. It is only used as a reference to identify tables "A" and "B."

Revised 07/19/07

**(\*) Recipient List B**

Reference Letter No.111A-\*

Case #\*

**PROVIDER NAME: \***

**PROVIDER NUMBER: \***

<b>RECIPIENT NAME</b>	<b>MEDICAID ID NUMBER</b>	<b>DATES OF SERVICE</b>
*	*	*

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**(\*) Note to analyst and clerical: The title "Recipient List B" is not part of the table. It is only used as a reference to identify tables "A" and "B."**

Revised 10/10/08

Letter No.112-\*

Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

\*

**Note to WP: If the letter needs an Attention Line, type it 2 lines after the address.**

Dear \*:

Federal regulations require that Medicaid claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in accordance with Federal and State regulations.

As part of our review of your Medicaid claims, it is necessary for us to make an on-site visit to review billings, MT-3 (Verification of Medical Transportation) and MT-4 (Daily Trip Log) forms, determine adherence to service parameters, and complaint procedures. As discussed, we will be at your office on \*.

The sample will be limited to those paid claims highlighted on the enclosed remittance advices. The pulling of this material in advance of our arrival would be greatly appreciated and will help make our visit less disruptive to you and your office personnel.

The release of this information is authorized in the Title XIX manual for *Medicaid Transportation Services*, on page 4, which addresses standards for participation. Please refer to the 2006 *Basic Services Provider Training* manual, on page 1, under "Standards For Participation" for more information.

If this date is inconvenient or if you have any questions about this correspondence, you may contact \* at (225) 216-\*

Sincerely,

Jeanne Rube, Manager  
Surveillance and Utilization Review

JDR/\*\*

Enc.

Revised 10/10/08

Letter No.112A-  
Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

\*

**Note to WP: If the letter needs an Attention Line, type it 2 lines after the address.**

Dear \*:

Federal regulations require that Medicaid claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in accordance with Federal and State regulations.

As part of our review of your Medicaid claims, it is necessary for us to make an on-site visit to review billings, MT-3 (Verification of Medical Transportation) and MT-4 (Daily Trip Log) forms, and Certificates of Insurance. As discussed, we will be at your office on \*.

The sample will be limited to those paid claims highlighted on the enclosed remittance advices. The pulling of this material and making copies of the forms mentioned above along with the Certificates of Insurance in advance of our arrival would be greatly appreciated. This will help make our visit less disruptive to you and your office personnel.

The release of this information is authorized in the Title XIX manual for *Medicaid Transportation Services*, on page 4, which addresses standards for participation. Please refer to the 2006 *Basic Services Provider Training* manual, on page 1, under "Standards For Participation" for more information.

If this date is inconvenient or if you have any questions about this correspondence, you may contact \* **at (225) 216-\***.

Sincerely,

Jeanne Rube, Manager  
Surveillance and Utilization Review

JDR/\*\*  
Enc.

Revised 6/23/08

Letter No.121-\*

Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

\*

**Note to WP: If the letter needs an Attention Line, type it 2 lines after the address.**

**RE: \***

Dear \*:

We wish to bring to your attention the enclosed drug profile of one of your patients receiving prescription drugs under the Medical Assistance Program. This profile indicates that the following therapeutic classes of drugs are being obtained from more than one pharmacy and/or physician:

\*

Your opinion as to the appropriateness of these drug purchases will be helpful. To assist you in replying, some suggested responses are listed on the attached page.

Please return the attached page of this letter with your response and any comments to the Unisys address listed below:

**Unisys - Louisiana Medicaid**  
**SURS Unit \***  
**8591 United Plaza Boulevard**  
**Baton Rouge, LA 70809-2295**

If you have any questions about this correspondence, you may contact \* *at (225) 216-* \*. You may keep the profile for your records.

Sincerely,

Jeanne Rube, Manager  
Surveillance and Utilization Review

JDR/\*\*

Enc.



Revised 06/23/08

Reference Letter No.121-\*

Case #\*

**PROVIDER NAME: \***  
**PROVIDER NUMBER: \***

**REPLY:**

<b>Recipient Name</b>	<b>Medicaid ID Number</b>
*	*

1. I (am/am not) aware that the patient is obtaining drugs from more than one pharmacy and/or physician.
2. I have discussed this with the physician(s) listed below with the following action planned (please use reverse side for comments).
3. If unaware, please indicate what drug therapy modification is planned (please use reverse side for comments).
4. I recommend this patient for the Pharmacy Lock-In Program.
5. Additional comments (please use reverse side).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Educational Issue(s)**

Dear \*:

Federal regulations require that claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in compliance with Federal and State regulations.

A review of submitted claims indicates billing problems in the following area(s):

\*

You should note that your signature on a claim form will serve as your agreement to abide by all policies and regulations of the Louisiana Medical Assistance Program.

This is an educational letter and we are not taking any steps at this time to recover funds. We do recommend, however, that you discuss this matter with your billing staff to ensure that future claims are submitted correctly. Further, we strongly suggest that you perform an internal audit on your billing and refund any money to the Department of Health and Hospitals that you may owe.

Additionally, please note that the above issue(s) are not subject to appeal and that this is not a sanction. However, if future reviews indicate that billing problems persist, this notice and any subsequent educational correspondence can be considered in the application of more stringent action.

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**Note to Analyst:** If the letter includes "previous sanction" instruct Clerical to add "m" or "n" as noted below:

**m. (Previous recoupment-improvement)**

We remind you that on \*, we sent a recoupment letter to you for the amount of \$\*. The area(s) of aberrant billing identified at that time was/were: \*. This current review identifies improvement in the following area(s): \*; however, you continue to misbill \*. Should future reviews show lack of improvement in this/these area(s), it will be necessary to take more stringent action.

**n. (Previous recoupment-continuation)**

We remind you that on \*, we sent a recoupment letter to you for the amount of \$\*. The area(s) of aberrant billing identified at that time was/were: \*. This current review identifies continuation of this/these same error(s), in addition to others. Should future reviews show lack of improvement in this/these area(s), it will be necessary to take more stringent action.

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Revised 7/21/08

(\*)

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Page 2 of \*

Letter No:201-\*

Case #\*

If you have any questions regarding this correspondence, you may contact \* of *Unisys, SURS Department at (225) 216-\**.

Thank you for your participation in the Medical Assistance Program and for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*

Enc.

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Educational Issue(s) - Home Health Services**

Dear \*:

Federal regulations require that claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in compliance with Federal and State regulations.

A review of claims and medical records for recipients receiving home health care indicates problems in the areas of medical necessity and homebound status. As a physician you have referred recipients for home health care and/or have signed the plans of care and re-certification forms. We would like to remind you of our policy on these issues.

Medicaid payments for home health services are made only when ordered by a licensed physician who certifies that the recipient is homebound. Please refer to the January/February 1994 *Louisiana Medicaid Provider Update*, page 6, for the definition of homebound.

Additionally, the Medical Assistance Program provides government funds for health professionals who perform and/or deliver medically necessary services and/or supplies to eligible Medicaid recipients. Following is a definition which should help clarify the concept of medical necessity: The determination that a service is reasonably necessary to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap or cause physical deformity or malfunction. There must also be no other equally effective, more conservative, or substantially less costly course of treatment available or suitable for the client requesting services.

Please refer to the 1998 *Professional Services Training* manual, page 155, which describes the physician's responsibility in authorizing home health services:

Medical necessity for home health services and supplies must be certified by the ordering physician, who must complete HCFA Form 485. (See HCFA Pub. 11, Section 240.1.)

In signing these documents the physician certifies that:

- 1) the patient is under his/her care;
- 2) these home health services are required and medically necessary;
- 3) the patient is confined to his/her home as defined by the Bureau's Homebound Criteria;
- 4) there is a written plan for treatment;
- 5) the plan will be reviewed periodically (at least once every 62 days) by him/her;
- 6) the patient needs intermittent skilled nursing care and/or physical or speech therapy; or
- 7) the patient needs occupational therapies.

Penalties which may be imposed on physicians for inappropriate certification (false attestation), which constitutes fraud, can include:

- 1) referral to the Office of the Inspector General;
- 2) criminal penalties in U.S. District Court, resulting in fines and/or a jail sentence;

Revised 7/19/07

(\*)  
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Letter No:201A-\*  
Case #\*

Page 2 of \*

- 3) civil prosecution in a U.S. District Court, resulting in fines and/or settlements;
- 4) civil monetary penalties with an administrative law judge resulting in fines (\$2,000.00 per line item);
- 5) tripling of damages and fines, if fraud is proven under the False Claims Act; and
- 6) simple sanction (barred from the Medicare and Medicaid programs) by the Washington Office of the Inspector General.

We urge you to consider the medical necessity of services and the homebound status of patients you certify for home health care so that funds might be used in compliance with Federal and State regulations. You may expect further audits of your claims in the near future.

Please note that these issues are not subject to appeal and that this is not a sanction. However, if future reviews indicate that billing problems persist, this notice and any subsequent educational correspondence can be considered in the application of more stringent action.

If you have any questions regarding this correspondence, you may contact \* of Unisys, SURS Department at (225) 216-\*

Thank you for your participation in the Medical Assistance Program and for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*

cc: E. Rabilais

Revised 7/19/07

Letter No.203-\*

Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Educational Issue(s) - Hospital Services**

Dear \*:

Federal regulations require that claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in compliance with Federal and State regulations.

A review of submitted claims indicates billing problems in the following area(s):

\*

As part of your agreement of participation in the Medical Assistance Program, you have agreed to establish and maintain a Utilization Committee that monitors admission, continued stays, and under or over utilization of services.

At this time, we would like to call your attention to page 4-2 of the manual for *Hospital Services*, reissued June 1, 1995, which states in part:

Inpatient hospital services must be ordered by the attending physician, an emergency room physician, or a dentist (if the patient has an existing condition which must be monitored during the performance of the authorized dental procedure).

Inpatient hospital care may be defined as follows:

*. . . care needed for the treatment of an illness or injury which can only be provided safely and adequately in a hospital setting and includes those basic services that a hospital is expected to provide. Payment shall not be made for care which can be provided in the home or for which the primary purpose is of a convalescent or cosmetic nature.*

This is an educational letter and we are not taking any steps at this time to recover funds. We do recommend, however, that you discuss this matter with your billing staff to ensure that future claims are submitted correctly. Further, we strongly suggest that you perform an internal audit on your billing and refund any money to the Department of Health and Hospitals that you may owe.

Additionally, please note that the above issue(s) are not subject to appeal and that this is not a sanction. However, if future reviews indicate that billing problems persist, this notice and any subsequent educational correspondence can be considered in the application of more stringent action.

Revised 7/19/07

(\*)  
\*

Letter No.203-  
Case #

Page 2 of \*

If you have any questions regarding this correspondence, you may contact \* of *Unisys, SURS Department at (225) 216-\**.

Thank you for your participation in the Medical Assistance Program and for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*

Revised 7/19/07

Letter No.204-\*

Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Educational Issue(s) - Billing Medicaid Recipients**

Dear \*:

Federal regulations require that claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in compliance with Federal and State regulations.

It has been brought to our attention that you are now attempting to bill Medicaid patients on approved Medicaid claims.

We would like to remind you that the manual for *Physician Services*, reissued June 1, 1996, on pages 3-3 and 3-4, states in part:

Agreement to accept as payment in full the amounts established by the BHSP and refusal to seek additional payment from the recipient for any unpaid portion of a bill, except in cases of Spend-Down Medically Needy recipients and any appropriate copayments: . . .

On March 20, 1991, Medicaid of Louisiana adopted the following rule:

- *Practitioners who participate as providers of medical services shall bill Medicaid for all covered services performed on behalf of an eligible individual who has been accepted by the provider as a Medicaid patient.*

This rule prohibits Medicaid providers from "picking and choosing" the services for which they agree to accept a client's Medicaid card as payment in full for services rendered. In other words, providers must bill Medicaid for all services covered by Medicaid that they provide to their clients.

Although this is a voluntary program, providers should note that their signature on a claim form serves as their agreement to abide by all policies and regulations of Medicaid of Louisiana. This signature also certifies that, to the best of the provider's knowledge, the information contained on the claim form is true, accurate, and complete.



Revised 7/19/07

(\*)

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Page 2 of \*

Letter No.204-\*

Case #\*

We suggest that you review your billing practices and make any modifications, which may be necessary in order to ensure that you are in compliance with your provider agreement in this regard. Additionally, if you have received payment from recipients for approved claims, we are requesting that you provide us with documentation that the recipients' payments have been refunded to them. *This information should be sent to the following address:*

**Unisys-Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

We refer you to the "Administrative Sanctions" section of the manual for *Physician Services*, reissued February 1, 1993, on pages 36-10 and 36-11, which states in part:

Medicaid of Louisiana may impose sanctions against any provider of medical goods or services if it discovers that any of the following conditions apply:

Such a provider has engaged in a practice of charging and accepting payment (in whole or part) from recipients for services for which a charge was already made to Medicaid of Louisiana and for which payment was already made.

This is an educational letter and we are not taking any steps at this time to recover funds. However, we strongly suggest that you perform an internal audit on your billing and refund any money to the Department of Health and Hospitals that you may owe.

Additionally, please note that the above issue(s) are not subject to appeal and that this is not a sanction. However, if future reviews indicate that billing problems persist, this notice and any subsequent educational correspondence can be considered in the application of more stringent action.

If you have any questions regarding this correspondence, you may contact \* of Unisys, SURS Department at (225) 216-\*

Revised 7/19/07

(\*)  
\*

Page 2 of \*

Letter No.204-\*  
Case #\*

Thank you for your participation in the Medical Assistance Program and for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*/\*

Revised 7/19/07

Letter No.205-  
Case #

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Educational Issue(s) - Billing Medicaid Recipients \***

Dear \*:

Federal regulations require that claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in compliance with Federal and State regulations.

It has been brought to our attention that you are now attempting to bill Medicaid patients on approved Medicaid claims with third party payments.

We would like to remind you that the manual for *Physician Services*, reissued June 1, 1996, on page 3-3, states in part:

Agreement to accept as payment in full the amounts established by the BHSF and refusal to seek additional payment from the recipient for any unpaid portion of a bill, except in cases of Spend-Down Medically Needy recipients and any appropriate copayments: . . .

In addition, the *Louisiana Medicaid Provider Update/March 1990, Volume 7, No.2* (copy attached), on page 8, states in part:

Crossover claims will be reimbursed only up to the amount which does not exceed the amount that would be paid if the claim were a "straight" Medicaid claim, nor will Medicaid pay more than the provider's charge or the Medicare allowable amount.

Although a claim may be processed as "approved," the Medicaid reimbursement amount may be zero. No "balance" may be billed to the recipient except as calculated for Spend-Down Medically Needy, if the claim is "approved".

Also, we refer you to the "Administrative Sanctions" section of the manual for *Physician Services*, reissued February 1, 1993, on pages 36-10 and 36-11, which states in part:

Medicaid of Louisiana may impose sanctions against any provider of medical goods or services if it discovers that any of the following conditions apply:

Such a provider has engaged in a practice of charging and accepting payment (in whole or part) from recipients for services for which a charge was already made to Medicaid of Louisiana and for which payment was already made.

(\*)

\*

Page 2 of \*

Revised 7/19/07  
Letter No.205-  
Case #

We suggest that you review your billing practices and make any modifications which may be necessary in order to ensure that you are in compliance with your provider agreement in this regard. Additionally, if you received payment from recipients for approved claims, we are requesting that you provide us with documentation that the recipients' payments have been refunded to them. *This information should be sent to the following address:*

**Unisys-Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

Although this is a voluntary program, providers should note that their signature on a claim form serves as their agreement to abide by all policies and regulations of Medicaid of Louisiana. This signature also certifies that, to the best of the provider's knowledge, the information contained on the claim form is true, accurate, and complete.

This is an educational letter and we are not taking any steps at this time to recover funds. However, we strongly suggest that you perform an internal audit on your billing and refund any money to the Department of Health and Hospitals that you may owe.

Additionally, please note that the above issue(s) are not subject to appeal and that this is not a sanction. However, if future reviews indicate that billing problems persist, this notice and any subsequent educational correspondence can be considered in the application of more stringent action.

If you have any questions regarding this correspondence, you may contact \* of Unisys, SURS Department at (225) 216-\*

Thank you for your participation in the Medical Assistance Program and for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*

Enc.

Revised 7/19/07

Letter No.205B-  
Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Educational Issue(s) - \***

Dear \*:

Federal regulations require that claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in compliance with Federal and State regulations.

It has been brought to our attention that you are withholding reimbursement of retroactively filed claims.

We would like to remind you that the manual for *Physician Services*, reissued June 1, 1996, on page 3-3, states in part:

Agreement to accept as payment in full the amounts established by the BHSF and refusal to seek additional payment from the recipient for any unpaid portion of a bill, except in cases of Spend-Down Medically Needy recipients and any appropriate copayments: . . .

Also, the 1996 *Pharmacy/DME Training* manual, on page 13, states in part:

As soon as providers agree to reimburse a recipient and file the claim with Medicaid, the reimbursement to the patient should be immediate, and the patient should be reimbursed for the full amount paid to the provider - no matter what Medicaid pays.

We refer you to the "Administrative Sanctions" section of the manuals for *Prescription Drug Services* and *Durable Medical Equipment*, reissued February 1, 1993, on pages 17-11 and 12-11, respectively, which state in part:

Medicaid of Louisiana may impose sanctions against any provider of medical goods or services if it discovers that any of the following conditions apply:

Such a provider has engaged in a practice of charging and accepting payment (in whole or part) from recipients for services for which a charge was already made to Medicaid of Louisiana and for which payment was already made.

Revised 7/19/07

(\*)  
\*

Letter No.205B-\*  
Case #\*

Page 2 of \*

We suggest that you review your billing practices and make any modifications which may be necessary in order to ensure that you are in compliance with your provider agreement in this regard. Additionally, if you have received payment from recipients for approved claims, we are requesting that you provide us with documentation that the recipients' payments have been refunded to them. *This information should be sent to the following address:*

**Unisys-Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

Although this is a voluntary program, providers should note that their signature on a claim form serves as their agreement to abide by all policies and regulations of Medicaid of Louisiana. This signature also certifies that, to the best of the provider's knowledge, the information contained on the claim form is true, accurate, and complete.

This is an educational letter and we are not taking any steps at this time to recover funds. However, we strongly suggest that you perform an internal audit on your billing and refund any money to the Department of Health and Hospitals that you may owe.

Additionally, please note that the above issue(s) are not subject to appeal and that this is not a sanction. However, if future reviews indicate that billing problems persist, this notice and any subsequent educational correspondence can be considered in the application of more stringent action.

If you have any questions regarding this correspondence, you may contact \* of Unisys, *SURS Department at (225) 216-\**.

Thank you for your participation in the Medical Assistance Program and for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*

Revised 7/19/07

Letter No.206-\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Misutilization of Medicaid ID Card**

Dear \*:

It was brought to our attention that \* presented your Medicaid ID card to \* on \* in order to obtain medical treatment for \*.

The purpose of the Medical Assistance Program is to provide certain health care benefits for those who are in need of medical services. The use of the Medicaid card is for the person whose name appears on the card. Therefore, the use of a Medicaid card by anyone other than who is named on the card is Medicaid fraud. This could mean that civil or criminal action could be taken against the unauthorized user of the card, as well as the recipient of the card. Each person is responsible for his/her own Medicaid card. We urge you to keep your Medicaid card in a safe place at all times to prevent others from using it.

If you have any questions regarding this correspondence, you may contact \* of *Unisys, SURS Department at (225) 216-\**.

Thank you for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*/\*

Revised 10/15/07

Letter No.206A-\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Misutilization of Medicaid ID Card**

Dear \*:

It was brought to our attention that \* presented your Medicaid ID card to \* on \* in order to obtain medical treatment, dental treatment and/or prescriptions.

The purpose of the Medical Assistance Program is to provide certain health care benefits for those who are in need of medical services. The use of the Medicaid card is for the person whose name appears on the card. **Therefore, the use of a Medicaid card by anyone other than who is named on the card is Medicaid fraud. This could mean that civil or criminal action could be taken against the unauthorized user of the card, as well as the recipient of the card.** Each person is responsible for his/her own Medicaid card. We urge you to keep your Medicaid card in a safe place at all times to prevent others from using it.

We strongly advise that you protect your card from being used by others. If you have lost your Medicaid card, *please report it by calling 1-800-834-3333.*

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Benji Yelverton, RDH  
SURS Fraud and Abuse Department

JP/BRY/\*



Revised 7/19/07

Letter No.206B-\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Misutilization of Medicaid Services**

Dear \*:

Federal laws require that claims paid by the Medical Assistance Program be reviewed. The Medical Assistance Program has a computer system that gathers all information sent in by doctors, hospitals, medical transportation providers, and pharmacies. Each time a patient uses his/her medical card, information is sent in to our computer system. Each patient has his/her own set of information which is listed by the medical identification number.

After reviewing your information, it was found that in the months of \* through \* you had a lot of \*. You saw a total of \* different providers in the Medical Assistance Program. In this context, the word provider means doctors, hospitals, medical transportation services, x-ray technicians, laboratory technicians, pharmacies, and many others. Within \* you saw a total of \* doctors for your medical condition.

As a patient in the Medical Assistance Program, you are allowed a total of twelve (12) doctor visits in one year. You may want to make your doctor appointments once a month to make sure you will have enough visits for the year. We understand that emergencies happen and you may have to see a doctor more than once a month. Please make an effort to use your doctor visits in a wise manner.

If you have any questions regarding this correspondence, you may contact \* of *Unisys, SURS Department at (225) 216-\**.

Thank you for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*/\*

Revised 7/19/07

Letter No.207-\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Misutilization of Transportation Services**

Dear \*:

It was brought to our attention that you requested transportation services on \*, a date for which you did not have a medical appointment.

The purpose of the Title XIX "Non-Emergency Transportation Program" is to provide transportation for Title XIX recipients to and from scheduled medical appointments. The use of the Transportation Program for transportation other than to a medical appointment is Medicaid fraud. This could mean that civil or criminal action could be taken against you should you continue to use the Transportation Program for other than medical appointments.

If you have any questions regarding this correspondence, you may contact \* of *Unisys, SURS Department at (225) 216-\**.

Thank you for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*

Revised 7/19/07

Letter No.208-  
Case #

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Educational Issue(s) - Peer Group Exceptions**

Dear \*:

Federal regulations require that claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in compliance with Federal and State regulations.

There is a computerized surveillance utilization review system in place within the Medicaid \* Program that captures information from each claim submitted by each provider. This system has the capability of comparing a provider's billing practice(s) with that of the peer group. All providers registered with the Louisiana Medical Assistance Program are placed in peer groups according to their size, specialty, and/or location. Our data base information is derived from Medicaid or Medicaid/Medicare crossover billing and does not reflect the provider's practice, billing and/or income from other sources. This information is used to establish peer group averages for all covered services. An exception from a peer group average indicates that your practice is not consistent with that of other providers in the program.

When a provider exceeds the average of the peer group by a substantial amount, the computer automatically pulls that provider up for review of the exceptions.

A history of all recipients for whom the provider has billed Medicaid services during a specific period of time is printed out and reviewed by our surveillance and utilization review personnel.

From this review, the reasons for the exceptions may become obvious and there is no need to further questions the provider's billing practice. In some instances, the reasons for the exceptions are not apparent; therefore, we have the responsibility of bringing this information to the provider's attention so that these services will be provided in a more judicious manner.

An exception profile generated for the period \* through \* indicated the following from your peer group's average:

<u>Line Item</u>	<u>Quarter(s)</u>	<u>Provider's Statistics</u>	<u>Peer Group Average</u>
*	*	*	*

Revised 7/19/07

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Page 2 of \*

Letter No.208-\*

Case #\*

We bring this information to your attention with the expectation that in the future you will make an effort to provide these services at a rate consistent with that of other Medicaid providers in your peer group. Further, we strongly suggest that you perform an internal audit on your billing and refund any money to the Department of Health and Hospitals that you may owe.

Please note that these issues are not subject to appeal and that this is not a sanction. However, if future reviews indicate that billing problems persist, this notice and any subsequent educational correspondence can be considered in the application of more stringent action.

If there are circumstances that explain or warrant provision of the medical services billed, please inform us and we will make note of them for further reviews.

If you have any questions regarding this correspondence, you may contact \* of *Unisys, SURS Department at (225) 216-\**.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*/\*

Revised 7/19/07

Letter No.209-\*  
Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Educational Issue(s) - Transportation Advertising Guidelines**

Dear \*:

Recently we received information that you are allegedly \*.

Attached please find the current advertising guidelines contained within the manual for *Medicaid Transportation Services*, reissued January 20, 1998, on pages 4-12 and 4-13, which strictly forbids this practice.

As an additional reminder, you should be aware that Medicaid pays only for transporting recipients who are unable to find alternate means of transportation with friends, relatives, and neighbors or by their personal automobiles or local bus system. Advertisements must not discourage recipients from seeking those alternate sources.

For a complete listing of the Administrative Sanctions available to the Department of Health and Hospitals for providers who continue to advertise outside of Title XIX policy guidelines, please refer to the manual for *Medicaid Transportation Services*, reissued January 20, 1998, beginning on page 9-8.

This is an educational letter and we are not taking any steps at this time to recover funds. We do recommend, however, that you discuss this matter with your billing staff to ensure that future claims are submitted correctly. Further, we strongly suggest that you perform an internal audit on your billing and refund any money to the Department of Health and Hospitals that you may owe.

Additionally, please note that the above issue(s) are not subject to appeal and that this is not a sanction. However, if future reviews indicate that billing problems persist, this notice and any subsequent educational correspondence can be considered in the application of more stringent action.

Revised 7/19/07

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Letter No.209-  
Case #

Page 2 of \*

If you have any questions regarding this correspondence, you may contact \* of *Unisys, SURS Department at (225) 216-\**.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*  
Enc.

Revised 7/19/07

Letter No.301-  
Case #

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**Notice of Sanction: \***

Dear \*:

Federal regulations require that Medicaid claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in accordance with Federal and State Regulations.

A review of submitted claims indicates billing problems in the following area(s):

\*

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**Note to Analyst:** If the provider is being fined, use the "n-1 (Fine)" paragraph located in the "Insertion Reference." Prior to using this paragraph, get approval from SURS Supervisor/DHH-PI Manager.

Because the overpayment and fine go into two separate funds, you will not combine the amount into one total in your letter. Instead, use the following paragraph:

*Based on the results of this review, \$\* is owed to the Department of Health and Hospitals for the area(s) of review outlined in this correspondence. An additional \$\* is owed for the fine being imposed. Recoupment and/or recovery of these amounts will begin by recovering funds from your weekly remittance.*

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*Based on the results of this review, \$\* is owed to the Department of Health and Hospitals. Recoupment and/or recovery of this amount will begin by recapturing funds from your weekly remittance.*

The above amount extends only to your liability identified in the attached audit. If future reviews indicate a liability for billings not identified in this audit of your claims, our agency will initiate a recoupment against any liability. Should future reviews prove that billing problems persist, then it will be necessary to take more stringent action. Further, we strongly suggest that you perform an internal audit on your billing and refund any additional money to the Department of Health and Hospitals that you may owe.

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Page 2 of \*

Revised 7/24/08

Letter No.301-\*

Case #\*

Please be advised that the Department of Health and Hospitals also has the authority and intends, if necessary, and if in fact, you are a Medicare provider, to request a withholding of Medicare payments until Medicaid has recovered all overpayments owed. The Centers for Medicare and Medicaid Services (CMS, formerly HCFA), through the Department of Health and Human Services, has the authority under the Social Security Act to collect overpayments through either program (Medicare or Medicaid). Under Section 1885 of the Act, "withholding of Medicare payments may occur when a provider has, or previously had in effect, an agreement with a Medicaid State agency to furnish Medicaid services, and the Medicaid agency has been unable to recover overpayments made to the provider, or collect the information necessary to enable it to determine the amount of any overpayment(s)."

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**Note to Analyst:** If the letter includes "previous sanction" instruct Clerical to add "m" or "n" as noted below:

**m. (Previous recoupment-improvement)**

We remind you that on \*, we sent a recoupment letter to you for the amount of \$\*. The area(s) of aberrant billing identified at that time was/were: \*. This current review identifies improvement in the following area(s): \*; however, you continue to misbill \*. Should future reviews show lack of improvement in this/these area(s), it will be necessary to take more stringent action.

**n. (Previous recoupment-continuation)**

We remind you that on \*, we sent a recoupment letter to you for the amount of \$\*. The area(s) of aberrant billing identified at that time was/were: \*. This current review identifies continuation of this/these same error(s), in addition to others. Should future reviews show lack of improvement in this/these area(s), it will be necessary to take more stringent action.

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You are entitled to an administrative review of this action. Initially, you should request an Informal Hearing at which you are entitled to both present information in writing or orally, present documents, and to inquire as to the reasons for our determination. You must make your request for an Informal Hearing in writing and within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of this notice. *Your written request should be sent to:*

**Unisys-Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

You may be represented by an attorney or authorized representative at the Informal Hearing. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at the address given above.



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\*

Page 3 of \*

**Revised 7/19/07**  
Letter No.301-\*  
Case #\*

Following the Informal Hearing you will receive a written Notice of the Results of the Informal Hearing from which you are entitled to seek an appeal before the Department's Bureau of Appeals. Your request for an Administrative Appeal must be in writing and set out the reasons for which you are seeking an appeal and the basis upon which you disagree with the results of the Informal Hearing. All requests for an Administrative Appeal must be received within thirty (30) calendar days (including Saturdays and Sundays) of the receipt of this notice. Request for an Administrative Appeal must be sent to the address given below. *Please send a copy of this request to Unisys-Louisiana Medicaid at the address given above for Unisys.*

Director, Bureau of Appeals  
DHH Appeals Bureau  
P. O. Box 4183  
Baton Rouge, LA 70821-4183  
(225) 342-0443

You may be represented by an attorney or authorized representative at the Administrative Appeal. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at both of the addresses given above.

You may choose to forego the Informal Hearing and instead request an Administrative Appeal of this action. If you choose this alternative, please follow the procedure described above for scheduling an Administrative Appeal.

If it is determined that an adjustment to the amount owed is necessary, a refund will be made.

If you have any questions regarding this correspondence, you may contact \* of Unisys, SURS Department at (225) 216-\*

Thank you for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*/\*  
Enc.

Revised 7/19/07

Letter No.302-  
Case #

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**Billing Provider #\***  
\*

**Notice of Sanction: \***

Dear \*:

Federal regulations require that Medicaid claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in accordance with Federal and State Regulations.

A review of submitted claims by \* with payments made to \* indicates billing problems in the following areas:

\*

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**Note to Analyst:** If the provider is being fined, use the “n-1 (Fine)” paragraph located in the “Insertion Reference.” Prior to using this paragraph, get approval from SURS Supervisor/DHH-PI Manager.

Because the overpayment and fine go into two separate funds, you will not combine the amount into one total in your letter. Instead, use the following paragraph:

*Based on the results of this review, \$\* is owed to the Department of Health and Hospitals for the area(s) of review outlined in this correspondence. An additional \$\* is owed for the fine being imposed. Recoupment and/or recovery of these amounts will begin by recovering funds from your weekly remittance.*

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*Based on the results of this review, \$\* is owed to the Department of Health and Hospitals. Recoupment and/or recovery of this amount will begin by recapturing funds from your weekly remittance.*

The above amount extends only to your liability identified in the attached audit. If future reviews indicate a liability for billings not identified in this audit of your claims, our agency will initiate a recoupment against any liability. Should future reviews prove that billing problems persist, then it will be necessary to take more stringent action. Further, we strongly suggest that you perform an internal audit on your billing and refund any additional money to the Department of Health and Hospitals that you may owe.

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Page 2 of \*

Revised 7/21/08

Letter No.302-\*

Case #\*

Please be advised that the Department of Health and Hospitals also has the authority and intends, if necessary, and if in fact, you are a Medicare provider, to request a withholding of Medicare payments until Medicaid has recovered all overpayments owed. The Centers for Medicare and Medicaid Services (CMS, formerly HCFA), through the Department of Health and Human Services, has the authority under the Social Security Act to collect overpayments through either program (Medicare or Medicaid). Under Section 1885 of the Act, "withholding of Medicare payments may occur when a provider has, or previously had in effect, an agreement with a Medicaid State agency to furnish Medicaid services, and the Medicaid agency has been unable to recover overpayments made to the provider, or collect the information necessary to enable it to determine the amount of any overpayment(s)."

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**Note to Analyst:** If the letter includes "previous sanction" instructs Clerical to add "m" or "n" as noted below:

**m. (Previous recoupment-improvement)**

We remind you that on \*, we sent a recoupment letter to you for the amount of \$\*. The area(s) of aberrant billing identified at that time was/were: \*. This current review identifies improvement in the following area(s): \*; however, you continue to misbill \*. Should future reviews show lack of improvement in this/these area(s), it will be necessary to take more stringent action.

**n. (Previous recoupment-continuation)**

We remind you that on \*, we sent a recoupment letter to you for the amount of \$\*. The area(s) of aberrant billing identified at that time was/were: \*. This current review identifies continuation of this/these same error(s), in addition to others. Should future reviews show lack of improvement in this/these area(s), it will be necessary to take more stringent action.

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You are entitled to an administrative review of this action. Initially, you should request an Informal Hearing at which you are entitled to both present information in writing or orally, present documents, and to inquire as to the reasons for our determination. You must make your request for an Informal Hearing in writing and within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of this notice. *Your written request should be sent to:*

**Unisys-Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

You may be represented by an attorney or authorized representative at the Informal Hearing. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at the address given above.

(\*)  
\*

Letter No.302-  
Case #

Page 3 of \*

Following the Informal Hearing you will receive a written Notice of the Results of the Informal Hearing from which you are entitled to seek an appeal before the Department's Bureau of Appeals. Your request for an Administrative Appeal must be in writing and set out the reasons for which you are seeking an appeal and the basis upon which you disagree with the results of the Informal Hearing. All requests for an Administrative Appeal must be received within thirty (30) calendar days (including Saturdays and Sundays) of the receipt of this notice. Request for an Administrative Appeal must be sent to the address given below. *Please send a copy of this request to Unisys-Louisiana Medicaid at the address given above for Unisys.*

Director, Bureau of Appeals  
DHH Appeals Bureau  
P. O. Box 4183  
Baton Rouge, LA 70821-4183  
(225) 342-0443

You may be represented by an attorney or authorized representative at the Administrative Appeal. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at both of the addresses given above.

You may choose to forego the Informal Hearing and instead request an Administrative Appeal of this action. If you choose this alternative, please follow the procedure described above for scheduling an Administrative Appeal. If it is determined that an adjustment to the amount owed is necessary, a refund will be made.

If it is determined that an adjustment to the amount owed is necessary, a refund will be made.

If you have any questions regarding this correspondence, you may contact \* of Unisys, SURS Department at (225) 216-\*

Thank you for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*  
Enc.

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**Notice of Sanction: Review of Additional Information and Recalculation of Overpayment Amounts**

Dear \*:

**Note to Analyst** If it is more than one action, instruct Clerical to insert after "Recoupment," the word "Educational" (i.e., Recoupment and Educational); also, if it includes "Self-Audit," add this action (i.e., Recoupment, Educational, and Self Audit).

The review of additional information provided by your office regarding the issue(s) listed in the Recoupment Letter No.301-\* dated \*, has been completed. The recovery amount has been adjusted from \$\* to \$\*.

**Note to Analyst/Clerical:** Insert "chart." Also insert the introductory sentence after the "adjusted amount sentence." The introductory sentence reads as: The result of this review is as follows:

Area(s) of Review	Original Overpayment	Adjusted Overpayment
* "*" Number of Claims	\$* *	\$* *
* "*" Number of Claims	\$* *	\$* *
<b>Total Overpayment</b>	<b>\$*</b>	<b>\$*</b>

**Note to analyst:** First column, the \* represents the area(s) of review, followed by "\*" which represents the alpha.

**Note to Analyst:** If Claims 3 or Claims 3A or Claims 3B is needed, instruct Clerical to insert it. See below:

**Claims 3 (recoupment-in-full)**      *Note: Use for recalculation only*

The attachments showing these adjustments are enclosed. The claims that are allowed in-full are identified by the letter "R" to the left of the Amount Paid column on the enclosed \* pages. *Recoupment and/or recovery of this adjusted amount will begin by recapturing funds from your weekly remittance.*

(\*)

Letter No.303-\*

\*

Case #\*

Page 2 of \*

**Claims 3A (partial recoupment)**      ☞ *Note: Use for recalculation only*

The attachments showing these adjustments are enclosed. The claims that are partially-allowed are identified by the letter "R1" to the left of the Amount Paid column on the enclosed \* pages. *Recoupment and/or recovery of this adjusted amount will begin by recapturing funds from your weekly remittance.*

**Claims 3B (combination of Claims 3 and Claims 3A)**      ☞ *Note: Use for recalculation only*

The attachments showing these adjustments are enclosed. The claims that are allowed in-full are identified by the letter "R" to the left of the Amount Paid column on the enclosed \* pages. The claims that are partially-allowed are identified by the letter "R1" to the left of the Amount Paid column on the enclosed \* pages. *Recoupment and/or recovery of this adjusted amount will begin by recapturing funds from your weekly remittance.*

**Note to Analyst:** If the recoupment letter included one area of review, insert Paragraph (1); for more area(s) of review, instruct clerical to insert chart (refer to instructions previously given for chart).

- (1) The review of additional information provided by your office regarding "\*"referred to in the Recoupment Letter No.301-\* dated \*, has been completed. The recovery amount has been adjusted from \$\* to \$\*. The attachments showing these adjustments are enclosed. *Recoupment and/or recovery of this adjusted amount will begin by recapturing funds from your weekly remittance.*

**Note to Analyst:** If Claims 3, Claims 3A, or Claims 3B is needed, insert it after the "adjusted amount sentence." See instructions given previously for the insertion of these claims.

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Please be advised that the Department of Health and Hospitals also has the authority and intends, if necessary, and if in fact, you are a Medicare provider, to request a withholding of Medicare payments until Medicaid has recovered all overpayments owed. The Centers for Medicare and Medicaid Services (CMS, formerly HCFA), through the Department of Health and Human Services, has the authority under the Social Security Act to collect overpayments through either program (Medicare or Medicaid). Under Section 1885 of the Act, "withholding of Medicare payments may occur when a provider has, or previously had in effect, an agreement with a Medicaid State agency to furnish Medicaid services, and the Medicaid agency has been unable to recover overpayments made to the provider, or collect the information necessary to enable it to determine the amount of any overpayment(s)."

Revised 7/24/08

(\*)  
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Letter No.303-\*  
Case #\*

Page 3 of \*

You are entitled to an administrative review of this action. Initially, you should request an Informal Hearing at which you are entitled to both present information in writing or orally, present documents, and to inquire as to the reasons for our determinations. You must make your request for an Informal Hearing in writing and within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of this notice. *Your written request should be sent to:*

**Unisys-Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

You may be represented by an attorney or authorized representative at the Informal Hearing. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at the address given above.

Following the Informal Hearing you will receive a written Notice of the Results of the Informal Hearing from which you are entitled to seek an appeal before the Department's Bureau of Appeals. Your request for an Administrative Appeal must be in writing and set out the reasons for which you are seeking an appeal and the basis upon which you disagree with the results of the Informal Hearing. All requests for an Administrative Appeal must be received within thirty (30) calendar days (including Saturdays and Sundays) of the receipt of this notice. Request for an Administrative Appeal must be sent to the address given below. *Please send a copy of this request to Unisys-Louisiana Medicaid at the address given above for Unisys.*

Director, Bureau of Appeals  
DHH Appeals Bureau  
P. O. Box 4183  
Baton Rouge, LA 70821-4183  
(225) 342-0443

You may be represented by an attorney or authorized representative at the Administrative Appeal. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at both of the addresses given above.

You may choose to forego the Informal Hearing and instead request an Administrative Appeal of this action. If you choose this alternative, please follow the procedure described above for scheduling an Administrative Appeal.

If you have any questions regarding this correspondence, you may contact \* of Unisys, SURS Department at (225) 216-\*

**Revised 7/24/08**

(\*)

\*

Page 4 of \*

Letter No.303-\*

Case #\*

Thank you for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*

Enc.



Revised 7/9/08

Letter No.304-\*  
Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**Notice of the Results of the Informal Hearing on the Issue of \***

Dear \*:

This is to confirm the Informal Hearing on \*, at Unisys. Those present at the meeting with you were Joseph Kopsa, representing DHH; \*, representing Unisys; and \*, representing you.

We would like to take this opportunity to thank you for attending the meeting and expressing your views on the following area(s) of review: \*. As a result of the discussion, the collection of \$\* was reaffirmed. *Recoupment and/or recovery of this amount will begin by recapturing funds from your weekly remittance.*

**Note to Analyst: Following is optional language for the last two sentences above:** The review of additional information provided by your office has been completed. As a result of the discussion and review of information, the recovery amount has been adjusted from \$\* to \$\*. The attachments showing these adjustments are enclosed.

- ☛ **Note to Analyst:** Use the wording noted below as an option to include as it applies to the case. Prior to using this paragraph, get approval from SURS Supervisor/DHH-PI Manager.

*If you are interested in a payment plan, please contact \* of Unisys, SURS Department at (225) 216-\* within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of this correspondence to make arrangements to refund the money owed to the Department of Health and Hospitals. If you do not respond within fifteen (15) days of receipt of this correspondence, recoupment and/or recovery will begin by recapturing the funds in-full from your weekly remittance.*

Please be advised that the Department of Health and Hospitals also has the authority and intends, if necessary, and if in fact, you are a Medicare provider, to request a withholding of Medicare payments until Medicaid has recovered all overpayments owed. The Centers for Medicare and Medicaid Services (CMS, formerly HCFA), through the Department of Health and Human Services, has the authority under the Social Security Act, "withholding of Medicare payments may occur when a provider has, or previously had in effect, an agreement with a Medicaid State agency to furnish Medicaid services, and the Medicaid agency has been unable to recover overpayments made to the provider, or collect the information necessary to enable it to determine the amount of any overpayment(s)."

Revised 4/20/09

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Letter No.304-\*

\*

Case #\*

Page 2 of \*

You are entitled to seek an appeal before the Department's Bureau of Appeals. Your request for an Administrative Appeal must be in writing and set out the reasons for which you are seeking an appeal and the basis upon which you disagree with the results of the Informal Hearing. All requests for an Administrative Appeal must be received within thirty (30) calendar days (including Saturdays and Sundays) of the receipt of this notice. Request for an Administrative Appeal must be sent to the address given below.

Director, Bureau of Appeals  
DHH Appeals Bureau  
P. O. Box 4183  
Baton Rouge, LA 70821-4183  
(225) 342-0443

*If filing for an Administrative Appeal, please send a copy of this request to Unisys-Louisiana Medicaid at the address given below.*

**Unisys-Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

You may be represented by an attorney or authorized representative at the Administrative Appeal. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at both of the addresses given above.

If you have any questions regarding this correspondence, you may contact \* *of Unisys, SURS Department at (225) 216-\**.

Thank you for your cooperation in this matter.

Sincerely,

Joseph Kopsa, J.D., M.A  
Section Chief Program Integrity

Kay Gaudet  
Medicaid Deputy Director

JK/KG/\*\*  
Enc.

Revised 7/19/07

Letter No.305-\*  
Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**Notice of Sanction: Recoupment of Overpayment and Required Educational Conference**  
**Billing Provider \***

Dear \*:

Federal regulations require that Medicaid claims paid by the Medical Assistance Program be reviewed. This is to ensure that expenditures are made in accordance with Federal and State Regulations.

A review of submitted claims indicates billing problems in the following areas:

\*

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**Note to Analyst:** If the provider is being fined, use the “n-1 (Fine)” paragraph located in the “Insertion Reference.” Prior to using this paragraph, get approval from SURS Supervisor/DHH-PI Manager.

Because the overpayment and fine go into two separate funds, you will not combine the amount into one total in your letter. Instead, use the following paragraph:

Based on the results of this review, \$\* is owed to the Department of Health and Hospitals for the area(s) of review outlined in this correspondence. An additional \$\* is owed for the fine being imposed. Recoupment and/or recovery of these amounts will begin by recovering funds from your weekly remittance.

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*Based on the results of this review, \$\* is owed to the Department of Health and Hospitals. Recoupment and/or recovery of this amount will begin by recapturing funds from your weekly remittance.*

Revised 7/19/07

(\*)

\*

Page 2 of \*

Letter No.305-\*

Case #\*

The above amount extends only to your liability identified in the attached audit. If future reviews indicate a liability for billings not identified in this audit of your claims, our agency will initiate a recoupment against any liability. Should future reviews prove that billing problems persist, then it will be necessary to take more stringent action. Further, we strongly suggest that you perform an internal audit on your billing and refund any additional money to the Department of Health and Hospitals that you may owe.

Because of the serious nature of the violations indicated above, it will be necessary for you to schedule a conference to discuss these issues. The authority for this action comes from our Manual of Policy and Procedures, Chapter 19, Section 881, especially 19-881 A (2), which states in part:

19-881 Levels of Administrative Sanction

A. Provider

- (2) Require education in program policies and billing procedures.

Please be advised that the Department of Health and Hospitals also has the authority and intends, if necessary, and if in fact, you are a Medicare provider, to request a withholding of Medicare payments until Medicaid has recovered all overpayments owed. The Centers for Medicare and Medicaid Services (CMS, formerly HCFA), through the Department of Health and Human Services, has the authority under the Social Security Act to collect overpayments through either program (Medicare or Medicaid). Under Section 1885 of the Act, "withholding of Medicare payments may occur when a provider has, or previously had in effect, an agreement with a Medicaid State agency to furnish Medicaid services, and the Medicaid agency has been unable to recover overpayments made to the provider, or collect the information necessary to enable it to determine the amount of any overpayment(s)."

You are entitled to an administrative review of these actions. Initially, you should request an Informal Hearing at which you are entitled to both present information in writing or orally, present documents, and to inquire as to the reasons for and the amount of the withholding. You must make your request for an Informal Hearing in writing and within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of this notice. *Your written request should be sent to:*

**Unisys-Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

You may be represented by an attorney or authorized representative at the Informal Hearing. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at the address given above.

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Page 3 of \*

Letter No.305-\*

Case #\*

Following the Informal Hearing you will receive a written Notice of the Results of the Informal Hearing from which you are entitled to seek an appeal before the Department's Bureau of Appeals. Your request for an Administrative Appeal must be in writing and set out the reasons for which you are seeking an appeal and the basis upon which you disagree with the results of the Informal Hearing. All requests for an Administrative Appeal must be received within thirty (30) calendar days (including Saturdays and Sundays) of the receipt of this notice. Request for an Administrative Appeal must be sent to the address given below. ***Please send a copy of this request to Unisys-Louisiana Medicaid at the address given above for Unisys.***

Director, Bureau of Appeals  
DHH Appeals Bureau  
P. O. Box 4183  
Baton Rouge, LA 70821-4183  
(225) 342-0443

You may be represented by an attorney or authorized representative at the Administrative Appeal. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at both of the addresses given above.

You may choose to forego the Informal Hearing and instead request an Administrative Appeal of this action. If you choose this alternative, please follow the procedure described above for scheduling an Administrative Appeal.

If it is determined that an adjustment to the amount owed is necessary, a refund will be made.

If you have any questions regarding this correspondence, you may contact \* of Unisys, SURS Department at (225) 216-\*

Thank you for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*

Enc.

Revised 7/19/07

Letter No.306-  
Case #

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**Notice of Sanction: \***

Dear \*:

Because you have charged private pay clients \$\* per day for the same services Medicaid clients receive at \$\*, for the period \* through \*, the following amount will be recouped:

\*

---

**Note to Analyst:** If the provider is being fined, use the "n-1 (Fine)" paragraph located in the "Insertion Reference." Prior to using this paragraph, get approval from SURS Supervisor/DHH-PI Manager.

Because the overpayment and fine go into two separate funds, you will not combine the amount into one total in your letter. Instead, use the following paragraph:

Based on the results of this review, \$\* is owed to the Department of Health and Hospitals for the area(s) of review outlined in this correspondence. An additional \$\* is owed for the fine being imposed. Recoupment and/or recovery of these amounts will begin by recovering funds from your weekly remittance.

---

***Based on the results of this review, \$\* is owed to the Department of Health and Hospitals. Recoupment and/or recovery of this amount will begin by recapturing funds from your weekly remittance.***

The above amount extends only to your liability identified in the attached audit. If future reviews indicate a liability for billings not identified in this audit of your claims, our agency will initiate a recoupment against any liability. Should future reviews prove that billing problems persist, then it will be necessary to take more stringent action. Further, we strongly suggest that you perform an internal audit on your billing and refund any additional money to the Department of Health and Hospitals that you may owe.

(\*)  
\*

Letter No.306-  
Case #\*

Page 2 of \*

Please be advised that the Department of Health and Hospitals also has the authority and intends, if necessary, and if in fact, you are a Medicare provider, to request a withholding of Medicare payments until Medicaid has recovered all overpayments owed. The Centers for Medicare and Medicaid Services (CMS, formerly HCFA), through the Department of Health and Human Services, has the authority under the Social Security Act to collect overpayments through either program (Medicare or Medicaid). Under Section 1885 of the Act, "withholding of Medicare payments may occur when a provider has, or previously had in effect, an agreement with a Medicaid State agency to furnish Medicaid services, and the Medicaid agency has been unable to recover overpayments made to the provider, or collect the information necessary to enable it to determine the amount of any overpayment(s)."

You are entitled to an administrative review of this action. Initially, you should request an Informal Hearing at which you are entitled to both present information in writing or orally, present documents, to inquire as to the reasons for and the amount of the withholding. You must make your request for an Informal Hearing in writing and within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of this notice. *Your written request should be sent to:*

**Unisys-Louisiana Medicaid  
SURS Unit \*  
8591 United Plaza Boulevard  
Baton Rouge, LA 70809-2295**

You may be represented by an attorney or authorized representative at the Informal Hearing. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at the address given above.

Following the Informal Hearing you will receive a written Notice of the Results of the Informal Hearing from which you are entitled to seek an appeal before the Department's Bureau of Appeals. Your request for an Administrative Appeal must be in writing and set out the reasons for which you are seeking an appeal and the basis upon which you disagree with the results of the Informal Hearing. All requests for an Administrative Appeal must be received within thirty (30) calendar days (including Saturdays and Sundays) of the receipt of this notice. Request for an Administrative Appeal must be sent to the address given below. *Please send a copy of this request to Unisys-Louisiana Medicaid at the address given above for Unisys.*

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P. O. Box 4183  
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Revised 7/19/07

(\*)

\*

Page 3 of \*

Letter No.306-\*

Case #\*

You may choose to forego the Informal Hearing and instead request an Administrative Appeal of this action. If you choose this alternative, please follow the procedure described above for scheduling an Administrative Appeal.

If it is determined that an adjustment to the amount owed is necessary, a refund will be made.

If you have any questions regarding this correspondence, you may contact \* of Unisys, SURS Department at (225) 216-\*

Thank you for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*  
Enc.



Revised 7/23/08

Letter No.403-  
Case #

Frederick Duhy, Director  
Louisiana Department of Justice  
Criminal Division  
Medicaid Fraud Control Unit  
P.O. Box 94005  
Baton Rouge, LA 70804-9005

RE: \*  
#\*

Dear Mr. Duhy:

This office is referring the above-Medicaid provider to you for investigation. We are making this referral due to \*.

**Background**

\*

**Summary**

\*. A copy of the summary of evidence and other pertinent documentation are attached.

We are forwarding this information to you for whatever action you deem necessary.

If you have any questions regarding this correspondence, you may contact \* at (225) 216-.\*.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*/\*

Enc.

cc: Cindy L. Castillo

Revised 7/23/08

Letter No.404-  
Case #

Cindy L. Castillo  
Office of Inspector General  
1100 Commerce, Room 629  
Dallas, TX 75242

**RE: \***  
#\*

Dear Ms. Castillo:

Attached is a copy of our letter suspending \* from participating in the Medical Assistance Program for a period of \* year(s). As time delays have long since lapsed, this action is administratively concluded and this provider is formally excluded from the program as of \*.

We have also referred our investigation of \* to the Attorney General on \*, as evidenced by the attached letter.

If you have any questions regarding this correspondence, you may contact \* at (225) 216-.\*.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*/\*  
Enc.

Revised 7/19/07

Letter No.405-\*  
Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**RE: Pre-payment Review**

Dear \*:

This letter is to advise you that you are being removed from the pre-payment review process effective \*.

In reviewing your submitted claims, it has been observed that \*.

If you have any questions regarding this correspondence, you may contact \* of Unisys, SURS Department at (225) 216-\*.

Thank you for your cooperation in this matter.

Sincerely,

Jerry Phillips  
Medicaid Director

By:

Joseph Kopsa, J.D., M.A.  
Director, Medicaid Program Integrity

JP/JK/\*\*

Revised 3/29/05

Letter No.406A-\*

**INVESTIGATORY REPORT:  
SUMMARY OF EVIDENCE**

Analyst: \*, 200\*  
\*

**I. Provider Information**

Name: \*  
Number: \*  
Case Number: \*  
Address: \*

Year-To-Date Payments: \*  
Prior Year Income \*: \*  
Holding as of \*: \*

**II. Case Information**

\*

**III. Report of On Site Visit**

\*

**IV. Summary of Findings**

\*

**V. Summary of Informal Hearing**

An Informal Hearing was held on \*

**VI. Overpayments**

\*

Revised 7/9/08

Letter No.407-\*  
Case #\*

**CERTIFIED MAIL NUMBER**  
**RETURN RECEIPT REQUESTED**

(\*)

**Notice of Sanction: Exclusion from the Medical Assistance Program**

Dear \*:

You are hereby notified that the Department of Health and Hospitals intends to exclude you from further participation in the Medical Assistance Program for a period of \* year(s) and terminate your contract. This action is authorized by Federal law and the Rules and Regulations of the Department. You are also in breach of your contract which requires that you adhere to the Rules and Regulations of the Department.

As required by the cited authorities, you are further notified that this action is based on evidence from \* records and claims billed from \* through \*. Serious violations of \* regulations and requirements as set forth in the \* manual were found. These violations have resulted in overbilling. The identification of overpayment resulted from a post-payment review of claims. The impact of overpayment goes beyond the \* recipients listed on the attached page. These individual instances are a statistically valid random sample of the universe of all claims filed from \* through \*. These members of the sample are extrapolated to the whole so that each instance represents multiple occurrences of the instance.

Program violations include the following:

\*

Please be advised that the Department of Health and Hospitals also has the authority and intends, if necessary, and if in fact, you are a Medicare provider, to request a withholding of Medicare payments until Medicaid has recovered all overpayments owed. The Centers for Medicare and Medicaid Services (CMS, formerly HCFA), through the Department of Health and Human Services, has the authority under the Social Security Act to collect overpayments through either program (Medicare or Medicaid). Under Section 1885 of the Act, "withholding of Medicare payments may occur when a provider has, or previously had in effect, an agreement with a Medicaid State agency to furnish Medicaid services, and the Medicaid agency has been unable to recover overpayments made to the provider, or collect the information necessary to enable it to determine the amount of any overpayment(s)."

(\*)

\*

Page 2 of \*

Letter No.407-\*

Case #\*

You are entitled to an administrative review of this action. Initially, you should request an Informal Hearing at which you are entitled to both present information in writing or orally, present documents, and to inquire as to the reasons for our determination. You must make your request for an Informal Hearing in writing and within fifteen (15) calendar days (including Saturdays and Sundays) of receipt of this notice. *Your written request should be sent to:*

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SURS Unit \*  
8591 United Plaza Boulevard  
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DHH Appeals Bureau  
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(225) 342-0443

You may be represented by an attorney or authorized representative at the Administrative Appeal. Your attorney or authorized representative must file a written notice of representation identifying himself by name, address, and telephone number at both of the addresses given above.

You may choose to forego the Informal Hearing and instead request an Administrative Appeal of this action. If you choose this alternative, please follow the procedure described above for scheduling an Administrative Appeal.

If you do not request an Informal Hearing or an Administrative Appeal, your exclusion will become effective thirty (30) days (including Saturdays and Sundays) from the date of this letter.