Multi-Systemic Therapy PROVIDER TRAINING

November 14, 2008

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

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Effective July 1, 2008, Louisiana Medicaid began reimbursing Multi-Systemic Therapy (MST). The age restriction for entrance to the MST program is 11-17 years old. MST is an intensive home/family and community-based treatment for youth who are at risk of out-of-home placement or who are returning home from placement because of the emotional/behavioral services.

The model is based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions.

Services include an initial assessment to identify the focus of the MST interventions to be used with the individual and family. Specialized therapeutic and rehabilitative interventions are available to address specific areas of need such as substance abuse, delinquency, violent behavior, etc.

Services are primarily provided in the home, but workers also intervene at school and in other community settings.

MEDICAID ENROLLMENT

APPLICATIONS

A provider enrollment packet may be obtained at www.lamedicaid.com or by calling Unisys Provider Enrollment at (225) 216-6370.

Potential providers must complete their Medicaid enrollment packet and return it back to Unisys.

NATIONAL PROVIDER IDENTIFIER (NPI)

Providers must have obtained a National Provider Identifier (NPI) and must supply the NPI on the enrollment form. Packets that do not contain the NPI will be rejected.

If you have not requested your NPI(s) from the National Plan and Provider Enumeration System (NPPES) you must complete that process prior to enrolling with Louisiana Medicaid.

Health care providers needing assistance on obtaining an NPI should contact the NPI Enumerator at 1-800-465-3203, TTY 1-800-692-2326, or email the request to the NPI Enumerator at CustomerService@NPIenumerator.com.

Tie-breaker/Taxonomy

If the same NPI is used for multiple Medicaid provider numbers, the provider must use the NPI and a tie-breaker (either Taxonomy or Zip Code + 4) for enrolling in Louisiana Medicaid AND on the EDI claims submission. This allows the claim/payment to be directed to the correct Medicaid provider.

A taxonomy code is part of the NPI rule and is intended to categorize the provider by type, specialty, and sub-specialty. The taxonomy list may be accessed through the LA Medicaid web site under the home page link, Important NPI Links, and then Washington Publishing link.

The Medicaid enrollment process must be successfully completed and a provider number assigned before claims may be submitted for processing.

Questions concerning enrollment should be directed to Unisys Provider Enrollment at (225) 216-6370. Questions concerning billing should be directed to Unisys Provider Relations at (800) 473-2783 or (225) 924-5040. Other questions or concerns should be directed to Amanda Joyner, Program Manager at (225) 342-3628.

COVERED SERVICES

Services are provided through a team approach to individuals and their families. The intent of the team approach is to:

1. Promote the family's capacity to monitor and manage the youth's behavior;

2. Involve families and other systems, such as the school, probation officers, extended families and community connections;

3. Provide access to a variety of interventions 24 hours per day, seven days per week by staff that will maintain contact and intervene as one organizational unit; and

4. Include structured face-to-face therapeutic interventions to provide support and guidance in all areas of functional domains (adaptive, communication, psychosocial, problem solving, behavior management, etc.).

5. MST providers are responsible for ensuring that a psychiatric, psychological or psychosocial evaluation completed by a licensed psychiatrist, psychologist or licensed clinical social worker no more than 12 months prior to the admission to MST services is on file to document medical necessity for MST services. If a psychiatric, psychological or psychosocial evaluation has not been done, the MST provider is responsible for coordinating the scheduling of an evaluation with a provider enrolled in an appropriate Medicaid program and obtaining a copy for the file.

SERVICE COMPONENTS

Components of MST services include:

1. An initial assessment to identify the focus of the MST intervention;

2. Therapeutic interventions with the individual and his or her family;

3. Peer intervention;

4. Specialized therapeutic and rehabilitative interventions to address all areas seen as contributing to an individual's delinquency including, but not limited to:

    a. Substance abuse;

    b. Sexual abuse; or

    c. Domestic violence

5. Crisis stabilization.

DURATION OF SERVICES

The duration of MST intervention is typically three to six months. Weekly interventions may range from three to twenty hours per week and may be less as a case nears closure.

REIMBURSEMENT/BILLING PROCEDURES

REIMBURSEMENT

Reimbursement will be made on a per unit fee-for-service basis.

BILLING

- MST services will be billed using the hard copy CMS-1500 claim form or the electronic 837P transaction.

- Services are billed under procedure code **H2033**, by date of service and in 15 minute increment/units of service.

    o Procedure code H2033 is used for both the initial MST assessment and ongoing treatment.

- Span date billing is not accepted.

- Providers must bill their usual and customary rate and may not bill more for Medicaid recipients than for other patients receiving the same service.

MST shall not be billed on the same date of service with the following services:

1. Mental health rehabilitation (MHR) services other than medication management and assessment (codes: H0031 and 90862);

2. Community Mental Health Centers (CMHC) services other than medication management and evaluation (codes 90801, 90802 or 90862);

3. Inpatient stay;

4. Mental Health Clinic services other than medication management and evaluation (codes 90801, 90802 or 90862);

5. Residential Treatment Facility;

SERVICE DOCUMENTATION

Service logs are the means for clearly documenting allowable services billed. The following information must be entered on the service log to provide a clear audit trail:

- Name of recipient;

- Name of employee providing the service;

- Date of service contact;

- Begin and end time for service rendered;

- Place of service contact;

- Purpose of service contact; and

- Content and outcome of service contact.

PLACE OF SERVICE

This service is provided in places where natural supports for the recipient may be found. In addition to the home and school, these may include a community center, church, library, Boys and Girls Club or local park. The service may not be provided in any inpatient setting such as a hospital or residential treatment facility. An appropriate place of service code must be entered on all claims.

DIAGNOSIS CODES

Diagnosis codes must be within the mental health range. Here are some likely DSM IV codes that might be seen in MST:

- ADHD 314.xx
  - o .01 combined type
  - o .00 predominantly Inattentive type
  - o .01 predominantly Hyperactive-Impulsive type (yes, same code as combined)

- ADHD NOS (not otherwise specified) 314.9

- Conduct Disorder 312.8

- Oppositional Defiant Disorder 313.81

- Disruptive Behavior Disorder NOS 312.9

- Cannabis Abuse 305.20 (secondary diagnosis)

- Alcohol Intoxication 303.00

- Cocaine Abuse 305.60

- Depressive Disorders:

- Major Depressive Disorder 296.xx
  - o .2x Single Episode
  - o 3x Recurrent

- Depressive Disorder NOS 311

- Bipolar I Disorder 296.xx
  - o .0x Single Manic episode
  - o .40 Most recent episode Hypomanic
  - o .4x Most recent episode Manic
  - o .6x Most recent episode mixed
  - o .5 Most recent episode depressed
  - o .7x most recent episode Unspecified

- Adjustment Disorder 309.xx
  - o .0 With Depressed mood
  - o .24 with anxiety
  - o .28 with mixed anxiety and depressed mood
  - o .3 with disturbance of conduct
  - o .4 with mixed disturbance of emotions and conduct
  - o .9 Unspecified

- Physical Abuse of a Child V61.21 (995.5 if focus is on victim)
- Sexual Abuse of a Child V1.21

_____

- Neglect of a Child V61.21

- Physical Abuse of Adult V61.1

- Noncompliance with Treatment V15.81

- Child or Adolescent Antisocial Behavior V 71.02

- Borderline Intellectual Functioning V62.89

- Academic Problem V62.3

- Unspecified Mental Disorder (non-psychotic) 300.9

MST would not be expected to be the treatment of choice for some of these diagnoses **IF** they were the primary or exclusive diagnosis, but would likely be seen with some substance abuse, sexual/physical abuse, borderline intellectual functioning, etc. in conjunction with diagnoses such as Oppositional Defiant, Conduct Disorder, ADHD, Mood Disorders, etc.

HARD COPY CLAIMS ADDRESS

Hard copy claims should be submitted to the following address:

UNISYS
P.O. Box 91020
Baton Rouge, LA 70821

Note: MST services are exempt from the Community Care Program and do not require a PCP referral.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| | PICA | | | | | | PICA | |

1. MEDICARE (Medicare #)	MEDICAID (Medicaid #)	TRICARE CHAMPUS (Sponsor's SSN)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (SSN or ID)	FECA BLK LUNG (SSN)	OTHER (ID)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)

1a. INSURED'S I.D. NUMBER — **1234567890123**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) — **Doe, John**

3. PATIENT'S BIRTH DATE: MM **06** DD **15** YY **95** SEX M **✓** F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED — Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)

CITY | STATE

8. PATIENT STATUS — Single ☐ Married ☐ Other ☐

CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code) ( )

Employed ☐ Full-Time Student ☐ Part-Time Student ☐

ZIP CODE | TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) ☐ YES ☐ NO

a. INSURED'S DATE OF BIRTH: MM DD YY SEX M ☐ F ☐

b. OTHER INSURED'S DATE OF BIRTH: MM DD YY SEX M ☐ F ☐

b. AUTO ACCIDENT? ☐ YES ☐ NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? ☐ YES ☐ NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED_____ DATE_____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED_____

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. | 17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. **3128** 3. ____.____

2. ____.____ 4. ____.____

22. MEDICAID RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	10 20 08 10 20 08	12		H2033	1	180 00*	4		NPI	
2	10 22 08 10 22 08	12		H2033	1	180 00	4		NPI	
3	10 27 08 10 27 08	03		H2033	1	180 00	4		NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER ☐ SSN ☐ EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO

28. TOTAL CHARGE $ **540 00**

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Ima Biller

SIGNED ____ DATE ____

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

ABC Clinic
123 Sunny Lane
Anytown, LA 71111

a. **1234567890** b. **1234567**

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

***Providers must bill their usual & customary fee.**

HARD COPY CLAIMS PROCESSING REMINDERS

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

When submitting a hard copy claim form, prepare paper claim forms according to the following instructions to ensure appropriate and timely processing:

- Submit an original claim form. Claim forms **must be two sided** documents and include the standard information on the back regarding fraud and abuse.
- Enter information within the appropriate boxes and align forms in your printer to ensure the correct horizontal and vertical placement of data elements within the boxes.
- **DO NOT use a highlighter to draw attention to specific information.**
- Paper claims must be legible and in good condition for scanning.
- Continuous feed forms must be torn apart before submission.
- Use high quality printer ribbons or cartridges-black ink only.
- Use 10-12 point font sizes such as Courier 12, Arial 11, and Times New Roman 11.
- Do not use italic, bold, or underline features.
- **Do not use white out or a marking pen to omit claim line entries. To correct an error, draw a line through the error and initial it. Use a black ballpoint pen (medium point).**
- All claim attachments should be standard 81/2 x 11 sheets. Any attachments larger or smaller than this size should be copied onto standard sized paper. If it is necessary to attach documentation to a claim, the documents must be placed directly behind **each** claim that requires this documentation. **Therefore, it may be necessary to make multiple copies of the documents if they must be placed with multiple claims**.

CHANGES TO CLAIM FORMS

Unisys staff is prohibited from changing any information on a provider's claim form. Any claims requiring changes must be made prior to submission. Please do not ask Unisys staff to make any changes on your behalf. Claims with insufficient information are rejected prior to keying.

DATA ENTRY

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

REJECTED CLAIMS

Each year, Unisys returns more than 250,000 claims that are illegible or incomplete. These claims are not processed and are returned along with a cover letter stating why the claim(s) is/are rejected.

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

ELECTRONIC DATA INTERCHANGE (EDI)

CLAIMS SUBMISSION

Electronic data interchange submission is the preferred method of submitting Medicaid claims to Unisys. With electronic data, a provider or a third party contractor (billing agent) submits Medicaid claims to Unisys on a computer encoded magnetic tape, diskette or via telecommunications.

Each claim undergoes the editing common to all claims, e.g., verification of dates and balancing. Each type of claim has unique edits consistent with the requirements outlined in the provider manuals. All claims received via electronic data must satisfy the criteria listed in the manual for that type of claim.

Advantages of submitting claims electronically include increased cash flow, improved claim control, decrease in time for receipt of payment, automation of receivables information, improved claim reporting by observation of errors and reduction of errors through pre-editing claims information.

CERTIFICATION FORMS

Any submitter - individual providers, clearinghouse, billing agents, etc. - that submits at least one claim electronically in a given year is required to submit an Annual EDI Certification Form. This form is then kept on file to cover all submissions within the calendar year. It must be signed by an authorized representative of the provider and must have an original signature (no stamps or initials.)

Third Party Billers are required to submit a Certification Form including a list of provider(s) name(s) and Medicaid Provider numbers. Additionally, all Third Party Billers **MUST** obtain a "Professional, Pharmacy, Hospital or KIDMED Services Certification" form on which the provider has attested to the truth, accuracy and completeness of the claim information. These forms **MUST** be maintained for a period of five years. This information must be furnished to the agency, the DHH Secretary, or the Medicaid Fraud Control Unit upon request.

Required Certification forms may be obtained from lamedicaid.com. Under the Provider Enrollment link, click on Forms to Update Existing Provider Information.

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

To contact the EDI Department at Unisys, call (225) 216-6000 and select option 2. Providers may write to Unisys EDI Department, P.O. Box 91025, Baton Rouge, LA 70821.

ELECTRONIC DATA INTERCHANGE (EDI) GENERAL INFORMATION

Please review the entire General EDI Companion Guide before completing any forms or calling the EDI Department.

With the exception of Non-Ambulance Transportation, all claim types may be submitted as approved HIPAA compliant 837 transactions.

Non-Ambulance Transportation claims may be submitted under proprietary specifications (not as HIPAA-compliant 837 transactions).

Any number of claims can be included in production file submissions. There is no minimum number.

EDI Testing is required for all submitters (including KIDMED) before they are approved to submit claims for production unless the testing requirement has been completed by the Vendor. LTC providers must test prior to submission to production.

Non-Ambulance Transportation submitters who file via modem MUST wait 24 hours, excluding weekends, between file submissions to allow time for processing.

Enrollment Requirements For EDI Submission

- **Submitters wishing to submit EDI 837 transactions without using a Third Party Biller** - complete the **PROVIDER'S ELECTION TO EMPLOY ELECTRONIC MEDIA SUBMISSION OF CLAIMS** (EDI Contract).

- **Submitters wishing to submit EDI 837 transactions through a Third Party Biller or Clearinghouse** – complete the **PROVIDER'S ELECTION TO EMPLOY ELECTRONIC MEDIA SUBMISSION OF CLAIMS** (EDI Contract) **and** a Limited Power of Attorney.

- **Third Party Billers or Clearinghouses** (billers for multiple providers) are required to submit a completed HCFA 1513 – Disclosure of Ownership form and return it with a completed EDI Contract and a Limited Power of Attorney for their first client to Unisys Provider Enrollment.

Enrollment Requirements For 835 Electronic Remittance Advices

- All EDI billers have the option of signing up for 835 Transactions (Electronic Remittance Advice). This allows EDI billers to download their remittance advices weekly.

- 835 Transactions may not contain all information printed on the hardcopy RA, ex. blood deductible, patient account number, etc.

- To request 835 Transactions – Electronic Remittance Advice, contact Unisys EDI Department at (225) 216-6000 ext. 2.

ELECTRONIC ADJUSTMENTS/VOIDS

Adjustments and voids can be submitted electronically. If your present software installation does not offer this option, please contact your software vendor to discuss adding this capability to your software.

SUBMISSION DEADLINES
Regular Business Weeks

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

Thanksgiving Week

KIDMED Submissions   4:30 P.M. Tuesday, 11/25/08
Telecommunications (Modem)   10:00 A.M. Wednesday, 11/26/08

Important Reminders For EDI Submission

Denied claims may be resubmitted electronically unless the denial code states otherwise. This includes claims that have produced a denied claim turnaround document (DTA). Claims with attachments must be submitted hardcopy.

- If errors exist on a file, the file may be rejected when submitted. Errors should be corrected and the file resubmitted for processing.

- The total amount of the submitted file must equal the amount indicated on the Unisys response file.

- **All claims submitted must meet timely filing guidelines.**

THE REMITTANCE ADVICE

The Remittance Advice (RA) or payment register plays an important communication role between the provider, DHH, and Unisys. Aside from providing a record of transactions, the Remittance Advice will assist providers in resolving and correcting possible errors and reconciling paid claims.

The RA is the control document which informs the provider of the current status of submitted claims. It is sent out each week when the provider has adjudicated claims.   Providers may also choose to receive an electronic RA (835). Questions concerning electronic RAs should be directed to the Unisys EDI Department at (225) 216-6303.

In situations where providers choose to contract with outside billing or collection agencies to bill claims and reconcile accounts, it is the provider's responsibility to provide the contracted agency with copies of the RAs or other billing related information in order to bill the claims and reconcile the accounts.

More detailed information concerning Remittance Advices can be found in the 2006 Basic Training Packet located on the LA Medicaid web site www.lamedicaid.com, link Training.

GENERAL POLICY REMINDERS

TIMELY FILING GUIDELINES

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

- Straight Medicaid claims must be filed within 12 months of the date of service.

- Claims with Third-Party payment must be filed to Medicaid within 12 months of the date of service.

BILLING MEDICAID RECIPIENTS

Recipients may not be held responsible for claims denied due to provider error. Medicaid providers are also reminded that if they accept Medicaid reimbursement for services rendered, any reimbursement is considered payment in full for those services and the Medicaid recipient cannot be billed for the difference.

PROVIDER ASSISTANCE

LA MEDICAID WEB SITE

www.lamedicaid.com

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, providers can access information ranging from how to enroll as a Medicaid provider to directions for completing a Medicaid claim form.

Below are some of the most common topics found on the public Web site:

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

WEB APPLICATIONS

This website has several applications that should be used by Louisiana Medicaid providers. These applications require that providers establish an online account for the site. Providers may follow the easy, step-by-step instructions for obtaining an online account found on the home page link, Provider Registration.

The following applications are the most commonly used:

- Medicaid Eligibility Verification System (e-MEVS) for Medicaid recipient eligibility inquiries;
- Claims Status Inquiry (e-CSI) for inquiring on Medicaid claims status; and
- Clinical Data Inquiry (e-CDI) for inquiring on recipient Medicaid pharmacy prescriptions as well as other Medicaid claims payment data.

These applications are available to providers 24 hours a day, 7 days a week at no cost. More detailed information about the web site is located in the 2007 Web Applications Packet located on this site, link Training.

UNISYS PROVIDER RELATIONS DEPARTMENT

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.

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.

<div align="center">

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

</div>

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

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, 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:

<div align="center">

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

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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.

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 <u>not</u> be directed to the Field Analysts but rather to the Telephone Inquiry Unit at (800) 473-2783 or (225) 924-5040.

A listing of the Field Analysts, their territories, and phone numbers is available on the LA Medicaid web site, link Provider Assistance.

More detailed information concerning Provider Assistance can be found in the 2006 Basic Training Packet located on the web site, link Training.

DHH PROGRAM MANAGER REQUESTS

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

<div align="center">

Program Manager - MST
Department of Health and Hospitals
P.O. Box 91030
Baton Rouge, LA 70821

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UNISYS PHONE AND FAX NUMBERS FOR PROVIDER ASSISTANCE

Department	Toll Free Phone	Phone	Fax
REVS – Automated Eligibility Verification	(800) 776-6323	(225) 216-7387	
Provider Relations	(800) 473-2783	(225) 924-5040	(225) 216-6334
Electronic Data Interchange (EDI)		(225) 216-6303	(225) 216-6335
Provider Enrollment		(225) 216-6370	
Fraud and Abuse Hotline (for use by providers and recipients)	(800) 488-2917		
WEB Technical Support Hotline	(877) 598-8753		

ADDITIONAL NUMBERS FOR PROVIDER ASSISTANCE

Department	Phone Number	Purpose
DHH Regional Office	(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.
DHH Eligibility Operations	(888) 342-6207	Recipients may address eligibility questions and concerns.
ACS Specialty Care Resource Line	(877) 455-9955	Providers and recipients may obtain referral assistance.

PHONE NUMBERS FOR RECIPIENT ASSISTANCE

Department	Phone Number	Purpose
Fraud and Abuse Hotline	(800) 488-2917	Recipients may anonymously report any suspected fraud and/or abuse.
DHH Regional Office	(800) 834-3333 (225) 925-6606	Recipients may request a new card or discuss eligibility issues.
DHH Eligibility Operations	(888) 342-6207	Recipients may address eligibility questions and concerns.
ACS Specialty Care Resource Line	(877) 455-9955	Recipients may obtain referral assistance.

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
SEMINAR CONTENT					
Materials presented are educational and useful	1	2	3	4	5
Overall quality of printed material	1	2	3	4	5
UNISYS REPRESENTATIVES					
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
SESSION:					

Do you have internet access in the workplace?_____

Do you use www.lamedicaid.com?_____

What topic was most beneficial to you?_____

Please provide us with your business 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