



Louisiana Medicaid Management Information System (LMMIS)

Optional State Supplement (OSS) Checks Application Provider User Manual

Date Created: 07/25/2007
Date Modified: 06/06/2023

Prepared By
Technical Communications Group

Copyright and Disclosure Statement

<https://gainwelltechnologies.com/copyright/>

Exercise caution to ensure the use of this information and/or software material complies with the laws, rules, and regulations of the jurisdictions with the respect to which it is used. The information contained herein is subject to change without notice upon LDH approval. Revisions may be issued to advise of such changes and/or additions.

All rights reserved. This document may be copied.

PROJECT INFORMATION

Document Title	Louisiana Medicaid Management Information System (LMMIS) – Optional State Supplement (OSS) Checks Application Provider User Manual		
Author	Technical Communications Group, Gainwell Technologies LMMIS QA		
	Revision History		
Date	Description of Change	LIFT	By
July 25, 2007	Initial draft		Amy Landry
August 2, 2007	Incorporated updated screen shots		Amy Landry
August 22, 2007	Incorporated updated screen shots		Amy Landry
August 27, 2007	<p>Inserted changes that were requested by DHH on August 24, 2007 conference call. Add page numbers.</p> <p>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 should be handled electronically.”</p>		Amy Landry
August 28, 2007	<p>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.”</p>		
August 28, 2007	<p>Updated this table with change requests. 1.2 Move “To return a payment” section to following page. Pg 18 Indent “electronic” to fall under the “N”</p>		

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.”		
August 30, 2007	Final version (1.7.1) approved by DHH.		
September 5, 2007	Jeff Raymond added statement about NOT returning money to DHH in Section 3.0, How to Return a Payment. Unrecorded update noticed and reproduced October 30, 2008.		Randy Sheehan
February 18, 2016	Revised for logo and additional functionality. Table of Contents and document organization revamped. Most screen shots replaced. All instances of Unisys updated to Molina.		Randy Sheehan
April 5, 2017	Updated Screenshots for LAMedicaid Provider Application update.		Jody Lavigne
September 4, 2018	Updated as per LAMedicaid Secure Redesign.	10733	Jody Lavigne
December 3, 2018	Updated as per DXC Rebranding LIFT.	11467	Jody Lavigne
July 16, 2020	Updated screenshots for LAMedicaid Unsecure Redesign	11689	Jody Lavigne
November 12, 2020	Updated document as per Gainwell Rebrand.	12081	Jody Lavigne
June, 6, 2023	Updated document to change support email address.	N/A	Jody Lavigne

TABLE OF CONTENTS

1.0	OVERVIEW	1
2.0	ACCESSING THE APPLICATION.....	2
3.0	USING THE APPLICATION.....	8
	3.1 Remittance Advice Statements	9
	3.2 Return Payments	12

1.0 OVERVIEW

The Optional State Supplement (OSS) Checks application has been developed for Louisiana Medicaid Providers to view remittance advice statements and establish return payment transactions.

LOUISIANA MEDICAID

You are here : Louisiana Medicaid > My Applications > OSS Checks

gainwell OSS Checks - Home PRINT

Options
Remittance Advice
Enter a Return Payment

My Account
My Profile
My Applications
Logout
Help

***** ATTENTION: LTC and ICF-DD FACILITIES *****

06/20/2018

Your June OSS remittance may indicate an overpayment / underpayment. Please DO NOT take any action to correct this yourself. The adjustment should be made systematically on the next remittance in July. If the payment issue is not resolved at that time, please send an email to OSS@la.gov and include your Facility Name, Vendor ID or Provider # so that we may research.

Soon, monthly Optional State Supplement (OSS) payments will be generated by the State of Louisiana Division of Administration. To receive OSS payments for eligible residents of Long Term Care and ICF-DD facilities after March 2018, the facilities MUST be registered. Go to [ATTENTION: LTC and ICF-DD FACILITIES 11/16/17 \(Revised 12/21/17\) \(Revised 02/08/18\)](#) for further details.

Submit questions regarding the registration process to OSS@LA.gov. Or you may call (225) 342-0456.

Provider ID 1209996
Provider Name LDH MGMT/DXC TECH PBM STAFF

- Remittance Advice Statements
- Enter a Return Payment

2.0 ACCESSING THE APPLICATION

This section provides information on how to access the Optional State Supplement (OSS) Checks 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.

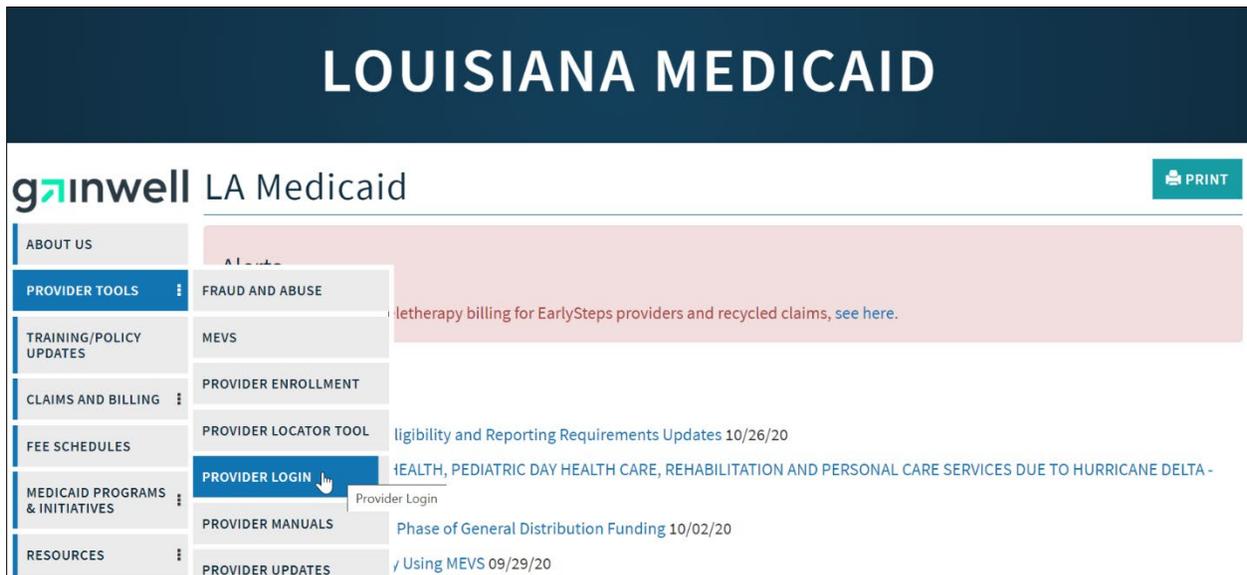
The Louisiana Department of Health (LDH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at www.lamedicaid.com under the **Website Enrollment** link located under **Provider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

In order to access the **Optional State Supplement (OSS) Checks 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. 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



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

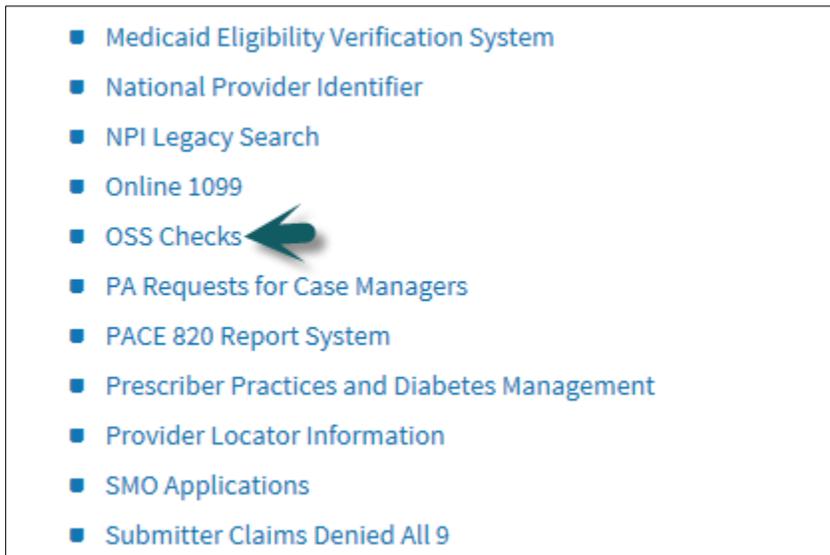
Claim Check

- 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

Once logged in, the Provider Applications Area screen is displayed. Click the **OSS Checks** link to continue.



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

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.



3.0 USING THE APPLICATION

The Optional State Supplement (OSS) Checks application has been developed for Louisiana Medicaid Providers to view remittance advice statements and establish return payment transactions.

LOUISIANA MEDICAID

You are here : Louisiana Medicaid > My Applications > OSS Checks

gainwell OSS Checks - Home PRINT

Options
Remittance Advice
Enter a Return Payment

My Account
My Profile
My Applications
Logout
Help

***** ATTENTION: LTC and ICF-DD FACILITIES *****

06/20/2018

Your June OSS remittance may indicate an overpayment / underpayment. Please DO NOT take any action to correct this yourself. The adjustment should be made systematically on the next remittance in July. If the payment issue is not resolved at that time, please send an email to OSS@la.gov and include your Facility Name, Vendor ID or Provider # so that we may research.

Soon, monthly Optional State Supplement (OSS) payments will be generated by the State of Louisiana Division of Administration. To receive OSS payments for eligible residents of Long Term Care and ICF-DD facilities after March 2018, the facilities MUST be registered. Go to [ATTENTION: LTC and ICF-DD FACILITIES 11/16/17 \(Revised 12/21/17\) \(Revised 02/08/18\)](#) for further details.

Submit questions regarding the registration process to OSS@LA.gov. Or you may call (225) 342-0456.

Provider ID 1209996
Provider Name LDH MGMT/DXC TECH PBM STAFF

- Remittance Advice Statements
- Enter a Return Payment

On the OSS Checks – Home screen, Providers have the following functions (via links):

- **Remittance Advice Statements** – Enables users to view, print, and download past remittance advice statements.
- **Enter A Return Payment** – Enables users to return a payment that was sent to them in error.

3.1 Remittance Advice Statements

The OSS Checks application enables users to view, print, and download remittance advice statements. Clicking on the **Remittance Advice Statements** button takes users to the Remittance Advice Statement Search screen.

LOUISIANA MEDICAID

You are here : LAMedicaid.com > My Applications

OSS Checks - Home

PRINT

***** ATTENTION: LTC and ICF-DD FACILITIES *****

06/20/2018

Your June OSS remittance may indicate an overpayment / underpayment. Please DO NOT take any action to correct this yourself. The adjustment should be made systematically on the next remittance in July. If the payment issue is not resolved at that time, please send an email to OSS@la.gov and include your Facility Name, Vendor ID or Provider # so that we may research.

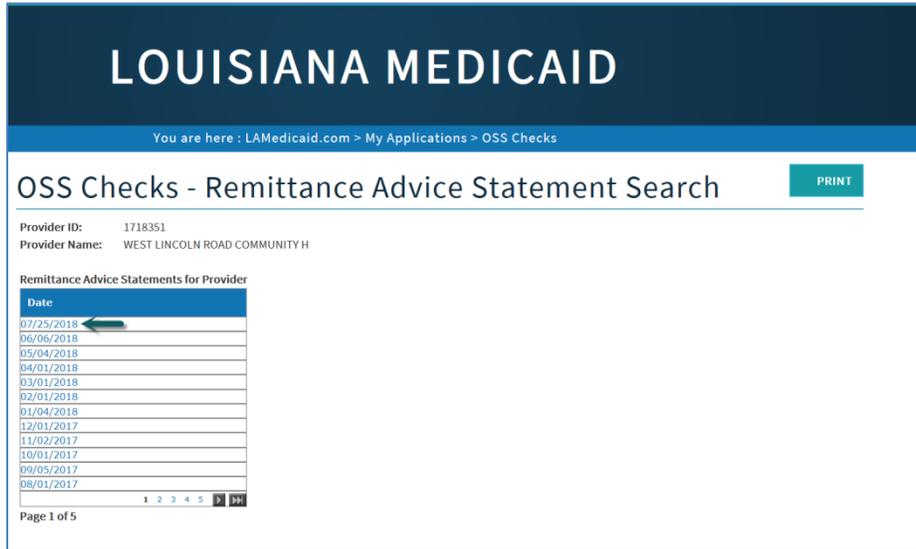
Soon, monthly Optional State Supplement (OSS) payments will be generated by the State of Louisiana Division of Administration. To receive OSS payments for eligible residents of Long Term Care and ICF-DD facilities after March 2018, the facilities MUST be registered. Go to **ATTENTION: LTC and ICF-DD FACILITIES 11/16/17 (Revised 12/21/17) (Revised 02/08/18)** for further details.

Submit questions regarding the registration process to OSS@LA.gov. Or you may call (225) 342-0456.

Provider ID 1209996
Provider Name LDH MGMT/DXC TECH PBM STAFF

- Remittance Advice Statements
- Enter a Return Payment

The Remittance Advice Statements Search screen enables users to view/print/download statements by Date.



If the Provider has no remittance advice statements to view, the user will receive a screen with the following message: **No results were found for this provider**

Users may navigate through remittance advice statements via the page numbers and buttons located at the bottom of the grid. To view a remittance advice statement, click the link of appropriate date.

3.2 Return Payments

A payment will need to be returned if a Recipient has moved from a facility or the Recipient is now deceased. Please be aware that users should NOT send back any money received from LDH as a result of this new OSS process. Instead, when creating 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 received at that time. Any money that is unable to be distributed should be held for the next payment cycle.

Clicking the **Enter a Return Payment** link on the OSS Checks – Home page, takes users to the Return Payment screen.

LOUISIANA MEDICAID

You are here : LAMedicaid.com > My Applications

OSS Checks - Home

***** ATTENTION: LTC and ICF-DD FACILITIES *****

06/20/2018

Your June OSS remittance may indicate an overpayment / underpayment. Please DO NOT take any action to correct this yourself. The adjustment should be made systematically on the next remittance in July. If the payment issue is not resolved at that time, please send an email to OSS@la.gov and include your Facility Name, Vendor ID or Provider # so that we may research.

Soon, monthly Optional State Supplement (OSS) payments will be generated by the State of Louisiana Division of Administration. To receive OSS payments for eligible residents of Long Term Care and ICF-DD facilities after March 2018, the facilities MUST be registered. Go to [ATTENTION: LTC and ICF-DD FACILITIES 11/16/17 \(Revised 12/21/17\) \(Revised 02/08/18\)](#) for further details.

Submit questions regarding the registration process to OSS@LA.gov. Or you may call (225) 342-0456.

Provider ID 1209996
Provider Name LDH MGMT/DXC TECH PBM STAFF

- [Remittance Advice Statements](#)
- [Enter a Return Payment](#)

The **OSS Checks – Return Payment** screen enables users to find payments via Recipient ID and Date.

LOUISIANA MEDICAID

You are here : LAMedicaid.com > My Applications > OSS Checks

OSS Checks - Return Payment

Recipient ID

Payment Time Key ?

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 **CANCEL**

To return a payment:

1. Enter the 13-digit Recipient ID in the **Recipient ID** field.
2. Enter the Month/Year in the **Payment Time Key** field. (Format: YYYYMM)
3. Click the **Find Payment** button.

OSS Checks - Return Payment **PRINT**

Recipient ID

Payment Time Key ?

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 **CANCEL**

- * 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.

Payment history information for the individual Recipient is displayed at the bottom of the form as shown below:

OSS Checks - Return Payment PRINT

Recipient ID

Payment Time Key ?

FIND PAYMENT CLEAR FIELDS

Enter Recipient ID and Payment Time Key, then click 'Find Payment' to proceed.

Payment Information

Payment Number: 8206104278

Recipient Name:

Provider ID: 1718351

Provider Name: WEST LINCOLN ROAD COMMUNITY H

Provider Amount: 58.00

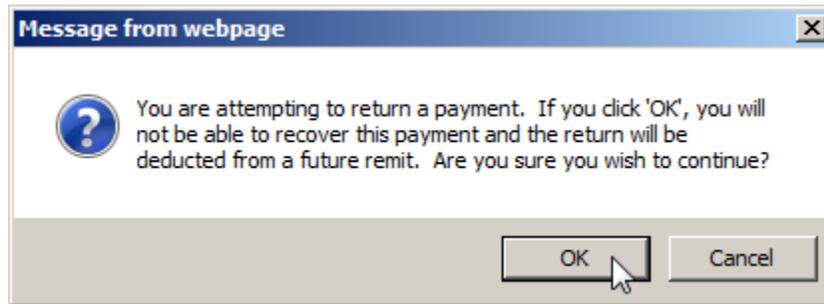
Account Info

(Not required. This field is for your facility's internal use, 30 characters max)

RETURN PAYMENT CANCEL

To return the payment, click the **Return Payment** button.

Click "OK" in the confirmation box if you are sure you want to return the payment:



A confirmation message is shown upon successful return payment.

The screenshot displays the 'OSS Checks - Return Payment' interface. At the top right is a 'PRINT' button. Below the title, there are input fields for 'Recipient ID' and 'Payment Time Key' (containing '201807'). Below these are 'FIND PAYMENT' and 'CLEAR FIELDS' buttons. A message reads: 'Enter Recipient ID and Payment Time Key, then click 'Find Payment' to proceed.' The 'Payment Information' section shows: 'Payment Number 8206104278', 'Recipient Name: [redacted]', 'Provider ID 1718351', 'Provider Name WEST LINCOLN ROAD COMMUNITY H', and 'Provider Amount \$8.00'. There is an empty 'Account Info' field with a note: '(Not required. This field is for your facility's internal use, 30 characters max)'. At the bottom are 'RETURN PAYMENT' and 'CANCEL' buttons. A green confirmation message at the bottom states: 'The payment has been successfully returned.' with a left-pointing arrow.

Users may print this screen by clicking the **Print Screen** button.

Note: This page should always be printed when a return payment is entered. This documentation is required for audit purposes.

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