

PHYSICIAN UPL SUPPLEMENTAL PAYMENT PROGRAM (PRINT/PHYUPL.PDF)



The Louisiana Department of Health has been approved by the Centers for Medicare and Medicaid Services (CMS) to make payments in the Physician's Supplemental Payment Program for the all of the entities noted in the LA State Plan Amendment (downloads/PhyUPL/StatePlan2017.pdf). The purpose of this program is to enhance payments to physicians employed or contracted by the public hospitals. Below are the requested forms and instructions necessary to participate in this program.

Note: In accordance with the Physician's Supplemental Payment Program State Plan Amendment, average commercial to Medicare conversion factors must be updated every three years. Billing numbers with expired conversion factors must complete an updated LA Commercial Data Request Form with updated commercial rate information. Please contact us before completing the form to verify dates.

PROGRAM INSTRUCTIONS AND TIMELINE

Please review the instruction documents prior to completing the submission forms. The Instruction documents outline the recommended approach to completing your submission as well as clarifications for frequently asked questions and examples. The Timeline Document specifies the program cycle and when submissions will be accepted during the year as well as when payment can generally be accepted. Note that this timeline is subject to change, especially during a rebase year.

INSTRUCTIONS & CLARIFICATIONS (DOWNLOADS/PHYUPL/INSTRUCTIONS_FAQ_01162018.PDF)

PROGRAM TIMELINES (DOWNLOADS/PHYUPL/PHYSICIAN_UPL_TIMELINE.PDF)

UPL SUBMISSION FORMS

Each submission must include completed LA Commercial Data Request and Certification Forms. These forms will need to be submitted annually to maintain eligibility within the program.

LA Commercial Data Request Form: The Practitioner Information and Submission Checklist tabs will need to be filed annually, while the Average Commercial Rate forms are filed on initial submission and then once every 3 years.

LA COMMERCIAL DATA REQUEST (/DOWNLOADS/PHYUPL/LA_COMMERCIAL_DATA_REQUEST_FORM_JAN-2018.XLSX)

CERTIFICATION FORM (DOWNLOADS/PHYUPL/LA-PHYSICIAN_CERTIFICATION_FORM_2018.PDF)

Please submit completed forms to LDH at: PhysicianUPL@LA.GOV
(mailto:PhysicianUPL@LA.GOV;brittany.fox@lrcaudit.com;patrice.leblanc@lrcaudit.com&subject=Physician UPL | HOSPITAL NAME, DATES OF SERVICE)

For large forms or any packages containing HIPAA protected data, please submit to:

LEBLANC, ROBERTSON, CHISHOLM AND ASSOCIATES, LLC
attn: Physician UPL
2008 Belle Place Olivier Rd.
New Iberia, LA 70563
ph# 225-256-5202

Other useful documents:

LA STATE PLAN AMENDMENT (DOWNLOADS/PHYUPL/LASTATEPLAN_2017.PDF)

LA FMAP SPLITS (DOWNLOADS/PHYUPL/LAFMAP_2017.PDF)