



Louisiana Medicaid Management Information System (LMMIS)

Healthy Louisiana Applications User Manual

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Prepared By Technical Communications Group

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PROJECT INFORMATION

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1.0 OVERVIEW

1.1 Objectives

Healthy Louisiana applications provide secure Web-based tools for **Healthy Louisiana** Providers to access, download, and submit **Healthy Louisiana** provider related files. These applications are accessible to all **Healthy Louisiana** Providers who have a computer with Internet access using a recent version of either Firefox 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 these Web-based applications.



- 820 File Download
- Claims File Download
- Provider Registry
- Site Provider Registry
- Third Party Liability Entry
- Provider Rates Download
- Diagnosis Codes Requiring Pre-Certification
- PA and Pre-cert Transactions History
- CLIA File
- List of Providers

Note: All screenshots containing PHI have been blurred for use in this manual.

2.0 ACCESSING THE HEALTHY LOUISIANA APPLICATIONS

This section provides information on how to access the **Healthy Louisiana** applications via Provider Login. It includes instructions on how to establish an online account with Louisiana Medicaid and complete the Login ID and password process.

The Louisiana Department of Health (LDH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at <u>www.lamedicaid.com</u> under the **Website Enrollment** link located under **Provider Tools** on the left side of the main menu.

g <mark>n</mark> inwel		LA Medicai	d
ABOUT US		Alauta	
PROVIDER TOOLS	•	FRAUD AND ABUSE	l - t
TRAINING/POLICY UPDATES		MEVS	elet
CLAIMS AND BILLING	:	PROVIDER ENROLLMENT	
FEE SCHEDULES		PROVIDER LOCATOR TOOL	ligi
MEDICAID PROGRAMS		PROVIDER LOGIN	ΗEA
& INITIATIVES	•	PROVIDER MANUALS	Ph
RESOURCES	:	PROVIDER UPDATES	y U
SEARCH		REMITTANCE ADVICE	'ay
		REVS	vin
		TPL RECOVERY REQUEST	rol
			alt

Providers who are experiencing difficulty in establishing an account or with the application may contact the Gainwell Technologies **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 <u>lamedicaid@gainwelltechnologies.com</u>.

In order to access the **Healthy Louisiana** applications, or any other secure application, users must navigate through the Provider Login section of the Louisiana Medicaid web site.

Open a web browser and enter the URL for Louisiana Medicaid at <u>www.lamedicaid.com</u>. Click the **Provider Login** link under **Provider Tools** on the left side of the main menu to continue.

	LC	UISIANA MEDICAID
g <mark>ə</mark> ınwell	LA Medicai	d A PRINT
ABOUT US	Alanta	
PROVIDER TOOLS	FRAUD AND ABUSE	
TRAINING/POLICY	MEVS	netherapy billing for EarlySteps providers and recycled claims, see here.
CLAIMS AND BILLING	PROVIDER ENROLLMENT	
FEE SCHEDULES	PROVIDER LOCATOR TOOL	ligibility and Reporting Requirements Updates 10/26/20
MEDICAID PROGRAMS		IEALTH, PEDIATRIC DAY HEALTH CARE, REHABILITATION AND PERSONAL CARE SERVICES DUE TO HURRICANE DELTA -
& INITIATIVES	PROVIDER MANUALS	Phase of General Distribution Funding 10/02/20
RESOURCES	PROVIDER UPDATES	/ Using MEVS 09/29/20

At the Provider Login screen, users may read through the Notice to Users. In order to continue, users must enter their 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID in the field provided and enter the characters from the CAPTCHA image before clicking the **Next** button.



At the User Login screen, users must input their Login ID and Password before clicking the **Next** button to continue.

Note: Login ID and Password are case sensitive.

You are here : LAMedicaid.com
User Login
Please enter your Restricted Applications' Login ID and Password. Remember the Login ID and Password are case sensitive.
Login ID testing
Password
Need help?
 Forgot Your Login ID? Forgot Your Password? Forgot login ID and Password?

Users will be directed to the Provider Applications page where they can access their authorized applications.



- Submitter Linked Providers
- Weekly Remittance Advices

The Provider Applications Area screen is displayed. Click the **Healthy Louisiana (Previously Bayou Health) Applications** hyperlink to continue.





Note: The list of applications shown here is comprehensive; therefore you may not see as many options on the Provider Applications page.

The Healthy Louisiana Applications screen will be displayed. and you may select from the list as shown below.



New Functionality

Please note that with the new redesign, backwards navigation throughout any application can be done by clicking on the breadcrumb trail located on the blue ribbon at the top of any screen.

Users also have access to a **Print** screen button located on the top right hand corner of every screen.



3.0 USING THE HEALTHY LOUISIANA APPLICATIONS

This section of the User Manual presents information on navigating through the 10 Healthy Louisiana applications:

- 820 File Download •
- Claims File Download •
- Provider Registry •
- Site Provider Registry •
- Third Party Liability Entry •
- **Provider Rates Download** •
- **Diagnosis Codes Requiring Pre-Certification** •
- PA and Pre-cert Transactions History •
- **CLIA File** •
- List of Providers •

Healthy Louisiana Applications Screen

LOUISIANA MEDICAID

You are here : Louisiana Medicaid > My Applications > Healthy Louisiana Applications

g7Inwell Healthy Louisiana Applications

🚔 PRINT

Options

820 File Download Claims File Download Provider Registry Upload Registry Edit Rpts Site Registry Edit Rpts **TPL Record Entry** TPL Record Search Provider Rates Download Site Provider Registry Diagnosis Codes PA Transactions History

CLIA File List of Providers

My Account

My Profile My Applications Logout Help

Provider ID 1209996

Provider Name LDH MGMT/DXC TECH PBM STAFF

- 820 File Download
- Claims File Download
- Provider Registry Upload
- Provider Registry Weekly Edit/Update Reports (MW-W-06)
- Site Registry Upload
- Weekly Site Registry Edit/Update Reports (MW-W-08)
- Third Party Liability Entry
- TPL Record Entry
- TPL Record Search
- Provider Rates Download
- Diagnosis Codes Requiring Pre-Certification
- PA and Pre-cert Transactions History
 - CLIA File List of Providers

3.1 820 File Download

The 820 File Download application enables Healthy Louisiana Providers to view and download Provider Remittance Files in the HIPAA X12N 820 standard format. These files are updated on a monthly basis. To access the 820 File Download application, click **820 File Download** from the Healthy Louisiana Applications screen.



The 820 File Download screen displays Provider ID and Provider Name as well as the total number of available files for viewing/download. Users may navigate through pages of multiple records via the drop down box or links provided. The 820 files are listed in order by Remittance Date. To view/download a file, click the **Download** link located under the 820 column.

BAYOU	HEAL	TH 8	20 FI	LE	DO۱	ΝN	LO	AD	
Provider ID Provider Name		·							
	Page 1 V	of 1 s Next » Last »							
		File	820						
	01/26/2016	CAP- 2162438- 20160126	Download						

BAYOU HEALTH 820 File Download Screen

Click Open to view the 820 file or Save to save it to the computer.



The 820 file is displayed as a .txt file and opens in notepad.

Healthy Louisiana 820 File



3.2 Claims File Download

The Claims File Download application enables Healthy Louisiana Providers to view and download weekly claims extract data. These files are updated on a weekly basis (Wednesday before midnight).

To access the Claims File Download application, click **Claims File Download** from the Healthy Louisiana Applications screen.

Healthy Louisiana Applications	
Provider ID Provider Name	
820 File Download	
Claims File Download	
Provider Registry	
Provider Registry Upload	
 Provider Registry Weekly Edit/Update Reports (MW-W-06) 	

The Claims File Download screen displays Provider ID and Provider Name as well as the total number of available files for viewing/download. Users may navigate through pages of multiple records via the drop down box or links provided. The Claims file extracts are listed in order by Remittance Date. To view/download a file, click the **Download** link associated with the record.

BAYOU	HEALTH	CLAI	MS FI	LE	DO	WNLOAD
Provider ID Provider Name						
	Page 1 ▼ of 5 «First «Previous Next» L	.ast »			Legend	:
		File			Report	Description
	04/07/2015	CCN-W-001	Download		001 005	Claim Summary Denial/Exceptions Summary
	04/07/2015	CCN-W-005	Download		010	Claims Detail
	04/07/2015	CCN-W-010	Download			
	04/14/2015	CCN-W-001	Download			
	04/14/2015	CCN-W-005	Download			
	04/14/2015	CCN-W-010	Download			
	04/21/2015	CCN-W-001	Download			
	04/21/2015	CCN-W-005	Download			
	04/21/2015	CCN-W-010	Download			
	04/28/2015	CCN-W-001	Download			

Healthy Louisiana Claims File Download Screen

There are 3 types of Claims extracts as noted by the legend on the BAYOU HEALTH Claims File Download:

- Claims Summary (CCN-O-001)
- Denial/Exceptions Summary (CCN-O-005)
- Claims Detail (CCN-O-010)

Click Open to view the Claims File extract or Save to save it to the computer.



The files are displayed as a .txt file and opens in notepad.

Claims Summary File Extract (CCN-O-001)

📕 CCN-0-001-2	162934-20110926[1].txt - Notepad	
File Edit Forma	at View Help	
0ACCN-0-001 1ACCN-0-001 1ACCN-0-001 1ACCN-0-001 1ACCN-0-001 1ACCN-0-001 1ACCN-0-001 1ACCN-0-001 1ACCN-0-001 1ACCN-0-001 1ACCN-0-001	A20110926AClaims Summary A00000001A01A0000047A0000007A00014.89A A0000002A02A00000986A00000186A00018.86A A0000004A04A00005397A0000840A00015.56A A00000005A07A0000080A00000032A00040.00A A0000006A08A00000030A0000000A00000.00A A0000008A10A0000059A00000079A00013.39A A0000008A10A0000250A00000079A00013.39A A0000009A11A0000002A000000A00000.00A A00000010A12A0000231A000003A00026.61A A00000012A14A00000550A0000002A00004.00A	^0166611^ <u> </u>
9ACCN-0-001	A00000013A13A00000779A00000183A00023.75A A00000013A99A00010641A00002004A000000.19A	- -

Denial/Exceptions Summary File Extract (CCN-O-005)

📕 (CN-0-003	5-216	52934-2	20110	926[1]	.txt - N	Notepa	ad								_		×
File	Edit Fo	ormat	View	Help														
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1/0	ICN-0-0)05 ^	^00000	2002/	01/0	09640	0000	0002/	٨									
1/0	ICN-0-0)05 ^	^00000	0003/	01/0	161/(0000	0001/	٨									
1/0	ICN-0-0)05 ^	^00000	0004/	01/0	162/0	20000	0001/	٨									
1/0	ICN-0-0)05 ^	^00000	0005/	01/0	165/0	20000	0001/	٨									
140	ICN-0-0)05 ^	^00000	0006/	01/0	166^(0000	0001/	٨									
1/0	ICN-0-0)05 ^	^00000	0007/	01/0	217/(0000	0001/	٨									
1/0	ICN-0-0)05 ^	^00000	0008/	01/0	30640	20000	0001/	٨									
1^0	ICN-0-0)05 ^	^00000	0009/	01/0	519^(20000	0001/	٨									
1/0	ICN-0-0)05 ^	^00000	0010/	0370	106/0	0000	0007/	٨									
1/0	ICN-0-0)05 ^	^00000	0011/	0370	114^(0000	0003/	٨									
1/0	ICN-0-0)05 ^	^00000	0012/	0370	116/(20000	0044/	٨									
1^0	ICN-0-0)05 ^	^00000	0013/	0370	120/0	20000	0004/	٨									
140	CN-0-0	05 ^	^00000	0014/	0340	12740	0000	0004/	٨									
																		•
																	▶	//

Claims Detail File Extract (CCN-O-010)

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		and a	10000000000000000000000000000000000000	-
	11	1000	NAMES - TANDALINA - AND	-
	1.1	-	Second Se	-
				in the second se

3.3 **Provider Registry**

The Provider Registry application enables CCN Providers to upload only their Provider Registry files, as well as view/download CCN Provider Registry Weekly Edit/Update Reports. Provider Registry files are updated on a weekly basis (Friday night before midnight). To access the Provider Registry application, click **Provider Registry** from the Healthy Louisiana Applications screen.

Healthy Louisiana Applications	
Provider ID Provider Name	
820 File DownloadClaims File Download	
Provider Registry	
 Provider Registry Upload 	
 Provider Registry Weekly Edit/Update Reports (MW-W-06) 	

The Provider Registry screen displays Provider ID and Provider Name. Providers may either upload a Provider Registry file or view/download Provider Registry Weekly Edit/Update reports.

CCN Provider Registry Screen

Healthy Louisiana Provider Registry Provider ID Provider Name CCN Provider Registry Upload CCN Provider Registry Weekly Edit/Update Reports (MW-W-06)

3.3.1 CCN HEALTH Provider Registry Upload

To upload a Provider Registry file, click the CCN Provider Registry Upload link.

CCN Provider Registry Screen



Click the **Browse** button.

CCN Provider Registry Upload Screen

Healthy Louisiana Provider Registry Upload	🚔 PRINT
Provider ID 1209996 Provider Name LDH MGMT/DXC TECH PBM STAFF	
Filename: Choose File	
TRANSMIT FILE TO GAINWELL TECHNOLOGIES CANCEL TRANSMISSION	
Note: Please name your file in the following manner:	
YYYYMMDD_NNNNNN_PR.txt	
where YYYYMMDD is the date of the submission (YMD format), and NNNNNN is your assigned Medicaid Provider ID.	

hoose file					? ×
Look in:	providenes	gistry	•	+ 🗈 💣 🗊 -	
		The profile of the s		1 HERE 1. 2 - 1.	
My Recent					
Documents	E-monthing				
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	- in the second				
My Computer					
	Contractory of				
					10111
Mu Network					
Places	and the second sec		1.000		-
	•				•
	File name:	20110726_266661	4_PR.txt	•	Open
	Files of type:	All Files (".")		-	Cancel 1

Select the Provider Registry file to upload, and then click **Open**.

Click **Transmit File to Gainwell Technologies** to upload the Provider Registry file or **Cancel Transmission** to cancel the operation.

	TRANSMIT FILE TO GAINWELL TECHNOLOGIES
N	lote: Please name your file in the following manner:
Ŷ	YYYMMDD_NNNNNN_PR.txt
y.	where YYYYMMDD is the date of the submission (YMD format), and NNNNNN is our assigned Medicaid Provider ID.

Note: All files must be named in the following manner **YYYYMMDD_NNNNNN_PR.txt** where **YYYYMMDD** is the date of the submission (YMD format), and **NNNNNN** is the assigned Medicaid Provider ID followed by the "**_PR.txt**" suffix.

Upon successful upload, users receive the following message: "Your submitted file has been received." This is followed by the name of the Provider Registry file uploaded.

3.3.2 CCN Provider Registry Weekly Edit/Update Reports

To View/Download a Healthy Louisiana Provider Registry Weekly Edit/Update report click the **CCN Provider Registry Weekly Edit/Update Reports (MW-W-06)** link.

CCN Provider Registry Screen

Healthy Louisiana Provider Reg	stry
Provider ID Provider Name	
 CCN Provider Registry Upload 	
 CCN Provider Registry Weekly Edit/Update Reports (MW-W-06) 	

CCN Provider Registry Weekly Edit/Update Reports screen displays Provider ID and Provider Name as well as the total number of available files for viewing/download. Users may navigate through pages of multiple records via the drop down box or links provided. The Provider Registry reports are listed in order by Date. To view/download a report, click the **Download** link associated with the Date.

Bayou	Health	יPro ו	vider Registry - Download Report
Provider ID Provider Name	Page 1 V « First « Previous	of 1 Next » Last »	
	Dates		
	01/26/2016	Download	

Click **Open** to view the Provider Registry report or **Save** to save it to the computer.



The Provider Registry report is displayed as a .pdf file.

Provider Registry Weekly Edit/Update Report

				Poport' WW-W-06				T	ZIN DAT	·F.	20111	199						1
				Report. MW W 00	State	of Louisiana			ton DAI	L.	20111	122						1
					Department of	Health and He	enite	1.										
					Bureau of Healt	h Services Fi	nanci	ing										
					BAYOU	HEALTH Plan	nunci											
				Report MW-W-	-06: Weekly Prov	ider Registry	Edit	/Indat	e Reno	rt								
				Report of and a		ider negroti,	2011	opaar	ie nepe									
					R_CCN	_ID=2162438 -												
RECO	ORD					ASSIGNED	ACC											
TYF	Έ	PROV ID	NPI	NAME	TAXONOMY 1	MEDICAID ID	REJ	ERR1	ERR2	ERR3	ERR4	ERR5	ERR6	ERR7	ERR8	ERR9	ERR10	
N		1050694		TAMES I CURTETORNER M.D.		0000000	D	0.99	000	000	000	000	000	000	000	000	000	
IN N		10550694		TAMES L. CHRISTOPHER M.D.		0000000	D	020	000	000	000	000	000	000	000	000	000	
IN N		1069199	******	CEORCE D SACREDA M D	******	0000000	D	021	028	000	000	000	000	000	000	000	000	
IN N		1062130	*********	CEORCE D. SACRERA M.D.	**********	0000000	D	020	000	000	000	000	000	000	000	000	000	
IN N		1002130	*****	CEORCE D. SAGRERA M.D.		0000000	D	021	020	000	000	000	000	000	000	000	000	
IN N		1002130	*****	ADCHTE E DEFATEALE M.D.	*****	0000000	R D	021	028	000	000	000	000	000	000	000	000	
IN N		1003930	*****	ARCHIE F. DREAZEALE M.D.	*******	0000000	n	004	000	000	000	000	000	000	000	000	000	
IN N		1003930	XXXXXXXXXX	DONALD & DAVY M.D.	XXXXXXXXXXX	0000000	R	021	004	000	000	000	000	000	000	000	000	
IN N		1009130	*****	DONALD A. FAVI M.D.	*****	0000000	R D	028	000	000	000	000	000	000	000	000	000	

Report: MW-W-06 RUN DATE:	20111122	25
State of Louisiana		
Department of Health and Hospitals		
Bureau of Health Services Financing		
BAYOU HEALTH Plan		
Report MW-W-06: Weekly Provider Registry Edit/Update Report		
Error Codes (A=Accepted, R=Rejected):		
000=(A) No errors found		
001=(k) Missing/Invalid NPI (not 10 digits)		
002=(K) Missing/invaid Entity 19pb (Must be 1 or 2)		
003-(k) Florider record must information (among address context none at)		
00F-(k) Wissing required information (name, actions, contact name, etc.)		
006 (N) insting invariant provider type of speciarcy 006 (if one is submitted and it is not a valid value)		
007-00 Missing/Invalid encliment indicator (mist be N.C. or D)		
00% (R) Wiscing/Invalid enrollment effective date		
009=(8) Invalid namel onen indicator value (must be Y. N)		
010=(R) Invalid Language indicator value (must be 0, 1, 2, 3, 4, 5, 1st indicator cannot be 0)		
011=(R) Invalid Age Restriction indicator value (must be 0.1.2)		
012=(R) Invalid PCP Linkage Maximum value (must be numeric or zeros)		
013=(R) Invalid PCP Linkage BAYOU HEALTH value (must be numeric or zeros)		
014=(R) Invalid PCP Linkage Other value (must be numeric or zeros)		
015=(R) Invalid Family-Only indicator value (must be 0,1)		
016=(R) Missing BAYOU HEALTH Contract Name or Number (found only spaces)		
017=(R) Missing/Invalid BAYOU HEALTH Contract begin date		
018=(R) Missing/Invalid BAYOU HEALTH Contract termination date		
019=(R) Missing provider parish (at least 1 must be submitted)		
020=(R) Invalid provider parish value (for a submitted value)		
021=(R) Duplicate NPI records found. Only first one in the file is accepted		
022m(R) Medicaid Provider ID (Other Provider Identifier) is not found on MMIS Provider File		
023=(R) Missing/Invalid NPPES Enum Date		
024=(k) Missing/invalid frovider License Data 025=(k) NDL new found or 10MIC Branider Encollment File		
020" (A) AFT HOL DOUBLION ENDING FLOTTING FLOTTING THE FUNCTION FOR		
020-(k) Barbo Hakin provider not found on Easts frontider Enforment File		
028-(B) Envolue to assign a medical provider too many consistence 028-(B) Envoluent Index (new) but provider stready evice on registry		
094 END Enrollment Index (user, our provider disease participation of the second secon		
030=(R) Invalid taxonow format (Special characters not allowed)		
031=(R) Missing Replacement NPI for an atypical provider		
032=(R) Shared Plan providers must be actively enrolled in LA Medicaid		
033=(R) Shared Plan Fiscal Agent-Waiver, EDI Billing Agent and Prescribing Only providers not allowed		
034=(R) Shared Plan Other Provider Type or Specialty does not match MMIS enrollment file		
035=(A) Non-Par Contractor		

Г

3.4 Site Provider Registry

The Provider Site Registry application enables Healthy Louisiana Providers to upload only their Provider Site Registry files as well as view/download Healthy Louisiana Provider Site Registry Weekly Edit/Update Reports. Provider Site Registry files are updated on a weekly basis (Friday night before midnight). To access the Provider Site Registry application, click **Site Provider Registry** from the Healthy Louisiana Applications screen.

Healthy Louisiana Applications Screen



The Bayou Health Provider Site Registry screen displays Provider ID and Provider Name. Providers may either upload a Provider Site Registry file or view/download Weekly Provider Site Registry Edit/Update reports.

Bayou Health Provider Site Registry Screen

Bayou Health Provider Site Registry

Provider ID

Provider Name

- BAYOU HEALTH Provider Site Registry Upload
- BAYOU HEALTH Weekly Provider Site Registry Edit/Update Reports (MW-W-08)

3.4.1 Bayou Health Provider Site Registry Upload

To upload a Provider Site Registry file, click the **CCN Provider Site Registry Upload** link.

Bayou Louisiana Provider Site Registry Screen



Click the Choose File button.



Filename	Choose File
	TRANSMIT FILE TO GAINWELL TECHNOLOGIES
	CANCEL TRANSMISSION
	Note: Please name your file in the following manner:
	YYYYMMDD_NNNNNN_PR.txt
	where YYYYMMDD is the date of the submission (YMD format), and NNNNNNN is your assigned Medicaid Provider ID.

oose file					?
Look in:	providenteg	jistry	• •	🗈 💣 🔳 •	
		Statistical states in		100001-01-01-01-01-01-01-01-01-01-01-01-	
Mu Recent					
Documents					
Desktop	- Arthorn				
100					
My Computer	- manager -				
-					
My Network	P				
r igues	1				
	-				-
	File name:	20120314_266	6339_site_pr.tx	<u> </u>	Upen
	Files of type:	All Files (".")		-	Cancel

Select the Provider Site Registry file to upload, and then click **Open**.

Click **Transmit File to Gainwell Technologies** to upload the Provider Site Registry file or **Cancel Transmission** to cancel the operation.

Filenam	: Choose File
	TRANSMIT FILE TO GAINWELL TECHNOLOGIES CANCEL TRANSMISSION
	Note: Please name your file in the following manner: YYYYMMDD_NNNNNN_PR.txt
	where YYYYMMDD is the date of the submission (YMD format), and NNNNNNN is your assigned Medicaid Provider ID.

Note: All files must be named in the following manner **YYYYMMDD_NNNNNNN_Site_PR.txt** where **YYYYMMDD** is the date of the submission (YMD format), and **NNNNNNN** is the assigned Medicaid Provider ID followed by the "**_Site_PR.txt**" suffix.

Upon successful upload, users receive the following message: "Your submitted file has been received." This is followed by the name of the Provider Site Registry file uploaded.

3.4.2 Bayou Health Weekly Provider Site Registry Edit/Update Reports

To View/Download a Healthy Louisiana Weekly Provider Site Registry Edit/Update report click the **CCN Provider Registry Weekly Edit/Update Reports (MW-W-06)** link.

Bayou Health Provider Site Registry
Provider ID Provider Name
 BAYOU HEALTH Provider Site Registry Upload
 BAYOU HEALTH Weekly Provider Site Registry Edit/Update Reports (MW-W-08)

The BAYOU HEALTH Weekly Provider Site Registry Edit/Update Reports screen displays Provider ID and Provider Name as well as the total number of available files for viewing/download. Users may navigate through pages of multiple records via the drop down box or links provided. The Provider Site Registry reports are listed in order by Date. To view/download a report, click the **Download** link associated with the Date.

Bayou	Bayou Health Provider Site Registry - Download Report					
Provider ID Provider Name	Page 1 • c	of 1 : Next » Last »				
	Dates					
	01/26/2016	Download				

Click **Open** to view the Weekly Provider Site Registry Edit/Update report or **Save** to save it to the computer.



The Weekly Provider Site Registry Edit/Update report is displayed as a .pdf file.

Weekly Provider Site Registry Edit/Update Report





3.5 Third Party Liability Entry

The Third Party Liability Entry application enables Healthy Louisiana Providers to enter and submit Third Party Liability (TPL) information for a Recipient as well as search for TPL information on a Recipient. TPL information is extracted on a weekly basis (Friday night before midnight). To access the Third Party Liability Entry application, click **Third Party Liability Entry** from the Healthy Louisiana Applications screen.

Healthy Louisiana Applications Screen

Site Provider Registry
Site Registry Upload
Weekly Site Registry Edit/Update Reports (MW-W-08)
Third Party Liability Entry
TPL Record Entry
TPL Record Search
Provider Rates Download
Diagnosis Codes Requiring Pre-Certification

The Third Party Liability Menu enables user access to the TPL Record Entry screen or TPL Record Search screen.

Third Party Liability Menu Screen



3.5.1 TPL Record Entry

To enter and submit Third Party Liability information for a Recipient, click the **TPL Record Entry** link on the Third Party Liability Menu screen.

Third Party Liability Entry Menu
Provider ID Provider Name
 TPL Record Entry TPL Record Search

The Third Party Liability Entry screen enables Providers to search for a Recipient via Recipient ID and Recipient Date of Birth.

Provider ID Provider Name						
Date of Submission: 10/17	/2011 9:29:00 AM	Provider Medicaid ID:				
Provider Name:		Phone #:				
Submission Status: deneral TPL Update						
Awaiting claim processing Pharmacy awaiting TPL u	; with updated TP pdate to fulfill pro	L escription				
Recipient Information:					(0.1)	
Patient Last Name:	1.00	Parish of Residence:			(Optional)	
Patient First Name:	10.0	Date of Birth:			Employer Street	
Patient Middle Initial:					Employer Street.	
Medicaid ID #:					cinployer city:	
					cmployer State:	
Lamer Code:					cimpioyer zip.	
		State: ZIP:				
Policy Holder Information: (Optional)		ZIP: Policy Info	rmation:		Agent Information (Optional)	:
Policy Holder Information: (Optional) Policy Holder SSN:		State: ZIP: Policy Info Policy #:	rmation:	(20020000000)	Agent Information (Optional) Agent Name:	:
Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder Last Name:		State: ZIP: Policy Info Policy #: Group #:	rmation:	1000000	Agent Information (Optionel) Agent Name: Agent Phone #:	
Policy Holder Information: (Optional) Policy Holder 5511: Policy Holder Last Name: Policy Holder First Name:	100000 10000	Policy Info Policy #: Group #: Coverage E	rmation:		Agent Information (Optionel) Agent Name: e: Agent Street	:
Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder Last Name: Policy Holder First Name: Policy Holder Middle Initial:		Policy #: Policy #: Group #: Coverage E	rmation:		Agent Information (Optional) Agent Name: • Agent Street Agent Street	
Policy Holder Information: (Optional) Policy Holder 55N: Policy Holder Last Name: Policy Holder First Name: Policy Holder Middle Initial: Policy Holder DDB:		State: ZIP: Policy Info Group #: Coverage E Scope of C	rmation:		Agent Information (Optional) Agent Name e: Agent Street Agent City: Agent State:	
Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder Last Name: Policy Holder First Name: Policy Holder Middle Initial: Policy Holder DOB: Policy Holder Street:		Policy Info Policy Info Policy #: Coverage E Scope of C	rmation:	200000000 2000000000 20000000000000000	Agent Information (Optional) Agent Name: • Agent Street Agent Street Agent State: Agent State:	
Policy Holder Information: (Optional) Policy Holder SSH: Policy Holder Last Name: Policy Holder First Name: Policy Holder First Name: Policy Holder ODB: Policy Holder ODB: Policy Holder Street: Policy Holder City:		Stote: ZIP: Policy Info Orcup F: Coverage E Coverage E Scope of Ci	rmation:	00000000 200000000 140000 140000 0 0 0 0	Agent Information (Optional) Agent Name: Agent Name: Agent Street Agent Street Agent State: Agent State:	
Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder Last Name: Policy Holder First Name: Policy Holder First Name: Policy Holder DOB: Policy Holder DOB: Policy Holder Street: Policy Holder Street:		Store: Policy Info Policy 4: Group 4: Coverage E Scope of Ci	rmation:	80000000 10000000 10000 0000 0000 0000	Agent Information (<i>Optional</i>) Agent Name •: Agent Street Agent City: Agent Zip:	

Third Party Liability Entry Screen

Users must first enter a 13-digit Recipient ID in the **Recipient ID** field followed by a Date of Birth (MM/DD/YYYY format) in the **Recipient DOB** field before clicking the **Find** button to search for a Recipient.

Third Party Liability Entry :						
Provider ID 2376985						
Provider Name UNITED HEALTHCARE OF LOUISIAN						
Please enter your 13-digit Recipient ID and Date of Birth into the text boxes below and click "Find". This will populate the recipient fields and allow you to						
enter in the remaining data necessary to submit the record. Please click "Submit" at the bottom of the screen once the form is completed. All fields are required unless otherwise noted.						
Recipient ID:						
Recipient DOB (mm/dd/yyyy): mm/dd/yyyy						
CLEAR FIND						

After finding a Recipient, users must select a Carrier Code (via drop down menu) and fill in all required fields in the entry screen before completion. To submit the information, click **Submit**.

ate of Submission:		Provider Med	icaid ID:							
rovider Name:		Phone #:								
ubmission Status: General TPL Update Awaiting claim proce Pharmacy awaiting T	ssing with updated Ti PL update to fulfill pr	PL								
ecipient Information:						1				
atient Last Name:		Parish of Resid	dence:							
latient First Name:		Date of Birth (mm/dd/yyy):	mm/dd/yy	уу					
atient Middle Initial:										
ledicaid ID #:										
L										
SHOW POLICIES						J				
arrier Code: Please se	ect a code from the lis	t. You can type in	the first letter of	the insuranc	e provider to is	ump to it. 🔻	1			
lease update the patier	nt's medical file by AD	DING The	following insure	ince:	(Optio	nal)				
isurance Name:		Street:			Employ	er Name:				
isurance Name:		Street:			Employ	ver Name:	-		_	
nsurance Name:		Street: City: State:			Employ Employ Employ	ver Name: ver Street: ver City:				
nsurance Name:		Street: City: State: ZIP:			Employ Employ Employ Employ	ver Name: ver Street: ver City: ver State:				
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nsurance Name:	ion	Street: City: State: ZIP: City: City	Policy Informa	tion	Employ Employ Employ Employ	ver Name: ver Street: ver City: ver State: ver Zip:	Age: Info	nt rmation ional)		
Policy Holder Informat (Optione() Policy Holder SSN:	ion	Street: City: City	Policy Informa Policy #:	tion	Employ Employ Employ Employ	rer Name: rer Street: rer City: rer State: rer Zip:	Age: Info (Op: Age:	nt rmation <i>iional)</i> it Name:		
Policy Holder Informat (Optional) Policy Holder SSN: Policy Holder Last Nam	ion	Street: City: State: ZIP: City: City	Policy Informa Policy #: Group # (Option	tion	Employ Employ Employ Employ	rer Name: rer Street: rer State: rer State: rer Zip:	Agei Info (Opi Agei #:	nt rmation <i>ional)</i> it Name: it Phone		
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Policy Holder Informat (Optionel) Policy Holder SSN: Policy Holder Last Nam Policy Holder Hilder Ini Policy Holder First Nam Policy Holder Hilde Ini Optionel: Policy Holder Hilde Ini Optionel: Policy Holder Violate Ini Policy Holder Jose Nam Policy Holder Hilder Ini Policy Holder Ini Policy Ho	ion :: :: mm/dd/yyyy	Street:	Policy Informa Policy 4: Group # (Option Coverage Eff. D. (mm/dd/yyyy): Scope of Covert Scope of Covert	tion <i>ial):</i> ate ate igg 1: (Employ Employ Employ Employ Employ Employ mm/dd/yyyy mm/dd/yyyy	er Name: er Street: er City: er State: er Zip:	Agei Info (Opi Agei E Agei E Agei E Agei	nt rmation <i>ional)</i> it Name: it Phone it et: it City: it State:		
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Policy Holder Informat (Optional) Policy Holder Informat Policy Holder SSN: Policy Holder First Nam Policy Holder First Nam Policy Holder First Nam Policy Holder Street: Policy Holder OS Policy Holder City: Policy Holder City: Policy Holder Zip:	ion :: :: iial 	Street:	Policy Informa Policy +: Group # (Option (mm/dd/yyy)): Scope of Coven Scope of Coven	tion tabl: tate ate gg 1: [sgg 2: [Employ Employ Employ Employ Employ mm/dd/yyyy 00 - Not Avails	eer Name: eer Street: eer City: eer State: eer Zip: eer Zip: bible sbble	Agen Info (Opi Agen Agen Stre In Agen Agen Agen Agen Agen	nt rmation ione// nt Phone nt filme: nt Gity: nt Gity: nt Gity: nt Zip:		

Users will receive confirmation after successful submission.



3.5.2 TPL Record Search

To search Third Party Liability information for a Recipient, click the **TPL Record Search** link on the Third Party Liability Menu screen.

Click on TPL Record Entry to access the entry screen.

Third Party Liability Entry Menu
Provider ID Provider Name
TPL Record Entry
TPL Record Search

Enter the Reci	nient ID D	OR and	d Parish (of Residence	and ther	click Search
Linter the Neti	pient 10, 0	ю р , ан	u Faiisii (Ji Kesidence	and the	CHER Search.

Third Party Liability Entry Search ?						
Provider ID Provider Name Search filters:						
Recipient ID: Date Entered Range (required format: mm/dd/yyyy): Parish of Residence:	to Select					
CLEAR SEARCH						

View Record	Record ID	Medicaid ID	Last Name	First Name	DOB	Parish	TPL Insurance Name	Policy Holder Last Name	Policy Holder First Name	Date Entered	Date Exported
View	18	000000	SMOTHERS	1000000		107	ACRE HALFOCHINE OLIMPLEMENT	(Bears)	January.	0.072000	0.0000
View	-	-	BACTHERS.	100000-000	-	- 17	Test	Test	Test	-	01073010
View	-	-	Langer	NACTORNES		-	#CM6			-	-

The list of policies is displayed at the bottom of the page.

To view the complete record click the **View** hyperlink in the leftmost column.

View Record	Record ID	Medicaid ID	Last Name	First Name	DOB	Parish	TPL Insurance Name	Policy Holder Last Name	Policy Holder First Name	Date Entered	Date Exported
View	10	-	SMOTHERS	1000000		107	ACR. HEROME SUPPLEMENT	(Sprang)	January.	0.072000	0.0000
View	-	-	EMETTIERS.	100000-0040-	-	- 17	Test	Test	Test	17100-1010	01073010
View	-	1000000000	Lenger	16/71011	30010020000	-	A046			-	-

initia i arty	/ Liability	Record Dis	play		
Provider ID Provider Name					
Date of Submission: 10/17	/2011 9:29:00 AM Pr	ovider Medicaid ID:			
Provider Name:	Ph	one#:	80.		
Submission Status: General TPL Update Awaiting claim processing Pharmacy awaiting TPL up	; with updated TPL pdate to fulfill prescrip	tion			
Recipient Information:				(Optional)	
Patient Last Name:	Pari	sh of Residence:		Employer Name:	
Patient First Name:	Date	e of Birth:		Employer Street:	
Patient Middle Initial:				Employer City:	
Medicaid ID #:				Employer State:	
Carrier Code:				Employer Zip:	
-	adia di Gla bu aba Gallano				
Please update the patient's m	redical file by the follow	ing insurance:			
Please update the patient's m Insurance Name:	Stree	t:			
Please update the patient's m Insurance Name:	City:	t:			
Please update the patient's m Insurance Name:	City: State ZIP:	t:			
Please update the patient's m Insurance Name:	City: State ZIP:	t:			
Please update the patient's m Insurance Name: Policy Holder Information: (Optional)	celical me by the follow Stree City: State ZIP:	Policy Information:		Agent Information: (Optional)	
Please update the patient's m Insurance Name: Policy Holder Information: (Optional) Policy Holder SSN:	concar me by the follow Stree City: State ZIP:	Policy Information:		Agent Information: (Optional) Agent Name:	
Please update the patient's m Insurance Name: Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder Last Name:	City: ZIP:	Policy Information: Policy #: Group #:		Agent Information: (Optional) Agent Name: Agent Phone	
Please update the patient's m Insurance Name: Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder SSN: Policy Holder Last Name: Policy Holder First Name:	City:	Policy Information: Policy #: Group #: Coverage Eff. Date:		Agent Information: (Optional) Agent Name: Agent Phone #: Agent Street:	
Please update the patient's m Insurance Name: Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder Last Name: Policy Holder First Name: Policy Holder First Name:	City: State	Policy Information: Policy #: Group #: Coverage Eff. Date: Coverage End Date:		Agent Information: (Optional) Agent Name: Agent Phone #: Agent Street: Agent City:	
Please update the patient's m Insurance Name: Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder Last Name: Policy Holder First Name: Policy Holder First Name: Policy Holder Middle Initial: Policy Holder DOB:	City: Stee ZIP:	Policy Information: Policy #: Group #: Coverage Erf. Date: Coverage Erd Date: Scope of Coverage 1:		Agent Information: (Optional) Agent Name: Agent Phone #: Agent Street: Agent City: Agent State:	
Please update the patient's m Insurance Name: Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder SSN: Policy Holder First Name: Policy Holder Middle Initial: Policy Holder DDB: Policy Holder Street:	City: State ZIP:	Policy Information: Policy #: Group #: Coverage Eff. Date: Coverage End Date: Scope of Coverage 1: Scope of Coverage 2:		Agent Information: (Optional) Agent Name: Agent Phone e: Agent Street: Agent City: Agent State: Agent Zip:	
Please update the patient's m Insurance Name: Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder SSN: Policy Holder First Name: Policy Holder First Name: Policy Holder First Name: Policy Holder Street: Policy Holder Street: Policy Holder Street:	City: Stee ZiP:	Policy Information: Policy #: Coverage End Date: Coverage End Date: Scope of Coverage 1:		Agent Information: (Optional) Agent Name: Agent Phone #: Agent Street: Agent City: Agent State: Agent Zip:	
Please update the patient's m Insurance Name: (Optional) Policy Holder Information: (Optional) Policy Holder SSN: Policy Holder SSN: Policy Holder First Name: Policy Holder First Name: Policy Holder DDB: Policy Holder Street: Policy Holder Street: Policy Holder Street:	City: Stee ZIP:	Policy Information: Policy #: Coverage Eff. Date: Coverage Eff. Date: Coverage Eff. Date: Coverage for Coverage 1: Scope of Coverage 1:		Agent Information: (Optional) Agent Name: Agent Phone #: Agent Street: Agent City: Agent Zip:	

3.6 Provider Rates Download

The Provider Rates Download application enables Healthy Louisiana Providers to view and download Provider Rate files. These files are updated on a monthly basis. To access the Provider Rates Download application, click **Provider Rates Download** from the Healthy Louisiana Applications screen.



The Provider Rates Download screen displays Provider ID and Provider Name as well as the total number of available files for viewing/download. Users may navigate through pages of multiple records via the drop down box or links provided. The Provider Rates files are listed in order by Date. To view/download a file, click the **Download** link associated with the Date.



BAYOU HEALTH PROVIDER NEGOTIATION RATES DOWNLOAD (MW-W-110)					
Provider ID Provider Name					
	Page 1 • of 1 « First « Previous Next » Last »				
	02/03/2016 Download				

Click **Open** to view the Provider Rates report or **Save** to save it to the computer.



The Provider Rates file is displayed as a .txt file and opens in notepad.

Edit Format View Help	 ᆜᆜ
Edit Format View Felp	문이트 이트 이트 이트 이트 이트 이트 <mark>-</mark>
All Construction Constructions and the second secon	문문대학교
Construction of the second sec	

Provider Negotiated Rates File

3.7 Diagnosis Codes Requiring Pre-Certification

The Diagnosis Codes Requiring Pre-Certification file enables Healthy Louisiana Providers to view and download the Diagnosis Codes Requiring Pre-Certification file. This file is updated on a monthly basis. To access this file, click **Diagnosis Codes Requiring Pre-Certification** from the Healthy Louisiana Applications screen.



Click **Open** to view the Diagnosis Codes Requiring Pre-Certification file or **Save** to save it to the computer.

File Down	load	×
Do you	want to open or save this file?	
1. 11 H	Name: CCN_Diagnosis_Codes_20111013.txt Type: Text Document, 650KB From: www.lamedicaid.com	-
	OpenSaveCancel]
2	While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. <u>What's the risk?</u>	,

The Diagnosis Codes Requiring Pre-Certification file is displayed as a .txt file and opens in notepad.

CCN_Diagnosis_Codes_20111013[1].txt - Notepad	
File Edit Format View Help	
50001/1/20021001/20991231/	▲
50002/1/20021001/20991231/	
50003414200210014209912314	
2000941420021001A20991231A	
50010/1/20021001/20091231/	
50011414200210014209912314	
50012414200210014209912314	
50013 41 420021 001 420991 231 4	
5001 541 420031 001 420991 231 4	
50016414200410014209912314	
50017/1/20041001/20991231/	
50018^2^20051001^20991231^	
50019/1/20071001/20991231/	
S002 A2A20041001A20991231A	
50021/1/20041001/20991231/	
50022/1/20041001/20991231/	
50023414200410014209912314	
50023A1A20041001A20991231A	
5002841420041001A209912314	
S002 9 1 2004 101 2009 22 31 A	
50031 /1 / 20041 001 / 20991 231 /	
50032414200410014209912314	
50033414200410014209912314	
50034 1 20041001 20991231 4	
50035/1/20041001/20991231/	
50039/1/20041001/20991231/	
5004 ^2^20041001^20991231^	
50040414200510014209912314	
50041414200510014209912314	
S0042717200510017209912317	-

3.8 PA and Pre-cert Transactions History

The PA and Pre-cert Transactions History file enables Healthy Louisiana Providers to view and download the PA and Pre-cert Transactions History file. This file is updated on a weekly basis. To access this file, click **PA and Pre-cert Transactions History** from the Healthy Louisiana Applications screen.



Click **Open** to view the PA and Pre-cert Transactions History file or **Save** to save it to the computer.

File Down	load	×
Do you	want to open or save this file?	
	Name: CCN_PA_Precert_Transactions_20111014.zip Type: Compressed (zipped) Folder, 40.5MB From: www.lamedicaid.com	1
	Upen Save Cancel]
2	While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. <u>What's the risk?</u>	,

The PA and Pre-cert Transactions History file is displayed as a .txt file and opens in notepad.

CCN_PA_Precert_Transactions_20111014.TXT - Notepad	
File Edit Format View Help	
	٢

PA and Pre-cert Transactions History File

3.9 CLIA File

The Clinical Laboratory Improvements Amendment (CLIA) file enables Healthy Louisiana Providers to view and download the CLIA file. This file is updated on an annual basis (October). To access this file, click **CLIA** from the Healthy Louisiana Applications screen.

Healthy Louisiana Applications Screen
Provider Rates Download
Diagnosis Codes Requiring Pre-Certification
PA and Pre-cert Transactions History
CLIA File
List of Providers

Click **Open** to view the CLIA file or **Save** to save it to the computer.

File Download	×
Do you want to open or save this file?	
Name: CCN_CLIA_20111013.zip Type: Compressed (zipped) Folder, 388KB From: www.lamedicaid.com	Cancel
While files from the Internet can be useful, some file harm your computer. If you do not trust the source, a save this file. <u>What's the risk?</u>	s can potentially do not open or

The CLIA file is displayed as a .txt file and opens in notepad.

CCN_CLIA_20111013.TXT - Notepad	
File Edit Format View Help	

CLIA File

3.10 List of Providers

The List of Providers file enables Healthy Louisiana Providers to view and download the Healthy Louisiana List of Providers file. This file is updated on a weekly basis. To access this file, click **List of Providers** from the Healthy Louisiana Applications screen.

Healthy Louisiana Applications Screen



Click **Open** to view the List of Providers file or **Save** to save it to the computer.

File Downl	oad	×
Do you	want to open or save this file?	
	Name: CCN_Provider_List_20111013.zip Type: Compressed (zipped) Folder, 1.40MB From: www.lamedicaid.com]
0	While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. <u>What's the risk?</u>	y

The List of Providers file is displayed as a .txt file and opens in notepad.

CCN_Provider_List_20111013.txt - Notepad		
File Edit Format View Help		
		1 1000 A 1 1000
<u>۱</u>		► //.

List of Providers File