

Long Term Care HIPAA Medicaid Bulletin

December 2002

Attention: LTC, ADHC, ICFMR and Hospice Administrators

Re: LTC/ADHC/ICFMR/Hospice Provider Questionnaire



The Department of Health and Hospitals (DHH) and Unisys are making changes to the Louisiana Medicaid Management Information System (MMIS) to comply with the Health Insurance Portability & Accountability Act (*HIPAA*).

The national standard for electronic billing is the ANSI X12N 837I. The national standard for paper claims is the UB-92. A benefit of this change is that providers will now be able to bill either paper or electronic claims for their services. We strongly encourage the use of electronic claims submissions.

To ensure a smooth transition, DHH is requesting all providers complete and return the attached questionnaire. We want to determine how this change will affect our providers. Once the questionnaires are returned, DHH will review the results to identify the areas of greatest impact and concern.

After you have completed the questionnaire, please return it to:

Unisys
Attn: Shannon L. Clark, Unisys HIPAA Operations
4041 Essen Lane, Suite 501
Baton Rouge, LA 70809

Or Fax to:
Shannon L. Clark
Unisys HIPAA Operations
512.233.2658

Louisiana Department of Health and Hospitals

HIPAA LTC/ADHC/ICFMR/Hospice Provider Questionnaire

Provider Contact Information:

Provider Name: _____
Provider Number: _____
Provider Email Address: _____
Administrator Name: _____
Administrator Telephone Number: _____
Administrator Email Address: _____

Please respond to the questions in as much detail as you can. This will assist DHH with making this transition as smooth as possible.

1. Estimated number of Medicaid patients for whom you bill each month: _____
2. Do you intend to submit your claims electronically using the required ANSI X12N 837I format or the paper UB-92 format? Electronic Paper

If electronic, please indicate how the claims will be submitted and provide the associated information.

- Software Vendor Clearinghouse Billing Agent In-House Processing Center

Vendor /Clearinghouse/Billing Agent/Center Information:

Company Name: _____
Software/Product Name: _____
Phone Number: _____
Contact Name: _____
Contact Email: _____

Note: Your Billing Agent or Clearinghouse must be enrolled with Unisys to submit claims for you.

If you are interested in billing electronically, please subscribe to the weekly "Software Vendor," "Billing Agent", and "Clearinghouse" (VBC) list by e-mailing the HIPAA EDI group at [*hipaaedi@unisys.com](mailto:hipaaedi@unisys.com) (Note: * is part of the e-mail address). Put "**subscribe to VBC list**" in the subject line. VBCs identified in the list are those that have enrolled with the LA Medicaid HIPAA testing service and are pursuing HIPAA readiness.

If you currently have a software vendor, billing agent, or clearinghouse (VBC) that can electronically bill LTC/ADHC/ICF/MR/Hospice claims on an X12N 837 Institutional transaction, please have them contact LA Medicaid HIPAA EDI group and enroll in our testing service by emailing a request to [*hipaaedi@unisys.com](mailto:hipaaedi@unisys.com) (Note: * is part of the e-mail address) or by calling 1.225.237.3318

3. Do you currently submit claims to any payor (such as Medicare) using the ANSI X12N 837I format?
 Yes No

If yes, are the claims submitted via: Website Modem Dial-up Tape Diskette

4. Do you currently submit claims to any payor using the UB-92 Paper claim format?
 Yes No

Person Completing Form: _____ Date: _____