



**UNiSYS**

# ***WEB APPLICATIONS PROVIDER TRAINING***

***Fall 2007***

**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 Fall 2007 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 and ID cards, and third party liability. The 2006 Basic Training packet may be obtained by downloading it from the Louisiana Medicaid website, [www.lamedicaid.com](http://www.lamedicaid.com).

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

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

### **MR/DD MEDICAID WAIVER SERVICES**

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

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

### **SUPPORT COORDINATION**

A support coordinator works with you to develop a comprehensive list of all needed services (such as medical care, therapies, personal care services, equipment, social services, and educational services) then assists you in obtaining them. **If you are a Medicaid recipient and under the age of 21 and it is medically necessary, you may be eligible to receive support coordination services immediately.** Contact Statistical Resources, Inc. (SRI) at 1-800-364-7828.

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

### **MENTAL HEALTH REHABILITATION SERVICES**

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

### **PSYCHOLOGICAL AND BEHAVIORAL SERVICES**

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

### **EPSDT/KIDMED EXAMS AND CHECKUPS**

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

## **PERSONAL CARE SERVICES**

*Personal Care Services (PCS)* are provided by attendants when physical limitations due to illness or injury require assistance with eating, bathing, dressing, and personal hygiene. Personal Care 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 must be ordered by a physician. The PCS provider must request approval for the service from Medicaid.

## **EXTENDED SKILLED NURSING SERVICES**

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

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

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

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

## **MEDICAL EQUIPMENT AND SUPPLIES**

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

## **TRANSPORTATION**

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

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

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

## **OTHER MEDICAID COVERED SERVICES**

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

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

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

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

## **Services Available to Medicaid Eligible Children Under 21**

If you are a Medicaid recipient under the age of 21, you may be eligible for the following services:

- \*Doctor's Visits
- \*Hospital (inpatient and outpatient) Services
- \*Lab and X-ray Tests
- \*Family Planning
- \*Home Health Care
- \*Dental Care
- \*Rehabilitation Services
- \*Prescription Drugs
- \*Medical Equipment, Appliances and Supplies (DME)
- \*Support Coordination
- \*Speech and Language Evaluations and Therapies
- \*Occupational Therapy
- \*Physical Therapy
- \*Psychological Evaluations and Therapy
- \*Psychological and Behavior Services
- \*Podiatry Services
- \*Optometrist Services
- \*Hospice Services
- \*Extended Skilled Nurse Services
- \*Residential Institutional Care or Home and Community Based (Waiver) Services
- \*Medical, Dental, Vision and Hearing Screenings, both Periodic and Interperiodic
- \*Immunizations
- \*Eyeglasses
- \*Hearing Aids
- \*Psychiatric Hospital Care
- \*Personal Care Services
- \*Audiological Services
- \*Necessary Transportation: Ambulance Transportation, Non-ambulance Transportation
- \*Appointment Scheduling Assistance
- \*Substance Abuse Clinic Services
- \*Chiropractic Services
- \*Prenatal Care
- \*Certified Nurse Midwives
- \*Certified Nurse Practitioners
- \*Mental Health Rehabilitation
- \*Mental Health Clinic Services

and any other medically necessary health care, diagnostic services, treatment, and other measures which are coverable by Medicaid, which includes a wide range of services not covered for recipients over the age of 21.

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 225-342-5774.

\*\*\*

If you are a Medicaid recipient, under age 21, and are on the waiting list for the MR/DD Request for Services Registry, you may be eligible for support coordination services. To access these services, you must contact your Regional Office for Citizens with Developmental Disabilities office. If you are a Medicaid recipient under age 21, and it is medically necessary, you may be able to receive support coordination services immediately by calling SRI (toll free) at 1-800-364-7828.

You may access other services by calling KIDMED at (toll-free) 1-877-455-9955. If you are deaf or hard of hearing, please call the TTY number, (toll-free) 1-877-544-9544. If you have a communication disability or are non-English speaking, you may have someone else call KIDMED and the appropriate assistance can be provided.

Some of these services must be approved by Medicaid in advance. Your medical provider should be aware of which services must be pre-approved and can assist you in obtaining those services. Also, KIDMED can assist you or your medical provider with information as to which services must be pre-approved.

Whenever health treatment or additional services are needed, you may obtain an appointment for a screening visit by contacting KIDMED. Such screening visits also can be recommended by any health, developmental, or educational professional. To schedule a screening visit, contact KIDMED at (toll-free) 1-800-259-4444 (or 928-9683, if you live in the Baton Rouge area), or by contacting your physician if you already have a KIDMED provider. If you are deaf or hard of hearing, please call the TTY number, (toll-free) 1-877-544-9544. If you have a communication disability or are non-English speaking, you may have someone else call KIDMED and the appropriate assistance can be provided.

Louisiana Medicaid encourages you to contact the KIDMED office and obtain a KIDMED provider so that you may be better served.

If you live in a CommunityCARE parish, please contact your primary care physician for assistance in obtaining any of these services or contact KIDMED at (toll-free) 1-877-455-9955.

## **OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES CSRAs**

### **METROPOLITAN HUMAN SERVICES**

#### **DISTRICT**

Janise Monetta, CSRA  
1010 Common Street, 5<sup>th</sup> Floor  
New Orleans, LA 70112  
Phone: (504) 599-0245  
FAX: (504) 568-4660  
Toll Free: 1-800-889-2975

### **CAPITAL AREA HUMAN SERVICES**

#### **DISTRICT**

Pamela Sund, CSRA  
4615 Government St. – Bin#16 – 2<sup>nd</sup> Floor  
Baton Rouge, LA 70806  
Phone: (225) 925-1910  
FAX: (225) 925-1966  
Toll Free: 1-800-768-8824

### **REGION III**

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

### **REGION IV**

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

### **REGION V**

Connie Mead, CSRA  
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**

Nora H. Dorsey, CSRA  
429 Murray Street – Suite B  
Alexandria, LA 71301  
Phone: (318) 484-2347  
FAX: (318) 484-2458  
Toll Free: 1-800-640-7494

### **REGION VII**

Rebecca Thomas, CSRA  
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**

Deanne W. Groves, CSRA  
122 St. John St. – Rm. 343  
Monroe, LA 71201  
Phone: (318) 362-3396  
FAX: (318) 362-5305  
Toll Free: 1-800-637-3113

### **FLORIDA PARISHES HUMAN SERVICES**

#### **AUTHORITY**

Marie Gros, CSRA  
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**

Stephanie Campo, CSRA  
Donna Francis, Asst CSRA  
3300 W. Esplanade Ave. – Suite 213  
Metairie, LA 70002  
Phone: (504) 838-5357  
FAX: (504) 838-5400



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## LOUISIANA MEDICAID WEBSITE APPLICATIONS

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

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

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

### **Public Area**

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

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

### **Provider Applications Area**

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

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

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

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

**Louisiana Medicaid**

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

Welcome to the Louisiana Medicaid Provider Support Center

Acceptance of UB04 Form 8/01/07

Delay of Original Claim Form Requirement

Important Notice  
LA Medicaid National Provider Identifier (NPI) Information - DELAYED

CommunityCARE Immunization  
Pay-For-Performance (P4P) Initiative

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

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

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

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

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

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

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

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

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

For example, selecting the new **Disaster** link provides information regarding a natural disaster (such as Hurricane Katrina and Rita) to providers and recipients.

## DISASTER

The new link, Disaster, is located in the directory found on the left column of the home page. Currently, all disaster information related to Hurricanes Katrina and Rita has been moved to this link. The remainder of the link is under construction.

Once completed, this link will include as much information as possible for access during and following any future disasters. Information provided will include but not be limited to:

- Emergency Telephone Numbers for both Providers and Recipients with Descriptions of Use
- Louisiana State Departments with Descriptions of Use
- General LA Medicaid Provider and Recipient Information
- Emergency Provider Enrollment Applications
- Emergency Policy and Billing Information (including policy suspensions)
- Emergency Provider Notices
- Emergency Access to Recipient Eligibility
- Find a Physician and/or Recipient Locator/Registry
- Links to Other Important Web Sites
- Possible EDI Entry of Claims Through Web Application

All other Louisiana government web sites will have a link to the LA Medicaid web site Disaster link. This link will also be shared with out-of-state agencies to be posted on their web sites to ensure that the most accurate and updated information is provided to out-of-state providers and displaced LA Medicaid recipients.

Should another disaster affect Louisiana, providers should visit this link where the most current and helpful information may be found. Not only will this web page address Louisiana Medicaid information, but it will also list other important contact information.


**Note: This page is still a work in progress and information displayed may change or be added in the future.**

## HIPAA Information Center

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

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

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



# Louisiana Medicaid

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

**Louisiana Medicaid HIPAA Information Center**

Search LAMedicaid

[Provider Login](#)

[About Medicaid](#)

[Billing Information](#)

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

[EDI Information](#)

[FAQ](#)

[Fee Schedules](#)

[Forms, Files, User Guides](#)

[Helpful Numbers](#)

[HIPAA Billing Instructions & Companion Guides](#)

[HIPAA Information Center](#)

[Home](#)

[Medical Equipment & Supplies](#)

[LA Medicaid National Provider Identifier \(NPI\) Information](#)

[Modifications to the LA Medicaid HIPAA Contingency Plan](#)

[VBC List 01-July-2007](#)

[Questions for Providers to Ask Vendors](#)

[LTC Survey](#)

[HIPAA 101](#)

[HIPAA Resources](#)

[HIPAA Provider Checklist](#)

[Privacy Policy](#)

This page will be the primary way LA Medicaid communicates NPI information to its providers. Please check it frequently.

The LA Medicaid HIPAA Contingency Plan has been modified.

This is a list of software Vendors, Billing Agents, & Clearing Houses (VBCs) that are pursuing HIPAA readiness with Louisiana Medicaid.

From CMS - Questions to ask Vendors, TPAs, or Clearinghouses.

HIPAA LTC/ADHC/CFMR/Hospice Provider Survey


HIPAA Information From CMS

Links to More Information on HIPAA From CMS

A HIPAA Readiness Checklist From CMS

Link to a Notice of Privacy Practices  
(Note: Privacy link is located at the bottom of the web page)

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

 [Download Adobe Acrobat Reader](#)

[New Medicaid Information](#)

[Pharmacy Prescribing Providers](#)

[Provider Enrollment](#)

[Provider Manuals](#)

[Provider Ownership Enrollment](#)

[Provider Support](#)

[Provider Update / Remittance Advice Index](#)

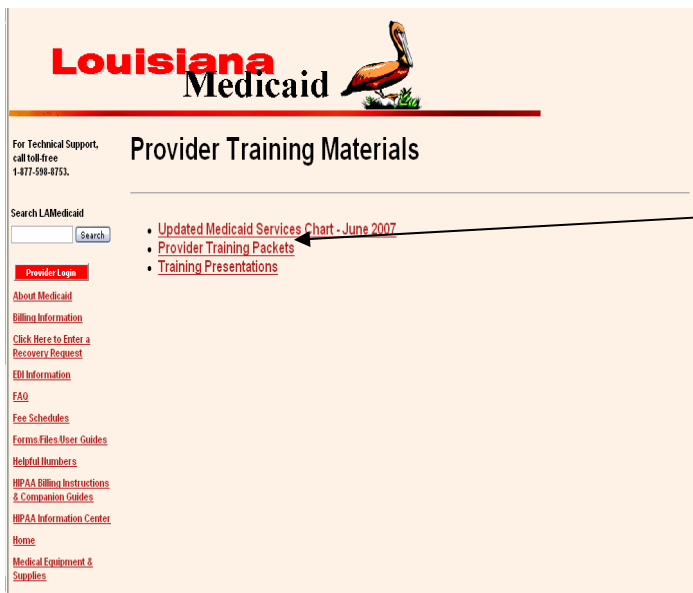
[Provider Web Account Registration Instructions](#)

[Training](#)

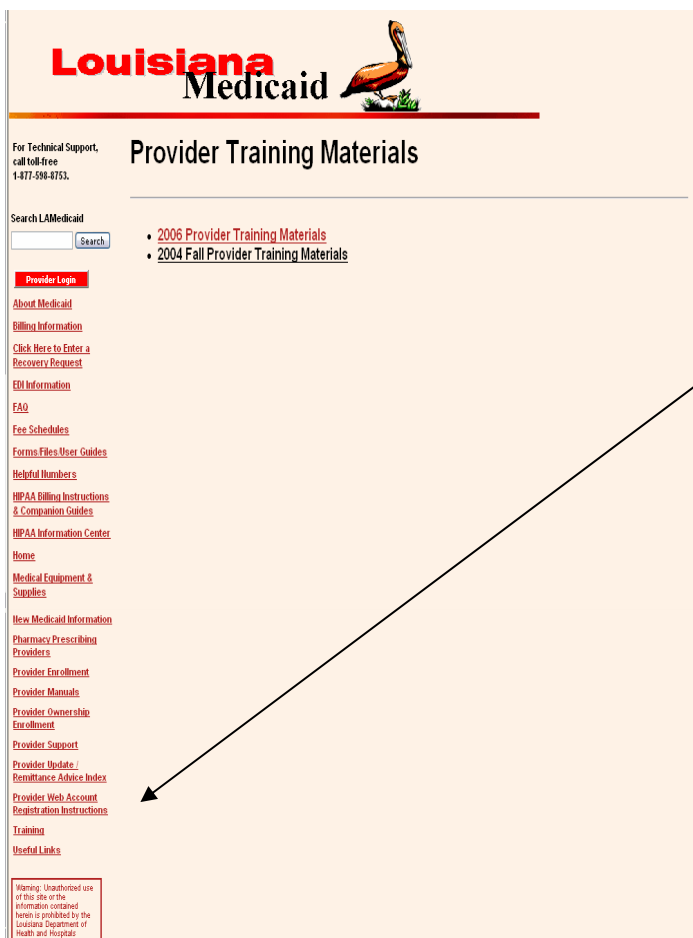
[Useful Links](#)

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

## Provider Training Packets



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



Current training packets and previous year training packets are available.

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

## Registration Instructions

**DOWNLOAD**  
**PROVIDER ENROLLMENT INSTRUCTIONS**


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

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

Click on the link below to download the instructions.

[Provider Enrollment Instructions](#)

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

 [Download Adobe Acrobat Reader](#)

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

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

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

## Fee Schedule

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

Search LAMedicaid

**Provider Login**

[About Medicaid](#)

[Billing Information](#)

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

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[Medical Equipment & Supplies](#)

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[Pharmacy Prescribing Providers](#)

[Provider Enrollment](#)

[Provider Manuals](#)

[Provider Ownership Enrollment](#)

[Provider Support](#)

[Provider Update / Remittance Advice Index](#)

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


Fee Schedules	Description
<a href="#">Adult Denture Program Fee Schedule for Dates of Service on or after August 1, 2003</a> (PDF Format)	Fee schedule for the Louisiana Medicaid Adult Denture Program for the given dates of service.
<a href="#">Adult Denture Program Fee Schedule for Dates of Service on or after November 1, 2006</a> (PDF Format)	Fee Schedule for the Louisiana Medicaid Adult Denture Program for the given dates of service.
<a href="#">Current Physician, Lab, X-Ray and ASC Reimbursement/Fee Schedule</a> (PDF Format)	Fee Schedules for HCPCS code, TOS, and as applicable, sex and age restrictions.
<a href="#">DMEPOS Fee Schedule</a> (PDF Format)	Fee Schedule for the Louisiana Medicaid DMEPOS Program
<a href="#">Hospital Outpatient Ambulatory Surgery Fee Schedule</a> (PDF Format)	Fee Schedule for Hospital Outpatient Ambulatory Surgery codes, TOS 15, with sex and age restrictions, as applicable.
<a href="#">EDA Services/Procedure Codes/Rate Chart</a> (PDF Format)	Elderly and Disabled Adult (EDA) Waiver Procedure code chart that identifies the necessary billing information for Waiver EDA providers that becomes effective July 1, 2006.
<a href="#">EPSDT Dental Program Fee Schedule for Dates of Service September 1, 2004 through October 31, 2005</a> (PDF Format)	Fee Schedule for the Louisiana Medicaid EPSDT Dental Program for the given dates of service.
<a href="#">EPSDT Dental Program Fee Schedule for Dates of Service on or after November 1, 2005</a> (PDF Format)	Fee Schedule for the Louisiana Medicaid EPSDT Dental Program for the given dates of service.
<a href="#">EPSDT Dental Program Fee Schedule for Dates of Service on or after November 1, 2006</a> (PDF Format)	Fee Schedule for the Louisiana Medicaid EPSDT Dental Program for the given dates of service.
<a href="#">EPSDT Dental Program Fee Schedule for Dates of Service on or after November 1, 2006</a> (PDF Format)	Fee Schedule for the Louisiana Medicaid EPSDT Dental Program for the given dates of service.



## Provider Update/Remittance Advice Index

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

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

**Louisiana Medicaid** 

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

Search LAMedicaid

[Provider Login](#)

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

[New Medicaid Information](#)

[HIPAA Information Center](#)

[HIPAA Billing Instructions & Companion Guides](#)

[Training](#)

[About Medicaid](#)

[Provider Web Account](#)

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### PROVIDER UPDATE/RA MESSAGE INDEX SEARCH

Select Provider Update Issue

Issue Month

Select RA Message Date

RA Date

Search Provider Update Issues and RA Messages

[Tips](#)

☒ Search Both ☐ Search Update Issues ☐ Search RA Messages

### Provider Update

Volume 22, Issue 2

March/April 2005

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

#### Annual Provider Re-Enrollment Training

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

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

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

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

## RA Messages for April 4, 2006

### PHARMACY PROVIDERS PLEASE NOTE!!!

CHANGES TO APPENDIX A:

DETAILED FULL CHANGES ARE POSTED ON [WWW.LAMEDICAID.COM](http://WWW.LAMEDICAID.COM)

PLEASE MAKE THE FOLLOWING CHANGES TO APPENDIX C:

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

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

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

### IMPORTANT COMMUNITYCARE AND KIDMED INFORMATION

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

### INPATIENT HOSPITALS AND PRIVATE PSYCHIATRIC HOSPITALS

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

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

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

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

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

## PROVIDER WEB ACCOUNT REGISTRATION INSTRUCTIONS

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

**NOTE – Providers who wish to establish an online account should set up the account with a primary user (Administrator). The administrator should be the owner, manager, or other qualified employee of the facility and should not share the primary login and password. Once the Administrator account is set up, 500 secondary accounts can be established for any additional users accessing the secured area of the website. The Administrator can choose to restrict certain applications to the secondary accounts.**

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

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

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

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

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

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

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

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

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

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

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

### **Resetting Account Information:**

**Administrator:** If a LA Medicaid Provider calls Unisys Technical Support and cannot confirm the verification fields and does NOT approve of the name in the admin account contact person field, the following process is required:

- Mail a letter using official letterhead and envelope of a LA Medicaid provider to:

ATTN: Unisys Help Desk (LAMedicaid.com)  
Unisys  
8591 United Plaza Blvd.  
Baton Rouge, LA 70809

**AND**

- Fax the request using official coversheet of a LA Medicaid provider to the Unisys Helpdesk at 225-216-6443

**Login ID and Password:** If a LA Medicaid Provider calls and can NOT confirm the challenge phrase and the challenge number in addition to the provider Login ID and Password, the following process is required.

- Mail a letter using official letterhead and envelope of a LA Medicaid provider to:

ATTN: Unisys Help Desk (LAMedicaid.com)  
Unisys  
8591 United Plaza Blvd.  
Baton Rouge, LA 70809

**AND**

- Fax the request using official coversheet of a LA Medicaid provider to the Unisys Helpdesk at 225-216-6443

The letter and fax must contain at a minimum:

- A. Official Letterhead and Envelope from the provider's company name.
- B. A brief statement of purpose for the request.
- C. The Point of Contact name and information (the provider person responsible for the maintenance of the account):
  - a. First Name
  - b. Middle Initial (If none, the letter "Z" will be used)
  - c. Last Name
  - d. Email Address
  - e. Telephone number
  - f. Fax number
- D. The provider's 7-check digit provider number.
- E. The Provider's signature, name and title on the letter who is giving authority for the point of contact.

If any of this information is omitted, the request will NOT be processed.

You may fax the letter to Unisys LMMIS to start the review process. If approved, you will receive the account information over the phone. You must mail the original letter to Unisys LMMIS Help Desk at the above address.

**NOTE:** If the Unisys Helpdesk does not receive the original letter within ten (10) days of receiving the fax, the login ID will be suspended until the letter is received.

The fax and letter are part of HIPAA Guidelines, PHI and auditing procedures.

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

### Step 1.

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

### Step 2.

Click on the **Provider Login** button.

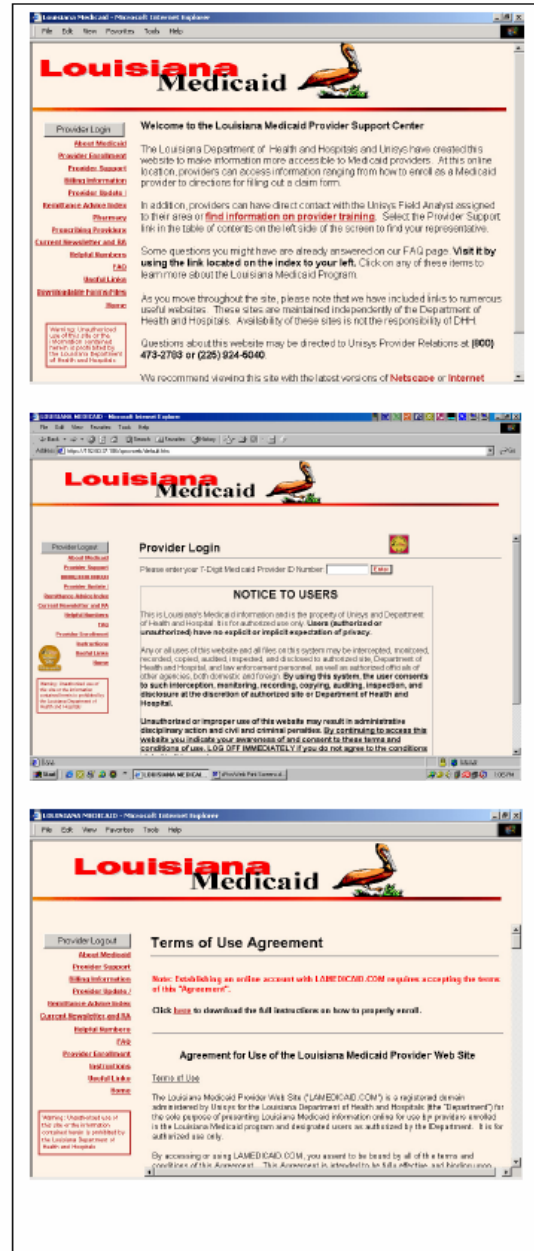
### Step 3.

Enter your 7-Digit Medicaid Provider ID Number.

Click on the **Enter** button.

### Step 4.

Read the "Terms of Use Agreement".



### Step 5.

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

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

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

### Step 6.

Enter the following information:

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

#### NOTES:

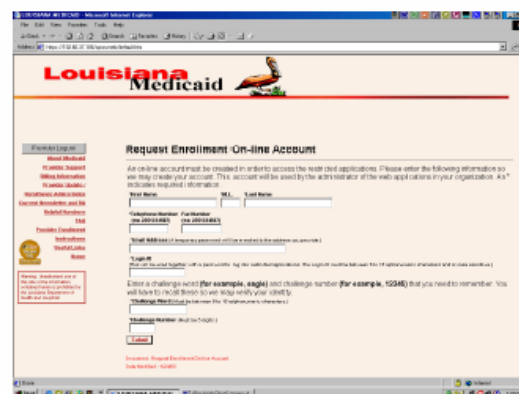
Your **login ID** must be between 5 and 15 letters and/or numbers, and it is case-sensitive.

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

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

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

Click on the **Submit** button.





### Step 7.

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

Click on the **OK** button.

### Step 8.

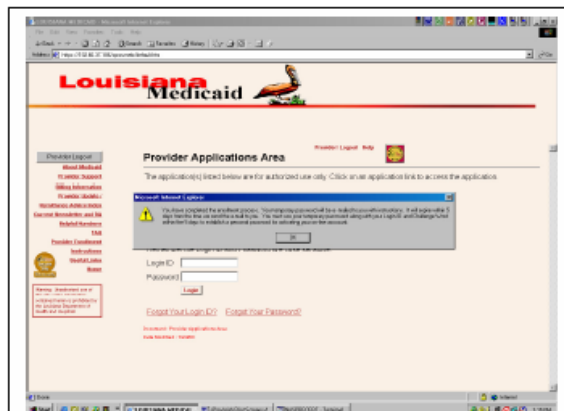
Close your Web browser.

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

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

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

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





## Part Two: Create a Permanent Password

### Step 1.

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

### Step 2.

Click on the **Provider Login** button.

### Step 3.

Enter your 7-Digit Medicaid Provider ID Number.

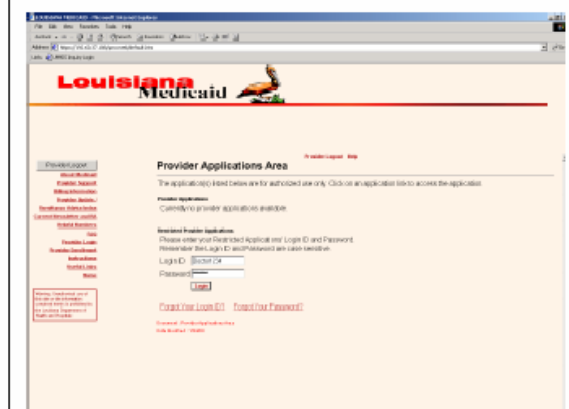
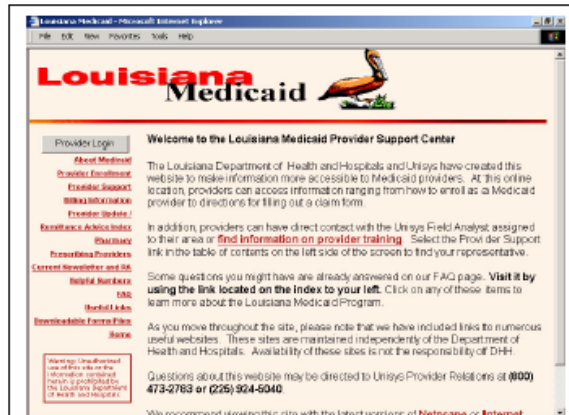
Click on the **Enter** button.

### Step 4.

Enter your Login ID.

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

Click on the **Login** button.



### Step 5.


Enter your Challenge Word.

Click on the **Next** button.

### Step 6.

Enter your Challenge Number.

Click on the **Next** button.



### Step 7.

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

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

Click on the **Change Password** button.

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

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



## Part Three: Change your Permanent Password

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

### Step 1.

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

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

Click on the **Change Password** button.



The screenshot shows a web browser window with the address bar displaying "http://192.168.1.101/priveweb/default.htm". The page title is "Louisiana Medicaid". The main heading is "Change Password". Below the heading, there is a section titled "Please enter a new password." with instructions: "To ensure the security of your data, you must choose a Password that is between 5 and 15 letters and/or numbers. Your password is case-sensitive. After entering your Password, enter it again in the Confirm Password box to verify you spelled it correctly. When you have finished, click the Change Password button." There are two input fields: "New Password:" and "Confirm Password:". Below these fields is a "Change Password" button. On the left side of the page, there is a "Provider Login" section with links: "About Medicaid", "Provider Support", "Billing Information", "Provider Supplies", "Documentation/Action Items", "Current Requirements and SA", "Provider Resources", "FAQ", "Provider Location", "Outreach", "Benefit Links", and "Home". At the bottom left, there is a disclaimer: "Warning: Unauthorized use of this site or its resources constitutes a violation of the Louisiana Department of Health and Hospitals." At the bottom right, there is a document title "Document: Change Password" and a date "Date Published: 12/05/2012".

## PROVIDER LOGIN

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

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

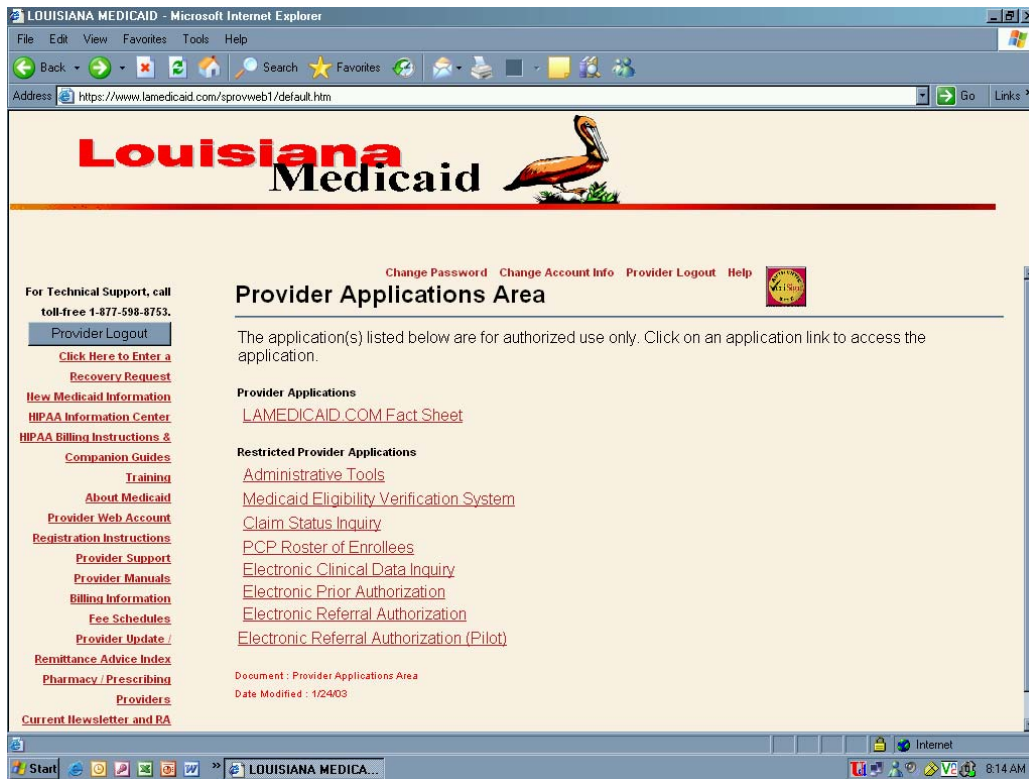




2. The **Provider Login** screen is displayed (left). Enter your 7-Check-Digit Medicaid Provider ID number in the text box. Then click on the **Enter** button.

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

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





## PROVIDER APPLICATIONS AREA

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

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



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

## Change Password

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

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

## Change Account Info

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

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

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

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



## Provider Logout

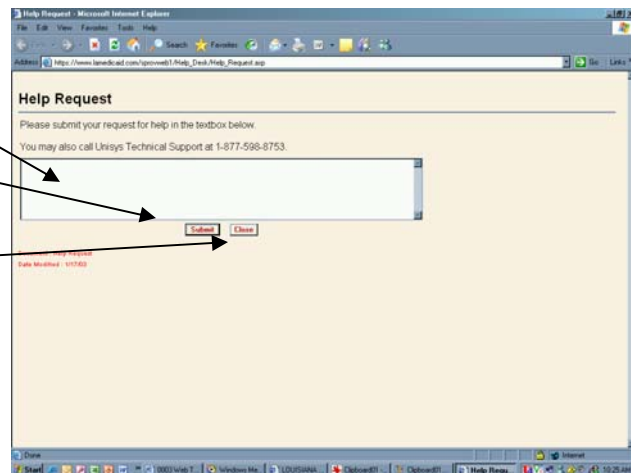
When you select the **Provider Logout** option, the system will return you to the main [www.lamedicaid.com](http://www.lamedicaid.com) page.

## Help

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

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

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



## LAMEDICAID.COM Fact Sheet

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

## Restricted Provider Applications

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

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

## ADMINISTRATIVE TOOLS

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

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



### View

The View options are administrative reports.

### View Application Info

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

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

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

[Provider Logout](#)

[Click Here to Enter a Recurrence Request](#)  
[View Medicaid Information](#)  
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[Providers](#)  
[Current Newsletters and RA](#)

### View Applications

Application Name Abv	Application Name Full	Application Description	Application Type	Enrollment Required	User Types	Provider Types
CCR	PCP Roster of Enrollees	Recipient Eligibility Roster	Enrolled Web Application	Y	Regular	20, 28, 72, 78, 79, 87
CDI	Electronic Clinical Data Inquiry	Electronic Clinical Data Inquiry	Enrolled Web Application	Y	Regular	19, 20, 26, 27, 28, 32, 33, 78, 80, 81, 93
CDM	Electronic Clinical Data Inquiry	Electronic Clinical Data Inquiry	Enrolled Web Application	Y		
DSS	Prescriber Practices and Disease Management	Prescriber Practices and Disease Management				
DSSAdmin	Prescriber Practices and Disease Management Admin	Prescriber Practices and Disease Management Admin				
SPA	Electronic Prior Authorization	Electronic Prior Authorization	Enrolled Web Application	Y		
ERA	Electronic Referral Authorization	Electronic Referral Authorization	Enrolled Web Application	Y	Regular	19, 20, 36, 60, 72, 78, 87
ERAPict	Electronic Referral Authorization (Pict)	Electronic Referral Authorization (Pict)	Enrolled Web Application	Y		

## View Provider Info

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

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

[Provider Logout](#)

[Click Here to Enter a Recurrence Request](#)  
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[Pharmacy / Prescribing](#)  
[Providers](#)  
[Current Newsletters and RA](#)

### View Provider Information

To view provider information, please enter the Provider ID:

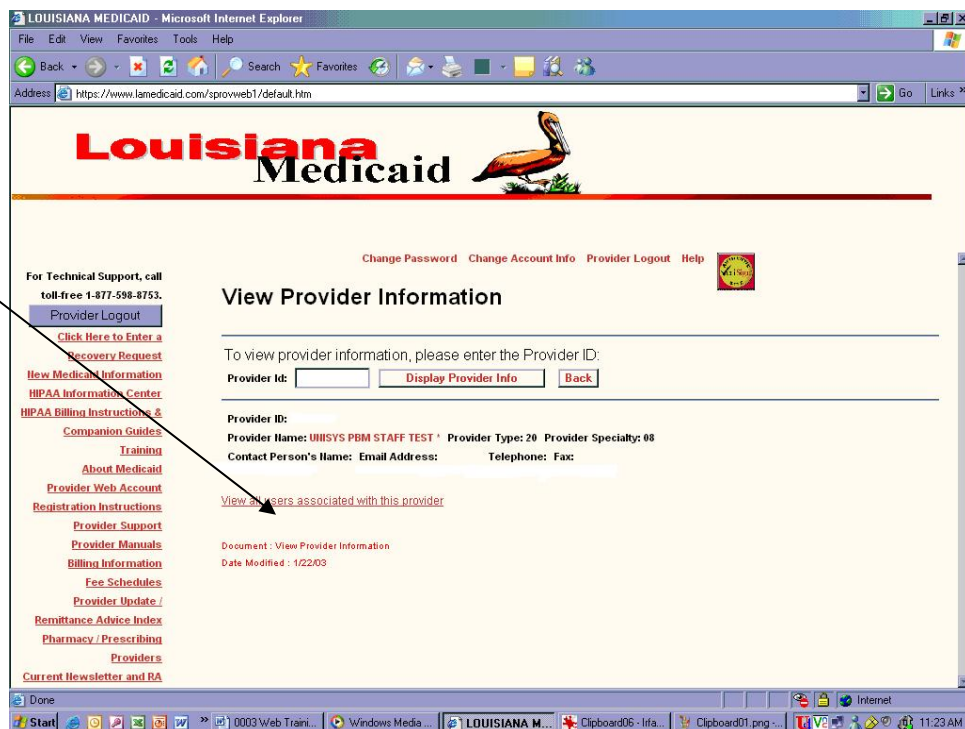
Provider ID:  [Display Provider Info](#) [Back](#)

Document: View Provider Information  
 Date Modified: 1/23/05

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

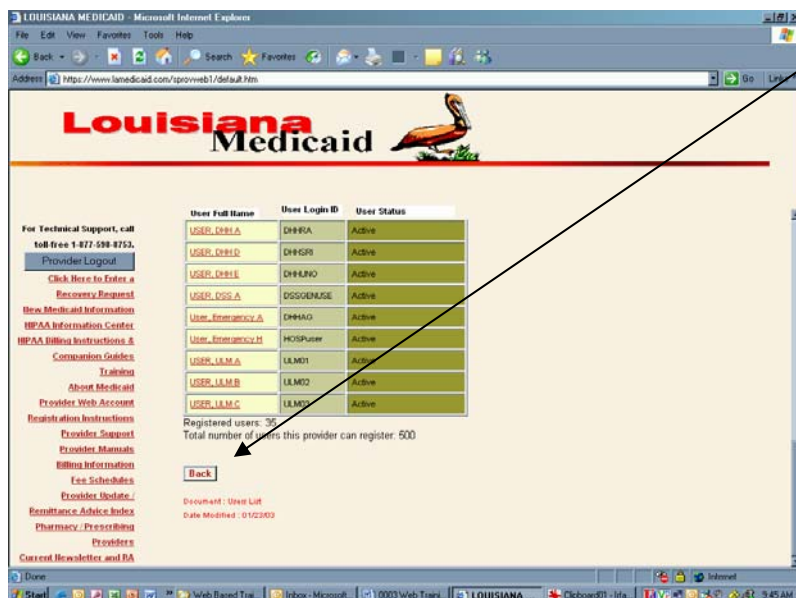
Selecting the **Back** button returns the user to the Administrative Tools homepage.

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



### View All Users Associated with This Provider

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



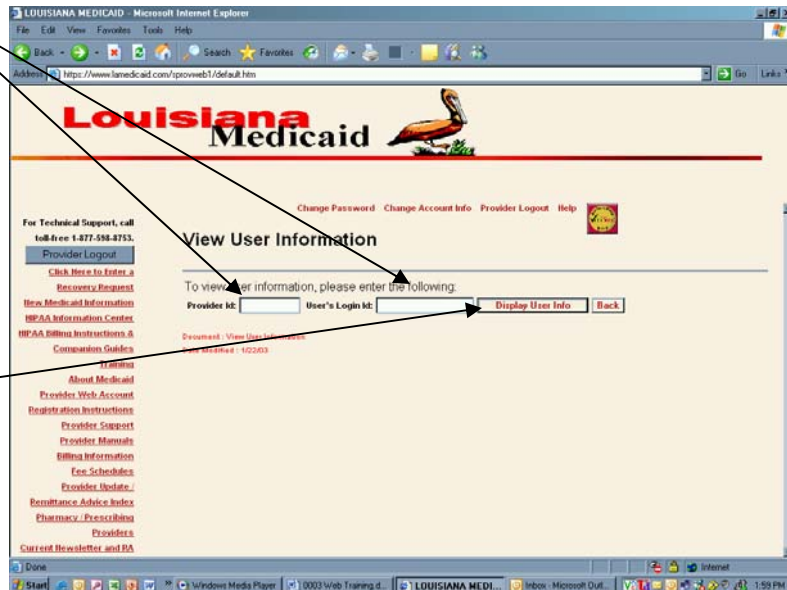
The **Back** button permits the user to return to the View Provider Information page.

## View User Info

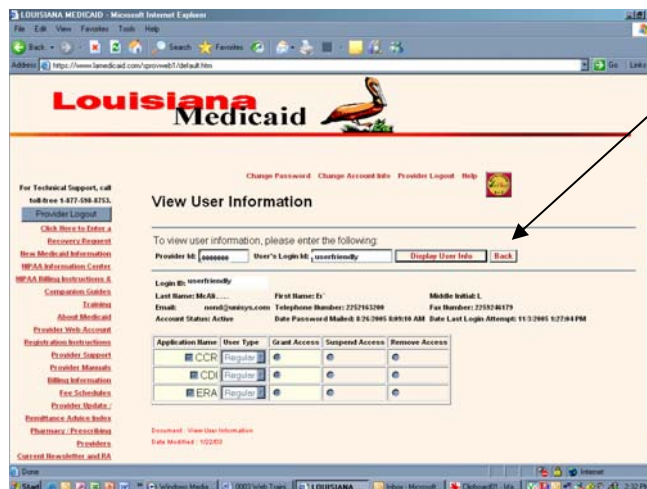
The View User Info tool permits a user to view the profile information associated with a user ID.

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

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



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



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

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

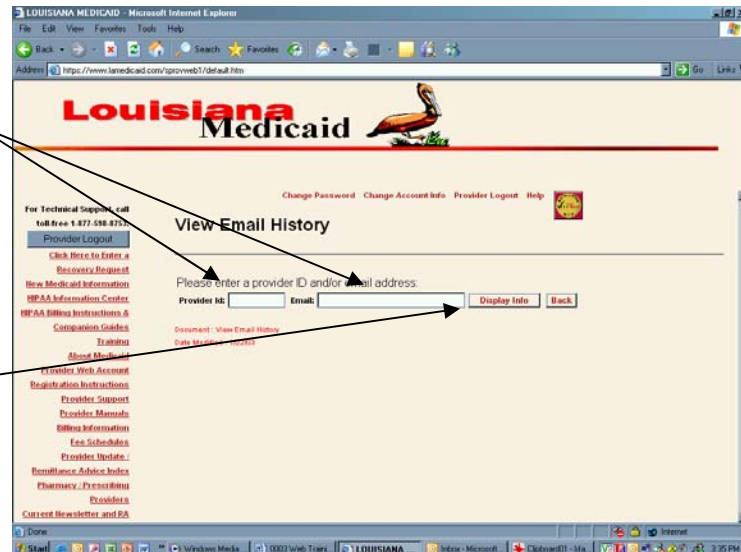


## View Email Transactions

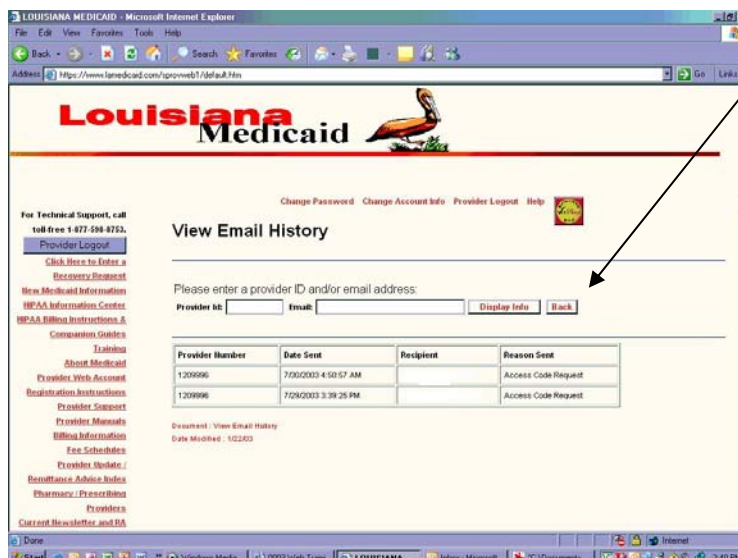
The View Email Transactions function permits users to view the email history associated with a Provider ID or a specified email address.

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

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



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



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

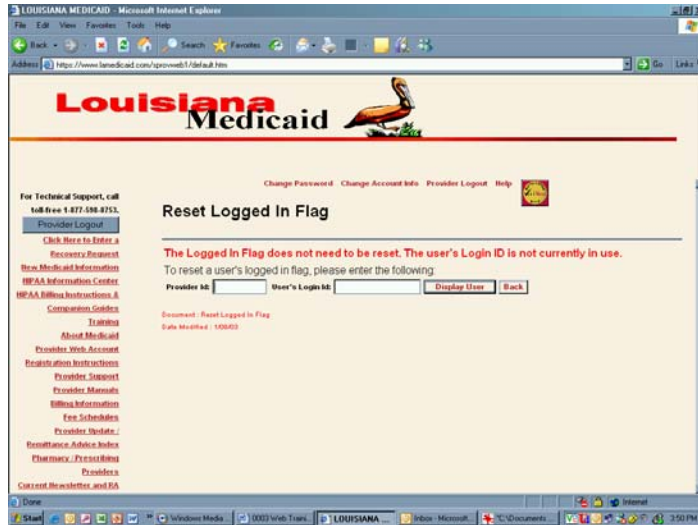
**Note:** PHI has been obscured in the image to the left.

## Reset

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

### Reset Logged in Flag

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

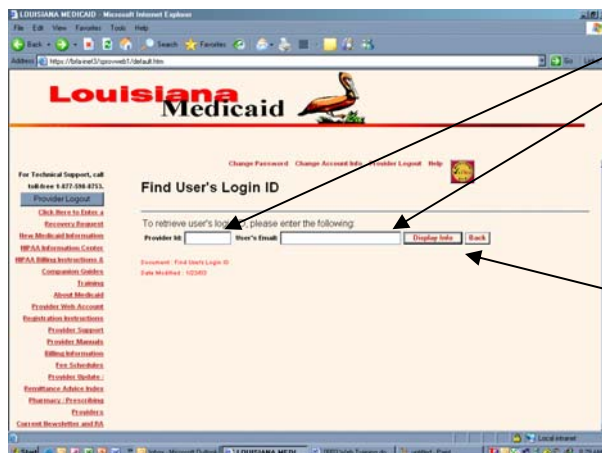


### Reset User's Password

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

### Find User's Login ID

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

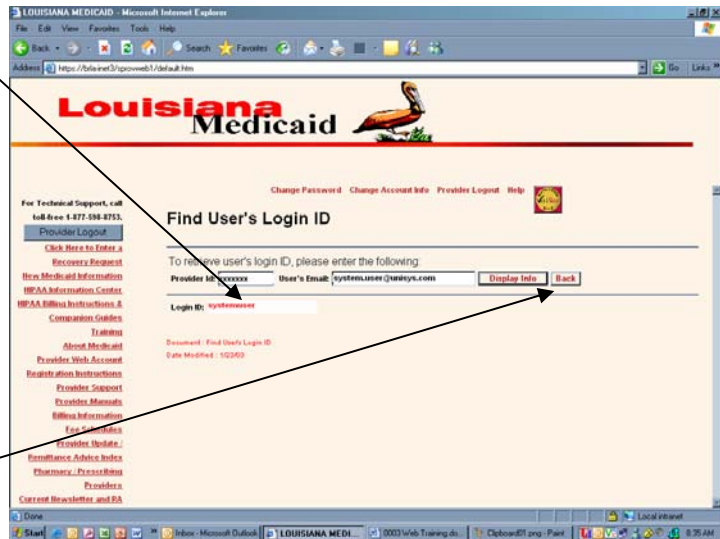


Enter the Provider ID and the email address associated with the login ID you want to see.

Click on the **Display Info** button.

The application responds by displaying the requested Login ID.

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





## NATIONAL PROVIDER IDENTIFIER (NPI)

### OVERVIEW

The National Provider Identifier (NPI) web application provides a secure web-based tool for Louisiana Medicaid providers to register their NPI(s) with Louisiana Medicaid. The application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based NPI tool.

This application tool is only accepting NPI information from providers that have requested and received an NPI for each LA Medicaid ID (One NPI to One LA Medicaid provider number relationship).

Providers who need direction for registering NPIs that are not a one-to-one relationship (i.e. registering multiple NPIs to one LA Medicaid number **OR** one NPI to multiple LA Medicaid provider numbers) should contact the Louisiana NPI Assistance Line at [LAMedicaidNPI@Unisys.com](mailto:LAMedicaidNPI@Unisys.com) or (225) 216-6400 so that your NPI enumeration situation can be discussed and the best method for accommodating your circumstance can be determined.

## ACCESSING THE APPLICATION

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

This section provides information on how to access the application including screen samples of the Secured Provider Applications Menu and NPI Main Menu.

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

The steps to access the NPI application are as follows:

1. Open your web browser and enter the URL for the Louisiana Medicaid main menu <http://www.lamedicaid.com>. Login with your provider login ID and password. The **Provider Applications Area** screen is displayed. Select the **National Provider Identifier** link.



2. The **National Provider Identifier Web Application** screen is displayed. Providers will find entry fields for registering NPI information with Louisiana Medicaid. If the NPI has already been registered that information will be displayed instead of the entry fields. Corrections to registered NPI information can be made by deleting and re-adding the information. When all required fields are complete, click the “Add NPI” button to register the NPI.

**Add a new NPI**

To add an NPI to the list, select Organization or Individual (as applicable) and enter your NPI into the space provided.

*The NPI is a numeric 10-digit identifier, consisting of 9 numbers plus a check-digit in the 10th position*

☐ Organization  
☐ Individual

NPI:  \*IMPORTANT: Only register One NPI # to One LA Medicaid Provider #. Contact the NPI assistance email or phone listed above with all other situations.

**NPI Contact Information**

(\*) Indicates Required Fields

Please enter the contact information for the person that will be responsible for managing your NPI enumeration and will be available for any questions or communications from Louisiana Medicaid. Once you have filled in the required items press the Add NPI button below.

First Name: (\*)   
Last Name: (\*)   
Phone: (\*)  (xxx)xxx-xxxx Ext:   
Email Address:

**Note:** If the NPI has already been registered via the web the provider does not need to report it again via other applications (phone, fax, etc.)

## IMMUNIZATION PAY-FOR-PERFORMANCE (P4P)

### OVERVIEW

Louisiana Medicaid implemented an immunization pay-for-performance initiative which includes supplemental payments to providers. This initiative was implemented to promote up-to-date immunizations of Louisiana Medicaid eligible children and to increase the number of providers utilizing the Louisiana Immunization Network for Kids Statewide (LINKS) immunization registry.

Requirements to participate in this pay-for-performance initiative and receive supplemental payments include:

- the provider must be enrolled in Louisiana Medicaid as a CommunityCARE PCP;
- the provider must be enrolled in and **utilizing** the Vaccines for Children (VFC) Program *(If KIDMED services including immunizations for recipients aged 19-35 months are contracted out, then the subcontractor must be enrolled in and utilizing VFC);*
- the provider must be enrolled in and **utilizing** LINKS. Utilizing LINKS is defined as input of recipient immunization data into LINKS in the past 30 days. *(If KIDMED services including immunizations for recipients aged 19-35 months are contracted out, then the subcontractor must to be enrolled in and utilizing LINKS);*
- Providers must enter the social security number of Medicaid eligible children linked to them for CommunityCARE into the LINKS record to ensure the child is correctly identified and included in the data for payment calculations.

CommunityCARE PCPs interested in participating in the immunization pay-for performance initiative and receiving the supplemental payments will be required to register on the following secure web page at [www.lamedicaid.com](http://www.lamedicaid.com).

Information required to complete this registration includes:

- CommunityCARE PCP Medicaid Billing Provider ID Number
  - National Provider Identifier (NPI)
  - VFC PIN Number
  - LINKS Provider ID (IRMS Number)
  - LINKS Facility Name
- ❖ All of the above information will also be required for any subcontractor of KIDMED services that provide immunizations (including the subcontractors Medicaid Billing Provider ID number). The PCP will be responsible for obtaining this information from the subcontractor and completing the information required on the secure web page

mentioned earlier. This information is to be completed at the time the PCP registers to participate in the pay-for-performance supplemental payments.

- Note: The enrollment and utilization status of VFC and LINKS will be validated monthly with the Office of Public Health Immunization Program for all CommunityCARE PCPs registered to participate in the immunization pay-for-performance initiative.

Supplemental payments will be dependent on:

- the CommunityCARE PCP (or subcontractor of KIDMED services) being enrolled in and utilizing VFC and LINKS;
- the percentage of 24 month old Medicaid enrolled children linked to the PCP practice that are up-to-date with all childhood immunizations in the 4:3:1:3:3:1\* vaccine series and these immunizations must be entered into LINKS; and
- the number of CommunityCARE linkages to the PCP for recipients under 21 years of age.

Payment calculations will be done on a monthly basis and payments of these monthly calculations will be made on a quarterly basis to the registered CommunityCARE PCPs. **Only** data that is in the LINKS immunization registry at the time of the monthly calculation for payments will be used.

For more information regarding the VFC Program or LINKS, contact the Office of Public Health Immunization Program at (504)838-5300.

For more information on the Immunization Pay-for-Performance Initiative, contact Unisys Provider Relations at (800)473-2783.

**NOTE: When the Immunization Pay-for-Performance (P4P) link is selected the above information will appear. Select the “continue” button to move forward with the application.**

## ACCESSING THE APPLICATION

Prior to initial use of the Pay-For-Performance (P4P) Web Application, the web browser setup must be configured. Using a web browser, such as Internet Explorer (v4.0 or higher) will ensure that the latest updates to the P4P application are displayed to the user.

This section provides information on how to access the application including screen samples of the Secured Provider Applications Menu and P4P Main Menu.

Access to the P4P web user application is controlled by login ID and password. The Louisiana Department of Health and Hospitals (DHH) determines who is an authorized user and defines user access capabilities. Directions for obtaining a valid online provider account are available on the LA Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com). Select the **Provider Web Account Registration Instructions** link located in the navigation menu on the left side of the Louisiana Medicaid home page, and download the **Provider Enrollment Instructions** file. Providers who experience difficulty accessing the link or in obtaining the instructions file may contact the Unisys Technical Support Desk at 1-877-598-8753 Monday – Friday 8 a.m.- 5 p.m. (Central Time) or request support by emailing [lasupport@unisys.com](mailto:lasupport@unisys.com).

The steps to access the P4P application are as follows:

1. Open your web browser and enter the URL for the Louisiana Medicaid main menu <http://www.lamedicaid.com>. Login with your provider login ID and password. The **Provider Applications Area** screen is displayed. Select the **Immunization Pay-For-Performance (P4P)** link.



**Note:** When the **Immunization Pay-for-Performance (P4P)** link is selected the information presented in the “overview” section of this packet will appear. Select the “continue” button to move forward with the application.

Enrollment Wizard - Microsoft Internet Explorer

Address: [https://www.lamedicaid.com/sprovweb1/Immunization\\_P4P/EnrollmentWizard.aspx](https://www.lamedicaid.com/sprovweb1/Immunization_P4P/EnrollmentWizard.aspx)

NOTE: Providers participating in this initiative will only qualify for a single level of payment (e.g. Providers with an immunization rate of 82% will only qualify for the second level or tier payment – not both the first and second tier).

Additional information regarding this immunization pay-for-performance initiative will be provided through RA messages, *Louisiana Medicaid Provider Update* articles and provider notices posted on the [www.lamedicaid.com](http://www.lamedicaid.com) website. Please watch these information sources for the most up-to-date information on immunization pay-for-performance.

For more information regarding the VFC Program or LINKS, contact the Office of Public Health Immunization Program at (504)838-5300.

For more information on the Immunization Pay-for-Performance Initiative, contact Unisys Provider Relations at (800)473-2783.

**PCPs MUST PROVIDE ALL REQUIRED INFORMATION ON THE FOLLOWING PAGES IF INTERESTED IN PARTICIPATING IN THIS INITIATIVE.**

\* ≥ 4 doses of DTaP; ≥ 3 doses of poliovirus vaccine; ≥ 1 dose of MMR vaccine; ≥ 3 doses of *Haemophilus influenzae* type b vaccine; ≥ 3 doses of hepatitis B vaccine; and ≥ 1 dose of varicella vaccine.

† Percentages of up-to-date 24 month old recipients are determined solely by data from the LINKS immunization registry and the use of CoCASA software.

**Continue »**

\* Required Field

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2. The **NPI Information** screen is displayed. Select the “continue” button to move forward with the application.

Enrollment Wizard - Microsoft Internet Explorer

Address: [https://www.lamedicaid.com/sprovweb1/Immunization\\_P4P/EnrollmentWizard.aspx](https://www.lamedicaid.com/sprovweb1/Immunization_P4P/EnrollmentWizard.aspx)

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

CPs for January - March 2007 have been made. Provider Remittance

**NPI Information**

If you have not requested your NPI(s) from the National Plan Provider Enumeration System (NPPES) you may request your NPI(s) from <https://nppes.cms.hhs.gov>.

**Continue »**

\* Required Field

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3. The **EFT Information** screen is displayed. Please verify the information then select “continue” to move forward with the application.

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

P payments to eligible PCPs for January - March 2007 have been made.

**EFT Information**

If any of the displayed information below is incorrect, please review the attached [Address/Telephone Number Changes Packet](#) to determine if the incorrect information can be updated with these forms or a complete enrollment packet is required. Once the determination is made, complete the necessary forms and submit to Unisys – Provider Enrollment Unit, PO Box 80159, Baton Rouge, LA 70898-0159. It should be noted that a change in direct deposit information for this initiative also changes the direct deposit for ALL Medicaid payments. All provider requests must be received hardcopy with original signatures before they can be processed and processing can take up to three (3) weeks.

Provider ID: 1413135  
Provider Name: UNISYS SYSTEMS STAFF TEST  
Provider Type: Physician (MD) and Physician (MD) Group  
Provider Specialty: Family Practice  
Pay-To Name: UNISYS SYSTEMS STAFF TEST  
Pay-To Address: P O BOX 80159, BATON ROUGE, LA 70898-0159  
Routing Number:  
Account Number:  
EFT Account Indicator: Checking  
EFT Status:

[Continue »](#)

\* Required Field

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4. The “**Enrolled In and Utilizing VFC**” screen is displayed. Answer the question by selecting “yes” or “no” then select “continue” to move forward with the application.

Enrollment Wizard - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address [https://www.lamedicaid.com/sprovweb1/Immunization\\_P4P/EnrollmentWizard.aspx](https://www.lamedicaid.com/sprovweb1/Immunization_P4P/EnrollmentWizard.aspx)

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

ry - March 2007 have been made. Provider Remittance Advice Stater

**Enrolled in and Utilizing VFC**

Are you or your subcontractor(s) of KIDMED services presently enrolled in AND utilizing VFC?

☐ Yes ☐ No \*

[Continue »](#)

\* Required Field

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**NOTE: Providers must be enrolled in and utilizing VFC to participate in the pay-for-performance initiative.**

5. The “Enrolled in and Utilizing LINKS” screen is displayed. Answer the question by selecting “yes” or “no” then select “continue” to move forward with the application.

Enrollment Wizard - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address [https://www.lamedicaid.com/sprovweb1/Immunization\\_P4P/EnrollmentWizard.aspx](https://www.lamedicaid.com/sprovweb1/Immunization_P4P/EnrollmentWizard.aspx)

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

January - March 2007 have been made. Provider Remittance Advice

**Enrolled in and Utilizing LINKS**

Are you or your subcontractor(s) of KIDMED services presently enrolled in AND utilizing LINKS?

☐ Yes ☐ No \*

\* Required Field

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**NOTE: Providers must be enrolled in and utilizing LINKS to participate in the pay-for-performance initiative.**

6. The “Interested in Participating” screen is displayed. Answer the question by selecting “yes” or “no” then select “continue” to move forward with the application.

The screenshot shows a web browser window titled "Enrollment Wizard - Microsoft Internet Explorer". The address bar displays the URL: [https://www.lamedicaid.com/sprovweb1/Immunization\\_P4P/EnrollmentWizard.aspx](https://www.lamedicaid.com/sprovweb1/Immunization_P4P/EnrollmentWizard.aspx). The page header includes the UNISYS logo and links for "Help" and "Logout". The main heading is "LOUISIANA MEDICAID CommunityCARE Program" with the subtitle "Immunization Pay-For-Performance (P4P) Incentive Payment Initiative". A yellow box contains the text "elow.". Below this, the section "Interested in Participating" is underlined. The question asks: "Are you interested in participating in Louisiana Medicaid's CommunityCARE Program Immunization Pay-for-Performance Initiative?". There are two radio buttons: "Yes" (selected) and "No". A red asterisk is next to the "Yes" button, and a blue arrow points to it. A "Continue »" button is to the right, with another blue arrow pointing to it. At the bottom left, a red asterisk is followed by the text "\* Required Field". The footer contains the text "Copyright 2007 Unisys Corporation. All Rights Reserved." and a status bar at the bottom shows "Done" and "Internet".

UNISYS [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

elow.

**Interested in Participating**

Are you interested in participating in Louisiana Medicaid's CommunityCARE Program Immunization Pay-for-Performance Initiative?

☒ Yes ☐ No \*

[Continue »](#)

\* Required Field

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7. The **PCP Information** screen is displayed. Enter the required information then select “continue” to move forward with the application.

**UNISYS**

[Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

ittance Advice Statements for P4P are available at the 'Remittance R

**PCP Information**

CommunityCARE PCPs must provide the following required information to participate in this incentive payment initiative. If you are enrolled in Medicaid as part of a Physician Group, your billing number will be your Medicaid Group provider # that is enrolled as a CommunityCARE PCP.

If the PCP does **not** have a VFC PIN, LINKS (IRMS) number, and LINKS Facility Name (leave these fields blank on this PCP Information screen), then the PCP must have a subcontractor(s) that is enrolled in VFC and LINKS and does have these VFC and LINKS identifiers. This information will then be required on the **Subcontractor Information** screen (to follow).

If **both** the PCP and any subcontractor(s) have the above VFC and LINKS identifiers, this information must be entered by the PCP into the respective **PCP Information** and **Subcontractor Information** screens. (NOTE: Do NOT use the PCP information screen for subcontractor information.)

Person Entering Information: \*

CommunityCARE PCP Medicaid Billing Provider Number: \*

PCP National Provider Identifier (NPI):

PCP Vaccines For Children (VFC) PIN #: \*

PCP LINKS Provider ID # (IRMS #): \*

PCP LINKS Facility Name (Must match precisely as listed in LINKS): \*

Continue »

\* Required Field

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8. The **PCP Contact Information** screen is displayed. Enter the required information then select “continue” to move forward with the application.

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

Immunization P4P payments to eli

**PCP Contact Person**

Contact Name: \*

Contact Phone: \*

Contact Email:

\* Required Field

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9. The **Enter SSN into LINKS** screen is displayed. Select “yes” or “no” then select “continue” to move forward with the application.

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

January - March 2007 have been made. Provider Remittance Advice

**Enter SSN into LINKS**

I agree to enter into LINKS, the social security number of Louisiana Medicaid recipients under the age of 21 years linked to my practice. (LINKS is a secured web site.)

☒ Yes ☐ No \*

\* Required Field

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10. The **Subcontract Medicaid KIDMED Services** screen is displayed. Select “yes” or “no” then select “continue” to move forward with the application.

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

Immunization P4P p:

**Subcontract Medicaid KIDMED Services**

Do you subcontract out any portion of your Medicaid KIDMED services (including immunizations) for linked recipients in the age range of 19-35 months?

☐ Yes ☐ No \*

[Continue »](#)

\* Required Field

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**Note:** If “no” is selected the IRMS #, VFC #, and the LINKS facility name must be filled out on the “**PCP Information**” screen. (see #14.)

If “yes” is selected the “**Subcontractor Information**” screen is displayed. Enter the required information then select “continue” to move forward with the application.

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

Immunization P4P payments to eligible PCPs for January - March 2006

**Subcontractor Information**

The following information must be completed by the CommunityCARE PCP for each subcontractor (of KIDMED services for Medicaid recipients aged 19-35 months) at each PCP site.

Subcontractor Louisiana Medicaid Provider Number: \*

For which PCP Site #: \*

Subcontractor NPI #:

Subcontractor VFC #: \*

Subcontractor LINKS Provider ID # (IRMS #): \*

Subcontractor LINKS Facility Name (Must match precisely as listed in LINKS): \*

[Continue »](#)

\* Required Field

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11. The **Subcontractor Contact Information** screen is displayed. Enter the required information then select “continue” to move forward with the application.

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

January - March 2007 have been made. Provider Remittance Advice

**Subcontractor Contact Person**

Contact Name: \*

Contact Phone: \*

Contact Email:

\* Required Field

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12. The **Ensure SSN Entered into LINKS** screen is displayed. Select “yes” or “no” then select “continue” to move forward with the application.

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

e PCPs for January - March 2007 have been made. Provider Remittance Advice

**Ensure SSN Entered into LINKS**

I agree to ensure the social security numbers of Louisiana Medicaid recipients under the age of 21 years linked to my practice are entered into LINKS. (LINKS is a secured web site.)

☐ Yes ☐ No \*

\* Required Field

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13. The **Additional Subcontractors for THIS site** screen is displayed. Select “yes” or “no” then select “continue” to move forward with the application.

**Note:** If “yes” is selected the “**Subcontractor Information**” & “**Subcontractor Contact Information**” screens are displayed (see #10 and 11). Enter the required information then select “continue” to move forward with the application.

If “no” is selected the “**More Subcontractors at ANOTHER Site**” screen is displayed.

**Note:** If “yes” is selected the “**Subcontractor Information**” & “**Subcontractor Contact Information**” screens are displayed (see #10 and 11). Enter the required information then select “continue” to move forward with the “**Comments**” screen (see example below).

If “no” is selected the “**Comments**” screen is displayed. Enter any comments or questions in the text box then select the “submit” button to complete the application.

**UNISYS** [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

See Reports' link below.

**Comments**

Thank you for completing this information. If you have any questions or comments, please enter in the box below and you will receive a response.


\* Required Field

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14. When the “submit” button is selected a confirmation page of all entered information is displayed. Please verify and print the information and/or make the necessary changes (if any) by following the directions on the screen.

Corrections to the P4P enrollment application can be made by clicking on the “menu” link. (see example below)


[Menu](#) [Print](#) [Help](#) [Logout](#)

**LOUISIANA MEDICAID CommunityCARE Program**  
 Immunization Pay-For-Performance (P4P) Incentive Payment Initiative

Please verify the following PCP Information and Subcontractor Information for any and all subcontractors. To correct/update part of all of the information entered, click on Menu and select Update Enrollment Information.

**PCP Information**

Provider Name:	UNISYS SYSTEMS STAFF TEST	Participating in P4P:	Yes
Contact Person:	Stacey	Medicaid Provider Number:	1445011
Contact Phone:	999.999.9999	NPI:	
Contact Email:		VFC PIN #:	
LINKS Facility Name:		LINKS Provider ID #:	
		Agreed to Enter SSN:	Yes

**Subcontractor Information**

Provider Name:	UNISYS SYSTEMS STAFF TEST	PCP Site Number:	1
Contact Person:	sherry	Medicaid Provider Number:	1413135
Contact Phone:	999.999.9999	NPI:	
Contact Email:		VFC PIN #:	123456
LINKS Facility Name:	Ochsner	LINKS Provider ID #:	45678
		Agreed to Enter SSN:	No

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15. The **Menu** screen is displayed. This screen allows the following options:

Enrollment:

- Update Enrollment Information
- Printer Friendly Page

Payments:

- Preliminary Participation Reports
- Remittance Reports

When the provider is finished viewing the applications from this screen select “logout” to exit the application and return to the **Provider Applications Area**.



## MEDICAID ELIGIBILITY VERIFICATION SYSTEM

### OVERVIEW

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

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

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

## ACCESSING THE APPLICATION

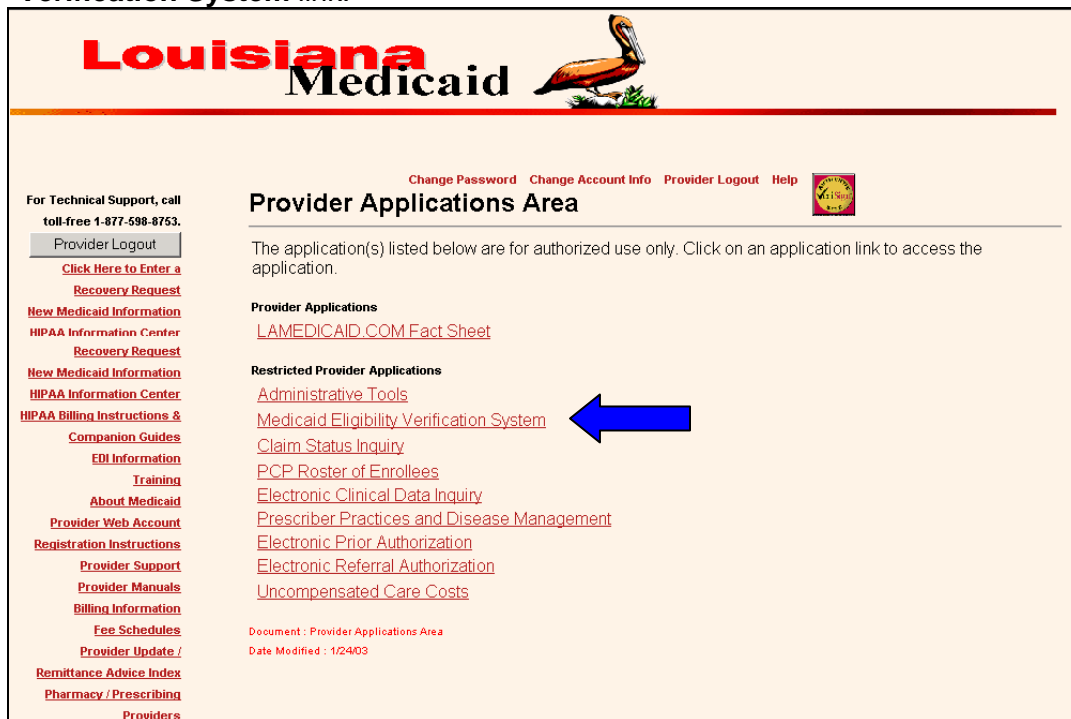
Prior to initial use of the eMEVS Web Application, the web browser setup must be configured. Using a web browser, such as Internet Explorer (v4.0 or higher) will ensure that the latest updates to the eMEVS application are displayed to the user. See Appendix A.

This section provides information on how to access the application including screen samples of the Secured Provider Applications Menu and eMEVS Main Menu.


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

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

1. Open your web browser and enter the URL for the Louisiana Medicaid main menu <http://www.lamedicaid.com>. Login with your provider login ID and password. The **Provider Applications Area** screen is displayed. Select the **Medicaid Eligibility Verification System** link.



2. The **Medicaid Eligibility Verification System Web Application** screen is displayed.

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

### Medicaid Eligibility Verification System Web Application

**Navigation Menu**

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



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

---

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

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

---

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

## USING THE MEDICAID ELIGIBILITY VERIFICATION SYSTEM APPLICATION

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

Medicaid Eligibility Verification System Web Application

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

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

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

**Provider Last Name**

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

**Card Control Number**  18 Digit Number

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

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

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

Requests can be entered using the following criteria:

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

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

## Navigation Menu for eMEVS

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

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

### eMEVS Navigation Menu Links



The screenshot shows the top of the Medicaid Eligibility Verification System Web Application. At the top right are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. Below these is the application title and a 'Navigation Menu' section containing links for 'Search', 'Response', 'Print Friendly', 'Main Menu', and 'Help'. A large blue arrow points to the 'Main Menu' link. Below the navigation menu is a red warning message: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.' followed by three notes about technical support, eligibility support, and date field formats. Below this is a search section with a 'Search By' dropdown set to 'Card Control Number and DOB' and a 'Clear Screen' link. The search fields include 'Provider Last Name', 'ID', 'Card Control Number' (labeled '16 Digit Number'), 'Date Of Birth', and 'Date of Service', each with a calendar icon and 'mm/dd/yyyy' format. A 'Submit' button is at the bottom right. A red note at the bottom left states: '\*\*\* Note: Required fields are in red'.

### Invalid and Valid Responses in eMEVS

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

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

## Invalid Response (Error Messages) in eMEVS

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


### Error Message I

The screenshot displays the Medicaid Eligibility Verification System Web Application interface. At the top, there are links for "Change Password", "Change Account Info", "Provider Logout", and "Help". Below these is a "Navigation Menu" with "Search" and "Response" options. A "Microsoft Internet Explorer" error dialog box is overlaid on the page, displaying a yellow warning icon and the text: "The following errors occurred: \* Invalid or Missing Recipient ID." A blue arrow points from the "Recipient ID" field to the error message. The "Recipient ID" field contains the text "abc" and is labeled "13 Digit Number". Below it, the "Date Of Birth" field contains "08/05/2001" and is labeled "mm/dd/yyyy". The "Date of Service" field contains "03/31/2006" and is labeled "mm/dd/yyyy". A "Submit" button is located at the bottom right. A note at the bottom left states: "\*\*\* Note: Required fields are in red".

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



## Error Message II

Change Password Change Account Info Provider Logout Help 

Medicaid Eligibility Verification System Web Application

Navigation Menu

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

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

Search Criteria

Search Type


Recipient ID and DOB

Recipient ID

Date of Birth

Date of Service

09/10/2004

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

Request Reference Number


199855920041007025128

Response Reference Number

200410070000015


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

## Error Message III

**Louisiana**  
**Medicaid** 

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

[Click Here to Enter a  
Recovery Request](#)  
[New Medicaid Information](#)  
[HIPAA Information Center](#)  
[HIPAA Billing Instructions &  
Companion Guides](#)  
[EDI Information](#)  
[Training](#)  
[About Medicaid](#)  
[Provider Enrollment](#)  
[Applications](#)  
[Provider Web Account](#)  
[Registration Instructions](#)  
[Provider Support](#)  
[Provider Manuals](#)  
[Billing Information](#)  
[Medical Equipment &  
Supplies](#)

Change Password Change Account Info Provider Logout Help 

Medicaid Eligibility Verification System Web Application

Navigation Menu

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

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

Search Criteria

Search Type

Recipient ID and Name

Recipient ID

5043691845601

Recipient Name

GEORGE, CURIOUS

Date of Service

07/01/2006

**Error: Subscriber/Insured Not Found - Please Correct and Resubmit** 

Request Reference Number

177121020070726024350

Response Reference Number

200707260046722

### ***Valid Response in eMEVS***

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

- “Search Criteria”
- “Provider Information”
- “Subscriber Information”
- “Health Benefit Plan Coverage”
- “Messages”

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

The columns in the response contain the following values:

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

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

By reviewing the values in the rows under the heading, “Health Benefit Plan Coverage,” the user can determine if the recipient is eligible or not. Depending on the specific search, additional information regarding eligibility may appear in the response under headings such as: “Primary Care Provider” and “Service Limits.” (Note that the “Service Limits” heading may appear more than once.)

### ***Example of Valid eMEVS Response***

The following is an example of a valid response to an eMEVS inquiry.

# Louisiana Medicaid



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

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



## Provider Logout

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

## Medicaid Eligibility Verification System Web Application

### Navigation Menu

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

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

**Note:** For Technical Support, Please Contact **(877) 598-8753**

**Note:** For Eligibility Information Support, Please Contact **(800) 473-2783** or **(225) 924-5040**

**Note:** The date field formats have changed - enter date in MM/DD/YYYY format

**NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.**

### Search Criteria

<b>Search Type</b>	Card Control Number and DOB
<b>Card Control Number</b>	777999999999102
<b>Date of Birth</b>	01/01/1984
<b>Date of Service</b>	07/01/2007

### Provider Information

<b>Name</b>	UNISYS PR STAFF TEST
<b>Provider ID</b>	1771210
<b>Telephone</b>	(225) 237-3370

### Subscriber Information

<b>Name</b>	O'ANA , LOU Z
<b>Member ID Number</b>	1004022447801
<b>Card Control Number</b>	777999999999102
<b>Date of Birth</b>	01/01/1984
<b>Sex</b>	Male

### Health Benefit Plan Coverage

Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	Eligible for Medicaid on Date of Service.
Benefit Description	Individual	Medicaid	Long Term Care Services Authorized.
Benefit Description	Individual	Medicaid	Preferred Language: English.

<b>Request Reference Number</b>	177121020070731013241
<b>Response Reference Number</b>	200707310059235

Transaction run on 07/31/2007 at 01:32:41 CT by LAMedicaid - Louisiana Medicaid

**Valid eMEVS Response Fields in Sample Screen**

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

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

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

### Screen Sample

The screenshot shows the 'Medicaid Eligibility Verification System Web Application' interface. At the top, there are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. Below this is a 'Navigation Menu' with links for 'Search', 'Response', 'Print Friendly', 'Main Menu', and 'Help'. A red banner contains important instructions: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.', contact numbers for technical and eligibility support, and a note about date field formats. The main search area has a 'Search By' dropdown set to 'Card Control Number and DOB' and a 'Clear Screen' link. Below this are input fields for 'Provider Last Name', 'ID', 'Card Control Number' (labeled '16 Digit Number'), 'Date Of Birth', and 'Date of Service'. Each date field has a calendar icon and the format 'mm/dd/yyyy'. A red note at the bottom states '\*\*\* Note: Required fields are in red'. A 'Submit' button is located at the bottom right.

### Data Fields

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

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

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

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

### Screen Sample

The screenshot shows the 'Medicaid Eligibility Verification System Web Application' interface. At the top, there are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. Below this is a 'Navigation Menu' with links for 'Search', 'Response', 'Print Friendly', 'Main Menu', and 'Help'. A red warning message states: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.' followed by contact information for technical and eligibility support. The search section has a 'Search By' dropdown menu set to 'Card Control Number and SSN' and a 'Clear Screen' link. Below this are input fields for 'Provider Last Name' and 'ID'. Further down are fields for 'Card Control Number' (labeled '16 Digit Number') and 'Social Security Number' (labeled '9 Digit Number'). There is also a 'Date of Service' field with a calendar icon and a date format hint 'mm/dd/yyyy'. At the bottom, a red note says '\*\*\* Note: Required fields are in red' and a 'Submit' button is visible.

### Data Fields

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

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

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

Field Name	Field Description
Date of Service	Enter the Date of Service in the format MM/DD/YYYY. (For example, enter 04/09/2003 for a service date of April 9, 2003.)

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

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

#### Screen Sample

The screenshot shows the Medicaid Eligibility Verification System Web Application interface. At the top, there are links for "Change Password", "Change Account Info", "Provider Logout", and "Help". Below these is the application title "Medicaid Eligibility Verification System Web Application" and a "Navigation Menu" with links for "Search", "Response", "Print Friendly", "Main Menu", and "Help". A red warning message states: "IMPORTANT: DO NOT use the 'BACK' browser button - please use the navigation menu." Below this, there are two blue notes: "Note: For Technical Support, Please Contact (877) 598-8753" and "Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040". A red note states: "NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS." The search section has a "Search By" dropdown menu set to "SSN and DOB" and a "Clear Screen" link. Below this are input fields for "Provider Last Name", "ID", "Social Security Number" (with a "9 Digit Number" label), "Date Of Birth" (with a calendar icon and "mm/dd/yyyy" format), and "Date of Service" (with a calendar icon and "mm/dd/yyyy" format). At the bottom, there is a red note: "\*\*\* Note: Required fields are in red" and a "Submit" button.

#### Data Fields

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




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

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

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

#### Screen Sample

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


### Medicaid Eligibility Verification System Web Application

**Navigation Menu**

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

---

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

**Note:** For Technical Support, Please Contact **(877) 598-8753**

**Note:** For Eligibility Information Support, Please Contact **(800) 473-2783** or **(225) 924-5040**

**Note:** The date field formats have changed - enter date in MM/DD/YYYY format

**NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.**

---


**Search By**


[Clear Screen](#)

---

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

**Recipient ID**  13 Digit Number

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

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

---

**Note:** Required fields are in red

## Data Fields

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

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

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

## Inquiry by Recipient ID and Social Security Number

### Screen Sample

The screenshot shows the Medicaid Eligibility Verification System Web Application interface. At the top, there are links for "Change Password", "Change Account Info", "Provider Logout", and "Help". Below these is the application title "Medicaid Eligibility Verification System Web Application" and a "Navigation Menu" with links for "Search", "Response", "Print Friendly", "Main Menu", and "Help". A red banner contains important notices: "IMPORTANT: DO NOT use the 'BACK' browser button - please use the navigation menu.", "Note: For Technical Support, Please Contact (877) 598-8753", "Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040", and "NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS." Below the banner is a "Search By" dropdown menu set to "Recipient ID and SSN" with a "Clear Screen" link. The search form includes fields for "Provider Last Name" and "ID", "Recipient ID" (labeled "13 Digit Number"), "Social Security Number" (labeled "9 Digit Number"), and "Date of Service" (labeled "mm/dd/yyyy"). A red asterisk note at the bottom left states "Note: Required fields are in red". A "Submit" button is located at the bottom right.

## Data Fields


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

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

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

## Inquiry by Recipient ID and Name

### Screen Sample

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

**Medicaid Eligibility Verification System Web Application**

Navigation Menu

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


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

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

Provider Last Name  ID

Recipient ID  13 Digit Number

Recipient Last Name  First Name  Suffix

Date of Service  03/31/2016  mm/dd/yyyy

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

## Data Fields

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

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

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

## Inquiry by Recipient Name and SSN

### Screen Sample

The screenshot shows the 'Medicaid Eligibility Verification System Web Application' interface. At the top, there are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. Below these is a 'Navigation Menu' with links for 'Search', 'Response', 'Print Friendly', 'Main Menu', and 'Help'. A red banner contains important instructions: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.' followed by contact information for technical support and a note about date field formats. The main search area has a 'Search By' dropdown set to 'Recipient Name and SSN' and a 'Clear Screen' link. Below this are input fields for 'Provider Last Name', 'ID', 'Social Security Number', 'Recipient Last Name', 'First Name', 'Suffix', and 'Date of Service'. The 'Date of Service' field is pre-filled with '03/31/2016' and has a calendar icon. A red note at the bottom states '\*\*\* Note: Required fields are in red'. A 'Submit' button is located at the bottom right of the form area.

### **Data Fields**


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

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

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

## Inquiry by Recipient Name and DOB

### Screen Sample

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

**Medicaid Eligibility Verification System Web Application**

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

---

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


---


**Search By** Recipient Name and DOB [Clear Screen](#)

---

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

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

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

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

---

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

### Data Fields

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

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

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

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

## CLAIM STATUS INQUIRY

### OVERVIEW

#### Objectives

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

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

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

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

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



## ACCESSING THE APPLICATION

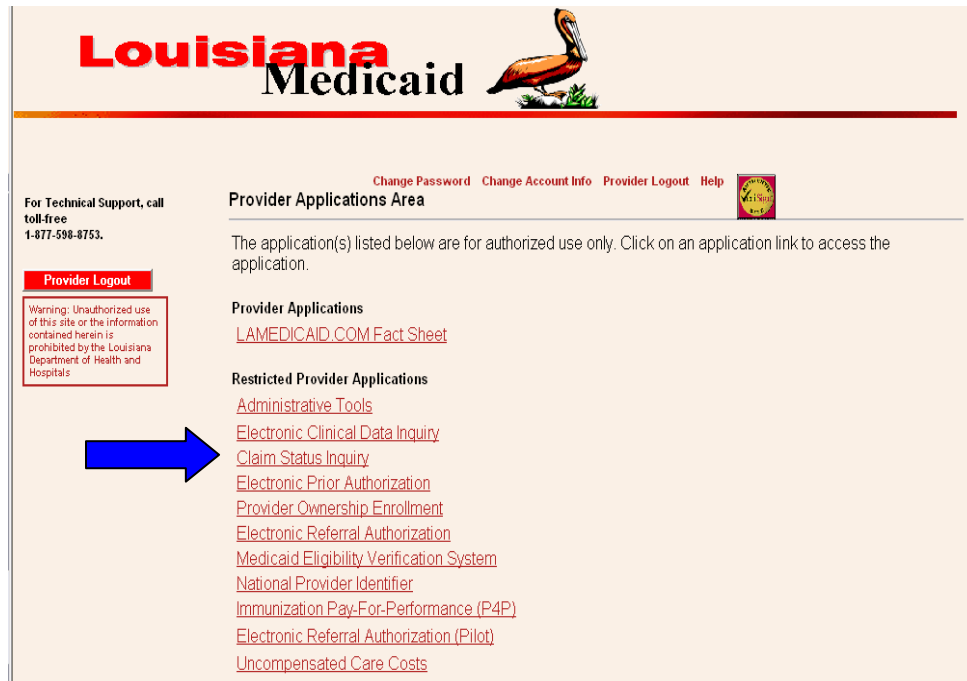
This section provides information on how to access the eCSI application including screen samples of the Secured Provider Applications Menu and eCSI Main Menu.

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

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

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

1. Open your web browser and enter the URL for the Louisiana Medicaid main menu <http://www.lamedicaid.com>. Login with your provider login ID and password. The **Provider Applications Area** screen is displayed. Select the **Claim Status Inquiry** link.



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



## Medicaid Claims Status Inquiry Web Application

### Navigation Menu

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

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

For Technical Support, please contact (877) 598-8753.

For Eligibility Verification Support, please choose the [eMEVS](#) Navigation Menu Option above or call **(800) 776-6323** or **(225) 216-7387** to access REVS.

For Other Types of Assistance, please contact Unisys Provider Relations at **(800) 473-2783** or **(225) 924-5040**.

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

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

**Recipient ID**  13 Digit Number

**Claim Charge Amount**  ##

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

**Your Trace #**

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

## USING THE eCSI APPLICATION

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

### eCSI Search Type Methods

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

## Navigating Through the Application

This subsection provides information on navigating through the eCSI application.

### Screen Buttons

The selection processing functions that appear on the eCSI web user screen pages assist the user in navigating through the application. There are five navigational links that appear across the top of the web screen. These links are disabled if the function is not available from a particular screen. In addition, the Clear Screen link appears in the middle of the screen. If the user's mouse hovers, i.e., remains stationary for a period of time over one of these links, a message appears to identify the purpose of the link.

**Louisiana Medicaid**

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

[Provider Logout](#)

[New Medicaid Information](#)  
[HIPAA Information Center](#)  
[HIPAA Billing Instructions & Companion Guides](#)  
[New Medicaid Information](#)  
[HIPAA Information Center](#)  
[HIPAA Billing Instructions & Companion Guides](#)  
[New Medicaid Information](#)  
[HIPAA Information Center](#)  
[HIPAA Billing Instructions & Companion Guides](#)  
[Provider Training Materials](#)  
[About Medicaid](#)  
[Provider Web Account](#)  
[Registration Instructions](#)  
[Provider Support](#)  
[Billing Information](#)  
[Provider Update / Remittance Advice Index](#)  
[Pharmacy / Prescribing](#)  
[Providers](#)  
[Current Newsletter and PA](#)  
[Helpful Numbers](#)  
[FAQ](#)

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

**Medicaid Claims Status Inquiry Web Application**

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

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

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

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

**Recipient ID**  13 Digit Number

**Claim Charge Amount**  \$ ##

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

**Your Trace #**

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

[Submit](#)

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

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

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

### Error Messages

The eCSI application provides logical, user-friendly error messages during processing to inform the user that an error has occurred and corrective action is needed. When an error is detected, a user is informed via a message box that an error has occurred. The error message identifies the corrective action needed to fix the error. If a required field is blank when the user selects the **Submit** button, an error message dialog box is displayed indicating that the required field(s) is blank. Most text fields require a certain

number of characters to be entered. If fewer than the required number of characters is entered, a message will inform the user that a minimum number of characters must be entered. This sequence continues until the user has entered the appropriate information in all required fields. If data entered in a specific field is in an incorrect format; i.e., alphabetic instead of numeric data in a numeric field, then a message is returned identifying the error. All data must be entered in the correct format before processing continues. The following is an example of an error message.

**eCSI Error Message**

**Medicaid Claims Status Inquiry Web Application**

**Navigation Menu**

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

---

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

---

**Search Type**

---

**Provider Last Name**

**Recipient ID**

**Claim Charge Amount**

**Dates of Service**

**Your Trace #**

---

**Submit**

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

Microsoft Internet Explorer

The following errors occurred:

\* Recipient ID must be a 13 digit number.

OK

### ***Informational Messages***

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

#### **eCSI Informational Message**

**Medicaid Claims Status Inquiry Web Application**  
**Navigation Menu**  
[Search](#) [Response](#) [Print Friendly](#) [eMEVS](#) [Main Menu](#) [Help](#)

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

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

#### **General Search Screen**

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

- Provider (Billing or Servicing)
- Recipient ID

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

#### **Screen Samples**

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

## eCSI General Search

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

[Provider Logout](#)

[How Medicaid Information](#)  
[HIPAA Information Center](#)  
[HIPAA Billing Instructions &](#)  
[How Medicaid Information](#)  
[HIPAA Information Center](#)  
[HIPAA Billing Instructions &](#)  
[How Medicaid Information](#)  
[HIPAA Information Center](#)  
[HIPAA Billing Instructions &](#)  
[Companion Guides](#)  
[Provider Training Materials](#)  
[About Medicaid](#)  
[Provider Web Account](#)  
[Registration Instructions](#)  
[Provider Support](#)  
[Billing Information](#)  
[Provider Update](#)  
[Remittance Advice Index](#)  
[Pharmacy / Prescribing](#)  
[Providers](#)  
[Current Newsletter and RA](#)  
[Helpful Numbers](#)  
[FAQ](#)

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

### Medicaid Claims Status Inquiry Web Application

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

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

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

Provider Last Name:  ID:

Recipient ID:  13 Digit Number

Claim Charge Amount:  ##

Dates of Service:  thru  mm/dd/yyyy

Your Trace #:

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

[Submit](#)

### Data Fields

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

Field Name	Required	Data Validation
Search Type	Yes	Use the dropdown box to select General Search or ICN Search.
Provider Last Name	Yes	Maximum length – 13 characters (alphanumeric). This field is automatically populated based on the provider log in authentication information.
Provider ID	Yes	7 digits (numeric). This field is automatically populated based on the provider log in authentication information.
Recipient ID	Yes	13 digits (numeric).
Claim Charge Amount	No	Numeric with 2 decimal places.
Dates of Service	No	Type in dates of service or click on popup calendar and select calendar options. If



Field Name	Required	Data Validation
Your Trace #	No	The provider's unique code to link a transaction to a recipient.

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

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

### ICN Search Screen

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

- Provider (Billing or Servicing)
- ICN

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

## Screen Samples

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

### eCSI Search by ICN

The screenshot shows the Louisiana Medicaid eCSI Search by ICN web application. The header features the Louisiana Medicaid logo with a pelican. The left sidebar contains links for technical support, provider login, and various information centers. The main content area includes a navigation menu, an important notice about using the navigation menu instead of the back button, and search fields for Provider Last Name, ID, ICN, and Your Trace #. A red asterisk indicates that required fields are marked in red.

**Louisiana Medicaid**

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

[Provider Logout](#)

[New Medicaid Information](#)  
[HIPAA Information Center](#)  
[HIPAA Billing Instructions &](#)  
[New Medicaid Information](#)  
[HIPAA Information Center](#)  
[HIPAA Billing Instructions &](#)  
[Companion Guides](#)  
[Provider Training Materials](#)  
[About Medicaid](#)  
[Provider Web Account](#)  
[Registration Instructions](#)  
[Provider Support](#)  
[Billing Information](#)  
[Provider Update /](#)  
[Remittance Advice Index](#)  
[Pharmacy / Prescribing](#)  
[Providers](#)  
[Current Newsletter and RA](#)  
[Helpful Numbers](#)  
[FAQ](#)

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

**Medicaid Claims Status Inquiry Web Application**

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

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

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

Provider Last Name:  ID:

ICN:  13 Digit Number

Your Trace #:

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

[Submit](#)

## Data Fields

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

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

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

## Response Screen

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

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

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

## Screen Samples

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

### eCSI General Response Screen

**Medicaid Claims Status Inquiry Web Application**  
**Navigation Menu**  
[Search](#) [Response](#) [Print Friendly](#) [eMEVS](#) [Main Menu](#) [Help](#)

---

**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
For Technical Support, please contact (877) 598-8753.  
For Eligibility Verification Support, please choose the **eMEVS** Navigation Menu Option above or call (800) 776-6323 or (225) 216-7307 to access REVS.  
For Other Types of Assistance, please contact Unisys Provider Relations at (800) 473-2783 or (225) 924-5848.

---

**Search Criteria**  
Search Type: General Search  
Recipient ID: [REDACTED]

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

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

**Claims Information**  

Claim Status	Finalized/Payment-The claimline has been paid.
Claims Status Clarification	HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator. HIPAA Adj Rsn Code 466 - Entitles Original Signature
Original Charge Amount	\$8.00
Claim Payment Amount	25.07
Payment Method	Automated Clearing House (ACH)
Remittance or Check Number	[REDACTED]
Status Effective Date	02/03/2004
Check or EFT Date	02/04/2004
Date of service	11/10/2003 thru 11/10/2003
Procedure Code	99213
Procedure Code Modifier(s)	25
ICN	[REDACTED]
Medical Record Number	000000000000000000

**Claims Information**  

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

**Claims Information**  

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

---

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

## eCSI ICN Search Response Screen

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

### eCSI ICN Search Response Screen (Adjustment)

**Medicaid Claims Status Inquiry Web Application**

**Navigation Menu**

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

---

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

---

**Search Criteria**

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

**Provider Information**

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

**Subscriber Information**

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

**Claims Information**

**Claim Status** Finalized/Payment-The claim/line has been paid.  
**Claims Status Clarification** HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator.  
 HIPAA Adj Rsn Code 466 - Entities Original Signature  
**Original Charge Amount** 42.00  
**Claim Payment Amount** 30.13  
**Payment Method** Automated Clearing House (ACH)  
**Remittance or Check Number** [REDACTED]  
**Status Effective Date** 12/09/2003  
**Check or EFT Date** [REDACTED]  
**Date of service** 10/02/2003 thru 10/02/2003  
**Procedure Code** 99212  
**Procedure Code Modifier(s)** [REDACTED]  
**ICN** [REDACTED]  
**Medical Record Number** 000000000000000000  
**Bill Type**

**Claims Information**

**Claim Status** Finalized/Revised - Adjudication information has been changed  
**Claims Status Clarification** HIPAA Adj Rsn Code 117 - Claim requires signature-on-file indicator.  
 HIPAA Adj Rsn Code 466 - Entities Original Signature  
**Original Charge Amount** 42.00  
**Claim Payment Amount** .00  
**Payment Method**  
**Remittance or Check Number** [REDACTED]  
**Status Effective Date** 03/23/2004  
**Check or EFT Date**  
**Date of service** 10/02/2003 thru 10/02/2003  
**Procedure Code** 99212  
**Procedure Code Modifier(s)** [REDACTED]  
**ICN** [REDACTED]  
**Medical Record Number** 000000000000000000  
**Bill Type**

---

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

### **Date Fields**

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

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

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



## ELECTRONIC CLINICAL DATA INQUIRY

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

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

**Louisiana Medicaid**  
Department of Health and Hospitals

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

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

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

Recipient's Name:

Recipient's Sex:  Recipient's Age:

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

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

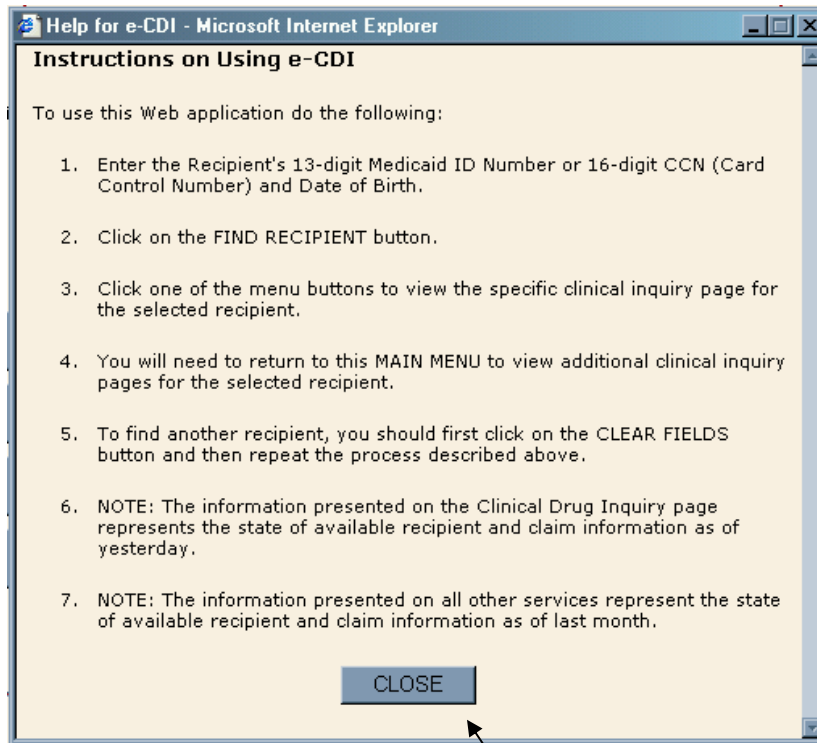
**Warning:** Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals.

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

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

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



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

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

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Department of Health and Hospitals

Logoff  
Home

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

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

Recipient's Medicaid ID Number or CCN:  Find Recipient

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

Recipient's Name:

Recipient's Sex:  Recipient's Age:

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

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

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

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

If the user selects the **Clinical Drug Inquiry** button from the e-CDI Main Menu, then the e-CDI will respond with a prescription history, listed in reverse chronological order, detailing the number, date of service (DOS), Brand or Trade name of the pharmaceutical, a generic description of the pharmaceutical, the strength of the dosage, the route of delivery of the drug, the quantity of items that filled the prescription, the number of days the prescription should supply, a code for Provider Type (PT), and a code for the Provider Specialty (PS):

You can modify the contents of the report by clicking on the radio buttons for **This Month**, **Prior Month**, or **Last 4 Months**.

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

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

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

[illegible]

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## Ancillary Services

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

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

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

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

**Louisiana Medicaid**  
Department of Health and Hospitals

**Louisiana Medicaid Clinical Ancillary Services History  
e-CDI Ancillary Services**

Recipient's Medicaid ID Number or ECN: [REDACTED]  
Recipient's Date of Birth: 10/13/1991  
Recipient's Name: [REDACTED]  
Recipient's Sex: F Recipient's Age: 14

Click below to Select the Services History Period:  
☒ Last Month ☐ Last 6 Months

ANCILLARY SERVICES ARE LISTED IN REVERSE CHRONOLOGICAL ORDER (Most Recent Proc First)

Num	DOS	Proc Code	Proc Description	PT	PS
-----	-----	-----------	------------------	----	----

< Prev Next >

Rec Provider Type, PS= Provider Specialty (move the cursor over the PT or PS column to display a description of the code)

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

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

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

The screenshot shows a web browser window displaying the "e-CDI Emergency Room Services - Microsoft Internet Explorer". The address bar shows the URL "https://biomed3.rpi.gov/web/eclinical/eCDIMainMenu.aspx". The main header area contains the Louisiana Medicaid logo and title. Below this are fields for Recipient's Medicaid ID Number or CCN, Recipient's Date of Birth (11/05/1993), Recipient's Name, Recipient's Sex (M), and Recipient's Age (12). A warning box states: "Warning: Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health and Hospitals." Below the warning is a button labeled "Click below to Select the ER History Period:" with two options: "Last Month" (selected) and "Last 6 Months". At the bottom left, there is a link "Main Menu" and another link "Print". The central part of the screen displays a table titled "ER HISTORY DISPLAYED IN REVERSE CHRONOLOGICAL ORDER (Most Recent Visit First)". The table has columns: Num, DOS, Diag Code, Proc Code, Proc Description, PT, PS. The table body is currently empty. Navigation controls include "<< Prev Next >>" at the bottom right of the table and a footer note: "PT=Provider Type, PS= Provider Specialty (move the cursor over the PT or PS column to display a description of the code)". The page footer indicates Copyright 2003, Unisys Corporation, All Rights Reserved. e-CDI v3.0.

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

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

[illegible]

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



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

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

[illegible]

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

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

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

[illegible]

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

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

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

[illegible]

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## ELECTRONIC PRIOR AUTHORIZATION

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

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

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

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

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

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

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

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

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

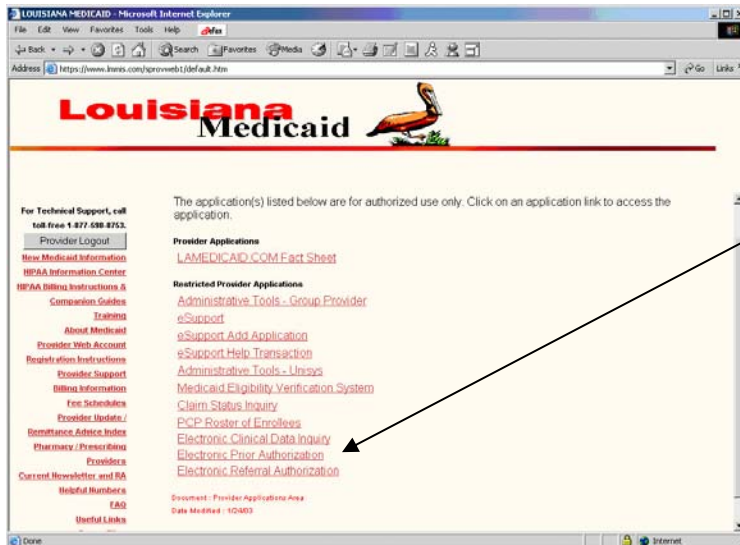
Once the documentation has been faxed to Unisys, it will be cross-referenced back to the original electronic request so that the PA staff can view the supporting documentation on-line while reviewing the PA request.

#### **Important Note**

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

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

1. Open your web browser and enter the URL for the Louisiana Medicaid main menu <http://www.lamedicaid.com>. Login with your provider login ID and password. The **Provider Applications Area** screen is displayed. Select the **Electronic Prior Authorization** link.



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

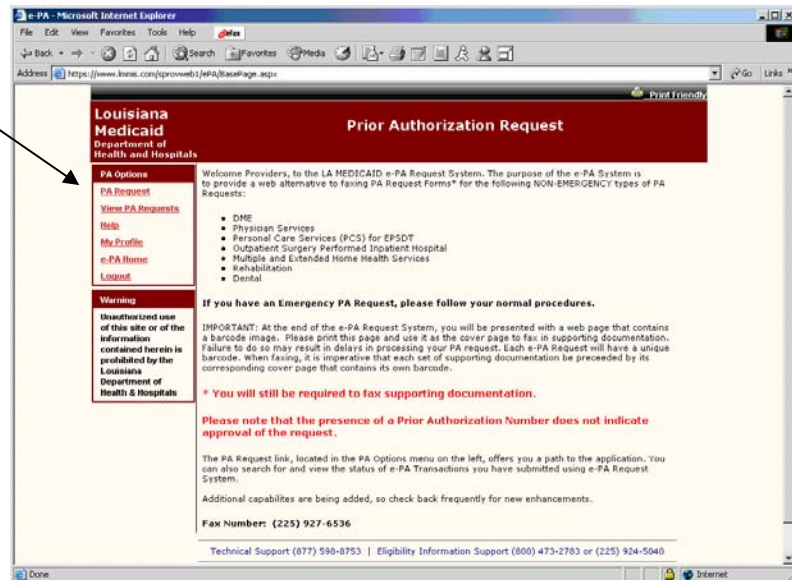


2. The Louisiana Medicaid Prior Authorization Web Application Home screen is displayed.

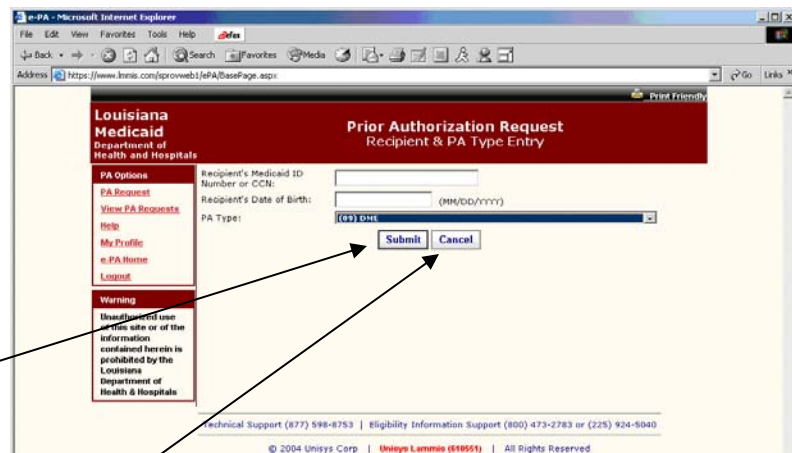
## PA Request

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

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



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





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

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**Prior Authorization Request**  
PA Request Entry

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

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

☐ Continuation of Services

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

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

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

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

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

**SERVICE LEVEL DATA**

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

Place of Treatment: [ ]

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

**Submit** **Cancel**

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Once you have completed all the required fields, select the **Submit** button at the bottom of the page. The system's response to your PA Request Entry will then be displayed.



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

**Louisiana Medicaid**  
Department of Health and Hospitals

**Prior Authorization Request**  
PA Request Entry

**PA Options**  
[PA Request](#)  
[View PA Requests](#)  
[Help](#)  
[My Profile](#)  
[ePA Home](#)  
[Logout](#)

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

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

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

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

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

**SERVICE DATES** From: 07/01/2003 Thru: 07/01/2003 MM/DD/YYYY

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

**SERVICE LEVEL DATA**

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1	09214		EST PATIENT OFFICE VISI	1	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Place of Treatment: [Redacted]

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

ePA Trans. ID 1382 Submitted 5/10/2005 12:10:37 PM Enc. No. 1312

Technical Support (877) 598-8763 | Eligibility Information Support (800) 473-2763 or (225) 924-5040  
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**Reminder:** The printed version of the web page shown above must serve as the cover sheet for any faxed supporting documentation associated with the request.

## View PA Requests

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

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

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

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

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

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

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

Louisiana  
Medicaid  
Department of  
Health and Hospitals

**Prior Authorization Request**  
PA Request Transactions

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

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

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

☐ Current Week
☐ Previous Week
☒ Current Month

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

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

1 2

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

**Louisiana Medicaid**  
Department of Health and Hospitals

**PA Options**


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

[Return to Search Results](#)

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**Prior Authorization Request**  
PA Request Entry



IMPORTANT INFORMATION

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

[Print this Page](#)

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

☐ Continuation of Services

**REQUESTER DATA**

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

Contact Person [REDACTED] Fax No. [REDACTED]

**SUBSCRIBER DATA**

Medicaid ID [REDACTED] SSN [REDACTED]

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

Sex Female DOB [REDACTED]

**DIAGNOSIS**

Code	Description
Primary <span style="border: 1px solid red; padding: 0 5px;">486</span>	<span style="border: 1px solid red; padding: 0 5px;">PNEUMONIA ORGANISM NOS</span>
Secondary [REDACTED]	[REDACTED]

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

**PRESCRIBING PROVIDER DATA**

Physician Name [REDACTED] Physician Number [REDACTED]

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

**SERVICE LEVEL DATA**

Line #	Procedure Code	Modifiers	Description	Requested Units	Requested Amount
1	<span style="border: 1px solid red; padding: 0 5px;">99214</span>	[REDACTED]	<span style="border: 1px solid red; padding: 0 5px;">EST PATIENT OFFICE VIS</span>	<span style="border: 1px solid red; padding: 0 5px;">1</span>	[REDACTED]
2	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
5	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
6	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
7	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
8	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
10	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Place of Treatment** [REDACTED]

**CASE MANAGER INFORMATION**

Name [REDACTED]

Address [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED]

Telephone [REDACTED] Fax [REDACTED]

ePA Trans. ID 1182

Submitted 5/10/2005 12:10:37 PM

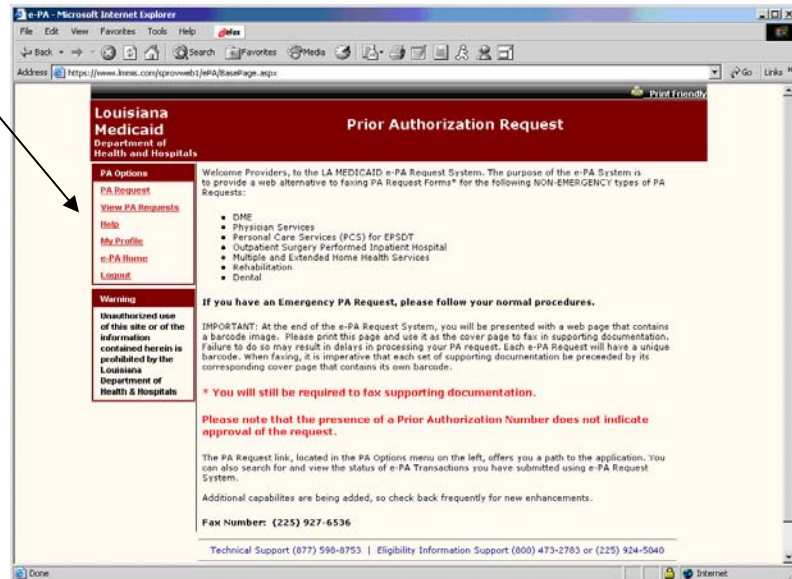
Enc. No. 1512

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

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## Help

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

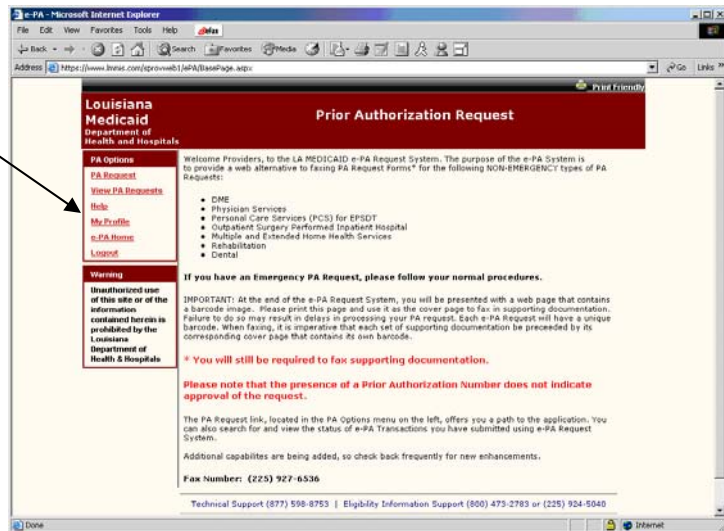


## My Profile

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

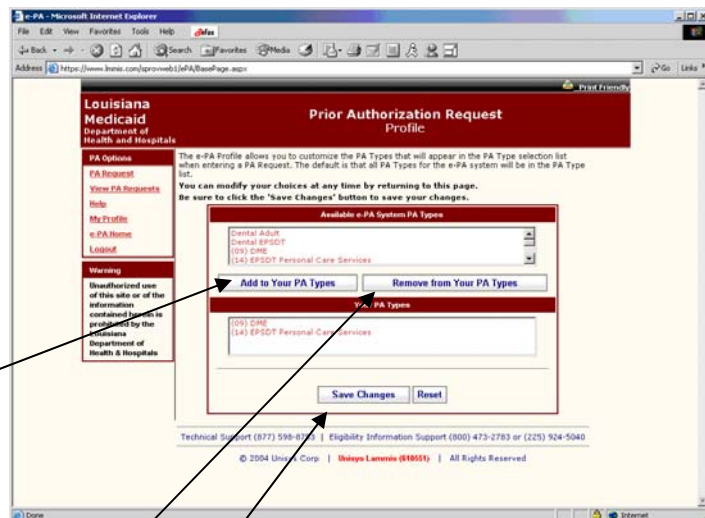
To customize the PA Type select list, follow the steps listed below.

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





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



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

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

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

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



## ELECTRONIC REFERRAL AUTHORIZATION

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

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

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

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

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

### PCP Main Menu

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

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

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Department of Health and Hospitals

[Home](#)

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[Admin Menu \(DHH Only\)](#)

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

Recipient's Medicaid ID Number or CCN:

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

Recipient's Name:

Recipient's Sex:

Recipient's Age:

[Find Recipient](#)

[Clear Fields](#)

[Authorize or Deny an ER Visit](#)

[Authorize or Deny a Specialist Visit](#)

[View Existing PCP Authorizations](#)

[View Authorizations for All Recipients](#)

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

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

Repeat the process for each recipient.

Request Date	Site	Recipient ID	Date of Birth

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Department of Health and Hospitals

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Admin Menu (DHH Only)

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

Recipient's Medicaid ID Number or CCN:  Find Recipient

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

Recipient's Name:

Recipient's Sex:

Recipient's Age:

Authorize or Deny an ER Visit

Authorize or Deny a Specialist Visit

View Existing PCP Authorizations

View Authorizations for All Recipients

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

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

Repeat the process for each recipient.

Request Date	Site	Recipient ID	Date of Birth
8/3/2006	1	7770000364744906	5/9/1983
8/7/2006	1	7770000147186003	8/26/1986
8/7/2006	1	7770000508195202	10/9/1980
8/8/2006	1	7770000064004102	10/8/1988
8/8/2006	1	7770000935314503	1/13/1978
8/10/2006	1	7770000070622801	2/26/1977
8/10/2006	1	7770000070622801	2/26/1977

<<Prev Next>>

If there are no recipients with outstanding visits listed, then the first step is to enter a recipient's Medicaid ID Number or CCN and Date of Birth, then click on the **Find Recipient** Button.

If there are recipients associated with your Provider ID that have outstanding visits, they will be listed here. You can click the recipient ID link to automatically find the recipient.

### Screen example of no recipients listed with outstanding visits:

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Admin Menu (DHH Only)

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

Recipient's Medicaid ID Number or CCN:  Find Recipient

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

Recipient's Name:

Recipient's Sex:

Recipient's Age:

Authorize or Deny an ER Visit

Authorize or Deny a Specialist Visit

View Existing PCP Authorizations

View Authorizations for All Recipients

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

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

Repeat the process for each recipient.

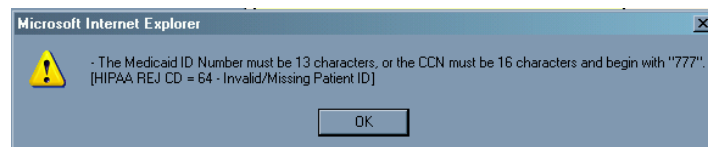
Request Date	Site	Recipient ID	Date of Birth

<<Prev Next>>

You may click on the **Clear Fields** button at any time to start over.

Once you have entered the recipient's Medicaid ID Number or CCN and Date of Birth and clicked on **Find Recipient**, the name, sex, and age of the recipient are displayed.

If you enter the CCN or other data incorrectly (wrong format, etc.), an error message similar to the one shown below will prompt you to try again:



## Screen example of recipients listed with outstanding visits:

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Admin Menu (DHH Only)

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

Recipient's Medicaid ID Number or CCN: Find Recipient

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

Recipient's Name:

Recipient's Sex: F Recipient's Age: 24

Authorize or Deny an ER Visit

Authorize or Deny a Specialist Visit

View Existing PCP Authorizations

View Authorizations for All Recipients

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

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

Repeat the process for each recipient.

Request Date	Site	Recipient ID	Date of Birth
8/3/2006	1	7770000364744906	5/9/1983
8/7/2006	1	7770001477186003	8/26/1986
8/7/2006	1	7770000508155202	10/9/1980
8/8/2006	1	7770000064004102	10/8/1988
8/8/2006	1	7770000935314503	1/13/1978
8/10/2006	1	7770000070622801	2/26/1977
8/10/2006	1	7770000070622801	2/26/1977

<<Prev Next>>

The list of recipients with outstanding visits are displayed.

Select the recipient from which you are searching from the list – the recipient is highlighted and the recipient's Medicaid ID number, DOB, name, age, and sex appear at the top of the screen.

## Authorize or Deny an ER Visit

The steps to authorize or deny an ER visit are as follows:

1. Select **Authorize or Deny an ER Visit** of the specified recipient.

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

Recipient's Medicaid ID Number or CCN: 777999999999102 Find Recipient

Recipient's Date of Birth: 01/01/1984 (MM/DD/YYYY) Clear Fields

Recipient's Name: O'ANA, LOU

Recipient's Sex: M Recipient's Age: 23

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Admin Menu (DHH Only)

Authorize or Deny an ER Visit

Authorize or Deny a Specialist Visit

View Existing PCP Authorizations

View Authorizations for All Recipients

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

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

Repeat the process for each recipient.

Request Date	Site	Recipient ID	Date of Birth

<< Prev Next >>

2. The recipient's CCN, (or Medicaid ID number), DOB, name, sex, and age are displayed along with the requesting provider and PCP name. Select **Authorize the Visit, Deny the Visit, or Return to Hospital for More Information**.

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

Recipient's Medicaid ID Number or CCN:

Recipient's Date of Birth: 5/9/1983

Recipient's Name:

Recipient's Sex: F Recipient's Age: 24

PCP Name: BIDDLE JR JOHN RMD \*

PCP Issue/Response Date: 08/02/2007 (MM/DD/YYYY)

Date of Service: 08/02/2006 (MM/DD/YYYY)

Time of Service: 09:49 (Military Time)

Requesting Provider: WOMENS & CHILDRENS HOSPITAL L\*

Presenting Symptoms: [08/03/2006] COUGH, CHILLS, COLD SYMPTOMS

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Main Menu

Authorize the Visit

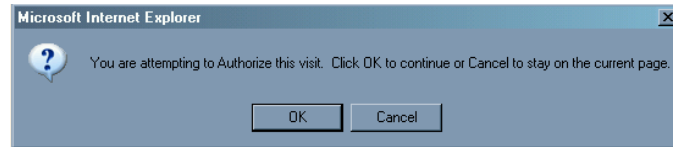
Deny the Visit

Return to Hospital for More Information

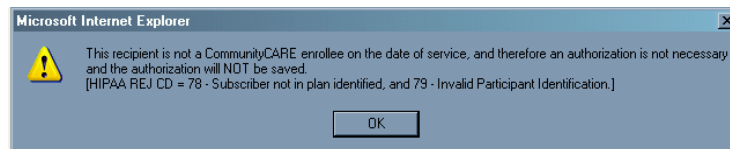
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## Authorize the Visit

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



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



## Deny the Visit

The system responds with the following confirmation. Select the denial reason, add any additional comments, and click **SAVE** to deny the ER visit.

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

Recipient's Medicaid ID Number or CCN:   
Recipient's Date of Birth: 5/9/1983  
Recipient's Name:   
Recipient's Sex: F Recipient's Age: 24

Click the SAVE button to DENY this ER visit.

Denial Reason (Check the appropriate box below.)

☐ 82 - Presenting symptoms do not meet prudent lay person standard/outside office hours  
☐ 86 - Presenting symptoms do not meet prudent lay person standard/office was open  
☐ 89 - Presenting symptoms do not meet prudent lay person standard/enrollee went to the ER against the PCP instruction  
☐ 15 - Other (comments must be entered in the box below)

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

Save

PCP Name: BIDDLE JR JOHN RMD \*  
PCP Issue/Response Date: 08/02/2007 Date of Service: 08/02/2006  
Requesting Provider Name: WOMENS & CHILDRENS HOSPITAL L\*

## Return to Hospital for More Information

The system responds with the following confirmation. Type additional information in the additional comments field (to respond to the Hospital's presenting symptoms displayed in the box above), and click **SAVE** to return to hospital for more information.

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

Recipient's Medicaid ID Number or CCN:   
Recipient's Date of Birth: 5/9/1983  
Recipient's Name:   
Recipient's Sex: F Recipient's Age: 24

Click the SAVE button to RETURN this ER visit.

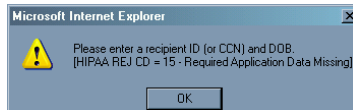
Presenting symptoms entered by ER hospital:  
[08/03/2006] COUGH, CHILLS, COLD SYMPTOMS

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

Save

PCP Name: BIDDLE JR JOHN RMD \*  
PCP Issue/Response Date: 08/02/2007 Date of Service: 08/02/2006  
Requesting Provider Name: WOMENS & CHILDRENS HOSPITAL L\*

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

[illegible]

Once you have entered a recipient's Medicaid ID number or CCN and DOB, and then pressed the **View Existing Authorizations** button, the system responds with a report similar to the one shown on the right. The page displays all the referrals the provider authorized for the specified recipient. You can view referrals for **This Month** (the default), the **Prior Month**, or the **Last 12 Months** by clicking on the appropriate radio button.

[illegible]

You may click on the **View Authorizations for All Recipients** button with or without having first entered a recipient's Medicaid ID Number or CCN and DOB.

2007 Louisiana Medicaid Web Applications Provider Training





## Hospital Main Menu

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

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[CommunityCARE PCP List](#)

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

Recipient's Medicaid ID Number or CCN:  Find Recipient

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

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

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

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

**INSTRUCTIONS:**

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

Enter a new ER Visit Request

View Existing ER Visit Requests

View Requests for ALL Recipients

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Enter the recipient's ID (or CCN and DOB, then Click the **Find Recipient** button.

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[CommunityCARE PCP List](#)

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

Recipient's Medicaid ID Number or CCN: 1004022447801 Find Recipient

Recipient's Date of Birth: 01/01/1984 (MM/DD/YYYY) Clear Fields

Recipient's Name: O'ANA, LOU

Recipient's Sex: M Recipient's Age: 23

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

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

**INSTRUCTIONS:**

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

Enter a new ER Visit Request

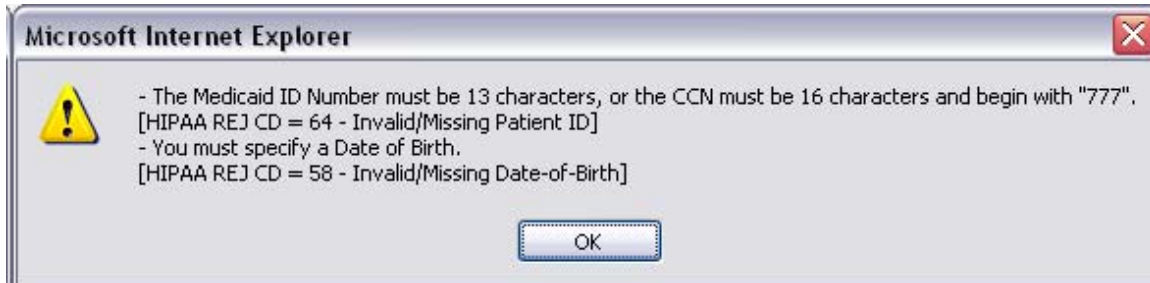
View Existing ER Visit Requests

View Requests for ALL Recipients

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Once you have entered the recipient's Medicaid ID (or CCN) and DOB and clicked on **Find Recipient**, the name, sex, and age of the recipient is displayed.

If you enter the recipient ID (or CCN) and other data incorrectly (wrong format, etc.), an error message similar to the one shown below will display and prompt you to try again:



## Enter a new ER Visit Request

The steps to setup a new ER visit request to the PCP are as follows:

1. Select **Enter a new ER Visit Request** of the specified recipient.

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[CommunityCARE PCP List](#)

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

Recipient's Medicaid ID Number or CCN:  [Find Recipient](#)

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

Recipient's Name: **O'ANA, LOU**

Recipient's Sex: **M**      Recipient's Age: **23**

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

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

**INSTRUCTIONS:**

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

[Enter a new ER Visit Request](#)

[View Existing ER Visit Requests](#)

[View Requests for ALL Recipients](#)

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2. The recipient's ID (or CCN), DOB, name, age, and sex are displayed along with the requirement to enter information associated with the referral request. Use this page to enter information associated with the recipient for an ER visit when no PCP referral/authorization exists. Be sure to enter the **ER DATE OF SERVICE**, **ER TIME OF SERVICE**, and **PRESENTING SYMPTOMS** in the boxes below and then click on the button **SEND REQUEST TO PCP**. The PCP can then review this information to authorize or deny your request for post-authorization of this ER visit.

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Department of Health and Hospitals  
[Main Menu](#)

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

Recipient's Medicaid ID Number or CCN: **77799999999102**  
Recipient's Date of Birth: **01/01/1984**  
Recipient's Name: **O'ANA, LOU**  
Recipient's Sex: **M** Recipient's Age: **23**

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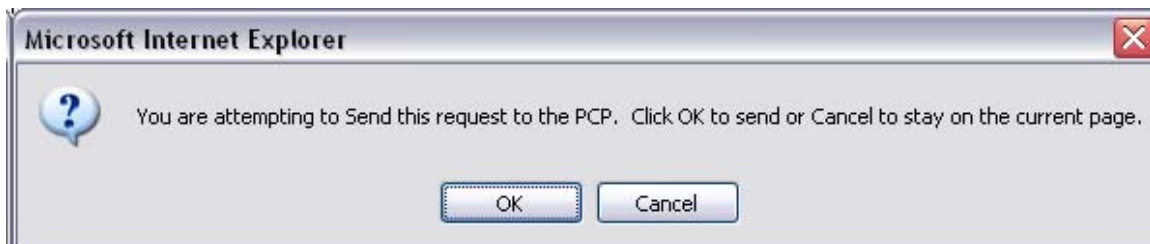
Click on this Link to view **INSTRUCTIONS** for using this Web page.

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

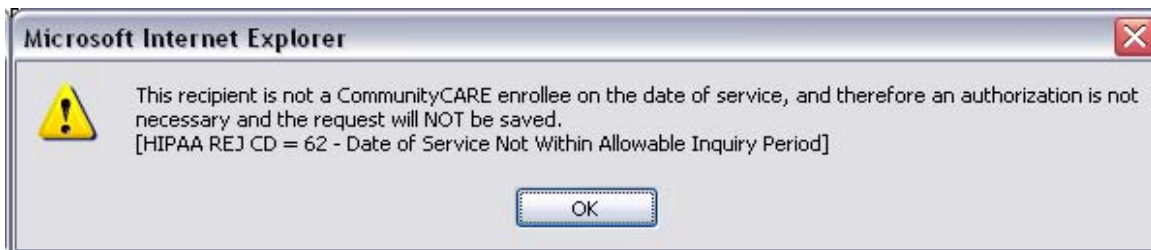
ER Date of Service: **08/03/2007** (MM/DD/YYYY)  
ER Time of Service: **09:51** (Military Time) [Send Request to PCP](#)  
Presenting Symptoms: (Please limit your entry to 400 characters or less.)

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



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



## View Existing ER Visit Requests

The steps to view existing ER visit requests are as follows:

1. Select **View Existing ER Visit Requests** of the specified recipient.

**Louisiana Medicaid**  
Department of Health and Hospitals  
[Home](#)

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

Recipient's Medicaid ID Number or CCN:  [Find Recipient](#)

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

Recipient's Name: O'ANA, LOU

Recipient's Sex: M Recipient's Age: 23

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

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

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

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

[CommunityCARE PCP List](#)

[Enter a new ER Visit Request](#)

[View Existing ER Visit Requests](#)

[View Requests for ALL Recipients](#)

**INSTRUCTIONS:**

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

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Note: If you click the View Existing ER Visit Requests button without first having entered a recipient's Medicaid ID number (or CCN) and DOB, the system will respond with this following reminder:



- [illegible]

The steps to view requests for ALL recipients are as follows:

1. Select **View Requests for ALL Recipients** of the specified recipient.

Louisiana  
Medicaid

Department of Health  
and Hospitals

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

Home

Recipient's Medicaid ID Number or CCN: 777999999999102 Find Recipient

Recipient's Date of Birth: 01/01/1984 MM/DD/YYYY Clear Fields

Recipient's Name: O'ANA, LOU

Recipient's Sex: M Recipient's Age: 23

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

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

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

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

CommunityCARE PCP  
List

Enter a new ER Visit Request

View Existing ER Visit Requests

View Requests for ALL Recipients

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You may click on the **View Recipients for ALL Recipients** button with or without having first entered a recipient's Medicaid ID (or CCN) and DOB.

- The following page is displayed showing all of the ER requests that your institution has submitted for all recipients.

You may refine the displayed information by specifying a **Provider** or **Group**, or a date type (**Date of Service**, **Issue Date**, **Request Date**, or **No Selection** – the default). If you choose to search by a date type, you must also enter a **Date** in the Date text box. Alternatively, you may click on the radio button for **This Month** (the default), **Prior Month**, or **Last 12 Months**. You may also search by status indicator of **A**, **O**, **D**, **R**, or **Any Status** (the default).

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

Louisiana  
Medicaid

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

Department of  
Health and Hospitals  
Main Menu

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

Note: This page is for informational purposes only. It shows all the ER requests that your institution has submitted for all recipients. You may refine the displayed information by using any of the following search criteria, and then click the "Execute your Search" button.

Optional Search Criteria:

PCP (Last, First) or Group Name:

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

☐ Request Date
☐ Date of Service
☐ Response Date
☒ No Selection

Date:  (MM/DD/YYYY)

Click below to select the period based on Request Date:

☒ This Month
☐ Prior Month
☐ Last 12 Months

Click below to select a status:

☒ A
☐ O
☐ D
☐ R
☒ Any Status

Request Date	DOS	Response Date	Ref Auth Nbr	Status	HIPAA Status	PCP or Group Name	Recipient ID	Recipient Name (Last, First)

## PCP ROSTER OF ENROLLEES

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

**Note:** The CP-0-92 and RS-0-07 reports are loaded monthly on the LA Medicaid website. These reports remain on the site for 2 months allowing providers to access the current and previous months' reports. It is the provider's responsibility to access the web application, download, and save these reports as Unisys does not have access to this information.

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

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

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

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

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

Address: https://louisiana31.govweb1/default.htm

**Louisiana Medicaid**

Change Password Change Account Info Provider Logout Help

**PCP Roster of Enrollees Login**

Home Instructions

Please Enter the Provider Id and Site:

Provider Id:

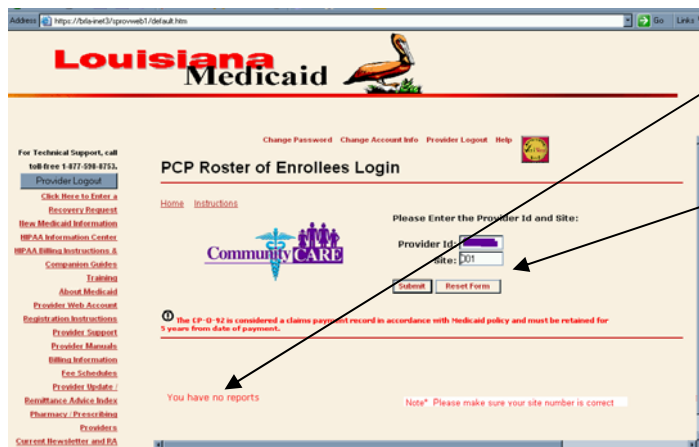
Site:

Submit Reset Form

The CP-0-92 is considered a claim payment record in accordance with Medicaid policy and must be retained for 9 years from date of payment.



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



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

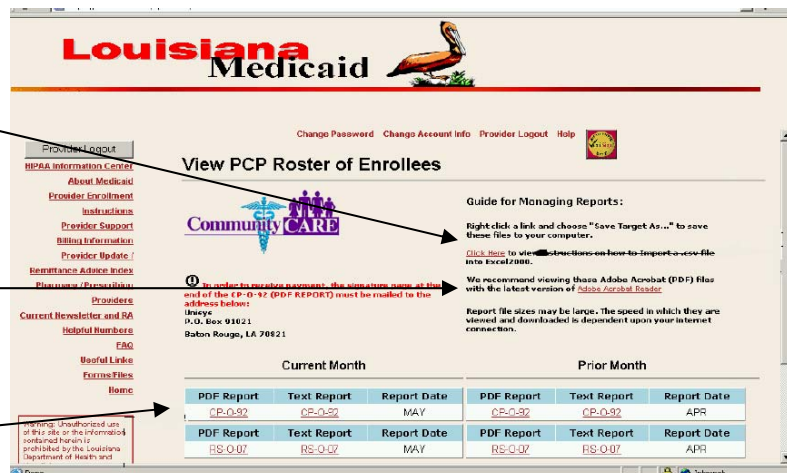
The **Reset Form** button provides a convenient way to clear the Site text box.

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

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

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

The report names, underlined in red, are links to pdf files or text files, as noted. Instructions for managing the reports are provided on the page under the "Guide for Managing Reports" heading.



## PROVIDER ASSISTANCE

The Louisiana Department of Health and Hospitals and Unisys maintain a website to make information more accessible to LA Medicaid providers. At this online location, [www.lamedicaid.com](http://www.lamedicaid.com), providers can access information ranging from how to enroll as a Medicaid provider to directions for filling out a claim form.

Below are some of the most common topics found on the website:

[New Medicaid Information](#)  
[National Provider Identifier \(NPI\)](#)  
[Disaster](#)  
[Provider Training Materials](#)  
[Provider Web Account Registration Instructions](#)  
[Provider Support](#)  
[Billing Information](#)  
[Fee Schedules](#)  
[Provider Update / Remittance Advice Index](#)  
[Pharmacy](#)  
[Prescribing Providers](#)  
[Provider Enrollment](#)  
[Current Newsletter and RA](#)  
[Helpful Numbers](#)  
[Useful Links](#)  
[Forms/Files/User Guidelines](#)

- ☞ The website also contains a section for Frequently Asked Questions (FAQ) that provide answers to commonly asked questions received by Provider Relations.

Along with the website, the Unisys Provider Relations Department is available to assist providers. This department consists of three units, (1) Telephone Inquiry Unit, (2) Correspondence Unit, and (3) Field Analyst. The following information addresses each unit and their responsibilities.

### Unisys Provider Relations Telephone Inquiry Unit

The telephone inquiry staff assists with inquiries such as obtaining policy and procedure information/clarification; ordering printed materials; billing denials/problems; requests for Field Analyst visits; etc.

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

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

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The following menu options are available through the Unisys Provider Relations telephone inquiry phone numbers. Callers should have the 7-digit LA Medicaid provider number available to enter the system. Please listen to the menu options and press the appropriate key for assistance.

**Press #2 - To order printed materials only\*\***

Examples: Orders for provider manuals, Unisys claim forms, and provider newsletter reprints. To choose this option, press “2” on the telephone keypad. This option will allow providers to leave a message to request printed materials **only**. Please be sure to leave (1) the provider name, (2) provider number, (3) contact person, (4) complete mailing address, (5) phone number and (6) specific material requested.

- ☞ Only messages left in reference to printed materials will be processed when choosing this option. Please review the other options outlined in this section for assistance with other provider issues.
- ☞ Fee schedules, TPL carrier code lists, provider newsletters, provider workshop packets and enrollment packets may be found on the LA Medicaid website. Orders for these materials should be placed through this option **ONLY** if you do not have web access.
- ☞ Provider Relations staff mail each new provider a current copy of the provider manual and training packet for his program type upon enrollment as a Medicaid provider. An enrolled provider may also request a copy of the provider manual and training packet for the Medicaid program in which he is enrolled. A fee is charged for provider manuals and training packets ordered for non-providers (attorneys, billing agents, etc.) or by providers wanting a manual for a program for which they are not enrolled. All orders for provider manuals and training packets should be made by contacting the Provider Relations Telephone Inquiry Unit. Those requiring payment will be forwarded to the provider once payment is received.

**Provider Relations cannot assist recipients.** The telephone listing in the “Recipient Assistance” section found on page 80 should be used to direct Medicaid recipient inquiries appropriately. 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.

**Press #3 - To verify recipient or provider eligibility; Medicare or other insurance information; Primary Care Physician information; or service limits.**

- Recipient eligibility
- Third Party (Insurance) Resources
- CommunityCARE
- Lock-In

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

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**Press #4** - To resolve a claims problem

Provider Relations staff are available to assist with resolving claim denials, clarifying denial codes, or resolving billing issues.

**NOTE:** Providers must use e-CSI to check the status of claims and e-CSI in conjunction with remittance advices to reconcile accounts.

**Press #5** – To obtain policy clarification, procedure code reimbursement verification, request a field analyst visit, or for other information.

## **Unisys Provider Relations Correspondence Group**

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

Providers who wish to submit problem claims for research and want to receive a written response, **must submit a 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.

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:** Many providers submit claims that do not require special handling to the Provider Relations Department hoping to expedite processing of these claims. However, this actually delays claim processing, as the claims must pass through additional hands before reaching the appropriate processing area. In addition, it diverts productivity that would otherwise be devoted to researching and responding to provider requests for assistance with legitimate claim problems. Providers are asked to send claims that do not require special handling directly to the appropriate post office box for that claim type.

**Eligibility File Updates:** Provider Relations staff also handles requests to update recipient files with correct eligibility. Staff in this unit 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.

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

**Claims Over Two Years Old:** Providers are expected to resolve claims issues within two years from the date of service on the claims. The process through which claims over two years old will be considered for re-processing is discussed in this training packet under the section, Timely Filing Guidelines. In instances where the claim meets the DHH established criteria, a detailed letter of explanation, the hard copy claim, and required supporting documentation must be submitted **in writing** to the Provider Relations Correspondence Unit at the address above. **These claims may not be submitted to DHH personnel and will not be researched from a telephone call to DHH or the Provider Inquiry Unit.**

### **Unisys Provider Relations Field Analysts**

Provider Relations Field Analysts are available to visit and train new providers and their office staff on site, upon request. 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 the Field Analysts routinely work in the field, they are not available to answer calls regarding eligibility, routine claim denials, and requests for material, or other policy documentation. These calls should not be directed to the Field Analysts but rather to the Unisys Provider Relations Telephone Inquiry Unit at (800) 473-2783 or (225) 924-5040.**

FIELD ANALYST	PARISHES SERVED	
<b>Kellie Conforto</b> (225) 216-6269	Jefferson Orleans Plaquemines	St. Bernard St. Tammany ( <b>Slidell Only</b> )
<b>Stacey Fairchild</b> (225) 216-6267	Ascension Assumption Calcasieu Cameron Jeff Davis Lafourche St. Charles	St. James St. John St. Martin ( <b>below Iberia</b> ) St. Mary Terrebonne Vermillion Beaumont (TX)
<b>Tracey Guidroz</b> (225) 216-6201	West Baton Rouge Iberville Tangipahoa St. Tammany ( <b>except Slidell</b> )	Washington Centerville (MS) McComb (MS) Woodville (MS)
<b>Ursula Mercer</b> (225) 216-6273	Bienville Bossier Caddo Caldwell Claiborne Catahoula Concordia East Carroll Franklin Jackson	LaSalle Lincoln Madison Morehouse Ouachita Richland Tensas Union Webster West Carroll Vicksburg (MS) Marshall (TX)
<b>Kelli Nolan</b> (225) 216-6260	East Baton Rouge East Feliciana Livingston	Pointe Coupee St. Helena West Feliciana
<b>LaQuanta Robinson</b> (225) 216-6249	Acadia Allen Evangeline Iberia	Lafayette St. Landry St. Martin ( <b>above Iberia</b> )
<b>Sherry Wilkerson</b> (225) 216-6306	Avoyelles Beauregard DeSoto Grant Natchitoches Rapides	Red River Sabine Vernon Winn Jasper (TX) Natchez (MS)

## Provider Relations Reminders

The Unisys Provider Relations inquiry staff strives to respond to provider inquiries quickly and efficiently. There are a number of ways in which the provider community can assist the staff in responding to inquiries in an even more timely and efficient manner:

- Providers should have the following information ready when contacting Provider Relations regarding claim inquiries:
  - The correct 7-digit LA Medicaid provider number
  - The 13-digit Recipient's Medicaid ID number
  - The date of service
  - Any other information, such as procedure code and billed charge, that will help identify the claim in question
  - The Remittance Advice showing disposition of the specific claim in question
- Obtain the name of the phone representative you are speaking to in case further communication is necessary.
- Because of the large volume of incoming provider calls, Telephone Inquiry staff are not allowed to be put on hold after answering a call.
- PLEASE review and reconcile the remittance advice before calling Provider Relations concerning claims issues. Some providers call Provider Relations frequently, asking questions that could be answered if the RA was reviewed thoroughly. However, providers are encouraged to call Provider Relations with questions concerning printed policy, procedures, and billing problems.
- **Provider Relations WILL NOT reconcile provider accounts or work old accounts for providers. Calls to check claim status tie up phone lines and reduce the number of legitimate questions and inquiries that can be answered. It is each provider's responsibility to establish and maintain a system of tracking claim billing, payment, and denial. This includes thoroughly reviewing the weekly remittance advice, correcting claim errors as indicated by denial error codes, and resubmitting claims which do not appear on the remittance advice within 30 - 40 days for hard copy claims and three weeks for EDI claims.**
- **Providers can check claim status through the e-CSI (Claim Status Inquiry) web application found in the secure area of the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com). We are required to use HIPAA compliant denial and reference codes and descriptions for this application. If the information displayed on e-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 e-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 e-CSI or hard copy remittance advices for this purpose. This includes provider's direct staff and billing agents or vendors. A LA Medicaid/HIPAA Error Code Crosswalk is available on the website by accessing the link, Forms/Files.**

- If a provider has a large number of claims to reconcile, it may be to the provider's advantage to order a provider history. Please see the Ordering Information section for instructions on ordering a provider history.
- **Provider Relations cannot assist recipients.** The telephone listing in the "Recipient Assistance" section found in this packet should be used to direct Medicaid recipient inquiries appropriately. 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.
- Providers who wish to submit problem claims for a written response **must submit a cover letter** explaining the problem or question.
- Calls regarding eligibility, claim issues, requests for Unisys claim forms, manuals, or other policy documentation should not be directed to the Field Analysts but rather to the Unisys Provider Relations Telephone Inquiry Unit.

## 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. Professional, DME, Hospital, etc.)  
 Department of Health and Hospitals  
 P.O. Box 91030  
 Baton Rouge, LA 70821



## PHONE AND FAX NUMBERS FOR PROVIDER ASSISTANCE

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

## ADDITIONAL NUMBERS FOR PROVIDER ASSISTANCE

Department	Phone Number	Purpose
<b>Regional Office – DHH</b>	(800) 834-3333 (225) 925-6606	Providers may request verification of eligibility for presumptively eligible recipients; recipients may request a new card or discuss eligibility issues.
<b>Eligibility Operations – BHSF</b>	(888) 342-6207	Recipients may address eligibility questions and concerns.
<b>LaCHIP Program</b>	(877) 252-2447	Providers or recipients may obtain information about the LaCHIP Program that expands Medicaid eligibility for children from birth to 19.
<b>Office of Public Health - Vaccines for Children Program</b>	(504) 838-5300	Providers may obtain information regarding the Vaccines for Children program, including information on how to enroll in the program.
<b>Specialty Care Resource Line - ACS</b>	(877) 455-9955	Providers and recipients may obtain referral assistance.
<b>CommunityCARE/KIDMED Hotline - ACS</b>	(800) 259-4444	Recipients may choose or change a PCP, inquire about CommunityCARE program policy or procedures, express complaints concerning the CommunityCARE program, request enrollment in the KIDMED program, and obtain information on KIDMED. Providers may inquire about PCP assignment for CommunityCARE recipients and CommunityCARE monitoring/certification, and obtain information on KIDMED linkage, referrals, monitoring, and certification.
<b>Louisiana Medicaid Nurse Helpline – ACS</b>	(866) 529-1681	CommunityCARE recipients may call 24 hours a day, 7 days a week, to speak with a nurse regarding health questions and problems.
<b>EarlySteps Program - OCDD</b>	(866) 327-5978	Providers and recipients may obtain information on the EarlySteps Program and services offered.
<b>LINKS</b>	(504) 838-5300	Providers and recipients may obtain immunization information on recipients.
<b>Program Integrity</b>	(225) 219-4149	Providers may request termination as a recipient's lock-in provider.
<b>Office of Aging and Adult Services (OAAS)</b>	(225) 219-0223 (866) 758-5035	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).
<b>Office for Citizens with Developmental Disabilities (OCDD)/Waiver Supports &amp; Services (WSS)</b>	(225) 342-0095 (866) 783-5553	Providers and recipients may request assistance regarding waiver services to waiver recipients.
<b>Family Planning Waiver</b>	(225) 219-4153	Providers may request assistance about the family planning waiver.
<b>DHH Rate and Audit</b>	(225) 342-6116	For LTC, Hospice, PACE, and ADHC providers to address rate setting and claims or audit issues.

## PHONE NUMBERS FOR RECIPIENT ASSISTANCE

Provider Relations cannot assist recipients. The telephone listing below should be used to direct recipient inquiries appropriately.

<b>Department</b>	<b>Phone</b>	<b>Purpose</b>
<b>Fraud and Abuse Hotline</b>	(800) 488-2917	Recipients may anonymously report any suspected fraud and/or abuse.
<b>Regional Office – DHH</b>	(800) 834-3333 (225) 925-6606	Recipients may request a new card or discuss eligibility issues.
<b>Eligibility Operations – BHSF</b>	(888) 342-6207	Recipients may address eligibility questions and concerns.
<b>LaCHIP Program</b>	(877) 252-2447	Recipients may obtain information concerning the LaCHIP Program which expands Medicaid eligibility for children from birth to 19.
<b>Specialty Care Resource Line - ACS</b>	(877) 455-9955	Recipients may obtain referral assistance.
<b>CommunityCARE/KIDMED Hotline - ACS</b>	(800) 259-4444	Recipients may choose or change a PCP, inquire about CommunityCARE program policy or procedures, express complaints concerning the CommunityCARE program, request enrollment in the KIDMED program, and obtain information on KIDMED.
<b>Louisiana Medicaid Nurse Helpline – ACS</b>	(866) 529-1681	CommunityCARE recipients may call 24 hours a day, 7 days a week, to speak with a nurse regarding health questions and problems.
<b>EarlySteps Program – OCDD</b>	(866) 327-5978	Recipients may obtain information on the EarlySteps Program and services offered.
<b>LINKS</b>	(504) 838-5300	Recipients may obtain immunization information.
<b>Office of Aging and Adult Services (OAAS)</b>	(225) 219-0223 (800) 660-0488	Recipients may request assistance regarding Elderly and Disabled Adults (EDA), Adult Day Health Care (ADHC) and Long Term Personal Care Services (LT-PCS).
<b>Office for Citizens with Developmental Disabilities (OCDD)/Waiver Supports &amp; Services (WSS)</b>	(225) 342-0095 (866) 783-5553	Recipients may request assistance regarding waiver services.
<b>Family Planning Waiver</b>	(225) 219-4153	Recipients may request assistance regarding family planning waiver services.

**NOTE:** Providers should not give their provider 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.

## HOW DID WE DO?

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

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

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

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

Do you have internet access in the workplace? \_\_\_\_\_

Do you use [www.lamedicaid.com](http://www.lamedicaid.com)? \_\_\_\_\_

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

Please provide us with your business email address: \_\_\_\_\_

Please specify your Provider Number so we can cross reference it with your email address: \_\_\_\_\_

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

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