



Louisiana Medicaid Management Information System (LMMIS)

Provider Enrollment Portal Application User Manual For Administration (Provider Enrollment Application Search)

Date Created: 05/26/2021
Date Updated: 01/05/2024

Prepared By
Technical Communications Group

PROJECT INFORMATION

Document Title	Louisiana Medicaid Management Information System (LMMIS) –Provider Enrollment Portal Admin User Manual		
Author	Technical Communications Group, Gainwell LMMIS QA		
	Revision History		
Date	Description of Change	LIFT/ ECHO	By
May 26, 2021	Initial draft.	12133	Randy Sheehan
June 4, 2021	Responded to LDH request for re-organization of the document; replaced screenshot in 4.1.1.	12133	Randy Sheehan
July 30, 2021	Updated 6.0.	12133	Randy Sheehan
September 27, 2021	Updated Participation and Attestation screenshots.	12133	Jody Lavigne
August 15, 2022	Updated 6.0.	12431	Randy Sheehan and GW QA
January 5, 2024	Updated 6.0. Added 6.1, 6.2 and 6.3.	6894	Randy Sheehan and GW QA

TABLE OF CONTENTS

1.0	OVERVIEW	1
2.0	ACCESSING THE APPLICATION.....	1
2.1	Login Credentials	1
2.2	Log In	1
3.0	PROVIDER ENROLLMENT ADMIN HOME PAGE	2
4.0	PROVIDER ID OR NPI.....	2
5.0	CLEAR.....	3
6.0	VIEW	3
6.1	Provider Flags.....	3
6.2	PEPA (Provider Enrollment Provider Application)	3
6.3	Change Application	4
	6.3.1 Approve.....	5
	6.3.2 Deny	6
6.4	Change Request	7
	6.4.1 Requested New Taxonomy.....	9
6.5	Address Information.....	10
6.6	Disclosure of Ownership.....	10
6.7	License Information.....	12
6.8	Other Federal/State-Funded Healthcare Programs.....	12
6.9	Suspension	13
6.10	Suspension History	13
6.11	Set Enrollment Complete	14
7.0	PRINT.....	15

1.0 OVERVIEW

The Provider Enrollment Portal Administrative (Provider Enrollment Application Search) application is designed to enable the Provider Enrollment group to validate the status and progress of the enrollment process for providers.

The application is “View Only.” The user of the application is not enabled to edit any information while viewing the enrollment data.

2.0 Accessing the Application

2.1 Login Credentials

Gainwell employees and LDH employees who require the Provider Enrollment Portal Admin application will be provided with log in credentials on the www.lamedicaid.com web site. If the user already has log in credentials, the user’s profile will be updated to include the Admin app in the list of available applications.

Once you have your log in credentials, you are enabled to login here:

<https://www.lamedicaid.com/account/login.aspx>

2.2 Log In

Detailed instructions for logging in are provided here:

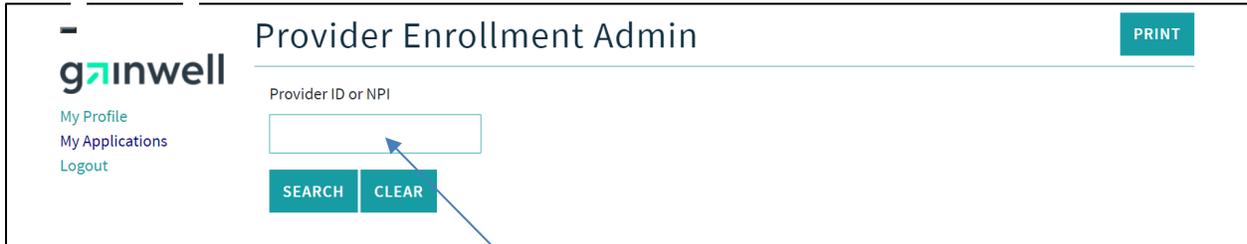
https://www.lamedicaid.com/Provweb1/Forms/UserGuides/LAMedicaid_Provider_Login_User_Manual.pdf

After login, look for and click on the **Provider Enrollment Application Search** link, as shown below:



3.0 Provider Enrollment Admin Home Page

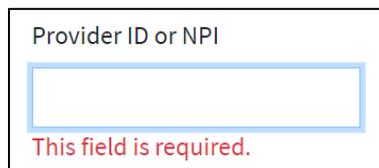
The Provider Enrollment Admin home page displays three control buttons: **Print**, **Search** and **Clear**. Also displayed is the text box for **Provider ID or NPI**.



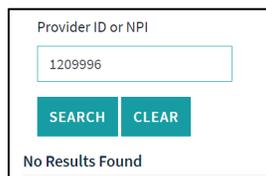
4.0 Provider ID or NPI

Enter a valid 7-digit Louisiana Medicaid Provider ID or a valid 10-digit NPI, then click on the **Search** button.

If no data is entered into the **Provider ID or NPI** field and the Search button is clicked, the following message is displayed:



If data is entered into the **Provider ID or NPI** field, but no results are found, the following message is displayed:



5.0 Clear

Click on the **Clear** button to erase any existing search parameter(s).

6.0 View

If data is entered into the **Provider ID or NPI** field and results are found, they are displayed in a manner similar to that shown below:

Provider ID	NPI	Provider Name	Enrollment Status	Provider Type	
[Redacted]		HEALTHY BLUE		05	View

Click on the **View** link to see the Provider Detail associated with the selected provider. The record will be similar to the one shown below.

6.1 Provider Flags

The Provider Flags tab (the top portion of which is shown above) lists flags that the user is enabled to set for the enrollment application.

6.2 PEPA (Provider Enrollment Provider Application)

The PEPA tab shows the original PEPA application that was submitted by the provider. The top of a representative PEPA tab is shown below:

SET ENROLLMENT COMPLETE

If it is appropriate to set this provider's application to an overall PES status of "Enrollment Complete", please click the button below. By doing so, you are confirming that all requirements have been met for this provider's application.

SET ENROLLMENT COMPLETE

ADDRESS INFORMATION

Address Type	Provider SSN	Date of Birth	Street Address 1	Street Address 2	City	State	Zip	Contact Name	Contact Phone	Contact Fax
Main Practice Address	N/A	N/A	7693 MAIN HWY	N/A	SAINT MARTINVILLE	LA	705827805	Darlene Cormier		
Main Mail-To Address			7693 MAIN HWY	N/A	SAINT MARTINVILLE	LA	705827805	Darlene Cormier		

6.3 Change Application

The Change Application tab is available only if the Provider has requested a change to the original submission.

When a Provider has requested a change, the administrator(s) will receive an email similar to the one shown below:

Test Email 275520 : Provider Change Request for Provider ID [REDACTED]

DoNotReply@gainwelltechnologies.com
To

Retention Policy 3 Year Delete (Entire Mailbox) (3 years) Expires 12/21/2026

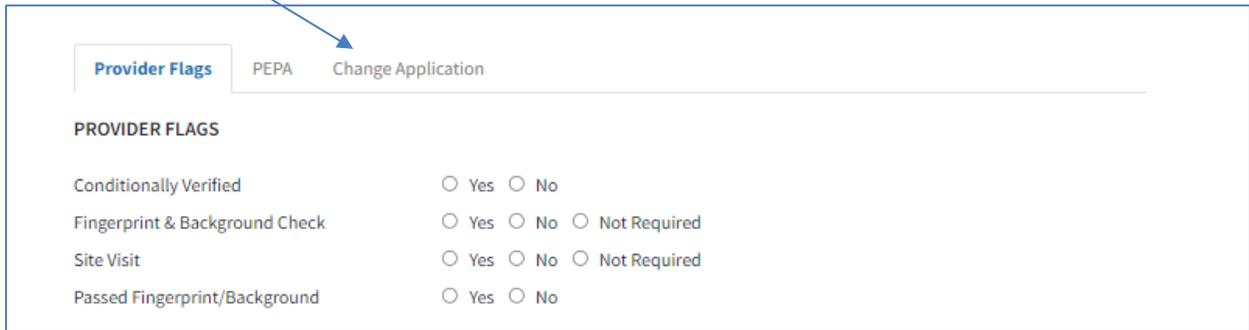
Fri 12/22/2023 9:34 AM

You have submitted a request to change information on your completed Louisiana Medicaid provider enrollment record. This request is under review and a decision email will be sent approving or denying the requested change.

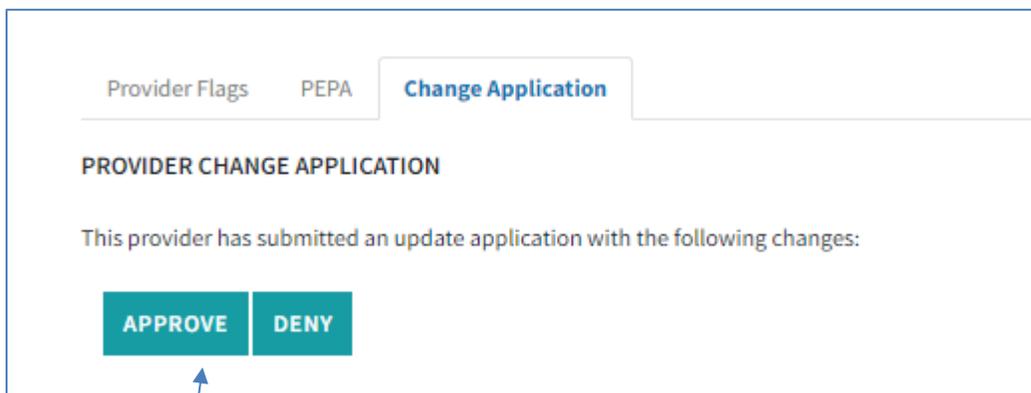
Should you have any questions or concerns, please email louisianaprovenroll@gainwelltechnologies.com

Sincerely,
Gainwell Technologies

The admin will open the PE Admin Search, search for the appropriate NPI, and will see that the Change Application tab is activated.



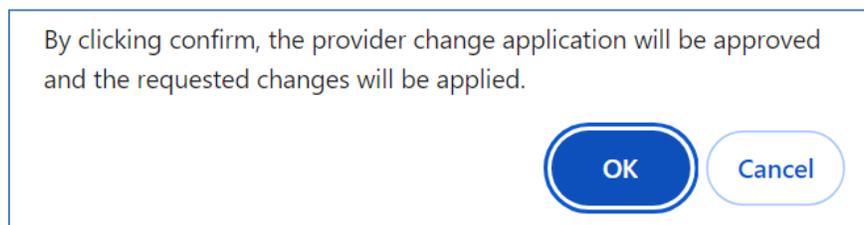
Click on the Change Application tab to approve or deny the requested change(s).



Review the changes that will be displayed below the **APPROVE** and **DENY** buttons.

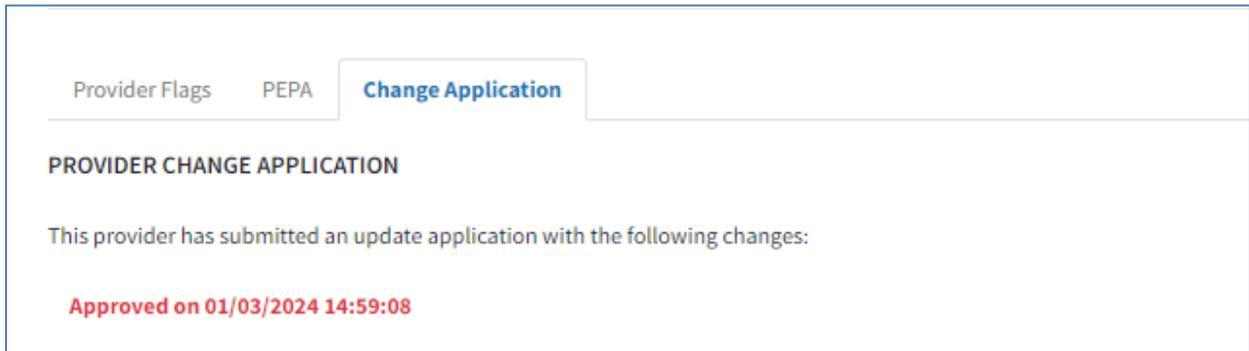
6.3.1 Approve

Click on the APPROVE button to approve the requested change(s). The system responds as follows:



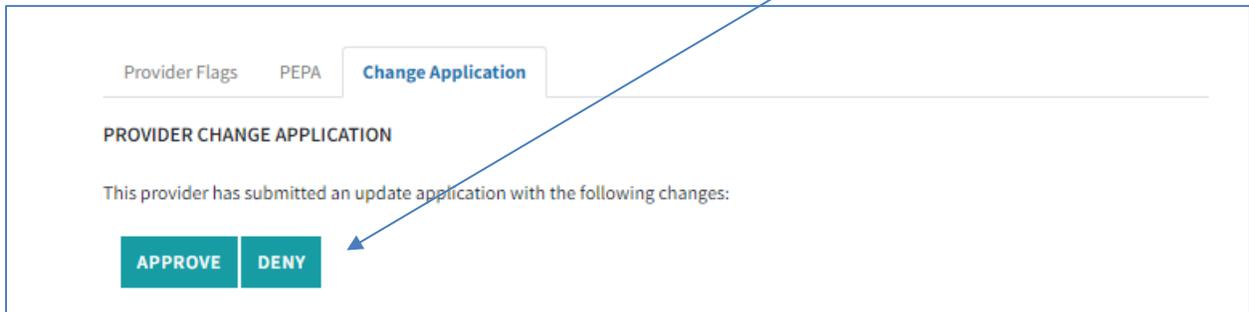
Click on the **OK** button. The changes will be displayed on the Change Application tab and are instantly incorporated into the original submission on the PEPA tab.

The following confirmation is displayed:

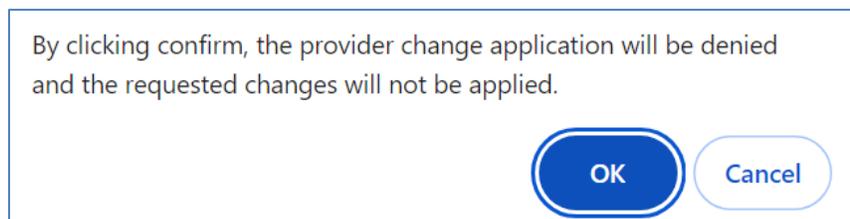


6.3.2 Deny

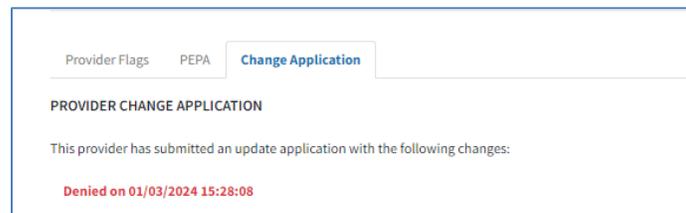
If it is necessary to deny the requested change(s), click on the **DENY** button:



The system responds as follows:



Click on the **OK** button to confirm the denial. The following confirmation is displayed:



6.4 Change Request

When the provider has used the Provider Enrollment Portal Application to request a change to their Type/Specialty/Taxonomy relationship, an email similar to the one shown below is sent to administrators:

Provider NNNNNNN, AAAAAAAAAAAAAA has requested a change be made to their Provider Type, Provider Specialty or new Taxonomy on file be added. The relevant information is:

Requested Type:
Requested Primary Specialty: 05 - Anesthesiology
Requested Sub-Specialty: 2X - Local Governing Entity (LGE)
Requested Taxonomy: 367H00000X

Please follow LDH guidelines in determining if the change request can be made. Once a determination has been made, log on to the [PE Admin Portal](#) as a PE Admin, go to the PT/PS Update Controls section and select the correct button and enter the correct information for the decision which was made.

The view portion of the administrative search application will display similar to that shown below:

PROVIDER CHANGE REQUEST

The provider representative [REDACTED] has requested a change to their assigned Type/Specialty/Taxonomy relationship as follows:

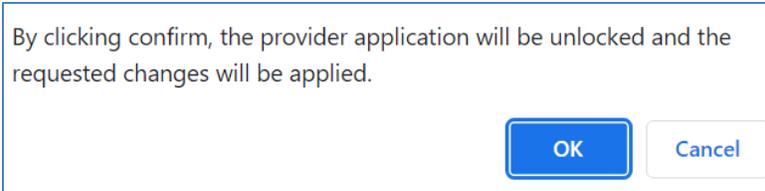
Requested Primary Specialty: 62 - Psychologist Crossovers only
Requested Sub-Specialty: 64 - Audiologist (Billing Independently)
Requested Primary Taxonomy: 101YS0200X

Approve or Deny their request below. Either action will release the application back to the provider to continue their enrollment. Approval will result in their requested changes being applied. The provider's administrator can be contacted at [REDACTED]@yahoo.com if more information about this request is required.

APPROVE **DENY**

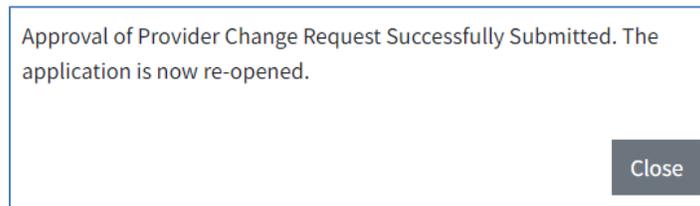
Click on the **APPROVE** button to authorize the change. Click on the **DENY** button to refuse the request.

After you click on the **APPROVE** button, the system responds with a message similar to the one shown below:



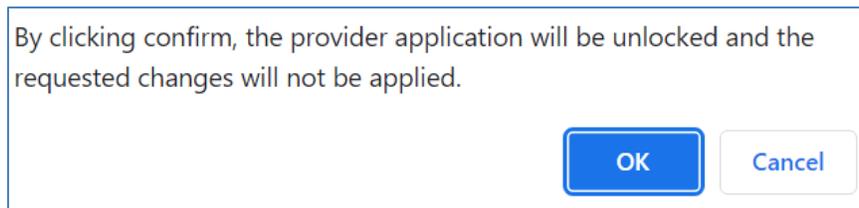
Click on the **OK** button to proceed or **Cancel** button to return to the Provider Change Request portion of the view.

If you approved the change, an informative statement is disclosed:



Click on the **Close** button to continue.

If you chose the DENY button, a message similar to the one shown below is disclosed:



The Change Request portion of the view is no longer displayed.

6.4.1 Requested New Taxonomy

When the Provider requests a new taxonomy, the administrator will not be enabled to approve it until the new taxonomy has been added to the database. However, the administrator is enabled to deny it if there is a typographical error or number combination that is not sensible. It's also possible that the Provider used the free-form entry to request a taxonomy that already exists (and there is no reason to add it to the database). In such cases, an email similar to that shown below is sent to the administrator:

Provider NNNNNNN, AAAAAAAAAAAAA has requested a change be made to their Provider Type, Provider Specialty or new Taxonomy on file be added. The relevant information is:

Requested Type:
Requested Primary Specialty: 05 - Anesthesiology
Requested Sub-Specialty: 2X - Local Governing Entity (LGE)
Requested Taxonomy: New Taxonomy

Please follow LDH guidelines in determining if the change request can be made. Once a determination has been made, log on to the [PE Admin Portal](#) as a PE Admin, go to the PT/PS Update Controls section and select the correct button and enter the correct information for the decision which was made.

If such cases, the view portion of the administrative search application will display similar to that shown below:

PROVIDER CHANGE REQUEST

The provider representative COLLINS, ADAM, 2508199 has requested a change to their assigned Type/Specialty/Taxonomy relationship as follows:

Requested Primary Specialty: 05 - Anesthesiology
Requested Sub-Specialty: 2X - Local Governing Entity (LGE)
Requested Freeform Taxonomy: New Taxonomy

Approve or Deny their request below. Either action will release the application back to the provider to continue their enrollment. Approval will result in their requested changes being applied. The provider's administrator can be contacted at Alice.Walker@Anesthesiallc.com if more information about this request is required.

APPROVE **DENY**

The Approval button is not available for this request for the following reason: Requested a Taxonomy That Is Not Available for the Requested Provider Type and Specialty. Requested taxonomy was manually entered as free-form text.

Approval for such a request can only be given by the appropriate parties. At such time that this approval is given and the system has been accordingly updated, the button will become available as an option. Otherwise, the only option is to Deny this change request.

Note: If the request is a Provider Type change for FFS, the administrator will not be enabled to approve or deny.

6.5 Address Information

Address information for the provider is displayed in a manner similar to that shown below:

ADDRESS INFORMATION										
Address Type	Provider SSN	Date of Birth	Street Address 1	Street Address 2	City	State	Zip	Contact Name	Contact Phone	Contact Fax
Main Practice Address	N/A	N/A	707 CEDAR CREST CT	N/A	LAFAYETTE	LA	705015525	[REDACTED]		
Main Mail-To Address	[REDACTED]		707 CEDAR CREST CT	N/A	LAFAYETTE	LA	705015525			

6.6 Disclosure of Ownership

The next portion of the View screen displays Disclosure of Ownership data, similar to that shown below:

DISCLOSURE OF OWNERSHIP FOR INDIVIDUALS					
Does the enrolling individual have any direct, indirect, or controlling ownership interest of 5% or more in any other healthcare entities/businesses currently enrolled in a Federal/State funded healthcare program(s)?					
Yes:					
Plan Name	Doing Business As/Address	% Ownership	State	ID Number	
red plan	black plan	67	HI	45678	
Is the enrolling individual related to any person(s) with an ownership or controlling interest of 5% or greater in any of the entities/businesses listed above?					
Yes:					
Full Name	Maiden Name	Relationship	% Ownership	Date of Birth	Social Security #
yellow relative	other	color	89	02/29/1996	[REDACTED]

Check the appropriate Yes or No box for the question below. If yes is answered to any question:
1. Submit a written statement providing the details on all occurrences.
2. Attach all office legal documents regarding the occurrence, including any reinstatements.

Has the enrolling individual...

Answer	Question
N	Ever been convicted of a criminal offense in any program under Medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program?
N	Ever had disciplinary action taken against any license or certification held in any State or US Territory, including disciplinary action, board consent order, suspension, revocation, or voluntary surrender of a license or certification?
N	Ever been denied enrollment, suspended, or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid, or other healthcare program(s) in any State or US Territory?
N	Currently have negative balance or currently owes money to any State or Federal Funded program, including Medicaid and Medicare?
N	Ever been subject of investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency?
N	Currently have any open or pending healthcare court cases?
N	Ever been denied malpractice insurance?
N	Currently has or ever had any type of felony conviction(s)?

Provide details for any items answered "Yes": The NPI for which this application is filled out, (1154453140), is for my company. All work/billing is done through this NPI, under Aguillard & Associates. I do, however, have a personal NPI that may have further information you require (1386876613).

ATTACHED DOCUMENTS

Name	Description	Added
license.pdf	Proof of Licensure	07/06/2022

Has this disclosure of ownership form been completed by an individual other than the enrolling provider?
No

Click on the file name to download an attachment.

6.7 License Information

The License Information portion of the view will display similar to the shown below:

LICENSE INFORMATION

Name on License:

License Number:

License State:

OTHER FEDERAL/STATE-FUNDED HEALTHCARE PROGRAMS (e.g. Medicare, other State Medicaid)

Is the Social Security Numbers(s) listed currently enrolled in any other Federal/State funded healthcare programs?
No

If updated license information is available, click on the appropriate text box, enter the new information, and click on an **UPDATE** button. A prompt similar to the one shown below is displayed:

By clicking confirm, the License Name will be updated. Are you sure you want to continue?

Click on the **OK** button to confirm the change. Otherwise, click the **Cancel** button.

The change can immediately be seen in the appropriate text box.

6.8 Other Federal/State-Funded Healthcare Programs

The Other Federal/State-Funded Healthcare Programs portion of the view is displayed next, similar to that shown below:

OTHER FEDERAL/STATE-FUNDED HEALTHCARE PROGRAMS (e.g. Medicare, other State Medicaid)

Is the Social Security Numbers(s) listed currently enrolled in any other Federal/State funded healthcare programs?
No

6.9 Suspension

SUSPENSION

Should this application be missing information, it can be placed into a suspended status, requiring the provider to return to the portal in order to correct their application accordingly. In this scenario, use the text area below to write the instructions that the provider will be emailed and click the "Suspend" button. This will dispatch the email and re-open the enrollment to the provider to return to the portal and make the necessary corrections.

SUSPEND

Click on the **SUSPEND** button to place the provider’s enrollment application into a suspended state, requiring the provider to return to the portal in order to correct their applying accordingly.

6.10 Suspension History

The Suspension History portion of view is displayed next, similar to that shown below:

SUSPENSION HISTORY	
This provider's application has been suspended previously:	
Suspended On	Suspended For
08/11/2022 12:12:05	The NPI number associated with your name in the portal does not match your NPI Registry name as seen on the National Plan and Provider Enumeration System (NPPES) website. Please be sure the name is correct in both locations
06/27/2022 07:15:10	Your license is unavailable for online verification. Please upload a copy of your current license issued by your governing license board. The enrollment application submitted includes an NPI number associated with your provider type that does not match your NPI Registry provider type, verified in the National Plan and Provider Enumeration System (NPPES) website. Please upload a letter of explanation.
04/06/2022 09:00:33	1) The enrollment application submitted includes an NPI number associated with your provider type that does not match your NPI Registry provider type, verified in the National Plan and Provider Enumeration System (NPPES) web Please send a letter of explanation to louisianaprovenroll@gainwelltechnologies.com

6.11 Set Enrollment Complete

SET ENROLLMENT COMPLETE

If it is appropriate to set this provider's application to an overall PES status of "Enrollment Complete", please click the button below. By doing so, you are confirming that all requirements have been met for this provider's application.

SET ENROLLMENT COMPLETE

Click on the **SET ENROLLMENT COMPLETE** button to confirm that all requirements have been met for the provider's enrollment application.

A message similar to the one shown below is displayed:

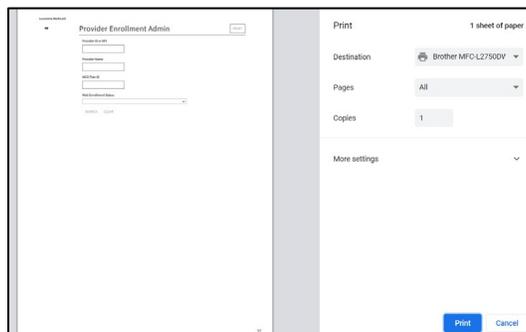
By clicking confirm, the provider application will have its overall PES status set to Enrollment Complete. Are you sure you want to continue?

OK Cancel

Click on the **OK** button to finish setting the enrollment to complete. Click on the **Cancel** button to return to the view.

7.0 Print

Click on the **Print** button to open the print dialogue feature, similar to the one shown below:



A preview of the page(s) that will print is provided in the left pane of the dialogue box. In the right pane, you are enabled to adjust the destination printer, the range of pages to print, and the number of copies to print. The More Settings feature enables you to adjust even more print parameters, such as paper size and margins.

Click on the **Print** button to print or the **Cancel** button to return to the MCO Admin application.