



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

October 5, 2015

Dear Submitter:

On an annual basis, all submitters must have a current EDI Certification Form on file with Louisiana Medicaid, to allow continued electronic billing of claims on and after January 1<sup>st</sup> of the coming year. As this is a federal requirement, the attached 2016 EDI Annual Certification form must be completed and returned to the Molina EDI Department **no later than December 31, 2015**. Failure to comply, will result in **closure** of your submitter privileges for you and your associated providers.

Please return the completed signed **original form** to:

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

Molina will not accept faxed or emailed documents, they must receive the original form. Non-compliance of stated requirements by December 31, 2015, will result in all electronic files received from submitters that have not completed the Annual Certification form, will be **dropped from Molina's system without being processed**.

**PROVIDERS:** If the provider is submitting directly to Medicaid as a submitter, the provider must submit an annual certification form and ensure that all rules and regulations are followed. If the provider is using a billing agent/clearinghouse for claims submissions, they must ensure a similar certification form is sent to their submitter for their records. Annually the provider must attest that all claims filed through the billing agent or clearinghouses are true, accurate and complete.

**CLEARINGHOUSES/ BILLING AGENTS/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 to the affect that 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.

The Submitter must keep all providers Annual Certification forms on file for a minimum of five (5) years.

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

Sincerely,



Bill Perkins  
Medicaid Deputy Director

Enclosure

BP/DW/jlk

C: Bill Perkins  
Darlene White  
Jacques Kado