



# Louisiana Medicaid

Provider Companion Guide

for the

Community Hospital DSH Project

(Batch Invoice Submissions)

Version 1.3

**Published: September 28, 2006**

## Change Log

Date of Change	Who Made the Change	What was changed
9/28/2006	Jeff Raymond	1. Removed Error Code 042 - Patient alien status is invalid/missing (Patient Alien Status is required but will not cause a deny edit).
9/18/2006	Jeff Raymond	Initiated.

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## 1.0 OVERVIEW

### 1.1 Plan Policies

#### 1.1a Provider Enrollment

Private Community Hospital (that is not a small rural hospital) which provided services to uninsured evacuees during the period February 1, 2006 through June 30, 2006. In order to receive reimbursement for currently approved State Plan services the provider must have enrolled as a Louisiana Medicaid provider on or before 8/24/05 and they must be enrolled on the date(s) of service of any submitted invoices.

#### 1.1b Eligible Populations

Displaced, uninsured citizens of Louisiana who resided in one of the mandatory evacuation parishes/designated areas affected by Hurricanes Katrina on August 24, 2005 or Hurricane Rita on September 23, 2005.

#### 1.1c Mandatory Evacuated Parishes and Designated Areas

Mandatory Evacuated Parishes and Designated Areas for Hurricane Katrina include:

- i. Orleans Parish
- ii. Jefferson Parish
- iii. St. Bernard Parish
- iv. Plaquemines Parish
- v. Assumption Parish
- vi. St. John Parish
- vii. St. Charles Parish
- viii. Lafourche Parish
- ix. Terrebonne Parish
- x. St. James Parish (south of Vacherie past LA Highway 20 and LA Highway 3127 and part of Paulina [Grand Point] past LA Highway 642 and LA Highway 3125, zip codes 70090 and 70763).
- xi. St. Tammany Parish (all areas south of Interstate 12 including Slidell, Lacombe, Mandeville, and Covington [zip codes 70458, 70461, 70445, 70471, 70448, 70447, 70433, and 70435]).
- xii. Tangipahoa Parish (areas south of LA Highway 22 including Akers, Bedico & Lee's Landing [zip codes 70454 and 70421]).
- xiii. St. Mary Parish (Cypremort Point [zip code 70538] and Burns [zip code 70522]).
- xiv. Iberia Parish (areas south of LA Highway 90 and down LA Highway 14 including Delcambre [zip codes 70560 and 70528]).

Mandatory Evacuated Parishes and Designated Areas for Hurricane Rita include:

- i. Calcasieu Parish
- ii. Cameron Parish
- iii. Jefferson Davis Parish
- iv. Plaquemines Parish
- v. Acadia Parish (areas south of LA Highway 92)
- vi. Jefferson Parish (Lafitte, Crown Point, Barataria and Grand Isle)
- vii. Iberia Parish (Delcambre and areas south of LA Highway 90)
- viii. Lafourche Parish (south of Leon Theriot Floodgate and the lower portion of Pointe-Aux-Chenes)

- ix. St. Mary Parish (all areas south of the Intercoastal Canal including Cypremort Point, Burns, Four Corners, and Louisa)
- x. Terrebonne Parish (Grand Caillou/Dulac, Bayou du Large/Theriot, Point-Aux-Chenes and from the Montegut Fire Station south)
- xi. Vermilion Parish (south of LA Highway 14 between Cameron Parish line and LA Highway 335, south of LA 335, below Kaplan and Abbeville; south of Jacqueline Street in Abbeville and back to LA Highway 14 [near Erath and Delcambre], and all mobile homes south of LA Highway 14)

#### 1.1d Allowable Payments

Payments will be made only for covered services provided to eligible populations as defined above. Covered services are:

- a) Inpatient hospital services
- b) Outpatient hospital including ancillary services
- c) Inpatient psychiatric services (in a distinct-part psych setting or in a free-standing psych setting)
- d) Emergency room services in a hospital setting.

#### 1.1f Reimbursement Process

A claim (invoice) must be “person specific” for each Katrina or Rita evacuee and affected individual.

There is defined later in this document a minimum patient data set for the Katrina/Rita evacuee and affected individual in order to establish eligibility.

Providers will submit claims (invoices) in a manner designed later in this document using designated billing procedures.

An attestation will be required from providers. See Section 7.0 of this document for a copy of the provider Attestation form. **Do not leave any blank spaces on the attestation. White out is not accepted on the attestation. The attestation will be returned if white out is used anywhere on these documents.**

Discretion for payment of the claim(s) rests with DHH in the absence of any of the data items listed in this document and applicable to the claim (invoice).

Medicaid will check the LMMIS to determine if the person is Medicaid eligible for the date(s) of service, and it will complete an SSA query to ascertain Medicare status.

- 1.1g Unisys will process provider invoices on a one-time basis, and remittance advice statements for the processing will be posted on the Unisys Provider Louisiana Medicaid website ([www.lamedicaid.com](http://www.lamedicaid.com) or [www.lmmis.com](http://www.lmmis.com)).

## 1.2 Acronyms and Abbreviations used in this Document

CCR	= Cost-to-Charge Ratio
CD-ROM	= Compact Disk – Read Only Memory
CMS	= Center for Medicare and Medicaid Services
CPT	= Common Procedural Terminology
CSV	= Comma-Separated Value file
DHH	= Department of Health and Hospitals
DOB	= Date of Birth
DOS	= Date(s) of Service
DPPU	= Distinct-Part Psychiatric Unit
DSH	= Disproportionate Share
EFT	= Electronic Funds Transfer
ERA	= Electronic Remittance Advice
HIPAA	= Health Insurance Portability and Accountability Act
ICD	= International Classification of Diseases
LMMIS	= Louisiana Medicaid Management Information System
MS-DOS	= Microsoft Disk Operating System
SSA	= Social Security Administration
SSL	= Secured Sockets Layer
TOS	= Type of Service

## 2.0 PROVIDER BATCH SUBMISSION INSTRUCTIONS

- 2.1 Providers currently enrolled in Louisiana Medicaid and enrolled prior to Hurricane Katrina may submit to Louisiana Department of Health and Hospitals (DHH) batch sets of invoices for the following types of service:

01=Inpatient including ancillary services  
02=outpatient hospital including ancillary services and emergency room services  
04=Inpatient psychiatric services.

- 2.2 Batch files should be created as standard MS-DOS-based text files with a **.txt** extension and they should be formatted according to the specific instructions presented in Section 3.0 of this document. Please note that the invoice formats outlined in Section 3.0 are not HIPAA compliant; instead, they are specific to Louisiana's DSH application. Please **do not** format the file as a comma-separated value (CSV) nor as a Microsoft Excel® file.
- 2.3 Batch files should be compressed and encrypted using WinZIP® v9.0 or greater. **Please do not mix invoices for different types of service in the same text file; instead, you should send separate text files for each set of invoices with the same type of service.** You may include multiple text files in a single compressed, encrypted archive, and you may send multiple archives on a single CD.
- 2.4 Submissions should be sent on CD-ROM media only, and each disk should be labeled with the following information:
- the provider's Louisiana Medicaid Provider ID number (7-digit check-digit),
  - the provider's business name and address,
  - contact information (name and phone number of a person who can be contacted in case of problems),
  - the date that the media was created,
  - a list of the filename(s) present on the media,
  - a signed and dated attestation form (see Section 7.0 of this document).

**Please send the password for each file in a separate e-mail message to Dawn Gulczynski, [dawn.gulczynski@unisys.com](mailto:dawn.gulczynski@unisys.com). Be sure to include your provider ID and name in the e-mail message, along with the file names to which the password applies.**

- 2.5 CD-ROM disks should be sent overnight/next-day delivery directly to Louisiana DHH at the following address:

Louisiana DHH,  
HIPAA Section,  
8545 United Plaza, Suite 250,  
Baton Rouge, LA 70809

### 3.0 PROVIDER BATCH SUBMISSION INVOICE FORMATS

All provider batch submissions should utilize the service-specific format established in this section.

#### 3.1 Inpatient Services, Inpatient Psychiatric Services and Outpatient Services

Field	Record Position	Type	Length	Required/Recommended	Comments and Field Values
Patient Last Name	1-30	Character	30	Required	Left justify.
Patient First Name	31-60	Character	30	Required	Left justify.
Patient SSN	61-69	Numeric	9	Required	Right justify and zero-fill on the left.
Patient Date of Birth	70-77	Numeric	8	Required	Date format=YYYYMMDD
no value	78	Character	1	N/A	Leave blank
Patient Residential Address Week Prior to Katrina/Rita	79-108	Character	30	Recommended	Street address of patient immediately prior to Hurricane Katrina or Rita. Left justify.
Patient Residential City (pre-Kat/Rita)	109-138	Character	30	Recommended	City of patient immediately prior to Hurricane Katrina or Rita. Left justify.
Patient Residential State (pre-Kat/Rita)	139-140	Character	2	Recommended	USPS state abbreviation of patient immediately prior to Hurricane Katrina or Rita. Left justify.
Patient Residential Zip (pre-Kat/Rita)	141-145	Numeric	5	Required	5-digit ZIP only of patient immediately prior to Hurricane Katrina or Rita.
Patient Account Number	146-175	Character	30	Recommended	May be used by the institution to indicate their internal patient account/billing number.
no value	176-212	Character	37	not applicable	Leave blank.
Patient Alien Status	213	Character	1	Required	1=Citizen or Legal Alien, 0=Non-citizen or illegal alien.
Patient Sex	214	Character	1	Recommended	M=Male, F=Female, U=Unknown/Unavailable
Provider ID	215-221	Numeric	7	Required	7-digit check-digit Louisiana Medicaid ID number
Type of Service	222-223	Character	2	Required	01=Inpatient, 02=Outpatient Hospital, 04=Inpatient Psychiatric
Date of Service From	224-231	Numeric	8	Required	Date format=YYYYMMDD
Date of Service Thru	232-239	Numeric	8	Required if different than Date of Service From	Date format=YYYYMMDD <a href="#">NOTE: Any outpatient service exceeding 24 hours must be billed as an inpatient service. Inpatient stays are billable only through 6/30/2006.</a>
Billed Charges	240-248	Numeric	9	Required	Eight digits total with 2 places after the decimal. Please include the decimal and zero-fill on the left.
Patient Paid Amount	249-257	Numeric	9	Required, but may be zero	Eight digits total with 2 places after the decimal. Please include the decimal and zero-fill on the left.
Principal Diagnosis	258-262	Character	5	Required	ICD-9-CM. Do NOT include the period.
no data	263-267	Character	5	N/A	Leave blank

**REVENUE CODES** (you may include up to 28 occurrences of revenue items) The first set of revenue items would be entered in columns 268 to 284, the second set of revenue items (if necessary) would be entered in columns 285 to 301, the third set of revenue items (if necessary) items would be entered in columns 302 to 318, and so on. You do not need to include all 28 set of revenue items... you may include only as many as necessary.

**USE THE SAME REVENUE CODES and HCPC/CPT CODES AS ARE REQUIRED FOR LOUISIANA MEDICAID BILLING.**

Revenue Code	268-270	Numeric	3	At least one revenue code is required	<b>DHH requests that you send all applicable revenue codes, including their associated HCPC/CPT and units value.</b>
Revenue HCPC/CPT	271-275	Character	5	At least one HCPC/CPT is required	Do NOT include the period.
Revenue Units	276-284	Numeric	9	At least one units amount (non-zero) is required	Eight digits total with 2 places after the decimal. Please include the decimal and zero-fill on the left.

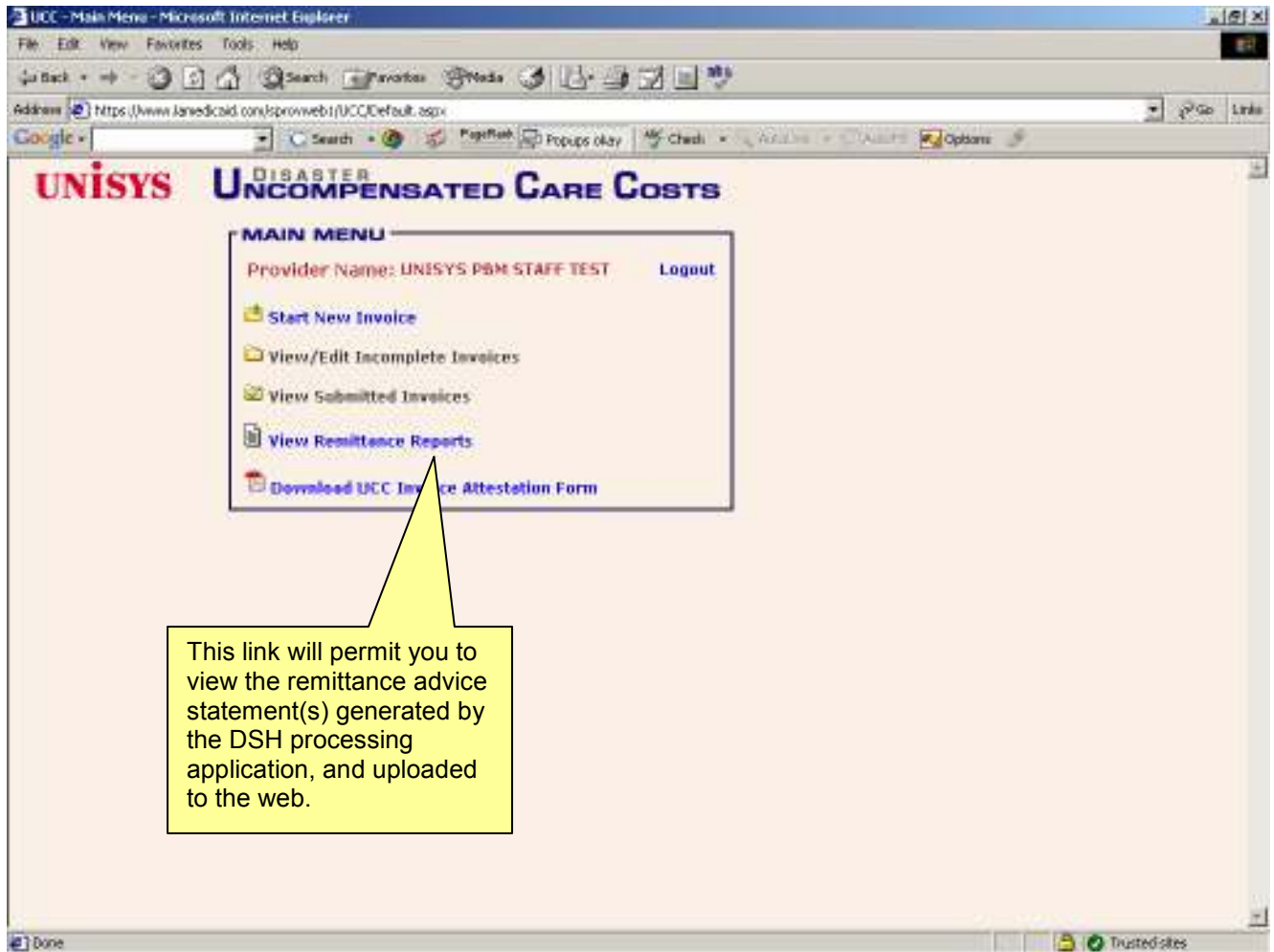
## 4.0 Web Application to Obtain DSH Remittance Advice Statements

In order to view your DSH Remittance Advice Statements, you will need to login to the Louisiana Medicaid Provider website ([www.lamedicaid.com](http://www.lamedicaid.com) or [www.lmmis.com](http://www.lmmis.com)). Once you login, you will see a link in the Provider Applications Area labeled Uncompensated Care Costs (see screen shot below). If you are familiar with Louisiana's UCC application, we have decided to post your DSH remittance advice statements on that application.



Once you click on the link, you will see the UCC Menu page (next screen shot below), and you may click on the link labeled Remittance Reports. The Remittance Reports link will display a page showing each remittance date in reverse chronological order. If you click on a specific date, you will download a PDF containing the remittance advice statement for that date (which is a payment date).

Please note that Unisys will process provider invoices on a weekly basis each Monday (that is a work day), and remittance advice statements for the week's processing will be posted on this web site every Tuesday evening (or the evening of the first work day following the weekly invoice processing cycle).



## 5.0 Electronic Remittance Advice (ERA) Data Files

### 5.1 General Information about ERA Files

Unisys will issue electronic remittance advice (ERA) data files to providers participating in the Community Hospital DSH program. Unisys will post your ERA files on the DSH web application once your invoices are processed, and we will make these available on the DSH web application so that you may download them.

### 5.2 Format of DSH Electronic Remittance Advice Data File.

The following record format for the DSH Electronic Remittance Advice (ERA) data file is a proprietary format owing to the unique nature of the DSH program, and it is not HIPAA compliant. The file format is fixed in position with no delimiters between fields of the record.

Field Name/Description	R=Returned value from the provider's invoice submission. G=Value generated during the DSH adjudication process.	Field Positions	Field Data Type	Field Length	Comments / Other Considerations
DSH Invoice Number	G	1-15	CHAR	15	Internal Invoice Number, unique per invoice line item.
DSH Remittance Advice Number	G	16-35	CHAR	20	Internal remittance advice number, unique per remittance advice line item.
DSH Invoice Adjudication Date	G	36-43	Numeric	8	Date format=YYYYMMDD
DSH Invoice Status	G	44	CHAR	1	2=Denied 4=Processed Successfully
No Data	G	45	CHAR	1	Blank
No Data	G	46-56	CHAR	11	Blank
Patient Last Name	R	57-86	CHAR	30	
Patient First Name	R	87-116	CHAR	30	
Patient SSN	R	117-125	Numeric	9	
Patient Date of Birth	R	126-133	Numeric	8	Date format=YYYYMMDD. If DOB on original invoice is invalid, then this field will contain all zeroes.
No Data	G	134	CHAR	1	Blank
Patient State	R	135-136	CHAR	2	
Patient Residential Zip	R	137-141	Numeric	5	
Patient Alien Status	R	142	CHAR	1	
Patient Sex	R	143	CHAR	1	
Patient Account Number	R	144-173	CHAR	30	
Provider ID	R	174-180	Numeric	7	
Type of Service	R	181-182	CHAR	2	01=Inpatient, 02=Outpatient Hospital, 04=Inpatient Psychiatric.
Date of Service From	R	183-190	Numeric	8	Date format=YYYYMMDD
Date of Service Thru	R/G	191-198	Numeric	8	Date format=YYYYMMDD, copied from Date of Service From is non-Institutional invoice.
No Data	N/A	199-200	CHAR	2	Blank
No Data	R	201-202	CHAR	2	Blank
Billed Charges	R	203-213	Numeric	11	Ten digits total with 2 places after the decimal. Left-zero-filled. Decimal is included.
No Data	R	214-222	Numeric	9	Blank
Patient Paid Amount	R	223-231	Numeric	9	Eight digits total with 2 places after

					the decimal. Left-zero-filled. Decimal is included.
No Data	R	232-236	CHAR	5	Blank
Principal Diagnosis	R	237-241	CHAR	5	Period is NOT included
No Data	R	242-246	CHAR	5	Blank
No Data	R	247-248	CHAR	2	Blank
No Data	R	249-259	CHAR	11	Blank
<b>Error Codes Information</b>					
<i>Descriptions for these code values are found in Section 6.0 of this document. Up to 30 Error codes may appear on a single invoice line.</i>					
DSH Error Code 1	G	260-262	CHAR	3	
DSH Error Code 2	G	263-265	CHAR	3	
DSH Error Code 3	G	266-268	CHAR	3	
DSH Error Code 4	G	269-271	CHAR	3	
DSH Error Code 5	G	272-274	CHAR	3	
DSH Error Code 6	G	275-277	CHAR	3	
DSH Error Code 7	G	278-280	CHAR	3	
DSH Error Code 8	G	281-283	CHAR	3	
DSH Error Code 9	G	284-286	CHAR	3	
DSH Error Code 10	G	287-289	CHAR	3	
DSH Error Code 11	G	290-292	CHAR	3	
DSH Error Code 12	G	293-295	CHAR	3	
DSH Error Code 13	G	296-298	CHAR	3	
DSH Error Code 14	G	299-301	CHAR	3	
DSH Error Code 15	G	302-304	CHAR	3	
DSH Error Code 16	G	305-307	CHAR	3	
DSH Error Code 17	G	308-310	CHAR	3	
DSH Error Code 18	G	311-313	CHAR	3	
DSH Error Code 19	G	314-316	CHAR	3	
DSH Error Code 20	G	317-319	CHAR	3	
DSH Error Code 21	G	320-322	CHAR	3	
DSH Error Code 22	G	323-325	CHAR	3	
DSH Error Code 23	G	326-328	CHAR	3	
DSH Error Code 24	G	329-331	CHAR	3	
DSH Error Code 25	G	332-334	CHAR	3	
DSH Error Code 26	G	335-337	CHAR	3	
DSH Error Code 27	G	338-340	CHAR	3	
DSH Error Code 28	G	341-343	CHAR	3	
DSH Error Code 29	G	344-346	CHAR	3	
DSH Error Code 30	G	347-349	CHAR	3	
<b>Revenue Codes Information (Institutional Only)</b>					
<i>Depending on invoice type, there may be as many as 28 occurrences of revenue codes information. The first set of revenue codes information will occur in positions 350-366 of the record, the 2<sup>nd</sup> set will occur in positions 367-383, the 3<sup>rd</sup> set will occur in positions 384-400, and so on.</i>					
Revenue Code 1	R	350-352	Numeric	3	
Revenue HCPC/CPT 1	R	353-357	CHAR	5	Period is NOT included
Revenue Units 1	R	358-366	Numeric	9	Eight digits total with 2 places after the decimal. Left-zero-filled. Decimal is included.
<b>END</b>					

## 6.0 INVOICE REMITTANCE ERROR CODES

**Note: this code list is subject to change.**

DENY means that the invoice was denied for payment processing. If at least one deny code appears on your ERA or remittance advice statement for an invoice, then it was denied for payment processing. Multiple deny codes may appear on a single invoice.

Error Code	Description
<b>INVOICE FIELD FORMAT EDITS</b>	
001	DENY: Patient First Name is required
002	DENY: Patient Last Name is required
006	DENY: Minimum patient data set is not met: must have at least FN+LN+SSN+DOB
007	DENY: Patient ZIP is invalid/missing
008	DENY: Invalid/Missing Billed Charges
009	DENY: Invalid/Missing Amount Paid by Patient or Patient Payment Amount greater than 0
010	DENY: Invoice Date(s) of Service are not between 2/1/2006 and 6/30/2006
011	DENY: Invalid/Missing From/Thru DOS
012	DENY: Invalid/Missing Date of Service
013	DENY: Invalid/Missing Revenue Units of Service
014	DENY: Invalid/Missing Invoice Type of Service
015	DENY: Invalid/Missing Procedure Code
016	DENY: At least one Revenue Code/HCPC-CPT combination is required
034	DENY: Principal Diagnosis code is invalid/missing
050	DENY: Timely Filing not met
<b>INVOICE POLICY/PROGRAM EDITS</b>	
100	DENY: Patient is Medicaid eligible on the DOS
101	DENY: Patient is a Medicare SSA enrollee on the DOS
102	DENY: Patient SSN is in Medicaid
103	DENY: Patient Zip Code is not in Disaster Region
120	DENY: Provider is not enrolled with Medicaid on the DOS
123	DENY: Provider Type is not appropriate for DSH
124	DENY: Invoice Type of Service is not appropriate for Provider Type
132	DENY: Inpatient service extended past 6/30/2006.
305	DENY: Duplicate service (same patient, provider, DOS)
306	DENY: Duplicate service (same patient, DOS, different provider)
999	DENY: Invoice had incompatible data values (DOB and/or DOS) that prevented successful processing

## 7.0 Provider Attestation Form

### ATTESTATION CERTIFYING VALIDITY OF CLAIMS FOR THE PURPOSE OF PAYMENT

We certify to the best of our ability based on the information provided by the patient that on our invoice:

- (1) Each individual listed provided residency information and/or documentation (i.e., driver's license) showing that he/she resided in a parish or a designated area of a parish for which a mandatory evacuation order was issued (as defined in the Louisiana Register, Vol. 32, No. 7, pages 1190-1193) on or before August 24, 2005, for Hurricane Katrina or September 23, 2005, for Hurricane Rita.
- (2) The goods, services, and/or supplies were medically necessary, provided by or authorized by an individual with the necessary qualifications to make a determination on medical necessity, and actually provided to the above listed individuals in the appropriate quality and quantity by a qualified individual.

I certify that to the best of my knowledge as of the date of submission, the following statements are true:

- No payment, either in full or in part, has been received from a third party on the listed claims. In accordance with filing instructions, we have included payments received from patients on the above listed claims.
- We have no knowledge of any other payor source.
- The foregoing information is true, accurate, and complete.

I certify that, subsequent to the date of this submission, no claim for the above goods, services, and/or supplies will be made to the liable individual for the purpose of obtaining either payment in full or in part.

I understand that payment of this claim will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws.

I certify that I have the legal authority to sign this invoice on behalf of this Enrolled Louisiana Medicaid Provider.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Number

\_\_\_\_\_  
Name and Title (Relationship with Provider)  
(Signatory must be an owner or an individual legally authorized to act on behalf of the owner(s) or provider)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

DONE AND SIGNED before the below Notary Public on \_\_\_\_\_, 2006

\_\_\_\_\_  
NOTARY PUBLIC

## 8.0 DHH and Unisys Contact Information

### Unisys Contacts:

Questions regarding Batch Invoices and Remittance Advice Statements:

Jeff Raymond

Phone: 225-216-6000 x6337

e-mail: [jeff.raymond@unisys.com](mailto:jeff.raymond@unisys.com)

Questions regarding the Web applications:

Unisys Technical Support Help Desk

Phone: 877-598-8753

e-mail: [lasupport@unisys.com](mailto:lasupport@unisys.com)

### DHH Contacts:

Wendy Reardon

Phone: 225-342-9475

e-mail: [wreardon@dhh.la.gov](mailto:wreardon@dhh.la.gov)

### Mailing Information:

All attestations and CDs should be sent overnight/next day delivery to:

Louisiana DHH,  
HIPAA Section,  
8545 United Plaza, Suite 250,  
Baton Rouge, LA 70809