

CHAPTER 1: GENERAL INFORMATION AND ADMINISTRATION**SECTION: TABLE OF CONTENTS****PAGE(S) 5****GENERAL INFORMATION AND ADMINISTRATION****TABLE OF CONTENTS**

SUBJECT	SECTION
INTRODUCTION	1.0
Manual Purpose and Organization	
Manual Maintenance	
The Medicaid Program	
Administration	
Eligibility	
Funding	
Service Coverage	
Provider Participation	
The Fiscal Intermediary	
<i>The Provider Update</i>	
PROVIDER REQUIREMENTS	1.1
Provider Agreement	
Disclosure of Ownership	
Acceptance of Recipients	
Confidentiality	
HIPAA	
National Provider Identifier	
Record Keeping	
Electronic Records	
Right to Review Records	
Destruction of Records	

CHAPTER 1: GENERAL INFORMATION AND ADMINISTRATION**SECTION: TABLE OF CONTENTS****PAGE(S) 5****SUBJECT****SECTION****Changes to Report****Contact Information****Changes in the Internal Operations****Change in Ownership****Other Changes Required to be Reported****Linking Professionals to Group Practice****Group Linkages Definitions****Taxpayer Identification****Electronic Funds Transfer/Direct Deposit****RECIPIENT ELIGIBILITY****1.2****Categorically Needy****Medically Needy****Retroactive Eligible****Medicaid Verification****Medicaid Identification Cards****Medicaid Eligibility Verification System****MEVS Access Data****Recipient Eligibility Verification System****REVS Access Data****MEVS and REVS Reminders****PROGRAM INTEGRITY****1.3****Program Integrity Section****Provider Enrollment Unit****Fraud and Abuse Detection****Investigations**

CHAPTER 1: GENERAL INFORMATION AND ADMINISTRATION**SECTION: TABLE OF CONTENTS****PAGE(S) 5****SUBJECT****SECTION**

Administrative Actions
Enforcement/Sanctions
Grounds for Sanctioning Providers
Levels of Administrative Actions and Sanctions
Corrective Action Plans
Sanctions
Exclusions
Screenings for Exclusions and Sanctions
Background Checks
Fraud
Practice Restrictions
Informal Hearings and Appeals
Criminal Fraud
Provider Criminal Fraud
Recipient Criminal Fraud
Abuse and Incorrect Practices
Provider Abuse and Incorrect Practices
Recipient Abuse
Civil Causes of Action
Payment Error Rate Measurement

GENERAL CLAIMS FILING**SECTION 1.4****Hard Copy/Paper Claim Forms**

Attachment Size
Receiving and Screening Paper Claims
Returned Claims
Changes to Claim Forms
Data Entry
General Reminders

CHAPTER 1: GENERAL INFORMATION AND ADMINISTRATION

SECTION: TABLE OF CONTENTS

PAGE(S) 5

Electronic Claims

Advantages of Electronic Claims

Available Electronic Transactions

Timely Filing Guidelines

Claims Exceeding the Initial Timely Filing Limit

Claims Beyond the Two Year Timely Filing Limit

Billing the Recipient

Recipient's Responsibility

Third Party Liability

Third Party Sources

Billing Medicare and Third Party Sources

Medicare/Medicaid Crossover

Dual Eligibles

Medicare Advantage Plan Claims

Discovery of Medicare Eligibility after Medicaid Payments

Third Party Payment or Denial

Hardcopy Claims

Electronic Claims

Payment Methodology

Payment Changes for LAHIPP Claims

Payment of Non-LAHIPP Secondary Claims

Receipt of Duplicate Payments

Refund Checks

Trauma Recovery

Receipt of the Difference

Request for Medical Information

Request from Recipient or Family Member or Insurance Company

Request from Attorneys

CHAPTER 1: GENERAL INFORMATION AND ADMINISTRATION

SECTION: TABLE OF CONTENTS

PAGE(S) 5

Pay and Chase

Recoupment of Payments

Remittance Advice

Electronic Remittance Advice

Remittance Advice Copy and History Requests

Adjusting and Voiding Claims

Information to Remember When Submitting Adjustments/Voids

BENEFITS FOR CHILDREN AND YOUTH

Section: 1.5

DEFINITIONS AND ACRONYMS

Appendix A

CONTACT/REFERENCE INFORMATION

Appendix B

REVISION INDEX

Appendix C

FORMS

Appendix D