PROCESS

RECIPIENT REIMBURSEMENT REQUEST RECEIVED

BUSINESS PROCESS STEPS

1. Receive request for reimbursement from enrollee, authorized representative or Parish Medicaid office.
2. Verify enrollee's eligibility information in Recipient Search in LA Medicaid Management Information System (LMMIS), Customer Information Control System (CICS) or Medicaid Eligibility Determination System (MEDS).
3. Perform case search in LA Medicaid Management Information System (LMMIS) to verify that a case doesn't already exist.
4. Retrieve payee information if the enrollee is a minor from Medicaid Eligibility Determination System (MEDS).
5. Assign request to a Medicaid Monitor with a case number for processing in LA Medicaid Management Information System (LMMIS).
6. Document in (ECR) Electronic Case Record the request was received and the monitor the case has been assigned to.
7. Review of information by Medicaid Monitor is done to see if criteria have been met.
   - The provider was enrolled as a LA Medicaid provider on the date the service was received.
   - The enrollee was Medicaid eligible on the date of service.
   - The bills are for services received within the enrollee's eligibility period for reimbursement.
   - Enrollee hasn't received reimbursement from Medicaid, the provider or a third party entity.
   - The bills are for medical care, services, or supplies covered by Medicaid on the date service.
   - Enrollee has provided proof of payment.
8. If criteria is met and no additional information is needed, the claim will be processed.
9. If criteria is not met, the request will be denied and the enrollee will be mailed a Notice of Recipient Reimbursement Decision (BHSF Form 18RRP).
10. If additional information is needed, a Recipient Reimbursement Verification Request Form is mailed to the enrollee and they are given 15 days from the date of the letter to respond.

11. If the enrollee fails to provide the verification within the 15 days the request for reimbursement is denied and a Notice of Recipient Reimbursement Decision (BHSF Form 18 RRP) is mailed to the enrollee. The enrollee is given 30 days to request a fair hearing. If request for an appeal is received, the appeal process will be completed.
12. If the verification needed is submitted, the case is processed.
13. If the received verification is insufficient, the enrollee is given another opportunity to provide the correct information. Policy allows an additional 15 days to provide verification.
    - If the correct information is received, the request is processed.
    - If the information is not provided the request will be denied and a Notice of Recipient Reimbursement Decision (BHSF Form 18RRP) is mailed to the enrollee. The enrollee is given 30 days to appeal the decision. If appeal request is received, the appeal process will be completed.
14. Case information should be scanned into the ECR (Electronic Case Record) within one week of completion. You should verify the scan to make sure it is legible before destroying the case. All original receipts should be returned to the enrollee.

PROCESSING RECIPIENT REIMBURSEMENT REQUEST

BUSINESS PROCESS STEPS

1. Select case from the Data Entry Queue in LMMIS (Louisiana Medicaid Management Information System. Case status will be "added".
2. Select "Add New Request (RRP-R)". Case status will change to "open".
3. Enter Provider number.
4. Select claim type and hit enter.
5. The form that appears will be appropriate for the claim type selected.
6. Enter claim information.
7. Save information. Reimbursement amounts will be calculated automatically.
8. Review for possible errors and invalid claims. Make necessary corrections.
9. Enter price override if necessary. Sometimes a manual calculation is needed for Pharmacy, DME (durable medical equipment) and FQHC (Federally Qualified Health Center and duplicate claims.
10. Enter a reason in the comment section to explain the price override.
11. Select "Pay check" box if not already checked and save all changes. If any edits fail a price will not be calculated and a status of "invalid" will be returned along with the reason for invalidity.
12. Make all necessary comments in "additional notes" and complete the case. If payment is due, case status will change to "Closed – Payment Outstanding". If payment is zero, the status will be "Closed".
13. Mail Recipient Reimbursement Notice of Decision (automatically generated) to the enrollee if the reimbursement amount is zero. Enrollee has 30 days to request an appeal. If appeal request is received, the appeal process is completed.
14. If a payment is outstanding, a payment request will be generated to DHH Financial Management for the approved reimbursement amount.
15. Submit case to supervisor for approval: 1.) If it is a second check request 2.) If a price override was done or 3.) If the price request exceeds a predetermined system amount. If approved the case remains in "Closed – Payment Outstanding" status. If denied, the case status will be returned to "Open" status for corrections. Once completed the check request is sent to DHH Financial Management.
16. Receive check from DHH Financial Management (usually on Mondays).
17. Print Notice of Recipient Reimbursement Decision. Notice will automatically appear in the Monitor's print queue in LMMIS System once the check is issued.

18. Mail Notice and check to enrollee. Enrollee is given 30 days to appeal the decision. If an appeal request is received, the appeal process is completed. If check and notice is returned, the Monitor will make necessary changes and mail information to enrollee again. All changes are noted in ECR and in LMMIS.
19. Scan all information related to reimbursement request into the ECR (Electronic Case Record) within one week of completion. Originals should be mailed back to the enrollee.

RHC/FQHC

MEDICAID PROSPECTIVE PAYMENT SYSTEM

In accordance with Section 1902(aa)/the provisions of the Benefits Improvement Act (BIPA) of 2000, effective January 1, 2001, payments to Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for Medicaid services will be made under a Prospective Payment System (PPS) and paid on a per visit basis.

The PPS per visit rate is provider specific. To establish the interim baseline rate for 2001, each RHC/FQHC's 1999 and 2000 allowable costs as taken from the RHC/FQHC's filed 1999 and 2000 Medicaid cost reports were totaled and divided by the total number of Medicaid patient visits for 1999 and 2000. The baseline calculation includes all Medicaid coverable services provided by the RHC/FQHC regardless of existing methods of reimbursement for said services. This includes, but is not to be limited to ambulatory, transportation, laboratory (where applicable), KidMed and dental services previously reimbursed on a fee-for-service or other non-encounter basis. **The per visit rate is all-inclusive. RHC/FQHC's are not eligible to bill separately for any Medicaid covered services.** The final PPS rate will be based on audited final cost reports for 1999 and 2000.

For an RHC/FQHC which enrolls and receives approval to operate on or after January 1, 2001, the facility's initial PPS per visit rate will be determined first through comparison to other RHCs/FQHCs in the same town/city/parish. Scope of services will be considered in determining which proximate provider most closely approximates the new provider. For FQHCs which enroll and receive approval to operate on or after October 21, 2004, the facility will receive the Statewide Average Rate of all FQHCs.

Reimbursement Adjustments

The PPS per visit rate for each facility will be increased annually by percentage increase in the published Medicare Economic Index (MEI) for primary care services. The MEI will be applied on July 1 of each year.

NOTE: Please direct all cost reporting concerns to Shelton Evans at (225) 342-6253.

REMINDER: RHCs must submit an annual cost report. The cost report must be sent to Trispan at the following address:

Trispan Health Services
5420 Corporate Boulevard, Suite 201
Baton Rouge, LA 70808

Phone: 225/925-8115

RHC/FQHC PROGRAM OVERVIEW

There are 3 components that may be provided under the RHC/FQHC Program: Encounter Visits, KIDMED Screening Services, and EPSDT Dental, Adult Denture Services and Expanded Dental Services for Pregnant Women (EDSPW)

RHC/FQHC Encounter Visits

Encounter visits must be billed using procedure code T1015. **It is necessary to indicate on subsequent lines the specific services provided by entering the individual procedure code and description for each service rendered. If the encounter detail is not included the claim will deny.**

For obstetrical (OB) services the RHC/FQHC providers must bill the encounter code T1015 with modifier TH and all services performed on that date of service should be listed as detail lines.

RHC/FQHC KIDMED Screening Services

RHC/FQHC KIDMED screening services must be billed using the 837P Professional format, including the K3 KIDMED segment or the revised KM3 form using encounter code T1015 along with modifier EP. (Please see page 62 for further information regarding the filing of electronic claims.) It will be necessary for providers to indicate the specific screening services provided by entering the individual procedure code for each service rendered on the appropriate line. If a registered nurse performs the screening, providers must enter the appropriate procedure code followed by the modifier TD next to 'Screening Completed by a Nurse'. If immunizations are given at the time of the screening, then those codes continue to be billed on the CMS1500, along with encounter code T1015 and modifier EP. All claims billed using the T1015 and EP modifier **must include** supporting detail procedures.

RHC/FQHC EPSDT Dental, Adult Denture Services and Expanded Dental Services for Pregnant Women (EDSPW)

Dental services must be billed on the 2006 ADA claim form using the encounter code D0999. It will be necessary for providers to indicate on subsequent lines the specific dental services provided by entering the individual procedure code and description. All claims billed using D0999 **must include** supporting detail procedures.

NOTE: The dental encounter, D0999, may be billed on the same date of service as the encounter codes T1015(RHC/FQHC), T1015 TH(OB encounter), or T1015 EP(KIDMED screening).

Provider Type: 72

7/14/09 update

FQHCs

	Parish	Provider Number	Provider Name	FYE	Used	Fixed As Fixed	New Base Rate
1	67	44082	Abbeville Community Health Center Effective 8/17/2006	5/31	00/01	Finalized Cost Reports	101.25
2	32	8337	Albany Medical Clinic Effective 8/1/2006	6/30	PROX	State Wide Average	124.26
3	26	94128	Alvarez Fischer Community Health Effective 3/1/1992	12/31	00/00	Finalized Cost Reports	122.61
4	17	44743	Baton Rouge Primary Care Collaborative Effective 6/24/2004	6/30	PROX	Capital City Family	111.46
5	17	94809	Capital City Family Health Center Effective 11/17/1997	1/31	00/00	Finalized Cost Reports	105.46
6	17	94080	Catahoula Parish Hospital District #2 Effective 4/1/1990	12/31	00/00	Finalized Cost Reports	105.84
7	16	45029	Chitam Middle Health Center Effective 1/1/08	8/31	PROX	State Wide Average	134.41
8	19	18451	Chitam Lower Health Center Effective 8/22/2008	8/31	PROX	State Wide Average	126.50
9	18	44837	Concordia Community Health Center Effective 12/18/2005	12/31	PROX	State Wide Average	118.39
10	36	17418	Daughters of Charity Health Center Effective 7/1/2008	6/30	PROX	State Wide Average	126.30
11	36	45084	Daughters of Charity Health Center Effective 7/1/2008	6/30	PROX	State Wide Average	116.50
12	36	17880	Daughters of Charity Health Center Effective 7/1/2008	6/30	PROX	State Wide Average	116.30
13	6	70401	David Raines Community Health Center/Bossier Effective 8/28/2006	6/30	PROX	State Wide Average	174.26
14	9	94163	David Raines Community Health Center/Shreveport Eff 8/20/02	4/30	00/00	Finalized Cost Reports	118.11
15	6	94834	David Raines Community Health/Gibsland Eff 3/1/94	6/30	00/00	Finalized Cost Reports	116.94
16	34	40788	East Baton Rouge Elementary SBHC Effective 8/1/2007	2/28	PROX	State Wide Average	
17	26	64788	East Jefferson Community Health Center Effective 3/21/07	6/30	00/00	Cost Reports	85.87
18	17	44188	Excelth Family Health Center-Effective 1/1/2001	12/31	PROX	[illegible] Vly Cntry	78.76
19	60	07300	Fairway Terrace Site-Effective 1/1/2007	2/28	PROX	State Wide Average	126.75
20	27	94088	Iberia Comprehensive Community Health Center Inc. Eff 1/1/93	8/31	00/00	Finalized Cost Reports	117.16
21	34	43770	Iberville Elementary School Based Health Effective 2/1/07	2/28	PROX	State Wide Average	121.70
22	50	44796	Innis Community Health Center - Effective 8/14/2001	10/31	PROX	State Wide Average	101.44
23	19	64838	Jackson Comprehensive Health Center Effective 12/1/2008	8/31	PROX	State Wide Average	113.33
24	26	45379	Jefferson Community Health Center Effective 6/14/08	10/31	PROX	Capital City Family	117.97
25	26	ED13199	Jefferson Community Health Center/Marrero Effective 8/22/2008	12/31	PROX	State Wide Average	126.10
26	30	45061	Lincoln Community Health Center - Effective 9/18/08	3/31	PROX	State Wide Average	117.87
27	40	01303	Miracle Place Service Site-Effective 8/8/2007	2/28	PROX	State Wide Average	124.75
28	34	01970	Morehouse Community Medical Clinic-Effective 10/12/2007	7/31	PROX	State Wide Average	124.79
29	53	44310	Multipractice Clinic Effective 3/1/86	3/31	00/00	State Wide Average	118.39
30	36	94081	N.O.N.D.H.C.H.P. Effective 4/1/2000	10/31	00/00	Finalized Cost Reports	96.43
31	45	57948	Natchitoches Community Health Center Effective	12/31	PROX	State Wide Average	119.50
32	30	94182	Outpatient Medical Center Effective 4/1/1990	1/31	00/00	Finalized Cost Reports	80.39
33	64	94104	Outpatient Medical Center Effective 4/1/1990	1/31	00/00	Finalized Cost Reports	100.00
34	35	94107	Outpatient Medical Center Effective 4/1/1990	3/28	00/00	Finalized Cost Reports	88.83
35	30	C0418	Pointe Coupee Central High School Based Clinic-Effective 3/17/2008	10/31	PROX	State Wide Average	124.26
36	37	44183	Primary Health Services Center Eff 3/6/2001	12/31	PROX	Primary Health Services	97.01
37	37	94008	Primary Health Services Center - Effective 3/5/1996	12/31	00/00	Finalized Cost Reports	97.01
38	40	44475	Rapides Primary Health Care Center - Effective 8/23/2002	1/28	PROX	[illegible]	88.87
39	18	45027	RKM Primary Care - Effective 3/1/2003	8/31	PROX	State Wide Average	114.42
40	18	18856	Baughter Health Center-Effective 9/22/2008	8/31	PROX	State Wide Average	126.50
41	45	44444	St. Charles Community Health Clinic - Effective 6/1/2003	7/31	PROX	St. Gabriel CHC	129.27
42	28	45790	St. Charles Community Health Clinic - Effective 6/13/08	2/28	PROX	State Wide Average	114.82
43	34	94611	St. Gabriel Health Clinic-Effective Effective 12/1/1995	6/30	00/00	Finalized Cost Reports	121.15
44	46	94320	St. Helena Community Health Center-Effective 8/1/1993	6/30	00/00	Finalized Cost Reports	111.49
45	60	07808	St. Martin Community Health Center - Effective 7/13/2006	12/31	PROX	State Wide Average	124.26
46	62	92834	St. Tammany Community Health Center Effective 6/9/2008	12/31	PROX	State Wide Average	126.50
47	38	34092	St. Thomas Community Health Center - Eff 11/16/2006	12/31	PROX	State Wide Average	126.50
48	41	94185	SW LA Primary Health Care Clinic Effective 2/1/1993	6/30	00/00	Finalized Cost Reports	172.86
49	18	94083	SWLA Center for Health Services Effective 4/1/1990	5/31	00/00	Finalized Cost Reports	148.79
50	1	94283	SWLA Center for Health Services-Crowley Effective 8/30/2006	5/31			
51	28	35136	SWLA Center for Health Services - Lafayette Effective 6/1/2006	5/31	PROX	State Wide Average	126.50
52	55	45781	Teche Action Clinic-Houma Effective 9/11/2005	5/31	PROX	State Wide Average	118.48
53	51	94092	Teche Action Clinic Effective 4/1/1993	5/31	00/00	Finalized Cost Reports	104.15
54	4	92157	Teche Action Clinic-Pierre Part Effective 4/1/1995	5/31	PROX	State Wide Average	115.50
55	64	44866	Tensas Community Health Center Inc. Effective 6/3/2008	12/31	PROX	State Wide Average	118.91
56	61	502386	West Baton Rouge Primary Care Effective 4/16/2006	6/1	PROX	State Wide Average	124.29
57	61	93834	West St. Mary School Based Health Center Effective 3/27/2006	5/31	PROX	State Wide Average	126.50
58	21	94600	Winner Medical Clinic Effective 9/18/2006	12/31	00/00	Finalized Cost Reports	85.37
			Total FQHC Sites = 58			Last Updated 7/14/09	

RHC Base Rates (9/4/09) Provider Type 79

Parish	Provider #	Provider Based RHC	Base Rate as of 7/1/09
57	44808	Abbeville General Hospital Clinic	$137.90
2	45484	Allen Parish Hospital Rural Health Center	$138.71
53	94395	Amite Rural Health Clinic	$69.34
5	94376	Bunkie General Hospital	$96.95
5	45263	Bunkie Gen Hosp-Family Care Clinic	$116.17
7	44391	Christus Coushatta RHC	$135.71
41	44465	Christus Coushatta Ringgold RHC	$160.13
11	44393	Citizens Rural Health	$126.32
62	94505	Community Medical Clinic	$138.40
42	94600	Delhi Rural Health Clinic	$126.94
16	44393	Desoto Regional Family Medicine	$100.95
18	44653	East Carroll Medical Center	$162.88
2	45636	Elizabeth Family Health Center	$135.06
27	94792	Elton Rural Health Clinic	$112.17
46	45960	Family Health of St. Helena LL	$59.35
18	44806	Family Medical Clinic	$138.22
21	44995	Franklin Medical Center RHC	$162.35
54	44029	Franklin Medical Center RHC	$191.90
54	44798	Franklin Medical Center RHC	$157.63
59	44045	Franklinton Rural Health Clinic	$129.03
12	94525	Hackberry Rural Health Clinic	$134.13
30	44934	Harrgner Medical Center	$128.31
10	94624	Iowa Health Center	$79.25
25	44798	Jackson Parish Hospital Family Care	$100.94
23	94463	Jeanerette Rural Health Clinic	$108.19
25	44833	Jonesboro Family Care Clinic	$84.49
38	44286	Lady of the Sea Medical Clinic-Cutoff	$128.24
29	45925	Lady of the Sea Medical Clinic-Gold Mead	$127.20
29	45767	Lady of the Sea Medical Clinic-Larose	$108.18
48	94452	Lake Providence Medical Clinic RHC	$162.88
13	44971	LaSalle Primary Healthcare Center	$280.20
57	2012060	Maurice Community Care Clinic	$208.19
42	94508	Northeast LA Health Center	$106.90
62	94350	Oak Grove Medical Center RHC	$141.16
2	45855	Oberlin Family Health Clinic	$112.17
4	94832	OLOL Assumption Rural Health	$132.35
80	44135	Plain Dealing Medical Clinic	$143.70
43	1021971	Sabine Medical Center RHC	$100.95
43	1037605	Sabine Medical Center RHC #2	$100.95
49	94791	Savoy Family Care	$151.74
60	44829	SMC/Doctors Clinic	$143.69
12	94433	South Cameron Memorial Hospital	$55.22
45	45433	St. Helena Parish Hospital RHC	$179.60
37	2460	Sterlington Clinic	$84.49
18	94787	The Family Practice Clinic	$118.21
56	94604	Tri-Ward Clinic	$90.95
58	44208	Union General RHC	$94.12
56	44954	Union Clinic of Marion	$145.09
10	45278	Vinton Medical Clinic	$79.26
82	94334	West Carroll Medical Clinic	$156.36
24	52946	Westside Rural Health Services	$108.12
21	40824	Winnsr Rural Health Clinic	$176.32
11	94399	Winters Clinic	$216.15
43	44724	Zwolle Rural Clinic	$100.95

RHC Base Rate (9/4/09) Provider Type 79

1	1037745	Acadia Family Clinic	$94.78
51	94890	Acadiana Family Practice	$94.47
07	44295	Bienville Family Clinic	$86.52
14	94432	Butler-Abshire Rural Health Clinic	$101.66
39	44753	Brian LaBlanc, M.D.	$88.65
39	44751	Carl McLemore, M.D.	$86.65
22	44852	Caria Rural Health Center LLC.	$85.03
10	45612	Chedha Medical Rural Health Clinic	$85.03
53	1020303	Children First Kidmed	$82.59
31	44854	Family First Medicine	$82.59
48	52730	Family First Medicine Center of Reserve	$91.52
03	94814	Family Medical Clinic - Donaldsonville	$91.52
04	94829	Family Medical Clinic - Pierre Part	$82.98
57	44802	Gardiner Center Health Clinic	$94.47
40	12579	Healthy Steps Pediatrics	$85.03
23	94819	James Russell Romero MD RHC	$72.03
05	13104	KD Wellness Center, LLC	$85.03
27	44248	Lake Arthur Health Clinic	$72.03
39	44752	Louis V. Montalaro, M.D.	$86.65
05	94733	Martinville Family Care Center	$85.03
09	94299	Medical & Surgical Clinic	$108.03
80	10829	Minden Ladies Rural Health Clinic	$82.59
33	94849	L.P. Neumann Jr. MD APMC	$79.69
33	44651	Thomas A. Neumann, M.D. LTD	$79.70
05	44857	Newell Gauthier, Jr RHC	$85.03
	44864	Simmesport Family Clinic	$85.03
53	94456	North Oaks OB/GYN RHC	$82.59
38	44750	Paul Rachal, M.D.	$82.65
60	94464	Park City Health Center RHC/ Minden Family Care	$82.59
15	1031849	Pediatric and Adolescent Clinic	$85.03
	1448605	The Poplarville Clinic-Katrina Emergency Enrollment.	$78.80
24	44005	Prime Medical (Bernville Community HC)	$108.12
20	1017591	Raymond F Schneider Memorial Clinic, LLC	$72.03
04	44513	Reddy Family Med Clinic-Napoleon	$91.52
24	94980	Reddy Family Med Clinic-Plaq	$86.64
24	94924	Reddy Family Medical Clinic - White Castle	$145.61
13	44749	Riverpark Medical Clinic - Jonesville	$85.03
32	40823	Riverside Family Medicine	$82.59
54	00852	Shalom Clinic for Children	$85.03
27	44532	Shirley Medical Clinic	$72.03
47	44860	St. James Primary Care	$91.52
48	45762	St. James Primary Care	$82.59
47	44979	St. Joseph Medical Clinic	$91.52
50	1027545	St. Martinville-Child Clinic	$86.64
57	1015179	Women's Clinic	$94.78
40	1030184	Woodworth Family Medicine	$85.03
14	44214	WK Claiborne Regional Health	$101.66
06	44428	WK Plain Dealing Clinic	$108.03

Provider Type 87

INDEPENDENT PROVIDERS

	Parish	Provider Number	Name	FYE	FY's Used	Final/ As Filed	New Base Rate	MEI Inc 7/1/2002	PPS RATE	MEI Inc 7/1/2003	PPS RATE	MEI Inc 7/1/2004	PPS RATE	MEI Inc 7/1/2005	PPS RATE	MEI Inc 7/1/2006	PPS RATE	MEI Inc 7/1/2007	PPS Rate	MEI Inc 7/1/2008	PPS Rate	MEI Inc 7/1/2009	PPS Rate
1	1	1037745	Acadia Family Clinic Eff 4/11/2008																				
2	51	94890	Acadiana Family Practice Eff 6/3/08	12/31	PROX		91.64											0.021	92.14	0.018	93.29	0.018	94.78
3	07	44295	Bienville Family Clinic - Eff 5/28/02	12/31	99/00	Finalized CR	77.42	0.026	79.64	0.03	82.03	0.029	84.41	0.031	87.02	0.028	89.46	0.021	91.34	0.018	92.58	0.018	94.47
4	14	94432	Butler-Abshire Rural Health Clinic Eff 2/6/1995	12/31	PROX	Tri-Ward Clinic	69.42	0.026	71.23	0.03	73.36	0.029	75.49	0.031	77.83	0.028	80.01	0.021	81.69	0.018	83.16	0.016	84.49
5	30	44753	Brian LeBlanc, M.D. Eff 10/7/04	12/31	99/00	Finalized CR	83.53	0.026	85.70	0.03	88.27	0.029	90.83	0.031	93.65	0.028	96.27	0.021	98.29	0.018	100.06	0.016	101.66
6	30	44751	Carl McLemore, M.D. - Eff 10/7/04	6/30	PROX	Court-ordered	64.43						77.41	0.031	79.81	0.028	82.05	0.021	83.77	0.018	85.28	0.016	86.63
7	22	44852	Cania Rural Health Centers LLC - Eff 4/11/06	6/30	PROX	Court-ordered	64.43						77.41	0.031	79.81	0.028	82.05	0.021	83.77	0.018	85.28	0.016	86.63
8	10	45612	Chagha Medical Rural Health Clinic Eff 2/1/07	12/31	PROX	Marksville FC	78.33							0.031	78.33	0.028	80.52	0.021	82.21	0.018	83.69	0.016	85.03
9	53	1020303	Children First Klamed Effective 10/19/2007	12/31	PROX	Marksville FC	80.52									0.028	80.52	0.021	82.21	0.018	83.69	0.016	85.03
10	16	1350018	Community Health Institute Eff 8/12/08	12/31	PROX		79.25											0.021	79.85	0.018	81.29	0.016	82.59
11	31	44854	Family First Medicine-Eff 2/1/06		PROX		106.33														106.33	0.016	108.03
12	48	52730	Family First Medicine Center of Reserve-Eff 3/24/2006	12/31	PROX	Park City-Blind	78.21							0.031	79.75	0.028	78.21	0.021	79.85	0.018	81.29	0.016	82.51
13	03	94814	Family Medical Clinic - Donaldsonville-Eff 2/20/98	12/31	PROX										84.31	0.028	86.67	0.021	88.49	0.018	90.08	0.016	91.52
14	04	94829	Family Medical Clinic - Plaza Park-Eff 4/27/98	12/31	99/00	Finalized CR	75.20	0.026	77.16	0.03	79.47	0.029	81.77	0.031	84.31	0.028	86.67	0.021	88.49	0.018	90.08	0.016	91.52
15	49	44791	Fleur-De-Lis Community Health - Eff 12/14/05	12/31	99/00	Finalized CR	68.18	0.026	68.95	0.03	72.05	0.029	74.34	0.031	76.44	0.028	78.58	0.021	80.23	0.018	81.67	0.016	82.98
16	57	44802	Gardner Center Health Clinic - Eff 1/03/06				87.02								87.02	0.028	89.46	0.021	91.34	0.018	92.98	0.016	94.47
17	40	12579	Healthy Steps Pediatrics	3/31	PROX	Acadiana Fam	87.02								87.02	0.028	89.46	0.021	91.34	0.018	92.98	0.016	94.47
18	23	94839	James Russell Romero MD RHC Eff 8/4/98	12/31	PROX		82.21											0.021	82.21	0.018	83.69	0.016	85.03
19	08	13104	KD Wellness Center, LLC Eff 7/2/2008	12/31	99/00	Finalized CR	59.18	0.026	60.72	0.03	62.54	0.029	64.35	0.031	66.35	0.028	68.21	0.021	69.64	0.018	70.89	0.016	72.03
20	27	44248	Lake Arthur Health Clinic - Eff 4/1/02	12/31	PROX		83.69													0.018	83.69	0.016	85.03
21		1983	Manuel Family Clinic (Krotz Springs Family Clinic), Eff 10/12/2007	9/30	PROX	James Romero	59.18	0.026	60.72	0.03	62.54	0.029	64.35	0.031	66.35	0.028	68.21	0.021	69.64	0.018	70.89	0.016	72.03
22	30	44752	Louis V. Montelaro, M.D. - Eff 10/7/04	12/31	PROX		83.77												83.77	0.018	85.28	0.016	86.64
23	05	94713	Marksville Family Care Center (Kalifey Medical Clinic)	6/30	PROX	Court-ordered	64.43						77.41	0.031	79.81	0.028	82.05	0.021	83.77	0.018	85.28	0.016	86.65
24	00	94299	Medical & Surgical Clinic Eff 7/21/93	6/30	99/00	Finalized CR	69.66	0.026	71.68	0.03	73.83	0.029	75.97	0.031	78.33	0.028	80.52	0.021	82.21	0.018	83.69	0.016	85.03
25	60	10829	Mincon Ladies Rural Health Clinic-Eff 7/16/07	9/30	99/00	Finalized CR	88.76	0.026	91.07	0.03	93.80	0.029	96.52	0.031	99.51	0.028	102.50	0.021	104.45	0.018	106.33	0.016	108.03
26	33	94849	L.P. Neumann Jr. MD APMC Eff 7/2/98	12/31	PROX		78.85											0.021	79.85	0.018	81.29	0.016	82.59
27	33	44651	Thomas A. Neumann, M.D. LTD - Eff 4/29/04	8/31	99/00	Finalized CR	65.48	0.026	67.18	0.03	69.20	0.029	71.20	0.031	73.41	0.028	75.47	0.021	77.06	0.018	78.44	0.016	79.69
28	05	44857	Cottonport Family Clinic (formerly Newell Gauthier, Jr RHC) Eff 5/28/04		PROX	L.P. Neumann					69.20	0.029	71.20	0.031	73.41	0.028	75.47	0.021	77.05	0.018	78.44	0.016	79.70
29	05	44864	Newell Gauthier, Jr RHC Eff 8/30/08	12/31	PROX	Marksville FC	80.52							0.031	78.33	0.028	80.52	0.021	82.21	0.018	83.69	0.016	85.03
				12/31	PROX	Marksville FC	80.52							0.031	78.33	0.028	80.52	0.021	82.21	0.018	83.69	0.016	85.03
31	53	94456	North Oaks OB/GYN RHC Eff 12/28/84																				
32	39	44730	Paul Rachal, M.D. - Eff 10/7/04	12/31	99/00	Finalized CR After Field Audit	67.85	0.026	69.62	0.03	71.71	0.029	73.79	0.031	76.08	0.028	78.21	0.021	79.85	0.018	81.29	0.016	82.59
33	00	94464	Park City Health Center RHC/ Minden Family Care Eff 2/10/85	6/30	PROX	Court-ordered	64.43						77.41	0.031	79.81	0.028	82.05	0.021	83.77	0.018	85.28	0.016	86.63
34	15	1021849	Pediatric and Adolescent Clinic Eff 11/7/07	3/31	99/00	Finalized CR	67.86	0.026	69.62	0.03	71.71	0.029	73.79	0.031	76.08	0.028	78.21	0.021	79.85	0.018	81.29	0.016	82.59
35		1442605	The Popeville Clinic-Katrina Emergency Enrollment	12/31	PROX		82.21											0.021	82.21	0.018	83.69	0.016	85.03
36	24	44005	Pryhy Medical (Iberville Community HC) - Eff 2/21/00		39447										72.58	0.028	74.62	0.021	76.19	0.018	77.56	0.016	78.80
37	23	1037591	Raymond F Schneider Memorial Clinic, LLC Eff 4/9/2008	12/31	00/01	Finalized CR	88.83	0.026	91.14	0.03	93.88	0.029	96.60	0.031	99.60	0.028	102.39	0.021	104.54	0.018	106.47	0.016	108.17
38	04	44511	Reddy Family Med Clinic-Napoleon -Eff 8/18/03	12/31	PROX	James Romero	69.64											0.021	69.64	0.018	70.89	0.016	72.03
39	24	94980	Reddy Family Med Clinic-Plaq -Eff 11/4/99	12/31	PROX	Reddy - D'Ville	79.47		79.47		79.47	0.029	81.77	0.031	84.31	0.028	86.67	0.021	88.49	0.018	90.08	0.016	91.52
40	24	94924	Reddy Family Medical Clinic - White Castle Eff 6/28/93	12/31	00/01	Finalized CR	71.19	0.026	73.04	0.03	75.23	0.029	77.41	0.031	79.81	0.028	82.05	0.021	83.77	0.018	85.28	0.016	86.64
41	13	44749	Riverpark Medical Clinic - Jonesville - Eff 11/4/04	12/31	99/00	Finalized CR	119.63	0.026	122.74	0.03	126.43	0.029	130.90	0.031	134.15	0.028	137.89	0.021	140.78	0.018	143.31	0.016	145.61
42	32	40823	Riverside Family Medicine-Eff 3/27/2007	12/31	PROX	Marksville FC	75.97						75.97	0.031	78.35	0.028	80.52	0.021	82.21	0.018	83.69	0.016	85.03
43	64	00852	Shalom Clinic for Children -Eff 7/2/07	12/31	PROX		78.21										78.21	0.021	79.85	0.018	81.29	0.016	82.59
44	27	44532	Shirley Medical Clinic - Eff 7/2/03	12/31	PROX	Marksville FC	82.21											0.021	82.21	0.018	83.69	0.016	85.03
45	47	44880	St. James Primary Care Eff 8/22/03		PROX	James Romero	62.54				62.54	0.029	64.35	0.031	66.35	0.028	68.21	0.021	69.64	0.018	70.89	0.016	72.03
46	48	43761	St. James Primary Care Eff 2/1/2007	12/31	PROX	Reddy - D'Ville	84.31							0.031	84.31	0.028	86.67	0.021	88.49	0.018	90.08	0.016	91.52
47	47	44979	St. Joseph Medical Clinic - Eff 7/11/05	12/31	PROX		78.21										78.21	0.021	79.85	0.018	81.29	0.016	82.59
48	50	1027545	St. Martinville-Child Clinic- Eff 1/9/2008	12/31	PROX	Reddy - D'Ville	84.31								84.31	0.028	86.67	0.021	88.49	0.018	90.08	0.016	91.52
49	42	45079	Start Community Clinic - Eff 3/17/09	12/31	PROX		83.77											0.021	83.77	0.018	85.28	0.016	86.64
50	57	1016179	Women's Clinic-Effective 9/5/2007	12/31	PROX	LP Neumann	78.44														78.44	0.016	79.70
51	40	1020184	Woodworth Family Medicine-Effective 10/19/2007	12/31	PROX		91.64											0.021	91.64	0.018	93.29	0.016	94.78
52	14	44216	WK Claiborne Regional Health -Eff 12/01/01	12/31	PROX		82.21											0.021	82.21	0.018	83.69	0.016	85.03
53	00	44428	WK Plain Dealing Clinic - Eff 11/07/02	12/31	PROX	Butler-Abshire	85.70		85.70	0.03	88.27	0.029	90.83	0.031	93.65	0.028	96.27	0.021	98.29	0.018	100.06	0.016	101.66
			Total Independent Based RHC=53	12/31	PROX	Med & Surz	91.07		91.07	0.03	93.80	0.029	96.52	0.031	99.51	0.028	102.50	0.021	104.45	0.018	106.33	0.016	108.03

Last Updat 4/27/09

PHARMACY

A possible duplicate claim will be identified and denied when the matching claim from the MMIS Claims Processing sytem or the Recipient Reimbursement Intranet Application meets the respective criteria defined above, minus matching Provider IDs.

Pharmacy Back-end Data Validation

The Recipient Reimbursement application will check the validity of pharmacy-submitted claims by completing the following edits:

Provider Edits:

- The Pharmacy Provider (provider type=26) must be on-file and enrolled on the DOS

Recipient Edits:

- The recipient's sex must match any sex restriction of the NDC Code as of the DOS
- The recipient's age must be within the minimum and maximum age range of the NDC Code as of the DOS
- The recipient date of birth must be before the DOS (Edit 211)
- The recipient is Medicare-eligible based on TPLM (Edit 275; this will be indicated in the TPL Checkbox for the claim)
- The recipient has Private TPL Resource (Edit 932; this will be indicated in TPL Checkbox for the claim)
- The recipient is Qualified Medicare Beneficiary (QMB) (Aid Category 17, Type Case 95, Edit 330; this will be indicated in TPL Checkbox for the claim)

Drug Code (NDC) Edits:

- The NDC must be on-file and covered on the DOS
- The Pricing Action Code (PAC) must be '750', '7K0', or '755') on DOS
- The Drug Quantity must not exceed the maximum allowed (if the Drug Dispensing Unit Code = 1, the Volume Number is checked; if the Drug Dispensing Unit Code = 2 or 3, the Strength Number is checked)

Required Data Elements:

- Service Date must not be in the future

Deborah Davis

From: Darryl Johnson (DHH-MVA)
Sent: Tuesday, October 13, 2009 3:28 PM
To: Alicia Smith; Allison Shortess; Angela Hebert; Audrey PIPER; Bhaskar Toodi; Bill Perkins; Brian Bagdan; Charles Ayles; Chassity Queen; Darla Ratcliff; Deborah Davis; DeEdra Hyde (DHH-MVA); Donna Brunson; George Bucher; Jamey Lobell; Jennifer Boothe; Jerry Phillips; Joe Kopsa; Kang Sun Lee; Kay Gaudet; Kaylin Tate; Kent Bordelon; Kyle Viator; Laurie Tichenor; Lois Lockett; M J Terrebonne; Marisa Naquin; Marlyce Kemp; Pamela Brown; Randy Davidson; Ray Dawson; Renata Harkless; Rose Milliken; Ruth Kennedy (DHH-MVA); Rutha Cayette; Tim Williams; Yvette Johnson (DHH-MVA)
Subject: Medical Vendor Logic Changes number 4 and 5 of 2010
Attachments: MVLOGIC TRANSPORT.pdf

Revision: Number 4 of SFY 2010

Attached is an update to the current logic for the referenced MMIS report. Incorporate the change(s) into ISIS, CMS reports and your reference manual.

The Logic was updated in the **Pharmacy** Program, category of service "**18**" to include the capture of immunizations by Pharmacists services. Also, the private pharmacy – recipient payments ISIS organization code has been changed from "**1813**" to "**1814.**" This separates these charges in ISIS from other pharmacy services.

Revision: Number 5 of SFY 2010

Attached is an update to the current logic for the referenced MMIS report. Incorporate the change(s) into ISIS, CMS reports and your reference manual.

- The Logic was updated in the **Hospice** Program, category of service "66" to correct logic changes made to place the room and board charges in a separate organization number. The Provider Specialty number "93" has been deleted from the logic. The LSU provider group was deleted from the logic. Finally, claim type "3" was added to capture room and board expenses for the IC-DD providers.

APPEALS

APPEAL PROCESS FOR RECIPIENT REIMBURSEMENTS

BUSINESS PROCESS STEPS

1. Receive appeal request in the mail from Bureau of Appeals, enrollee or authorized representative.
2. Log appeal request in Tracking Log (Excel document). Tracking is done by supervisor.
3. Assign task to complete Summary of Evidence to Monitor.
4. Monitor review case. If review indicates an administrative error, an agency reversal is done (originally denied case reopened and processed). The enrollee and the Bureau of Appeals are notified of the agency reversal. The enrollee is mailed a new Notice of Recipient Reimbursement Decision along with a check if request was approved. The enrollee has 30 days to appeal this decision. If another appeal request is received, the appeal process is completed. If the enrollee is given an explanation of the denial and withdraws their appeal request, the Bureau of Appeals is notified of their request by mail. The Bureau of Appeals will issue a letter to both the agency and the enrollee confirming the withdrawal request. All information regarding the appeal will be documented and scanned into the ECR (Electronic Case Record).
5. Prepare Summary of Evidence and attach supporting documents if an agency error was not made.
6. Review of Summary of Evidence and supporting documents completed by supervisor.
7. Mail two copies of the Summary of Evidence to Bureau of Appeals. If the enrollee is being represented by a lawyer or representative, three copies should be sent.
8. Supervisor receives letter from Bureau of Appeals scheduling hearing. Hearing date is entered in Tracking Log.
9. Monitor notified of hearing date.
10. Appeal hearing held with Appeal Law Judge, agency representative, enrollee and authorized representative (if enrollee chooses to have one).
12. Supervisor receives decision from Bureau of Appeals and documents on log.
13. Decision forwarded to Monitor. If the agency's decision is upheld, Monitor documents and scans all information into ECR (Electronic Case Record). The enrollee has the right to seek judicial review by a higher court. If the decision is in favor of the enrollee, a directive is issued by the Bureau of Appeals giving specific instructions concerning action to be taken. Action must be reported within 14 days to the Bureau of Appeals. The enrollee is given 30 days to appeal this decision also. If the enrollee submits an appeal, the appeal process is completed.