UNISYS

LONG TERM CARE PROVIDER TRAINING

Nursing Facilities, ICF-MRs ADHCs

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 recipient eligibility, 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 downloading it from the Louisiana MEDICAID website, www.lamedicaid.com. Providers who do not have internet access may request this packet from Unisys Provider Relations.

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 REGIONAL ADMINISTRATIVE UNIT (RAU) 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, Request for Services Registry. 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 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 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 and Developmentally Disabled Waiver.

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

CASE MANAGEMENT
A case manager 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 case management 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 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.

Persons 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 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, 5th Floor
New Orleans, LA 70112
Phone: (504) 599-0245
FAX: (504) 568-4660

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 III
690 E. First Street
Thibodaux, LA 70301
Phone: (985) 449-5167
FAX: (985) 449-5180
Toll Free: 1-800-861-0241

REGION IV
214 Jefferson Street - Suite 301
Lafayette, LA 70501
Phone: (337) 262-5610
FAX: (337) 262-5233
Toll Free: 1-800-648-1484

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

REGION VI
429 Murray Street - Suite B
Alexandria, LA 71301
Phone: (318) 484-2347
FAX: (318) 484-2458
Toll Free: 1-800-640-7494

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 VIII
122 St. John St. - Room 343
Monroe, LA 71201
Phone: (318) 362-3396
FAX: (318) 362-5305
Toll Free: 1-800-637-3113

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

JEFFERSON PARISH HUMAN SERVICES AUTHORITY
3101 W. Napoleon Ave – S140
Metairie, LA 70001
Phone: (504) 838-5357
FAX: (504) 838-5400

TABLE OF CONTENTS

STANDARDS FOR PARTICIPATION

Provider participation in Medicaid of Louisiana is entirely voluntary. State regulations and policy define certain standards for providers who choose to participate. These standards are listed as follows:

- Provider agreement and enrollment with the Bureau of Health Services Financing (BHSF) of the Department of Health and Hospitals (DHH);

- Agreement to charge no more for services to eligible recipients than is charged on the average for similar services to others;

- Agreement to accept as payment in full the amounts established by the BHSF and refusal to seek additional payment from the recipient for any unpaid portion of a bill, except in cases of Spend-Down Medically Needy recipients; a recipient may be billed for services which have been determined as non-covered or exceeding a limitation set by the Medicaid Program. Patients are also responsible for all services rendered after eligibility has ended.

- Agreement to maintain medical records (as are necessary) and any information regarding payments claimed by the provider for furnishing services;

- **NOTE: Records must be retained for a period of five (5) years and be furnished, as requested, to the BHSF, its authorized representative, representatives of the DHH, or the state Attorney General's Medicaid Fraud Control Unit.**

- Agreement that all services to and materials for recipients of public assistance be in compliance with Title VI of the *1964 Civil Rights Act*, Section 504 of the *Rehabilitation Act of 1978*, and, where applicable, *Title VII of the 1964 Civil Rights Act*.

Picking and Choosing Services

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

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

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

Providers continue to have the option of picking and choosing from which patients they will accept Medicaid. Providers are not required to accept every Medicaid patient requiring treatment.

Statutorily Mandated Revisions to All Provider Agreements

The 1997 Regular Session of the Legislature passed and the Governor signed into law the Medical Assistance Program Integrity Law (MAPIL) cited as LSA-RS 46:437.1-46:440.3. This legislation has a significant impact on all Medicaid providers. All providers should take the time to become familiar with the provisions of this law.

MAPIL contains a number of provisions related to provider agreements. Those provisions which deal specifically with provider agreements and the enrollment process are contained in LSA-RS 46:437.11-46:437.14. The provider agreement provisions of MAPIL statutorily establishes that the provider agreement is a contract between the Department and the provider and that the provider voluntarily entered into that contract. Among the terms and conditions imposed on the provider by this law are the following:

- comply with all federal and state laws and regulations;
- provide goods, services and supplies which are medically necessary in the scope and quality fitting the appropriate standard of care;
- have all necessary and required licenses or certificates;
- maintain and retain all records for a period of five (5) years;
- allow for inspection of all records by governmental authorities;
- safeguard against disclosure of information in patient medical records;
- bill other insurers and third parties prior to billing Medicaid;
- report and refund any and all overpayments;
- accept payment in full for Medicaid recipients providing allowances for copayments authorized by Medicaid;
- agree to be subject to claims review;
- the buyer and seller of a provider are liable for any administrative sanctions or civil judgments;
- notification prior to any change in ownership;
- inspection of facilities; and,
- posting of bond or letter of credit when required.

MAPIL's provider agreement provisions contain additional terms and conditions. The above is merely a brief outline of some of the terms and conditions and is not all inclusive. The provider agreement provisions of MAPIL also provide the Secretary with the authority to deny enrollment or revoke enrollment under specific conditions.

The effective date of these provisions was August 15, 1997. All providers who were enrolled at that time or who enroll on or after that date are subject to these provisions. All provider agreements which were in effect before August 15, 1997 or became effective on or after August 15, 1997 are subject to the provisions of MAPIL and all provider agreements are deemed to be amended effective August 15, 1997 to contain the terms and conditions established in MAPIL.

Any provider who does not wish to be subjected to the terms, conditions and requirements of MAPIL must notify Provider Enrollment immediately that the provider is withdrawing from the Medicaid program. If no such written notice is received, the provider may continue as an enrolled provider subject to the provisions of MAPIL.

Surveillance Utilization Review

The Department of Health and Hospitals' Office of Program Integrity, in partnership with Unisys, perform the Surveillance Utilization Review function of the Louisiana Medicaid program. This function is intended to combat fraud and abuse within Louisiana Medicaid and is accomplished by a combination of computer runs, along with medical staff that review providers on a post payment basis. Providers are profiled according to billing activity and are selected for review using computer-generated reports. The Program Integrity Unit of DHH also reviews telephone and written complaints sent from various sources throughout the state, including the fraud hotline.

☞ Program Integrity and SURS would also like to remind all providers that they are bound by the conditions of their provider agreement which includes but is not limited to those things set out in Medical Assistance Program Integrity Law (MAPIL) R.S. 46:437.1 through 440.3, The Surveillance and Utilization Review Systems Regulation (SURS Rule) Louisiana Register Vol. 29, No. 4, April 20, 2003, and all other applicable federal and state laws and regulations, as well as Departmental and Medicaid policies. Failure to adhere to these could result in administrative, civil and/or criminal actions.

Providers should anticipate an audit during their association with the Louisiana Medicaid program. When audited, providers are to cooperate with the representatives of DHH, which includes Unisys, in accordance with their participation agreement signed upon enrollment. Failure to cooperate could result in administrative sanctions. The sanctions include, but are not limited to:

- Withholding of Medicaid payments
- Referral to the Attorney General's Office for investigation
- Termination of Provider Agreement

Program Integrity and the Unisys Surveillance Utilization Review area remind providers **that a service undocumented is considered a service not rendered**. Providers should ensure their documentation is accurate and complete. All undocumented services are subject to recoupment. Other services subject to recoupment are:

- Upcoding level of care
- Maximizing payments for services rendered
- Billing components of lab tests, rather than the appropriate lab panel
- Billing for medically unnecessary services
- Billing for services not rendered
- Consultations performed by the patient's primary care, treating, or attending physicians

Fraud and Abuse Hotline

The state has a hotline for reporting possible fraud and abuse in the Medicaid Program. Providers are encouraged to give this phone number/web address to any individual or provider who wants to report possible cases of fraud or abuse.

Anyone can report concerns at (800) 488-2917 or by using the web address at http://www.dhh.state.la.us/offices/fraudform.asp?id=92

ICF-MR FACILITIES

REIMBURSEMENT – (ICAP)

Effective with date of service October 1, 2005 and thereafter, private ICF-MRs will be reimbursed under the ICAP reimbursement methodology. Reimbursement for ICF-MR providers will be based on a rate assigned to a resident, rather than a rate assigned to a facility. The Inventory for Client and Agency Planning tool will be used to determine the level of need of individual recipients.

The following revenue codes are ONLY to be used for dates of service **STARTING October 1, 2005**. Providers billing for dates of service **PRIOR** to October 1, 2005, should continue to use revenue code 911.

Revenue Code	Description	ICAP Score
193	Pervasive Level of Care	1-19
192	Extensive Level of Care	20-39
191	Limited Level of Care	40-69
190	Intermittent Level of Care	70-99

Should a recipient not have an ICAP level on file, providers will be paid at the Intermittent level of care until the ICAP level is established. All recipients must have an ICAP Assessment in their client records.

The ICAP level is submitted with the admissions packet. Effective December 1, 2005 the Office for Citizens with Developmental Disabilities now handles admissions to ICF-MR facilities. If a recipient's condition changes to the extent that the individual's ICAP level either increases or decreases, the new ICAP must to approved by the ICAP REVIEW COMMITTEE, before the reimbursement level can be changed. To request a change in ICAP level, the provider must submit the updated ICAP and a cover letter with an explanation of why the individual's condition changed. An updated 90-L should also be submitted to the committee.

ICAP Review Committee
P.O. Box 91030 – 2nd Floor
Rates & Audits
Baton Rouge, LA 70821

The following are the ICAP rates for FY 06. Note these rates include the provider fee of $12.68.

Peer Groups	Intermittent	Limited	Extensive	Pervasive
1-8 Beds	$138.67	$147.31	$162.00	$177.56
9-15 Beds	$132.39	$140.60	$154.56	$169.34
16-32 Beds	$126.39	$134.19	$147.45	$161.49
33 + Beds	$116.04	$122.38	$133.15	$144.56

Leave Days

A leave day is an absence from the facility for a 24 hour period or more. A leave of absence is broken only when the recipient returns to the facility for at least a 24 hour period. All qualified leave days must be recorded on the Medicaid bill **except for Special Event Leave Days for recipients in an ICF-MR.** Patients are limited as to how many leave days Medicaid will pay for per year.

- Reported **home** leave days are paid at **100%** of the per diem for the LTC facility.
- Reported **hospital** leave days are paid at **75%** of the per diem for the LTC facility.

An individual's direct transfer from one institution to another does not change the number of home leave days allowed per state fiscal year (July1-June 30) if cared for in an intermediate care facility for the handicapped.

Leave day limits do not exclude the recipient being **permitted** to take additional leave days. However, Medicaid **will not** pay for extra leave days. Arrangements for payment must be made with the recipient's responsible party. Such arrangements may include a charge by the facility to the family for the full Medicaid rate or for a reduced daily rate, or the facility may absorb the cost of non-covered days into its operating costs. **Except in the case where home leave days in an ICF-MR exceed 30 consecutive days; then, the recipient must be discharged on the 31st consecutive day of absence.**

Leave Day Limits

Hurricane Katrina and Rita Special Leave Day Policy

The Louisiana Department of Health and Hospitals is establishing and implementing the following policy regarding ICF-MR facilities:

During the period of time from August 26, 2005 through November 30, 2005 leave days will not be charged for ICF-MR residents that:

- Were residing in an ICF-MR facility in Jefferson, Orleans, Lafourche, Terrebonne, Plaquemines, St. Bernard, St James, St. John, St. Charles, St. Tammany, Tangipahoa and Washington parishes; AND
- The ICF-MR facility had to evacuate; AND
- At the request of family or on the individual's own initiative, the recipient left the ICF-MR facility as a result of Hurricane Katrina.

During the period of time from September 21, 2005 through November 15, 2005 leave days will not be charged for ICF-MR residents that:

- Were residing in Cameron and Calcasieu parishes; AND

- The ICF-MR had to evacuate; AND

- At the request of family or on the individual's initiative, the recipient left the ICF-MR facility as a result of Hurricane Rita.

While providers will not be charged leave days, providers must maintain accurate accounting and census records for auditing purposes.

Home Leave Days

Recipients are limited to 45 days per **State fiscal year**, not to exceed 30 consecutive days. The recipient must be discharged on the 31st consecutive day of absence.

Hospital Leave Days

Recipients are limited to 7 days **per occurrence.**

Special Event Leave Days - ICF-MR Facilities ONLY

Leave days are also permitted under the following circumstances:

- Special Olympics
- Roadrunner sponsored events
- Louisiana planned conference
- Trial discharges
- Official State Holidays

These special event leave days are limited to 30 consecutive days per occurrence. If the recipient is absent from the facility for more than 30 consecutive days, the facility should discharge the recipient.

These special event leave days are not deducted from the 45 home leave days allowed per fiscal year. These leave days must be included in the recipient's plan of care, but are not to be reported when billing.

Approved Official State Holidays are found at the Division of Administration's website, (www.doa.louisiana.gov/employ_holiday.htm). These holidays will always fall on a week day. Official State Holidays should not be reported as leave days. Days preceding and following the Official State Holidays will not be excluded from the annual 45-day limit.

Non-Covered Days

The date of discharge (except discharge due to death) is not covered by Medicaid.

NURSING FACILITIES

Reimbursement

This reimbursement methodology is based on using the Medicare Minimum Data Set (MDS) to determine the level of needs of Medicaid recipients in nursing facilities and to assure that nursing facilities receive a level of reimbursement commensurate with the level of services needed for each resident. It requires that nursing facilities expend a set amount of funding received for the provision of direct care services. If expenditures for direct care are not at an acceptable level, the nursing facility must reimburse the department for a portion of the funding received. This methodology assures reasonable access to care for persons needing high levels of nursing facility care. A MDS documentation verification process was developed and implemented in 2002/2003 to assure compliance with requirements set in Act 694.

Nursing homes submit quarterly MDS information to DHH. A new facility rate is calculated on a quarterly basis.

Calculating Reimbursement

Full Month

[(Per diem rate X 365) ÷ 12] – Patient liability = Payment

Partial Month

(Per diem rate X Number of days) – A = Payment,
Where A = [(patient liability X12) ÷ 365] X number of approved days

(Round off numbers to the nearest penny.)

Leave Days

A leave day is an absence from the facility for a 24 hour period or more. A leave of absence is broken only when the recipient returns to the facility for at least a 24 hour period. All qualified leave days must be recorded on the Medicaid bill**.** Patients are limited as to how many leave days Medicaid will pay for per year.

- Reported **home** leave days are paid at **100%** of the per diem for the LTC facility.
- Reported **hospital** leave days are paid at **75%** of the per diem for the LTC facility.

An individual's direct transfer from one institution to another does not change the number of home leave days allowed per calendar year if cared for in a nursing home or in an intermediate care facility for the handicapped.

Leave day limits do not exclude the recipient being **permitted** to take additional leave days. However, Medicaid **will not** pay for extra leave days. Arrangements for payment must be made with the recipient's responsible party. Such arrangements may include a charge by the facility

to the family for the full Medicaid rate or for a reduced daily rate, or the facility may absorb the cost of non-covered days into its operating costs.

Leave Day Limits

Home Leave Days

Recipients are limited to 15 days per **calendar year**.

Hospital Leave Days

Recipients are limited to 7 days **per occurrence.**

Non-Covered Days

The date of discharge (except discharge due to death) is not covered by Medicaid.

RUG-III CASE MIX REIMBURSEMENT SYSTEM FOR NURSING FACILITIES

Provider contacts for this process are as follows:

Medicaid RUG-III Classification Calculations, Resident Listing Reports and MDS Medical Record Review
All questions concerning the areas of classification calculations, resident listing reports and MDS medical record review

Myers and Stauffer LC (800) 763-2278 or (317) 816-4124

Provider Rates
All questions concerning provider rates

Myers and Stauffer LC (800) 374-6858 or (913) 234-1166

Louisiana MDS Help Line
Questions concerning the definition, completion or interpretation of the MDS 2.0 Resident Assessment Instrument.

DHH Health Standards Section, RAI/MDS Coordinator
(800) 261-1318

Medicare Data Communication Network Problems (MDCN)
Questions concerning connection problems to MDCN (Ids, passwords)

MDCN Helpdesk (800) 905-2069

Raven Help Desk
Questions concerning the RAVEN software (800) 339-9313

Claims Billing Issues

Unisys Provider Relations (800) 473-2783 or (225) 924-5040
Unisys Long Term Care Unit (225) 216-6259

Medicaid Enrollment of Providers

Unisys Provider Enrollment (225)216-6370

Recipient Eligibility Verification (REVS) (800) 776-6323 or (225) 216-7387

DHH Regional Office (800) 834-3333

ADULT DAY HEALTHCARE (ADHC)

Adult Day Healthcare services provide direct care in a licensed day care facility for individuals who are physically and/or mentally impaired. The target group for this program is individuals who need direct professional medical supervision or personal care supervision. This is a waiver service. The individual must be determined to require day care services because he/she cannot remain at home during the day and the individual must have received approval from Long Term Supports and Services to receive the service.

Reimbursement Methodology

Effective with dates of service August 1, 2005 and thereafter, ADHC's will be reimbursed under the Perspective Payment system with blended rates (fifty percent of the adjusted industry median fee and fifty percent of the facility's specific amount.)

LTC RATE ADJUSTMENTS

Effective July 1, 2004 the following changes were made to the per diem rates for LTC providers (including Nursing Facilities and Adult Day Health Care facilities):

- The rate no longer includes the nursing wage and staff enhancement add-on of $1.26 that was added on January 1, 2003. However, under compromise with DHH, the direct care floor remains at 94%.

- The rate no longer contains the $.67 reduction to the capital component that was imposed on January 1, 2003.

- The rate no longer contains the $.67 reduction to the case mix adjusted rate that was imposed on July 1, 2003.

- The rate now contains a $.85 reduction to the per diem rate effective for all of State Fiscal Year 2005.

Effective July 1, 2005 the rate includes $.99 per diem for Durable Medical Equipment (DME)

EVACUATION POLICY FOR NURSING FACILITIES AND ICF-MRS

When local conditions require evacuations of residents in Nursing Facilities and ICF-MR facilities, the following payment procedures apply:

- If clients are absent from the facility for less than 24 hours, the facility should charge for a service day.

- If the facility sends staff with the clients to the evacuation site, the facility should charge for a service day.

- **If the clients go to a family or friend's home at the facility's request, the facility should charge neither a service day nor a leave day.** The clients should be discharged from the facility the day they leave and be re-admitted to the facility the day they return. Providers billing on the UB-92 or 837I must submit two claims – one claim for services through the discharge date and another claim for services beginning with the re-admission date. Regardless of the billing method (UB-92 or 837I), no hard copy documents or attachments are required to substantiate the re-admission of these clients.

  In this circumstance, the facility should not collect patient liability.

- If the clients go home at the family's request or on their own initiative, the facility should charge a leave day.

- If a client evacuates to the hospital, the hospital should not charge Medicaid for a hospital day.

The BHSF, Health Standards Section, requires that LTC facilities have an evacuation plan approved for emergency situations, such as tornadoes, floods, etc. The plan must include decisions about sites, medications, and identification of clients.

The following is a new policy expected to be published in the May 2006 Louisiana Register for all Long Term Care facilities regarding evacuation.

ICF-MR and Nursing Homes must have:

A written plan describing the following elements:

a. The evacuation of residents to a safe place either within the facility or to another location;
b. The delivery of essential care and services to residents whether the residents are housed off-site or when additional residents are housed in the facility during an emergency;
c. The provision for management of staff, including distribution and assignment responsibilities and functions either within the facility or at another location;
d. A plan for coordinating transportation services required or evacuating residents to another location; and
e. The procedures to notify the resident’s family, guardian, or primary correspondent if the resident is evacuated to another location.
f. An annual activation and evaluation of the facility response for each shift.

DME IN ICF-MR AND NURSING FACILITIES

Louisiana Medicaid will not reimburse for DME services provided in a nursing home or intermediate care facility for the mentally retarded.

Unisys Prior Authorization Unit was instructed to deny all requests for DME and supplies for recipients residing in nursing home and ICF-MR's on or after July 1, 2005.

Additionally edits will be put in place to prevent payment on claims for recipients who move into an ICF-MR or nursing home after authorization for DME or supplies has been given but prior to the delivery date.

Prosthetics and Orthotic Services (POS)

Louisiana Medicaid **will pay** DME providers for prosthetic and orthotic devices supplied to residents of nursing homes only. These payments are included in the payment made to ICF-MR facilities. DME providers will bill Medicaid directly for these services.

ELECTRONIC DATA INTERCHANGE (EDI)

Providers must elect to employ electronic media submission of claims in order to submit claims electronically for processing in the Louisiana Medicaid Assistance Program. A provider may elect to submit claims directly to the State's Medicaid Fiscal Intermediary, Unisys, or contract with a Third Party Biller or Clearinghouse to submit claims on their behalf. In order to submit claims as Electronic Data Interchange (EDI), the entity submitting the claims must obtain a **submitter ID number** through Louisiana Medicaid. Electronic claims must be submitted in the appropriate HIPAA approved 837 format for the provider. Each claim undergoes the editing common to all claims, e.g., verification of dates and balancing. Each type of claim has unique edits consistent with the requirements outlined in the provider manuals. All claims received via electronic data must satisfy the criteria listed in the manual for that type of claim.

Note:
An updated list of approved HIPAA compliant Vendors/Billing Agents/Clearinghouses (VBCs) can be obtained at: http://www.lmmis.com/provweb1/HIPAA/HIPAAindex.htm.

Enrollment

Submitter IDs

Before claims can be submitted to Unisys, electronic submitters must obtain a submitter ID number (also called an EDI/EMC ID number or Trading Partner ID number). Requests for a submitter number require that an EDI enrollment agreement be completed and approved. The enrollment packet may be obtained online at lamedicaid.com or requested through the Unisys Provider Relations Department. The completed enrollment packet must be mailed to the Unisys Provider Enrollment Department. There is a 3-week turnaround for these requests. Once the enrollment agreement has been approved, the Provider Enrollment Department will send a letter identifying the 7-digit submitter number that begins with 450. Verification of this number will not be given over the telephone but will be sent in writing to the appropriate entity.

Note: EDI submitters that have been issued a number, but cannot locate it, can submit a written request on letterhead showing the submitter name and address in order to obtain a copy of the original correspondence letter identifying their submitter number. The request must be signed by an authorized party and submitted hardcopy to the Unisys Provider Enrollment Department.

Enrollment Documentation Requirements

1. Submitters wishing to submit EDI 837 transactions without using a Third Party Biller—complete the following documents:

    - EDI Contract – (Provider's Election To Employ Electronic Data Submission Of Claims)
    - Annual EDI Certification Form

2. Submitters wishing to submit EDI 837 transactions through a Third Party Biller or Clearinghouse – complete the following documents:

- EDI Contract – (Provider's Election To Employ Electronic Data Submission Of Claims)
- Limited Power of Attorney
- Annual EDI Certification Form

3. Third Party Billers or Clearinghouses (billers for multiple providers) are required to submit the following documents for their first client:

    - EDI Contract – (Provider's Election To Employ Electronic Data Submission Of Claims)
    - Limited Power of Attorney
    - HCFA 1513 – Disclosure of Ownership
    - Annual EDI Certification Form

Password

Passwords are required for submission of both test and production claims. Passwords are obtained by making a request in writing to *hipaaedi@unisys.com (the *asterisk is part of the email address). The email should include the following information:

- Submitter number
- Submitter name
- Name of software vendor
- Contact person name, telephone number, and email address

The Unisys EDI Department will send the ID and password via return email.

NOTE: A Submitter ID is required before a password can be issued.

EDI Claims Submission

For details on the mechanics of submitting electronic claims, please review the EDI General Companion Guide located at www.lamedicaid.com.

Certification Forms

The EDI Certification form bears the submitters attestation to the truth, accuracy and completeness of claim information submitted electronically. The Certification form must be renewed at the end of every calendar year. Each submitter (billing agent, clearinghouse, in-house provider submission) is responsible to have a current ***EMC/EDI Annual Certification of Electronically Submitted Medicaid Claims*** on file. This Certification form covers all file submissions for the identified year and must be on file to keep the submitter number active.

An Annual Certification form is not required from each provider number – only for submitters (those Louisiana Medicaid provider numbers beginning with “450”).

Third Party Billers **MUST** obtain a similar Certification form on which the provider has attested to the truth, accuracy and completeness of the claim information. These forms **MUST** be

maintained for a period of five years. This information must be furnished to the agency, the DHH Secretary, or the Medicaid Fraud Control Unit upon request.

Failure to submit the Annual Certification Form will result in deactivation of the submitter number. Once the Cert is received, the number will be reactivated. There will be a delay if the number is deactivated thus preventing timely payment to your providers. Failure to correctly complete the Certification Form will result in the form being returned for correction.

EDI Reminders

- The EDI Department prefers submitters to use their email address of *hipaaedi@unisys.com (the * asterisk is part of the email address) as the primary means of contacting them. The response time for emails is approximately within 24 hours or less.
- All submitters of Long-Term Care claims (Nursing Facilities, ICF-MRs, and ADHCs) must test before submission to production.
- If the vendor's software is not approved, the submitter must wait until the vendor has successfully completed all required testing before they can test.
- An updated list of approved HIPAA compliant Vendors/Billing Agents/Clearinghouses (VBCs) can be obtained at: http://www.lmmis.com/provweb1/HIPAA/HIPAAindex.htm
- After all testing requirements have been met, submitters may begin submitting to production; however, submitters must email a request via email with all required information and ask to be moved to production.
- Test files must contain at least 25 previously Medicaid paid claims. Also, Nursing Facilities and ICF-MRs must include in their test file examples where leave days were recorded.
- Passwords are required for submission of both test and production claims. Passwords may be obtained by sending a request via email to *hipaaedi@unisys.com and include the required submitter information.
- If a submitter has 3 failed login attempts when dialing into the Bulletin Board System (BBS), they must log out of the BBS and then log in again. **The password does not have to be reset.**
- A TA1 is available immediately upon transmission and a 997 functional acknowledgement is available within 24 hours. Both acknowledgements should be checked to ensure the file was received and accepted. Both files may be obtained by calling the same BBS where the files were transmitted.
- Submitters are cautioned to review their file name carefully before submitting to production. Please ensure the appropriate file extension letters were used in the file name. The file extension is specific to the claim type submitted.
- Submitter ID number, EDI/EMC ID number, and Trading Partner ID are used interchangeably.
- The date of discharge (except discharge due to death) is not covered by Medicaid. Submitters must back out the discharge day when calculating the total number of days requesting payment for. Also, an appropriate discharge code must be used as the "status code" and an appropriate "bill type" must be used, otherwise the claim will be rejected and will generate a 997 report.
- Submitters should remember that the TO day, TOT day, Status Code, and Bill Type information must compliment each other, otherwise the claim will reject and generate a 997 report. For example, if a patient was discharged and a "status code" of 30 (Still a patient) is used, this would reject the claim. An appropriate discharge "status code" should be used. If a patient was still a patient at the end of the billing month and the bill

showed the last digit of the “Bill Type” to be a “4” (Interim – Final Claim), this would reject the claim because the “Status Code” should have been “30” (Still a patient).

- When reporting leave days on a claim (Nursing Facilities or ICF-MRs), the leave days should be counted in the total number of days requesting payment, the Medicaid system will acknowledge the leave days and cut them back and pay the correct number of days.

EDI CONTACT INFORMATION

Phone: 225/216-6000, Option 2

Address: Unisys EDI Department
P.O. Box 91025
Baton Rouge, LA 70821

SUBMISSION DEADLINES

Regular Business Weeks

Magnetic Tape and Diskettes	4:30 P.M. each Wednesday
KIDMED Submissions (All Media)	4:30 P.M. each Wednesday
Telecommunications (Modem)	10:00 A.M. each Thursday

Thanksgiving Week

Magnetic Tape and Diskettes	4:30 P.M. Tuesday, 11/21/06
KIDMED Submissions	4:30 P.M. Tuesday, 11/21/06
Telecommunications (Modem)	10:00 A.M. Wednesday, 11/22/06

BILLING ROOM AND BOARD ON THE UB-92

Billing

Providers bill for room and board using the standard 837 Institutional (837I) electronic claim transaction or the hardcopy UB-92 Form, regardless of the date of service. All supplemental billing must also be submitted electronically using the 837I format or on the UB-92 hard copy claim form. The 837I is the preferred method of claim submission.

A separate claim for room and board is billed for each recipient for each calendar month of service.

CLAIMS SUBMISSION SCHEDULE (ROOM AND BOARD ONLY)

Claims for room and board are processed according to a predetermined schedule set by DHH and is updated every calendar year. This schedule includes deadlines for initial monthly claim submissions as well as for monthly supplemental claim submissions. Claims received after the published deadline will be held and processed The LTC room and board monthly processing schedule for the year 2006 can be found in Appendix B.

NOTE 1: Providers who bill hardcopy claims should continue to submit the initial monthly UB-92 forms in one package and may be hand delivered or mailed to the following address:

Kay Brue
Unisys LTC Unit
8591 United Plaza Blvd. Ste: 300
Baton Rouge, LA 70809

NOTE 2: When billing hard copy on the UB-92 form or the 837I electronic transaction, attachments are not required for LTC billing.

Special Event Leave Day Billing ICF-MR Only

Special Olympics, Roadrunner sponsored events, Louisiana planned conferences, trial discharges and official state holidays are not to be reported when billing. These leave days must be reported in the individuals' plan of care.

Hurricane Katrina and Rita special leave days must be reported on the claim for tracking purposes. The leave days will not be counted against the 45 day limit.

UB-92 CLAIM FORM INSTRUCTIONS

FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
FIELD NO. 1	PROVIDER NAME, ADDRESS, AND TELEPHONE NUMBER	Required. Enter the provider's name, address, and phone number.
FIELD NO. 2	UNLABELED	Leave blank
FIELD NO. 3	PATIENT CONTROL NO.	Situational. A patient control number may be entered using letters and/or numbers and may be a maximum of 16 characters.
FIELD NO. 4	TYPE OF BILL	Required. Enter the 3-digit code indicating the specific type of facility, bill classification and frequency. This 3-digit code requires one digit each, in the following format: The first digit identifies the type of facility. The second classifies the type of care. The third indicates the sequence of this bill in this particular episode of care. It is referred to as a "frequency" code. Code Structure: **FOR NURSING FACILITY PROVIDERS:** *1st Digit - Type of Facility* 2 – Skilled Nursing (LOC = ICF I) (LOC = ICF II) (LOC = SNF) (LOC = SNF Technology Dependent Care) (LOC = SNF Infectious Disease) (LOC = NF Rehab) (LOC = NF Complex Care) Skilled Nursing/ Intermediate Care (LOC = Case Mix effective 1/1/2003) *2nd Digit – Classification* 7 – Subacute Inpatient (SNF/Case Mix) *3rd Digit – Frequency* *Definition* 1 Admit Through Discharge Claim Use this code for a claim encompassing an entire course of treatment for which you expect payment, i.e., no further claims will be submitted for this patient. 2 Interim - First Claim Use this code for the first of an expected series of claims for

FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
		a course of treatment. 3 Interim - Continuing Claim Use this code when a claim for a course of treatment has been submitted and further claims are expected to be submitted. 4 Interim - Final Claim Use this code for a claim which is the last claim. The "Through" date of this bill (Field 6) is the discharge date or date of death. 7 Adjustment/ Replacement of Prior Claim Use this code to correct a previously submitted and paid claim. 8 Void/Cancel of a Prior Claim Use this code to void a previously submitted and paid claim. **FOR ICF/MR PROVIDERS:** *1st Digit - Type of Facility* 6 – Intermediate Care (LOC = ICF/MR) *2nd Digit - Classification* 5 – Intermediate Care Level I 6 – Intermediate Care Level II *3rd Digit – Frequency* *Definition* 1 Admit Through Discharge Claim Use this code for a claim encompassing an entire course of treatment for which you expect payment, i.e., no further claims will be submitted for this patient. 2 Interim - First Claim Use this code for the first of an expected series of claims for a course of treatment. 3 Interim - Continuing Claim Use this code when a claim for a course of treatment has been submitted and further claims are expected to be submitted. 4 Interim - Final Claim Use this code for a claim which is the last claim. The

FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
		"Through" date of this bill (Field 6) is the discharge date or date of death. 7 Adjustment/ Replacement of Prior Claim Use this code to correct a previously submitted and paid claim. 8 Void/Cancel of a Prior Claim Use this code to void a previously submitted and paid claim. **FOR ADULT DAY HEALTH CARE (ADHC) PROVIDERS:** *1st Digit - Type of Facility* 8 - Special Facility (LOC = Adult Day Health Care) *2nd Digit - Classification* 9 – Other (Adult Day Health Care - ADHC) *3rd Digit – Frequency* *Definition* 1 Admit Through Discharge Claim Use this code for a claim encompassing an entire course of treatment for which you expect payment, i.e., no further claims will be submitted for this patient. 2 Interim - First Claim Use this code for the first of an expected series of claims for a course of treatment. 3 Interim - Continuing Claim Use this code when a claim for a course of treatment has been submitted and further claims are expected to be submitted. 4 Interim - Final Claim Use this code for a claim which is the last claim. The "Through" date of this bill (Field 6) is the discharge date or date of death. 7 Adjustment/ Replacement of Prior Claim Use this code to correct a previously submitted and paid claim. 8 Void/Cancel of a Prior Claim Use this code to void a previously submitted and paid claim.

FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
FIELD NO. 5	FED. TAX NO.	Leave blank
FIELD NO. 6	STATEMENT COVERS PERIOD FROM/THROUGH	Required. Enter the beginning and ending service dates of the period covered by this claim in numeric digits (MM-DD-YY).
FIELD NO. 7	COV D.	Required. Enter the number of total covered days for the Statement Period. (NOTE: ADHC claims cannot exceed 23 days for an entire month or the number of days of service if less than 23 days.) Covered days must equal the total number of units of service (Field 46) billed for level of care revenue codes. Note: For discharge due to death, the covered days and the statement through date in Field 6 should include the date of death. For all other discharges, the number of covered days will be one less than the Statement Covers Period From/Through (Field 6) which should include the discharge day. (Excluding ADHC providers)
FIELD NO. 8	N-C D.	Leave blank
FIELD NO. 9	C-I D.	Leave blank
FIELD NO. 10	L-R D.	Leave blank
FIELD NO. 11	UNLABELED	Leave blank
FIELD NO. 12	PATIENT NAME	Required. Enter the recipient's name (last name, first name, and middle initial) exactly as it appears on the recipient's Medicaid ID card.
FIELD NO. 13	PATIENT ADDRESS	Leave blank
FIELD NO. 14	BIRTHDATE	Leave blank
FIELD NO. 15	SEX	Leave blank
FIELD NO. 16	MS	Leave blank
FIELD NO. 17	ADMISSION DATE	Required. Enter the recipient's admission date to the facility. Show the month, day, and year numerically as MM-DD-YY.
FIELD NO. 18	ADMISSION HR	Leave blank
FIELD NO. 19	ADMISSION TYPE	Leave blank
FIELD NO. 20	ADMISSION SRC	Leave blank
FIELD NO. 21	D HR	Leave blank

FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
FIELD NO. 22	STAT	Required (maximum of 2 digits). This code indicates the patient's status as of the "Through" date of the billing period (Field 6). **Code Structure** 01 Discharged to home or self care (routine discharge) 02 Discharged/transferred to another short-term general hospital for inpatient care 03 Discharged/transferred to a skilled nursing facility (SNF) 03 Discharged/transferred to an intermediate care facility (ICF) 04 Discharged/transferred to another type of institution for inpatient care 05 Discharged/transferred to home under care of organized home health services organization 07 Left against medical advice or discontinued care 08 Discharged/transferred to home under care of Home IV (Intravenous Therapy) provider 09 Admitted as inpatient to a hospital 20 Expired/Discharged Due to Death 30 Still a patient 61 Discharged/transferred within this institution to hospital-based Medicare approved swing-bed 62 Discharged/transferred to a rehabilitation facility including rehabilitation distinct part units of a hospital 63 Discharged/transferred to a long term care hospital
FIELD NO. 23	MEDICAL RECORD NO.	Situational. Facility may enter a patient's medical record number (up to 16 characters).
FIELD NO. 24 – 30	CONDITION CODES	Leave blank
FIELD NO. 31	UNLABELED	Leave blank
FIELD NO. 32 – 35	OCCURRENCE CODES/DATES	Leave blank

FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
FIELD NO. 36	OCCURRENCE SPAN CODE, FROM/THROUGH	Leave blank
FIELD NO. 37A, B, C	UNLABELED	Leave blank
FIELD NO. 38	UNLABELED	Leave blank
FIELD NO. 39-41	VALUE CODES CODE(S)/AMOUNT	Leave blank
FIELD NO. 42-43	REV CD/DESCRIPTION	Required. 3-digit numeric. Enter the applicable revenue code(s) and description(s) that identify the service provided. Bill a Level of Care (LOC) Revenue Code only once during the month unless the LOC changes during the month. Use the following revenue codes and descriptions to bill LA Medicaid: **FOR ALL PROVIDERS (Excluding ADHC Providers):** Revenue Code & Description Leave of Absence 183 Leave of Absence – Subcategory Therapeutic (for Home Leave) *A Home Leave* 185 Leave of Absence – Subcategory Nursing Home (for Hospitalization) *B Hospital Leave* **FOR NURSING FACILITY PROVIDERS**: Revenue Code & Description *Level of Care* 022 Skilled Nursing Facility Prospective Payment System (RUGS) (For dates of service 01/01/03 and after) *88 Case Mix (Formerly LOC 20, 21, 22)* 118 Room & Board-Private Subacute Rehabilitation *31 NF Rehabilitation* *20 SNF/Hospice in Nursing Facility* *21 ICF I/Hospice in Nursing Facility* *22 ICF II* 193 Subacute Care Level III (Complex Care) *32 NF Complex Care*

FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
		194 Subacute Care Level IV *28 SNF Technology Dependent Care* 199 Other Subacute Care *30 SNF Infectious Disease* **FOR ICF-MR PROVIDERS**: <u>Revenue Code & Description</u> <u>Level of Care</u> 911 Psychiatric/Psychological Services- General (Use for dates of service PRIOR to August 1, 2005) *26 ICF-MR* **ICAP Revenue codes to be used for dates of service October 1, 2005 and forward:** 193 Pervasive Level of Care (ICAP Score 1-19) 192 Extensive Level of Care (ICAP Score 20-39 191 Limited Level of Care (ICAP Score 40-69) 190 Intermittent Level of Care (ICAP Score 70-99) **NOTE:** Providers will be paid at the Intermittent level of care should a recipient not have an ICAP level on file. All recipients must have an ICAP Assessment on file. **FOR ADULT DAY HEALTH CARE (ADHC) PROVIDERS:** <u>Revenue Code & Description</u> <u>*Level of Care*</u> 932 Medical Rehabilitation Day Program-Subcategory 2 – Full Day *27 Adult Day Health Care*
FIELD NO. 44	HCPCS/RATES	Leave blank
FIELD NO. 45	SERV. DATE	<u>Required</u>. A beginning and ending day of service (e.g., 01-31) MUST BE ENTERED for each revenue code indicated. The service day range should be the first day through the last day of the month on which the service was provided. (Example 1: If SNF TDC care (Revenue Code 194) is provided for the entire month of March, the Service Date should be entered 01-31. Example 2: If the recipient is on Hospital Leave (Revenue Code 185) from March 6 – 12, the Service Date should be entered 07-12, just as previously entered on the TAD -- **If the recipient was discharged while on leave from the facility, the leave days should be cut back by one day (e.g. 07-11).**) (Note: The claim must reflect the total number of days billed at a particular Level of

FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
		Care (LOC) corresponding to the Revenue Code for that LOC. If the LOC changes during the month, another claim line must be entered with the appropriate Revenue Code for that LOC and the correct number of days indicated for that LOC for the month of service.)
FIELD NO. 46	SERV. UNITS	Required. Enter in DAYS the number of units of service for each type of Level of Care service on the line adjacent to the Level of Care revenue code, description, and service date. (Example 1 above, Service Date 01-31 should indicate 31 units or days for Revenue Code 194. Example 2 above (Revenue Code 185), Service date 07-12, service units should be left blank.) (Note: ADHC cannot exceed 23 days per month. Enter the number of days of service provided.) Do not enter the actual number of units when billing for home or hospital leave days, only indicate the from and to days in Field 45.
FIELD NO. 47	TOTAL CHARGES	Leave blank
FIELD NO. 48	NON-COVERED CHARGES	Leave blank
FIELD NO. 49	UNLABELED	Leave blank
FIELD NO. 50	PAYER	Required. Enter “Medicaid” on line “A”.
FIELD NO. 51	PROVIDER NO.	Required. Enter the facility’s seven (7) digit Medicaid provider identification number on line “A”.
FIELD NO. 52	REL INFO	Leave blank
FIELD NO. 53	ASG BEN	Leave blank
FIELD NO. 54	PRIOR PAYMENTS	Situational. If third party insurance is primary, enter the amount paid toward this claim by TPL or enter zero (0) if nothing was paid.
FIELD NO. 55	EST. AMOUNT DUE	Leave blank
FIELDS NO. 56/57	UNLABELED	Leave blank
FIELD NO. 58	INSURED’S NAME	Leave blank
FIELD NO. 59	P REL	Leave blank
FIELD NO. 60	CERT. – SSN. – HIC. – ID NO.	Required. Enter the recipient’s 13-digit Medicaid ID number.
FIELD NO. 61	GROUP NAME	Leave blank
FIELD NO. 62	INSURANCE GROUP NO.	Situational. If third party insurance is primary, enter the six-digit Louisiana-specific TPL carrier code assigned to the carrier in this field.

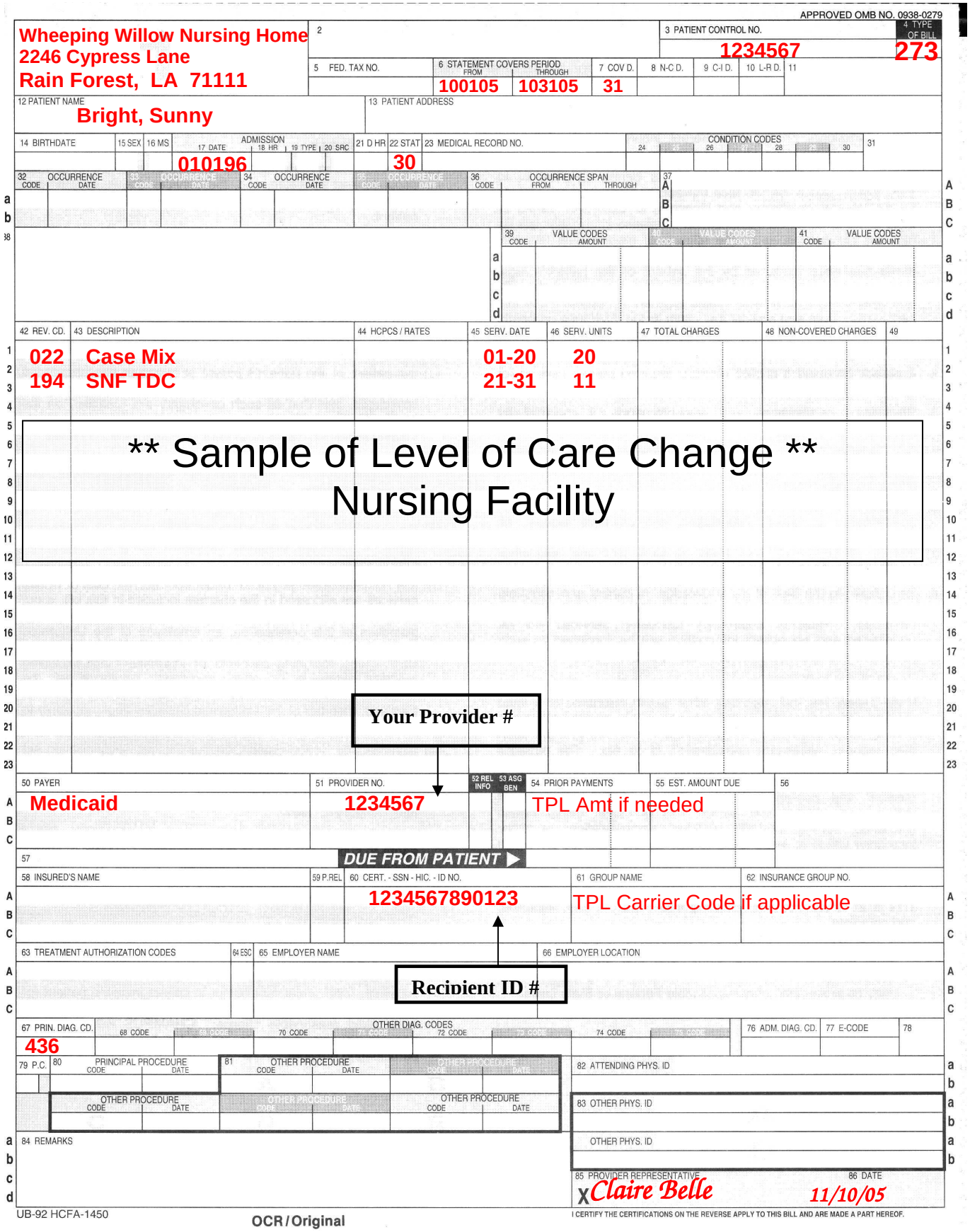
FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
FIELD NO. 63	TREATMENT AUTHORIZATION CODES	Leave blank
FIELD NO 64	ESC	Leave blank
FIELD NO. 65	EMPLOYER NAME	Leave blank
FIELD NO. 66	EMPLOYER LOCATION	Leave blank
FIELD NO. 67	PRIN. DIAG. CD.	Required. Enter the ICD-9-CM diagnosis code for the principal diagnosis.*
FIELD(S) NO. 68-75	OTHER DIAG CODES	Situational. Enter the ICD-9-CM diagnosis codes for any other applicable diagnoses.*
FIELD NO. 76	ADM DIAG CD	Leave blank
FIELD NO. 77	E – CODE	Leave blank
FIELD NO. 78	UNLABELED	Leave blank
FIELD NO. 79	P.C.	Leave blank
FIELD NO. 80	PRINCIPAL PROCEDURE CODE/DATE	Leave blank
FIELD NO. 81	OTHER PROCEDURE CODE/DATE	Leave blank
FIELD NO. 82	ATTENDING PHYS. ID	Leave blank
FIELD NO. 83	OTHER PHYS. ID	Leave blank
FIELD NO. 84	REMARKS	Situational. Enter any remarks needed to provide information not shown elsewhere on the bill, but are necessary for proper payment. For Adjustment/Void Claims: 1. Enter an "A" for an adjustment or a "V" for a void. 2. Enter the Internal Control Number (ICN) of the paid claim as it appears on the Remittance Advice. 3. Enter one of the appropriate reason codes: Adjustments: 01 - Third Party Liability Recovery 02 - Provider Correction 03 - Fiscal Agent Error 99 - Other - Please Explain Voids: 10 - Claim Paid for Wrong Recipient 11 - Claim Paid for Wrong Provider 00 - Other

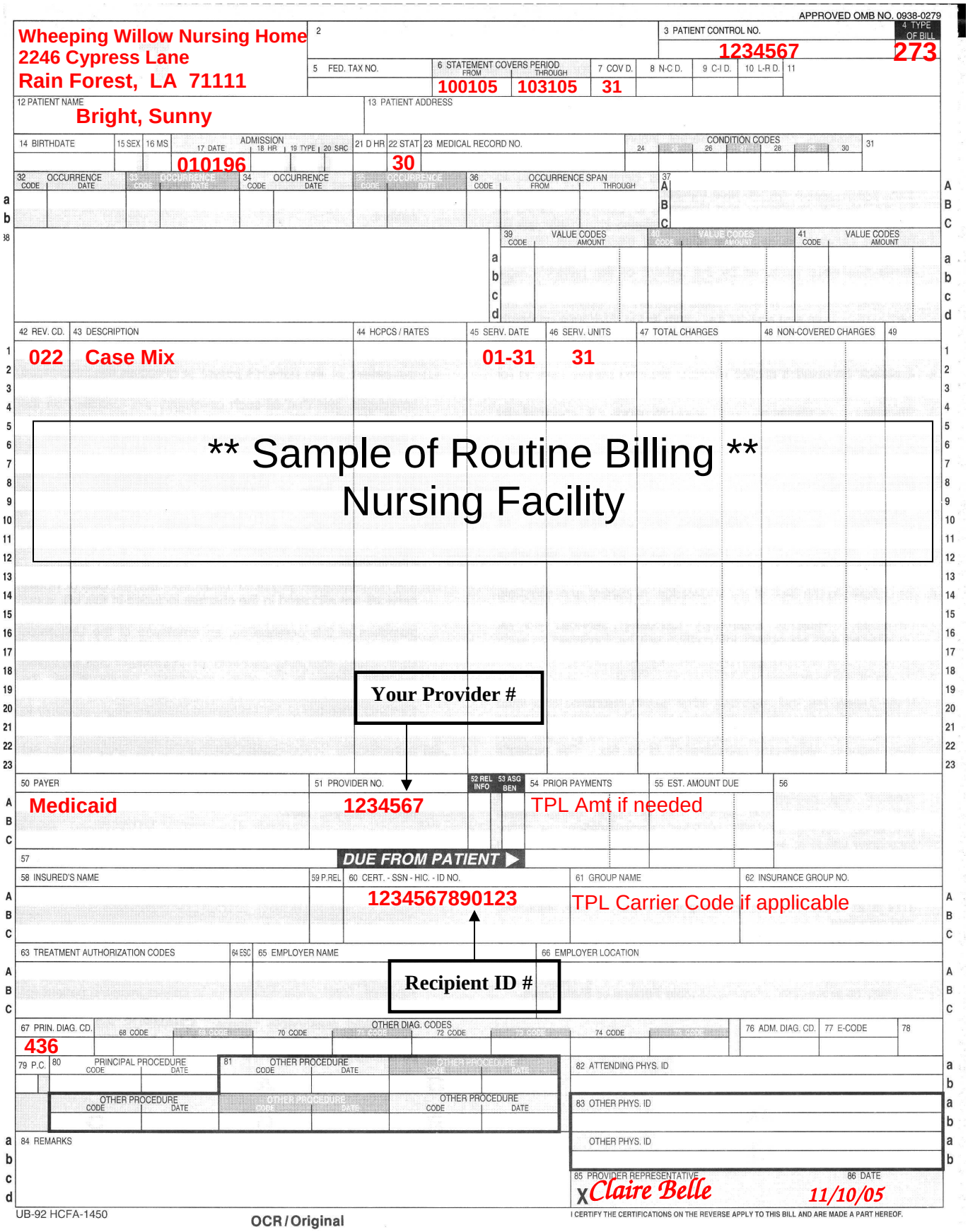
FORM LOCATOR	FIELD NAME	DESCRIPTION/INSTRUCTIONS TO COMPLETE
		Examples: Adjustment: A 518456264650002 Void: V 520516425300000
FIELD NO. 85	PROVIDER REPRESENTATIVE	Required. Enter the signature of the appropriate person at the facility who is authorized to submit Medicaid claims. (Stamped signatures must be initialed.)
FIELD NO. 86	DATE	Required. Enter the date the claim was signed. The date should be in valid MMDDYY format and should be greater than the through date in Form Locator 6.

*Most recent ICD-9 diagnosis codes must be used.

Note: Current ICD-9-CM diagnosis coding books may be obtained from most medical bookstores or from:

INGENIX
1-800-464-3649, option 1


APPROVED OMB NO. 0938-0279
Wheeping Willow Nursing Home
2246 Cypress Lane
Rain Forest, LA 71111
3 PATIENT CONTROL NO.
1234567
4 TYPE OF BILL
273
6 STATEMENT COVERS PERIOD
FROM 100105 THROUGH 103105
7 COV D. 31
12 PATIENT NAME
Bright, Sunny
13 PATIENT ADDRESS
17 DATE 010196
22 STAT 30
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATES 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES
022 Case Mix 01-20 20
194 SNF TDC 21-31 11
** Sample of Level of Care Change **
Nursing Facility
Your Provider #
50 PAYER
Medicaid
51 PROVIDER NO.
1234567
54 PRIOR PAYMENTS
TPL Amt if needed
DUE FROM PATIENT
60 CERT. - SSN - HIC. - ID NO.
1234567890123
61 GROUP NAME
TPL Carrier Code if applicable
Recipient ID #
67 PRIN. DIAG. CD.
436
85 PROVIDER REPRESENTATIVE
XClaire Belle
86 DATE
11/10/05
UB-92 HCFA-1450
OCR / Original
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.


APPROVED OMB NO. 0938-0279
Wheeping Willow Nursing Home
2246 Cypress Lane
Rain Forest, LA 71111
3 PATIENT CONTROL NO.
1234567
4 TYPE OF BILL
273
5 FED. TAX NO.
6 STATEMENT COVERS PERIOD
FROM
100105
THROUGH
103105
7 COV D.
31
12 PATIENT NAME
Bright, Sunny
13 PATIENT ADDRESS
14 BIRTHDATE
15 SEX
16 MS
17 DATE
18 HR
19 TYPE
20 SRC
ADMISSION
010196
21 D HR
22 STAT
30
23 MEDICAL RECORD NO.
CONDITION CODES
31
32 OCCURRENCE
CODE
DATE
34 OCCURRENCE
36 OCCURRENCE SPAN
FROM
THROUGH
37
39 VALUE CODES
CODE
AMOUNT
41 VALUE CODES
42 REV. CD.
43 DESCRIPTION
44 HCPCS / RATES
45 SERV. DATE
46 SERV. UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
49
022
Case Mix
01-31
31
** Sample of Routine Billing **
Nursing Facility
Your Provider #
50 PAYER
Medicaid
51 PROVIDER NO.
1234567
52 REL INFO
53 ASG BEN
54 PRIOR PAYMENTS
TPL Amt if needed
55 EST. AMOUNT DUE
56
57
DUE FROM PATIENT
58 INSURED'S NAME
59 P.REL
60 CERT. - SSN - HIC. - ID NO.
1234567890123
61 GROUP NAME
TPL Carrier Code if applicable
62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES
64 ESC
65 EMPLOYER NAME
66 EMPLOYER LOCATION
Recipient ID #
67 PRIN. DIAG. CD.
436
OTHER DIAG. CODES
76 ADM. DIAG. CD.
77 E-CODE
78
79 P.C.
80 PRINCIPAL PROCEDURE
CODE
DATE
81 OTHER PROCEDURE
82 ATTENDING PHYS. ID
83 OTHER PHYS. ID
OTHER PHYS. ID
84 REMARKS
85 PROVIDER REPRESENTATIVE
XClaire Belle
86 DATE
11/10/05
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.
UB-92 HCFA-1450
OCR / Original

APPROVED OMB NO. 0938-0279

Wheeping Willow Nursing Home
2246 Cypress Lane
Rain Forest, LA 71111

2

3 PATIENT CONTROL NO. **123456**

4 TYPE OF BILL **274**

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM **110105** THROUGH **112805**

7 COV D. **27**

8 N-C D. | 9 C-I D. | 10 L-R D. | 11

12 PATIENT NAME **Bright, Sunny**

13 PATIENT ADDRESS

14 BIRTHDATE | 15 SEX | 16 MS | ADMISSION 17 DATE **010196** | 18 HR | 19 TYPE | 20 SRC | 21 D HR | 22 STAT **01** | 23 MEDICAL RECORD NO. | CONDITION CODES 24 25 26 27 28 29 30 | 31

32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE CODE DATE | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37

38

39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
022	Case Mix		01-28	27			
183	Home Leave Days		11-27				

**** Sample of Discharge to Home ****
Nursing Facility

50 PAYER	51 PROVIDER NO.	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56
Medicaid	**1234567**					

57 DUE FROM PATIENT ▶

58 INSURED'S NAME	59 P.REL	60 CERT. - SSN - HIC. - ID NO.	61 GROUP NAME	62 INSURANCE GROUP NO.
		1234567890123		

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME	66 EMPLOYER LOCATION

67 PRIN. DIAG. CD. **436** | 68 CODE | OTHER DIAG. CODES 69 CODE 70 CODE 71 CODE 72 CODE 73 CODE 74 CODE 75 CODE | 76 ADM. DIAG. CD. | 77 E-CODE | 78

79 P.C. | 80 PRINCIPAL PROCEDURE CODE DATE | 81 OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | 82 ATTENDING PHYS. ID

OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | OTHER PROCEDURE CODE DATE | 83 OTHER PHYS. ID

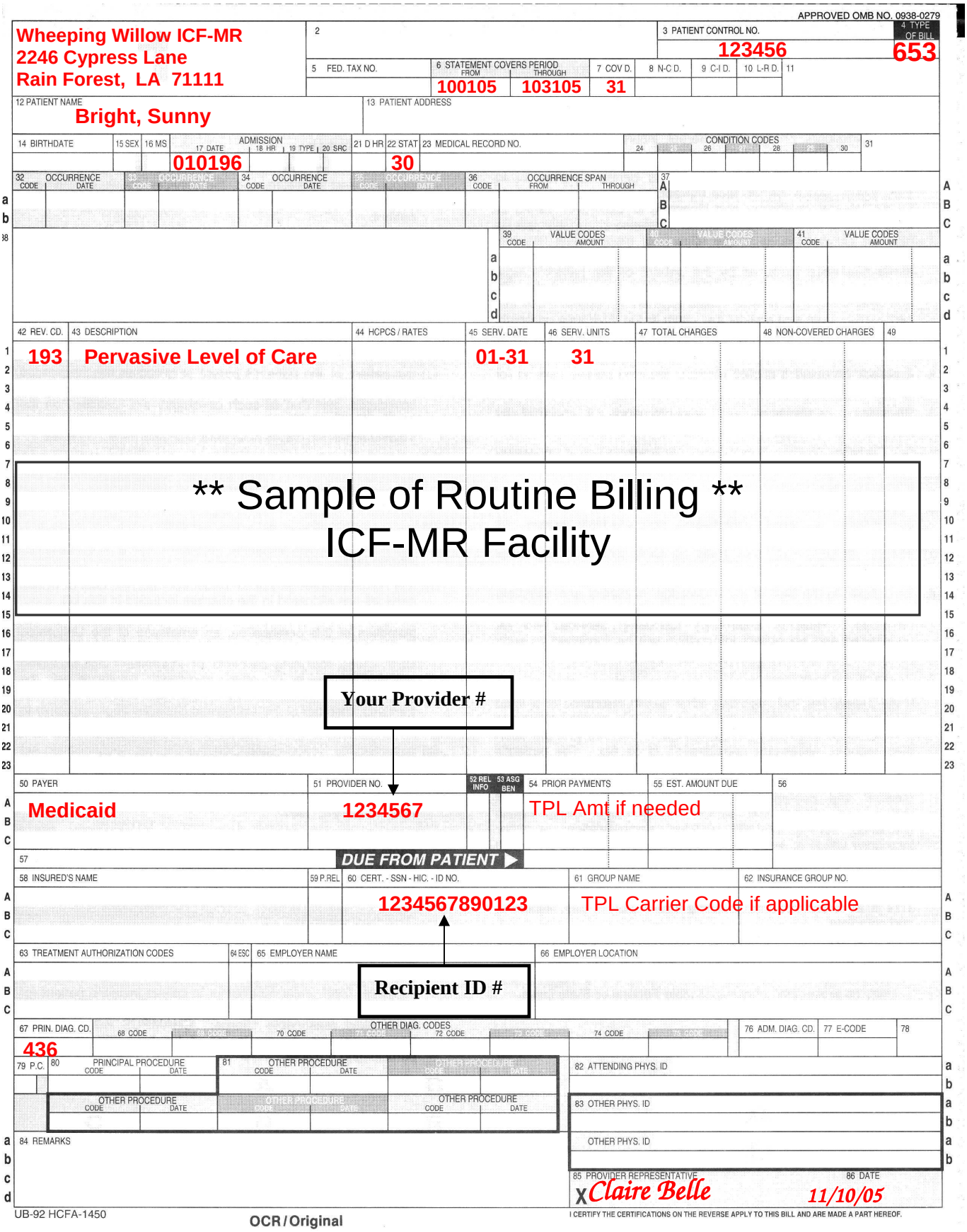
OTHER PHYS. ID

84 REMARKS

85 PROVIDER REPRESENTATIVE **X Claire Belle** | 86 DATE **12/07/05**

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

UB-92 HCFA-1450 **OCR / Original**



APPROVED OMB NO. 0938-0279

Wheeping Willow ICF-MR
2246 Cypress Lane
Rain Forest, LA 71111

3 PATIENT CONTROL NO.: 123456
4 TYPE OF BILL: 653
6 STATEMENT COVERS PERIOD: FROM 100105 THROUGH 103105
7 COV D.: 31
12 PATIENT NAME: Bright, Sunny
17 ADMISSION DATE: 010196
22 STAT: 30

42 REV. CD.: 193
43 DESCRIPTION: Pervasive Level of Care
45 SERV. DATE: 01-31
46 SERV. UNITS: 31

** Sample of Routine Billing **
ICF-MR Facility

Your Provider #

50 PAYER: Medicaid
51 PROVIDER NO.: 1234567
54 PRIOR PAYMENTS: TPL Amt if needed

DUE FROM PATIENT

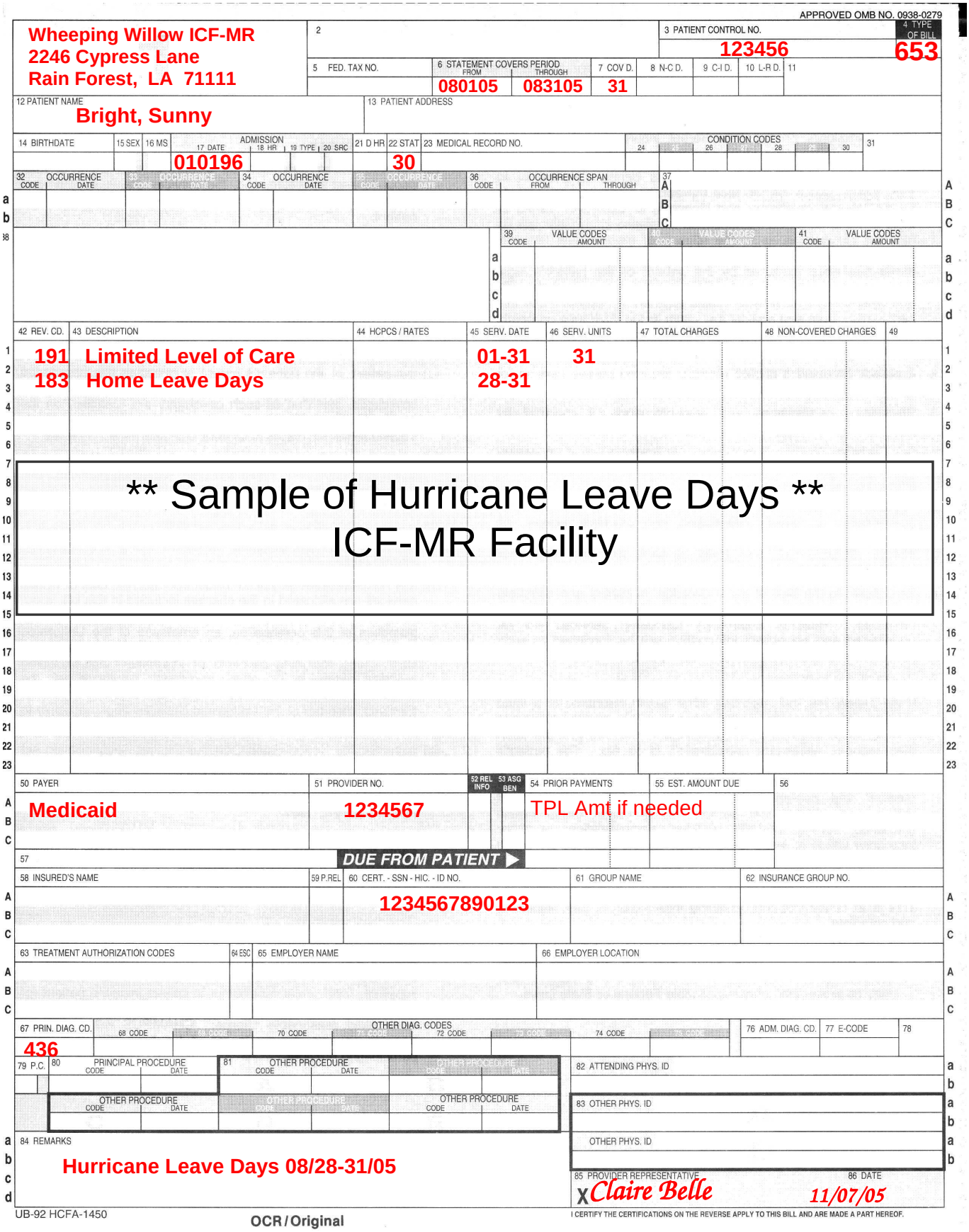
60 CERT. - SSN - HIC. - ID NO.: 1234567890123
61 GROUP NAME: TPL Carrier Code if applicable

Recipient ID #

67 PRIN. DIAG. CD.: 436

UB-92 HCFA-1450
OCR / Original

85 PROVIDER REPRESENTATIVE: X Claire Belle
86 DATE: 11/10/05
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



APPROVED OMB NO. 0938-0279

Wheeping Willow ICF-MR
2246 Cypress Lane
Rain Forest, LA 71111

3 PATIENT CONTROL NO. 123456
4 TYPE OF BILL 653
6 STATEMENT COVERS PERIOD FROM 080105 THROUGH 083105
7 COV D. 31
12 PATIENT NAME Bright, Sunny
17 ADMISSION DATE 010196
22 STAT 30

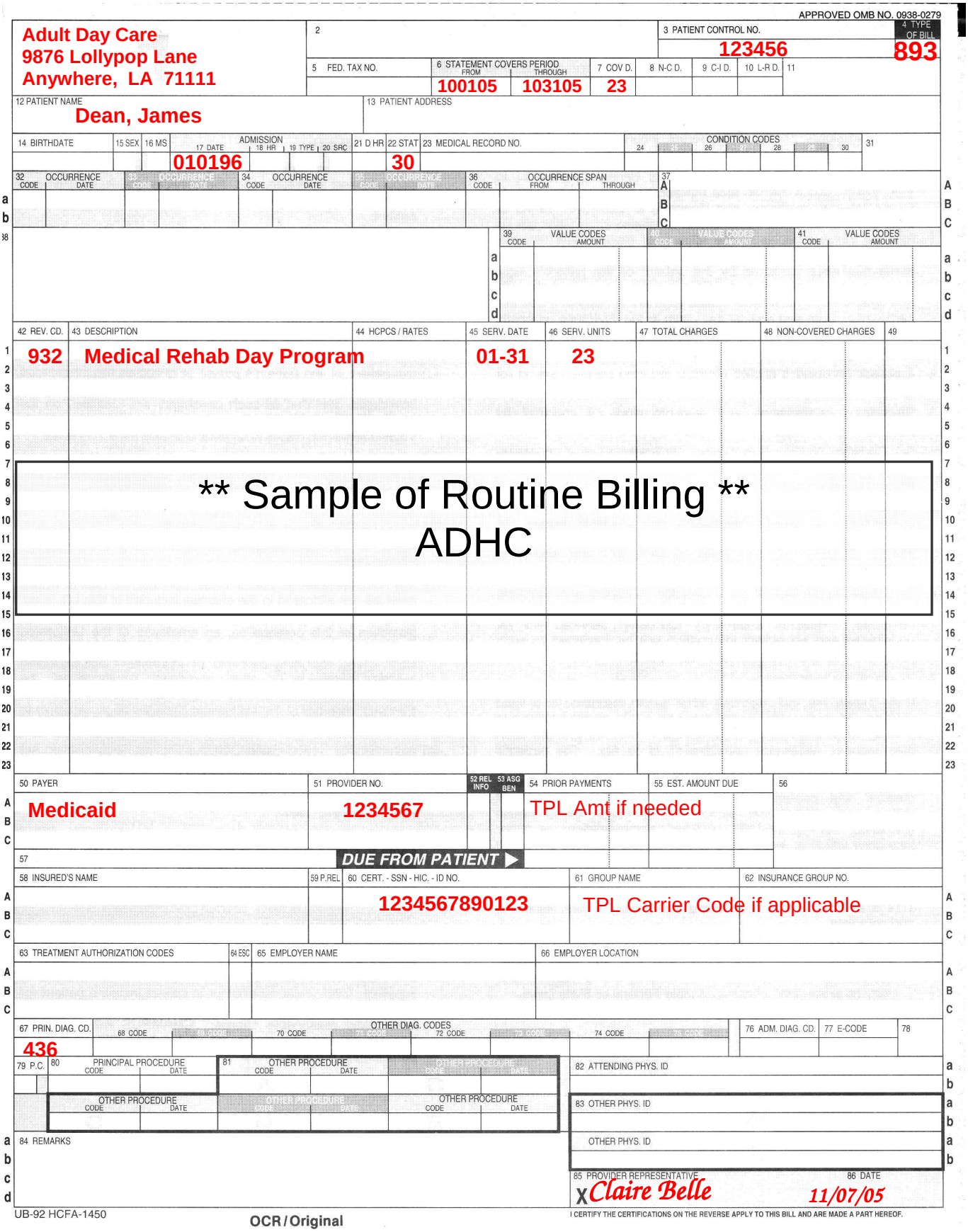
42 REV. CD. | 43 DESCRIPTION | 45 SERV. DATE | 46 SERV. UNITS
191 Limited Level of Care | 01-31 | 31
183 Home Leave Days | 28-31

** Sample of Hurricane Leave Days **
ICF-MR Facility

50 PAYER: Medicaid
51 PROVIDER NO.: 1234567
54 PRIOR PAYMENTS: TPL Amt if needed
60 CERT. - SSN - HIC. - ID NO.: 1234567890123
67 PRIN. DIAG. CD.: 436
84 REMARKS: Hurricane Leave Days 08/28-31/05
85 PROVIDER REPRESENTATIVE: X Claire Belle
86 DATE: 11/07/05

UB-92 HCFA-1450 OCR / Original

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.



APPROVED OMB NO. 0938-0279

Adult Day Care
9876 Lollypop Lane
Anywhere, LA 71111

3 PATIENT CONTROL NO. 123456 — 4 TYPE OF BILL 893

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM 100105 THROUGH 103105

7 COV D. 23

12 PATIENT NAME: Dean, James

13 PATIENT ADDRESS

17 ADMISSION DATE 010196

22 STAT 30

42 REV. CD. 932

43 DESCRIPTION: Medical Rehab Day Program

45 SERV. DATE 01-31

46 SERV. UNITS 23

** Sample of Routine Billing **
ADHC

50 PAYER: Medicaid

51 PROVIDER NO. 1234567

54 PRIOR PAYMENTS: TPL Amt if needed

DUE FROM PATIENT

60 CERT. - SSN - HIC. - ID NO. 1234567890123

61 GROUP NAME: TPL Carrier Code if applicable

67 PRIN. DIAG. CD. 436

82 ATTENDING PHYS. ID

85 PROVIDER REPRESENTATIVE X Claire Belle

86 DATE 11/07/05

UB-92 HCFA-1450

OCR / Original

I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

ADJUSTMENTS AND VOIDS

Claim Adjustments/Voids Using the UB-92 Form

Adjustments and voids must be submitted using the UB-92 or 837I electronic transaction. Adjustment and/or voids are completed only for paid claims. Adjustments/Voids are identified through the third digit the bill type (Field No. 4). The value “7” in the third digit indicates a claim adjustment, and “8” in the third digit indicates a voided claim. When submitting an adjustment or void, the following additional information is required in Field No. 84 (Remarks) of the UB-92:

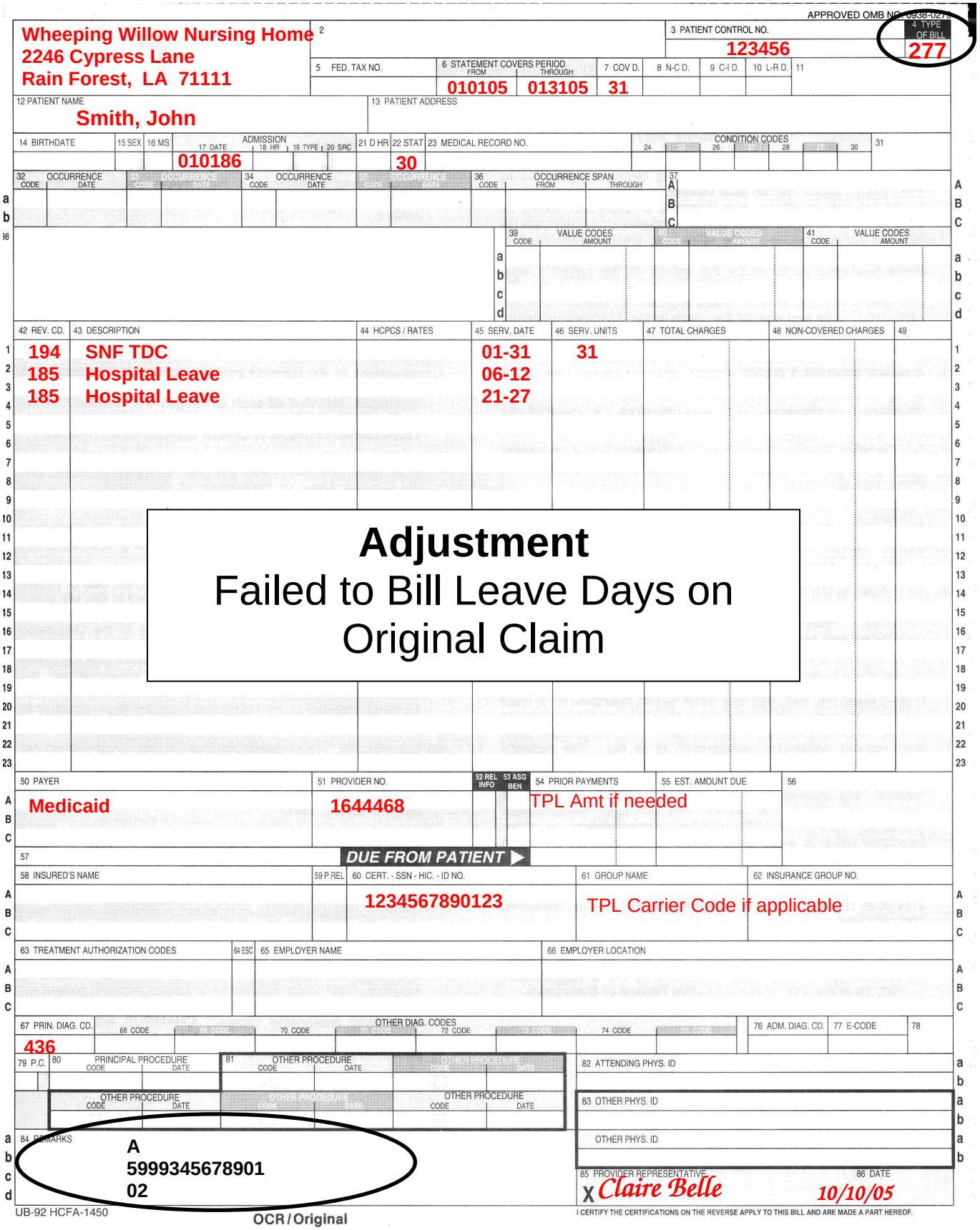
UB-92 Field No. 84 (Remarks) Instructions for Adjustments/Voids		
1. Enter an "A" for an adjustment or a "V" for a void.		
2. Enter the Internal Control Number (ICN) of the paid claim as it appears on the Remittance Advice.		
3. Enter one of the appropriate reason codes:		
	Adjustments:	Voids:
	01 - Third Party Liability Recovery 02 - Provider Correction 03 - Fiscal Agent Error 99 - Other - Please Explain	10 - Claim Paid for Wrong Recipient 11 - Claim Paid for Wrong Provider 00 - Other
Examples:		
	Adjustment: A 5184562646500 02	Void: V 5205164253000 00

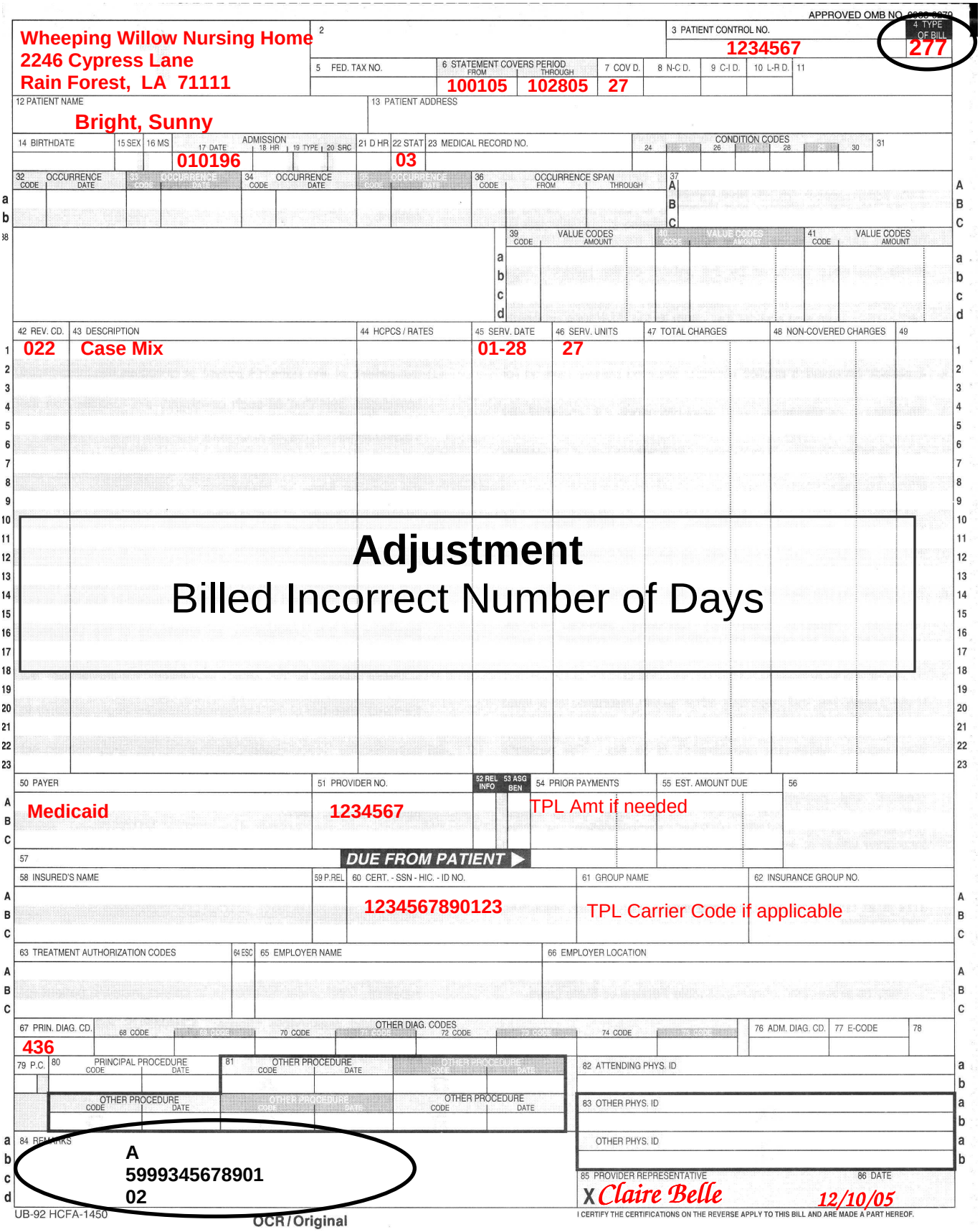
Claim Adjustment Form 148 (Patient Liability):

LTC adjustments billed when the recipient’s patient liability is changed retroactively are processed as 148/PLI adjustments. The Adjustment Reason Code included on this form is necessary to process these claims and calculate reimbursement correctly. This claim form will continue to be used with no changes in the submission process. DHH policy does not currently require Patient Liability for ADHC recipients.

NOTE: (1) The Patient Status Code (block 12) should be the HIPAA standard 2-digit status code.

(2) The Level of Care (Block 5) should continue to indicate the locally assigned LOC code as opposed to the revenue code entered on the UB-92 form.


Wheeping Willow Nursing Home
2246 Cypress Lane
Rain Forest, LA 71111
3 PATIENT CONTROL NO.
123456
4 TYPE OF BILL
277
6 STATEMENT COVERS PERIOD
FROM 010105
THROUGH 013105
7 COV D. 31
12 PATIENT NAME
Smith, John
17 DATE 010186
22 STAT 30
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATES 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES
194 SNF TDC 01-31 31
185 Hospital Leave 06-12
185 Hospital Leave 21-27
Adjustment
Failed to Bill Leave Days on Original Claim
50 PAYER
Medicaid
51 PROVIDER NO.
1644468
54 PRIOR PAYMENTS
TPL Amt if needed
DUE FROM PATIENT
60 CERT. - SSN - HIC. - ID NO.
1234567890123
61 GROUP NAME
TPL Carrier Code if applicable
67 PRIN. DIAG. CD.
436
84 REMARKS
A
5999345678901
02
85 PROVIDER REPRESENTATIVE
X Claire Belle
86 DATE
10/10/05
UB-92 HCFA-1450
OCR / Original
I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.


Wheeping Willow Nursing Home
2246 Cypress Lane
Rain Forest, LA 71111
3 PATIENT CONTROL NO.
1234567
4 TYPE OF BILL
277
6 STATEMENT COVERS PERIOD
FROM 100105
THROUGH 102805
7 COV D. 27
12 PATIENT NAME
Bright, Sunny
17 DATE 010196
22 STAT 03
42 REV. CD. 022
43 DESCRIPTION Case Mix
45 SERV. DATE 01-28
46 SERV. UNITS 27
Adjustment
Billed Incorrect Number of Days
50 PAYER Medicaid
51 PROVIDER NO. 1234567
54 PRIOR PAYMENTS TPL Amt if needed
DUE FROM PATIENT
60 CERT. - SSN - HIC. - ID NO. 1234567890123
61 GROUP NAME TPL Carrier Code if applicable
67 PRIN. DIAG. CD. 436
84 REMARKS A 5999345678901 02
85 PROVIDER REPRESENTATIVE X Claire Belle
86 DATE 12/10/05
UB-92 HCFA-1450
OCR / Original

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING

MAIL TO:
UNISYS
P.O. BOX 91021
BATON ROUGE, LA 70821
(800) 737-8647
924-5040 (IN BATON ROUGE)

LONG TERM CARE
PATIENT LIABILITY ADJUSTMENT FORM

FOR OFFICE USE ONLY

TO: **Medical Assistance**

FROM: **LTC Facility**

1 PROVIDER NO.	2 RECIPIENT I.D. NUMBER	3 RECIPIENT LAST NAME	4 FIRST NAME
1234567	4004004001213	Holden	Hugh

5 LEVEL OF CARE	6 INITIATED BY
88	X ☐ FACILITY ☐ PARISH OFS

7 FROM DATE OF SERVICE	8 TO DATE OF SERVICE	9 TOTAL DAYS	10 CONTROL NUMBER	11 CORRECT PATIENT LIABILITY	12 STATUS	SDC OFFICE USE ONLY
10/01/05	10/31/05	31	5000008100000	$175.00	30	

ADJUSTMENT

AUTHORIZED SIGNATURES

13. FACILITY *Jane Friday* DATE *11/15/05*

14. PARISH OFS _____ DATE _____

FISCAL AGENT COPY

UNISYS 148/PLI

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICES FINANCING

MAIL TO:
UNISYS
P.O. BOX 91021
BATON ROUGE, LA 70821
(800) 737-8647
924-5040 (IN BATON ROUGE)

LONG TERM CARE
PATIENT LIABILITY ADJUSTMENT FORM

FOR OFFICE USE ONLY

TO: _____

FROM: _____

1 PROVIDER NO.	2 RECIPIENT I.D. NUMBER	3 RECIPIENT LAST NAME	4 FIRST NAME

5 LEVEL OF CARE	6 INITIATED BY
	▱ FACILITY ▱ PARISH OFS

7 FROM DATE OF SERVICE	8 TO DATE OF SERVICE	9 TOTAL DAYS	10 CONTROL NUMBER	11 CORRECT PATIENT LIABILITY	12 STATUS	SDC OFFICE USE ONLY

ADJUSTMENT

AUTHORIZED SIGNATURES

13. FACILITY _____ DATE _____

14. PARISH OFS _____ DATE _____

FISCAL AGENT COPY

UNISYS 148/PLI

DENIAL CODES/EDITS

ICF-MR Only

Edit Codes

Edit 525 Level of Care Not on Recipient File

Edit 173 Level of Care/Level of Need Not Matched

Current Denial Codes Associated With Room & Board Billing

Providers will **continue** to see the following denial codes when applicable:

Edit 356 To Day/Tot/Status Conflict

Edit 373 Invalid Leave Date

Edit 395 Hospital Leave Days Exceed 7

Edit 853 Duplicate Claim

Denial Codes Specifically Associated With Billing Room & Board On The UB-92 Form

The following **new** denial codes will be seen by providers when applicable:

Edit 042 Invalid Bill Type

Edit 045 Patient Status Invalid or Missing

Edit 093 Revenue Code Missing or Invalid

HARD COPY REQUIREMENTS

DHH has made the decision to continue requiring hardcopy claim submissions for all existing hardcopy attachments, as indicated in the table below.

HARDCOPY CLAIM(S) & REQUIRED ATTACHMENT(S)	BILLING REQUIREMENTS
Third Party/Medicare Payment – EOBs. (Include Medicare adjustment Claims)	Continue hardcopy billing
Retroactive eligibility – copy of ID card or letter from parish office BHSF staff	Continue hardcopy billing
Recipient Eligibility Issues – Copy of MEVS printout, cover letter	Continue hardcopy billing
Timely filing – letter/other proof i.e., RA page	Continue hardcopy billing

PLEASE NOTE: when a provider submits a claim, which has more than one page of procedures and charges, each claim page must be totaled and attachments must be submitted with each page of the claim.

CLAIMS PROCESSING REMINDERS

Unisys Louisiana Medicaid images and stores all Louisiana Medicaid paper claims on-line. This process allows the Unisys Provider Relations Department to respond more efficiently to claim inquiries by facilitating the retrieval and research of submitted claims.

If claims cannot be submitted electronically, prepare paper claim forms according to the following instructions to ensure appropriate and timely processing:

- Submit an original claim form whenever possible. Do not submit carbon copies under any circumstances. If you must submit a photocopy, ensure that it is legible, and not too light or too dark.
- Enter information within the appropriate boxes and align forms in your printer to ensure the correct horizontal and vertical placement of data elements within the appropriate boxes.
- Providers who want to draw the attention of a reviewer to a specific part of a report or attachment are asked to circle that particular paragraph or sentence. **DO NOT use a highlighter to draw attention to specific information.**
- Paper claims must be legible and in good condition for scanning into our document imaging system.
- **Don't forget to sign and date your claim form. Unisys will accept stamped or computer-generated signature, but they must be initialed by authorized personnel.**
- Continuous feed forms must be torn apart before submission.
- Use high quality printer ribbons or cartridges-black ink only.
- Use 10-12 point font sizes. We recommend font styles Courier 12, Arial 11, and Times New Roman 11.
- Do not use italic, bold, or underline features.
- Do not submit two-sided documents.
- Do not use a marking pen to omit claim line entries. Use a black ballpoint pen (medium point).

The recipient's 13-digit Medicaid ID number must be used to bill claims. The CCN number from the plastic card is NOT acceptable.

Attachments

All claim attachments should be standard 81/2 x 11 sheets. Any attachments larger or smaller than this size should be copied onto standard sized paper. If it is necessary to attach documentation to a claim, the documents must be placed directly behind each claim that requires this documentation. Therefore, it may be necessary to make multiple copies of the documents if they must be placed with multiple claims.

Changes to Claim Forms

Louisiana Medicaid policy prohibits Unisys staff from changing any information on a provider's claim form. Any claims requiring changes must be made prior to submission. Please do not ask Unisys staff to make any changes on your behalf.

Data Entry

Data entry clerks do not interpret information on claim forms-data is keyed as it appears on the claim form. If the data is incorrect, or **IS NOT IN THE CORRECT LOCATION**, the claim will not process correctly.

Rejected Claims

Unisys currently returns claims that are illegible or incomplete. These claims are not processed and are returned along with a cover letter stating why the claim(s) is/are rejected. During 2005, Unisys returned 273,291 rejected claims to providers. The most common reasons for rejection are listed as follows:

- A signature or handwritten initials were missing
- The recipient number was invalid or missing
- The provider # was missing or incomplete

The criteria for legible claims are:

- All claim forms are clear and in good condition
- All information is readable to the normal eye
- All information is centered in the appropriate block
- All essential information is complete

IMPORTANT UNISYS ADDRESSES

Please be aware that **different post office boxes** are used for the various Medicaid programs. If you are submitting an original "clean" hard copy claim for payment or adjustments/voids, please utilize the following post office boxes and zip codes.

Type of Claim	P.O. Box	Zip Code
Pharmacy	91019	70821
CMS-1500 Claims Case Management Chiropractic Durable Medical Equipment EPSDT Health Services FQHC Hemodialysis Professional Services Independent Lab Mental Health Rehabilitation PCS Professional Rural Health Clinic Substance Abuse and Mental Health Clinic Waiver	91020	70821
Inpatient & Outpatient Hospitals, Freestanding Psychiatric Hospitals, Hemodialysis Facility, Hospice, Long Term Care	91021	70821
Dental, Home Health, Rehabilitation, Transportation (Ambulance and Non-ambulance)	91022	70821
ALL Medicare Crossovers and All Medicare Adjustments and Voids	91023	70821
KIDMED	14849	70898

Unisys also has different post office boxes for various departments. They are as follows:

Department	P.O. Box	Zip Code
EMC, Unisys business & Miscellaneous Correspondence	91025	70898
Prior Authorization	14919	70898
Provider Enrollment	80159	70898
Provider Relations	91024	70821

TIMELY FILING GUIDELINES

In order to be reimbursed for services rendered, all providers must comply with the following filing limits set by Medicaid of Louisiana:

- Straight Medicaid claims must be filed within 12 months of the date of service.
- KIDMED screening claims (KM-3 forms or 837P with K-3 segment) must be filed within 60 days from the date of service.
- Claims for recipients who have Medicare and Medicaid coverage must be filed with the Medicare fiscal intermediary within 12 months of the date of service in order to meet Medicaid's timely filing regulations.
- Claims which fail to cross over via tape and have to be filed hard copy MUST be adjudicated within six months from the date on the Medicare Explanation of Medicare Benefits (EOMB), provided that they were filed with Medicare within one year from the date of service.
- Claims with third-party payment must be filed to Medicaid within 12 months of the date of service.

Dates of Service Past Initial Filing Limit

Medicaid claims received after the initial timely filing limits cannot be processed unless the provider is able to furnish proof of timely filing. Such proof may include the following:

A Claims Status Inquiry (e-CSI) screen print indicating that the claim was processed within the specified time frame.

OR

A Remittance Advice indicating that the claim was processed within the specified time frame.

OR

Correspondence from either the state or parish Office of Eligibility Determination concerning the claim and/or the eligibility of the recipient.

NOTE 1: All proof of timely filing documentation must reference the individual recipient and date of service. RA pages and e-CSI screen prints must contain the specific recipient information, provider information, and date of service to be considered as proof of timely filing.

NOTE 2: At this time Louisiana Medicaid **does not** accept printouts of Medicaid Electronic Remittance Advice (ERA) screens as proof of timely filing. Reject letters are not considered proof of timely filing as they do not reference a specific

individual recipient or date of service. Postal "certified" receipts and receipts from other delivery carriers are not acceptable proof of timely filing.

To ensure accurate processing when resubmitting the claim and documentation, providers must be certain that the claim is legible.

Submitting Claims for Two-Year Override Consideration

Providers requesting two-year overrides for claims with dates of service over two years old must provide proof of timely filing and must assure that each claim meets at least one of the three criteria listed below:

- The recipient was certified for retroactive Medicaid benefits, and the claim was filed within 12 months of the date retroactive eligibility was granted.
- The recipient won a Medicare or SSI appeal in which he or she was granted retroactive Medicaid Benefits.
- The failure of the claim to pay was the fault of the Louisiana Medicaid Program rather than the provider's each time the claim was adjudicated.

All provider requests for two-year overrides must be mailed directly to:

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

The provider must submit the claim with a cover letter describing the criteria that has been met for consideration along with all supporting documentation. Supporting documentation includes but is not limited to proof of timely filing and evidence of the criteria met for consideration.

Claims submitted without a cover letter, proof of timely filing, and/or supporting documentation will be returned to the provider without consideration. Any request submitted directly to DHH staff will be routed to Unisys Provider Relations.

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.

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

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.

Department	Phone	Purpose
Fraud and Abuse Hotline	(800) 488-2917	Recipients may anonymously report any suspected fraud and/or abuse.
Regional Office – DHH	(800) 834-3333 (225) 342-9808	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	Recipients may obtain information concerning the LaCHIP Program which expands Medicaid eligibility for children from birth to 19.
Specialty Care Resource Line - ACS	(877) 455-9955	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.
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	Recipients may obtain information on EarlySteps Program and services offered
LINKS	(504) 838-5300	Recipients may obtain immunization information.
Division of Long Term Supports and Services (DLTSS)	(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).
Office for Citizens with Developmental Disabilities (OCDD)/Waiver Supports & Services (WSS)	(225) 219-0200 (800) 660-0488	Recipients may request assistance regarding waiver services.

LOUISIANA MEDICAID WEBSITE APPLICATIONS

The newest way to obtain general and specific Medicaid information is on our Louisiana Medicaid Provider Website:

www.lamedicaid.com

This website has several applications that should be used by Louisiana Medicaid providers. These applications require that providers establish an online account for the site.

Provider Login And Password

To ensure appropriate security of recipient's patient health information (PHI) and provider's personal information, the secure area of the web site is available to providers only. It is the responsibility of each provider to become "Web Enrolled" by obtaining a login and password for this area of the site to be used with his/her provider number. Once the login and password are obtained by the provider who "owns" the provider number, that provider may permit multiple users to login using the provider number. This system allows multiple individuals to login using the same login and password OR a provider may have up to 500 individual logins and passwords established for a single provider number. The administrative account rights are established when a provider initially obtains a login and password, and should remain with the provider or designated office staff employed by the provider.

A login and password may be obtained by using the link, Provider Web Account Registration Instructions. Should you need assistance with obtaining a login and password or have questions about the technical use of the application, please contact the Unisys Technical Support Desk at 877-598-8753.

☞ Unisys has received inquiries from billing agents/vendors attempting to access this web application. DHH and CMS Security Policy restrictions will not permit Unisys to allow access of this secure application to anyone except the owner of the provider number being used for accessing the site. In cases where an outside billing agent/vendor is contracted to submit claims on behalf of a provider, any existing business partner agreement is between the provider and the billing agent/vendor. Unisys may not permit anyone except the provider to receive or ask for information related to a login and password to access secured information.

Web Applications

There are a number of web applications available on the Medicaid website, however, the following applications are the most commonly used:

- Medicaid Eligibility Verification System (e-MEVS) for recipient eligibility inquiries; and
- Claims Status Inquiry (e-CSI) for inquiring on claims status; and
- Clinical Data Inquiry (e-CDI) for inquiring on recipient pharmacy prescriptions as well as other medical claims data; and
- Prior Authorization (e-PA) for requesting prior authorizations electronically.

These applications are available to providers 24 hours a day, 7 days a week at no cost.

e-MEVS:

Providers can now verify eligibility, primary insurance information, and service limits for a Medicaid recipient using this web application accessed through www.lamedicaid.com. This application provides eligibility verification capability in addition to MEVS swipe card transactions and REVS. An eligibility request can be entered via the web for a single recipient and the data for that individual will be returned on a printable web page response. The application is to be used for single individual requests and cannot be used to transmit batch requests.

Since its release, the application has undergone some cosmetic and informational changes to make it more user-friendly and allow presentation of more complete, understandable information.

e-CSI:

Providers wishing to check the status of claims submitted to Louisiana Medicaid should use this application. We are required to use HIPAA compliant denial and reference codes and descriptions for this application. If the information displayed on CSI is not specific enough to determine the detailed information needed to resolve the claim inquiry, refer to the hard copy remittance advice. The date of the remittance advice is displayed in the CSI response. The hard copy remittance advice continues to carry the Louisiana specific error codes. Providers must ensure that their internal procedures include a mechanism that allows those individuals checking claims statuses to have access to remittance advices for this purpose. A LA Medicaid/HIPAA Error Code Crosswalk is available on this website by accessing the link, Forms/Files.

Once enrolled in the website, all active providers, with the exception of "prescribing only" providers, have authorization to utilize the e-CSI application.

e-CDI:

The e-CDI application provides a Medicaid recipient's essential clinical history information at the authorized practitioner's finger tips at any practice location.

The nine (9) clinical services information components are:

1. Clinical Drug Inquiry
2. Physician/EPSDT Encounters
3. Outpatient Procedures
4. Specialist Services
5. Ancillary Services
6. Lab & X-Ray Services
7. Emergency Room Services
8. Inpatient Services
9. Clinical Notes Page

This information is updated on a monthly basis, with the exception of the Clinical Drug Inquiry, which is updated on a daily basis. The Clinical Drug Inquiry component will provide clinical historical data on each Medicaid recipient for the current month, prior month, and prior four months. All other components will provide clinical historical data within a six-month period. These updates are based on Medicaid claims history. A print-friendly version of the information on each of the web pages will be accessible and suitable for the recipient's clinical chart.

The major benefits of the use of e-CDI by the practitioner will include:

1. Displays a list of all services (i.e. drugs, procedures, MD visits, etc.) by all providers that have provided services to each individual recipient.
2. Provides the practitioner rapid access to current clinical data to help him/her evaluate the need for "modifications" of an individual Medicaid recipient's health care treatment.
3. Promotes the deliberate evaluation by a practitioner to help prevent duplicate drug therapy and decreases the ordering of duplicate laboratory tests, x-ray procedures, and other services.
4. Supplies a list of all practitioner types providing health care services to each Medicaid recipient.
5. Assists the practitioner in improving therapeutic outcomes and decreasing health care costs.

e-PA

The Electronic Prior Authorization (e-PA) Web Application has been developed for requesting prior authorizations electronically. E-PA is a web application found on the www.lamedicaid.com website and provides a secure web based tool for providers to submit prior authorization requests and to view the status of previously submitted requests. This application is currently restricted to the following prior authorization types:

01 – Inpatient
05 – Rehabilitation
06 – Home Health
09 – DME
14 – EPSDT PCS
99 - Other

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 PA hard-copy submission methods.

NOTE: Dental electronic Prior authorization (e-PA) Web Application to be implemented at a later date. In order to utilize the Dental e-PA Web Application, the dental provider will be required to obtain the services of a vendor to submit the electronic attachment information to Medicaid. Complete Dental e-PA instructions will be provided upon implementation of Dental e-PA.

Reminders:

PA Type 01: Outpatient Ambulatory Surgery performed Inpatient on the first or second day of the stay. This is only for State Operated hospitals and Out-of-State hospitals that have a DHH approval letter for the out of state stay. Use ICD-9-CM procedure codes.

PA Type 99: Outpatient Ambulatory Surgery (CPT procedures) performed Inpatient on the first or second day of the stay. The surgery was performed at a State Operated hospital and Out-of-State hospital that has a DHH approval letter for the out of state stay. This is also used for specialized CPT procedures. This is for professional services only.

PA Type 05: Providers must always submit the PA02 Form with each request. Do not request authorization for the evaluation procedures, these do not require prior approval. Submit only units on the e-PA transaction, Do Not submit dollar amounts.

Home Health Providers submitting Rehab Services should use PA Type 05 and PA Type 09 when submitting DME Services.

PA Type 09: When submitting a request with a miscellaneous procedure code, the provider must submit a PA01 Form with the description of the item they are requesting.

NO EMERGENCY REQUEST CAN BE SUBMITTED VIA e-PA.

RECONSIDERATION REQUESTS (RECONS) CANNOT BE SUBMITTED VIA THE e-PA WEB APPLICATION AND SHOULD BE SUBMITTED USING THE EXISTING PROCESS.

Additional DHH Available Websites

www.lamedicaid.com: Louisiana Medicaid Information Center which includes field Analyst listing, RA messages, Provider Updates, preferred drug listings, general Medicaid information, fee schedules, and program training packets

www.lamedicaid.com/provweb1/HIPAA/HIPAAindex.htm: Louisiana Medicaid HIPAA Information Center

www.dhh.louisiana.gov: DHH website – LINKS (includes a link entitled "Find a doctor or dentist in Medicaid")

www.dhh.state.la.us: Louisiana Department of Health and Hospitals (DHH)

www.la-kidmed.com: KIDMED – program information, Frequently Asked Questions, outreach material ordering

www.la-communitycare.com: CommunityCARE – program information, PCP listings, Frequently Asked Questions, outreach material ordering

https://linksweb.oph.dhh.louisiana.gov: Louisiana Immunization Network for Kids Statewide (LINKS)

www.ltss.dhh.louisiana.gov: Division of Long Term Community Supports and Services (DLTSS)

www.dhh.louisiana.gov/offices/?ID=77: Office of Citizens with Developmental Disabilities (OCDD)

www.dhh.louisiana.gov/offices/?ID=257: EarlySteps Program

www.dhh.state.la.us/offices/?ID=111: DHH Rate and Audit Review (nursing home updates and cost report information, Outpatient Surgery Fee Schedule, Updates to Ambulatory Surgery Groups, contacts, FAQ)

www.doa.louisiana.gov/employ_holiday.htm: State of Louisiana Division of Administration site for Official State Holidays