

EDI Annual Certification Procedures
Modified May 2006

PURPOSE:

To acquire Annual Certification forms for all electronic claims submitters.

CODE OF FEDERAL REGULATIONS:

TITLE 42--PUBLIC HEALTH

CHAPTER IV--CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES--(Continued)

PART 455--PROGRAM INTEGRITY: MEDICAID--Table of Contents

Subpart A--Medicaid Agency Fraud Detection and Investigation Program

Sec. 455.18 Provider's statements on claims forms.

(a) Except as provided in Sec. 455.19, the agency must provide that all provider claims forms be imprinted in boldface type with the following statements, or with alternate wording that is approved by the Regional CMS Administrator:

(1) "This is to certify that the foregoing information is true, accurate, and complete."

(2) "I understand that payment of this claim will be from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws."

(b) The statements may be printed above the claimant's signature or, if they are printed on the reverse of the form, a reference to the statements must appear immediately preceding the claimant's signature.

Sec. 455.19 Provider's statement on check.

As an alternative to the statements required in Sec. 455.18, the agency may print the following wording above the claimant's endorsement on the reverse of checks or warrants payable to each provider: "I understand in endorsing or depositing this check that payment will be from Federal and State funds and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws."

MEMORANDUM FROM CHARLES E. DASPIT, NOVEMBER 9, 2004:

Charles Daspit researched the viability of an annual certification process and has offered his opinion in a memo dated November 9, 2004 (copy attached). He states: "...it is my opinion that we may accept certification forms signed annually by providers/submitters to cover their electronic Medicaid claims for each year...."

HISTORY OF HARDCOPY CERTIFICATION FORMS:

In 2005, Unisys began collecting an Annual Certification form for each submitter. To date, a large percentage of submitters have complied, but around 10% remain uncollected. Prior to this date, policy required a hardcopy certification form for each and every electronic file submitted to Louisiana Medicaid. In the case of files submitted via diskette or tape, the certification form must accompany the submission. For telecommunicated files, the certification form must be mailed to Unisys within 48 hours of submission

These certification forms are received from each submitter and the submitter is charged with receiving a similar certification from each provider.

ANNUAL CERTIFICATION PROCESS

Each year, the Annual Certification form will be revised and notification will be sent to submitters requesting them to complete the new form. A tentative schedule is listed below:

October (First Week)

- Currently enrolled submitters will be contacted via Remittance Advice message, lamedicaid.com, email and/or US Mail. Instructions will be given on where to obtain the Annual Certification form for the following year and the dates associated with its submission to Unisys.

November (First Week)

- A second communication will be sent to all submitters who have not complied via Remittance Advice message, lamedicaid.com, email and/or US Mail. Instructions will be given on where to obtain the Annual Certification form for the following year and a final date of December 31st will be communicated.

January (First Week)

- All non-compliant submitters will be contacted via phone to remind them of the need. Those that overnight their Certification forms will not have their password suspended.

January (Last Week)

- All non-compliant submitters' passwords will be suspended until an Annual Certification form is received.

All Annual Certification Forms will be tracked by the EDI Department who will keep the forms on file indefinitely. A spreadsheet will be maintained to track these forms which will allow easy reference for any particular submitter number. At least two (2) years of Annual Certification Forms will remain on site with forms greater than two (2) years of age being sent to offsite storage for archival purposes.

ENFORCEMENT FOR NON-RESPONSIVE SUBMITTERS

If a submitter fails to submit the required Certification forms before the last week of January, the submitter number will be deactivated in the EDI system. This will prevent the submitter's ability to upload electronic claims to the EDI system.

Should a submitter be cut off, the submitter will need to complete the Annual Certification form and submit it hardcopy to the Unisys EDI Department. Upon receipt, the submitter number will be reactivated on the Bulletin Board, usually by the next business day. *This will result in a delay for submitting the claims and will keep some providers from being paid.*

RESOLVING MISSING CERTIFICATION FORMS

Unisys will contact the non-compliant submitters via telephone during the month of January. On January 31st, those that do not comply will be deactivated in the system.

Prior to the deactivation of submitter numbers, Unisys will advise the Department of all submitters who have not complied. However, acceptance of this overall plan denotes approval to deactivate these submitter numbers without additional approval from DHH.

SUBMITTER OUTREACH

The following outreach materials will be employed to educate both providers and submitters on this Annual Certification Process:

1. *Remittance Advice Messages*
2. www.lamedicaid.com – a banner message will be added to alert submitters of the pending deadline.
3. *Provider Updates*
4. Final Request letter sent to all non-compliant submitters either via telephone call or US Mail.

OUTREACH MATERIALS

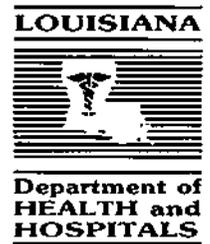
Remittance Advice Message:

ATTENTION SUBMITTERS OF ELECTRONIC CLAIMS: The deadline for receiving 2006 Annual Certification Forms has passed. If you have not submitted a Certification form for your submitter number (beginning with 450), immediate action is required. Failure to submit the required form will result in deactivation of the submitter number. If a number is deactivated, the Certification form will have to be received in the Unisys EDI Department hardcopy (no faxes) before the number is reactivated. This will result in a delay in payment for your providers.

Communication to Submitters:



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



October 1, 200__

Submitters of Electronic Claims to Louisiana Medicaid

Dear Submitter:

Effective January 1, 200_, all submitters must have a 200_ 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, 200__.

Enclosed is the following form:

- Annual Certification Form for calendar year 200__

ACTION NEEDED:

The enclosed form **MUST** be completed and returned to the above address before January 1, 200__. 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.

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 (Billing Agents / Clearinghouses):

It is the responsibility of each third-party biller to ensure that similar certification forms are received from each provider with whom they have a direct contractual relationship and 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 intentional 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 updated Annual Certification Form. This form will have to be submitted by January 1st of each year. Failure to submit the updated Certification Form will result in termination of the submitter number thus preventing the ability to transmit electronic claims to Louisiana Medicaid.

Please contact the Unisys EDI Department at 225/216-6000 ext. 2 regarding all questions.

Sincerely,

Jerry Phillips
Director
Bureau of Health Services Financing

Enc.

**EDI ANNUAL CERTIFICATION OF
ELECTRONICALLY-SUBMITTED MEDICAID CLAIMS
Certification Period: January 1, to December 31, 200__**

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Provider Number (7 digits) - If submission contains files for more than 1 provider, list ALL provider numbers and attach to this Certification.

Submitter Number (7 digits)

Submitter Name: _____

Submissions by Provider Rendering Services Using their own Submitter ID:

I certify that all services rendered during the above identified Certification Period were necessary, medically indicated and were rendered by me or under my personal supervision. I have reviewed the claims information submitted and certify that it is true, accurate and complete. I agree to keep such records which will disclose fully the extent of services provided to individuals under the state's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the state agency, Medicaid Fraud Control Unit or the Secretary of the United States Department of Health and Human Services (DHHS) may request for five years from date of service or otherwise required by law or regulation. I agree to accept payment from the Bureau of Health Services Financing as payment in full for services and not seek additional payment from the recipient for any unpaid portion of a bill except to Spend-down Medically Needy recipients as indicated on Form 110-MNP. I agree to adhere to the published regulations of the Secretary of DHHS and the regulations, policies, criteria and procedures of BHSF Medical Assistance Program including those rules regarding recoupment.

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.

NOTICE: This is to certify that the foregoing information is true, accurate and complete.

Submissions by Third Party Biller (Billing Agents/Clearinghouses) Using their Submitter ID:

I certify that the claim information submitted to Louisiana Medicaid is an exact duplicate of detailed claim line information received from the provider and has not been materially altered or revised except for translation to the current 837 transaction format or insertion of minor data such as provider number or recipient number. I certify that the information submitted in electronic format is true, accurate and complete as received from the provider. Additionally, I understand that payment of these claims will be from Federal and State funds to providers or their billing entity, and that any concealment or intentional falsification of a material fact may be prosecuted under Federal and State laws.

I also certify that provider(s) 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.

Attach a list of provider(s) name(s) and identification numbers.

Identify all claim types that will be submitted during this Certification Period:

CLAIM TYPE 837P 837 I 837 D Non-Ambulatory Transportation Case Management Other:

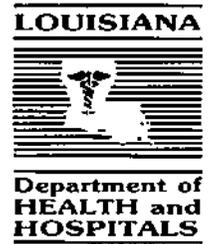
DATE

SUBMITTER SIGNATURE (ORIGINAL)

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.



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



November 9, 2004

M E M O R A N D U M

TO: Laurie Tichenor
MMIS/HIPAA Compliance & Maintenance Section

FROM: Charles E. Daspit
Attorney Supervisor

RE: Provider Certification for Electronic Medicaid Claims

By memorandum dated October 19, 2004, you requested a legal opinion regarding the methods by which a Medicaid provider or submitter may certify the genuineness of its electronic claims.

Federal Medicaid regulations require that all provider claim forms contain statements certifying that the information in the claim is true, accurate and complete and that the provider is aware that any falsification or concealment of a material fact may be prosecuted under federal and state laws. Alternatively, an equivalent statement may be printed on the check or warrant payable to the provider.¹ In order to comply with these regulations, a provider/submitter currently furnishes a hard copy certificate when it files an electronic Medicaid claim with Unisys. You have inquired about the legality of using a different means of certification which would be more compatible with the process of electronic claim filing. The two alternatives you suggest are: (1) a certification form signed each year by the submitter which would cover

¹ 42 C.F.R. §§455.18, 455.19.

all the electronic claims it files during that year (the process already being used in Pharmacy POS); and (2) an electronic certification with signature to be filed with each electronic claim.

Option (1), the annual certification form, is explicitly recognized by CMS as a valid means of complying with the certification requirements for electronic Medicaid claims,² and my Internet research indicates that several states currently use this method.

Option (2), electronic certification, is not mentioned or provided for in the Medicaid regulations or the State Medicaid Manual. I would not be able to recommend the use of this method until we see some indication that CMS approves it as an acceptable option for use with electronic Medicaid claims.

Accordingly, it is my opinion that we may accept certification forms signed annually by providers/submitters to cover their electronic Medicaid claims for each year, but may not accept electronic certifications.

If you have any questions or need further advice or assistance in this matter, please contact me at 342-3806.

CED/mp

cc: LaLauni Williams

² State Medicaid Manual §11282.1.



Kathleen Babineaux Blanco
GOVERNOR

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Frederick P. Cerise, M.D., M.P.H.
SECRETARY

June 7, 2006

Norm Nichols
Executive Account Manager
Unisys Corporation
P.O. Box 3396
Baton Rouge, LA 70809

FIMS #0493

RE: FIMS for Annual EDI Certification Process

Dear Mr. Nichols:

The Department has approved the Annual EDI Certification Plan attached that will be followed by the Unisys EDI Unit annually. Unisys will supply the Department with a report of the submitters and providers who are out of compliance with the Annual EDI Certification prior to deactivation of the submitters Bulletin Board password.

The Department is in agreement that the submitters who are not in compliance with the 2005 and 2006 Annual EDI Certification can have their Bulletin Board passwords deactivated, effective June 13, 2006. The Department has received and reviewed the latest report containing submitters and providers that will be impacted by this deactivation.

I understand this annual certification process has been in the works for over 2 years. I would like to thank all of those who worked on this process improvement, it shows hard work and persistence does pay off.

If you have any questions, please contact Laurie Tichenor at 216-6287 or Donna Brunson at 216-6315.

Sincerely,

Kay Gaudet
Acting Medicaid Deputy Director

KG/LT

Enclosure

C: Laurie Tichenor
Donna Brunson
Joe Kopsa
Jenny Smith
Jerry Daugherty
Paul Underwood

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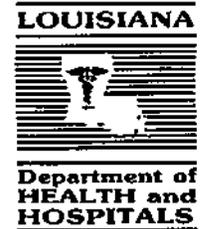
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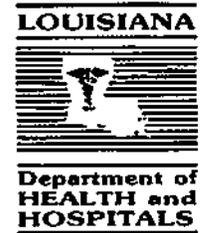
DATE

SUBMITTER SIGNATURE (ORIGINAL)

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STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



November 9, 2004

MEMORANDUM

TO: Laurie Tichenor
MMIS/HIPAA Compliance & Maintenance Section

FROM: Charles E. Daspit
Attorney Supervisor

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