



**UNISYS**

# ***WEB APPLICATIONS PROVIDER TRAINING***

***Spring 2006***

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

## ABOUT THIS DOCUMENT

This document has been produced at the direction of the Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF), the agency that establishes all policy regarding Louisiana Medicaid. DHH contracts with a fiscal intermediary, currently Unisys Corporation, to administer certain aspects of Louisiana Medicaid according to policy, procedures, and guidelines established by DHH. This includes payment of Medicaid claims; processing of certain financial transactions; utilization review of provider claim submissions and payments; processing of pre-certification and prior authorization requests; and assisting providers in understanding Medicaid policy and procedure and correctly filing claims to obtain reimbursement.

This training packet has been developed for presentation at the Spring 2006 Louisiana Medicaid Provider Training workshops. Each year these workshops are held to inform providers of recent changes that affect Louisiana Medicaid billing and reimbursement. In addition, established policies and procedures that prompt significant provider inquiry or billing difficulty may be clarified by workshop presenters. The emphasis of the workshops is on policy and procedures that affect Medicaid billing.

This packet does not present general Medicaid policy such as standards for participation, recipient eligibility and ID cards, and third party liability. Such information is presented only in the Basic Medicaid Information Training packet. This packet may be obtained by attending the Basic Medicaid Information workshop; by requesting a copy from Unisys Provider Relations; or by downloading it from the Louisiana MEDICAID website, [www.lamedicaid.com](http://www.lamedicaid.com).

**FOR YOUR INFORMATION!  
SPECIAL MEDICAID BENEFITS  
FOR CHILDREN AND YOUTH**

**THE FOLLOWING SERVICES ARE AVAILABLE TO CHILDREN AND YOUTH WITH  
DEVELOPMENTAL DISABILITIES.  
TO REQUEST THEM CALL THE OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES  
(OCDD)/DISTRICT/AUTHORITY IN YOUR AREA.  
(See listing of numbers on attachment)**

**MR/DD MEDICAID WAIVER SERVICES**

To sign up for "waiver programs" that offer Medicaid and additional services to eligible persons (including those whose income may be too high for other Medicaid), ask to be added to the Mentally Retarded/ Developmentally Disabled (MR/DD) Request for Services Registry (RFSR). The **New Opportunities Waiver (NOW)** and the **Children's Choice Waiver** both provide services in the home, instead of in an institution, to persons who have mental retardation and/or other developmental disabilities. Both waivers cover Family Support, Center-Based Respite, Environmental Accessibility Modifications, and Specialized Medical Equipment and Supplies. In addition, **NOW** covers services to help individuals live alone in the community or to assist with employment, and professional and nursing services beyond those that Medicaid usually covers. The **Children's Choice Waiver** also includes Family Training. Children remain eligible for the Children's Choice Waiver until their nineteenth birthday, at which time they will be transferred to an appropriate Mentally Retarded/Developmentally Disabled (MR/DD) Waiver.

(If you are accessing services for someone 0-3 please contact EarlySteps at 1-866-327-5978.)

**SUPPORT COORDINATION**

A support coordinator works with you to develop a comprehensive list of all needed services (such as medical care, therapies, personal care services, equipment, social services, and educational services) then assists you in obtaining them. **If you are a Medicaid recipient and under the age of 21 and it is medically necessary, you may be eligible to receive support coordination services immediately.**

**THE FOLLOWING BENEFITS ARE AVAILABLE TO ALL MEDICAID ELIGIBLE CHILDREN AND YOUTH UNDER THE  
AGE OF 21 WHO HAVE A MEDICAL NEED.  
TO ACCESS THESE SERVICES CALL KIDMED (TOLL FREE) at 1-877-455-9955  
(or TTY 1-877-544-9544)**

**MENTAL HEALTH REHABILITATION SERVICES**

Children and youth with mental illness may receive Mental Health Rehabilitation Services. These services include clinical and medication management; individual and parent/family intervention; supportive and group counseling; individual and group psychosocial skills training; behavior intervention plan development and service integration. All mental health rehabilitation services must be approved by mental health prior authorization unit.

**PSYCHOLOGICAL AND BEHAVIORAL SERVICES**

Children and youth who require psychological and/or behavioral services may receive these services from a licensed psychologist. These services include necessary assessments and evaluations, individual therapy, and family therapy.

**EPSDT/KIDMED EXAMS AND CHECKUPS**

Medicaid recipients under the age of 21 are eligible for checkups ("EPSDT screens"). These checkups include a health history; physical exam; immunizations; laboratory tests, including lead blood level assessment; vision and hearing checks; and dental services. They are available both on a regular basis, and whenever additional health treatment or services are needed. EPSDT screens may help to find problems, which need other health treatment or additional services. **Children under 21 are entitled to receive all medically necessary health care, diagnostic services, and treatment and other measures covered by Medicaid to correct or improve physical or mental conditions. This includes a wide range of services not covered by Medicaid for recipients over the age of 21.**

## **PERSONAL CARE SERVICES**

*Personal Care Services (PCS)* are provided by attendants when physical limitations due to illness or injury require assistance with eating, bathing, dressing, and personal hygiene. PCS services do not include medical tasks such as medication administration, tracheostomy care, feeding tubes or catheters. The Medicaid *Home Health* program or *Extended Home Health* program covers those medical services. PCS services must be ordered by a physician. The PCS service provider must request approval for the service from Medicaid.

## **EXTENDED SKILLED NURSING SERVICES**

Children and youth may be eligible to receive Skilled Nursing Services in the home. These services are provided by a Home Health Agency. A physician must order this service. Once ordered by a physician, the home health agency must request approval for the service from Medicaid.

## **PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AUDIOLOGY SERVICES, and PSYCHOLOGICAL EVALUATION AND TREATMENT**

If a child or youth wants rehabilitation services such as Physical, Occupational, or Speech Therapy, Audiology Services, or Psychological Evaluation and Treatment; these services can be provided at school, in an early intervention center, in an outpatient facility, in a rehabilitation center, at home, or in a combination of settings, depending on the child's needs. For Medicaid to cover these services at school (ages 3 to 21), or early intervention centers and *EarlySteps* (ages 0 to 3), they must be part of the IEP or IFSP. For Medicaid to cover the services through an outpatient facility, rehabilitation center, or home health, they must be ordered by a physician and be prior-authorized by Medicaid.

**FOR INFORMATION ON RECEIVING THESE THERAPIES CONTACT YOUR SCHOOL OR EARLY INTERVENTION CENTER. EARLYSTEPS CAN BE CONTACTED (toll free) AT 1-866-327-5978. CALL KIDMED REFERRAL ASSISTANCE AT 1-877-455-9955 TO LOCATE OTHER THERAPY PROVIDERS.**

## **MEDICAL EQUIPMENT AND SUPPLIES**

Children and youth can obtain any medically necessary medical supplies, equipment and appliances needed to correct, or improve physical or mental conditions. Medical Equipment and Supplies must be ordered by a physician. Once ordered by a physician, the supplier of the equipment or supplies must request approval for them from Medicaid.

## **TRANSPORTATION**

Transportation to and from medical appointments, if needed, is provided by Medicaid. These medical appointments do not have to be with Medicaid providers for the transportation to be covered. Arrangements for non-emergency transportation must be made at least 48 hours in advance.

**Children under age 21 are entitled to receive all medically necessary health care, diagnostic services, treatment, and other measures that Medicaid can cover. This includes many services that are not covered for adults.**

**IF YOU NEED A SERVICE THAT IS NOT LISTED ABOVE CALL THE REFERRAL ASSISTANCE COORDINATOR AT KIDMED (TOLL FREE) 1-877-455- 9955 (OR TTY 1-877-544-9544).  
IF THEY CANNOT REFER YOU TO A PROVIDER OF THE SERVICE YOU NEED,  
CALL 1-888-758-2220 FOR ASSISTANCE.**

## **OTHER MEDICAID COVERED SERVICES**

- Ambulatory Care Services, Rural Health Clinics, and Federally Qualified Health Centers
- Ambulatory Surgery Services
- Certified Family and Pediatric Nurse Practitioner Services
- Chiropractic Services
- Developmental and Behavioral Clinic Services
- Diagnostic Services-laboratory and X-ray
- Early Intervention Services
- Emergency Ambulance Services
- Family Planning Services
- Hospital Services-inpatient and outpatient
- Nursing Facility Services
- Nurse Midwifery Services
- Podiatry Services
- Prenatal Care Services
- Prescription and Pharmacy Services
- Health Services
- Sexually Transmitted Disease Screening

**MEDICAID RECIPIENTS UNDER THE AGE OF 21 ARE ENTITLED TO RECEIVE THE ABOVE SERVICES AND ANY OTHER NECESSARY HEALTH CARE, DIAGNOSTIC SERVICE, TREATMENT AND OTHER MEASURES COVERED BY MEDICAID TO CORRECT OR IMPROVE A PHYSICAL OR MENTAL CONDITION.** This may include services not specifically listed above. These services must be ordered by a physician and sent to Medicaid by the provider of the service for approval.

**If you need a service that is not listed above call KIDMED (TOLL FREE) at 1-877-455-9955 (or TTY 1-877-544-9544).**

**If you do not RECEIVE the help YOU need ask for the referral assistance coordinator.**

# OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES (OCDD)/DISTRICT/AUTHORITY

## METROPOLITAN HUMAN SERVICES DISTRICT

1010 Common Street, 5<sup>th</sup> Floor  
New Orleans, LA 70112

**Phone: (504) 599-0245**

**FAX: (504) 568-4660**

## REGION VI

429 Murray Street - Suite B  
Alexandria, LA 71301

**Phone: (318) 484-2347**

**FAX: (318) 484-2458**

**Toll Free: 1-800-640-7494**

## CAPITAL AREA HUMAN SERVICES DISTRICT

4615 Government St. - Bin # 16 - 2nd Floor  
Baton Rouge, LA 70806

**Phone: (225) 925-1910**

**FAX: (225) 925-1966**

**Toll Free: 1-800-768-8824**

## REGION VII

3018 Old Minden Road  
Suite 1211

Bossier City, LA 71112

**Phone: (318) 741-7455**

**FAX: (318) 741-7445**

**Toll Free: 1-800-862-1409**

## REGION III

690 E. First Street  
Thibodaux, LA 70301

**Phone: (985) 449-5167**

**FAX: (985) 449-5180**

**Toll Free: 1-800-861-0241**

## REGION VIII

122 St. John St. - Room 343  
Monroe, LA 71201

**Phone: (318) 362-3396**

**FAX: (318) 362-5305**

**Toll Free: 1-800-637-3113**

## REGION IV

214 Jefferson Street - Suite 301  
Lafayette, LA 70501

**Phone: (337) 262-5610**

**FAX: (337) 262-5233**

**Toll Free: 1-800-648-1484**

## FLORIDA PARISHES HUMAN SERVICES AUTHORITY

21454 Koop Drive - Suite 2H  
Mandeville, LA 70471

**Phone: (985) 871-8300**

**FAX: (985) 871-8303**

**Toll Free: 1-800-866-0806**

## REGION V

3501 Fifth Avenue, Suite C2  
Lake Charles, LA 70607

**Phone: (337) 475-8045**

**FAX: (337) 475-8055**

**Toll Free: 1-800-631-8810**

## JEFFERSON PARISH HUMAN SERVICES AUTHORITY

3101 W. Napoleon Ave - S140  
Metairie, LA 70001

**Phone: (504) 838-5357**

**FAX: (504) 838-5400**

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## LOUISIANA MEDICAID WEBSITE APPLICATIONS

The newest way to obtain general and specific Louisiana Medicaid information is on the Louisiana Medicaid provider website:

[www.lamedicaid.com](http://www.lamedicaid.com)

There are two areas of the website that are accessible to the provider community, the Public Area and the Provider Applications Area.

### **Public Area**

The Public Area is available to anyone accessing this website. It contains information such as:

- New Medicaid information
- General Medicaid information
- Newsletter articles in their entirety
- Billing information
- HIPAA information
- National Provider Identifier (NPI) information - as it becomes available
- RA messages, weekly
- Fee schedules
- Forms
- Training schedules

### **Provider Applications Area**

To ensure the security of recipient and provider information the Provider Applications Area is the secure area and is available to Louisiana Medicaid providers only. It is the responsibility of each provider to enroll and obtain a login and password for this area of the website to access the applications that are contained herein. The applications may vary by provider type and may include the following:

- Electronic Medicaid Eligibility Verification System (e-MEVS)
- Electronic Claims System Inquiry (e-CSI)
- Electronic Clinical Data Inquiry (e-CDI)
- Electronic Prior Authorization (e-PA)
- Electronic Referral Authorization (e-RA)

The following sections of the packet will instruct providers on the specific applications and the usage of each, their functions and capabilities.

The [www.lamedicaid.com](http://www.lamedicaid.com) home page features a helpful welcome and a series of useful links along the left border.

**Louisiana Medicaid**

For Technical Support, call toll-free 1-877-598-8753.

Welcome to the Louisiana Medicaid Provider Support Center

**details. LA Providers can start submitting Uncompensated**

[Louisiana eHealth Conference - April 27th -28th](#)

[2006 Provider Training Schedule](#)

[Attention Providers and Submitters of Electronic Claims - Annual Certification Form Due Now](#)

[Hurricane Katrina Medicaid Provider and Recipient Information](#)

The Louisiana Department of Health and Hospitals and Unisys have created this website to make information more accessible to Medicaid providers. At this online location, providers can access information ranging from how to enroll as a Medicaid provider to directions for filling out a claim form.

In addition, providers can have direct contact with the Unisys Field Analyst assigned to their area or find information on provider training. Select the Provider Support link in the table of contents on the left side of the screen to find your representative.

Some questions you might have are already answered on our FAQ page. **Visit it by using the link located on the index to your left.** Click on any of these items to learn more about the Louisiana Medicaid Program.

As you move throughout the site, please note that we have included links to numerous useful websites. These sites are maintained independently of the Department of Health and Hospitals. Availability of these sites is not the responsibility of DHH.

Questions about this website may be directed to Unisys Provider Relations at **(800) 473-2783** or **(225) 924-5040**.

We recommend viewing this site with the latest versions of [Netscape](#) or [Internet Explorer](#).

**\*Please note that the Health Care Financing Administration is now known as the Center for Medicare and Medicaid Services.**

Warning: Unauthorized use of this site or the information contained herein is prohibited by the Louisiana Department of Health and Hospitals

For example, selecting the **HIPAA Information Center** link provides the Louisiana Medicaid HIPAA Information Center page shown on the next page.

# HIPAA Information Center

Notice that all of the helpful links from the home page are still provided along the left border.

The **National Provider Identifier (NPI)** link directs you to information in other web sites.

Selecting the **Training** link provides the page shown next.

For Technical Support, call toll-free 1-877-598-8753.

Search LAMedicaid

[Provider Login](#)  
[Click Here to Enter a Recovery Request](#)  
[New Medicaid Information](#)  
[HIPAA Information Center](#)  
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**Louisiana Medicaid HIPAA Information Center**

<a href="#">Modifications to the LA Medicaid HIPAA Contingency Plan</a>	The LA Medicaid HIPAA Contingency Plan has been modified.
<a href="#">National Provider Identifier (NPI)</a>	Link to NPI information.
<a href="#">VBC List 01-April-2006</a>	This is a list of software Vendors, Billing Agents, & Clearing Houses (VBCs) that are pursuing HIPAA readiness with Louisiana Medicaid.
<a href="#">Questions for Providers to Ask Vendors</a>	From CMS - Questions to ask Vendors, TPAs, or Clearinghouses.
<a href="#">HIPAA Implementation Schedule</a>	HIPAA implementation schedule for EDI, Local Codes and Claim Forms.
<a href="#">LTC Survey</a>	HIPAA LTC/ADHC/CFMR/Hospice Provider Survey
<a href="#">HIPAA 101</a>	HIPAA Information From CMS
<a href="#">HIPAA Resources</a>	Links to More Information on HIPAA From CMS
<a href="#">HIPAA Provider Checklist</a>	A HIPAA Readiness Checklist From CMS
<a href="#">Steps for HIPAA Compliance</a>	From CMS - Steps Toward HIPAA Compliance
<a href="#">Free Provider Audio Conferences</a>	FREE HIPAA Implementation Roundtable Audio-Conference specifically geared toward your provider specialty. Presented by CMS and Midwest Center for HIPAA Education. All of the Roundtables have a common agenda, with the issues, discussion and questions focused on your provider specialty. The agenda, schedule of roundtables and other information necessary for participation can be found at <a href="http://www.mche.us.com/teleconferences.shtml">http://www.mche.us.com/teleconferences.shtml</a>
<a href="#">Privacy Policy</a>	Link to a Notice of Privacy Practices (Note: Privacy link is located at the bottom of the web page)

\* We recommend viewing the Adobe Acrobat (PDF) files above with the latest version of Adobe Acrobat Reader.

[Download Adobe Acrobat Reader](#)

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## Provider Training Packets

**Louisiana Medicaid**

For Technical Support, call toll-free 1-877-598-8753.

Search LAMedicaid

Provider Login

Click Here to Enter a Recovery Request

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HIPAA Billing Instructions & Companion Guides

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Provider Update / Remittance Advice Index

Pharmacy

Prescribing Providers

Current Newsletter and RA

Helpful Numbers

FAQ

Useful Links

Forms Files User Guides

Home

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- [2005 Fall Provider Training Workshop Schedule](#)
- [Provider Training Packets](#)
- [Training Presentations](#)

Selecting the **Training** link displays the **Provider Training Materials** page. Schedules, packets, and presentations are available. Choosing the **Provider Training Packet** takes us to the web page shown below.

**Louisiana Medicaid**

For Technical Support, call toll-free 1-877-598-8753.

Search LAMedicaid

Provider Login

Click Here to Enter a Recovery Request

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- [2004-2005 Provider Training Materials](#)
- [2003-2004 Provider Training Materials](#)

Current training packets and previous year training packets are available.

Selecting the **Registration Instructions** link provides the web page shown next.

## Registration Instructions

**DOWNLOAD**

**PROVIDER ENROLLMENT INSTRUCTIONS**

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Beginning February 3, 2003, Louisiana Medicaid providers will need an online account with the Louisiana Medicaid Provider Web Site ("LAMEDICAID.COM"). This account is required to access the Clinical Drug Inquiry Applications and other secured information online.

Instructions for requesting an online account can be downloaded to your computer as an Adobe Acrobat (PDF) file.

Click on the link below to download the instructions.

[Provider Enrollment Instructions](#)

\* We recommend viewing the Provider Enrollment Instructions (PDF) with the latest version of Adobe Acrobat Reader.


[Download Adobe Acrobat Reader](#)

Document : Provider Website Enrollment  
Date Modified : 01/29/2003

The Provider Enrollment Instructions refer to enrollment into [www.lamedicaid.com](http://www.lamedicaid.com).

This is **NOT** Medicaid enrollment! This is enrollment into the Provider Application Area.

## Fee Schedule

Selecting the **Fee Schedule** link on the left border provides the following web page. Links to the 10 Louisiana Medicaid fee schedules are provided in .pdf (Adobe Reader) format.

Search

- [Provider Login](#)
- [Click Here to Enter a Recovery Request](#)
- [New Medicaid Information](#)
- [HIPAA Information Center](#)
- [HIPAA Billing Instructions & Companion Guides](#)
- [EDI Information](#)
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- [Current Newsletter and RA](#)
- [Helpful Numbers](#)
- [FAQ](#)
- [Useful Links](#)
- [Forms/Files/User Guides](#)

The following list consists of Fee Schedules used by Louisiana Medicaid providers.

Fee Schedules	Description
<a href="#">Adult Denture Program Fee Schedule for Dates of Service on or after August 1, 2003 (PDF Format)</a>	This is the fee schedule for the Louisiana Medicaid Adult Denture Program for the given dates of service.
<a href="#">Current Physician, Lab, X-Ray and ASC Reimbursement/Fee Schedule (PDF Format)</a>	Fee schedules for HCPCS code, TOS, and as applicable, sex and age restrictions.
<a href="#">DMEPOS Fee Schedule (PDF Format)</a>	This is the fee schedule for the Louisiana Medicaid DMEPOS Program
<a href="#">Hospital Outpatient Ambulatory Surgery Fee Schedule (PDF Format)</a>	Fee schedule for Hospital Outpatient Ambulatory Surgery codes, TOS 15, with sex and age restrictions, as applicable.
<a href="#">EPSDT Dental Program Fee Schedule for Dates of Service September 1, 2004 through October 31, 2005 (PDF Format)</a>	This is the fee schedule for the Louisiana Medicaid EPSDT Dental Program for the given dates of service.
<a href="#">EPSDT Dental Program Fee Schedule for Dates of Service on or after November 1, 2005 (PDF Format)</a>	This is the fee schedule for the Louisiana Medicaid EPSDT Dental Program for the given dates of service.
<a href="#">EPSDT Early Intervention Services (EarlySteps) Fee Schedule for Dates of Service July 7, 2003 - January 31, 2005 (PDF Format)</a>	Early Steps Fee Schedule for the given dates of service.
<a href="#">EPSDT Early Intervention Services (Early Steps) Fee Schedule for Dates of Service February 1, 2005 and forward (PDF Format)</a>	Early Steps Fee Schedule for the given dates of service.
<a href="#">Expanded Dental Services for Pregnant Women (EDSPW) Program Fee Schedule for Dates of Service September 1, 2004 through October 31, 2005 (PDF Format)</a>	This is the fee schedule for the Louisiana Medicaid EDSPW Program for the given dates of service.
<a href="#">Expanded Dental Services for Pregnant Women (EDSPW) Program Fee Schedule Effective for Dates of Service on or after November 1, 2005 (PDF Format)</a>	This is the fee schedule for the Louisiana Medicaid EDSPW Program for the given dates of service.

## Provider Update/Remittance Advice Index

Selecting the **Provider Update/Remittance Advice Index** link on the left border takes us to the web page shown to the right. Providers can view updates and Remittance Advice (RA) messages by specifying a month, an RA date, or by searching for key words in both updates and messages, or in either updates or messages.

Selecting a **Provider Update Issue** and clicking on the **View** button provides a new window with links to the various portions of the Provider Update file, as shown on the right.



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For Technical Support, call toll-free 1-877-598-8753.

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### PROVIDER UPDATE/RA MESSAGE INDEX SEARCH

Select Provider Update Issue

Issue Month

Select RA Message Date

RA Date

**Search Provider Update Issues and RA Messages**

[Tips](#)

Search Both  Search Update Issues  Search RA Messages

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## Provider Update

Volume 22, Issue 2

March/April 2005

<a href="#">Annual Provider Re-Enrollment Training</a>	<a href="#">Medicaid Enrollment of Physician Assistants</a>
<a href="#">Hospice and Nursing Facility Residents</a>	<a href="#">Billing Procedure Changes for LTC Facilities</a>
<a href="#">CMS Guidelines on Pressure Ulcers</a>	<a href="#">Clarification of New CommunityCARE Policy</a>
<a href="#">Online Tracking Incident System (OTIS)</a>	<a href="#">Referral/Authorization of Office Visists</a>
<a href="#">Use of Electronic Signatures in Medical Records</a>	<a href="#">Frequently Asked Questions About EDI</a>
<a href="#">KIDMED/Preventive Medicine Claims Submission Requirements</a>	<a href="#">Ambulatory Surgery Transition</a>
<a href="#">Changes in Dental Billing Procedures</a>	<a href="#">Claims Processing Issues</a>
<a href="#">Date of Services on Dental Claims</a>	<a href="#">Changes in Required Certification of Electronically Submitted Claims</a>
<a href="#">Mental Health Rehabilitation Assessments</a>	<a href="#">Regional LADUR Committee</a>
<a href="#">Professional Services Billing Procedures</a>	<a href="#">LADUR Education Article</a>

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### Annual Provider Re-Enrollment Training

Pursuant to the Home and Community Based Services Waiver Program, Standards for Participation Rule (*Louisiana Register, Volume 29, Number 9*), currently enrolled Medicaid home and community-based waiver services providers are required to attend an annual Provider Re-Enrollment Orientation conducted by the Bureau of Community Supports and Services (BCSS) in order to continue enrollment.

At this time, only the following provider types are required to attend the annual re-enrollment training: Personal Care Attendant (PT 82), Supervised Independent Living (PT 89), Children's Choice Waiver (PT 03), Pre-Vocational (PT 13), Day Habilitation (PT 14), and Supported Employment (PT 98) providers.

The BCSS will be contacting the above-referenced provider types via the U.S. Postal Service with specific information regarding this requirement.

For more information about the Medicaid Home and Community-Based Services Waiver programs, please

## RA Messages for April 4, 2006

### PHARMACY PROVIDERS PLEASE NOTE!!!

CHANGES TO APPENDIX A:

DETAILED FULL CHANGES ARE POSTED ON WWW.LAMEDICAID.COM

PLEASE MAKE THE FOLLOWING CHANGES TO APPENDIX C:

LABELER	COMPANY	BEGIN	END
13811	TRIGEN LABORATORIES, INC	04/01/06	
15054	TECICA, INC	04/01/06	
15686	MIDLAND HEALTHCARE, LLC	04/01/06	
16571	PACK PHARMACEUTICALS, LLC	04/01/06	
44184	BAJAMAR CHEMICAL COMPANY		04/01/06
67182	COLORADO BIOLABS		04/01/06
67555	PRONOVA CORPORATION		04/01/06

IF YOU ARE UNSURE ABOUT THE COVERAGE OF A DRUG PRODUCT, PLEASE CONTACT THE PBM HELP DESK AT 1-800-648-0790.

PLEASE FILE ADJUSTMENTS FOR CLAIMS THAT MAY HAVE BEEN INCORRECTLY PAID. ONLY THOSE PRODUCTS OF THE MANUFACTURERS WHICH PARTICIPATE IN THE FEDERAL REBATE PROGRAM WILL BE COVERED BY THE MEDICAID PROGRAM. PARTICIPATION MAY BE VERIFIED IN APPENDIX C, AVAILABLE AT WWW.LAMEDICAID.COM

### IMPORTANT COMMUNITYCARE AND KIDMED INFORMATION

THE COMMUNITYCARE REFERRAL AND KIDMED LINKAGE AND TIMELY FILING REQUIREMENTS WERE TEMPORARILY WAIVED FOR ENROLLEES FROM THE PARISHES MOST DIRECTLY AFFECTED BY HURRICANES KATRINA AND RITA. EFFECTIVE APRIL 1, 2006, THESE WAIVERS WILL END FOR ALL COMMUNITYCARE RECIPIENTS STATEWIDE. THIS MEANS THAT IF YOU PROVIDE MEDICAL CARE ON OR AFTER APRIL 1, 2006, TO A COMMUNITYCARE ENROLLEE WHO HAS A PCP LINKAGE AS IDENTIFIED BY ANY MEDICAID ELIGIBILITY VERIFICATION SYSTEM, YOU WILL NEED A REFERRAL FROM THE PCP IN ORDER TO BE PAID BY MEDICAID. SERVICES PROVIDED TO KIDMED ENROLLEES WHO ARE NOT IN COMMUNITYCARE MUST BE PROVIDED BY THE KIDMED PROVIDER OF RECORD AND FILED WITH MEDICAID IN ACCORDANCE WITH KIDMED TIMELY FILING REQUIREMENTS.

### INPATIENT HOSPITALS AND PRIVATE PSYCHIATRIC HOSPITALS

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER JANUARY 1, 2006, MEDICAID INPATIENT PER DIEM RATES WERE REDUCED IN ACCORDANCE WITH AN EMERGENCY RULE ISSUED BY THE DEPARTMENT OF HEALTH AND HOSPITALS.

THIS ACTION WAS REPEALED ON FEBRUARY 28, 2006 FOR DATES OF SERVICE ON OR AFTER JANUARY 1, 2006 AND AFFECTED CLAIMS WERE ADJUSTED ON THE CHECK- WRITE DATE OF MARCH 7, 2006. NO ACTION IS REQUIRED OF MEDICAID PROVIDERS.

### IMMUNIZATION RECORDS RETRIEVAL CENTER FOR HURRICANE AFFECTED MEDICAID RECIPIENTS

DHH HAS ESTABLISHED AN IMMUNIZATION RECORDS RETRIEVAL CENTER TO ASSIST MEDICAID RECIPIENTS AFFECTED BY THE HURRICANES TO ACCESS IMMUNIZATION RECORDS LOST IN THE HURRICANE. RECIPIENTS AFFECTED BY THE HURRICANE MAY PHONE THE CENTER AT 1-800-259-4444 TO REQUEST A HISTORY OF IMMUNIZATION CLAIMS PROCESSED AND PAID BY MEDICAID. MEDICAID PROVIDERS MAY INFORM MEDICAID RECIPIENTS OF THIS IMMUNIZATION RECORDS RETRIEVAL CENTER IF RECORDS WERE LOST IN THE HURRICANE. ONLY THE RECIPIENT OR THEIR PARENT OR LEGAL GUARDIAN MAY CALL TO REQUEST THE RECORDS.

Selecting an RA Message Date from the Provider Update/RA Message Index Search page and clicking on the View button provides a new window with a view of the selected RA Message, a sample of which is shown on the left.

## PROVIDER WEB ACCOUNT REGISTRATION INSTRUCTIONS

LAMEDICAID.COM has several applications (eCCR, eCDI, eCSI, eMEVS, eRA) that can be used by Louisiana Medicaid providers. These applications require that providers establish an online account with LAMEDICAID.COM.

What do you need to establish an online account with LAMEDICAID.COM?

- A valid 7-digit Provider ID number assigned by Louisiana Medicaid.
- An Internet account with an Internet Service Provider (not provided by DHH or Unisys).
- A valid e-mail address (not provided by DHH or Unisys).
- A Web browser that supports SSL with 128-bit encryption; for example, Microsoft Internet Explorer v5 or v6 or Netscape Navigator v6 or v7.

The instructions below will help you establish the Confidential Account Identification Codes that you need to access the LAMEDICAID.COM applications.

### Instructions For Establishing An Account On [www.lamedicaid.com](http://www.lamedicaid.com)

**Note: Detailed instructions for the parts below follow on the next page.**

Part I: You create your own login ID, challenge word, and challenge number; and you are assigned a temporary password by Unisys.

Part II: You create a permanent password for your account.

Part III: Your permanent password will expire every 180 days and you will be prompted at that time to change it to another password.

**Use the table below to record your login ID, temporary password, challenge word, challenge number, and permanent password:**

<b>7-Digit Medicaid Provider ID Number:</b>	
<b>Login ID:</b>	
<b>Temporary Password:</b>	
<b>Challenge Word:</b>	
<b>Challenge Number:</b>	
<b>Permanent Password:</b>	

If you have any trouble with this process, please contact Unisys toll-free at **1-877-598-8753**.

## Part One: Create your own Login ID, Challenge Word and Challenge Number

### Step 1.

Open your Web browser and go to [www.lamedicaid.com](http://www.lamedicaid.com).

### Step 2.

Click on the **Provider Login** button.

### Step 3.

Enter your 7-Digit Medicaid Provider ID Number.

Click on the **Enter** button.

### Step 4.

Read the "Terms of Use Agreement".

The image displays three sequential screenshots of the Louisiana Medicaid Provider Support Center website. The first screenshot shows the homepage with a navigation menu on the left and a 'Provider Login' button highlighted. The second screenshot shows the 'Provider Login' page with a text input field for the 7-digit Medicaid Provider ID Number and an 'Enter' button. The third screenshot shows the 'Terms of Use Agreement' page, which includes a 'Notice to Users' section and an 'Agreement for Use of the Louisiana Medicaid Provider Web Site' section.

## Step 5.

At the bottom of the “Terms of Use Agreement” are two buttons:

**Accept** and **Decline**.

Click on the button that indicates your action. If you accept, you will continue to Step 6. If you decline, the process is terminated and you will not be allowed to access restricted applications on LAMEDICAID.com.

## Step 6.

Enter the following information:

- your First Name,
- your Middle Initial,
- your Last Name,
- your telephone number,
- your fax number,
- your e-mail address,
- a login ID of your choice (see note below),
- a challenge word of your choice (see note below), and
- a challenge number of your choice (see note below).

### NOTES:

Your **login ID** must be between 5 and 15 letters and/or numbers, and it is case-sensitive.

Your **challenge word** must be between 8 and 15 letters. It is not case-sensitive.

Your **challenge number** must be 5 digits.

Write down these three codes in the table on page 1 of this document.

Click on the **Submit** button.



### Step 7.

A message will appear telling you that you have completed the first part of the new account process.

Click on the **OK** button.

### Step 8.

Close your Web browser.

Within an hour (approximately), you should receive an e-mail message from [lasupport@unisys.com](mailto:lasupport@unisys.com), which contains your temporary password.

Once you get your temporary password, you can proceed to Part 2 on the next page.

**YOU MUST USE YOUR TEMPORARY PASSWORD ALONG WITH YOUR LOGIN ID AND CHALLENGE WORD WITHIN 5 DAYS OF RECEIPT OF THE E-MAIL IN ORDER TO ESTABLISH A PERMANENT PASSWORD.**

If you do not use your temporary password within the 5 day period, please call Unisys toll-free at **1-877-598-8753**.



## Part Two: Create a Permanent Password

### Step 1.

Open your Web browser and go to [www.lamedicaid.com](http://www.lamedicaid.com).

### Step 2.

Click on the **Provider Login** button.

### Step 3.

Enter your 7-Digit Medicaid Provider ID Number.

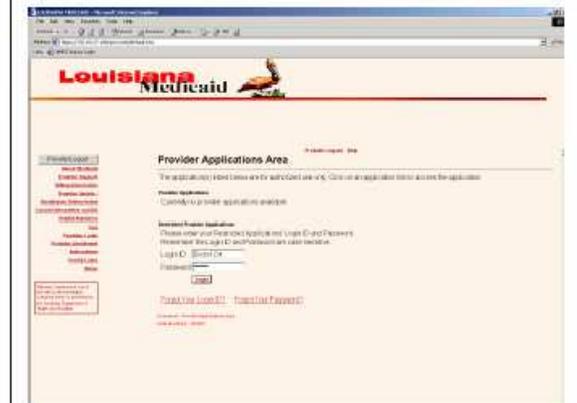
Click on the **Enter** button.

### Step 4.

Enter your Login ID.

Enter the temporary password you received by e-mail from Unisys.

Click on the **Login** button.



### Step 5.

Enter your Challenge Word.

Click on the **Next** button.

### Step 6.

Enter your Challenge Number.

Click on the **Next** button.

Hint: The Challenge Number must be 5 digits not starting with zero. Zero may be any other number in the Challenge Number, but NOT the first number.

### Step 7.

Create and record (on page 1) your new password. You will need to enter the same password twice.

**Note:** The new password must be between 5 and 15 letters and/or numbers, and it is case-sensitive.

Click on the **Change Password** button.

Write down your new password in the table on page 1 of this document.

**You have completed the entire account activation process. From this point, you will use your LOGIN ID and PERMANENT PASSWORD to access LAMEDICAID.COM.**



## Part Three: Change your Permanent Password

**NOTE: Your permanent password will expire after 180 days and you will be prompted to change it.**

### Step 1.

Enter your new password in both boxes:  
New Password and Confirm Password.

**Note:** The new password must be between 5 and 15 letters and/or numbers, and it is case-sensitive.

Click on the **Change Password** button.



## PROVIDER LOGIN

Login procedures for [www.lamedicaid.com](http://www.lamedicaid.com) have been developed in accordance with principles of user-friendliness and security.

1. Open the web browser and enter the URL for the **Louisiana Medicaid** main menu ([www.lamedicaid.com](http://www.lamedicaid.com)). The following screen is displayed. Select the **Provider Login** button on the left side.



**Louisiana Medicaid**

Welcome to the Louisiana Medicaid Provider Support Center

For Technical Support, call toll-free 1-877-548-8753.

Search LA Medicaid

Provider Login

Click Here to Enter a Recovery Request

New Medicaid Information

HIPAA Information Center

HIPAA Billing Instructions & Companion Guides

EDI Information

Training

About Medicaid

Provider Web Account

Registration Instructions

Provider Support

Provider Manuals

Billing Information

Medical Equipment & Supplies

Fee Schedules

Provider Update / Remittance Advice Index

Pharmacy

Prescribing Providers

Current Newsletter and RA

Helpful Numbers

FAQ

Useful Links

Forms, Files, User Guides

Home

details. LA Providers can start submitting Uncompensated Claims

Louisiana eHealth Conference - April 27th -28th

2006 Provider Training Schedule

Attention Providers and Submitters of Electronic Claims - Annual Certification Form Due Now

Hurricane Katrina Medicaid Provider and Recipient Information

The Louisiana Department of Health and Hospitals and Unisys have created this website to make information more accessible to Medicaid providers. At this online location, providers can access information ranging from how to enroll as a Medicaid provider to directions for filling out a claim form.

In addition, providers can have direct contact with the Unisys Field Analyst assigned to their area or find information on provider training. Select the Provider Support link in the table of contents on the left side of the screen to find your representative.

Some questions you might have are already answered on our FAQ page. Visit it by using the link located on the index to your left. Click on any of these items to learn more about the Louisiana Medicaid Program.

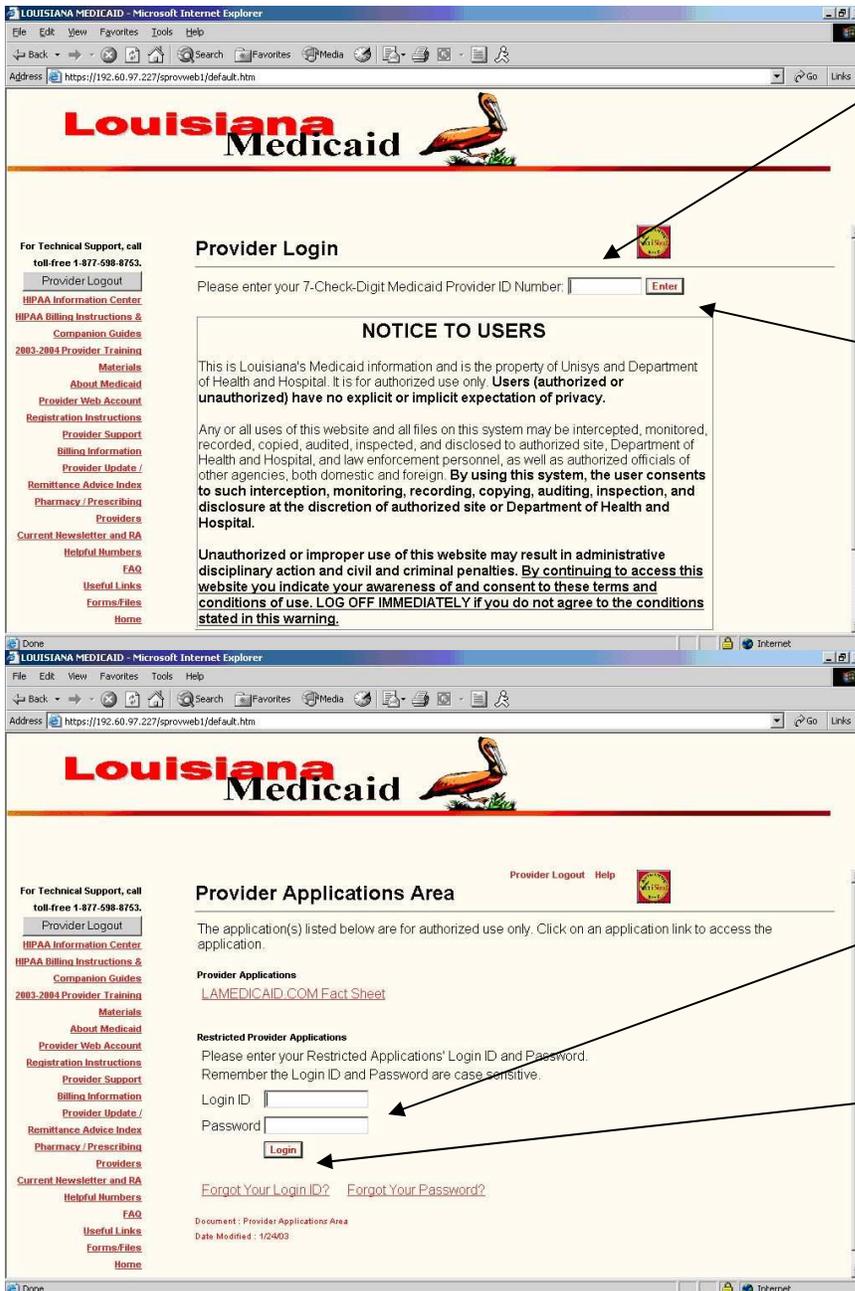
As you move throughout the site, please note that we have included links to numerous useful websites. These sites are maintained independently of the Department of Health and Hospitals. Availability of these sites is not the responsibility of DHH.

Questions about this website may be directed to Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

We recommend viewing this site with the latest versions of Netscape or Internet Explorer.

**\*Please note that the Health Care Financing Administration is now known as the Center for Medicare and Medicaid Services.**

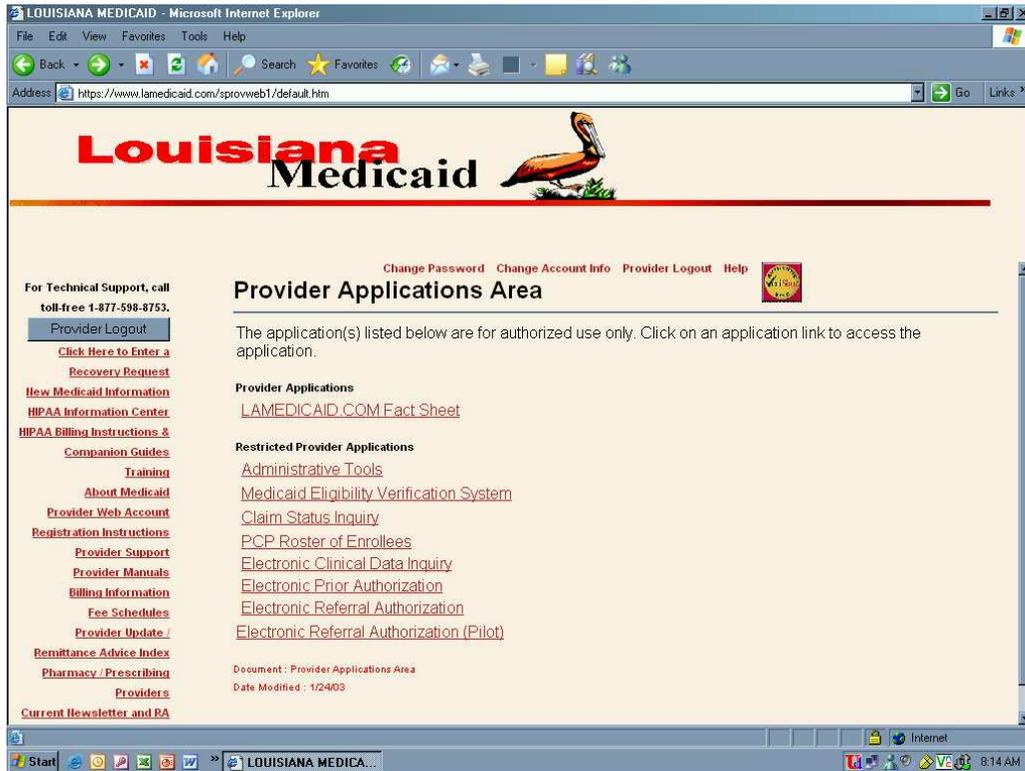
Warning: Unauthorized use of this site or the information contained herein is prohibited by the Louisiana Department of Health and Hospitals



2. The **Provider Login** screen is displayed (left). Enter your 7-Check-Digit Medicaid Provider ID number in the text box. Then click on the **Enter** button.

3. The **Provider Applications Area** login screen is next (left). Enter the Restricted Provider Applications' Login ID and Password into the text boxes. Then click on the **Login** button.

4. After a successful login, the **Provider Applications Area** screen is displayed, as shown below.



## PROVIDER APPLICATIONS AREA

The web page below displays all possible provider applications, divided between the unrestricted, or universal, applications and the restricted, or non-universal applications. At this time, only one unrestricted provider application is available, the LAMEDICAID.COM Fact Sheet.

**Reminder:** Not all providers see all of the options after logging into the Provider Applications Area. The options are dependent on provider type (i.e., hospital, physician, etc.)



Links are provided for **Change Password, Change Account Info, Provider Logout, and Help.**

## Change Password

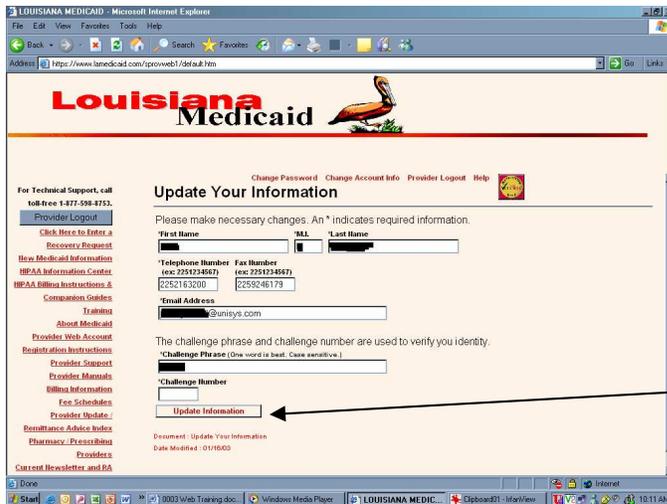
If the user selects the **Change Password** link from the Provider Applications Area, the system responds by displaying the following Change Password screen:

The user selects a new password that is between five and 15 letters and/or numbers and enters it in the first of two text boxes. Note that the Change Password screen requires you to confirm the password by re-typing it in another text box. Click on the **Change Password** button to change the password.



## Change Account Info

If the user selects the **Change Account Info** link from the Provider Applications Area, the system responds by displaying the following Update Your Information screen:



You may change First Name, Middle Initial, Last Name, Telephone and Fax Number, e-mail address, and the challenge phrase, which is used to verify your identity in case you lose or forget your password.

Once you have entered the changes, click on the **Update Information** button.

If no changes are made, you can use the **Back** button to return to the Provider Applications Area.

## Provider Logout

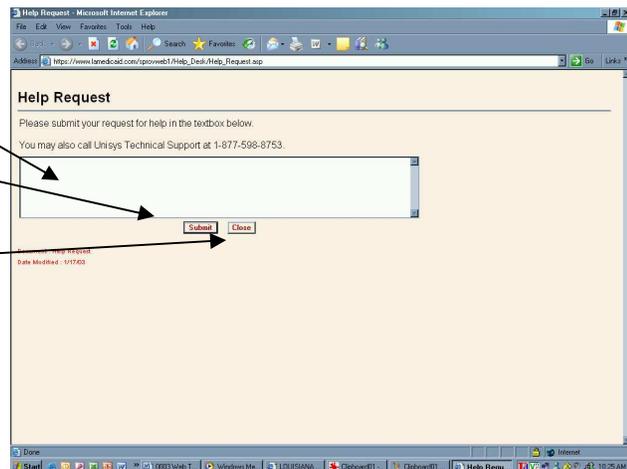
When you select the **Provider Logout** option, the system will return you to the main [www.lamedicaid.com](http://www.lamedicaid.com) page.

## Help

When you select the **Help** option, a new window with a text box for entering your question or questions is provided. The system records the contact information in your Account Information profile, permitting Technical Support personnel to respond to your question.

Type in your help request and click on the **Submit** button.

The **Close** button closes the Help Request window.



## LAMEDICAID.COM Fact Sheet

Choosing the **LAMEDICAID.COM Fact Sheet** link provides a one-page Adobe Acrobat portable document format file that answers seven frequently asked questions. The Fact Sheet is available regardless of Provider Type, and is therefore available to all users.

## Restricted Provider Applications

The Restricted Provider Applications are so-named because not all users will be provided with all of the options. For instance, users whose provider type is Pharmacy have no requirement to use PCP Roster of Enrollees or Electronic Prior Authorization, so the menu which those users see will not display those two options.

Each of the options in the Restricted Provider Applications is explained in its own section of this document.

## ADMINISTRATIVE TOOLS

When you select the **Administrative Tools** link from the Restricted Provider Applications list of options, the system responds by providing two types of functions (as shown below): View functions and Reset functions. The View functions are essentially reports, while the Reset functions permit an authorized primary user associated with a Provider ID to manage the information of any accounts associated with the Provider ID.

The Administrative Tools link is available to all provider types, but only to the primary user (i.e., the user who first established a user ID for the associated Provider ID). The first user ID that is created has administrative powers like creating other user IDs for the provider organization. Therefore, Unisys encourages provider organizations to designate an individual of high and lasting responsibility to be the one to create and use the first user ID.



### View

The View options are administrative reports.

### View Application Info

The **View Application Info** link is provided to assist primary users to understand the relationship between Provider Type and the Provider Applications that will be available for each.

The View Applications report provides a table consisting of the abbreviated name of the application, the full name of the application, a description of the application, the application type, whether enrollment is required to use the application, user types associated with the application, and Provider Types associated with the application, as shown to the right.

APPLICATION INFORMATION	Application Name Abbr	Application Name Full	Application Description	Application Type	Enrollment Required	User Types	Provider Types
OCR	PCP Roster of Enrollees	Recipient Eligibility Roster	Enrolled Web Application	Y	Regular	20, 29, 72, 78, 79, 87	
CDI	Electronic Clinical Data Inquiry	Electronic Clinical Data Inquiry	Enrolled Web Application	Y	Regular	19, 20, 26, 27, 28, 32, 33, 78, 80, 91, 93	
CDoid	Electronic Clinical Data Inquiry	Electronic Clinical Data Inquiry	Enrolled Web Application	Y			
DSS	Prescriber Practices and Disease Management	Prescriber Practices and Disease Management					
DSS-Admin	Prescriber Practices and Disease Management Admin	Prescriber Practices and Disease Management Admin					
EPA	Electronic Prior Authorization	Electronic Prior Authorization	Enrolled Web Application	Y			
ERA	Electronic Referral Authorization	Electronic Referral Authorization	Enrolled Web Application	Y	Regular	19, 20, 36, 60, 72, 79, 87	
ERAPlot	Electronic Referral Authorization (Pilot)	Electronic Referral Authorization (Pilot)	Enrolled Web Application	Y			

## View Provider Info

The **View Provider Info** link provides essential information about the accounts associated with the specified Provider ID.

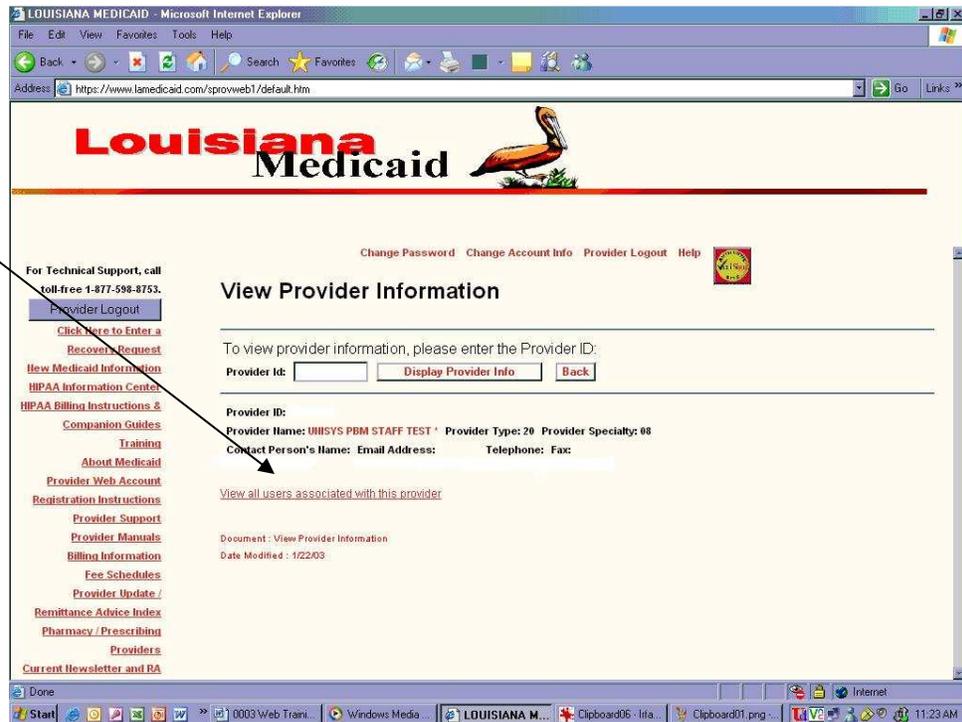
To view provider information, please enter the Provider ID:

Provider ID:

The user enters a Provider ID and clicks on the **Display Provider Info** button.

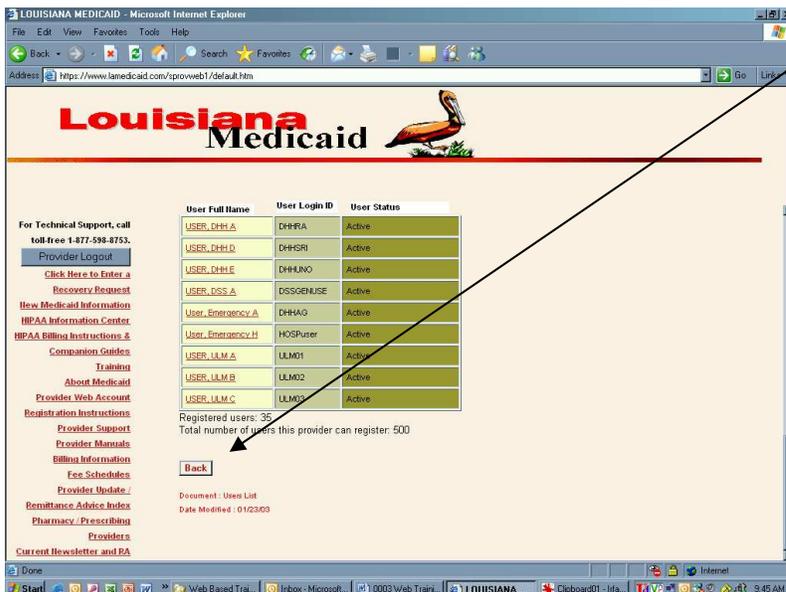
Selecting the **Back** button returns the user to the Administrative Tools homepage.

The system responds by displaying pertinent data about the Provider Type, as shown to the right. (NOTE: PHI has been obscured in the image to the right.)



### View All Users Associated with This Provider

The View Provider Information screen also provides a **View all users associated with this provider** link, which when selected provides a User List report which displays the User Full Name, User Login ID, and User Status for each login ID associated with the specified Provider ID, as shown below:



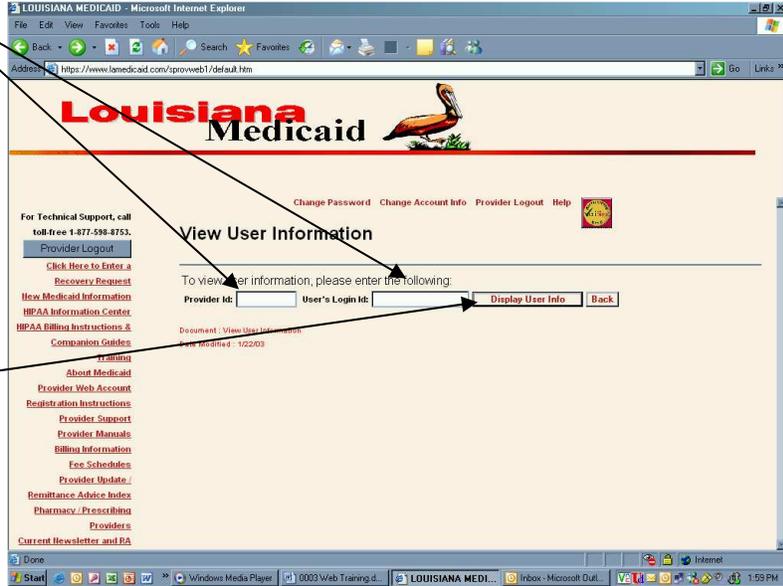
The **Back** button permits the user to return to the View Provider Information page.

## View User Info

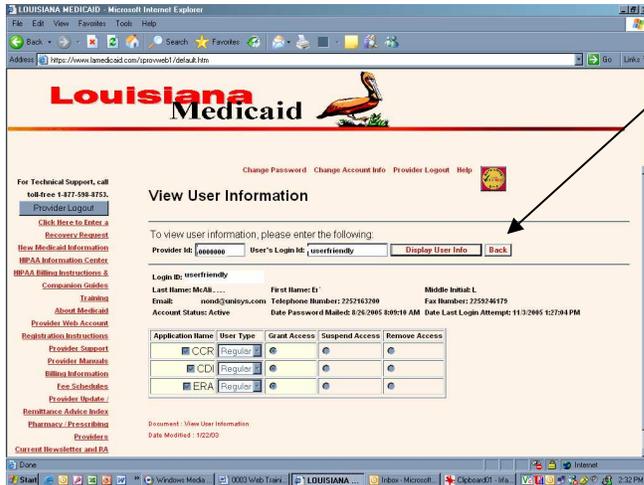
The View User Info tool permits a user to view the profile information associated with a user ID.

The user enters the Provider ID and a User's Login ID in the boxes.

Once the data has been entered into the text boxes, the user clicks on **Display User Info**.



The application responds by displaying data about the specified User ID, including data in a table with columns labeled Application Name, User Type, Grant Access, Suspend Access, and Remove Access, as shown below:



The **Back** button permits the user to return to the View Provider Information page.

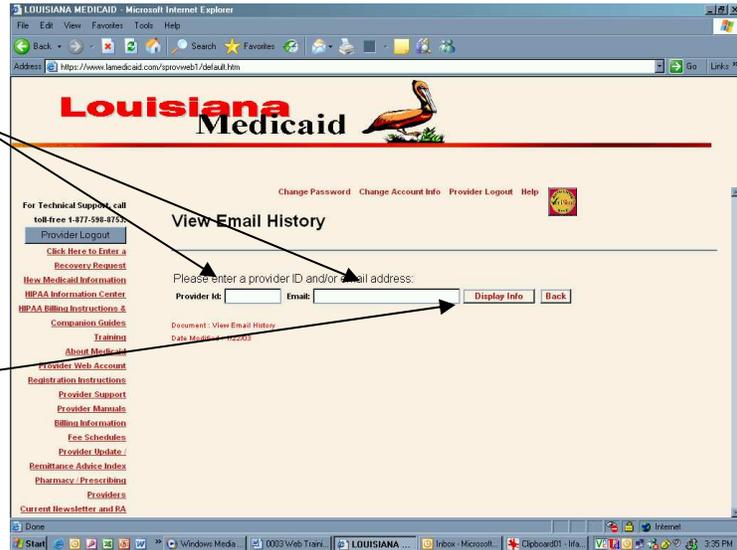
**Note:** PHI has been obscured from the image to the left.

## View Email Transactions

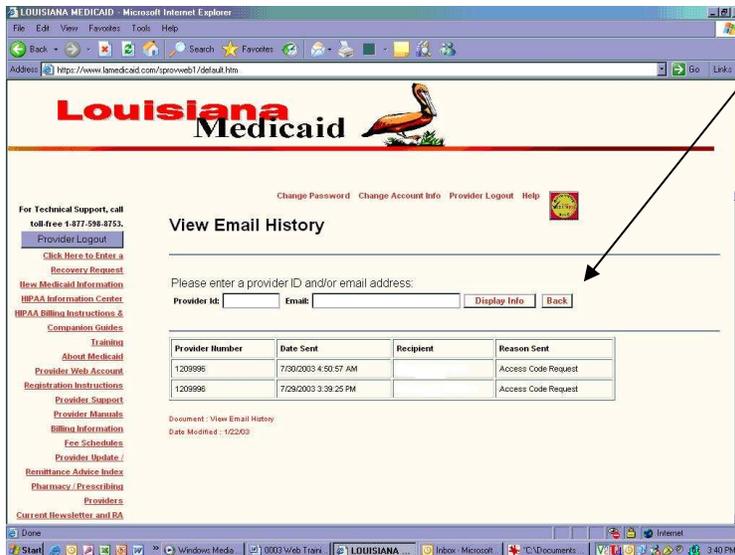
The View Email Transactions function permits users to view the email history associated with a Provider ID or a specified email address.

The user may enter either a Provider ID or an email address in one of the two text boxes.

Once the data has been entered in one of the two boxes, the user clicks on the **Display Info** button.



The application responds by displaying the email history associated with the Provider ID or email address entered by the user, including data in a table with columns labeled Provider Number, Date Sent, Recipient, and Reason Sent, as shown below:



The **Back** button permits the user to return to the View Provider Information page.

**Note:** PHI has been obscured in the image to the left.

## Reset

The Reset options permit the user to reset a logged in flag or a user's password, or to find a user's login ID.

### Reset Logged in Flag

The Reset Logged in Flag permits a user to reset the login flag associated with a specific user ID.

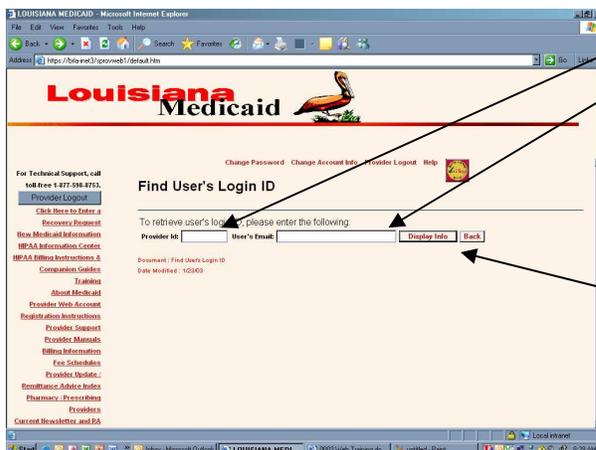


### Reset User's Password

Select this option to change the password associated with your account and have the new password emailed to you.

### Find User's Login ID

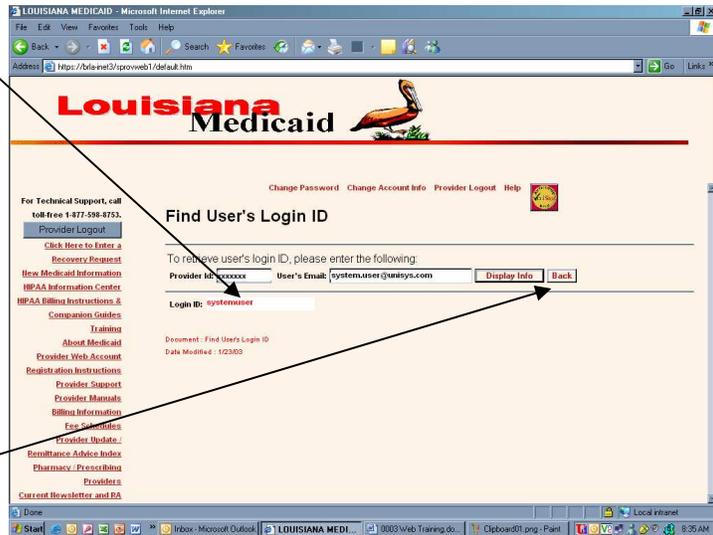
Select this option to find the login ID associated with a specified Provider ID and email address.



Enter the Provider ID and the email address associated with the login ID you want to see.

Click on the **Display Info** button.

The application responds by displaying the requested Login ID.



Use the **Back** button to return to the Administrative Tools home page.

## MEDICAID ELIGIBILITY VERIFICATION SYSTEM

### OVERVIEW

The Electronic Medicaid Eligibility Verification System (eMEVS) Web Application provides a secure web-based tool for low-volume providers who do not work with a switch vendor to verify Medicaid eligibility information. The application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based eMEVS tool. See Attachment C, Provider Enrollment Instructions, for instructions on how to secure a login ID and password.

Once the “Provider Restricted Applications Area” on the [www.lamedicaid.com](http://www.lamedicaid.com) website is accessed, the eMEVS Web Application is deployed by selecting one of eight inquiry options, entering the required data, then viewing the response. Section 3, *Using the eMEVS Application*, depicts an example of each specific query option while describing the mandatory information required to perform each query. Only fifteen transactions or inquiry requests are allowed per session. Providers who have more than fifteen requests must log into a new session in order to complete their inquiries.

When all mandatory fields of the inquiry page have been entered, and the **Submit** button is selected, a message is sent to the eMEVS system. The response is displayed on the web browser. Section 3.0 shows examples of a valid and invalid response.

## ACCESSING THE APPLICATION

Prior to initial use of the eMEVS Web Application, the web browser setup must be configured. Using a web browser, such as Internet Explorer (v4.0 or higher) will ensure that the latest updates to the eMEVS application are displayed to the user. See Appendix A.

This section provides information on how to access the application including how to obtain a valid provider online account, how to complete the loginID/password process, how to access the application, and provide screen samples of the Secured Provider Applications Menu and eMEVS Main Menu.

Access to the eMEVS web user application is controlled by login ID and password. The Louisiana Department of Health and Hospitals (DHH) determines who is an authorized user and defines user access capabilities. Directions for obtaining a valid online provider account are available on the LA Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com). Select the **Provider Web Account Registration Instructions** link located in the navigation menu on the left side of the Louisiana Medicaid home page, and download the **Provider Enrollment Instructions** file. Providers who experience difficulty accessing the link or in obtaining the instructions file may contact the Unisys Technical Support Desk at 1-877-598-8753 Monday – Friday 8 a.m.- 5 p.m. (Central Time) or request support by emailing [lasupport@unisys.com](mailto:lasupport@unisys.com).

The steps to access the EMEVS Main Menu are as follows:

1. Open your web browser entering the URL for the Louisiana Medicaid main menu - <http://www.lamedicaid.com>. The following screen is displayed.

**Louisiana Medicaid**

For Technical Support, call toll-free 1-877-598-8753.

Welcome to the Louisiana Medicaid Provider Support Center

Search LA Medicaid  Search

Provider Login

[Click Here to Enter a Recovery Request](#)

[New Medicaid Information](#)

[HIPAA Information Center](#)

[HIPAA Billing Instructions & Companion Guides](#)

[EDI Information](#)

[Training](#)

[About Medicaid](#)

[Provider Web Account Registration Instructions](#)

[Provider Support](#)

[Provider Manuals](#)

[Billing Information](#)

[Fee Schedules](#)

[Provider Update / Remittance Advice Index](#)

[Pharmacy](#)

[Prescribing Providers](#)

[Current Newsletter and RA](#)

[Helpful Numbers](#)

[FAQ](#)

[Useful Links](#)

[Forms/Files/User Guides](#)

[Home](#)

Louisiana eHealth Conference - April 27th -28th

2006 Provider Training Schedule

Attention Providers and Submitters of Electronic Claims - Annual Certification Form Due Now

Hurricane Katrina Medicaid Provider and Recipient Information

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Some questions you might have are already answered on our FAQ page. **Visit it by using the link located on the index to your left.** Click on any of these items to learn more about the Louisiana Medicaid Program.

As you move throughout the site, please note that we have included links to numerous useful websites. These sites are maintained independently of the Department of Health and Hospitals. Availability of these sites is not the responsibility of DHH.

Questions about this website may be directed to Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

We recommend viewing this site with the latest versions of [Netscape](#) or [Internet Explorer](#).

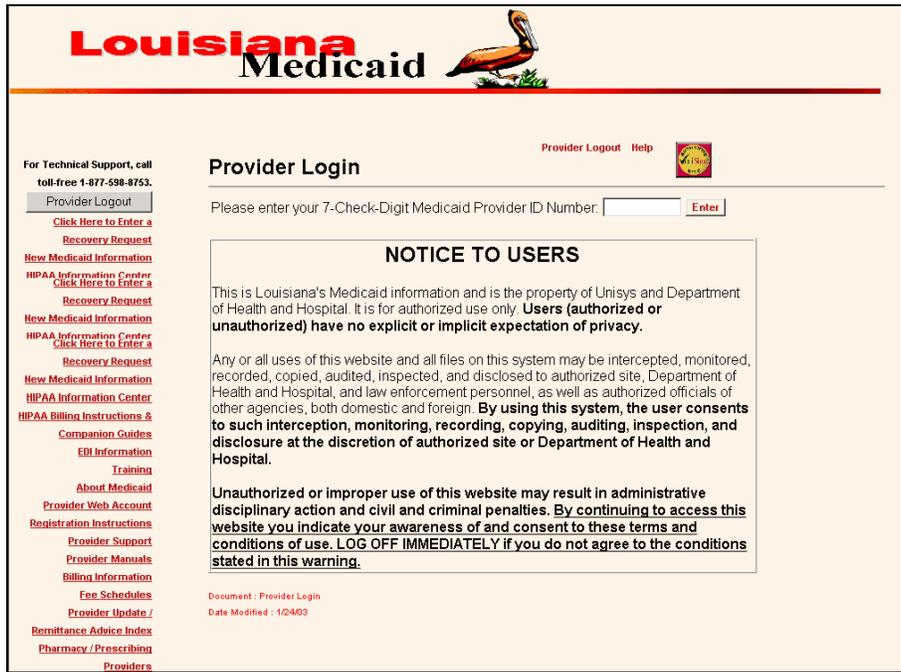
**\*Please note that the Health Care Financing Administration is now known as the Center for Medicare and Medicaid Services.**

Warning: Unauthorized use of this site or the information contained herein is prohibited by the Louisiana Department of Health and Hospitals.

2. Select the Provider Login button on the left side. The following security message may appear on the screen depending on the user's Internet Explorer security settings. Select the appropriate button.



3. The Provider Login screen is displayed. Enter your 7-digit Medicaid Provider ID Number in the field provided. Select the **Enter** button.



- The Provider Applications Area login window is displayed. Enter the Restricted Provider Applications' **Login ID** and **password** in the appropriate fields. Select the **Login** button directly below the Password field.

**Louisiana Medicaid**

Provider Logout Help

**Provider Applications Area**

The application(s) listed below are for authorized use only. Click on an application link to access the application.

**Provider Applications**  
[LAMEDICAID.COM Fact Sheet](#)

**Restricted Provider Applications**  
 Please enter your Restricted Applications' Login ID and Password.  
 Remember the Login ID and Password are case sensitive.

Login ID

Password  

[Forgot Your Login ID?](#) [Forgot Your Password?](#)

Document : Provider Applications Area  
 Date Modified : 1/24/03

- The following screen is displayed. Select the **Medicaid Eligibility Verification System** link.

**Louisiana Medicaid**

Change Password Change Account Info Provider Logout Help

**Provider Applications Area**

The application(s) listed below are for authorized use only. Click on an application link to access the application.

**Provider Applications**  
[LAMEDICAID.COM Fact Sheet](#)

**Restricted Provider Applications**  
[Administrative Tools](#)  
[Medicaid Eligibility Verification System](#)  
[Claim Status Inquiry](#)  
[PCP Roster of Enrollees](#)  
[Electronic Clinical Data Inquiry](#)  
[Prescriber Practices and Disease Management](#)  
[Electronic Prior Authorization](#)  
[Electronic Referral Authorization](#)  
[Uncompensated Care Costs](#)

Document : Provider Applications Area  
 Date Modified : 1/24/03

6. The Medicaid Eligibility Verification System Web Application screen is displayed.

[Change Password](#) [Change Account Info](#) [Provider Logout](#) [Help](#) 

### Medicaid Eligibility Verification System Web Application

**Navigation Menu**  
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

---

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
**Note:** For Technical Support, Please Contact **(877) 598-8753**  
**Note:** For Eligibility Information Support, Please Contact **(800) 473-2783** or **(225) 924-5040**  
**Note:** The date field formats have changed - enter date in MM/DD/YYYY format  
**NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.**

---

**Search By**  [Clear Screen](#)

---

Provider Last Name	<input type="text"/>	ID	<input type="text"/>
Card Control Number	<input type="text"/>	16 Digit Number	
Date Of Birth	<input type="text"/>		mm/dd/yyyy
Date of Service	<input type="text"/>		mm/dd/yyyy

---

**\*\*\* Note: Required fields are in red**

## USING THE MEDICAID ELIGIBILITY VERIFICATION SYSTEM APPLICATION

Inquiries in eMEVS can be requested using eight different methods provided in a pull down menu in the Search By field. Each choice is an alternate method of identifying a recipient. The response to each of the different inquiries for the same recipient will be the same. All mandatory or required fields are noted in red. Providers must select the Submit button to complete each inquiry. The search criteria that is used for eMEVS is used for the Recipient Eligibility Verification System (REVS) also.

Medicaid Eligibility Verification System Web Application

Navigation Menu  
Search Response Print Friendly [Main Menu](#) [Help](#)

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
**Note:** For Technical Support, Please Contact (877) 598-8753  
**Note:** For Eligibility Information Support, Please Contact (800) 473-2793 or (225) 924-5040  
**Note:** The date field formats have changed - enter date in MM/DD/YYYY format  
**NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.**

Search By **Card Control Number and DOB** [Clear Screen](#)

**Provider Last Name**

**Card Control Number**  18 Digit Number

**Date Of Birth**  mm/dd/yyyy

**Date of Service**  mm/dd/yyyy

**\*\*\* Note: Required fields are in red**

Requests can be entered using the following criteria:

- Card Control Number and DOB
- Card Control Number and SSN
- SSN and DOB
- Recipient ID and DOB
- Recipient ID and SSN
- Recipient ID and Name
- Recipient Name and SSN
- Recipient Name and DOB

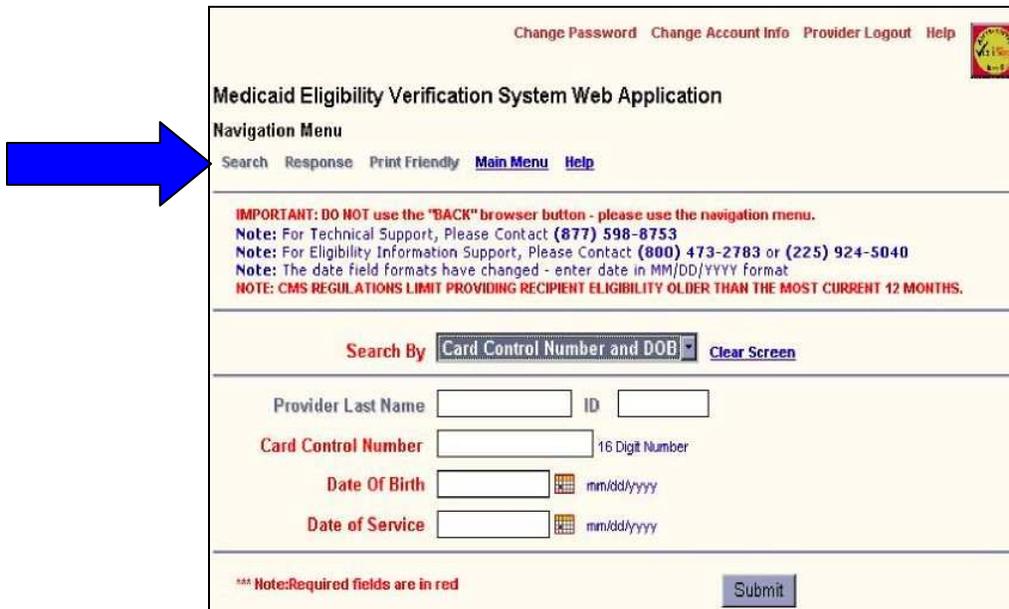
The following sections show sample screens using each of the eight inquiry methods. Each inquiry's mandatory or required fields are presented in tabular format.

## Navigation Menu for eMEVS

The five eMEVS navigation links—Search, Response, Print Friendly, Main Menu, and Help—assist providers with navigating within the eMEVS Web Application. If the user's mouse hovers (i.e., remains stationary for a short period of time) over one of these links, a special message will appear to further identify the purpose of the link.

MEDICAID ELIGIBILITY VERIFICATION SYSTEM (eMEVS) Navigation Menu	
Link Name	Link Description
Search	Click to perform a simple MEVS Inquiry
Response	Click to view the MEVS Response
Print Friendly	Click for a print friendly version of the MEVS Response
Main Menu	Click to return to the Main Menu
Help	Click for Help Document

### eMEVS Navigation Menu Links



The screenshot shows the top navigation bar with links: Change Password, Change Account Info, Provider Logout, Help, and a logo. Below this is the title 'Medicaid Eligibility Verification System Web Application' and a sub-header 'Navigation Menu'. A blue arrow points to the 'Main Menu' link in the navigation menu. Below the navigation menu are several important notices in red text, followed by a search section with a dropdown menu set to 'Card Control Number and DOB' and a 'Clear Screen' button. The search section includes input fields for 'Provider Last Name', 'ID', 'Card Control Number' (with a '16 Digit Number' label), 'Date Of Birth', and 'Date of Service', each with a calendar icon. A 'Submit' button is at the bottom right. A note at the bottom left states: '\*\*\* Note: Required fields are in red'.

### Invalid and Valid Responses in eMEVS

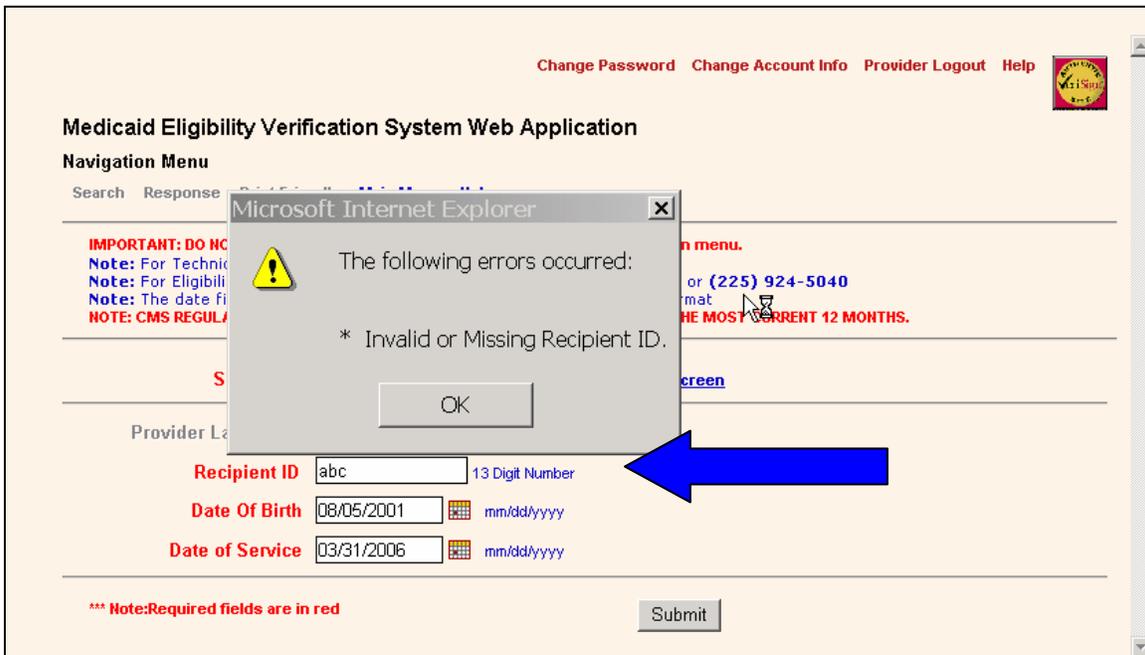
When all required fields of the inquiry page have been entered and the **Submit** button is selected, the message is sent to the eMEVS system. When the response is received, it is parsed and displayed on the web browser. Some responses will be lengthy, requiring the use of the scroll bar to see the entire response.

Responses may be invalid, (where the input data is correct and matches are found for provider and recipient in the database) or invalid, (where the input data has errors or a provider and/or recipient match is not found in the database). The following sections provide an example of each possible response.

### **Invalid Response (Error Messages) in eMEVS**

The eMEVS web-based application provides logical, user-friendly error messages in response to either a required field containing erroneous or incomplete information or where a required field has been left blank. Error messages indicate exactly which required field must be corrected or completed as well as the exact number and/or type of character that must be entered into that field. A few sample messages are displayed below.

#### **Error Message I**



The error message is specific to the field where the data was incompletely or erroneously entered. The message gives explicit instructions as to what data should be entered in the field.

## Error Message II

[Change Password](#) [Change Account Info](#) [Provider Logout](#) [Help](#)



**Medicaid Eligibility Verification System Web Application**

**Navigation Menu**

[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

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**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
**Note: For Technical Support, Please Contact (877) 598-8753**  
**Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040**  
**Note: The date field formats have changed - enter date in MM/DD/YYYY format**  
**NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.**

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**Search Criteria**

<b>Search Type</b>	Recipient ID and DOB
<b>Recipient ID</b>	
<b>Date of Birth</b>	
<b>Date of Service</b>	09/10/2004

**Error: Provider Ineligible for Inquiries - Please Correct and Resubmit** 

---

<b>Request Reference Number</b>	199855920041007025128
<b>Response Reference Number</b>	200410070000015

Transaction run on 10/07/2004 at 02:51:28 CT by LAMedicaid - Louisiana Medicaid

### **Valid Response in eMEVS**

In a valid response to an eMEVS Inquiry, rows of information are grouped by a common heading, as follows:

- "Search Criteria"
- "Provider Information"
- "Subscriber Information"
- "Health Benefit Plan Coverage"
- "Messages"

Additional headings which may appear include provider information on the primary care provider, third part liability, and service limitations.

The columns in the response contain the following values:

**Field ID** – The Field ID is field identification of the field name displayed (for example: "Search Type").

**Information Source** – The Information Source is either the actual value of the field or a description of the value that follows.

By reviewing the values in the rows under the heading, "Health Benefit Plan Coverage," the user can determine if the recipient is eligible or not. Depending on the specific search, additional information regarding eligibility may appear in the response under



**Valid eMEVS Response Fields in Sample Screen**

<b>Example of Valid eMEVS Response Fields</b>		
<b>Field ID</b>	<b>Value (Example)</b>	<b>Description</b>
<b><u>Search Criteria:</u></b>		
Search Type	Recipient ID and DOB	Identifies the type of eMEVS Inquiry
Recipient ID	0101010101010	Inquired identification number of subscriber
Date of Birth	01/01/1900	Inquired birth date of subscriber
Date of Service	01/04/2006	Inquired service date of subscriber
<b><u>Provider Information:</u></b>		
		Servicing provider information
Name	ABC Medical Clinic	The name of the medical provider (which can be an individual or a business)
Provider ID	1000001	Unique number assigned by LMMIS to identify a provider
Telephone	999-999-9999	The medical provider contact number
<b><u>Subscriber Information:</u></b>		
		Recipient information
Name	DOE, JON J.	Name of Recipient
Member ID Number	0101010101010	Unique number assigned by LMMIS to identify a Medicaid recipient
Date of Birth	01/01/1900	Recipient's date of birth
Sex	Female	Recipient's gender
<b><u>Health Benefit Plan Coverage</u></b>		
		Type of coverage on date of service
Benefit	Active Coverage	Benefit coverage
Coverage Level	Individual	Level of coverage
Insurance Type	MC or HM	MC = Medicaid HM = Health Maintenance Organization (HMO)

Example of Valid eMEVS Response Fields		
Field ID	Value (Example)	Description
Plan Coverage Description	01, 02, 03, 04, 05, 06, 07, 08 , 09 10, or 11	01 = ELIGIBLE FOR MEDICAID 01 = ELIGIBLE FOR CAPITATED PAYMENTS ONLY 02 = SERV LIMIT TO AMBU PRENATAL CARE ONL 03 ELIG FOR OUTPAT TB RELATED SERV ONLY 04 = SPENDOWN RECIP, FILE FORM 110 MNP 05 = ELIG FOR ER SERV FOR ILLEGAL ALIENS 06 = LONG TERM CARE SERVICES AUTHORIZED 07 ELIG PAY OF DED/CON-INS COVD MY MCARE 08 = RESTRICTED MEDICAID-RECIP WAIVER SERV 09 = RECIPIENT HAS PRIVATE INSURANCE 10 = MEDICARE PART A 10 = MEDICARE PART B 10 = MEDICARE PART A & B 10 = ELIGIBLE FOR MEDICARE PART D 11 = ADULT SERVICE LIMITS APPLY
Preferred Language	English	Recipient's language preference

## Inquiry by Card Control Number and Date of Birth (DOB)

### Screen Sample

The screenshot shows the 'Medicaid Eligibility Verification System Web Application' interface. At the top, there are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. Below this is a 'Navigation Menu' with links for 'Search', 'Response', 'Print Friendly', 'Main Menu', and 'Help'. A red warning message states: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.' It also provides contact information for technical support (877) 598-8753 and eligibility information support (800) 473-2783 or (225) 924-5040, and notes that CMS regulations limit providing recipient eligibility older than the most current 12 months. The search section has a dropdown menu set to 'Card Control Number and DOB' and a 'Clear Screen' link. Below this are input fields for 'Provider Last Name' and 'ID', and 'Card Control Number' (with a '16 Digit Number' label), 'Date Of Birth' (with a calendar icon and 'mm/dd/yyyy' format), and 'Date of Service' (with a calendar icon and 'mm/dd/yyyy' format). A 'Submit' button is at the bottom right. A red note at the bottom left says '\*\*\* Note: Required fields are in red'.

### Data Fields

Enter the values for each of the fields seen in this inquiry. All fields are required, as indicated by the note at the bottom of the screen. The two fields seen in the Provider Information block (Provider, ID) are auto-populated by the authentication process that occurs when a provider first logs into the eMEVS web application.

Card Control Number and Date of Birth (DOB) Inquiry Fields	
Field Name	Field Description
Provider	The first (13) characters of the provider's last name will self-populate this field.
ID	The 7-digit provider ID of the provider whose login process has been authenticated will self-populate this field.
Card Control Number	Enter the 16-digit Card Control Number.
Date of Birth	Enter the Recipient's Birth Date in the format MM/DD/YYYY. For example, enter 04/17/1962 for a birth date of April 17, 1962.)
Date of Service	Enter the Date of Service in the format MM/DD/YYYY. (For example, enter 04/09/2003 for a service date of April 9, 2003.)

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will display in a pop-up or in the results screen. Make the appropriate corrections and re-submit the search. Refer to Section 3.1.2 for an example.

## Inquiry by Card Control Number and Social Security Number (SSN)

### Screen Sample

The screenshot shows the 'Medicaid Eligibility Verification System Web Application' interface. At the top, there are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. Below this is a 'Navigation Menu' with links for 'Search', 'Response', 'Print Friendly', 'Main Menu', and 'Help'. A red warning message states: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.' It also provides contact information for technical support (877) 598-8753 and eligibility support (800) 473-2783 or (225) 924-5040. A note mentions that date field formats have changed to MM/DD/YYYY. A red note at the bottom of the warning section states: 'NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.' The search section is titled 'Search By' and has a dropdown menu set to 'Card Control Number and SSN' and a 'Clear Screen' link. Below this are four input fields: 'Provider Last Name' and 'ID' (both auto-populated), 'Card Control Number' (16 Digit Number), and 'Social Security Number' (9 Digit Number). There is also a 'Date of Service' field with a calendar icon and a 'mm/dd/yyyy' format indicator. A red note at the bottom left says '\*\*\* Note: Required fields are in red' and a 'Submit' button is at the bottom right.

### Data Fields

Enter the values for each of the fields seen in this inquiry. All fields are required, as indicated by the note at the bottom of the screen. The two fields seen in the Provider Information block (Provider, ID) are auto-populated by the authentication process that occurs when a provider first logs into the eMEVS web application.

Card Control Number and Social Security Number (SSN) Inquiry Fields	
Field Name	Field Description
Provider	The first (13) characters of the provider's last name will self-populate this field.
ID	The 7-digit provider ID of the provider whose login process has been authenticated will self-populate this field.
Card Control Number	Enter the 16-digit Card Control Number.
Social Security Number	Enter the 9-digit social security number in the format NNNNNNNNN. <b>Do not enter hyphens (-); enter only</b>

Card Control Number and Social Security Number (SSN) Inquiry Fields	
Field Name	Field Description
	<b>numbers.</b>
<b>Date of Service</b>	Enter the Date of Service in the format MM/DD/YYYY. (For example, enter 04/09/2003 for a service date of April 9, 2003.)

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will display in a pop-up or in the results screen. Make the appropriate corrections and re-submit the search. Refer to Section 3.1.2 for an example.

### Inquiry by Social Security Number (SSN) and Date of Birth (DOB)

#### Screen Sample

The screenshot shows the 'Medicaid Eligibility Verification System Web Application' interface. At the top, there are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. Below this is a 'Navigation Menu' with links for 'Search', 'Response', 'Print Friendly', 'Main Menu', and 'Help'. A red warning message states: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.' It provides contact information for technical support (877) 598-8753 and eligibility information support (800) 473-2783 or (225) 924-5040. A note mentions that date field formats have changed to MM/DD/YYYY. A search section is titled 'Search By' with a dropdown menu set to 'SSN and DOB' and a 'Clear Screen' link. Below this are input fields for 'Provider Last Name' and 'ID'. The 'Social Security Number' field is labeled '9 Digit Number'. The 'Date Of Birth' and 'Date of Service' fields are labeled 'mm/dd/yyyy'. A red note at the bottom states: '\*\*\* Note: Required fields are in red'. A 'Submit' button is located at the bottom right.

#### Data Fields

Enter the values for each of the fields seen in this inquiry. All fields are required, as indicated by the note at the bottom of the screen. The two fields seen in the Provider Information block (Provider, ID) are auto-populated by the authentication process that occurs when a provider first logs into the eMEVS web application.

Social Security Number (SSN) and Date of Birth (DOB) Inquiry Fields	
Field Name	Field Description
Provider	The first (13) characters of the provider's last name will self-populate this field.
ID	The 7-digit provider ID of the provider whose login process has been authenticated will self-populate this field.
Social Security Number	Enter the 9-digit social security number in the format NNNNNNNNN. <b>Do not enter hyphens (-); enter only numbers.</b>
Date of Birth	Enter the Recipient's Birth Date in the format MM/DD/YYYY. For example, enter 04/17/1962 for a birth date of April 17, 1962.)
Date of Service	Enter the Date of Service in the format MM/DD/YYYY. (For example, enter 04/09/2003 for a service date of April 9, 2003.)

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will display in a pop-up or in the results screen. Make the appropriate corrections and re-submit the search. Refer to Section 3.1.2 for an example.

### Inquiry by Recipient ID and Date of Birth (DOB)

#### Screen Sample

The screenshot shows the Medicaid Eligibility Verification System Web Application interface. At the top, there are links for "Change Password", "Change Account Info", "Provider Logout", and "Help". Below this is the application title and a "Navigation Menu" with links for "Search", "Response", "Print Friendly", "Main Menu", and "Help". A red warning message states: "IMPORTANT: DO NOT use the 'BACK' browser button - please use the navigation menu." It also provides contact information for technical support (877) 598-8753 and eligibility information support (800) 473-2783 or (225) 924-5040, and a note about date field formats. The search section includes a "Search By" dropdown menu set to "Recipient ID and DOB" and a "Clear Screen" link. Below this are input fields for "Provider Last Name" and "ID", "Recipient ID" (with a "13 Digit Number" label), "Date Of Birth" (with a calendar icon and "mm/dd/yyyy" label), and "Date of Service" (with a calendar icon and "mm/dd/yyyy" label). A "Submit" button is located at the bottom right. A red note at the bottom left indicates that required fields are in red.

## Data Fields

Enter the values for each of the fields seen in this inquiry. All fields are required, as indicated by the note at the bottom of the screen. The two fields seen in the Provider Information block (Provider, ID) are auto-populated by the authentication process that occurs when a provider first logs into the eMEVS web application.

Recipient ID and Date of Birth (DOB) Inquiry Fields	
Field Name	Field Description
<b>Provider</b>	The first (13) characters of the provider's last name will self-populate this field.
<b>ID</b>	The 7-digit provider ID of the provider whose login process has been authenticated will self-populate this field.
<b>Recipient ID</b>	Enter the 13-digit recipient ID.
<b>Date of Birth</b>	Enter the Recipient's Birth Date in the format MM/DD/YYYY. For example, enter 04/17/1962 for a birth date of April 17, 1962.)
<b>Date of Service</b>	Enter the Date of Service in the format MM/DD/YYYY. (For example, enter 04/09/2003 for a service date of April 9, 2003.)

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will display in a pop-up or in the results screen. Make the appropriate corrections and re-submit the search. Refer to Section 3.1.2 for an example.

## Inquiry by Recipient ID and Social Security Number

### Screen Sample

[Change Password](#) [Change Account Info](#) [Provider Logout](#) [Help](#)


**Medicaid Eligibility Verification System Web Application**

Navigation Menu  
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
**Note:** For Technical Support, Please Contact (877) 598-8753  
**Note:** For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040  
**Note:** The date field formats have changed - enter date in MM/DD/YYYY format  
**NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.**

Search By **Recipient ID and SSN** [Clear Screen](#)

Provider Last Name  ID

**Recipient ID**  13 Digit Number

**Social Security Number**  9 Digit Number

**Date of Service**   mm/dd/yyyy

**\*\*\* Note: Required fields are in red**

## Data Fields

Enter the values for each of the fields seen in this inquiry. All fields are required, as indicated by the note at the bottom of the screen. The two fields seen in the Provider Information block (Provider, ID) are auto-populated by the authentication process that occurs when a provider first logs into the eMEVS web application.

Recipient ID and Social Security Number (SSN) Inquiry Fields	
Field Name	Field Description
Provider	The first (13) characters of the provider's last name will self-populate this field.
ID	The 7-digit provider ID of the provider whose login process has been authenticated will self-populate this field.
Recipient ID	Enter the 13-digit recipient ID.
Social Security Number	Enter the 9-digit social security number in the format NNNNNNNNN. <b>Do not enter hyphens (-); enter only numbers.</b>
Date of Service	Enter the Date of Service in the format MM/DD/YYYY. (For example, enter 04/09/2003 for a service date of April 9, 2003.)

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will display in a pop-up or in the results screen. Make the appropriate corrections and re-submit the search. Refer to Section 3.1.2 for an example.

## Inquiry by Recipient ID and Name

### Screen Sample

[Change Password](#) [Change Account Info](#) [Provider Logout](#) [Help](#)


**Medicaid Eligibility Verification System Web Application**

Navigation Menu: [Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

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**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
**Note:** For Technical Support, Please Contact (877) 598-8753  
**Note:** For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040  
**Note:** The date field formats have changed - enter date in MM/DD/YYYY format  
**NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.**

---

Search By: Recipient ID and Name [Clear Screen](#)

---

Provider Last Name:  ID:

Recipient ID:  13 Digit Number

Recipient Last Name:  First Name:  Suffix:

Date of Service:   mm/dd/yyyy

---

**\*\*\* Note: Required fields are in red**

## Data Fields

Enter the values for each of the fields seen in this inquiry. All fields (except for Suffix name) are required, as indicated by the note at the bottom of the screen. The two fields seen in the Provider Information block (Provider, ID) are auto-populated by the authentication process that occurs when a provider first logs into the eMEVS web application.

Recipient ID and Name Inquiry Fields	
Field Name	Field Description
<b>Provider</b>	The first (13) characters of the provider's last name will self-populate this field.
<b>ID</b>	The 7-digit provider ID of the provider whose login process has been authenticated will self-populate this field.
<b>Recipient ID</b>	Enter the 13-digit recipient ID.
<b>Last Name</b>	Enter the Recipient's Last Name up to 25 letters as seen on the Medicaid eligibility card.
<b>First Name</b>	Enter the Recipient First Name up to 20 letters as seen on the Medicaid eligibility card.
<b>Suffix</b>	Enter the Recipient's Suffix name up to 3 letters as seen on the Medicaid eligibility card.
<b>Date of Service</b>	Enter the Date of Service in the format MM/DD/YYYY. (For example, enter 04/09/2003 for a service date of April 9, 2003.)

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will display in a pop-up or in the results screen. Make the appropriate corrections and re-submit the search. Refer to Section 3.1.2 for an example.

## Inquiry by Recipient Name and SSN

### Screen Sample

The screenshot shows the search interface of the Medicaid Eligibility Verification System Web Application. At the top right, there are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. Below these is the application title and a navigation menu with links for 'Search', 'Response', 'Print Friendly', 'Main Menu', and 'Help'. A red warning message states: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.' It provides contact information for technical support (877) 598-8753 and eligibility information support (800) 473-2783 or (225) 924-5040. A note mentions that date field formats have changed to MM/DD/YYYY. A red note at the bottom states: 'NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.' The search form includes a dropdown menu set to 'Recipient Name and SSN' and a 'Clear Screen' button. Below this are input fields for 'Provider Last Name' and 'ID'. A red label 'Social Security Number' is followed by a 9-digit number input field. Below that are input fields for 'Recipient Last Name', 'First Name', and 'Suffix'. The 'Date of Service' field is set to '03/31/2016' with a calendar icon and the format 'mm/dd/yyyy'. A red note at the bottom left says '\*\*\* Note: Required fields are in red'. A 'Submit' button is located at the bottom right.

### Data Fields

Enter the values for each of the fields seen in this inquiry. All fields (except for Suffix name) are required, as indicated by the note at the bottom of the screen. The two fields seen in the Provider Information block (Provider, ID) are auto-populated by the authentication process that occurs when a provider first logs into the eMEVS web application.

<b>Recipient Name and SSN Inquiry Fields</b>	
<b>Field Name</b>	<b>Field Description</b>
<b>Provider</b>	The first (13) characters of the provider's last name will self-populate this field.
<b>ID</b>	The 7-digit provider ID of the provider whose login process has been authenticated will self-populate this field.
<b>Last Name</b>	Enter the Recipient's Last Name up to 25 letters as seen on the Medicaid eligibility card.
<b>First Name</b>	Enter the Recipient First Name up to 20 letters as seen on the Medicaid eligibility card.
<b>Suffix</b>	Enter the Recipient's Suffix name up to 3 letters as seen on the Medicaid eligibility card.
<b>Social Security Number</b>	Enter the 9-digit social security number in the format NNNNNNNNN. <b>Do not enter hyphens (-); enter only numbers.</b>
<b>Date of Service</b>	Enter the Date of Service in the format MM/DD/YYYY. (For example, enter 04/09/2003 for a service date of April 9, 2003.)

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will display in a pop-up or in the results screen. Make the appropriate corrections and re-submit the search. Refer to Section 3.1.2 for an example.

## Inquiry by Recipient Name and DOB

### Screen Sample

[Change Password](#) [Change Account Info](#) [Provider Logout](#) [Help](#)


**Medicaid Eligibility Verification System Web Application**

**Navigation Menu**  
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

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**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
**Note:** For Technical Support, Please Contact **(877) 598-8753**  
**Note:** For Eligibility Information Support, Please Contact **(800) 473-2783** or **(225) 924-5040**  
**Note:** The date field formats have changed - enter date in MM/DD/YYYY format  
**NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.**

---

**Search By**  [Clear Screen](#)

---

**Provider Last Name**  **ID**

**Recipient Last Name**  **First Name**  **Suffix**

**Date Of Birth**   mm/dd/yyyy

**Date of Service**   mm/dd/yyyy

---

**\*\*\* Note: Required fields are in red**

### Data Fields

Enter the values for each of the fields seen in this inquiry. All fields are required (except for Suffix name), as indicated by the note at the bottom of the screen. The two fields seen in the Provider Information block (Provider, ID) are auto-populated by the authentication process that occurs when a provider first logs into the eMEVS web application.

Recipient Name and SSN Inquiry Fields	
Field Name	Field Description
<b>Provider</b>	The first (13) characters of the provider's last name will self-populate this field.
<b>ID</b>	The 7-digit provider ID of the provider whose login process has been authenticated will self-populate this field.
<b>Last Name</b>	Enter the Recipient's Last Name up to 25 letters as seen on the Medicaid eligibility card.
<b>First Name</b>	Enter the Recipient First Name up to 20 letters as seen on the Medicaid eligibility card.
<b>Suffix</b>	Enter the Recipient's Suffix name up to 3 letters as seen on the Medicaid eligibility card.

<b>Recipient Name and SSN Inquiry Fields</b>	
<b>Field Name</b>	<b>Field Description</b>
<b>Date of Birth</b>	Enter the Recipient's Birth Date in the format MM/DD/YYYY. For example, enter 04/17/1962 for a birth date of April 17, 1962.)
<b>Date of Service</b>	Enter the Date of Service in the format MM/DD/YYYY. (For example, enter 04/09/2003 for a service date of April 9, 2003.)

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will display in a pop-up or in the results screen. Make the appropriate corrections and re-submit the search. Refer to Section 3.1.2 for an example.

# CLAIM STATUS INQUIRY

## OVERVIEW

### Objectives

The Electronic Claims Status Inquiry (eCSI) Web Application provides a secure web-based tool for providers to inquire on the status of a claim within the adjudication process. This application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based application.

The eCSI application enables providers to inquire on the status of claims (i.e. paid, denied, voided, etc.) using the HIPAA compliant Transaction Set 276/277. It is a real-time application that processes in accordance with the Health Care Claim Status Request and Response 276/277 Implementation Guide, ANSI X12N 276/277 (004010X093), May 2000.

The database for the application maintains two years of claim information based on the claim's date of receipt. On a daily basis, claim activity including new claims, adjustments, voids, and pended claims is extracted and passed to the UNIX ORACLE™ Database and is processed as new activity.

Claim status inquiry and response processes are supported for all LMMIS claim types. Providers can inquire on the status of a claim by executing a search via a generic general method or by specific ICN.

This User Manual provides information on eCSI including accessing and utilizing the application.

## ACCESSING THE APPLICATION

This section of the User Manual provides information on how to access the eCSI application including how to establish an online account with Louisiana Medicaid, complete with a valid login and password, and how to complete the login ID and password process.

Prior to initial use of the eCSI web application, the web browser setup must be configured. Using a web browser, such as Internet Explorer (v4.0 or higher) ensures that the latest updates to the eCSI application are displayed to the user. Refer to Attachment A, Internet Explorer Web Browser Set-Up for browser capabilities.

All enrolled providers, with the exception of "prescribing only" providers, have authorization to utilize the eCSI application. However, eCSI requires that providers establish an online account with Louisiana Medicaid. The Louisiana Department of Health and Hospitals (DHH) determines who is an authorized user and defines all user access capabilities. Attachment B of this manual, Provider Enrollment Instructions, contains detail instructions on how to secure a login ID and password. In addition, directions for establishing a valid online provider account are also available on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com). The **Provider Web Account Registration Instruction** link located on the left side of the Louisiana Medicaid main menu contains the instructions for setting up an online account. Providers who are experiencing difficulty in establishing an account may contact the Unisys **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing [lasupport@unisys.com](mailto:lasupport@unisys.com).

The steps to access the main menu and the eCSI application are as follows:

1. Open your web browser and enter the URL for the Louisiana Medicaid main menu <http://www.lamedicaid.com>. The following screen is displayed.



2. Select the **Provider Login** button on the left side. The following security message may appear on the screen, depending on the user's Internet Explorer security settings. Select the appropriate button.



**Note:** The links on the left hand side of the page (under the **Provider Login** button) may change over time as new and more pertinent information is developed for presentation to providers.

- The **Provider Login** screen is displayed. Enter your 7-Check-Digit Medicaid Provider ID Number in the appropriate field. Select the **Enter** button.

**Provider Login**

Please enter your 7-Check-Digit Medicaid Provider ID Number:

**NOTICE TO USERS**

This is Louisiana's Medicaid information and is the property of Unisys and Department of Health and Hospital. It is for authorized use only. **Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.**

Any or all uses of this website and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Department of Health and Hospital, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. **By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Department of Health and Hospital.**

**Unauthorized or improper use of this website may result in administrative disciplinary action and civil and criminal penalties. By continuing to access this website you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.**

Document : Provider Login  
Date Modified : 1/24/03

- The **Provider Applications Area** login screen is displayed. Enter the Restricted Provider Applications' Login ID and Password in the appropriate fields. Select the **Login** button.

Provider Logout Help

**Provider Applications Area**

The application(s) listed below are for authorized use only. Click on an application link to access the application.

**Provider Applications**  
[LAMEDICAID.COM Fact Sheet](#)

**Restricted Provider Applications**  
Please enter your Restricted Applications' Login ID and Password.  
Remember the Login ID and Password are case sensitive.

Login ID

Password

[Forgot Your Login ID?](#) [Forgot Your Password?](#)

Document : Provider Applications Area  
Date Modified : 1/24/03

- The **Provider Applications Area** screen is displayed. Select the **Claim Status Inquiry** hyperlink.

Change Password Change Account Info Provider Logout Help

## Provider Applications Area

The application(s) listed below are for authorized use only. Click on an application link to access the application.

**Provider Applications**  
[LAMEDICAID.COM Fact Sheet](#)

**Restricted Provider Applications**  
[Administrative Tools - Group Provider](#)  
[eSupport](#)  
[eSupport Add Application](#)  
[eSupport Help Transaction](#)  
[Administrative Tools - Unisys](#)  
[Medicaid Eligibility Verification System](#)  
[Claim Status Inquiry](#)

Currently no restricted provider applications are available.

Document : Provider Applications Area  
 Date Modified : 1/24/03

- The **Medicaid Claims Status Inquiry Web Application** screen is displayed.

Change Password Change Account Info Provider Logout Help

## Medicaid Claims Status Inquiry Web Application

**Navigation Menu**  
 Search Response Print Friendly [eMEVS](#) [Main Menu](#) [Help](#)

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
 For Technical Support, please contact (877) 598-8753.  
 For Eligibility Verification Support, please choose the [eMEVS](#) Navigation Menu Option above or call **(800) 776-6323** or **(225) 216-7387** to access REVS.  
 For Other Types of Assistance, please contact Unisys Provider Relations at **(800) 473-2783** or **(225) 924-5040**.

**Search Type**

**Provider Last Name**  **ID**

**Recipient ID**  13 Digt Number

**Claim Charge Amount**  # ##

**Dates of Service**   thru   mm/dd/yyyy

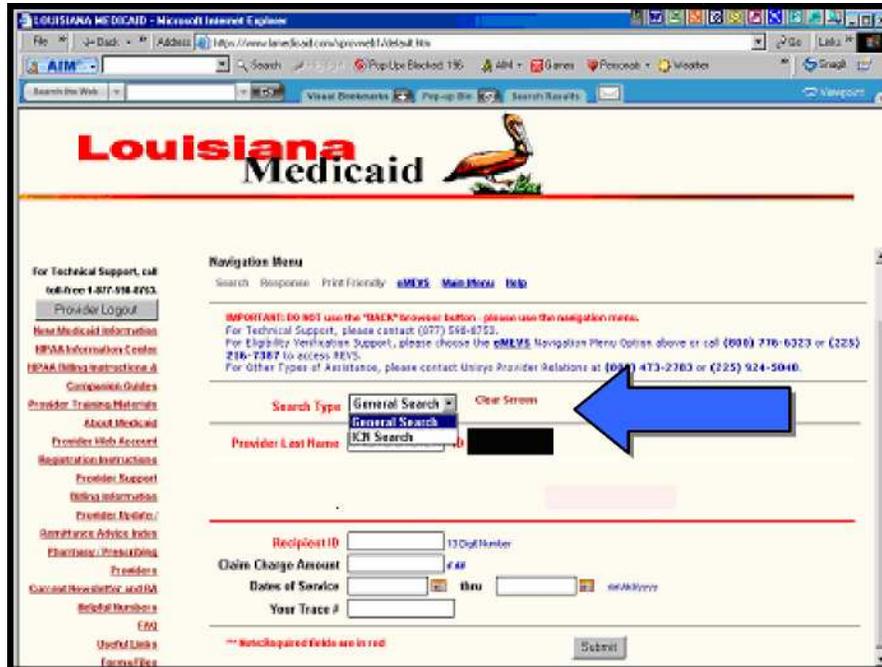
**Your Trace #**

\*\*\* Note: Required fields are in red

## USING THE eCSI APPLICATION

This section of the User Manual presents information on navigating through the application, general search inquiry, ICN search inquiry, and the response transaction. Providers are able to inquire on the status of a claim by performing a general search or an ICN specific search. These two different search methods are provided in a pull down menu in the Search Type field.

### eCSI Search Type Methods



A provider is able to utilize the billing provider number or the servicing provider number; whichever the provider used to log into the application. If a billing provider number is used, eCSI returns all claims for that billing provider regardless of the servicing provider. If a servicing provider number is used, eCSI will returns only claims where that provider is the servicing provider.

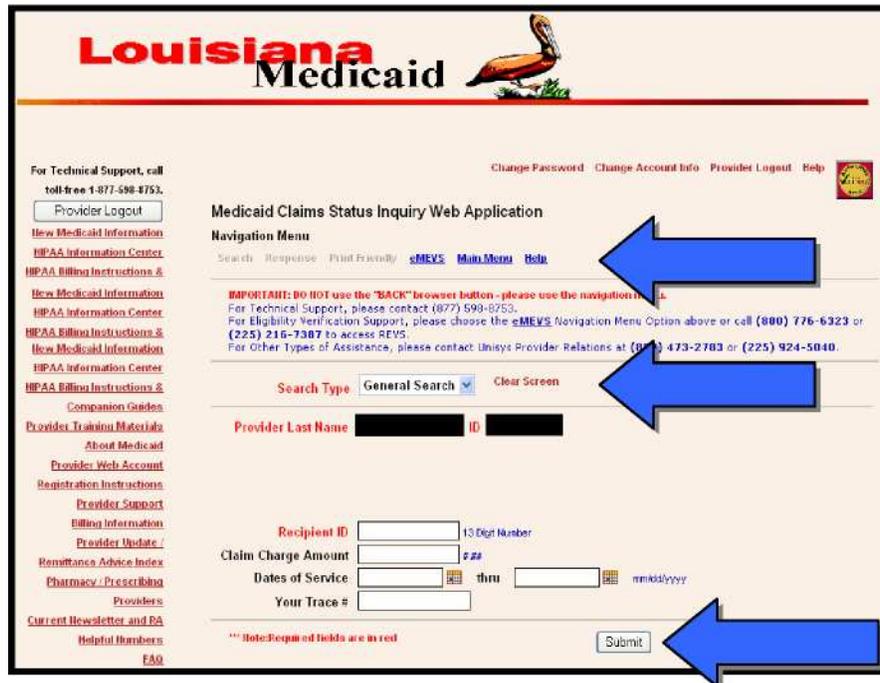
### Navigating Through the Application

This subsection provides information on navigating through the eCSI application.

#### Screen Buttons

The selection processing functions that appear on the eCSI web user screen pages assist the user in navigating through the application. There are five navigational links that appear across the top of the web screen. These links are disabled if the function is not available from a particular screen. In addition, the Clear Screen link appears in the

middle of the screen. If the user's mouse hovers, i.e., remains stationary for a period of time over one of these links, a message appears to identify the purpose of the link.



- Select the **Search** link to perform a Claims Status Inquiry search by ICN or General Method
- Select the **Response** link to view the claims status response screen
- Select the **Print Friendly** link to view a print friendly version of the response screen
- Select the **eMEVS** link to access the electronic Medicaid Eligibility Verification System
- Select the **Main Menu** link to discontinue current processing at any page and return to the Provider Applications Area Main Menu.
- Select the **Help** link to obtain field specific help information.
- Select the **Clear Screen** link to clear a page and reset the page data fields to their default values

There is a selection-processing button that appears in the lower right hand corner of the web screen.

- Select the **Submit** button to process the data entered on a screen.

### Error Messages

The eCSI application provides logical, user-friendly error messages during processing to inform the user that an error has occurred and corrective action is needed. When an error is detected, a user is informed via a message box that an error has occurred. The

error message identifies the corrective action needed to fix the error. If a required field is blank when the user selects the **Submit** button, an error message dialog box is displayed indicating that the required field(s) is blank. Most text fields require a certain number of characters to be entered. If fewer than the required number of characters is entered, a message will inform the user that a minimum number of characters must be entered. This sequence continues until the user has entered the appropriate information in all required fields. If data entered in a specific field is in an incorrect format; i.e., alphabetic instead of numeric data in a numeric field, then a message is returned identifying the error. All data must be entered in the correct format before processing continues. The following is an example of an error message.

### eCSI Error Message

**Medicaid Claims Status Inquiry Web Application**

**Navigation Menu**  
[Search](#) [Response](#) [Print Friendly](#) [eMEVS](#) [Main Menu](#) [Help](#)

---

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
For Technical Support, please contact (877) 598-8753.  
For Eligibility Verification Support, please choose the [eMEVS](#) Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.  
For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

---

**Search Type**

**Provider Last Name**

**Recipient ID**

**Claim Charge Amount**

**Dates of Service**

**Your Trace #**

**\*\*\* Note: Required fields are in red**

Microsoft Internet Explorer

 The following errors occurred:

\* Recipient ID must be a 13 digit number.

## Informational Messages

During eCSI web screens processing, the user is kept aware of the processing status through the use of informational messages. If an informational message is received the user does not have to initiate a corrective action. The message is for informational purposes solely and the processing continues. The following is an example of an informational message that is executed when the server is down and the user needs to try again later.

### eCSI Informational Message

**Medicaid Claims Status Inquiry Web Application**

Navigation Menu

[Search](#) [Response](#) [Print Friendly](#) [eMEVS](#) [Main Menu](#) [Help](#)

---

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
For Technical Support, please contact (877) 598-8753.  
For Eligibility Verification Support, please choose the **eMEVS** Navigation Menu Option above or call **(800) 776-6323** or **(225) 216-7387** to access REVS.  
For Other Types of Assistance, please contact Unisys Provider Relations at **(800) 473-2783** or **(225) 924-5040**.

---

**Error Message: 0005 - Unable to Respond within required time limits**

## General Search Screen

The eCSI General Search methodology is discussed in this subsection. This search methodology can return multiple claims that meet the parameters supplied by the provider when the inquiry does not uniquely identify a claim within the system. The provider may enter unique identifying elements to obtain an exact match. The system automatically populates the Provider Last Name and Provider ID fields based on the authentication process that occurs when a provider logs into the application. The provider is required to enter the Recipient ID number only; however, there are other search elements available for inquiry purposes. Required fields are denoted in red on the web screen. When a General Search inquiry is initiated, the eCSI application always checks the database against the following match criteria:

- Provider (Billing or Servicing)
- Recipient ID

eCSI returns all claims where there is a match on provider and recipient ID. If the provider has entered incorrect information in a field, the correct data echoes back.

## Screen Samples

The following is an example of a General Search Home Screen.

**eCSI General Search**

# Louisiana Medicaid

[Change Password](#) | [Change Account Info](#) | [Provider Logout](#) | [Help](#)

---

For Technical Support, call toll-free 1.877-598-8753.

[Provider Logout](#)

[How Medicaid Information](#)

[HIPAA Information Center](#)

[HIPAA Billing Instructions &](#)

[How Medicaid Information](#)

[HIPAA Information Center](#)

[HIPAA Billing Instructions &](#)

[How Medicaid Information](#)

[HIPAA Information Center](#)

[HIPAA Billing Instructions &](#)

[Companion Guides](#)

[Provider Training Materials](#)

[About Medicaid](#)

[Provider Web Account Registration Instructions](#)

[Provider Support](#)

[Billing Information](#)

[Provider Update /](#)

[Remittance Advice Index](#)

[Pharmacy / Prescribing](#)

[Providers](#)

[Current Newsletter and RA](#)

[Helpful Numbers](#)

[FAQ](#)

### Medicaid Claims Status Inquiry Web Application

**Navigation Menu**

Search | Response | Print Friendly | [eMEVS](#) | [Main Menu](#) | [Help](#)

---

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**

For Technical Support, please contact (877) 598-8753.  
For Eligibility Verification Support, please choose the [eMEVS](#) Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REVS.  
For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

---

Search Type: General Search [Clear Screen](#)

---

**Provider Last Name** [REDACTED] **ID** [REDACTED]

---

**Recipient ID** [REDACTED] 13 Digit Number

**Claim Charge Amount** [REDACTED] # ##

**Dates of Service** [REDACTED] MM thru [REDACTED] MM **mm/dd/yyyy**

**Your Trace #** [REDACTED]

---

**\*\*\* Note: Required fields are in red**

## Data Fields

Required fields are denoted in red on the web screen. All required data fields must contain valid entries before processing continues. The following table designates which fields are required.

Field Name	Required	Data Validation
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.
Provider Last Name	Yes	Maximum length – 13 characters (alphanumeric). This field is automatically populated based on the provider log in authentication information.
Provider ID	Yes	7 digits (numeric). This field is automatically populated based on the provider log in authentication information.

Field Name	Required	Data Validation
Recipient ID	Yes	13 digits (numeric).
Claim Charge Amount	No	Numeric with 2 decimal places.
Dates of Service	No	Type in dates of service or click on popup calendar and select calendar options. If only a beginning date of service is entered, the ending date of service will
Your Trace #	No	The provider's unique code to link a transaction to a recipient.

The eCSI application validates selected fields to ensure that data is entered in an acceptable format and range criterion. Many data fields require information to be entered in a specific format. If the data entered is not in the proper format, a message and an example of the required format are displayed. Processing continues after all data on the page is entered in the correct format.

Character fields accept alphabetic, numeric, and special character data. Character fields are NOT case sensitive for alphabetic characters. Numeric fields accept only numeric values. Monetary amounts must be a number with 2 decimal places. No dollar signs and positive/negative signs are accepted.

### ICN Search Screen

The eCSI ICN Search methodology is discussed in this subsection. This search methodology can uniquely identify a claim within the system by matching the ICN. eCSI automatically populates the Provider Last Name, and Provider ID fields based on the authentication process that occurs when a provider logs into the application. The provider is required to enter the ICN only. Required fields are denoted in red on the web screen. When an ICN search inquiry is initiated, the eCSI application checks the database against the following match criteria:

- Provider (Billing or Servicing)
- ICN

The eCSI application returns all claims where there is a match on provider and ICN. If the provider has entered incorrect information in a field, eCSI will echo back the correct data.

## Screen Samples

The following is an example of an ICN Search Home Screen.

### eCSI Search by ICN

**Louisiana Medicaid**

For Technical Support, call toll-free 1-877-598-8753. [Change Password](#) [Change Account Info](#) [Provider Logout](#) [Help](#)

[Provider Logout](#)

**Medicaid Claims Status Inquiry Web Application**

**Navigation Menu**  
[Search](#) [Response](#) [Print Friendly](#) [eMEVS](#) [Main Menu](#) [Help](#)

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
 For Technical Support, please contact (877) 598-8753.  
 For Eligibility Verification Support, please choose the [eMEVS](#) Navigation Menu Option above or call (800) 776-6323 or (225) 216-7387 to access REYS.  
 For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5040.

Search Type: **ICN Search** [Clear Screen](#)

Provider Last Name:  ID:

ICN:  13 Digit Number  
 Your Trace #:

\*\*\* Note: Required fields are in red [Submit](#)

[FAQ](#)

## Data Fields

Required fields are denoted in red on the web screen. All required data fields must contain valid entries before processing continues. The following table designates which fields are required.

Field Name	Required	Data Validation
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.
Provider Last Name	Yes	Maximum length – 13 characters (alphanumeric). This field is automatically populated based on the provider log in authentication information.

Field Name	Required	Data Validation
Provider ID	Yes	7 digits (numeric). This field is automatically populated based on the provider log in authentication information.
ICN	Yes	13 digits (numeric)
Your Trace #	No	The provider's unique code to link a transaction to a recipient.
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.

### Response Screen

When all required fields of the inquiry page have been entered and the **Submit** button is selected, the message is sent to the eCSI system. The application returns a response providing information about a claim once a match has been established using the search criteria. All original search data that has been entered on the inquiry page will be displayed on the response screen. Related data is grouped together by subject matter.

An ICN Search uniquely identifies a claim, thus the response is an exact match. For inquiries by ICN, it is possible to return status information about the claim history starting with the ICN that is input. Adjustments will appear if the original claim was paid. For example, if the original claim were adjusted twice, and the original ICN is input, there would be (chronologically) three ICNs associated with the claim; the original and two adjustments. The response will contain information regarding the ICN on the inquiry, plus all subsequent adjustments.

If the provider does not supply unique identifying elements and initiates a General Search, the response includes multiple claims that meet the parameters supplied by the provider.

## Screen Samples

The following is an example of a General Response Screen. This response includes multiple claims because only the Recipient ID was entered for the inquiry.

### eCSI General Response Screen

**Medicaid Claims Status Inquiry Web Application**

**Navigation Menu**  
[Search](#) [Response](#) [Print Friendly](#) [eMEVS](#) [Main Menu](#) [Help](#)

---

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
 For Technical Support, please contact (877) 598-0753.  
 For Eligibility Verification Support, please choose the **eMEVS** Navigation Menu Option above or call **(800) 776-6323** or **(225) 216-7387** to access REVS.  
 For Other Types of Assistance, please contact Unisys Provider Relations at **(800) 473-2783** or **(225) 924-5848**.

---

**Search Criteria**

Search Type: General Search  
 Recipient ID: [REDACTED]

**Provider Information**

Name: [REDACTED]  
 Provider ID: [REDACTED]  
 Telephone: [REDACTED]

**Subscriber Information**

Name: [REDACTED]  
 Member ID Number: [REDACTED]  
 Date of Birth: [REDACTED]  
 Sex: [REDACTED]

**Claims Information**

**Claim Status:** Finalized/Payment-The claimline has been paid.  
**Claims Status Clarification:** HIPAA Adj Ran Code 117 - Claim requires signature-on-file indicator.  
 HIPAA Adj Ran Code 466 - Entires Original Signature  
**Original Charge Amount:** 58.00  
**Claim Payment Amount:** 25.07  
**Payment Method:** Automated Clearing House (ACH)  
**Remittance or Check Number:** [REDACTED]  
**Status Effective Date:** 02/03/2004  
**Check or EFT Date:** 02/04/2004  
**Date of service:** 11/10/2003 thru 11/10/2003  
**Procedure Code:** 99213  
**Procedure Code Modifier(s):** 25  
**ICN:** [REDACTED]  
**Medical Record Number:** 000000000000000000

**Claims Information**

**Claim Status:** Finalized/Denial-The claimline has been denied.  
**Claims Status Clarification:** HIPAA Adj Ran Code 484 - Payer Assigned Control Number.  
**Original Charge Amount:** 42.00  
**Claim Payment Amount:** .00  
**Payment Method:**  
**Remittance or Check Number:** 00000000  
**Status Effective Date:** 03/23/2004  
**Check or EFT Date:**  
**Date of service:** 01/09/2003 thru 01/09/2003  
**Procedure Code:** 99212  
**Procedure Code Modifier(s):** 25  
**ICN:** [REDACTED]  
**Medical Record Number:** 000000000000000000  
**Bill Type:**

**Claims Information**

**Claim Status:** Finalized/Denial-The claimline has been denied.  
**Claims Status Clarification:** HIPAA Adj Ran Code 132 - Entity's Medicaid provider id.  
 HIPAA Adj Ran Code 1 - For more detailed information, see remittance advice.  
 HIPAA Adj Ran Code 132 - Entity's Medicaid provider id.  
**Original Charge Amount:** 42.00  
**Claim Payment Amount:** .00  
**Payment Method:**  
**Remittance or Check Number:** 00000000  
**Status Effective Date:** 12/08/2003  
**Check or EFT Date:**  
**Date of service:** 01/09/2003 thru 01/09/2003  
**Procedure Code:** 99212  
**Procedure Code Modifier(s):** 25  
**ICN:** [REDACTED]  
**Medical Record Number:** 000000000000000000  
**Bill Type:**

---

Transaction run on 03/13/2004 at 09:15:36 CT by LAMedicaki - Louisiana Medicaid



The following is an example of an ICN Search Response Screen where the original claim and an adjustment are displayed.

### eCSI ICN Search Response Screen (Adjustment)

**Medicaid Claims Status Inquiry Web Application**

**Navigation Menu**  
[Search](#) [Response](#) [Print Friendly](#) [eMEVS](#) [Main Menu](#) [Help](#)

---

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
 For Technical Support, please contact (877) 598-8753.  
 For Eligibility Verification Support, please choose the [eMEVS](#) Navigation Menu Option above or call **(800) 776-6323** or **(225) 216-7387** to access REVS.  
 For Other Types of Assistance, please contact Unisys Provider Relations at **(800) 473-2783** or **(225) 924-5040**.

---

**Search Criteria**

**Search Type** ICN Search  
**ICN** [REDACTED]

**Provider Information**

**Name** [REDACTED]  
**Provider ID** [REDACTED]  
**Telephone** [REDACTED]

**Subscriber Information**

**Name** [REDACTED]  
**Member ID Number** [REDACTED]  
**Date of Birth** [REDACTED]  
**Sex** [REDACTED]

**Claims Information**

**Claim Status** Finalized/Payment-The claim/line has been paid.  
**Claims Status Clarification** HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator.  
 HIPAA Adj Rsn Code 466 - Entities Original Signature  
**Original Charge Amount** 42.00  
**Claim Payment Amount** 30.13  
**Payment Method** Automated Clearing House (ACH)  
**Remittance or Check Number** [REDACTED]  
**Status Effective Date** 12/09/2003  
**Check or EFT Date** [REDACTED]  
**Date of service** 10/02/2003 thru 10/02/2003  
**Procedure Code** 99212  
**Procedure Code Modifier(s)**  
**ICN** [REDACTED]  
**Medical Record Number** 00000000000000000000  
**Bill Type**

**Claims Information**

**Claim Status** Finalized/Revised - Adjudication information has been changed  
**Claims Status Clarification** HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator.  
 HIPAA Adj Rsn Code 466 - Entities Original Signature  
**Original Charge Amount** 42.00  
**Claim Payment Amount** .00  
**Payment Method**  
**Remittance or Check Number** [REDACTED]  
**Status Effective Date** 03/23/2004  
**Check or EFT Date**  
**Date of service** 10/02/2003 thru 10/02/2003  
**Procedure Code** 99212  
**Procedure Code Modifier(s)**  
**ICN** [REDACTED]  
**Medical Record Number** 00000000000000000000  
**Bill Type**

---

Transaction run on 09/13/2004 at 09:20:12 CT by LAMedicaid - Louisiana Medicaid

### **Date Fields**

The Electronic Claim Status Inquiry application returns a response providing the following information about a claim.

<b>Field Name</b>	<b>Data Validation</b>
<b>Search Criteria</b>	
Search Type	Denotes whether search mechanism was General or ICN
ICN	If ICN search methodology was entered denotes the ICN number
<b>Provider Information</b>	
Name	Provides the name of the servicing provider.
Provider ID	Denotes the ID number for the servicing provider.
Telephone	Provides the area code and telephone number for the servicing provider.
<b>Subscriber Information</b>	
Name	Provides the name of the subscriber.
Member ID Number	Denotes the ID number for the subscriber.
Date of Birth	Provides the date of birth for the subscriber.
Sex	Provides the sex of the subscriber.
<b>Claim Information</b>	
Claim Status	Denotes whether a claim has been paid, denied, or pended. Provides any corrective action that is needed.
Claims Status Clarification	Explains in further detail the status of the claim.
Original Charge Amount	Provides the original charge amount submitted by the provider.
Claim Payment Amount	Provides the amount paid by the payor
Payment Method	Denotes how the payment was made. The alternatives are Automated Clearing House (ACH), Financial Institution Option, Federal Reserve Funds/Wire Transfer, or non-payment data.
Remittance or Check Number	The Remittance or Check number.

<b>Field Name</b>	<b>Data Validation</b>
Status Effective Date	Provides the date of the information being returned.
Check or EFT Date	The date the check or EFT was sent.
Date of Service	Provides the date of service of the claim.
Procedure Code	Details the procedure code.
Procedure Code Modifier(s)	Provides the procedure code modifier(s) if applicable.
ICN	13-digit numeric Internal Control Number.
Medical Record Number	An internal number assigned by the provider.
Bill Type	Code designation that is returned if the claim was associated with a UB92 claim.
Timestamp	The date and time that the eCSI response was generated.

## ELECTRONIC CLINICAL DATA INQUIRY

The Electronic Clinical Data Inquiry (e-CDI) Web Application provides a secure, web based tool for providers to submit clinical data inquiries on the following aspects of a recipient's health services history:

- Clinical Drug Inquiry
- Outpatient Procedures
- Ancillary Services
- Emergency Room Services
- Physician/EPSTD Encounters
- Specialist Services
- Lab and X-Ray Services
- Inpatient Services

**Louisiana Medicaid**  
Department of Health and Hospitals

Logoff  
Home

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**CLINICAL NOTES PAGE**  
Click on the link above for a print-friendly version of the Clinical Notes page that can be included in a recipient's medical chart.

Louisiana Medicaid Clinical Data Inquiry (e-CDI)  
Main Menu

Recipient's Medicaid ID Number or CCN:  Find Recipient

Recipient's Date of Birth:  (MM/DD/YYYY) Clear Fields

Recipient's Name:  
Recipient's Sex:                      Recipient's Age:

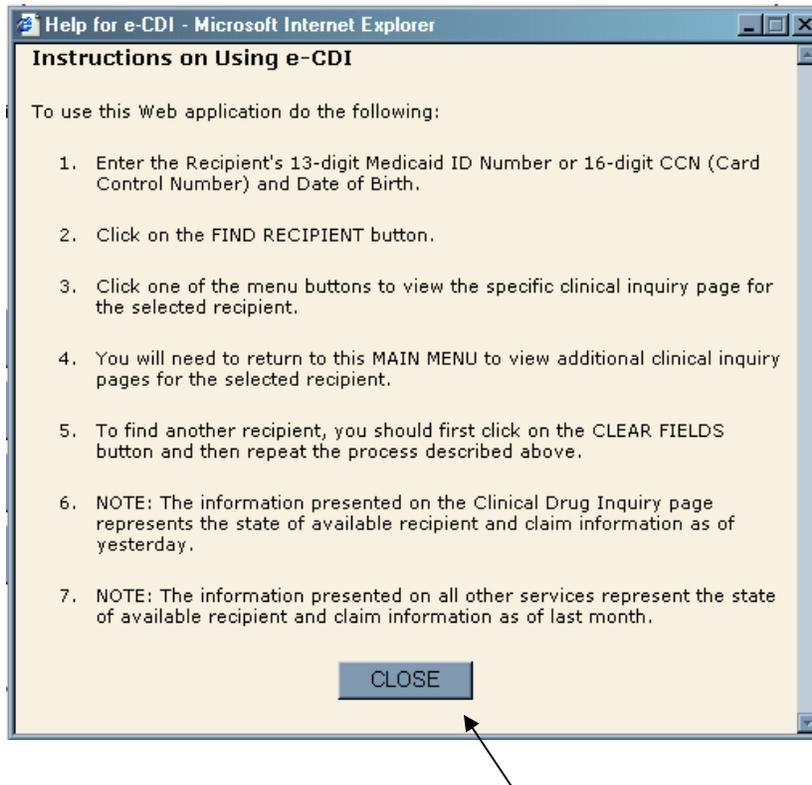
[Click here to view INSTRUCTIONS for USING e-CDI](#)

Clinical Drug Inquiry	Physician/EPSTD Encounters
Outpatient Procedures	Specialist Services
Ancillary Services	Lab and X-Ray Services
Emergency Room Services	Inpatient Services

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The e-CDI application is made available only to provider types that are defined with prescriptive authority on the Medicaid enrollment files.

Selecting the **Click here to view INSTRUCTIONS for USING e-CDI** link provides the following brief directions:



You can close the Help window by clicking on the **CLOSE** button.

In order to receive the clinical data reports, the user must enter a recipient's Medicaid ID Number or Card Control Number (CCN) and the recipient's DOB. Click on the **Find Recipient** button to proceed.

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Department of Health and Hospitals

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**CLINICAL NOTES PAGE**  
Click on the link above for a print-friendly version of the Clinical Notes page that can be included in a recipient's medical chart.

**Louisiana Medicaid Clinical Data Inquiry (e-CDI) Main Menu**

Recipient's Medicaid ID Number or CCN:  **Find Recipient**

Recipient's Date of Birth:  (MM/DD/YYYY) **Clear Fields**

Recipient's Name:

Recipient's Sex:

Recipient's Age:

[Click here to view INSTRUCTIONS for USING e-CDI](#)

Clinical Drug Inquiry	Physician/EPSTD Encounters
Outpatient Procedures	Specialist Services
Ancillary Services	Lab and X-Ray Services
Emergency Room Services	Inpatient Services

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**Note:** In the examples provided throughout this section, Protected Health Information (PHI) has been blotted out in order to comply with HIPAA provisions.







## Emergency Room Services

If the user selects the **Emergency Room Services** button from the e-CDI Main Menu, then the e-CDI will respond with a history of emergency room services, listed in reverse chronological order, detailing the system-assigned number, date of service (DOS), the Diagnosis Code, the Procedure Code for the service, a description of the procedure, a code for Provider Type (PT), and a code for the Provider Specialty (PS):

To get another clinical data report, you must return to the previous page by clicking on the **Main Menu** button.

Print capability is provided by the **Print** button.

You can modify the contents of the report by clicking on the radio buttons for **Last Month** or **Last 6 Months**.

The screenshot shows a web browser window displaying the Louisiana Medicaid Clinical ER History e-CDI Emergency Room Services page. The page includes a header with the Louisiana Medicaid logo and the Department of Health and Hospitals. The main content area displays the patient's Medicaid ID Number or CCN, Date of Birth (11/05/1993), Name, Sex (M), and Age (12). There are buttons for 'Main Menu' and 'Print'. A warning box states: 'Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals.' Below this is a section for selecting the ER History Period, with radio buttons for 'Last Month' (selected) and 'Last 6 Months'. A table titled 'ER HISTORY IS ORDERED IN REVERSE CHRONOLOGICAL ORDER (Most Recent Visit First)' is displayed. The table has columns for Num, DOS, Diag Code, Proc Code, Proc Description, PT, and PS. The table is currently empty. At the bottom of the table, there are '<<Prev Next>>' links and a note: 'PT=Provider Type, PS= Provider Specialty (move the cursor over the PT or PS column to display a description of the code)'. The footer contains the copyright information: 'Copyright 2003, Unisys Corporation, All Rights Reserved. e-CDI v3.0'.

Moving the cursor over the PT or PS column will display a description of the code. Use the **<<Prev Next>>** links to scroll forward and back through multiple screen displays.





## Lab and X-Ray Services

If the user selects the **Lab and X-Ray Services** button from the e-CDI Main Menu, then the e-CDI will respond with a history of lab and X-ray services, listed in reverse chronological order, detailing the system-assigned number, date of service (DOS), the Primary Diagnosis Code for the service, the procedure code, and a description of the procedure:

To get another clinical data report, you must return to the previous page by clicking on the **Main Menu** button.

Print capability is provided by the **Print** button.

You can modify the contents of the report by clicking on the radio buttons for **Last Month** or **Last 6 Months**.

The screenshot shows a web browser window titled "e-CDI Lab and X-Ray Services - Microsoft Internet Explorer". The address bar shows the URL: <https://biba-net3/sprovwbt/clinical/eCDI/MainMenu.aspx>. The page content includes the Louisiana Medicaid logo and the title "Louisiana Medicaid Clinical Lab and X-Ray History e-CDI Lab and X-Ray Services". Below the title, there is a section for recipient information: "Recipient's Medicaid ID Number or CCN: [REDACTED]", "Recipient's Date of Birth: 11/05/1993", "Recipient's Name: [REDACTED]", and "Recipient's Sex: M Recipient's Age: 12". A warning message states: "Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals." Below this, there is a section titled "Click below to Select the Lab and X-Ray History Period:" with two radio buttons: "Last Month" (selected) and "Last 6 Months". The main content is a table with the following columns: "Num", "DOS", "Prim Diag", "Proc Code", and "Proc Description". The table is currently empty. At the bottom of the table, there are navigation links: "<<Prev Next>>". The page footer includes the text: "Copyright 2003, Heizer Corporation. All Rights Reserved. e-CDI v3.0".

Use the **<<Prev Next>>** links to scroll forward and back through multiple screen displays.

## Inpatient Services

If the user selects the **Inpatient Services** button from the e-CDI Main Menu, then the e-CDI will respond with a history of inpatient services, listed in reverse chronological order, detailing the system-assigned number, to and from dates of service (DOS), the Primary Diagnosis Code for the service, the primary service description, the secondary diagnosis code, the secondary service description, the provider type (PT) code, and the provider specialty (PS) code:

To get another clinical data report, you must return to the previous page by clicking on the **Main Menu** button.

Print capability is provided by the **Print** button.

You can modify the contents of the report by clicking on the radio buttons for **Last Month** or **Last 6 Months**.

The screenshot shows the 'Louisiana Medicaid Clinical Inpatient Admissions History e-CDI Inpatient Services' web application. The page includes a header with the Louisiana Medicaid logo and navigation buttons for 'Main Menu' and 'Print'. A warning message is displayed on the left: 'Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals.' The main content area shows recipient information: 'Recipient's Medicaid ID Number or ECN: [REDACTED]', 'Recipient's Date of Birth: 11/05/1993', 'Recipient's Name: [REDACTED]', and 'Recipient's Sex: M Recipient's Age: 12'. Below this is a section to 'Click below to Select the Inpatient Admissions History Period:' with radio buttons for 'Last Month' (selected) and 'Last 6 Months'. The main data is presented in a table with the following columns: Num, From DOS, Thru DOS, Prim Diag, Prim Description, Sec Diag, Sec Description, PT, and PS. The table is currently empty. At the bottom of the table area are navigation links '<< Prev Next >>' and a legend: 'PT=Provider Type, PS= Provider Specialty (move the cursor over the PT or PS column to display a description of the code)'. The footer contains the copyright notice: 'Copyright 2003, Unisys Corporation, All Rights Reserved. e-CDI v3.0'.

Moving the cursor over the PT or PS column will display a description of the code. Use the **<<Prev Next>>** links to scroll forward and back through multiple screen displays.

## ELECTRONIC PRIOR AUTHORIZATION

The Electronic Prior Authorization (e-PA) Web Application provides a secure, web based tool for providers to submit prior authorization (PA) requests and to view the status of previously submitted requests. This tool is intended to eliminate the need for hardcopy PA requests as well as to provide a more efficient and timely method of receiving PA request results. Each day, the Unisys Prior Authorization Department will review and determine the approval/denial status of PA requests. The resulting decisions will be updated on a nightly basis back to the e-PA web application. This enables the provider to see the decision for a PA request the following business day after the status was determined.

The requirement to submit standard supporting documentation to the Unisys Prior Authorization Department remains unchanged. This training guide describes how both tasks are accomplished using the new e-PA web application.

The e-PA application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based application. Attachment A includes specific instructions for obtaining an online provider account.

**Providers who do not have access to a computer and/or fax machine will not be able to utilize the web application. However, prior authorization requests will continue to be accepted and processed using the current hardcopy PA submission methods.**

Access to the application is limited to the follow provider types:

01	Inpatient
05	Rehabilitation
06	Home Health
09	DME
10	Adult Dental [to be implemented at a later date]
11	EPSDT Dental [to be implemented at a later date]
12	EPSPW Dental [to be implemented at a later date]
14	EPSDT PCS
99	Other

The steps below provide a basic high-level overview of what is required to submit a PA request using the e-PA application. Detailed step-by-step instructions are provided in the next section.

1. Enter the secured provider area of the [lamedicaid.com](http://lamedicaid.com) website.
2. Select the **Electronic Prior Authorization** application link.
3. Select **PA Request**.
4. Enter the recipient's 13-digit Medicaid ID number and date of birth.
5. Select the type of PA request.

6. Select the **Submit** button.
7. Complete the PA Request Entry page and select the **Submit** button.
8. Print the PA Request Entry response page.
9. Using the PA Request Entry response page “Print Friendly” function, fax the request and the supporting documentation to the number indicated on the response page. Unisys e-PA Fax Number: 225.927.6536.

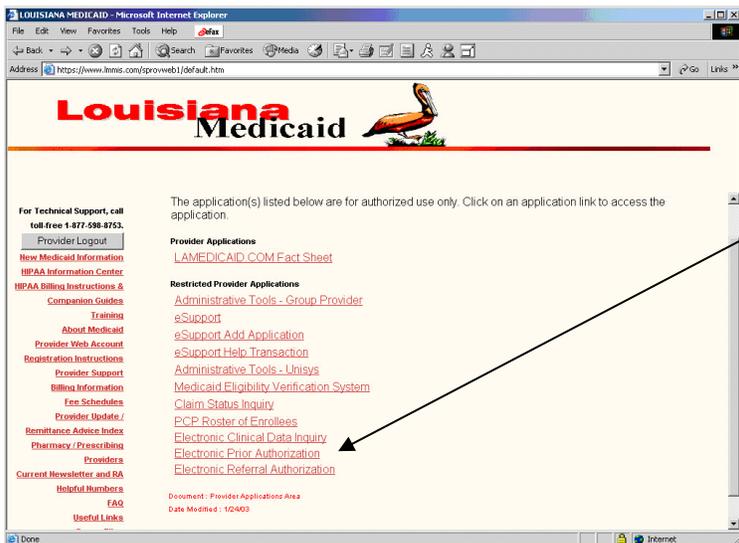
Once the documentation has been faxed to Unisys, it will be cross-referenced back to the original electronic request so that the PA staff can view the supporting documentation on-line while reviewing the PA request.

#### **Important Note**

**If the supporting documentation is not faxed to Unisys or the PA Request Entry (response) page is not used as a cover sheet or is un-readable, then the request will remain in a Pending Review status and will not be processed by the Unisys PA Department. To identify whether or not the supporting documentation was received and processed without error, the provider can view the PA Entry Request (response) page (presented in the next section of this document) and review the Encounter # field at the bottom of the page. If this number is Zero (0), then the attachments have not been received or were not appropriately matched to the original request. Reprint the PA Entry Request (response) page and re-fax it and the supporting documentation again. If the faxed documentation is received and processed correctly, the encounter number field will reflect this change one business day after the documents were faxed.**

The steps to access the main menu and the e-PA application are as follows:

1. Open your web browser and enter the URL for the Louisiana Medicaid main menu [www.lamedicaid.com](http://www.lamedicaid.com) or [www.lmmis.com](http://www.lmmis.com). Click on the **Provider Login** button and then log-on to the Provider Applications Area using your Louisiana Medicaid Provider ID and your registered login and password.



2. The Provider Applications Area screen is displayed. Select the **Electronic Prior Authorization** hyperlink.

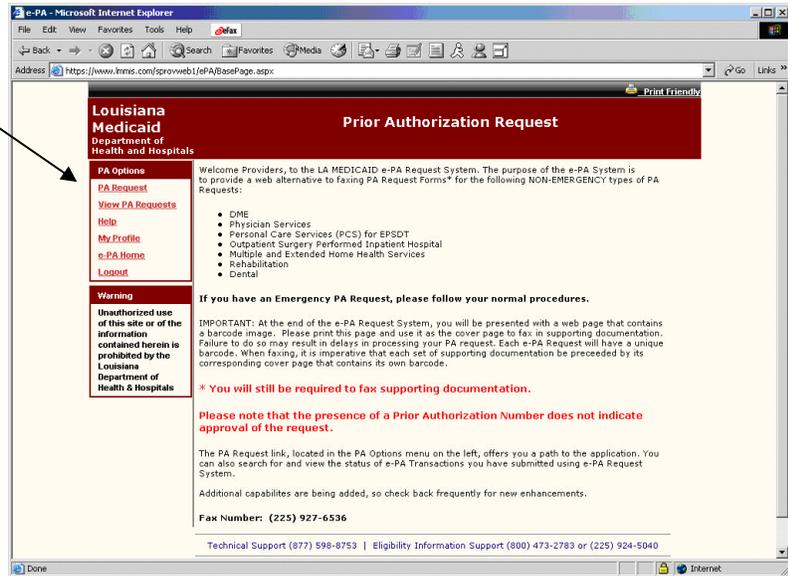


3. The Louisiana Medicaid Prior Authorization Web Application Home screen is displayed.

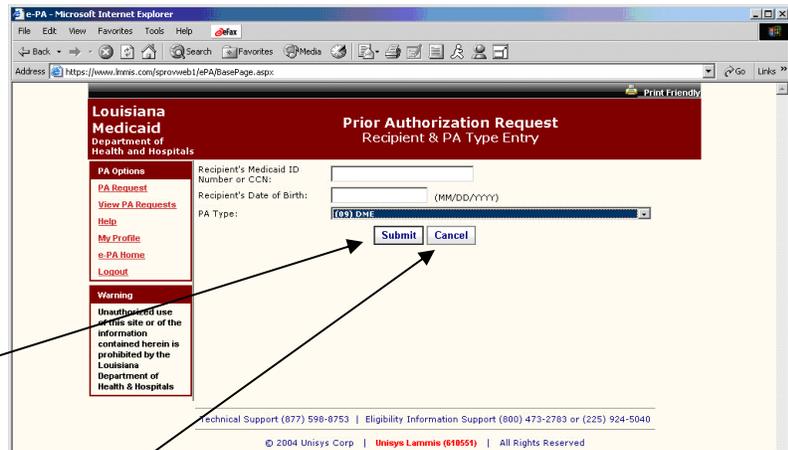
## PA Request

This section presents the detailed steps necessary to submit a PA request using the e-PA application.

1. Select the **PA Request** link located in the upper left side of the main application page. The Recipient & PA Type entry page will be displayed.



2. On the Recipient & PA Type Entry page, enter the recipient's Medicaid ID number or CCN and the date of birth in the appropriate boxes. In the PA Type drop-down list, select the type of PA request, then select the **Submit** button. The PA Request Entry page will be displayed. If you wish to discontinue the request, click the **Cancel** button and you will be returned to the e-PA home page.



- On the PA Request Entry page, enter the appropriate information as you would for any standard PA request. If you have not filled in all the required fields, the application will display a user-friendly pop-up box, listing the required fields that must still be entered.

**Louisiana Medicaid**  
Department of Health and Hospitals

**Prior Authorization Request**  
PA Request Entry

PA Options: PA Request, View PA Requests, Help, My Profile, e-PA Home, Logout

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PA Number: [ ] PA Type (09) DME: [ ] Request Date 5/10/2005

Continuation of Services

**REQUESTER DATA**  
 Medicaid Provider ID: [ ] Phone No.: [ ]  
 Contact Person: [ ] Fax No.: [ ]

**SUBSCRIBER DATA**  
 Medicaid ID: [ ] SSN: [ ]  
 Last Name: [ ] First Name, MI: [ ] A  
 Sex: Female DOB: [ ]

**DIAGNOSIS**  
 Primary: Code [ ] Description [ ]  
 Secondary: Code [ ] Description [ ]

**SERVICE DATES** From [ ] Thru [ ] (MM/DD/YYYY)

**PRESCRIBING PROVIDER DATA**  
 Physician Name: [ ] Physician Number: [ ]  
 Prescription Date: [ ] (MM/DD/YYYY)

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
2	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
3	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
4	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
5	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
6	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
7	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
8	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
9	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
10	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
11	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]
12	[ ]	[ ][ ][ ][ ]	[ ]	[ ]	[ ]

Place of Treatment: [ ]

**CASE MANAGER INFORMATION**  
 Name: [ ]  
 Address: [ ]  
 City: [ ] State: [ ] Zip: [ ]  
 Telephone: [ ] Fax: [ ]

Submit Cancel

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040  
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Once you have completed all the required fields, select the **Submit** button at the bottom of the page. The system's response to your PA Request Entry will then be displayed.

- The system's response consists of a PA Request Entry page with the addition of a header at the top that includes a bar code. The bar code permits automated matching of the request with the supporting documentation which you will fax. Use the **Print Friendly** or **Print this Page** function to print the page. Then follow the faxing instructions for supporting documentation on the response page (note that the fax number is provided).

**Louisiana Medicaid**  
Department of Health and Hospitals

**Prior Authorization Request**  
PA Request Entry

**PA Options**  
PA Request  
View PA Requests  
Help  
My Profile  
e-PA Home  
Logout

**Warning**  
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**IMPORTANT INFORMATION**  
Please print this page, with the bar code, and use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below.  
Unisys Prior Authorization Fax Numbers  
(225) 927-6536

PA Number: [redacted] PA Type (09) DME Request Date: 2005

**REGISTER DATA**  
Medicaid Provider ID: [redacted] Phone No.: [redacted]  
Contact Person: [redacted] Fax No.: [redacted]

**SUBSCRIBER DATA**  
Medicaid ID: [redacted] SSN: [redacted]  
Last Name: [redacted] First Name, MI: [redacted] A  
Sex: Female DOB: [redacted]

**DIAGNOSIS**  
Primary Code: 486 Description: PNEUMONIA, ORGANISM NOS  
Secondary Code: [redacted]

**SERVICE DATES** From 07/01/2003 thru 07/01/2003 (MM/DD/YYYY)

**PRESCRIBING PROVIDER DATA**  
Physician Name: [redacted] Physician Number: [redacted]  
Prescription Date: [redacted] (MM/DD/YYYY)

**SERVICE LEVEL DATA**

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1	99214		EST PATIENT OFFICE VIS	1	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Place of Treatment: [redacted]

**CASE MANAGER INFORMATION**  
Name: [redacted]  
Address: [redacted]  
City: [redacted] State: [redacted] Zip: [redacted]  
Telephone: [redacted] Fax: [redacted]

ePA Trans. ID 1182 Submitted 5/10/2005 12:10:37 PM Enc. No. 1512

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**Reminder:** The printed version of the web page shown above must serve as the cover sheet for any faxed supporting documentation associated with the request.

## View PA Requests

The steps below explain how to view previously submitted PA Requests. This function is useful for checking on the status of submitted requests and for determining whether the supporting documentation was received.

1. Select the **View PA Requests** link on the left side of the application home page. The PA Request Transaction page will be displayed.

2. From the PA Request Transaction page, you can search for a PA request by PA Number, Recipient ID, e-PA Transaction Number, or CCN. Enter the appropriate information in any one of the four fields and then select the **Search** button directly below the CCN input field.

A Quick Search is also available that will search for PA Requests entered in the current week, the previous week, or the current month. Select the appropriate time period you wish to search for and select the **Quick Search** button.

The top screenshot shows the Louisiana Medicaid e-PA Request System home page. The sidebar menu on the left includes 'PA Options', 'View PA Requests', 'Help', 'My Profile', 'e-PA Home', and 'Logout'. The main content area contains a welcome message, a list of services covered by the system (DME, Physician Services, Personal Care Services (PCS) for EPSDT, Outpatient Surgery Performed Inpatient Hospital, Multiple and Extended Home Health Services, Rehabilitation, and Dental), and a warning about emergency PA requests. It also includes contact information for technical and eligibility support.

The bottom screenshot shows the 'PA Request Transactions' search page. It features a search form with four input fields: 'PA #', 'Recipient ID', 'ePA Transaction #', and 'Or CCN'. Below these fields are 'Search' and 'Clear' buttons. A 'Quick Search' section is located below the search form, with radio buttons for 'Current Week', 'Previous Week', and 'Current Month'. The 'Current Week' option is selected.

- Once a search has been submitted, the page will be refreshed to list all of the PA Requests that were found matching the search criteria.

The PA Number, the Recipient ID Number, the Request Date, the PA Type, the Status, the Reject Code (if any), and the e-PA Transaction Number are displayed for each PA Request record. The default status for any PA Request that has been submitted is "Pending Review". If the request has been approved, the status will indicate "Approved". If the request has been denied, then the status column will indicate "Denied" and a Reject Code will also be displayed.

Both the PA Number and the e-PA Transaction Number are provided as links which display the entire record of the PA Request (including the bar code).

**Louisiana Medicaid**  
Department of Health and Hospitals

**Prior Authorization Request**  
PA Request Transactions

PA Options  
[PA Request](#)  
[View PA Requests](#)  
[Help](#)  
[My Profile](#)  
[e-PA Home](#)  
[Logout](#)

Please enter at least one of the following:  
 PA #  Recipient ID  ePA Transaction #   
 Or CCN

Current Week  Previous Week  Current Month

Below are all of the Transactions that were submitted by you through the e-PA System. To view the complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

PA #	Recip ID#	Request Date	PA Type	Status	Reject Code	e-PA Transaction #
<a href="#">1182</a>		5/10/2005	(09) DME	Pending Review		<a href="#">1182</a>
<a href="#">1050</a>		4/28/2005	(09) DME	Pending Review		<a href="#">1050</a>
<a href="#">1034</a>		4/25/2005	(09) DME	Pending Review		<a href="#">1034</a>
<a href="#">929</a>		4/14/2005	(09) DME	Pending Review		<a href="#">929</a>
<a href="#">928</a>		4/14/2005	(09) DME	Pending Review		<a href="#">928</a>
<a href="#">890</a>		4/13/2005	(05) Rehabilitation Therapy	Pending Review		<a href="#">890</a>
<a href="#">889</a>		4/13/2005	(05) Rehabilitation Therapy	Pending Review		<a href="#">889</a>
<a href="#">888</a>		4/13/2005	(05) Rehabilitation Therapy	Pending Review		<a href="#">888</a>
<a href="#">886</a>		4/13/2005	(05) Rehabilitation Therapy	Pending Review		<a href="#">886</a>
<a href="#">885</a>		4/13/2005	(05) Rehabilitation Therapy	Pending Review		<a href="#">885</a>

1 2

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4. The figure below demonstrates a record displayed when either the PA Number or the e-PA Transaction Number link is selected (see Step 3, above). To return to the Search Results page, select the **Return to Search Results** link on the left side of the page.

Louisiana Medicaid  
Department of Health and Hospitals
Prior Authorization Request  
PA Request Entry

**PA Options**

[PA Request](#)

[View PA Requests](#)

[Help](#)

[My Profile](#)

[e-PA Home](#)

[Logout](#)



IMPORTANT INFORMATION

Please print this page, with the bar code, and use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request. Please fax all supporting documentation to one of the following numbers listed below:  
Unisys Prior Authorization Fax Numbers  
**(225) 927-6536**

[Print this Page](#)

**PA Number** [redacted]      **PA Type (09) DME**      **Request Date** 5/10/2005

Continuation of Services

**REQUESTER DATA**

Medicaid Provider ID [redacted]      Phone No. [redacted]

Contact Person [redacted]      Fax No. [redacted]

**SUBSCRIBER DATA**

Medicaid ID [redacted]      SSN [redacted]

Last Name [redacted]      First Name, MI. [redacted] A

Sex Female      DOB [redacted]

**DIAGNOSIS**

	Code	Description
Primary	486	PNEUMONIA ORGANISM NOS
Secondary		

**SERVICE DATES**    From 07/01/2005 Thru 07/01/2005 (MM/DD/YYYY)

**PRESCRIBING PROVIDER DATA**

Physician Name [redacted]      Physician Number [redacted]

Prescription Date [redacted] (MM/DD/YYYY)

**SERVICE LEVEL DATA**

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1	99214	[ ][ ][ ][ ][ ]	EST PATIENT OFFICE VIS	1	
2	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
3	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
4	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
5	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
6	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
7	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
8	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
9	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
10	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
11	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]
12	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ][ ][ ][ ][ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]

**Place of Treatment** [redacted]

**CASE MANAGER INFORMATION**

Name [redacted]

Address [redacted]

City [redacted]      State [redacted]      Zip [redacted]

Telephone [redacted]      Fax [redacted]

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ePA Trans. ID 1182      Submitted 5/10/2005 12:10:37 PM      Enc. No. 1512

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Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

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## Help

The **Help** link provides two different types of assistance: a brief rundown of the major capabilities, and a longer, zipped User Guide.

**Louisiana Medicaid**  
Department of Health and Hospitals

### Prior Authorization Request

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to facing PA Request Forms\* for the following NON-EMERGENCY types of PA Requests:

- DME
- Physician Services
- Personal Care Services (PCS) for EPSDT
- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation
- Dental

**If you have an Emergency PA Request, please follow your normal procedures.**

**IMPORTANT:** At the end of the e-PA Request System, you will be presented with a web page that contains a barcode image. Please print this page and use it as the cover page to fax in supporting documentation. Failure to do so may result in delays in processing your PA request. Each e-PA Request will have a unique barcode. When faxing, it is imperative that each set of supporting documentation be preceded by its corresponding cover page that contains its own barcode.

**\* You will still be required to fax supporting documentation.**

**Please note that the presence of a Prior Authorization Number does not indicate approval of the request.**

The PA Request link, located in the PA Options menu on the left, offers you a path to the application. You can also search for and view the status of e-PA Transactions you have submitted using e-PA Request System.

Additional capabilities are being added, so check back frequently for new enhancements.

**Fax Number: (225) 927-6536**

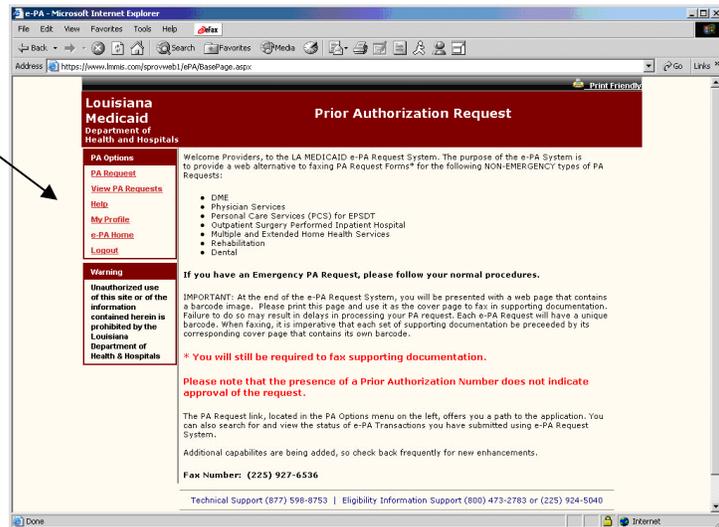
Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

## My Profile

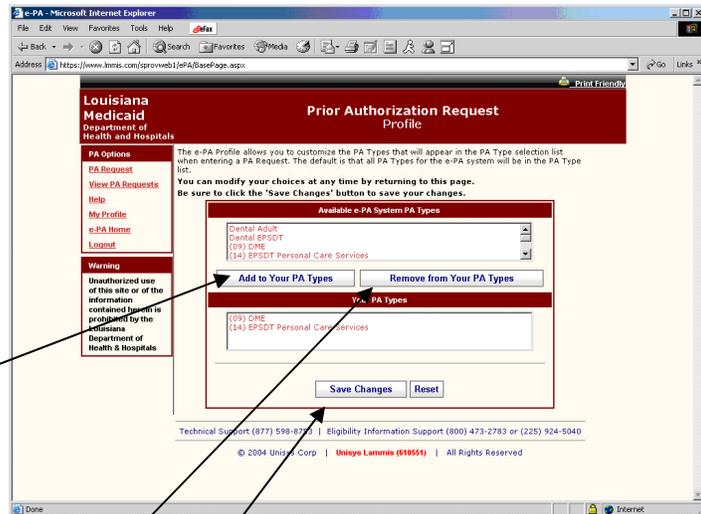
The e-PA web based application allows for the customization of the PA Type pull-down menu that appears on the Recipient & PA Type Entry page.

To customize the PA Type select list, follow the steps listed below.

1. Click the **My Profile** link on the left side of the main page. This will open the Profile Page.



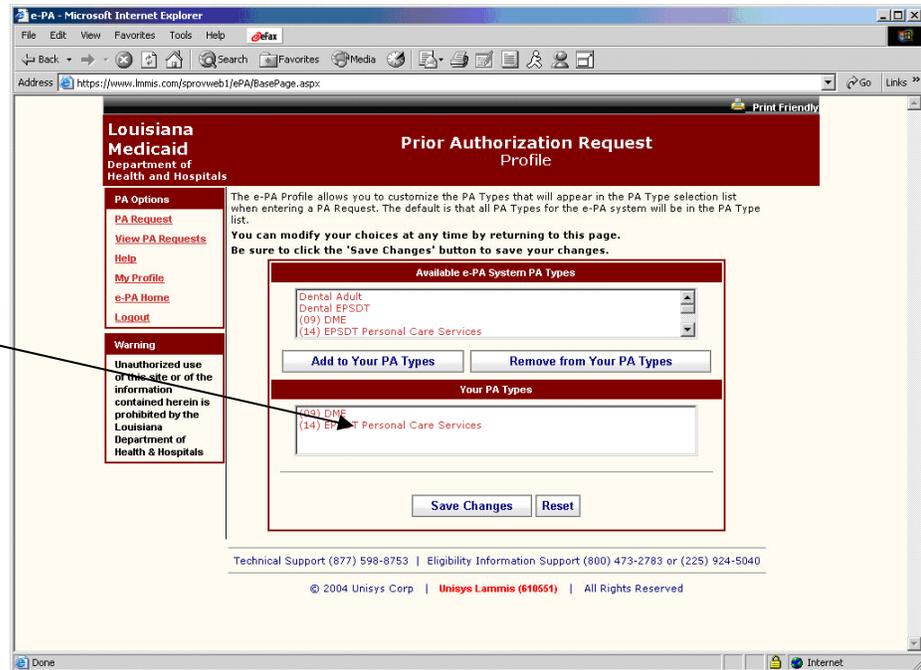
2. The Profile Page displays a scrolling list box in the lower portion of the screen labeled “Your PA Types.” To add a PA Type to the pull-down menu, click once on the PA type you wish to add from the list in the upper portion of the page labeled “Available e-PA System PA Types”, then, select the **Add To Your PA Types** button. The page will be refreshed to show your changes.



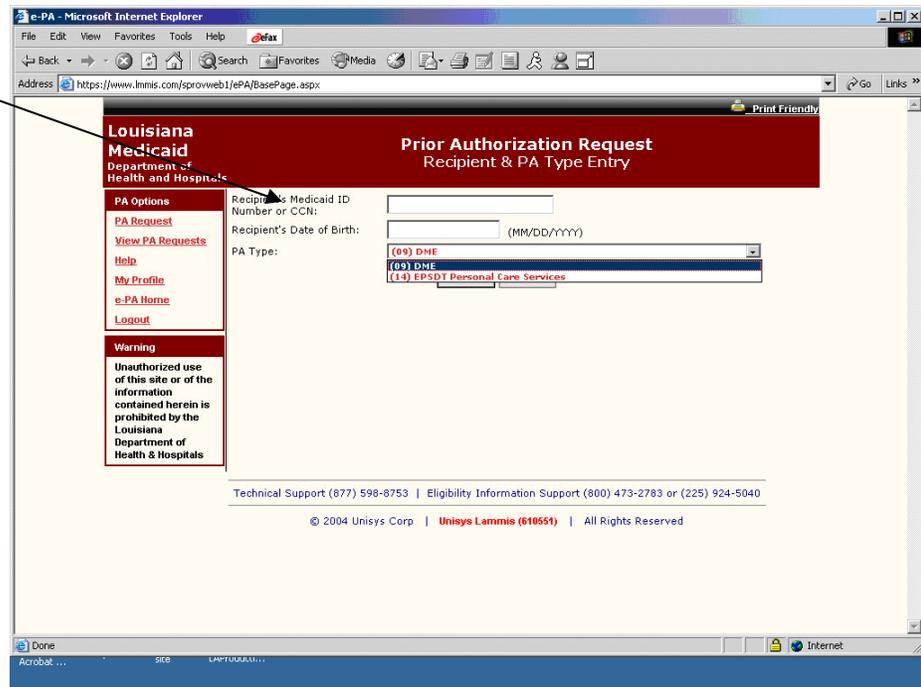
To remove PA Types from the select list, within the “Your PA Types” box, click once on the PA Type you wish to remove; then select the **Remove From Your PA Types** button. The page will be refreshed to show your changes.

Repeat Step 2 until you have completed your changes. Now select the **Save Changes** button at the bottom of the page. This will save your changes permanently within the application.

**NOTE:** After you have made changes, but before you have selected the **Save Changes** button, you may cancel the changes you made to the “Your PA Types” list by selecting the **Reset** button.



The changes made to the PA Types indicated on the Profile page will be reflected in the Recipient & PA Type Entry page that appears immediately after clicking the **PA Request** link on the main page.

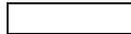


# ELECTRONIC REFERRAL AUTHORIZATION (PILOT)

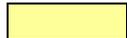
The Electronic Referral/Authorization (e-RA) application permits CommunityCARE PCPs and hospitals to more efficiently manage the post-authorization process for services provided to CommunityCARE enrollees in emergency room. The hospital enters a post-authorization request(including pertinent medical documentation) in the e-RA system; a PCP Alert feature informs the PCP when there are outstanding requests pending; the PCP reviews the request and makes a determination to approve/deny/or return for additional information. The e-RA application may be used for pre or post authorization of emergency room services.

In addition, an **Admin Menu** button provides a link (for DHH users only) to view referral management reports.

**Note:** For all screens in the e-RA application, data is entered only in a white field:



The yellow fields display specific information related to the transaction, but data cannot be entered into yellow fields:



## PCP Main Menu

The **Home** button returns you to the Provider Applications Area.

The **Help** button provides a helpful Adobe pdf file.

The **Admin Menu** button links to a series of administrative reports for DHH only.



The **Authorize or Deny an ER Visit** link starts with a Find Provider function.

The **View Existing Authorizations** link provides a summary report of authorizations for the specified recipient that are already in the system.

The **View Authorizations for All Recipients** link provides a tool for searching all authorizations by a variety of parameters.

## Authorize or Deny an ER Visit

### Find Provider

The Find Provider page is the first step for authorizing an ER visit (selected by the **Authorize or Deny an ER Visit** link).

You can find a provider or providers by specifying a Provider Name, Provider ID, a City, a Zip Code, a Parish, or a Region.





You can select any one of the nine Louisiana Community Care Regions displayed in the pull-down menu.

**Louisiana Medicaid**  
Department of Health and Hospitals

[Main Menu](#)  
[Print](#)  
[Help](#)  
[Admin Menu \(DH Only\)](#)

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**PCP Electronic Referral/Authorization Find Provider**

Provider Name: UNISYS PBM STAFF TEST \*  
 Recipient's Medicaid ID Number or CCN: 777999999999102  
 Recipient's Date of Birth: 01/01/1984  
 Recipient's Name: O'ANA, LOU  
 Recipient's Sex: M Recipient's Age: 21

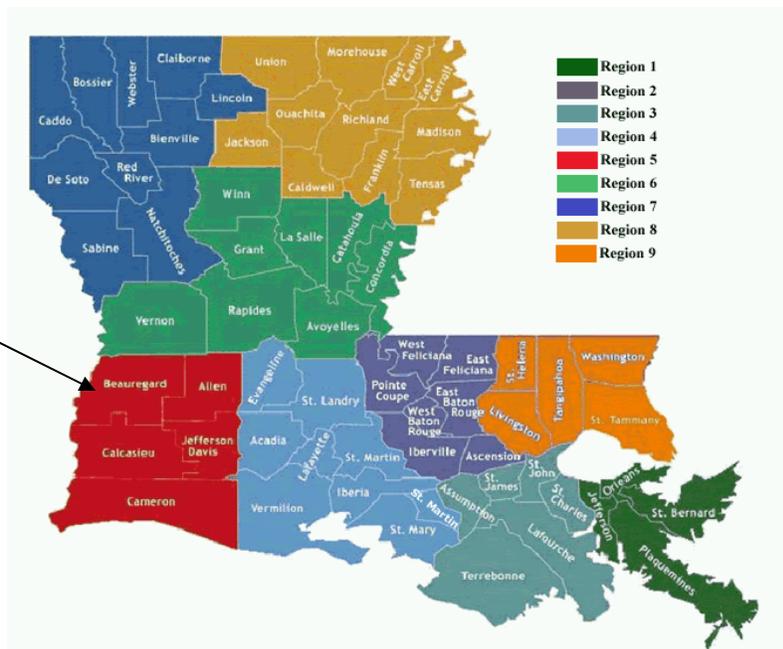
You can find providers by ID, NAME, CITY, ZIP CODE, REGION, and/or PARISH. Just select one or more of these fields below and then click on the DISPLAY PROVIDERS button. In order to authorize a referral for the recipient to a provider, you will need to click on the provider in the list.

Provider Name:   
 Provider ID:   
 City:   
 Zip Code:   
 Parish:   
 Region:

Invalid Community Care Region  
 Region 1 - New Orleans  
 Region 2 - Baton Rouge  
 Region 3 - Thibodaux  
 Region 4 - Lafayette  
 Region 5 - Lake Charles  
 Region 6 - Alexandria  
 Region 7 - Shreveport  
 Region 8 - Monroe  
 Region 9 - Mandeville

Provider Name	City

If you select the State of Louisiana icon, then a map is displayed, and you can click on the image of the Region you want to select. For instance, if you want Region 5, click here.



The system responds by closing the map and entering "Region 5 – Lake Charles" into the Region text box on the Find Provider page, and you can then refine your search parameters further or proceed with the search.

Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals.

Provider Name:   
 Provider ID:   
 City:   
 Zip Code:   
 Parish:   
 Region:

Providers are listed in alphabetical order by provider name.

Provider Name	City/State	Phone	Specialty
DOCTORS COMMUNITY HOSPITAL *	LANHAM MD	(301) 552-8186	Hospitals and Nursing Homes
DOCTORS HOSPITAL *	COLUMBUS OH	(614) 297-4000	Hospitals and Nursing Homes
DOCTORS HOSPITAL (AUGUSTA) *	AUGUSTA GA	(706) 651-3232	Hospitals and Nursing Homes
DOCTORS HOSPITAL - GROVES *	GROVES TX	(409) 963-5164	Hospitals and Nursing Homes
DOCTORS HOSPITAL EAST LOOP *	HOUSTON TX	(713) 675-3241	Hospitals and Nursing Homes
DOCTORS HOSPITAL OF DALLAS *	DALLAS TX	(214) 324-6100	Hospitals and Nursing Homes
DOCTORS HOSPITAL OF JACKSON *	JACKSON MS	(601) 982-8321	Hospitals and Nursing Homes
DOCTORS HOSPITAL OF OPELOUSAS**	OPELOUSAS	(337) 948-2100	Hospitals and Nursing Homes
DOCTORS HOSPITAL OF OPELOUSAS*	OPELOUSAS	(318) 925-8304	Hospitals and Nursing Homes
DOCTORS HOSPITAL OF SHREVEPOR*	SHREVEPORT	(318) 678-4435	Hospitals and Nursing Homes

<<Prev Next>>

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A combination of fields may also be used to help identify a provider or providers. For instance, if you specify a Provider Name of “doctors”, the system responds with a lengthy list of providers.

Click on the **Next>>** link to continue on to the next page of provider listings.

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Provider Name:   
 Provider ID:   
 City:   
 Zip Code:   
 Parish:   
 Region:

Providers are listed in alphabetical order by provider name.

Provider Name	City/State	Phone	Specialty
ACADIAN HOSPITAL *	BATON ROUGE	(225) 925-1290	Hospitals and Nursing Homes
ASCENSION REHABILITATION HOSP*	BATON ROUGE	(225) 358-8020	Hospitals and Nursing Homes
BATON ROUGE GENERAL HLTH CTR *	BATON ROUGE	(225) 763-4000	Hospitals and Nursing Homes
BATON ROUGE GENERAL MEDICAL C*	BATON ROUGE	(225) 819-1062	Hospitals and Nursing Homes
BENTON REHABILITATION HOSPITA*	BATON ROUGE	(225) 336-1000	Hospitals and Nursing Homes
CONCORD HOSPITAL-LLC *	BATON ROUGE	(225) 925-1290	Hospitals and Nursing Homes
DHH EXEC MGMT TEST *	BATON ROUGE	(225) 237-3370	Hospitals and Nursing Homes
DHH-HOSPITAL-HURRICANE KATRIN*	BATON ROUGE	(225) 216-6392	Hospitals and Nursing Homes
DOCTORS MEMORIAL HOSPITAL *	BATON ROUGE	(225) 927-9050	Hospitals and Nursing Homes
DOCTORS MEMORIAL HOSPITAL *	BATON ROUGE	( ) -	Hospitals and Nursing Homes

<<Prev Next>>

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Likewise, if you specify a City name of “Baton Rouge”, the system will respond with a lengthy list of providers. Click on the **Next>>** link to continue on to the next page of provider listings.

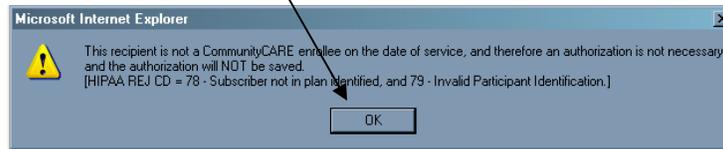




The system responds with the following confirmation. Press the **Cancel** button to return to the PCP Main Menu. Press the **OK** button to make and save the referral.



If the recipient is not a CommunityCARE enrollee, the system responds with the following explanation. Press the **OK** button to continue and return to the PCP Main Menu.



## View Existing Authorizations

If you click on the **View Existing Authorizations** button without first having entered a recipient's Medicaid ID Number or CCN and DOB, the system responds with this reminder:



**Louisiana Medicaid**  
Department of Health and Hospitals

Home  
Help  
Admin Menu (DHH Only)

**PCP Electronic Referral/Authorization**  
PCP Main Menu

Provider Name: UNISYS PBM STAFF TEST \*

Recipient's Medicaid ID Number or CCN:  Find Recipient

Recipient's Date of Birth:  (MM/DD/YYYY) Clear Fields

Recipient's Name:

Recipient's Sex:  Recipient's Age:

Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals.

Authorize or Deny an ER Visit  
Authorize a Special Visit  
View Existing Authorizations  
View Authorizations for All Recipients

**PCP Alert: The following recipient(s) have outstanding visits and you should either authorize or deny the visit for each recipient.**

Total Outstanding:  0

Total Out of Compliance:  0

Click on each recipient in the table below to automatically FIND the RECIPIENT, and then click on the AUTHORIZE OR DENY AN ER VISIT button to view the presenting symptoms of that visit.

Repeat the process for each recipient.

Select a Site:  All

Request Date	Site	Recipient ID	Date of Birth	Type



**Louisiana Medicaid**  
Department of Health and Hospitals

**PCP Electronic Referral/Authorization View Authorizations for ALL Recipients**  
Provider Name: UNISYS PBM STAFF TEST \*

Note: This page is for informational purposes only. It shows all the referrals you authorized or denied for all your [linked](#) recipients. You may refine the displayed information by using any of the following search criteria, and then click the "Execute your Search" button.

**Optional Search Criteria:**  
Provider (Last, First) or Group Name:

Select a specific date type below, and then enter the date value in the field at right:  
 Date of Service  Issue Date  Request Date  No Selection      Date:  (MM/DD/YYYY)

Click below to select the period based on Request Date:      Click below to select a status:  
 This Month  Prior Month  Last 12 Months       A  O  D  R  Any Status

Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals.

Recipient Referrals are shown in reverse chronological order by From Date											
From Date	Thru Date	Issue Date	Request Date	Provider Name	Specialty	Ref Auth Nbr	Status	MPAA Status	Recipient Name (Last, First)	Recipient ID	Type

The system responds with a report of all referrals for all CommunityCARE recipients linked to your Provider ID. However, you may refine the report by specifying a **Provider** or **Group**, or a date type (**Date of Service**, **Issue Date**, **Request Date**, or **No Selection**—the default). If you choose to search by a date type, you must also enter a **Date** in the Date text box. Alternatively, you may click on the radio button for **This Month** (the default), **Prior Month**, or **Last 12 Months**. You may also search with a status indicator by clicking on the radio button for a status indicator of **A**, **O**, **D**, **R**, or **Any Status** (the default).

Click on the **Reset the Search Fields** button to start over. Click on the **Execute Your Search** button once you have entered your selected search parameters.

## PCP ROSTER OF ENROLLEES

The PCP Roster of Enrollees allows eligible enrolled providers the ability to view their CP-0-92 reports or RS-O-07 reports online.

After you select the PCP Roster of Enrollees option from the Provider Applications Area, the PCP Roster of Enrollees Login page provides the interface for you to request the reports.

**Note:** The **Change Password**, **Change Account Info**, **Provider Logout**, and **Help** functions are the same as those provided in the PROVIDER APPLICATIONS AREA section of this guide (above).

The **Home** link returns the user to the Provider Applications Area.

The **Instructions** link provides a brief pdf user guide for the PCP Roster of Enrollees application.

Enter your Provider ID and the applicable site number (i.e., 001) in to the text boxes and click on the **Submit** button.

Address: https://bitaine3/provweb7/default.htm

**Louisiana Medicaid**

Change Password Change Account Info Provider Logout Help

**PCP Roster of Enrollees Login**

Home Instructions

Please Enter the Provider Id and Site:

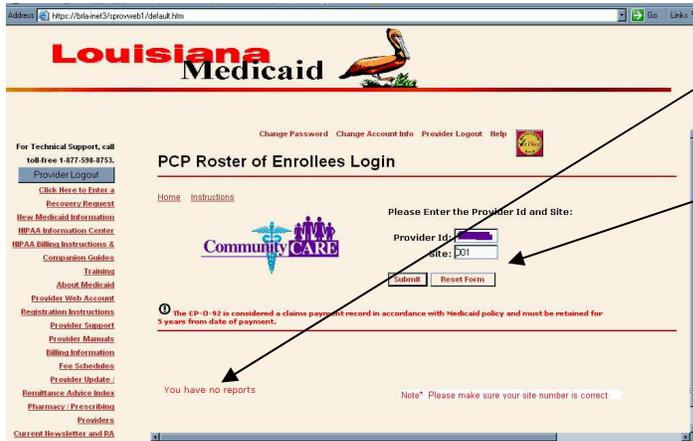
Provider Id:

Site:

Submit Reset Form

The CP-0-92 is considered a claims payment record in accordance with Medicaid policy and must be retained for 5 years from date of payment.

If there are no reports, the application will return a screen similar to the one shown below:



Note the application's response when there are no reports available.

The **Reset Form** button provides a convenient way to clear the Site text box.

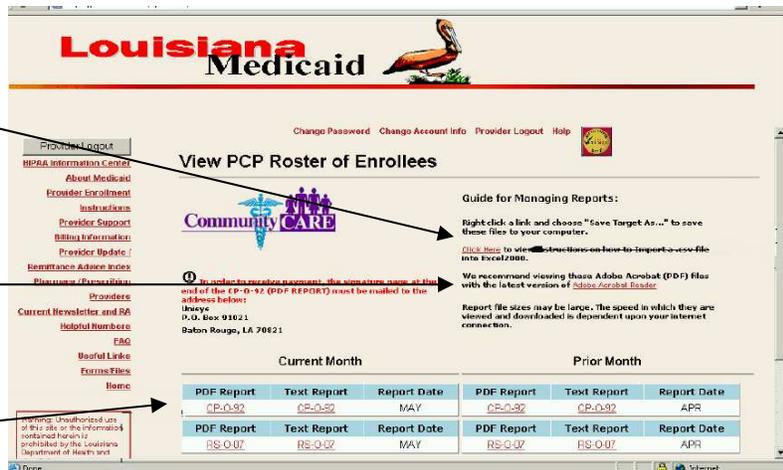
If reports are available for the Provider Id and Site you specified, then a screen similar to the one shown below will be provided:

Instructions for importing the files into Excel are provided by the **Click Here** link.

The **Adobe Acrobat Reader** link provides a convenient way to download the latest pdf reader.

The report names, underlined in red, are links to pdf files or text files, as noted.

Instructions for managing the reports are provided on the page under the "Guide for Managing Reports" heading.



## PROVIDER ASSISTANCE

Many of the most commonly requested items from providers including, but not limited to, the Field Analyst listing, RA messages, Provider Updates, preferred drug listings, general Medicaid information, and program training packets are available online at [www.lamedicaid.com](http://www.lamedicaid.com).

### TECHNICAL SUPPORT

Technical Support for the web sites specializes in assisting user with issues such as:

- Password problems
- Service failures/user ID reset
- Application assistance
- Other technical issues

The phone number for Technical Support is listed in the top left hand corner on each page of every provider web application. It is:

# 1-877-598-8753

Hours of operation for Technical Support are:

**Monday-Friday, 8 am – 5 pm**

### UNISYS PROVIDER RELATIONS TELEPHONE INQUIRY UNIT

The telephone inquiry staff assists with inquiries such as obtaining policy and procedure/information/clarification, ordering printed material, requesting a Field Analyst visit, etc., and may be reached by calling:

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

\*Please listen to the menu options and press the appropriate key for assistance.

**NOTE:** Providers should access eligibility information via the Medicaid Eligibility Verification System (MEVS) or the automated Recipient Eligibility Verification System (REVS) at (800)776-6323 or (225)216-7387. Providers may also check eligibility by accessing the web-based application, e-MEVS, now available on the Louisiana Medicaid website. Questions regarding an eligibility response may be directed to Provider Relations.

- ☛ **Providers Relations cannot assist recipients. Providers should not give their Medicaid provider billing numbers to recipients for the purpose of contacting Unisys. Recipients with a provider number may be able to obtain information regarding the provider (last check date and amount, amounts paid to the provider, etc.) that would normally remain confidential.**

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

## **UNISYS PROVIDER RELATIONS CORRESPONDENCE GROUP**

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

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

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

NOTE: All correspondence sent to Provider Relations, including recipient file updates, must include a separate cover letter explaining the problem or question, a copy of the claim(s), and all pertinent documentation (e.g., copies of RA pages showing prior denials, recipient chart notes, copies of previously submitted claims, documentation verifying eligibility, etc.). **A copy of the claim form along with applicable corrections and/or attachments must accompany all resubmissions.**

Provider Relations staff does not have direct access to eligibility files. Requests to update recipient files are forwarded to the Bureau of Health Services Financing by the Correspondence Unit, so these may take additional time for final resolution.

Requests to update Third Party Liability (TPL) should be directed to:

**DHH-Third Party Liability  
Medicaid Recovery Unit  
P.O. Box 91030  
Baton Rouge, LA 70821**

“Clean claims” should not be submitted to Provider Relations as this delays processing. Please submit “clean claims” to the appropriate P.O. Box. A complete list is available in this training packet under “Unisys Claims Filing Addresses”.

**NOTE: CLAIMS RECEIVED WITHOUT A COVER LETTER WILL BE CONSIDERED “CLEAN” CLAIMS AND WILL NOT BE RESEARCHED.**

## **UNISYS PROVIDER RELATIONS FIELD ANALYSTS**

Upon request, Provider Relations Field Analysts are available to visit and train new providers and their office staff on site. Providers are encouraged to request Analyst assistance to help resolve complicated billing/claim denial issues and to help train their staff on Medicaid billing procedures. **However, since Field Analysts routinely work in the field, they are not available to answer calls regarding eligibility, routine claim denials, and requests for printed material, or other policy documentation. These calls should be directed to the Unisys Provider Relations Telephone Inquiry Unit at (800) 473-2783 or (225) 924-5040.**

FIELD ANALYST	PARISHES SERVED	
<p><b>Kellie Conforto</b> (225) 216-6269</p>	<p>Assumption Calcasieu Cameron Jeff Davis Lafourche</p>	<p>St. Mary St. Martin (<b>below Iberia</b>) Terrebonne Vermillion</p>
<p><b>Martha Craft</b> (225) 216-6306</p>	<p>Jefferson Orleans Plaquemines St. Bernard</p>	<p>St. Charles St. James St. John the Baptist St. Tammany (<b>Slidell only</b>)</p>
<p><b>Sharon Harless</b> (225) 216-6267</p>	<p>East Baton Rouge (<b>Baker &amp; Zachary only</b>) West Baton rouge Iberville Pointe Coupee</p>	<p>St. Helena East Feliciana West Feliciana Woodville (MS) Centerville (MS)</p>
<p><b>Erin McAlister</b> (225) 216-6201</p>	<p>Ascension East Baton Rouge (<b>excluding Baker &amp; Zachary</b>) Livingston</p>	<p>St. Tammany (<b>excluding Slidell</b>) Tangipahoa Washington McComb (MS)</p>
<p><b>LaQuanta Robinson</b> (225) 216-6249</p>	<p>Acadia Allen Evangeline Iberia</p>	<p>Lafayette St. Landry St. Martin (<b>above Iberia</b>) Beaumont (TX)</p>
<p><b>Kathy Robertson</b> (225) 216-6260</p>	<p>Avoyelles Beauregard Caldwell Catahoula Concordia Franklin Grant LaSalle</p>	<p>Natchitoches Rapides Sabine Tensas Vernon Winn Natchez (MS) Jasper (TX)</p>
<p><b>Anna Sanders</b> (225) 216-6273</p>	<p>Bienville Bossier Caddo Claiborne DeSoto East Carroll Jackson Lincoln Madison</p>	<p>Morehouse Ouachita Red River Richland Union Webster West Carroll Marshall (TX) Vicksburg (MS)</p>

## PHONE AND FAX NUMBERS FOR PROVIDER ASSISTANCE

Department	Toll Free Phone	Phone	Fax
REVS - Automated Eligibility Verification	(800) 776-6323	(225) 216-7387	
Provider Relations	(800) 473-2783	(225) 924-5040	(225) 216-6334
POS (Pharmacy) - Unisys	(800) 648-0790	(225) 216-6381	(225) 216-6334
Electronic Media Claims (EMC) - Unisys		(225) 216-6000 option 2	(225) 216-6335
Prior Authorization (DME, Rehab) - Unisys	(800) 488-6334	(225) 928-5263	(225) 929-6803
Home Health P.A. - Unisys EPSDT PCS P.A. - Unisys	(800) 807-1320		(225) 216-6342
Dental P.A. - LSU School of Dentistry		(225) 216-6470	(225) 216-6476
Hospital Precertification - Unisys	(800) 877-0666		(800) 717-4329
Pharmacy Prior Authorization	(866) 730-4357		(866) 797-2329
Provider Enrollment - Unisys		(225) 216-6370	
Fraud and Abuse Hotline (for use by providers and recipients)	(800) 488-2917		
WEB Technical Support Hotline – Unisys	(877) 598-8753		

## ADDITIONAL NUMBERS FOR PROVIDER ASSISTANCE

Department	Phone Number	Purpose
Regional Office – DHH	(800) 834-3333 (225) 342-9808	Providers may request verification of eligibility for presumptively eligible recipients; recipients may request a new card or discuss eligibility issues.
Eligibility Operations – BHSF	(888) 342-6207	Recipients may address eligibility questions and concerns.
LaCHIP Program	(877) 252-2447	Providers or recipients may obtain information concerning the LaCHIP Program which expands Medicaid eligibility for children from birth to 19.
Office of Public Health - Vaccines for Children Program	(504) 838-5300	Providers may obtain information regarding the Vaccines for Children program, including information on how to enroll in the program.
Specialty Care Resource Line - ACS	(877) 455-9955	Providers and recipients may obtain referral assistance.
CommunityCARE/KIDMED Hotline - ACS	(800) 259-4444	Recipients may choose or change a PCP, inquire about CommunityCARE program policy or procedures, express complaints concerning the CommunityCARE program, request enrollment in the KIDMED program, and obtain information on KIDMED. Providers may inquire about PCP assignment for CommunityCARE recipients and CommunityCARE monitoring/certification, and obtain information on KIDMED linkage, referrals, monitoring, and certification.
CommunityCARE Nurse Helpline – ACS	(866) 529-1681	CommunityCARE recipients may call 24 hours a day, 7 days a week, to speak with a nurse regarding health questions and problems.
EarlySteps Program - OPH	(866) 327-5978	Providers and recipients may obtain information on EarlySteps Program and services offered.
LINKS	(504) 838-5300	Providers and recipients may obtain immunization information on recipients.
Program Integrity	(225) 219-4153	Providers may request termination as a recipient's lock-in provider.
Division of Long Term Supports and Services (DLTSS)	(225) 219-0200 (800) 660-0488	Providers and recipients may request assistance regarding Elderly and Disabled Adults (EDA), Adult Day Health Care (ADHC) and Long Term Personal Care Services (LT-PCS).
Office for Citizens with Developmental Disabilities (OCDD)/Waiver Supports & Services (WSS)	(225) 219-0200 (800) 660-0488	Providers and recipients may request assistance regarding waiver services to waiver recipients.

## **DHH PROGRAM MANAGER REQUESTS**

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

Program Manager - (i.e. DME, Hospital, etc.)  
Department of Health and Hospitals  
P.O. Box 91030  
Baton Rouge, LA 70821

## PHONE NUMBERS FOR RECIPIENT ASSISTANCE

The telephone listing below should be used to direct **recipient** inquiries appropriately.

<b>Department</b>	<b>Phone</b>	<b>Purpose</b>
<b>Fraud and Abuse Hotline</b>	(800) 488-2917	Recipients may anonymously report any suspected fraud and/or abuse.
<b>Regional Office – DHH</b>	(800) 834-3333 (225) 342-9808	Recipients may request a new card or discuss eligibility issues.
<b>Eligibility Operations – BHSF</b>	(888) 342-6207	Recipients may address eligibility questions and concerns.
<b>LaCHIP Program</b>	(877) 252-2447	Recipients may obtain information concerning the LaCHIP Program which expands Medicaid eligibility for children from birth to 19.
<b>Specialty Care Resource Line - ACS</b>	(877) 455-9955	Recipients may obtain referral assistance.
<b>CommunityCARE/KIDMED Hotline - ACS</b>	(800) 259-4444	Recipients may choose or change a PCP, inquire about CommunityCARE program policy or procedures, express complaints concerning the CommunityCARE program, request enrollment in the KIDMED program, and obtain information on KIDMED.
<b>CommunityCARE Nurse Helpline – ACS</b>	(866) 529-1681	CommunityCARE recipients may call 24 hours a day, 7 days a week, to speak with a nurse regarding health questions and problems.
<b>EarlySteps Program - OPH</b>	(866) 327-5978	Recipients may obtain information on EarlySteps Program and services offered.
<b>LINKS</b>	(504) 838-5300	Recipients may obtain immunization information.
<b>Division of Long Term Supports and Services (DLTSS)</b>	(225) 219-0200 (800) 660-0488	Recipients may request assistance regarding Elderly and Disabled Adults (EDA), Adult Day Health Care (ADHC) and Long Term Personal Care Services (LT-PCS).
<b>Office for Citizens with Developmental Disabilities (OCDD)/Waiver Supports &amp; Services (WSS)</b>	(225) 219-0200 (800) 660-0488	Recipients may request assistance regarding waiver services.

**HOW DID WE DO?**

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

Seminar Date: \_\_\_\_\_ Location of Seminar (City): \_\_\_\_\_

Provider Subspecialty (if applicable): \_\_\_\_\_

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

What topic was most beneficial to you? \_\_\_\_\_

Please provide constructive comments and suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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