

# Louisiana Medicaid



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

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## Welcome to the Louisiana Medicaid Provider Support Center

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 Unique Provider Relations at (800)

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## Provider Login

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

### NOTICE TO USERS

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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,**

# Louisiana Medicaid



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## Provider Applications Area



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

### Provider Applications

Currently no provider applications available.

### Restricted Provider Applications

[Administrative Tools](#)

[Electronic Clinical Data Inquiry](#)

[Electronic Referral Authorization](#)

[Medicaid Eligibility Verification System](#)

Document : Provider Applications Area

Date Modified : 1/24/03

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**Click on this Link to view INSTRUCTIONS for using this Web page.**

**[CommunityCARE PCP List](#)**

## Hospital-to-PCP Electronic Referral/Authorization Hospital Main Menu

Recipient's Medicaid ID Number or CCN:

Find Recipient

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

Clear Fields

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**

Recipient's Age: **29**

Note: This Web-based application should be used by a hospital/ER provider participating in the Louisiana Medicaid CommunityCARE program to find existing PCP authorizations for ER visits or to set-up an ER visit request for consideration by a CommunityCARE PCP for Medicaid recipients.

To use this page, enter the recipient's ID (or CCN) and DOB above, click the FIND RECIPIENT button, and then click one of the buttons below.

### **INSTRUCTIONS:**

1. Click on the ENTER A NEW ER VISIT REQUEST button to set-up a request to the PCP for the recipient shown above.
2. Use the VIEW EXISITING ER VISIT REQUESTS button to view the status of existing ER visit requests for the recipient shown above.
3. Use the VIEW REQUESTS FOR ALL RECIPIENTS button to view all requests your institution has set-up for all recipients.

Enter a new ER Visit Request

View Existing ER Visit Requests

View Requests for ALL Recipients

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## Electronic Referral/Authorization CommunityCARE PCP's

**Optional Search Criteria**

PCP Name:  Search

City:  Clear Fields

Participating in ERA: Yes  No  All

User can search by PCP name (partial) and/or City Name (partial)  
Or  
Participating in ERA

A-B C-D E-F G-H I-J K-L M-N O-P Q-R S-T U-V W-X Y-Z ALL

Registered PCP's			
PCP Name	Phone Number	City	e-RA
ABSHIRE GAULMAN MD	(901) 233-4080	BR	N
ALLEMAN EARL JMD	(901) 233-4080	BR	N
ALLEVA DAVID QMD	(901) 233-4080	BR	N
ARMISTEAD CHARLES WMD	(901) 233-4080	BR	N
ARMISTEAD JR CHARLES WMD *	(901) 233-4080	BR	N
AZMY KAMEL MD	(901) 233-4080	BR	N
BAINES PAMELA BMD	(901) 233-4080	BR	N
BALSHI THOMAS C MD	(901) 233-4080	BR	N
BARKEMEYER BRIAN MD *	(901) 233-4080	BR	N
BARKEMEYER CHARLES AMD	(901) 233-4080	BR	N
BELLARD WARD MMD	(901) 233-4080	BR	N
BENGHOZI TAWFIK MMD	(901) 233-4080	BR	N
BERIDON LEON FMD	(901) 233-4080	BR	N
BOND GRAEME RMD	(901) 233-4080	BR	N
BORASKI JONATHAN CMD	(901) 233-4080	BR	N
BOUSTANY MICHAEL EMD	(901) 233-4080	BR	N
BRAME-JR ROBERT GMD	(901) 233-4080	BR	N
BREMER MALCOLM HMD	(901) 233-4080	BR	N
BRYN-FINCHER PULMONARY AND CR*	(901) 233-4080	BR	N
BURNEY DONALD PMD	(901) 233-4080	BR	N

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Web/e-RA Indicator: Y=enrolled, N=not enrolled

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## Hospital-to-PCP Electronic Referral/Authorization Hospital Main Menu

Recipient's Medicaid ID Number or CCN:

Find Recipient

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

Clear Fields

Recipient's Name: **67 - Patient Not Found**

Recipient's Sex:

Recipient's Age:

Note: This Web-based application should be used by a hospital/ER provider participating in the Louisiana Medicaid CommunityCARE program to find existing PCP authorizations for ER visits or to set-up an ER visit request for consideration by a CommunityCARE PCP for Medicaid recipients.

To use this page, enter the recipient's ID (or CCN) and DOB above, click the FIND RECIPIENT button, and then click one of the buttons below.

Enter a new ER Visit Request

View Existing ER Visit Requests

View Requests for ALL Recipients

### INSTRUCTIONS:

1. Click on the ENTER A NEW ER VISIT REQUEST button to set-up a request to the PCP for the recipient shown above.
2. Use the VIEW EXISITING ER VISIT REQUESTS button to view the status of existing ER visit requests for the recipient shown above.
3. Use the VIEW REQUESTS FOR ALL RECIPIENTS button to view all requests your institution has set-up for all recipients.

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## Hospital-to-PCP Electronic Referral/Authorization Enter a New ER Visit Request

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M** Recipient's Age: **29**

Use this page to enter information associated with the recipient for an ER visit when no PCP referral/authorization exists. Be sure to enter the ER DATE OF SERVICE, ER TIME OF SERVICE, and PRESENTING SYMPTOMS in the boxes below and then click on the button SEND REQUEST TO PCP. The PCP can then review this information to authorize or deny your request for post-authorization of this ER visit.

ER Date of Service:  (MM/DD/YYYY)

ER Time of Service:  (Military Time)

Send Request to PCP

Presenting Symptoms: (Please limit your entry to 400 characters or less.)

Expanded from 100 bytes to 400 bytes.

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## Hospital-to-PCP Electronic Referral/Authorization ER Visit Request - Confirmation

Recipient's Medicaid ID Number or CCN: **777000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **28**

**The ER Request was successfully submitted to the PCP.**

Print this page for your records

Hospital Name: **CIBOLA GENERAL HOSPITAL**

ER Date of Service: **09/15/2003** (MM/DD/YYYY)

ER Time of Service: **13:04** (Military Time)

Presenting Symptoms:

**[09/15/2003] sniffles**



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## Hospital-to-PCP Electronic Referral/Authorization ER Visit Request - Confirmation

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **28**

**This recipient's PCP is not participating in e-RA.  
You must submit request hardcopy to PCP.  
[HIPPA REJ CD = 50 - Provider Ineligible for Inquiries]**

Print this page for your records

Hospital Name: **CIBOLA GENERAL HOSPITAL**

ER Date of Service: **09/26/2003** (MM/DD/YYYY)

ER Time of Service: **15:01** (Military Time)

Status: **Open**

HIPAA Status:

Presenting Symptoms:

**[09/26/2003] Broken leg**

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**CommunityCARE PCP List**

## Hospital-to-PCP Electronic Referral/Authorization Hospital Main Menu

Recipient's Medicaid ID Number or CCN:

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

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**

Recipient's Age: **29**

Note: This Web-based application should be used by a hospital/ER provider participating in the Louisiana Medicaid CommunityCARE program to find existing PCP authorizations for ER visits or to set-up an ER visit request for consideration by a CommunityCARE PCP for Medicaid recipients.

To use this page, enter the recipient's ID (or CCN) and DOB above, click the FIND RECIPIENT button, and then click one of the buttons below.

### **INSTRUCTIONS:**

1. Click on the ENTER A NEW ER VISIT REQUEST button to set-up a request to the PCP for the recipient shown above.
2. Use the VIEW EXISITING ER VISIT REQUESTS button to view the status of existing ER visit requests for the recipient shown above.
3. Use the VIEW REQUESTS FOR ALL RECIPIENTS button to view all requests your institution has set-up for all recipients.

Enter a new ER Visit Request

View Existing ER Visit Requests

View Requests for ALL Recipients

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[Click on this Link to view INSTRUCTIONS for using this Web page.](#)

User may click on ER DOS column to view request detail.

## Hospital-to-PCP Electronic Referral/Authorization View Existing ER Requests

Recipient's Medicaid ID Number or CCN: **0000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M** Recipient's Age: **29**

Note: This page shows all ER requests that your institution has submitted to the PCP or those that have been pre-authorized by a PCP for the recipient shown above. If the Status = 'R' (Returned by PCP for additional information,) you can click on the column ER DOS to go to a page that will permit you to re-submit the request to the PCP (after you respond to the PCP's comments for additional information.)

Click below to select the period:

This Month  Prior Month  Last 12 Months

### Recipient ER Requests (in reverse chronological order)

ER DOS	Request Date	Ref Auth Nbr	Status	HIPAA Status	PCP Additional Information (if returned by PCP)
03/08/2004	03/08/2004		O		
03/08/2004	03/08/2004		O		

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Status Values: O=Open, A=Authorized, D=Denied, R=Returned by PCP for Additional Information.

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## Hospital-to-PCP Electronic Referral/Authorization ER Visit Request Detail

Recipient's Medicaid ID Number or CCN: 7770000000000125

Recipient's Date of Birth: 10/30/1975

Recipient's Name: DOE, ALAN

Recipient's Sex: M Recipient's Age: 29

PCP Name: VANCURA STEPHEN JMD

Hospital Name: CIBOLA GENERAL HOSPITAL \*

Issue Date: 03/01/2004 (MM/DD/YYYY)

ER Date of Service: 02/19/2004 (MM/DD/YYYY)

ER Time of Service: 09:08 (Military Time)

Referral Status: Denied HIPAA Status: A3

### Presenting Symptoms:

[02/19/2004] broken arm

### Denial Reason:

Enrollee went to the ER against the PCP instruction/presenting symptoms do not meet prudent lay person standard

Print this page for your records

Download File

http://tonka/unisys/era/ViewAllRequests.aspx - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Recycle Bin Mail Print Mailbox Favorites Weather

Meet People Search... Skins Web Weather

Links LOUISIANA MEDICAID Customize Links Free Hotmail Windows Windows Media AOL for Broadband

To save this data, choose File | Save As from the Menu above, and then name the file approj  
Mon Mar 15 13:31:18 CST 2004  
Recipient ID: 7770000000000125  
Recipient DOB: 10/30/1975  
Recipient Name: DOE, ALAN  
Recipient Sex: M  
Recipient Age: 29  
PCP Name: VANCURA STEPHEN JMD  
Hospital Name: CIBOLA GENERAL HOSPITAL \*  
Issue Date: 03/01/2004  
ER Date of Service: 02/19/2004  
ER Time of Service: 09:08  
Referral Status: Denied  
HIPPA Status: A3  
Presenting Symptoms: [02/19/2004] broken arm  
Denial Reason: Enrollee went to the ER against the PCP instruction/presenting symptoms do

User may download a text version of the detail request.

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## Hospital-to-PCP Electronic Referral/Authorization Respond to a Returned ER Request

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **28**

Referral Status: **R**    HIPAA Status: **A4**

### PCP Comments for Additional Information:

**[09/26/2003] How severe?**

ER Date of Service: **09/26/2003** (MM/DD/YYYY)

ER Time of Service: **14:30** (Military Time)

Send Request to PCP

### Presenting Symptoms:

**[09/26/2003] fevers**

**Additional Information Response:** (You should type additional information in this field to respond to the PCP's comments displayed in the box above.)

**104 degrees fahrenheit**

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## Hospital-to-PCP Electronic Referral/Authorization ER Visit Request Detail

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M** Recipient's Age: **28**

PCP Name: **VANGURA STEPHEN JMD**

Hospital Name: **CIBOLA GENERAL HOSPITAL \***

Issue Date: **09/26/2003** (MM/DD/YYYY)

ER Date of Service: **09/26/2003** (MM/DD/YYYY)

ER Time of Service: **14:30** (Military Time)

Referral Status: **Open**

HIPAA Status:

### Presenting Symptoms:

**[09/26/2003] fevers**  
**[09/26/2003] 104 degrees fahrenheit**

### Request for Additional Informaiton:

**[09/26/2003] How severe?**

Print this page for your records

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**CommunityCARE PCP List**

## Hospital-to-PCP Electronic Referral/Authorization Hospital Main Menu

Recipient's Medicaid ID Number or CCN:

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

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**

Recipient's Age: **29**

Note: This Web-based application should be used by a hospital/ER provider participating in the Louisiana Medicaid CommunityCARE program to find existing PCP authorizations for ER visits or to set-up an ER visit request for consideration by a CommunityCARE PCP for Medicaid recipients.

To use this page, enter the recipient's ID (or CCN) and DOB above, click the FIND RECIPIENT button, and then click one of the buttons below.

### **INSTRUCTIONS:**

1. Click on the ENTER A NEW ER VISIT REQUEST button to set-up a request to the PCP for the recipient shown above.
2. Use the VIEW EXISTING ER VISIT REQUESTS button to view the status of existing ER visit requests for the recipient shown above.
3. Use the VIEW REQUESTS FOR ALL RECIPIENTS button to view all requests your institution has set-up for all recipients.

Enter a new ER Visit Request

View Existing ER Visit Requests

View Requests for ALL Recipients



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## Hospital-to-PCP Electronic Referral/Authorization View All ER Requests

Note: This page is for informational purposes only. It shows all the ER requests that your institution has submitted for all 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:

PCP (Last, First) or Group Name:

Select a specific date type below, and then enter the date value in the field at right (format mm/dd/yyyy):

Request Date
  Date of Service
  Response Date
  No Selection

Date:  (MM/DD/YYYY)

Click below to select the period:

This Month
  Prior Month
  Last 12 Months

Click below to select a status:

A
  O
  D
  R
  Any Status

Execute your Search

Reset the Search Fields

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Recipient ER Requests are shown in reverse chronological order by Request Date

Request Date	DOS	Response Date	Ref Auth Nbr	Status	HIPAA Status	PCP or Group Name	Recipient ID	Recipient Name (Last, First)
03/08/2004	03/08/2004			O		VANCURA STEP...	7770000000000125	DOE, ALAN
03/08/2004	03/08/2004			O		VANCURA STEP...	7770000000000125	DOE, ALAN
02/19/2004	02/19/2004	03/01/2004		D	A3	VANCURA STEP...	7770000000000125	DOE, ALAN
02/09/2004	02/09/2004	02/19/2004	1344648	A	A1	VANCURA STEP...	7770000000000125	DOE, ALAN
01/20/2004	01/20/2004	01/20/2004	1344648	A	A1	VANCURA STEP...	7770000000000125	DOE, ALAN
12/23/2003	12/23/2003			O		UMC PRIMARY CLINI...	7770000838473401	BREAUX, EL'NISHA
12/23/2003	12/23/2003			O		WEST CARROLL MEDI...	7770001011144102	CALDWELL, KENEAN

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Status Values: O=Open, A=Authorized, D=Denied, R=Returned by PCP for Additional Information.

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## Hospital-to-PCP Electronic Referral/Authorization ER Visit Request Detail

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **29**

PCP Name: **VANCURA    STEPHEN    JMD**

Hospital Name: **CIBOLA GENERAL HOSPITAL    \***

Issue Date: **03/01/2004** (MM/DD/YYYY)

ER Date of Service: **02/19/2004** (MM/DD/YYYY)

ER Time of Service: **09:08** (Military Time)

Referral Status: **Denied**    HIPAA Status: **A3**

### Presenting Symptoms:

**[02/19/2004] broken arm**

### Denial Reason:

**Enrollee went to the ER against the PCP instruction/presenting symptoms do not meet prudent lay person standard**

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To save this data, choose File | Save As from the Menu above, and then name the file approj  
Mon Mar 15 13:31:18 CST 2004  
Recipient ID: 7770000000000125  
Recipient DOB: 10/30/1975  
Recipient Name: DOE, ALAN  
Recipient Sex: M  
Recipient Age: 29  
PCP Name: VANCURA STEPHEN JMD  
Hospital Name: CIBOLA GENERAL HOSPITAL \*  
Issue Date: 03/01/2004  
ER Date of Service: 02/19/2004  
ER Time of Service: 09:08  
Referral Status: Denied  
HIPPA Status: A3  
Presenting Symptoms: [02/19/2004] broken arm  
Denial Reason: Enrollee went to the ER against the PCP instruction/presenting symptoms do

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Admin Menu  
(DHH Only)

## PCP-to-Hospital Electronic Referral/Authorization PCP Main Menu

Recipient's Medicaid ID Number or CCN:

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

Recipient's Name:

Recipient's Sex:

Recipient's Age:

Authorize or Deny an ER Visit

Authorize or Deny a Specialist Visit

View Existing PCP Authorizations

View Authorizations for All Recipients

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

Click on each recipient ID 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 ER visit.

Repeat the process for each recipient.

Request Date	Site	Recipient ID	Date of Birth
03/08/2004	1	<a href="#">7770000000000125</a>	10/30/1975
03/08/2004	1	<a href="#">7770000000000125</a>	10/30/1975
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No changes to the menu

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## PCP-to-Hospital Electronic Referral/Authorization Authorize an ER Visit

Recipient's Medicaid ID Number or CCN: **777000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**      Recipient's Age: **28**

PCP Name: **VANGURA    STEPHEN    JMD**

Issue Date: **9/15/2003** (MM/DD/YYYY)

Date of Service: **9/15/2003** (MM/DD/YYYY)

Time of Service:  (Military Time)

[Authorize the Visit](#)

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## PCP-to-Hospital Electronic Referral/Authorization Authorize or Deny an ER Visit

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **28**

PCP Name: **VANCURA    STEPHEN    JMD**

Issue Date: **09/15/2003** (MM/DD/YYYY)

Date of Service: **09/15/2003** (MM/DD/YYYY)

Time of Service: **13:07** (Military Time)

Requesting Provider: **CIBOLA GENERAL HOSPITAL \***

Presenting Symptoms:

**[09/15/2003] cold symptoms**

[Authorize the Visit](#)

[Deny the Visit](#)

[Return to Hospital for More Information](#)

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## PCP-to-Hospital Electronic Referral/Authorization Authorize the ER Visit

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**      Recipient's Age: **28**

**The ER visit for this recipient has been AUTHORIZED.**

If you wish, you can print this page and fax it to the hospital.

Print this page for your records

Referral Authorization Number: **1344648**

PCP Name: **VANGURA    STEPHEN    JMD**

Issue Date: **09/26/2003** (MM/DD/YYYY)

Date of Service: **09/26/2003** (Military Time)

Requesting Provider Name: **CIBOLA GENERAL HOSPITAL \***

Referral Status: **Authorized**

HIPAA Status: **A1**

Presenting Symptoms:

**[09/26/2003] fevers**  
**[09/26/2003] 104 degrees fahrenheit**

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## PCP-to-Hospital Electronic Referral/Authorization Deny the ER Visit

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **28**

**Click the SAVE button to DENY this ER visit.**

**Denial Reason** (Check the appropriate box below.)

- 82 - Outside office hours/presenting symptoms do not meet prudent lay person standard**
- 83 - Office was open/presenting symptoms do not meet prudent lay person standard**
- 89 - Enrollee went to the ER against the PCP instruction/presenting symptoms do not meet prudent lay person standard**
- 15 - Other (comment must be entered in the box below)**

**Additional Comments** (Please limit your entry to 200 characters or less):

Save

PCP Name: **VANCURA    STEPHEN    JMD**

Issue Date: **09/26/2003**    Date of Service: **09/26/2003**

Requesting Provider Name: **GIBOLA GENERAL HOSPITAL    \***



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## PCP-to-Hospital Electronic Referral/Authorization Deny the ER Visit

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **28**

**The ER visit for this recipient has been DENIED.**

### Denial Reason

**89 - Enrollee went to the ER against the PCP instruction/presenting symptoms do not meet prudent lay person standard**

Print this page for your records

PCP Name: **VANCURA    STEPHEN    JMD**

Issue Date: **09/26/2003**    Date of Service: **09/26/2003**

Requesting Provider Name: **GIBOLA GENERAL HOSPITAL    \***

Referral Status: **Denied**

HIPAA Status: **A3**

### Presenting Symptoms:

**[09/26/2003] headache**

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## PCP-to-Hospital Electronic Referral/Authorization Return the ER Visit for Additional Information

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **28**

**Click the SAVE button to RETURN this ER visit.**

Presenting symptoms entered by ER hospital:

[09/26/2003] fevers

**New Additional Information:** (You should type additional information in this field to respond to the Hospital's presenting symptoms displayed in the box above.)

How severe?

Save

PCP Name: **VANCURA    STEPHEN    JMD**

Issue Date: **09/26/2003**    Date of Service: **09/26/2003**

Requesting Provider Name: **CIBOLA GENERAL HOSPITAL    \***

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## PCP-to-Hospital Electronic Referral/Authorization Return the ER Visit for Additional Information

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **28**

**The ER visit for this recipient has been RETURNED to the hospital for additional information.**

**Presenting symptoms entered by ER hospital:**

**[09/26/2003] fevers**

**New Additional Information:** (You should type additional information in this field to respond to the Hospital's presenting symptoms displayed in the box above.)

**How severe?**

Print this page for your records

PCP Name: **VANGURA    STEPHEN    JMD**

Issue Date: **09/26/2003**    Date of Service: **09/26/2003**

Requesting Provider Name: **CIBOLA GENERAL HOSPITAL    \***

Referral Status: **Returned**

HIPAA Status: **A4**

# Louisiana Medicaid

## PCP-to-Hospital Electronic Referral/Authorization PCP Main Menu

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Admin Menu

Recipient's Medicaid ID Number or CCN:

Find Recipient

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

Clear Fields

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**

Recipient's Age: **28**

Authorize or Deny an ER Visit

Authorize or Deny a Specialist Visit

View Existing PCP Authorizations

View Authorizations for All Recipients

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

Click on each recipient ID 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 ER visit.

Repeat the process for each recipient.

Request Date	Site	Recipient ID	Date of Birth
09/24/2003	1	<a href="#">777000000000125</a>	10/30/1975
09/26/2003	1	<a href="#">777000000000125</a>	10/30/1975
09/26/2003	1	<a href="#">777000000000125</a>	10/30/1975
09/26/2003	1	<a href="#">777000000000125</a>	10/30/1975

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Print

## PCP-to-Hospital Electronic Referral/Authorization View Existing PCP Authorizations

Recipient's Medicaid ID Number or CCN: **000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **29**

Note: This page is for informational purposes only. It shows all the ER visits you authorized or denied for the recipient above.

Click below to select the period:

This Month     Prior Month     Last 12 Months

### Recipient ER Requests (in reverse chronological order)

DOS	Issue Date	Ref Auth Nbr	Requesting Provider Name	Status	HIPAA Status
<a href="#">10/17/2003</a>	03/08/2004	1344648	CIBOLA GENERAL HOSPITAL *	A	A1
<a href="#">02/19/2004</a>	03/01/2004		CIBOLA GENERAL HOSPITAL *	D	A3
<a href="#">02/09/2004</a>	02/19/2004	1344648	CIBOLA GENERAL HOSPITAL *	A	A1
<a href="#">02/09/2004</a>	02/09/2004	1344648		A	A1
<a href="#">10/16/2003</a>	02/09/2004		CIBOLA GENERAL HOSPITAL *	R	A4
<a href="#">10/16/2003</a>	02/09/2004		CIBOLA GENERAL HOSPITAL *	D	A3
<a href="#">10/15/2003</a>	02/09/2004	1344648	CIBOLA GENERAL HOSPITAL *	A	A1
<a href="#">01/21/2004</a>	01/21/2004	1344648		A	A1
<a href="#">01/21/2004</a>	01/21/2004	1344648		A	A1
<a href="#">01/21/2004</a>	01/21/2004	1344648		A	A1

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Status Values: O=Open, A=Authorized, D=Denied, R=Returned to Hospital for More Information.

User can click on the DOS to view the detail of the transaction (next page).

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## PCP-to-Hospital Electronic Referral/Authorization ER Visit Details

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**    Recipient's Age: **29**

Print this page for your records

Referral Authorization Number: **1344648**

PCP Name: **VANGURA    STEPHEN    JMD**

Issue Date: **1/21/2004** (MM/DD/YYYY)

Date of Service: **1/21/2004** (MM/DD/YYYY)

Requesting Provider Name:

Referral Status: **Authorized**    HIPAA Status: **A1**

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## PCP-to-Hospital Electronic Referral/Authorization PCP Main Menu

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Admin Menu

Recipient's Medicaid ID Number or CCN:

Find Recipient

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

Clear Fields

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M**

Recipient's Age: **28**

Authorize or Deny an ER Visit

Authorize or Deny a Specialist Visit

View Existing PCP Authorizations

View Authorizations for All Recipients

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

Click on each recipient ID 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 ER visit.

Repeat the process for each recipient.

Request Date	Site	Recipient ID	Date of Birth
09/24/2003	1	<a href="#">777000000000125</a>	10/30/1975
09/26/2003	1	<a href="#">777000000000125</a>	10/30/1975
09/26/2003	1	<a href="#">777000000000125</a>	10/30/1975
09/26/2003	1	<a href="#">777000000000125</a>	10/30/1975

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## PCP-to-Hospital Electronic Referral/Authorization View Authorizations for ALL Recipients

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Health and  
Hospitals.

Note: This page is for informational purposes only. It shows all the ER visits you authorized or denied for. You may refine the displayed information by using any of the following search criteria, and then click the button.

User can search by Hospital name (partial) and/or by various dates and/or by Request Status

### Optional Search Criteria:

Hospital Name:

Select a specific date type below, and then enter the date value in the field at right (format mm/dd/yyyy):

Issue Date  Date of Service  Request Date  No Selection

Date:  (MM/DD/YYYY)

Click below to select the period:

This Month  Prior Month  Last 12 Months

Click below to select a status:

A  O  D  R  Any Status

Execute your Search

Reset the Search Fields

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User can click on the Issue Date to view the detail of the transaction (next page).

Recipient ER Requests are shown in reverse chronological order by Issue Date

Issue Date	DOS	Request Date	Hospital	Ref Auth Nbr	Status	HIPAA Status	Recipient Name (Last, First)	Recipient ID
03/08/2004	10/17/2003	10/17/2003	CIBOLA GENERAL HO...	1344648	A	A1	DOE, ALAN	0000000000125
03/01/2004	02/19/2004	02/19/2004	CIBOLA GENERAL HO...		D	A3	DOE, ALAN	0000000000125
02/19/2004	02/09/2004	02/09/2004	CIBOLA GENERAL HO...	1344648	A	A1	DOE, ALAN	0000000000125
02/09/2004	02/09/2004			1344648	A	A1	DOE, ALAN	0000000000125
02/09/2004	10/16/2003	10/16/2003	CIBOLA GENERAL HO...		R	A4	DOE, ALAN	0000000000125
02/09/2004	10/16/2003	10/16/2003	CIBOLA GENERAL HO...		D	A3	DOE, ALAN	0000000000125
02/09/2004	10/15/2003	10/15/2003	CIBOLA GENERAL HO...	1344648	A	A1	DOE, ALAN	0000000000125

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Status Values: O=Open, A=Authorized, D=Denied, R=Returned to Hospital for Additional Information.



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### PCP-to-Hospital Electronic Referral/Authorization ER Visit Details

Recipient's Medicaid ID Number or CCN: **7770000000000125**

Recipient's Date of Birth: **10/30/1975**

Recipient's Name: **DOE, ALAN**

Recipient's Sex: **M** Recipient's Age: **28**

Print this page for your records

Referral Authorization Number: **1344648**

PCP Name: **VANCURA STEPHEN JMD**

Issue Date: **09/26/2003** (MM/DD/YYYY)

Date of Service: **09/26/2003** (Military Time)

Requesting Provider Name: **CIBOLA GENERAL HOSPITAL \***

Referral Status: **Authorized**

HIPAA Status: **A1**

Presenting Symptoms:

**[09/26/2003] fevers**  
**[09/26/2003] 104 degrees fahrenheit**

Denial Reason: