DEPARTMENT OF HEALTH AND HOSPITALS
Medicaid

MOLINA® Medicaid Solutions

Louisiana Medicaid Management Information System (LMMIS)

ePreCert Application User Manual

Date Created: 10/21/11
Prepared By
Technical Communications Group

Molina Medicaid Solutions and the Louisiana Department of Health and Hospitals

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PROJECT INFORMATION

Document Title	Louisiana Medicaid Management Information System (LMMIS) – XXX Application User Manual		
Author	Technical Communications Group, Molina Medicaid Solutions LMMIS QA		
	Revision History		
Date	**Description of Change**	**LIFT**	**By**
9/16/2011	Initial draft		T.Tate
10/21/2011	Release reformatted Manual, require use of Attending Physician NPI rather than 7 digit Medicaid ID on ePreCert screens	6729	T Tate

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1.0 OVERVIEW

ePrecert is a web-based tool for requesting inpatient hospital pre-certifications. Participating providers have the ability to submit pre-certification requests more efficiently and track their requests to completion.

1.1 Application System Description

ePrecert introduces the following features for providers:

- Electronic version of the PCF-01 form which can be completed online by providers submitting pre-certification requests.
- Allows providers who submit pre-certification requests to review electronic responses **in addition to** the fax responses they currently receive.

The ePrecert application is accessible through the secure Provider login area at www.lamedicaid.com.

2.0 Login and Access ePrecert

To access the Provider Applications Area of www.lamedicaid.com, click on the "Provider Login'' button on the left-hand side of the home page.

Your Provider NPI or Medicaid ID number, and your Provider Web Account Login ID and Password will then be required.

2.1 Troubleshooting: What if I don't have a login?

- If you require assistance in accessing the secured applications area of the LA Medicaid website, www.lamedicaid.com, please contact:
  Molina Technical Support Help-Desk at 1-877-598-8753 (toll-free) or via e-mail at lasupport@ molinahealthcare.com.

- To access step-by-step instructions for web registration or establishing a login/password for the secure web portal, consult the Provider Training materials at:

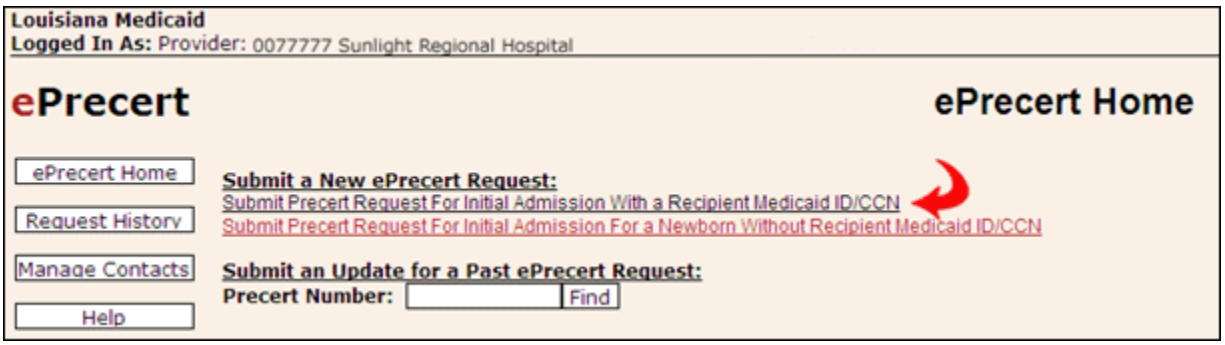
http://www.lamedicaid.com/provweb1/ProviderTraining/packets/2007ProviderTrainingMaterials/20071015_20Web_20Apps_20Provider_20Training.pdf

3.0 ePrecert Home Screen

Once you have logged in with your Provider number, select the "ePrecert For Acute Care Initial Requests" link.

3.1 Submit a New ePrecert Request

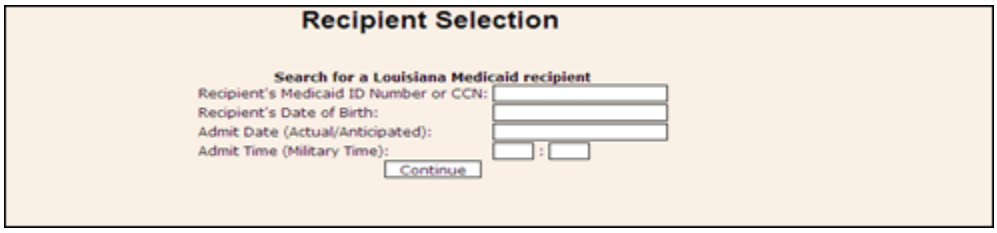
To access the application, select the "Submit Precert Request For Initial Admission With a Recipient Medicaid ID/CCN" link.



3.2 Submitting an Initial Request

Submitting a new precertification request for an eligible Medicaid recipient requires the following information:

- The recipients 13 digit Medicaid ID or 16-digit Card Control Number (CCN).
- The recipient's date of birth.
- The date and time of the recipient's admission.



The recipient's eligibility on the admission date will then be validated. This step is not required for newborns (use the other link provided for a Newborn recipient without an ID).

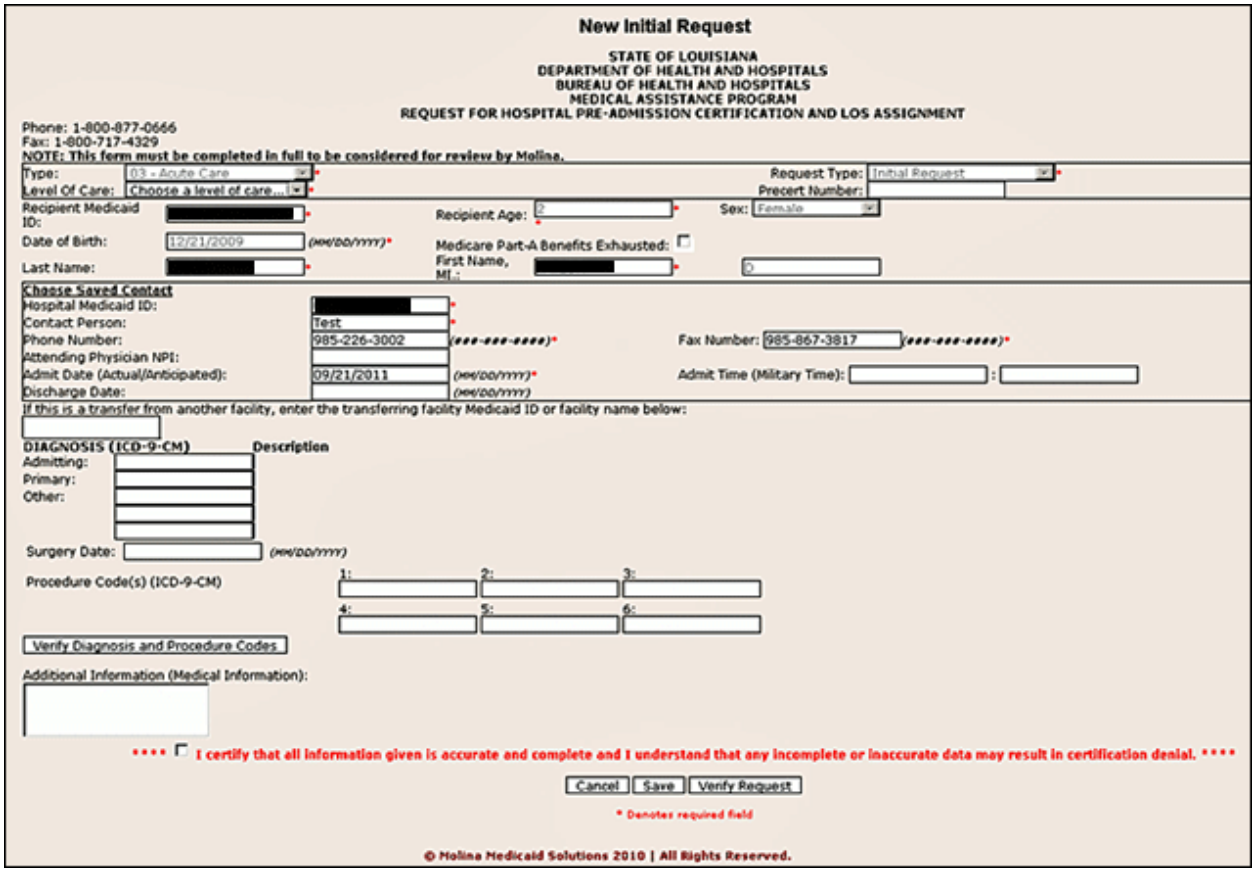
3.3 Eligibility Criteria

A recipient will not pass the eligibility validation if any of the following conditions apply:

- The recipient cannot be found on file.
- The recipient is not eligible for Medicaid as of the Date of Admission.
- The recipient is Medicare Part A eligible. Precertification requests for recipients who are Part A eligible and whose Medicare days are exhausted must be submitted via fax.
- The recipient is deceased prior to the Date of Admission.
- The recipient is part of the LaCHIP Affordable Plan or the Family Planning Waiver.

3.4 Initial Request

The initial request page includes all information currently captured on the PCF-01 form, and can be completed in the same manner as necessary.



3.5 New Initial Request Screen

Recipient information is populated automatically based on the Medicaid ID or CCN entered in the Recipient Selection screen. For newborns, the following information must be entered:

- Date of Birth
- Sex
- First and Last name

In order for the system to allow the request to be submitted, all fields marked on the online form with a red asterisk (*) must be completed.

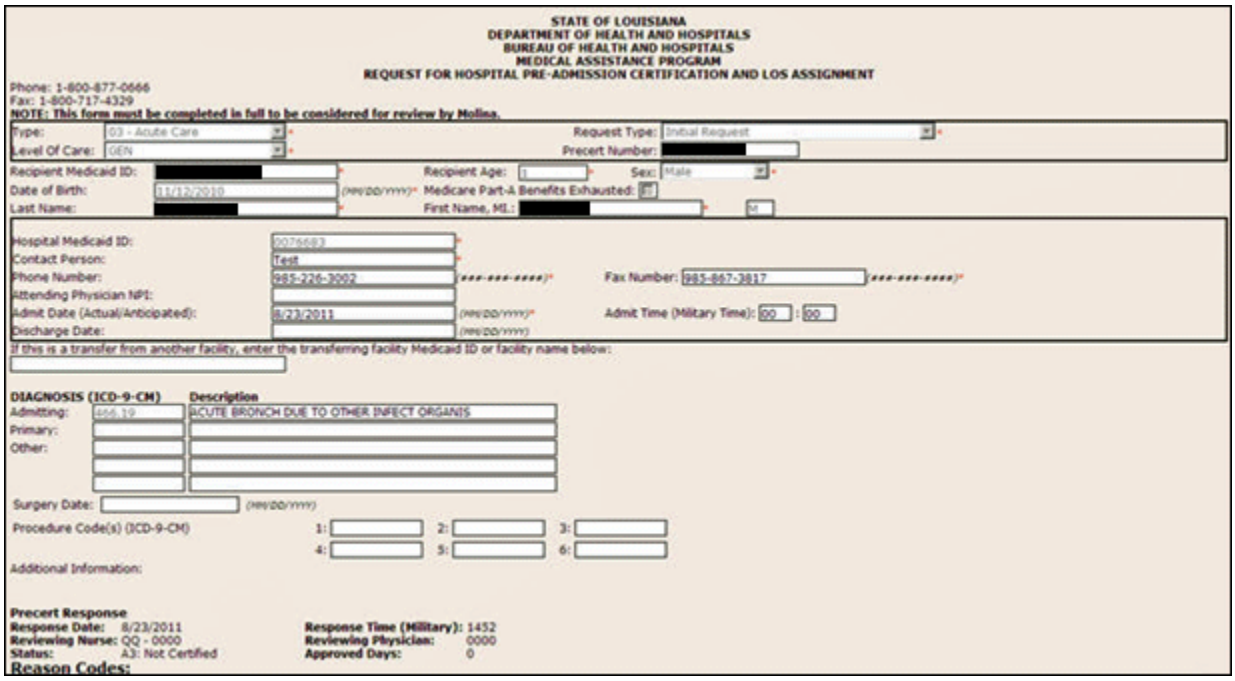
3.6 Initial Request Data Entry Verifications

ePrecert will verify that the following entered information is correct before accepting a new request:

- Fax number and phone number.
- Date of Admission does not precede recipient's date of birth.
- Surgery dates, (if given), do not precede the date of admission or date of birth.
- Diagnosis codes are valid and meet age and sex restrictions.

4.0 Entry of Outpatient Surgical Procedures

Where outpatient surgical codes are entered for the first or second day of hospitalization, additional information will be required.


STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH AND HOSPITALS
MEDICAL ASSISTANCE PROGRAM
REQUEST FOR HOSPITAL PRE-ADMISSION CERTIFICATION AND LOS ASSIGNMENT

Phone: 1-800-877-0666
Fax: 1-800-717-4329
NOTE: This form must be completed in full to be considered for review by Molina.

Type: 03 - Acute Care
Level Of Care: OEN
Request Type: Initial Request
Precert Number: [redacted]

Recipient Medicaid ID: [redacted]
Recipient Age: 1
Sex: Male
Date of Birth: 11/12/2010 (MM/DD/YYYY)
Medicare Part-A Benefits Exhausted:
Last Name: [redacted]
First Name, MI.: [redacted]

Hospital Medicaid ID: 0076683
Contact Person: Test
Phone Number: 985-226-3002 (###-###-####)
Fax Number: 985-867-3817 (###-###-####)
Attending Physician NPI:
Admit Date (Actual/Anticipated): 8/23/2011 (MM/DD/YYYY)
Admit Time (Military Time): 00 : 00
Discharge Date: (MM/DD/YYYY)

If this is a transfer from another facility, enter the transferring facility Medicaid ID or facility name below:

DIAGNOSIS (ICD-9-CM)	Description
Admitting: 466.19	ACUTE BRONCH DUE TO OTHER INFECT ORGANIS
Primary:	
Other:	

Surgery Date: (MM/DD/YYYY)
Procedure Code(s) (ICD-9-CM) 1: 2: 3: 4: 5: 6:
Additional Information:

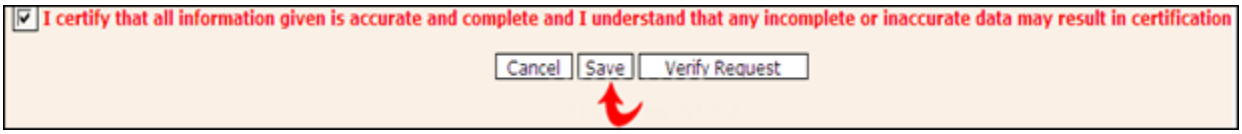
Precert Response
Response Date: 8/23/2011
Reviewing Nurse: QQ - 0000
Status: A3: Not Certified
Response Time (Military): 1452
Reviewing Physician: 0000
Approved Days: 0
Reason Codes:

All clinical information associated with a request can be documented in the large ‘Additional Information’ field in the lower part of the Initial Request data entry screen.

5.0 Managing Initial Request

To return to the ePrecert home page **without saving or submitting** a new request, the “Cancel” button at the bottom of the Initial Request page can be used.

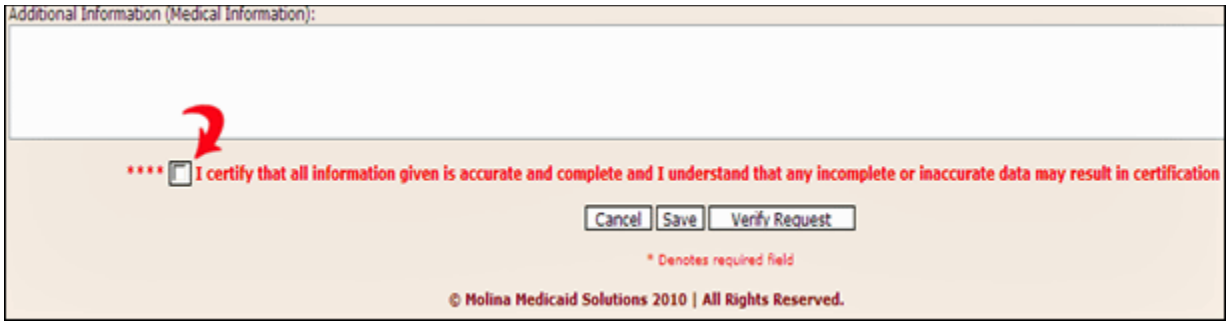
The “Save” button can be used **to save a new request without submitting it**. A save can be made at any time without meeting data entry verification requirements, to be completed and submitted at another time.



6.0 Submitting an Initial Request

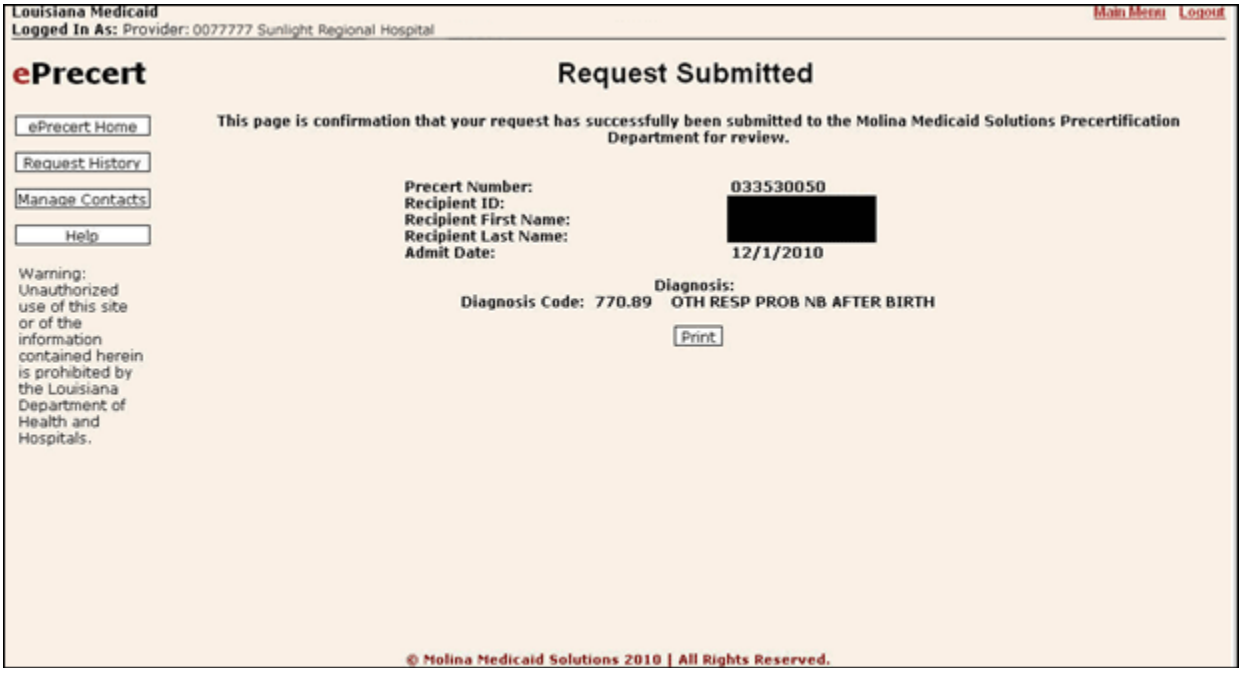
Upon completing an initial precertification request, the submitter must certify the accuracy and completion of the information provided by clicking the check box indicated below.

Once this is done, the “Verify Request” button can be selected to verify that all entered information meets the requirements. If all requirements are met, the same button can be selected again to submit the request.



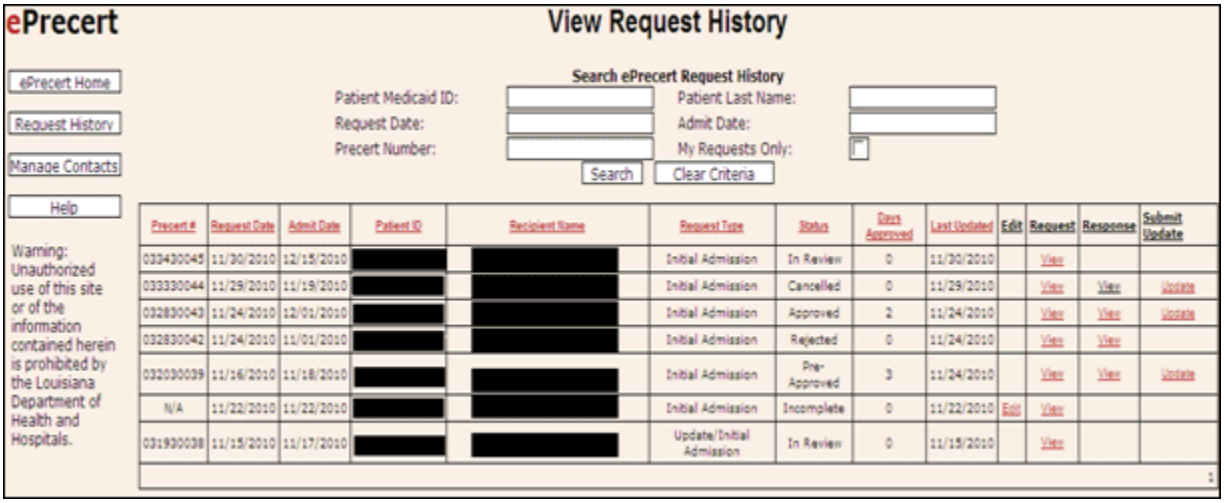
6.1 Confirmation of Submitted Request

After submitting a new precertification request, a confirmation screen will be displayed with an ID number, and can be printed for your records by clicking the “Print” button.



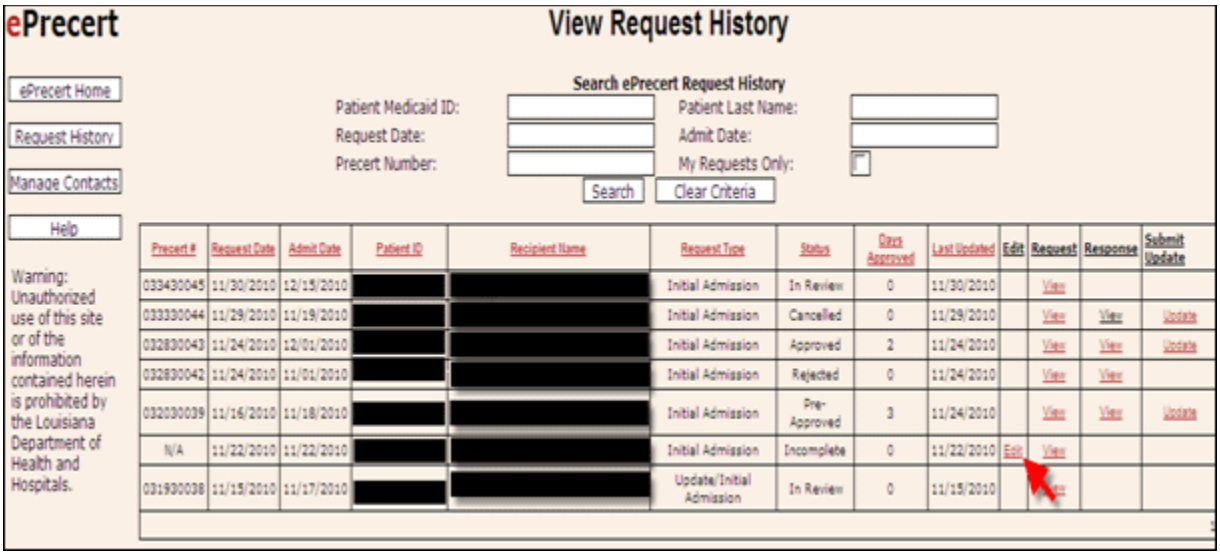
7.0 Request History Screen

The Request History keeps an archive of prior pre-certification requests. This archive includes requests which are in draft (saved but not submitted), in process, or have been completed.



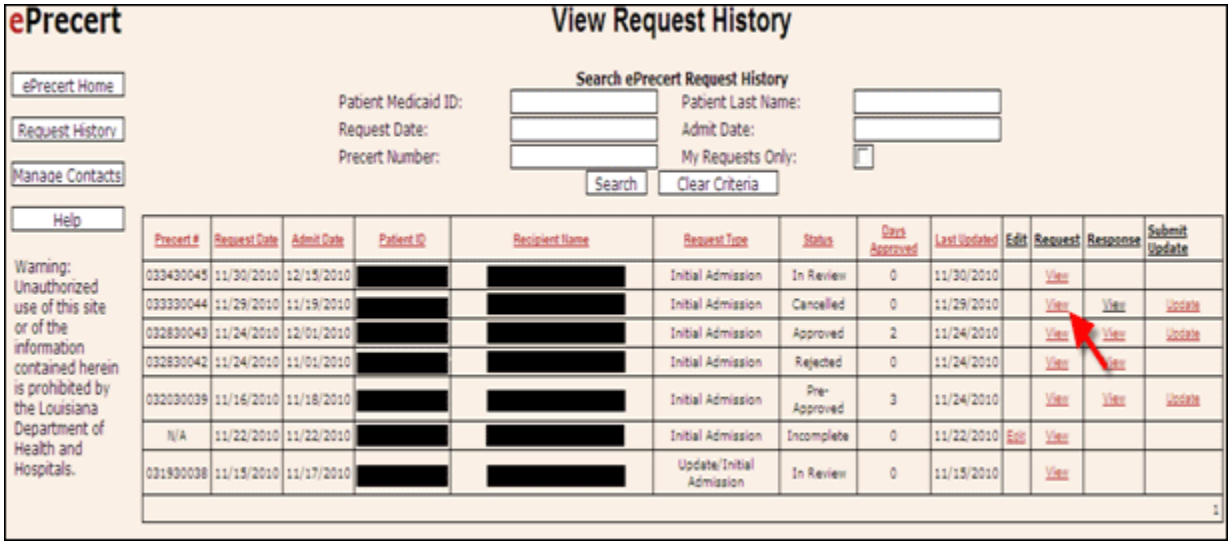
8.0 Editing Saved Initial Requests

An initial request that has been saved can be opened for editing by clicking the “Edit” link on the request line.



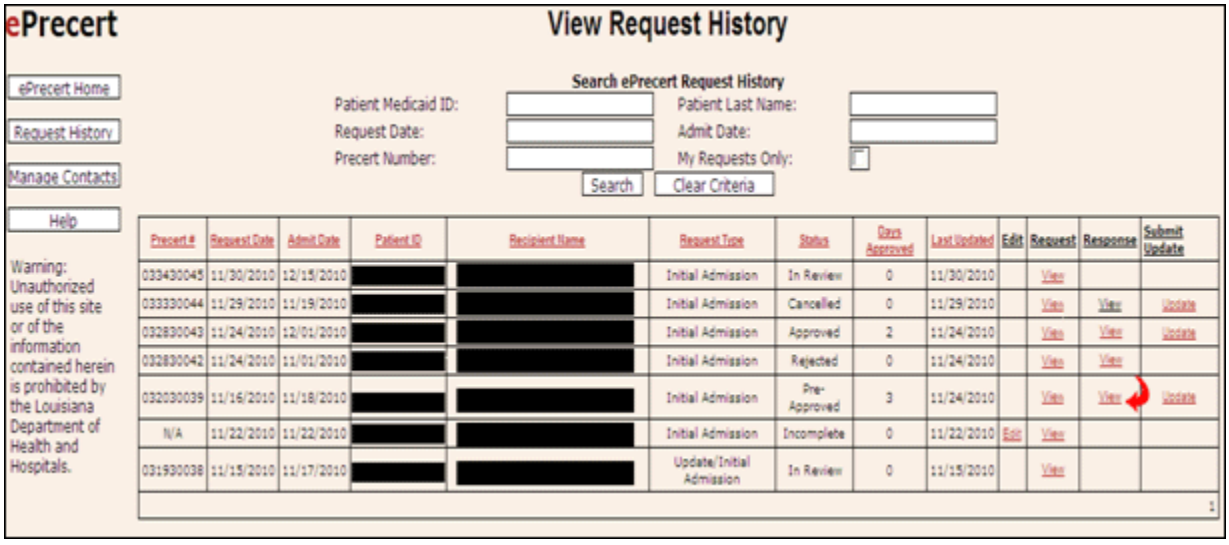
9.0 Review a Saved or Submitted Request

A request that has been saved or submitted for processing can be reviewed at any time by selecting the “View” link under “Request” on a particular request line. This opens the request for review in a ‘read-only’ mode.



10.0 View a Response to a Request

After a pre-certification request has been processed, a response letter will be faxed to the contact fax number provided. This response can also be viewed by clicking the “View” link under “Response” for a given request line.



11.0 Precert Response Letter

Pre-Certification Department P.O. Box 14849, Baton Rouge, LA 70809

Date: 12/3/2010

State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing
P.O. Box 91030
Baton Rouge, LA 70821-9030

Sent To:
Provider: SUNLIGHT REGIONAL HOSPITAL
Voice Phone: 9858674065
Fax Phone: 9858673817

Recieved From:
Sender: Molina Medicaid Solutions
Pre-Certification Department
Voice Phone: 1-800-877-0666
Fax Phone: 1-800-717-4329

CASE NUMBER: [redacted]
RECIPIENT NUMBER: [redacted]
RECIPIENT NAME: [redacted]
MOLINA REVIEWER ID: 0000 WML
PHYSICIAN CONSULT: 0000
PROVIDER NAME: SUNLIGHT REGIONAL HOSPITAL
PROVIDER NUMBER: [redacted]

REVIEW DATE: 12/1/2010 8:35:00 AM
REVIEW TIME: 0835

DEAR PROVIDER:
This letter is provided to confirm that request for Admission Certification and LOS assignment for the above patient was received **12/1/2010** and has been processed according to agency procedures for approvals or denials, as indicated below.

Approved a maximum of 2 days(s) of inpatient stay from admit date 11/30/2010 through discharge date 12/2/2010. The date of discharge is not an approved day and is not included in the approved days.

Primary diagnosis code given was 0074.
Procedure code(s) given 4513

There must be a medical necessity for each day of the stay. The patient should be discharged on the day the Discharge Criteria are met.
Admission certification and Length of Stay assignment are based on patient data submitted by your facility and standardized medical criteria. However, an approval is not a guarantee of the recipient eligibility. Payment on a claim will only be made when the claim is billed correctly and all conditions for payment are met.

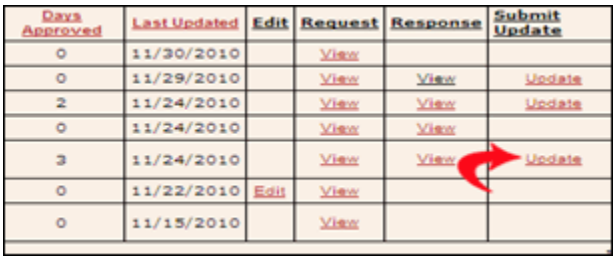
Reason codes, if any, are listed below:

SINCERELY,
BUREAU OF HEALTH SERVICES FINANCING

This fax document is the property of Molina Medicaid Solutions and may contain restricted or confidential information. It is intended only for the person(s) to whom it is addressed. If it is not addressed to you, it has been received in error. If you have received it in error, please notify the Molina Medicaid Solutions Privacy Officer immediately by faxing the document to 225-924-6179 and destroy any other copies.

12.0 Submitting an Update Request

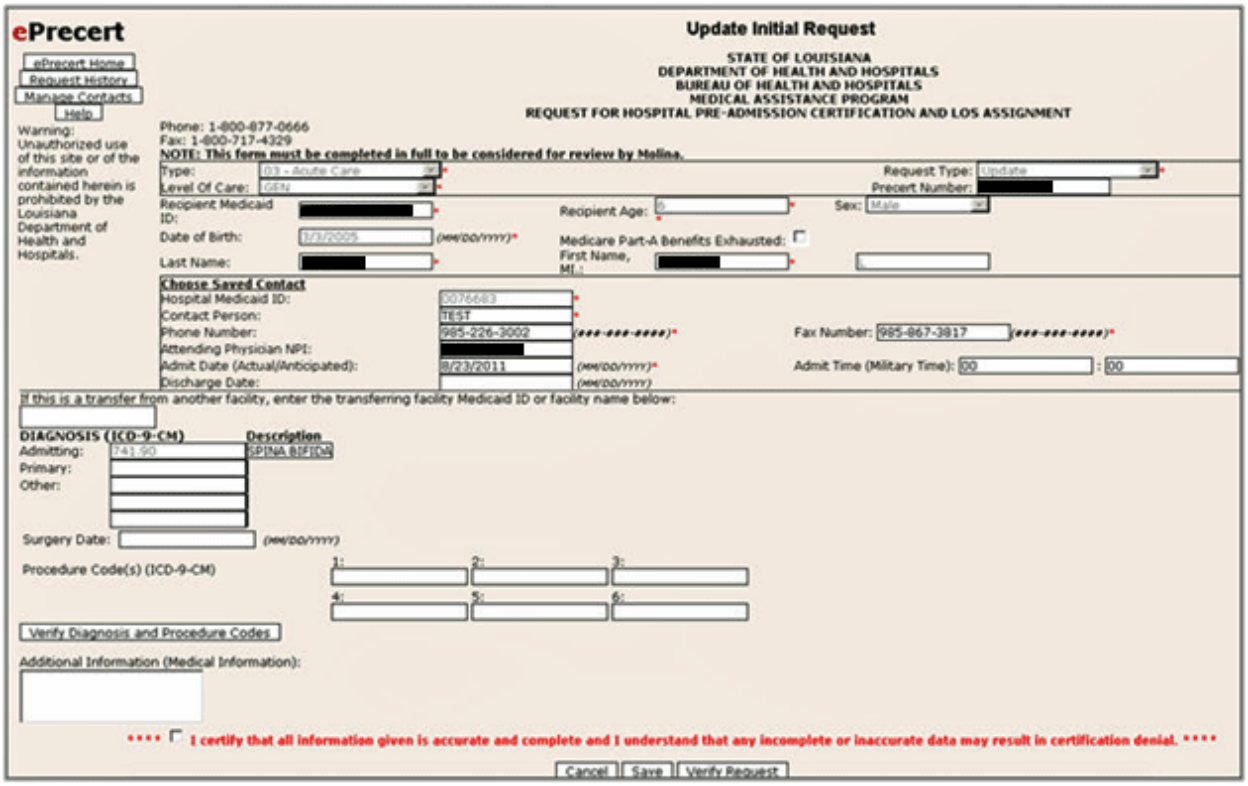
A request which has been processed can be updated by a provider to reflect changing conditions such as adding Medicaid ID for newborns or outpatient procedure codes.



Days Approved	Last Updated	Edit	Request	Response	Submit Update
0	11/30/2010		View		
0	11/29/2010		View	View	Update
2	11/24/2010		View	View	Update
0	11/24/2010		View	View	
3	11/24/2010		View	View	Update
0	11/22/2010	Edit	View		
0	11/15/2010		View		

13.0 Update Request Screen

This screen can be used to update admission and surgery information. Patient Medicaid ID and name information can also be updated.



14.0 Submitting Other Precert Requests

Initial Acute Care requests are the only pre-certification request types that can be accepted by the ePrecert application.

All other requests must be submitted by fax using the existing fax process.

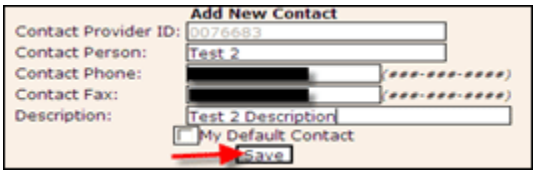
15.0 Managing Your Contact Information

The contact information used for these requests can be reviewed and maintained by accessing the “Manage Contacts” area.

This will open a new screen that lists existing contact information:

16.0 Updating Contact Information

A new contact can be added to the list by data entry to the fields provided, and clicking ‘Save.’



An existing contact can be modified by clicking the ‘Edit’ link, editing the contact information, and clicking the ‘Save’ button.

17.0 Online ePrecert Help

For more information on any screen, the Help button can be selected to bring up more detailed information.

Instructions For Using the Request History Page

The request history page shows, by default, the twenty most current ePrecert requests for your provider Medicaid ID sorted by last activity date descending. Activity on an ePrecert request includes:

1. The request is saved or submitted to ePrecert.
2. A response is issued by the Molina Medicaid Solutions Precertification Department for the request.

The request history page also gives you the option to search for a request based on one or more of the following criteria:

1. Recipient Medicaid ID - The 13 digit Medicaid ID number or the 16 digit recipient CCN.
2. Patient Last Name
3. Precert Number - The 9 digit Precert Number, if assigned.
4. Request Date - The date in which the request was created.
5. Admit Date - The date of admission on the ePrecert request.
6. My Request Only (Yes or No) - Specifies that only requests submitted using YOUR login ID should be shown.

Each request shown in the grid can have up to four links. These links take up the last four columns of the grid and correspond to four different actions that may be taken on a request.
These links are (in the order the are displayed on the grid):

1. Edit - This link, when clicked, will direct you to a page to edit an incomplete request. This link is only available if the request is incomplete or has not been submitted to the Precertification department.
2. View Request - Noted by a "View" link in the "Request" column, this link is available for all requests and will open a read-only copy of the request for viewing.
3. View Response - Noted by a "View" link in the "Response" column, this link is available is the Precertification department has completed the review for the request. Clicking this link will open a new window with a printable copy of the fax letter from the Precertification department.
4. Submit Update - Noted by an "Update" link in the "Submit Update" column, this link is only available for requests that have been approved or pre-approved by the Precertification department. Clicking on this link will create a new update request based on the original request.

18.0 ePrecert Support

Molina Technical Support
lasupport@molinahealthcare.com
1-877-598-8753

18.1 Precert Support and Questions

Precert Department
1-800-877-0666
Precert Department
Contact: Karen Nicholson or Janeen Tarrow
Supervisors, Hospital Precertification
Phone Number: 1-800-877-0666