

John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

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

October 6, 2022

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 1st of the coming year. As this is a federal requirement, the attached 2023 EDI Annual Certification form must be completed and returned to the Gainwell EDI Department **no later than December 31, 2022**. 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:

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

Gainwell will not accept faxed or emailed documents, they must receive the original form. Non-compliance of stated requirements by December 31, 2022, will result in all electronic files received from submitters that have not completed the Annual Certification form, will be **dropped from Gainwell'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

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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 Gainwell EDI Department at 225-216-6303 regarding all questions.

Sincerely,

DocuSigned by:

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Mitzi Hochheiser
Medicaid Deputy Director

Enclosure

MH/MC

Certificate Of Completion

Envelope Id: 97C69333E5F54E9DBB39842D443C4C23	Status: Completed
Subject: Please DocuSign: Annual EDI - CoverLetter 2023_SSavoy.docx	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	Ronee Chandler
Time Zone: (UTC-06:00) Central Time (US & Canada)	628 North 4th Street
	Suite 138
	Baton Rouge, LA 70802
	Ronee.Chandler@LA.GOV
	IP Address: 159.39.101.2

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Signer Events

Mitzi Hochheiser
mitzi.hochheiser@la.gov
Medicaid Deputy Director
LDH/MVA
Security Level: Email, Account Authentication (None)

Signature

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Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/20/2022 10:06:30 AM
Certified Delivered	Security Checked	9/20/2022 12:34:45 PM
Signing Complete	Security Checked	9/20/2022 12:35:11 PM
Completed	Security Checked	9/20/2022 12:35:11 PM
Payment Events	Status	Timestamps