

# PHYSICIAN FEE FOR SERVICE UPL SUPPLEMENTAL PAYMENTS (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 all of the entities noted in the LA State Plan Amendment (Downloads/PhysUPL/LAStatePlan\_2017.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 Physicians 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.**

## PROGRAM DUE DATES AND TIMELINE

Please refer to the Timeline for an overview of the Program Cycles, submission due dates, and payment dates.

PROGRAM TIMELINES (DOWNLOADS/PHYUPL/PHYSICIAN\_UPL\_TIMELINE\_2024.PDF)

## FEE FOR SERVICE [FFS] PROGRAM

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.

FFS INSTRUCTIONS & CLARIFICATIONS (DOWNLOADS/PHYUPL/FFS INSTRUCTIONS\_FAQ\_SF2024.PDF)

## [FFS] 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 Fee for Service [FFS] UPL 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**. Submission of these forms will only maintain eligibility under the FFS Program.

FFS LA COMMERCIAL DATA REQUEST FORM (DOWNLOADS/PHYUPL/FFS\_LA\_COMMERCIAL\_DATA\_REQUEST\_FORM\_DOS\_SF2024.XLSX)

FFS LA CERTIFICATION FORM (DOWNLOADS/PHYUPL/FFS\_LA\_PHYSUPL\_CERTIFICATION\_DOS\_SF2024.PDF)

PHYSICIAN DISCLOSURE (DOWNLOADS/PHYUPL/FFS\_LA\_PHYSUPL\_PROVIDER DISCLOSURE 2024.PDF)

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

If your submission contains sensitive information and you need a secure portal to submit through, please contact us. If you prefer to submit by mail, our physical location is:

### LEBLANC, ROBERTSON, CHISHOLM AND ASSOCIATES, LLC

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Feel free to contact Brittany Fox (mailto:brittany.fox@lrcaudit.com) at (337) 256-5202 with any questions or concerns.

