

Louisiana Medicaid Management Information System (LMMIS)

Optional State Supplement (OSS) Checks Provider User Guide

September 6, 2007

Version 1.7.2

UNISYS and the Louisiana Department of Health and Hospitals

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Date	Des	cription of Change	Ву
July 25, 2007	Initia	al draft	Amy Landry
August 2, 2007	Inco	rporated updated screen shots	Amy Landry
August 22, 2007	Inco	rporated updated screen shots	Amy Landry
August 27, 2007	 Inserted changes that were requested by DHH on August 24, 2007 conference call. Add page numbers. 1.1 Rephrase Note for when there are no remits. Add a screen shot showing no remits. 1.1 pg 8 Add sentence "This screen allows the provider to save and/or print their statement." Add sentence "If the recipient becomes eligible to receive this payment after the third to last working day of the month, then they will not receive the payment until the following month." 1.1 pg 9 Add titles "Download Process" and "Print Process." 1.1 pg 10 Add the word "search" after "View Remittance Advice Statements." 1.2 Add sentence "Payments need to be returned if a recipient has moved from your facility or the recipient is now deceased." Add sentence "All returned payments abaud de log training" 		Amy Landry
August 28, 2007	 1.0 Add screen shot of lamedicaid.com home page and show the provider where to log into the provider secure site and then click on the OSS application. 2.0 pg 10 Add "Download user manual" and "Download OSS Check-Write Schedule" Pg 12 Added note back. Pg 14 Change to read "contact your parish office." Add sentence "(This is the cut off for the OSS payment for that month.)" Pg 15 Move download instructions to below the screenshot. 2.2 Rephrase sentence: "The Payment Time Key is the month the check was processed." Pg 18 Add sentence: "No hardcopy checks are to be submitted to DHH, all return payments should be done using the electronic return process." 		
August 28, 2007	Upd 1.2 M Pg 1	ated this table with change requests. Move "To return a payment" section to following page. 8 Indent "electronic" to fall under the "N"	

PROJECT INFORMATION

August 29, 2007	Changed screen shots on pages 11, 12, 13, 14, 15, 17 Changed verbiage on page 15 to "is determined to be eligible for an OSS check" Pg 19 Rephrased #1: added "the exact" and added "for the recipient" Pg 20 Added "history" and "for the individual recipient"	
August 30, 2007	 2.1 Added "verify that this is correct and request a payment for the next OSS check-write." 2.2 Added "NOTE: This page should always be printed when a return payment is entered. This documentation will be required when an audit is done at your facility." 	
September 6, 2007	Added statement about NOT returning money to DHH in Section 2.2, How to Return a Payment	Jeff Raymond

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1.0 ACCESSING THE OSS CHECKS WEB INTERNET APPLICATION

The OSS Checks internet application is accessed through the Louisiana Medicaid website:



By clicking the **Provider Login** button on the navigation bar the Provider login page opens:



Enter your provider id in the text box provided then click the **Enter** button.



The Provider Applications Area login screen opens. Enter your User ID and Password in the text boxes and then click the **Login** button:

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3 Back - 3 - 💌	🖹 🏠 🔎 Search 🤺 Favorites 🤣 🎯 - 🥁 📓 - 🛄 🏭 🖏	
Address 🙆 https://www.lamedia	aid.com/sprovweb1/default.htm 🛛 🔽 🔁 😨 😭	•
Lou	Nedicaid	
For Technical Support, call toll-free 1-877-598-8753.	Provider Applications Area	^
Provider Logout Click Here to Enter a	The application(s) listed below are for authorized use only. Click on an application link to access the application.	
Recovery Request	Provider Applications	
HIPAA Information Center	LAMEDICAID.COM Fact Sheet	
HIPAA Billing Instructions &		
Companion Guides	Destricted Brouider Applications	
EDI Information	Resulted Provider Applications	
<u>Training</u>	Prease enter your Resultced Applications Login D and Password.	
About Medicaid		
Provider Enrollment	Login ID	
Provider Web Account	Password	-
Registration Instructions		
Provider Support	Login	
Provider Manuals	Forget Your Login ID2 Forget Your Deceward2	
Billing Information		~
🕘 Done	🔒 🥥 Internet	1

If you do not have a Login ID or Password you must follow the Provider Web Account Registration Instructions, this link is located on the menu on the left of this page. If you can not remember your Login ID or Password call the Technical Support toll-free number located at left top of this page. The Provider Applications page opens. Click on the **OSS Checks** link under Restricted Provider Applications.



2.0 OSS CHECKS WEB APPLICATION HOME PAGE

OSS Checks Home - Microsoft Internet Explorer	5		
File Edit View Favorites Tools Help			
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Address 🗃 https://192.60.37.68/sprovweb1/OSSChecks/Inte	ernetHome.aspx	Go Links 🎽	🥌 SnagIt 🔁 🛃
UNISYS OSS Ch	ecks		~
Home	OSS Checks Menu	Provider Applications	Help Logout
Provider ID: 151 Provider Name: LAKE CHARLES CARE CENTER Remittance Advice Statements Enter a Return Payment Download User Manual	2		
🙆 Done		🔒 🥥	Internet .:

On this web site, providers have the following functions:

- View, Print, and Download remittance advice statements
- Establish return payment transactions
- Download the user manual

2.1 How to View, Print, and Download Remittance Advice Statements

By clicking on the Remittance Advice Statements button on the OSS Checks Home page, you will be taken to the View Remittance Advice Statements page.





Note: If you click on the Remittance Advice Statements button on the OSS Checks Home page and no information is displayed, that means at the current time there are no remit statements to view.

Click on the remit date link to see the remit statement.

View Remittance Advice Statements - Microsoft Internet Explorer			
File Edit View Favorites Tools Help			1
🕞 Back 🔹 🕥 - 💌 🗟 🏠 🔎 Search 🐈 Favorites 🚱 🔗 🌺 💯	. • 📄 😫	12 - 38	
Address 💩 https://192.60.37.68/sprovweb1/OSSChecks/ViewRemits.aspx	💌 🄁 Go	Links 🎽 🍯 Snar	gIt 🔁 🛃
UNISYS OSS Checks View Remittance Advice Statements OSS Checks Menu	Provider Appli	cations Help	Logout
Provider ID: 151 Provider Name: LAKE CHARLES CARE CENTER Remittance Advice Statements for Provider Date 06/01/2007 05/01/2007 Page 1 of 1			
ど Done		🔒 🥑 Internet	

The statement will open using Adobe Acrobat. This screen allows the provider to save and/or print the RA statement.



* If a recipient payment is not shown on the remit statement that should be, contact your parish office to verify that this is correct and to request a payment for the next OSS check-write.

If the recipient is determined to be eligible for an OSS check after the third to last working day of the month, an OSS retro payment will be received with the next scheduled payment cycle. (This is the cut off for the OSS payment for that month.)

Download Process

Save a Copy		? 🔀
Save in:	🔁 Remittance Statements 💽 🧿 👂	🤊 🛄 -
My Recent Documents		
Desktop		
My Documents		
y My Computer		
S	File name: 39_sprovweb_0SSChecks_GetPDFReport.pdf	Save
My Network	Save as type: Adobe PDF Files (*.pdf)	Cancel

To download the remittance statement:

- Click in top left hand corner above the report.
 Indicate where you want to save the file.
- 3. Click the Save button.

Print Process

To print the remittance statement:

- Click the printer icon at the top left hand corner of the screen.
 The Print dialog box will appear.
 Select the printer you want to use to print.
 Click the **Print** button.

Click the **Back** button to go back to the View Remittance Advice Statements search screen.

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File Edit View Favorites Tools Help	A
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Address 💩 https://192.60.37.68/sprovweb1/OSSChecks/RemitReport.aspx?id=1510114&date=05/01/200 🔽 🔁 Go 🛛 Links 🎽 😓 SnagIt	2 🖻
📔 🚔 😤 🗰 🕅 🕐 🕩 📷 🔍 🕻 🎦 😁 😕 😕 🐨 75% 🕞 🕑 🎦 🖓 🖓 👘	^
Search Web	
State of Louisiana Department of Health and Hospitals Bureau of Health Services Financing OSS Checks Program Report OSS-M-201: PROVIDER REMITTANCE ADVICE STATEMENT Run Date: 20070501 Provider ID: 151	
PROCESSING CYCLE: 200705 Year-Month Recipient No Recipient Name Info Ramount 200705 503 TOTAL PAYMENTS ON THIS REMITTANCE: TOTAL INVOICE LINE ITEMS: 1 COMPARENTS OF THE STATES OF	×
😂 Done 🗎 🔮 Internet	

2.2 How to Return a Payment

A payment will need to be returned if a recipient has moved from your facility or the recipient is now deceased. Please be aware that you should NOT send back any money that you receive from DHH as a result of this new OSS process. Instead, when you create a "Return Payment" transaction on the web application, the amount of the transaction will be automatically deducted during the next OSS payment cycle from the check/payment you will receive at that time. Any money that you are not able to distribute you should hold for the next payment cycle.

By clicking on the **Enter a Return Payment** button on the Home page, you will be taken to the Return Payment screen:

File Edit View Favorites Tools Help
Address 🕘 https://192.60.37.68/sprovweb1/OSSChecks/ReturnPayment.aspx 🛛 <table-cell> 🔂 Go 🛛 Links 🎽 🍏 SnagIt 🔁 😭</table-cell>
UNISYS OSS Checks
Return Payment OSS Checks Menu Provider Applications Help Logout
Recipient ID: Find Payment Clear Fields Enter Recipient ID and Payment Time Key, then click 'Find Payment' to proceed.
Payment Information
Payment Number: Recipient Name: Provider ID: Provider Name: Provider Amount: Account Info: (Not required. This field is for your facility's internal use, 30 characters max) Return Payment Print Screen Cancel
🖉 Done

The Recipient ID and the Payment Time Key are required fields on this form.

The Payment Time Key is the month the check was processed.

To return a payment:

- 1. Enter the recipient ID in the Recipient ID text box. The recipient ID entered must be the exact 13 numeric characters for the recipient.
- 2. Enter the payment time key in the Payment Time Key text box. (Format: yyymm)
- 3. Click the **Find Payment** button.
- * All returned payments should be handled electronically.
- * No hardcopy checks are to be submitted to DHH, all return payments should be done using the electronic return process.

If a payment cannot be found, you will receive the following error:

🗿 Return Payment - Mic	rosoft Internet Explorer		
File Edit View Favorite	rs Tools Help		
🌏 Back 🔹 🌍 🐇 💌	🖹 🐔 🔎 Search 👷 Favorites 🚱 🔗 🍓 💌 🔹 🗾 🚺	12 🚳	
Address 🛃 https://192.60.3	7.68/sprovweb1/OS5Checks/ReturnPayment.aspx	氨 SnagIt 🔁	1
UNISYS	OSS Checks		
Return Payme	INC OSS Checks Menu Provider Applications	Help Logou	ıt
Recipient ID:	Payment Time Key: 200707 Find Payment Clear Fields		
Enter Recipient ID and I	'ayment Time Key, then click 'Find Payment' to proceed.		
Can't find the indicat	ed payment.		
	Payment Information		
Payment Number: Recipient Name:			
Provider ID:			
Provider Name:			
Provider Amount:			
Account Info:	(Not required. This field is for your facility's internal use, 30 characters max)		
Done	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	internet	

To clear the search and find a different payment, click the **Clear Fields** button.

If the search was successful, then the payment history information for the individual recipient will be displayed at the bottom of the form as shown below:

🕘 Return Payment - Mi	crosoft Internet Explorer
File Edit View Favorit	es Tools Help 🦧
🕝 Back 🝷 🕥 🕤 🧕	👔 😰 🏠 🔎 Search 🤺 Favorites 🤣 🔗 - چ 😥 - 🛄 🏥 🎎
Address 🙋 https://192.60.	37.68/sprovweb1/OS5Checks/ReturnPayment.aspx 🛛 🗹 🖸 🖸 Links 🎽 💆 SnagIt 🖹 😭
UNISYS	OSS Checks
Return Paymo	2nt OSS Checks Menu Provider Applications Help Logout
Recipient ID:	Payment Time Key: 200705 Find Payment
	Clear Fields
Enter Recipient ID and	Payment Time Key, then click 'Find Payment' to proceed.
	Payment Information
Payment Number:	
Recipient Name:	
Provider ID:	
Provider Name:	LAKE CHARLES CARE CENTER
Provider Amount:	\$8.00
Account Info:	(Not required. This field is for your facility's internal use, 30 characters max)
Return Paym	ent Print Screen Cancel
ഭി	A Toternat

- 4. Click the **Return Payment** button to return the payment.
- 5. Click "Ok" in the confirmation box if you are sure you want to return the payment:

Microsof	ft Internet Explorer 🔀
2	You are attempting to return a payment. If you click 'OK', you will not be able to recover this payment and the return will be deducted from a future remit. Are you sure you wish to continue?
	OK Cancel

6. If the return was successful you will get the following message:

Payment Number:	5228100003
Recipient Name:	
Provider ID:	
Provider Name:	LAKE CHARLES CARE CENTER
Provider Amount:	\$8.00
Account Info:	
	(Not required. This field is for your facility's internal use, 30 characters max)
Return Payment Print Screen Cancel	
The payment has been successfully returned. 🥌	

By clicking the **Print Screen** button, the print dialog box appears. Select the printer you want to use to print, and then click the **Print** button.

Note: This page should always be printed when a return payment is entered. This documentation will be required when an audit is done at your facility.

Print	?	
eneral Options		
Select Printer		
Microsoft YPS Document Writer		
Microsoft APD Document writer		
<u>S</u>		
Status: Ready	Print to file Preferences	
Location: 2nd floor main bldg.	[Did Distance]	
Comment: Quality Control shared		
Page Range		
• All	Number of copies: 1	
Selection Current Page		
O Pages: 1		
Enter either a single page number or a single		
page range. For example, 5-12		

2.3 OSS Checks Menu link

By clicking on the **OSS Checks Menu** link at the top right hand corner of the screen, you will be taken back to the OSS Checks menu.

2.4 Provider Applications link

By clicking on the **Provider Applications** link at the top right hand corner of the screen, you will be taken back to the Louisiana Medicaid provider login page.

2.5 Help link

By clicking on the **Help** link at the top right hand corner of the screen, you can view, download, and print this help file.

2.6 Logout

By clicking the **Logout** link at the top right hand corner of the screen, you will be taken back to the Louisiana Medicaid home page.