



# Louisiana Medicaid Management Information System (LMMIS)

## Electronic 835 Remittance Advice (ERA) Authorization Agreement Application User Manual

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## PROJECT INFORMATION

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## 1.0 OVERVIEW

The Electronic 835 Remittance Advice (ERA) Authorization Agreement application enables users to update their authorization to retrieve their HIPAA version 5010 electronic remittance advice (835 transaction).

# LOUISIANA MEDICAID

You are here : Louisiana Medicaid > My Applications > Electronic Remit 835



**Electronic 835 Remittance Advice (ERA) Authorization Agreement**

[PRINT](#)

**My Account**

- [My Profile](#)
- [My Applications](#)
- [Logout](#)
- [Help](#)

### General Information

ONLY USE this ERA Enrollment application under the following circumstances:

- You **DO NOT** currently receive an electronic remittance advice and you wish to begin receiving the HIPAA version 5010 electronic remittance advice--835 transaction.
- The Submitter you wish to receive the 835 transaction on your behalf is an actively enrolled Submitter in Louisiana Medicaid and has a Submitter number issued by Gainwell Technologies.
- You have contacted Gainwell Technologies Provider Enrollment Unit and requested that this Submitter number be linked to your Gainwell Technologies Provider File. You must complete both the **EDI Contract** and **Power of Attorney forms** available at [www.lamedicaid.com](http://www.lamedicaid.com) at the Provider Enrollment link.
- You **HAVE BEEN** receiving the electronic remittance advice but wish to **CHANGE** the Submitter currently retrieving the 835 transaction on your behalf to some other enrolled Submitter.

DO NOT USE this application if:

- You do not wish to receive an electronic remittance advice. The proprietary version of the Louisiana Medicaid Remittance Advice is and will continue to be available to all providers via the internet at [www.lamedicaid.com](http://www.lamedicaid.com).
- There is no change in the Submitter ID number retrieving the 835 transaction for you.

Additional Information:

- You do not need your own Submitter number if you plan on using a Clearinghouse/Billing Agent to retrieve the 835 Transaction on your behalf.
- You may have a different submitter for submitting claims than retrieving the 835 remittance advice, but **all** submitters that handle transactions (claims or remittance) for you **MUST** be linked to your Gainwell Technologies provider file.
- If you wish to be assigned your own Submitter number to retrieve your own 835 transactions then you **must apply** for one by contacting the Gainwell Technologies Provider Enrollment Unit and completing the **EDI Contract form**. Gainwell Technologies Provider Enrollment can be contacted by calling 225-216-6370.

## 2.0 ACCESSING THE APPLICATION

This section provides information on how to access the Electronic 835 Remittance Advice (ERA) Authorization Agreement application via Provider Login. It includes instructions on how to establish an online account with Louisiana Medicaid and complete the Login ID and password process.

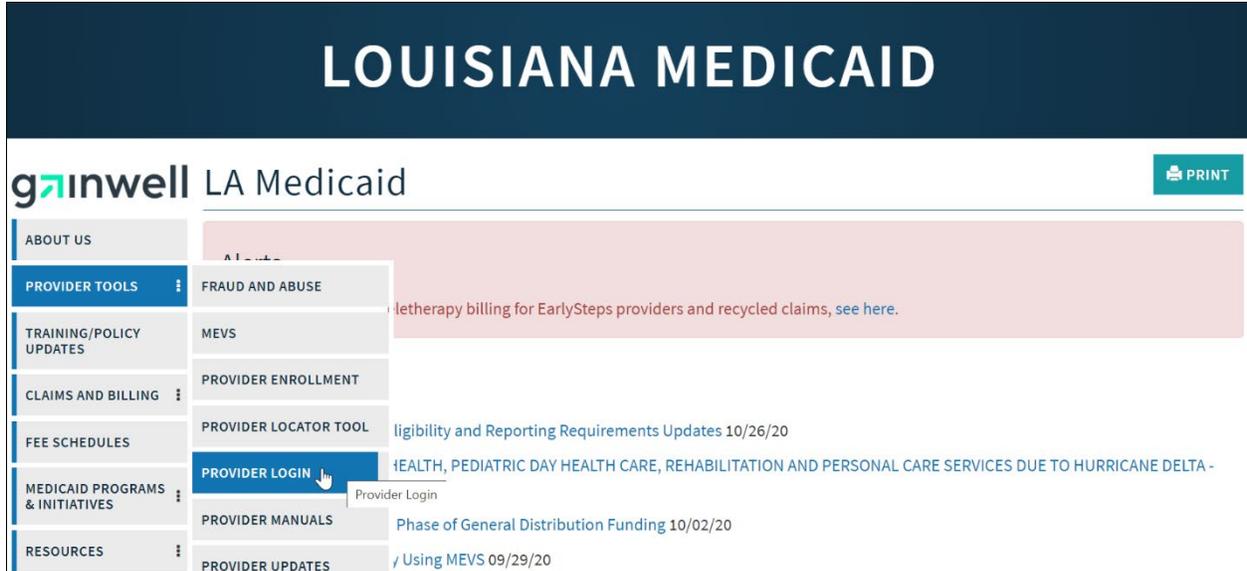
The Louisiana Department of Health (LDH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com) under the **Website Enrollment** link located under **Provider Tools** on the left side of the main menu.



Providers who are experiencing difficulty in establishing an account or with the application may contact the Gainwell Technologies **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing [lamedicaid@gainwelltechnologies.com](mailto:lamedicaid@gainwelltechnologies.com).

In order to access the **Electronic Remit 835 application**, or any other secure application, users must navigate through the Provider Login section of the Louisiana Medicaid web site.

Open a web browser and enter the URL for Louisiana Medicaid at [www.lamedicaid.com](http://www.lamedicaid.com). Click the **Provider Login** link under **Provider Tools** on the left side of the main menu to continue.



At the Provider Login screen, users may read through the Notice to Users. In order to continue, users must enter their 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID in the field provided and enter the characters from the CAPTCHA image before clicking the **Next** button.

# LOUISIANA MEDICAID

You are here : Louisiana Medicaid > Provider Login

**gainwell** Provider Login PRINT

Help

Please enter your 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID

*Note: Non-FFS Behavioral Health Providers should use their NPI to login.*

For security purposes, please enter the characters from the CAPTCHA image



**NOTICE TO USERS**

This is Louisiana's Medicaid information and is the property of Gainwell Technologies and Louisiana Department of Health. It is for authorized use only. **Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.**

Any or all uses of this website and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Louisiana Department of Health, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. **By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Louisiana Department of Health.**

Unauthorized or improper use of this website may result in administrative disciplinary action and civil and criminal penalties. **By continuing to access this website you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.**

**NEXT**

At the User Login screen, users must input their Login ID and Password before clicking the **Next** button to continue.

**Note:** Login ID and Password are case sensitive.

**LOUISIANA MEDICAID**

You are here : LAMedicaid.com

## User Login

Please enter your Restricted Applications' Login ID and Password.  
Remember the Login ID and Password are case sensitive.

**Login ID**

**Password**

**Need help?**

- [Forgot Your Login ID?](#)
- [Forgot Your Password?](#)
- [Forgot login ID and Password?](#)

[PREVIOUS](#) [NEXT](#) ←

Users will be directed to the Provider Applications page where they can access their authorized applications.

You are here : LAMedicaid.com

## Provider Applications PRINT

The application(s) listed below are for authorized use only. Click on an application link to access the application.

**Provider Applications**

- LAMEDICAID.COM Fact Sheet

**Claim Check**

- Clear Claim Connection

**Restricted Provider Applications**

- Batch Eligibility Verification System
- Batch Eligibility Verification System Pilot
- Claim Status Inquiry (5010 Version)
- EFT Authorization
- Electronic Clinical Data Inquiry - ICD10
- Electronic Clinical Data Inquiry - ICD9
- Electronic Prior Authorization
- Electronic Remit 835
- Friends and Family
- Healthy Louisiana (Previously Bayou Health) Applications
- Medicaid Eligibility Verification System
- National Provider Identifier
- NPI Legacy Search
- Online 1099
- OSS Checks
- PA Requests for Case Managers
- PACE 820 Report System
- Prescriber Practices and Diabetes Management Admin
- Provider Locator Information
- SMO Applications
- Submitter Claims Denied All 9
- Submitter Contact Information
- Submitter Linked Providers
- Weekly Remittance Advices

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Click the **Electronic Remit 835** link to continue.

Provider Applications PRINT

The application(s) listed below are for authorized use only. Click on an application link to access the application.

**Provider Applications**

- [LAMEDICAID.COM Fact Sheet](#)

**Claim Check**

- [Clear Claim Connection](#)

**Restricted Provider Applications**

- [Batch Eligibility Verification System](#)
- [Batch Eligibility Verification System Pilot](#)
- [Claim Status Inquiry \(5010 Version\)](#)
- [EFT Authorization](#)
- [Electronic Clinical Data Inquiry - ICD10](#)
- [Electronic Clinical Data Inquiry - ICD9](#)
- [Electronic Prior Authorization](#)
- [Electronic Remit 835](#)
- [Friends and Family](#)
- [Healthy Louisiana \(Previously Bayou Health\) Applications](#)
- [Medicaid Eligibility Verification System](#)
- [National Provider Identifier](#)
- [NPI Legacy Search](#)
- [Online 1099](#)

**Note:** The list of applications shown here is comprehensive; therefore you may not see as many options on the Provider Applications page.

### 3.0 USING THE APPLICATION

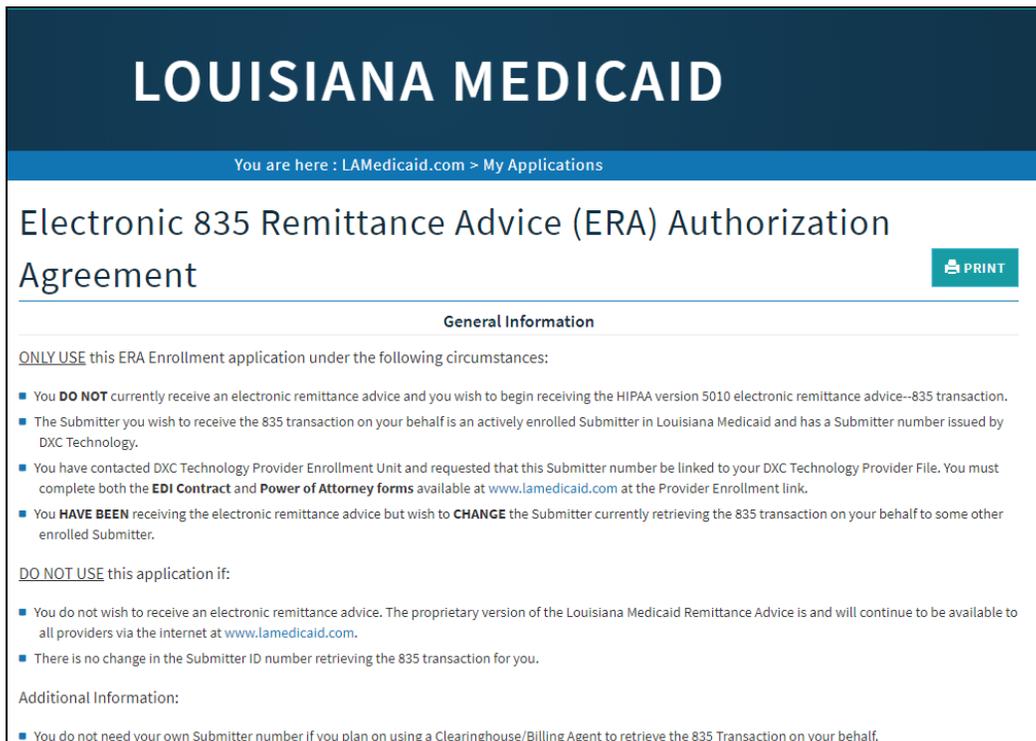
#### **New Functionality**

Please note that with the new redesign, backwards navigation throughout any application can be done by clicking on the breadcrumb trail located on the blue ribbon at the top of any screen.

Users also have access to a **Print** screen button located on the top right hand corner of every screen.



The Electronic 835 Remittance Advice (ERA) Authorization Agreement application enables users to update their authorization to retrieve their HIPAA version 5010 electronic remittance advice (835 transaction).



### 3.1 General Information

The General Information page provides users with instructions on how to use this application.

**LOUISIANA MEDICAID**

You are here : Louisiana Medicaid > My Applications > Electronic Remit 835

## gainwell Electronic 835 Remittance Advice (ERA) Authorization Agreement

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**PRINT**

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- You do not need your own Submitter number if you plan on using a Clearinghouse/Billing Agent to retrieve the 835 Transaction on your behalf.
- You may have a different submitter for submitting claims than retrieving the 835 remittance advice, but **all** submitters that handle transactions (claims or remittance) for you **MUST** be linked to your Gainwell Technologies provider file.
- If you wish to be assigned your own Submitter number to retrieve your own 835 transactions then you **must apply** for one by contacting the Gainwell Technologies Provider Enrollment Unit and completing the **EDI Contract form**. Gainwell Technologies Provider Enrollment can be contacted by calling 225-216-6370.

By using this Web Site to change information related to your claims processing responsibilities, it is important that you understand that you are responsible for maintaining the confidentiality of your account, your password protections, and administratively restricting access to any and all computerized functions carried out on this Web Site. You also agree that you are responsible for all activities that occur on your account with Louisiana Medicaid using your account or your password.

- Only the provider or an authorized representative acting on behalf of the provider may enter into this ERA/835 agreement via the web.
- The authorized representative must be someone designated by the provider to enter into a legal and binding contract with Louisiana Medicaid.
- With the digital signature below, I certify that I am authorized and have the provider's approval to make changes to the method this provider's 835 file is retrieved.
- I understand I will be held liable and monetarily responsible for any unauthorized changes which are made to this provider's account.

Select the appropriate box below, indicating whether you are the provider or the authorized representative of the provider and then complete the digital signature section below.

**Certify that I am the provider**

**Certify that I am the authorized representative**

**ACCEPT AND PROCEED** **NO CHANGES NEEDED**

Users must certify that they are either the Provider or Authorized Representative. Select the appropriate check box and then click **Accept and Proceed** to continue.

## 3.2 Submission Screen

The Submission Screen is prepopulated with the Provider's information. Users must complete the remaining required fields and click the **Continue** button to advance.

### Electronic 835 Remittance Advice (ERA) Authorization Agreement PRINT

1. Provider Name	DHH EXEC MGMT/MOLINA PBM STAF
2. Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	726011595
3. National Provider Identifier (NPI)	777777773
4. Assigning Authority	Louisiana Medicaid
5. Trading Partner ID	<input type="text" value="4500006"/> * IV PLUS
6. Provider Contact Name	<input type="text" value="Test"/> *
7. Provider Contact Telephone Number	<input type="text" value="1234567890"/> *
8. Provider Contact Email Address	<input type="text" value="test@test.com"/> *
9. Account Number Linkage To Provider Identifier	Provider Tax Identification Number (TIN) *
10. Method of Retrieval	<input checked="" type="checkbox"/> Download 835 from BBS <input type="checkbox"/> Download 835 using CAQH CORE Web Service
11. Reason for Submission	<input type="radio"/> New Enrollment <input checked="" type="radio"/> Change Enrollment <input type="radio"/> Cancel Enrollment <span style="color: red;">* At least one is Required</span>

\* Required

CONTINUE

1. **Provider Name** – The Provider name as it exists on Gainwell Technologies' Master File.
2. **Provider Federal Tax Identification Number (TIN)/or Employer Identification Number (EIN)** – The TIN/EIN as it exists on Gainwell Technologies' Master File.
3. **National Provider Identifier (NPI)** – 10-digit NPI Number as it exists on Gainwell Technologies' Master File.
4. **Assigning Authority** – The organization that issues and assigns the additional identifier requested on the form
5. **Trading Partner ID** – 7-digit Louisiana Medicaid Submitter number who is authorized to retrieve your 835s.
6. **Provider Contact Name** – Name of the person who may be contacted for questions/issues regarding the Provider.
7. **Provider Contact Telephone Number** – Contact's telephone number.
8. **Provider Contact Email Address** – Contact's Email Address.
9. **Account Number Linkage To Provider Identifier** – The ERA automatically links to the Provider's Tax ID Number.
10. **Method of Retrieval** – Select the method the Submitter will use to retrieve the user's 835s. If using a Clearinghouse, this does not override the existing method of retrieval.
11. **Reason for Submission** – Reason for submitting this request.

### 3.3 Authorization Screen

The Authorization Screen requires users to provide a digital signature to continue.

**Electronic 835 Remittance Advice (ERA) Authorization Agreement** PRINT

- I authorize the Medicaid Fiscal Intermediary to send all HIPAA required data in the 835 transaction which includes claims information; payment information; and bank account information, provided by me and currently on file if enrolled in Electronic Funds Transfer, to the submitter identified in the previous screen. This authorization will remain in effect until discontinued by written request or changed by a future request.
- I attest that all information supplied in this authorized agreement is true, accurate and complete.
- Only an authorized representative may digitally sign this form. This authorized representative must be someone designated to enter into a legal and binding contract with Louisiana Medicaid on behalf of the provider.
- I understand this electronic 835 transaction contains Protected Health Information (PHI) and have taken the necessary steps with my submitter to maintain the confidentiality of all PHI data.

**Digital Signature of Applicant**

<b>Name of Person Submitting *</b>	<b>Initials of Person Submitting *</b>
Bert	BPP
<b>Title of Person Submitting *</b>	<b>Login User ID</b>
QA	102734

\* Required

BACK SUBMIT

Users must complete the following required fields:

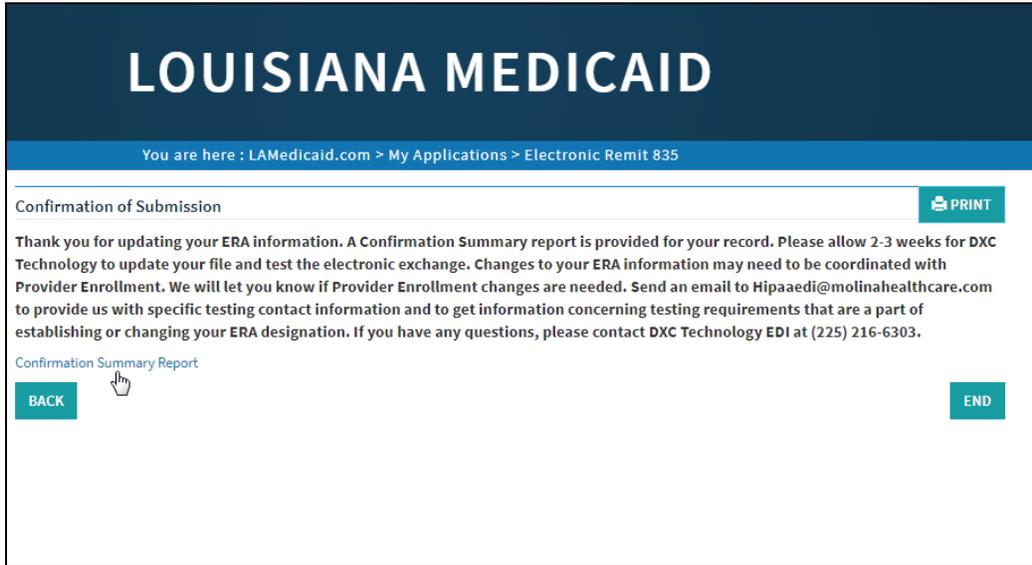
- **Name of Person Submitting**
- **Initials of Person Submitting**
- **Title of Person Submitting**

Click the **Submit** button to continue.

### 3.4 Confirmation Screen/Report

The Confirmation of Submission screen provides users confirmation of their completion. Users may click the **End** button to return to the Provider Applications home page.

Users may also view, print, or save a copy of the confirmation in .pdf format by clicking the **Confirmation Summary Report** button.



DEPARTMENT OF HEALTH AND HOSPITALS	
LOUISIANA MEDICAID ELECTRONIC 835 REMITTANCE ADVICE (ERA) AUTHORIZATION AGREEMENT	
Confirmation Summary Report	
1. Provider Name	LOUISIANA HEALTHCARE ASSOC LL
2. Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	201934422
3. National Provider Identifier (NPI)	1063596922
4. Assigning Authority	Louisiana Medicaid
5. Trading Partner ID	-
6. Provider Contact Name	
7. Provider Contact Telephone Number	
8. Provider Contact Email Address	
9. Account Number Linkage to Provider Identifier	Provider Tax Identification Number (TIN)
10. Method of Retrieval	Download 835 from BBS: Yes
	Download 835 using CAQH CORE Web Service: No