

**MAGELLAN PLAN**  
**EDI CERTIFICATION OF**  
**ELECTRONICALLY—SUBMITTED**  
**MEDICAID CLAIMS**

**2020**

**Certification Period: January 1 to December 31, 2020**

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Provider Number (7 digits)

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| <b>4</b> | <b>5</b> | <b>0</b> |  |  |  |  |
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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
- 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, 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: DXC – 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**