LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

01/31/13 02/01/11

CHAPTER 40: RURAL HEALTH CLINICS

APPENDIX A: CONTACT INFORMATION

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CONTACT INFORMATION

OFFICE NAME	TYPE OF ASSISTANCE	CONTACT INFORMATION
Department of Health and Hospitals	Receives annual notice of Medicare certification as an RHC	Department of Health and Hospitals Bureau of Health Services Financing Program Operations P.O. Box 91020 Baton Rouge, LA 70821-0546
Molina Medicaid Solutions PA Unit	Receives prior authorization requests for extension of recipient's maximum allowed annual outpatient visits	Molina Medicaid Solutions Prior Authorization Unit P.O. Box 14919 Baton Rouge, LA 70898-4919
Molina Medicaid Solutions Provider Relations Unit	Provides assistance with questions regarding billing information	Molina Medicaid Solutions Provider Relations Unit P. O. Box 91024 Baton Rouge, LA 70821
Molina Medicaid Solutions Claims Processing Unit	Processes Medicare crossover claims	Molina Medicaid Solutions P. O. Box 91023 Baton Rouge, LA 70821
MEVS/REVS	Verifies recipient eligibility	www.lamedicaid.com
Division of Administrative Law – Health and Hospitals Section	Receives appeal requests	Division of Administrative Law - Health and Hospitals Section P. O. Box 4189 Baton Rouge, LA 70821-4189 (225) 342-0443 Fax: (225) 219-9823 Phone for oral appeals: (225) 342-5800
Cypress Audit Team	Receives annual cost reports	Cypress Audit Team 5555 Hilton Avenue, Suite 605 Baton Rouge, LA 70808
Professional Services Fee Schedule	Reimbursement information relative to adjunct codes	www.lamedicaid.com following "Fee Schedules" then "Professional Services" links

See http://www.cms.hhs.gov/Manuals/PBM/list.asp for information concerning the Health Insurance Manual 15 (HIM-15).