



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

November 5, 2010

Dear Submitter:

All submitters must have a 2011 Annual Certification Form on file with Louisiana Medicaid. This form must be on file to allow ongoing submission of electronic claims. **The deadline for the completed Annual Certification form is December 31, 2010.**

Enclosed is the following form:

- Annual Certification Form for calendar year 2011

ACTION NEEDED:

The enclosed form MUST be completed and returned to the address below on or before December 31, 2010. **Failure to submit a completed Certification form will result in closure of the submitter number and all electronic files will be dropped from the system without being processed.**

Please return to this address

Molina - EDI Department
P O Box 91025
Baton Rouge, LA 70821-9025

PROVIDER RESPONSIBILITY: If the provider is submitting directly to Medicaid with their own submitter ID the provider must ensure that all rules and regulations are followed. If the provider is using a billing agent/clearinghouse for claims submission they must ensure a similar certification form is sent to their submitter for their records. The provider should also ensure that all claims are true, accurate and complete.

THIRD PARTY BILLERS:

It is the responsibility of each third-party biller to ensure that similar certification forms are received from each provider for whom they submit electronic claims to Louisiana Medicaid. These forms must include language where the provider attests to the truth, accuracy and completeness of all claim information and that the provider understands that all claims are paid using Federal and State funds and that any falsification or concealment of a material fact may be prosecuted under federal and state laws. These provider Certification forms must be kept on file for a minimum of five (5) years.

FUTURE CERTIFICATION FORMS:

During the 4th Quarter of each year, correspondence will be mailed to all open submitters requesting an updated Annual Certification Form. This form must be submitted by December 31 of each year. Failure to submit the updated Certification Form timely will result in termination of the submitter number thus preventing the ability to transmit electronic claims to Louisiana Medicaid.

Please contact the EDI Department at 225/216-6303 regarding all questions.

Sincerely,

Don Gregory
Medicaid Director

