Louisiana Medicaid Management Information System (LMMIS)

Submitter Contact Information
User Manual

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PROJECT INFORMATION

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04/05/2017	Initial draft	10733	R. Sheehan
08/13/2018	Updated as per LAMedicaid Secure Redesign	10733	J. Lavigne
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11/12/2020	Updated document as per Gainwell Rebrand.	12081	J. Lavigne
06/06/2023	Updated document to change support email address.	N/A	J. Lavigne

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1.0   OVERVIEW

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

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 under the **Website Enrollment** link located under **Provider Tools** on the left side of the main menu.
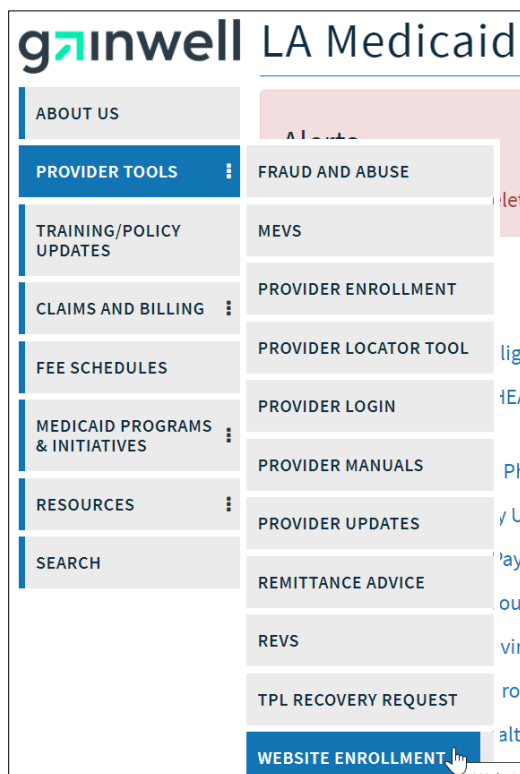
Providers who are experiencing difficulty in establishing an account or with the application may contact the Gainwell Technologies **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing lamedicaid@gainwelltechnologies.com.

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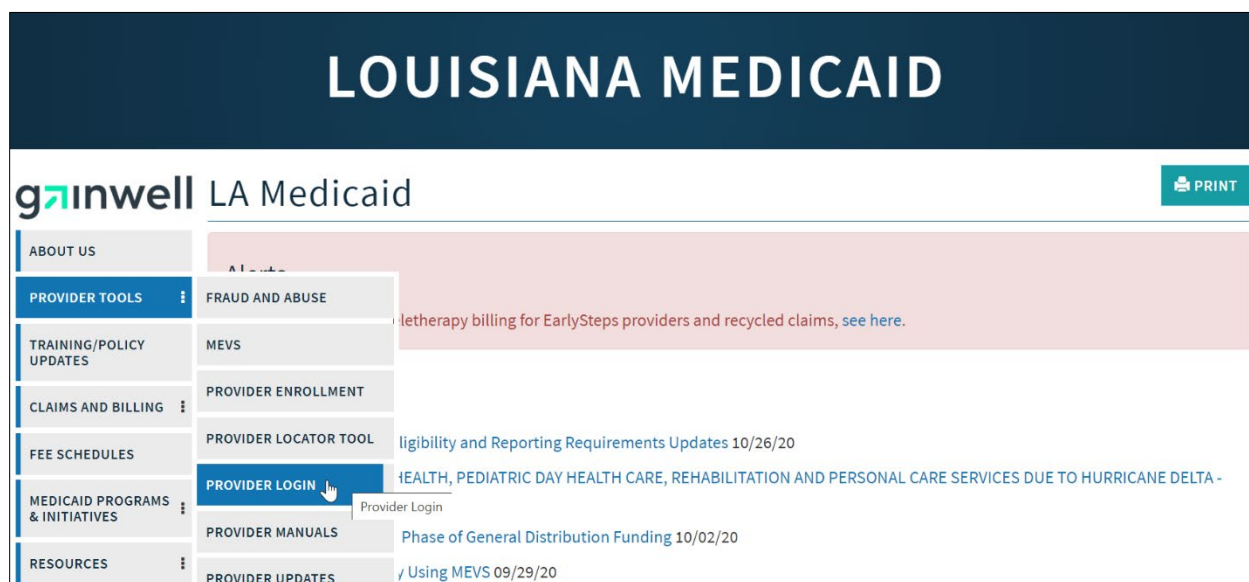
At the Provider Login screen, users may read through the Notice to Users. In order to continue, users must enter their 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID in the field provided and enter the characters from the CAPTCHA image before clicking the **Next** button.

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.

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

Click the **Submitter Contact Information** link to continue.
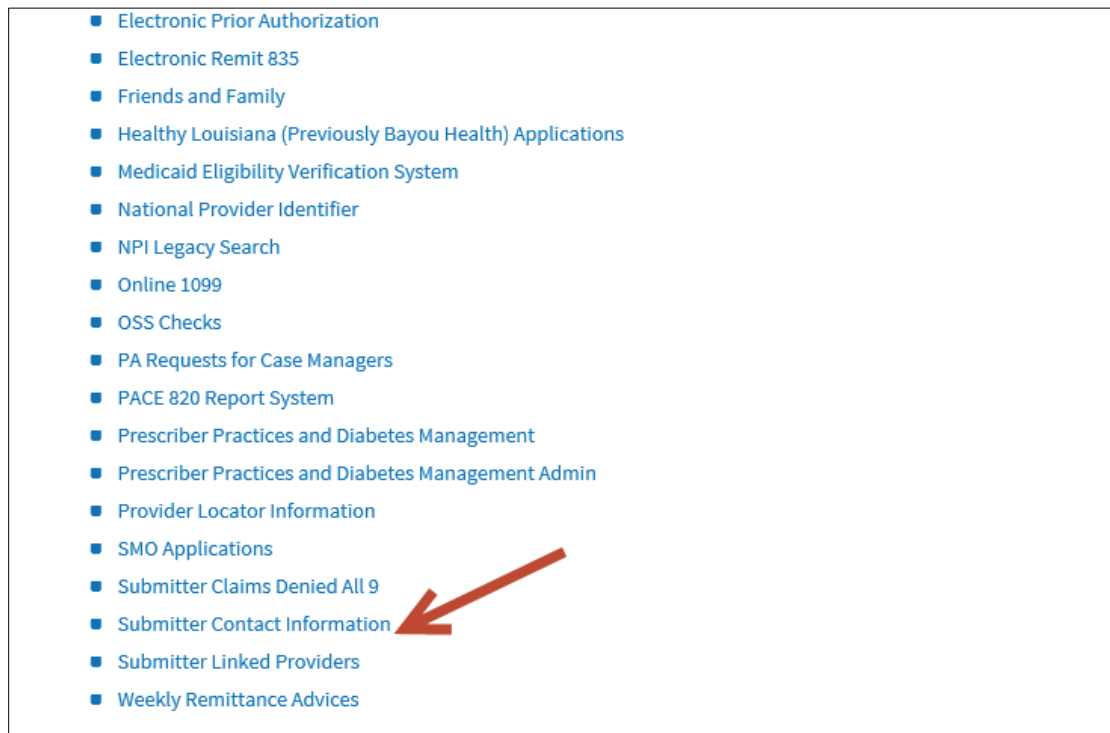
Note: The list of applications shown here is comprehensive; therefore you may not see as many options on the Provider Applications page.

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).

3.2 Primary Contact

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

3.3 Secondary Contact

Enter the Name, email address, phone number, and fax number of the secondary contact person for this Submitter.
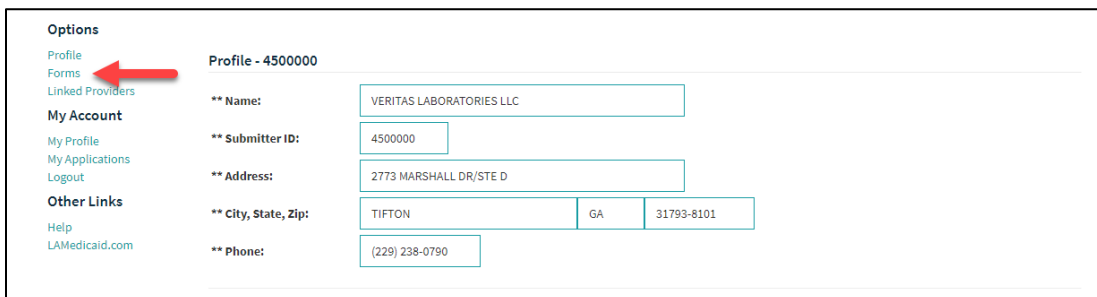
Then click on the **SAVE/UPDATE CONTACT INFORMATION** button.

4.0   FORMS

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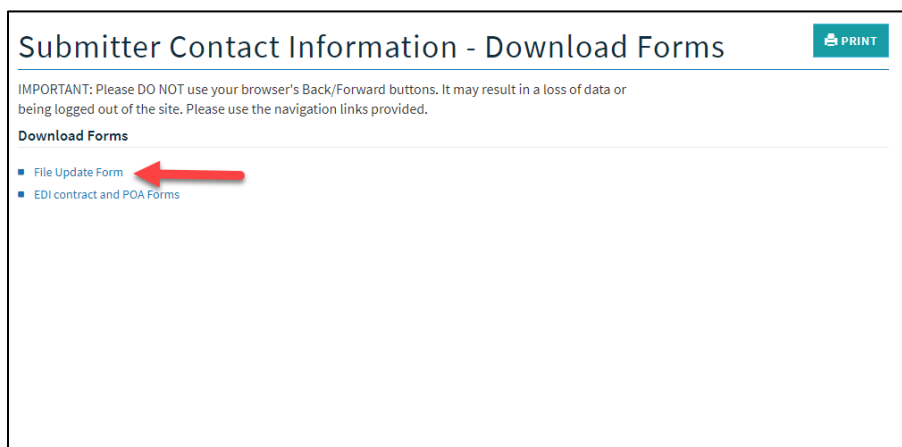
In the event that a Submitter experiences a re-location, change of phone number, or even a name change, use the **Forms** link in the margin to access the File Update Form.
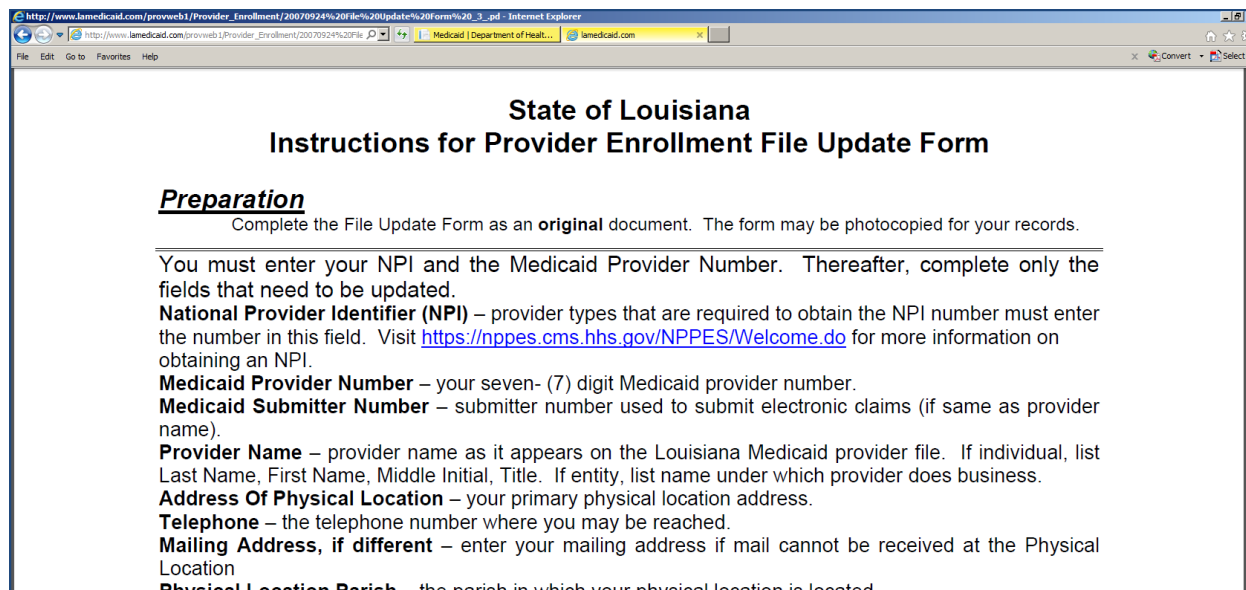
Click on the **File Update Form** link to continue.

A new window will open containing a printable version of the form with Instructions.
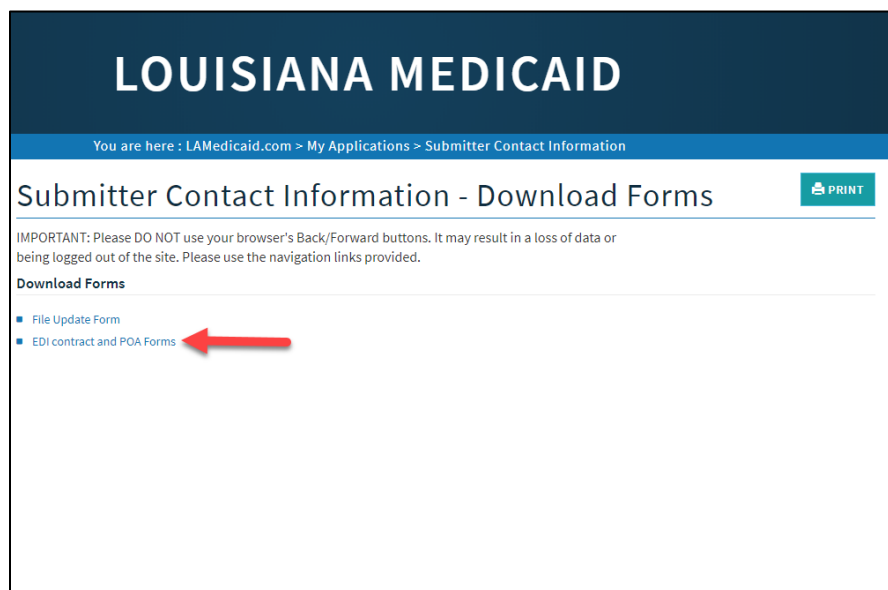
4.2 EDI Contract and POA Forms

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.

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

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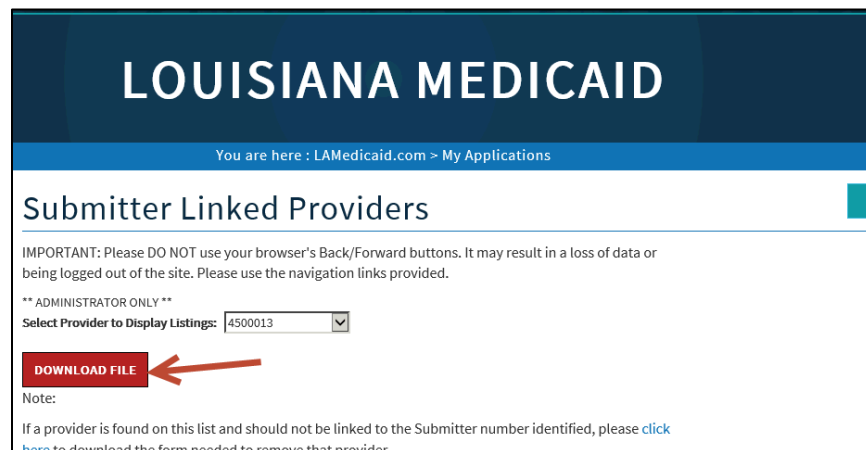
4.3 Linked Providers

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.

Click the **Download File** button.

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