



# Louisiana Medicaid Management Information System (LMMIS)

## Submitter Contact Information User Manual

Date Created: 04/05/2017  
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

<b>Document Title</b>	Louisiana Medicaid Management Information System (LMMIS) – Submitter Contact Information User Manual		
<b>Author</b>	Technical Communications Group, Gainwell Technologies LMMIS QA		
	<b>Revision History</b>		
<b>Date</b>	<b>Description of Change</b>	<b>LIFT</b>	<b>By</b>
<b>04/05/2017</b>	Initial draft	10733	R. Sheehan
<b>08/13/2018</b>	Updated as per LAMedicaid Secure Redesign	10733	J. Lavigne
<b>12/03/2018</b>	Updated as per DXC Rebranding LIFT	11467	J. Lavigne
<b>07/16/2020</b>	Updated screenshots for LAMedicaid Unsecure Redesign	11689	J. Lavigne
<b>11/12/2020</b>	Updated document as per Gainwell Rebrand.	12081	J. Lavigne
<b>06/06/2023</b>	Updated document to change support email address.	N/A	J. Lavigne

## TABLE OF CONTENTS

<b>1.0</b>	<b>OVERVIEW .....</b>	<b>1</b>
<b>2.0</b>	<b>ACCESSING THE APPLICATION.....</b>	<b>2</b>
<b>3.0</b>	<b>USING THE APPLICATION.....</b>	<b>8</b>
	<b>3.1 Current Profile Information .....</b>	<b>9</b>
	<b>3.2 Primary Contact .....</b>	<b>9</b>
	<b>3.3 Secondary Contact .....</b>	<b>10</b>
<b>4.0</b>	<b>FORMS .....</b>	<b>11</b>
	<b>4.1 File Update Form .....</b>	<b>11</b>
	<b>4.2 EDI Contract and POA Forms .....</b>	<b>13</b>
	<b>4.3 Linked Providers.....</b>	<b>14</b>

## 1.0 OVERVIEW

The **Submitter Contact Information** application has been developed for Louisiana Medicaid Submitters to submit and maintain crucial contact information.



### gainwell Submitter Contact Information

PRINT

**Options**

- Profile
- Forms
- Linked Providers

**My Account**

- My Profile
- My Applications
- Logout
- Help

IMPORTANT: Please DO NOT use your browser's Back/Forward buttons. It may result in a loss of data or being logged out of the site. Please use the navigation links provided.

Select Submitter ID:

**Profile - 4500000**

** Name:	<input type="text" value="VERITAS LABORATORIES LLC"/>		
** Submitter ID:	<input type="text" value="4500000"/>		
** Address:	<input type="text" value="2773 MARSHALL DR/STE D"/>		
** City, State, Zip:	<input type="text" value="TIFTON"/>	<input type="text" value="GA"/>	<input type="text" value="31793-8101"/>
** Phone:	<input type="text" value="(229) 238-0790"/>		

## 2.0 ACCESSING THE APPLICATION

This section provides information on how to access the **Submitter Contact Information** 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.

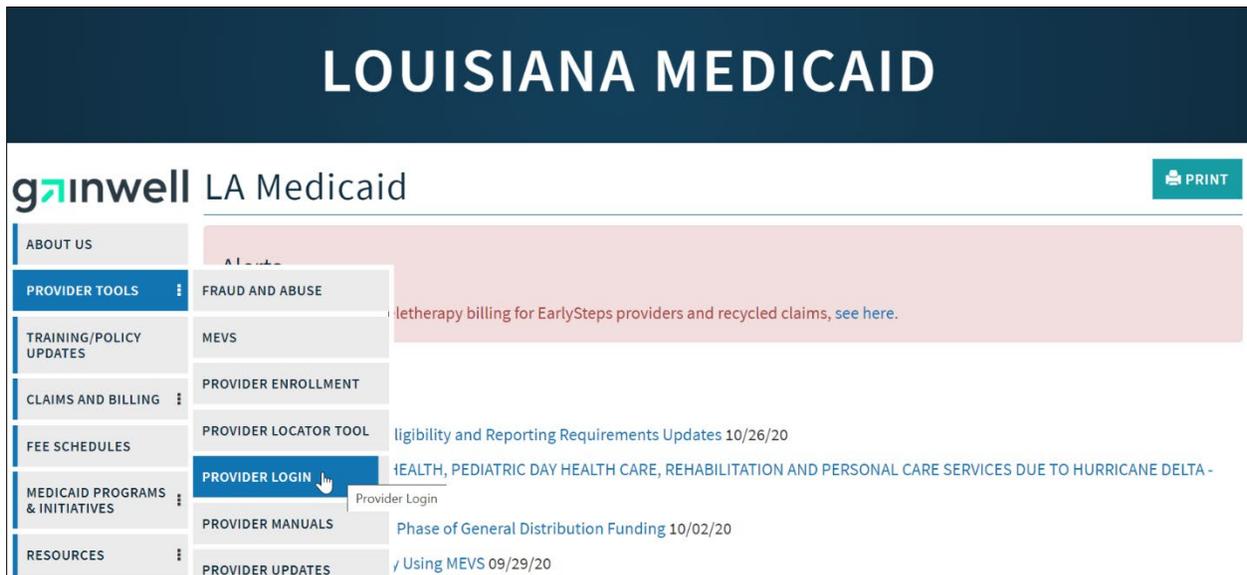
The Louisiana Department of Health (LDH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com) under the **Website Enrollment**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



## 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

---

Click the **Submitter Contact Information** link to continue.

- [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](#)
- [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](#)

**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 Submitter Contact Information application has been developed for Submitters to create and maintain crucial contact information with Louisiana Medicaid.

### 3.1 Current Profile Information

The current profile information on file regarding the Submitter is displayed at the top of the application screen. This information should be reviewed carefully. If there are errors here, please fill out the File Update Form (see section 4.0).

Profile - 1209996			
<b>** Name:</b>	<input type="text" value="DHH EXEC MGMT/MOLINA PBM STAF"/>		
<b>** Submitter ID:</b>	<input type="text" value="1209996"/>		
<b>** Address:</b>	<input type="text" value="8591 UNITED PLAZA BLVD/STE 103"/>		
<b>** City, State, Zip:</b>	<input type="text" value="BATON ROUGE"/>	<input type="text" value="LA"/>	<input type="text" value="70809-0000"/>
<b>** Phone:</b>	<input type="text" value="(225) 216-637C"/>		

### 3.2 Primary Contact

Enter the Name, email address, phone number, and fax number of the primary contact person for this Submitter.

Primary Contact (Required *)	
<b>* Name:</b>	<input type="text"/>
<b>* Email:</b>	<input type="text"/>
<b>* Phone:</b>	<input type="text"/> eg, 555-555-5555 or 5555555555
<b>* Fax:</b>	<input type="text"/> eg, 555-555-5555 or 5555555555

### 3.3 Secondary Contact

**Secondary Contact (Required \*)**

\* **Name:**

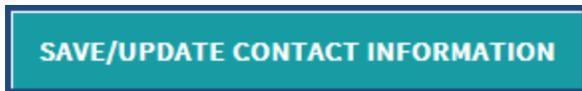
\* **Email:**

\* **Phone:**  eg, 555-555-5555 or 5555555555

\* **Fax:**  eg, 555-555-5555 or 5555555555

Enter the Name, email address, phone number, and fax number of the secondary contact person for this Submitter.

Then click on the **SAVE/UPDATE CONTACT INFORMATION** button.



## 4.0 FORMS

### 4.1 File Update Form

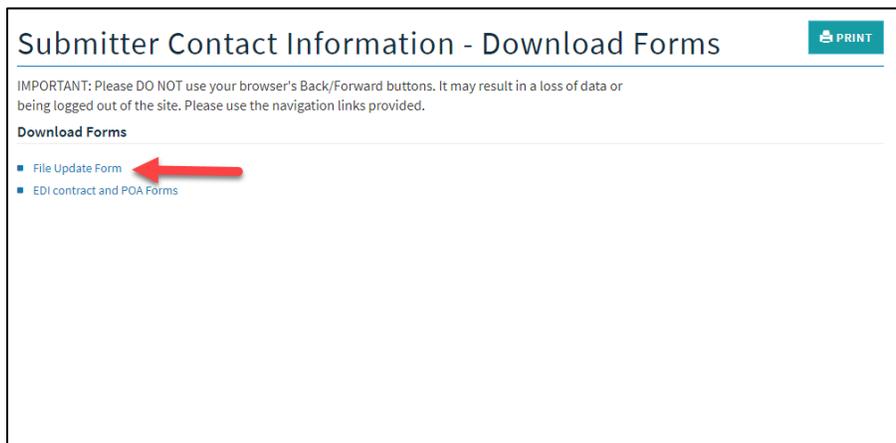
In the event that a Submitter experiences a re-location, change of phone number, or even a name change, use the **Forms** link in the margin to access the File Update Form.



The screenshot shows a user profile page for 'Profile - 4500000'. On the left side, there is a navigation menu with the following sections: 'Options' (containing Profile, Forms, and Linked Providers), 'My Account' (containing My Profile, My Applications, and Logout), and 'Other Links' (containing Help and LAMedicaid.com). The 'Forms' link is highlighted with a red arrow. The main content area displays the following information:

** Name:	VERITAS LABORATORIES LLC		
** Submitter ID:	4500000		
** Address:	2773 MARSHALL DR/STE D		
** City, State, Zip:	TIFTON	GA	31793-8101
** Phone:	(229) 238-0790		

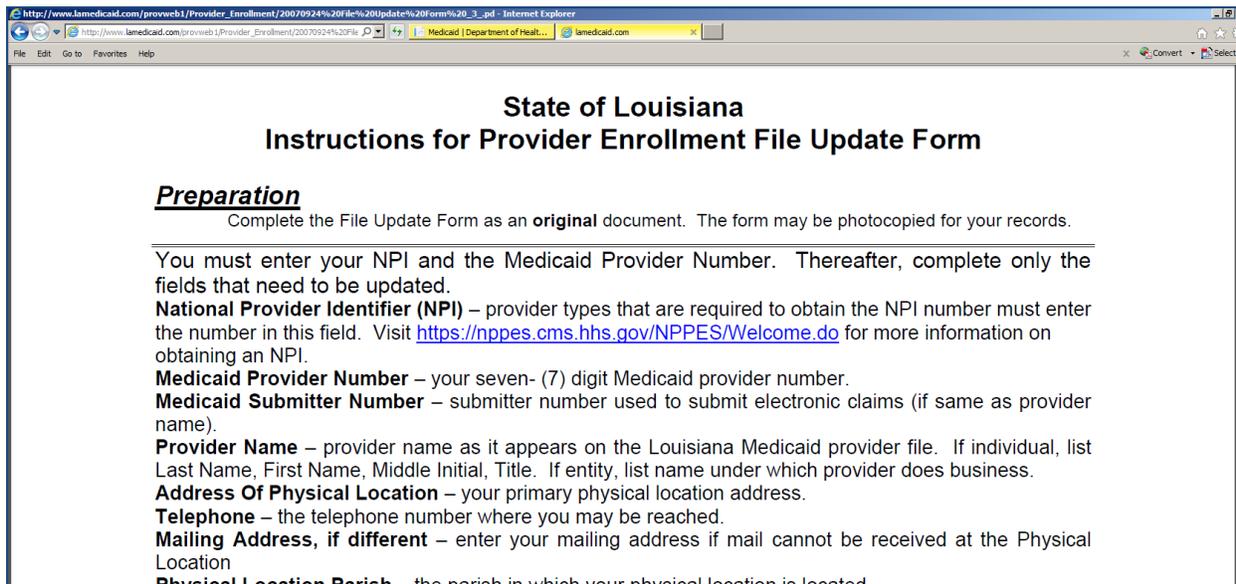
Click on the **File Update Form** link to continue.



The screenshot shows the 'Submitter Contact Information - Download Forms' page. At the top right, there is a 'PRINT' button. Below the title, there is an important notice: 'IMPORTANT: Please DO NOT use your browser's Back/Forward buttons. It may result in a loss of data or being logged out of the site. Please use the navigation links provided.' Under the heading 'Download Forms', there is a list of links:

- File Update Form (highlighted with a red arrow)
- EDI contract and POA Forms

A new window will open containing a printable version of the form with Instructions.



## 4.2 EDI Contract and POA Forms

Users may access the Electronic Data Interchange (EDI) Contract and Power of Attorney (POA) forms from the Submitter Contact Information application.

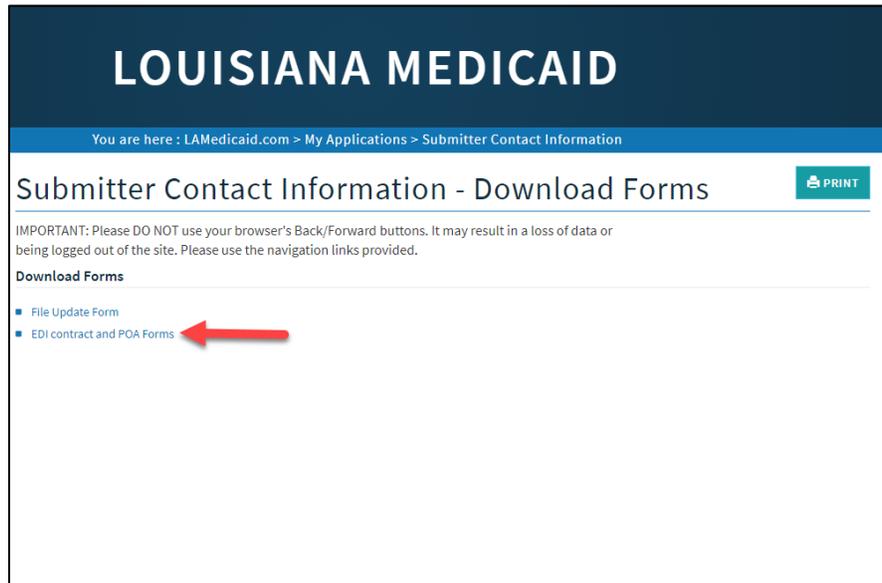
Click the **Forms** link in the margin of the application.



The screenshot shows a web application interface for 'Profile - 4500000'. On the left, there is a navigation menu with sections: 'Options' (containing Profile, Forms, and Linked Providers), 'My Account' (containing My Profile, My Applications, and Logout), and 'Other Links' (containing Help and LAMedicaid.com). A red arrow points to the 'Forms' link under the 'Options' section. The main content area displays the following information:

** Name:	VERITAS LABORATORIES LLC
** Submitter ID:	4500000
** Address:	2773 MARSHALL DR/STE D
** City, State, Zip:	TIFTON GA 31793-8101
** Phone:	(229) 238-0790

Click on the **EDI contract and POA Forms** link to continue.



The screenshot shows the Louisiana Medicaid website. The header is 'LOUISIANA MEDICAID'. Below the header, there is a breadcrumb trail: 'You are here : LAMedicaid.com > My Applications > Submitter Contact Information'. The main heading is 'Submitter Contact Information - Download Forms'. Below this heading, there is a 'PRINT' button. An important notice reads: 'IMPORTANT: Please DO NOT use your browser's Back/Forward buttons. It may result in a loss of data or being logged out of the site. Please use the navigation links provided.' Under the 'Download Forms' section, there is a list of links: 'File Update Form' and 'EDI contract and POA Forms'. A red arrow points to the 'EDI contract and POA Forms' link.

Users will be taken to the EDI Contract and Power of Attorney Forms LAMEDICAID page for further instruction.

### 4.3 Linked Providers

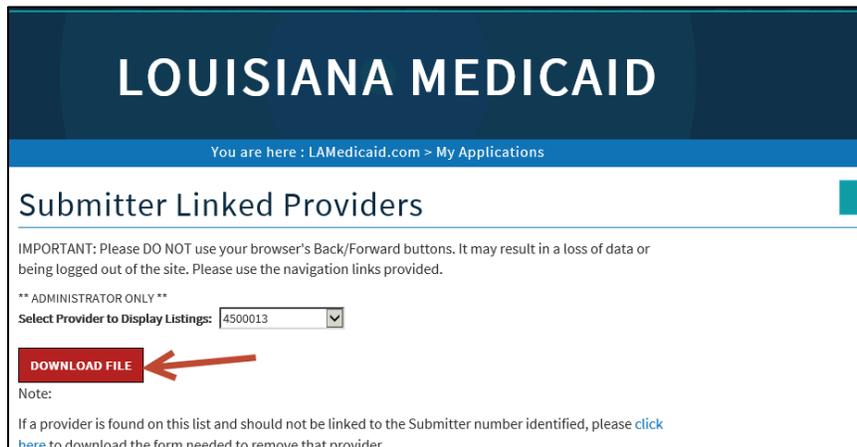
Users have access to a spreadsheet of Linked Providers via the Submitter Contact Information application.

Click the **Linked Providers** link on the margin of the application to continue.



The screenshot shows a user profile page for 'Profile - 4500000'. The left sidebar contains navigation links: Options, Profile, Forms, Linked Providers (highlighted with a red arrow), My Account, My Profile, My Applications, Logout, and Other Links. The main content area contains fields for Name (VERITAS LABORATORIES LLC), Submitter ID (4500000), Address (2773 MARSHALL DR/STE D), City, State, Zip (TIFTON GA 31793-8101), and Phone ((229) 238-0790).

Click the **Download File** button.



The screenshot shows the 'LOUISIANA MEDICAID' header and a breadcrumb trail: 'You are here : LAMedicaid.com > My Applications'. The page title is 'Submitter Linked Providers'. An important notice states: 'IMPORTANT: Please DO NOT use your browser's Back/Forward buttons. It may result in a loss of data or being logged out of the site. Please use the navigation links provided.' Below this is a section for administrators: '\*\* ADMINISTRATOR ONLY \*\*' with a dropdown menu for 'Select Provider to Display Listings:' set to '4500013'. A red arrow points to a red 'DOWNLOAD FILE' button. A note at the bottom says: 'Note: If a provider is found on this list and should not be linked to the Submitter number identified, please [click here](#) to download the form needed to remove that provider.'

A spreadsheet with a list of Linked Providers, their NPI, and Tiebreaker information will open for the user to view.