

HEALTHY LOUISIANA PREPAID PLAN

EDI ANNUAL CERTIFICATION OF ELECTRONICALLY-SUBMITTED MEDICAID CLAIMS

2019

Certification Period: January 1 to December 31, 2019

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Provider Number (7 digits)

4	5	0				
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Submitter ID Number

National Provider Identifier (10 Digits)

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Submitter Name: _____

Primary Contact Name: _____ Email address: _____

Secondary Contact Name: _____ Email address: _____

Identify all types of claims that will be submitted as encounter data during this Certification Period:

- 837-P
- 837-I
- NCPDP
- Other: _____

I certify that the claim information that is submitted as encounter data to Louisiana Medicaid is an exact duplicate of detailed claim line information received from the provider(s) and has not been materially altered or revised except for translation to the current 837 transaction format or insertion of minor data (i.e., provider number, recipient number, and NCCI edits). I also certify that providers with whom I have a direct relationship have furnished me with an EDI Annual Certification of Medicaid Claims Submitted Electronically Form on which the provider has attested to the truth, accuracy and completeness of the claim information. If I do not have a direct relationship with submitting providers (for instance, if the relationship is with a vendor), Louisiana Medicaid understands that I will not have an EDI Annual Certification Form from the individual(s) or entity(ies) with whom I do not maintain a contractual relationship. I agree to maintain all forms I am required to collect for a period of five (5) years.

I understand that payment and satisfaction of these claims will be from federal and state funds, and that any false claims, statements, documents, or concealment of material fact, may be prosecuted under applicable federal and state laws.

Date _____

Submitter Signature _____

An Original signature is required

Note: Updated certification forms MUST be submitted annually. Failure to maintain a completed Certification Form on file will result in the closure of the submitter number without notice to submitter. All files submitted with closed submitter numbers will be dropped from the system without being processed.

Submit to: Molina – EDI Department, PO Box 91025, Baton Rouge, LA 70821-9025

Phone #: 225/216-6303

Or: 8591 United Plaza Blvd., Bldg. V, Suite 270, Baton Rouge, LA 70809