Louisiana Medicaid Management Information System (LMMIS)

Provider Enrollment Portal Application User Manual For Fee For Service Facility

Date Created: 08/26/2021
Date Updated: 9/22/2022

Prepared By
Technical Communications Group

PROJECT INFORMATION

Document Title	Louisiana Medicaid Management Information System (LMMIS) –Provider Enrollment Portal Application User Manual for FFS Facility
Author	Technical Communications Group, Gainwell LMMIS QA

	Revision History		
Date	**Description of Change**	**LIFT**	**By**
August 26, 2021	Initial version	12133	Randy Sheehan, LDH, Gainwell
September 15, 2021	Updated screenshots in 7.3.1, 7.3.5, 7.4.8, 9.0, and 10.1. Added screenshot in 7.3.4.	12133	GW QA
September 17, 2021	Updated 8.0 and 9.0.	12133	GW QA
September 21, 2021	Updated screenshots on page 7.3.2, and 7.4.7.	12133	GW QA
September 24, 2021	Updated screenshots to remove Provider Number from Verification Email.	12133	GW QA
October 28, 2021	Added email to 3.1, 3.1.1, and 11.0.	12133	Randy Sheehan
February 8, 2022	Updated 6.0 and 7.0.	12133	Randy Sheehan
February 18, 2022	Updated 2.2. Added additional information regarding check boxes for Individual Owners in 7.2.	12133	Randy Sheehan
March 11, 2022	Extensive revisions to 7.0.	12133	LDH/GWQA
June 16, 2022	Replaced “Confirm Submission” screenshot in 10.0.	12133	Randy Sheehan via GWQA
September 22, 2022	Updated screenshots in 7.0, 7.1.3, 7.2, 7.2.7, 7.3, 7.3.5, 7.4.8, 7.6, and 9.0. Replaced screenshot in 7.4. Added 7.1.4 and 7.1.5. Capitalized all instances of the word “provider.”	12431	Randy Sheehan, GWQA, and LDH

TABLE OF CONTENTS

1.0 OVERVIEW

The Provider Enrollment Portal is designed to meet Centers for Medicare and Medicaid Services (CMS) requirements for screening and enrolling Medicaid Providers and must be used by all Medicaid Providers, including those who do not participate in fee-for-service.

2.0 Accessing the Application

2.1 Louisiana Web Site Registration

Before a Provider can access the Provider Enrollment Portal, registration is required. In order to register, follow the instructions located here:

https://www.lamedicaid.com/Provweb1/Provweb_Enroll/Web_Registration.pdf

Please validate that the enrolling Provider's email given in the registration process is correct, as all correspondence will go to the registration email for the enrollment process.

Once registration is complete, you are enabled to login here:

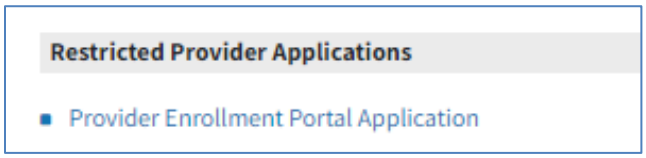
https://www.lamedicaid.com/account/login.aspx

2.2 Log In

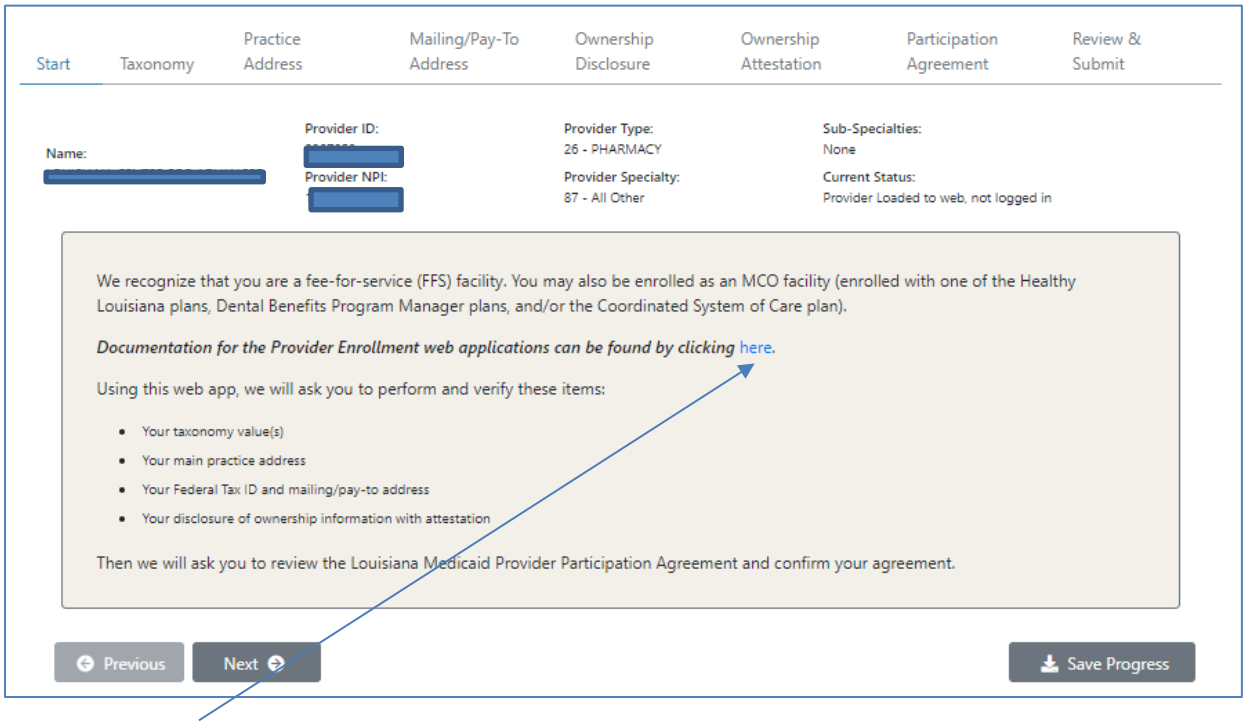
Detailed instructions for logging in are provided here:

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

After login, look for the Provider Enrollment Portal Application, as shown below:



3.0 Start Page



A link to the user manuals associated with the Provider Enrollment System is available on the Start page.

The Navigation Tabs, the **Previous** button, the **Next** button, and the **Save Progress** button are available on every page within the application.

3.1 What If Any of the Pre-populated Data is Wrong?

The Provider's name, Provider ID, Provider NPI, Provider Type, Provider Specialty, Sub-Specialties (if applicable), and Mailing/Pay-To Address are pre-populated. These specific pre-populated items cannot be changed within the application. You must contact the Louisiana Provider Enrollment Portal Call Center (Monday – Friday 8 a.m. – 5 p.m. CST.) at 833-641-2140 or louisianaprovenroll@gainwelltechnologies.com to update this information. All other fields, such as addresses, can be changed by simply typing into the specified text box in the application.

3.1.1 Name Change

The Provider name is pre-populated and cannot be changed prior to completion of the application. After the portal application is completed, the Provider can contact the Provider Enrollment Portal Call Center (Monday – Friday 8 a.m. – 5 p.m. CST.) at 833-641-2140 or louisianaprovenroll@gainwelltechnologies.com to have it changed.

In the case of a name change, the call center staff will check the license website to see if the name has changed with the Provider's governing license board.

3.1.2 Changing Provider Type and Specialty

Providers may change data except for the following fields: Provider Type, Specialty. For all other fields, the incorrect information can be typed over for correction.

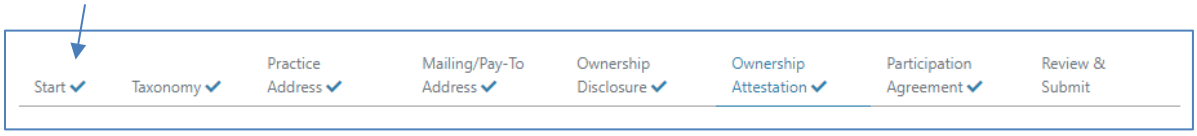
- Primary Taxonomy
- Physical Address
- Add other sites and addresses
- Contact info for Mailing Address
- Ownership/Management/Agent information (Facilities only)

3.2 Navigation Tabs

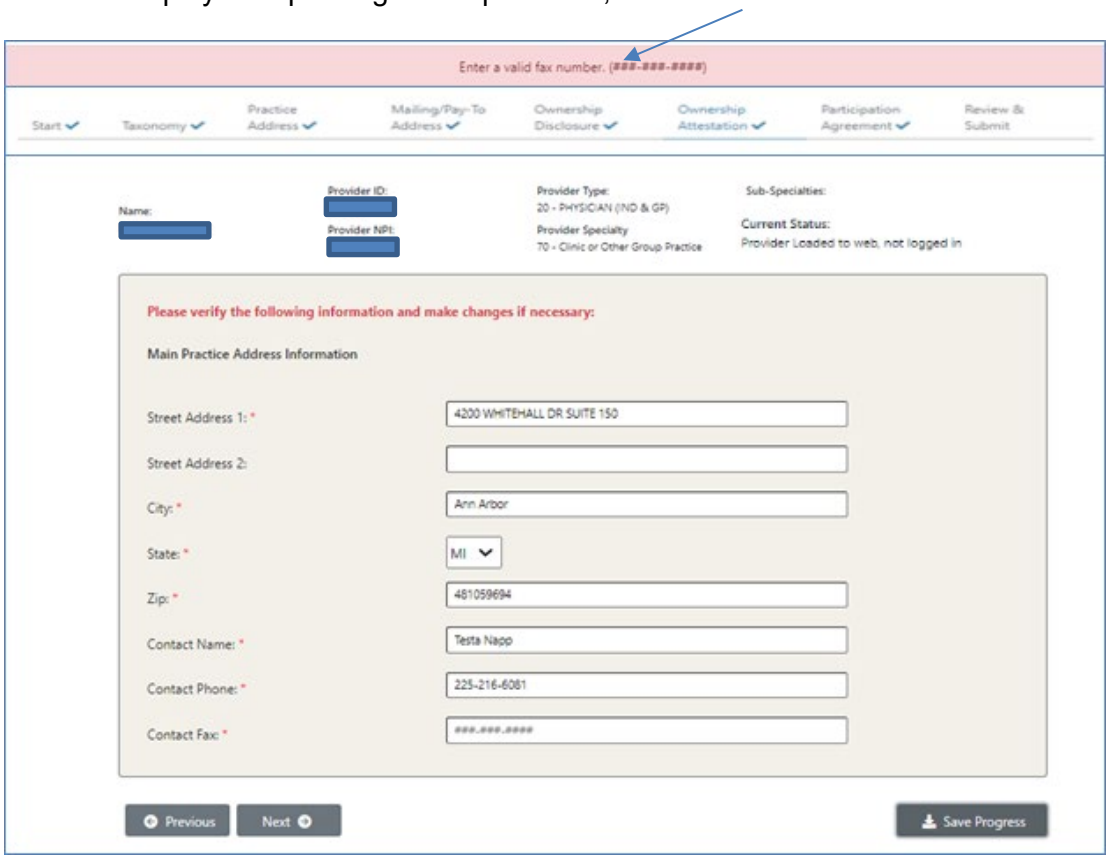
Along the top of the home screen, the navigation tabs consist of links to the steps required to complete the enrollment application. The steps are listed below:

- Start
- Taxonomy
- Practice Address
- Mailing/Pay-To Address
- Ownership Disclosure
- Ownership Attestation
- Participation Agreement
- Review & Submit

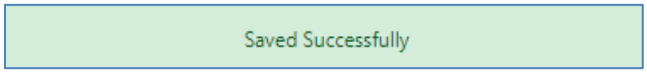
As you progress through the steps of enrollment, check marks are added next to each tab for which progress has been saved, similar to that shown below:



If you click the **Save Progress** button on a page on which required data has not been entered, a red ribbon is displayed explaining the requirement, similar to that shown below:



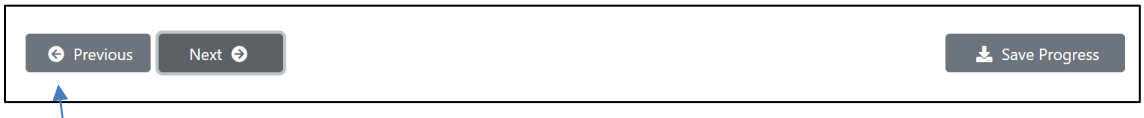
Once the required data has been entered, you can click the **Save Progress** button and a green ribbon at the top of the page will indicate that you have successfully entered all of the required data, similar to the one shown below.



3.3 Control Buttons

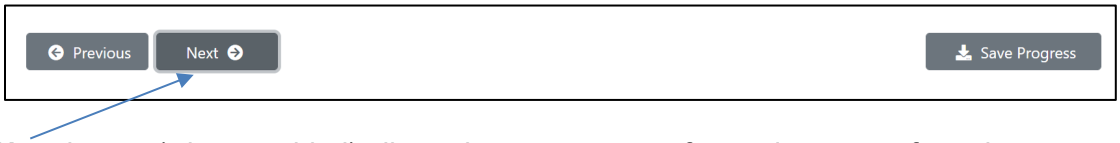
The Control Buttons near the bottom of the screen are the primary methods of navigation and saving your progress.

3.3.1 Previous



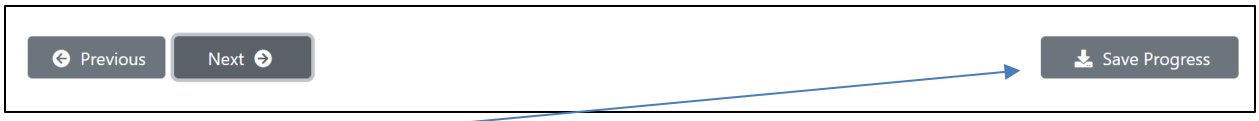
The **Previous** button (when enabled) allows the user to go back one step from the current page within the application.

3.3.2 Next

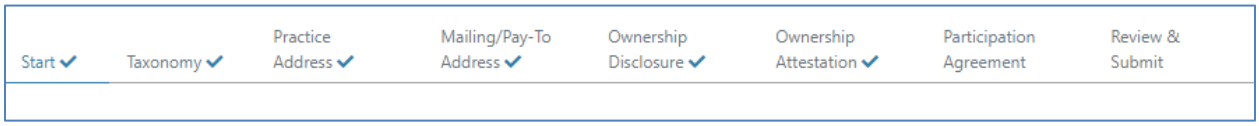


The **Next** button (when enabled) allows the user to move forward one step from the current page within the application.

3.3.3 Save Progress

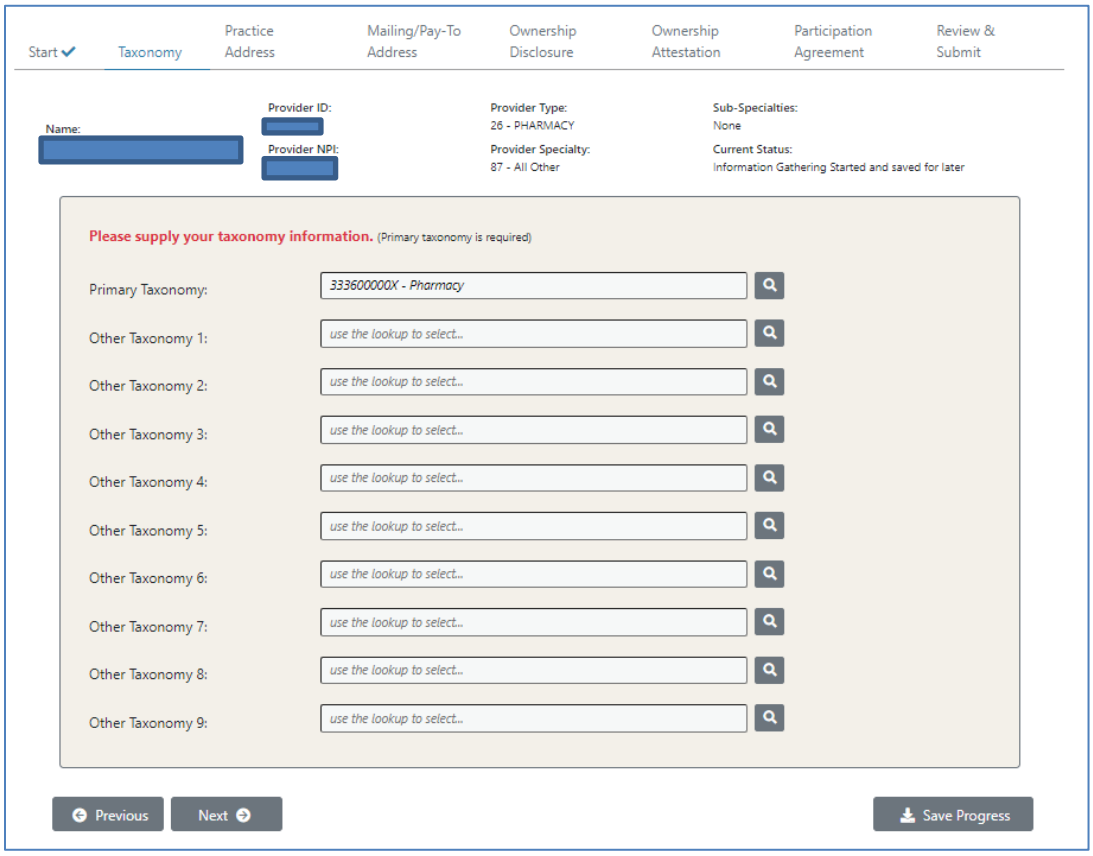


The **Save Progress** button saves the data entered so far into the application where progress was last saved. In this way, for instance, the user can log off and come back later to resume work on the enrollment application. The **Save Progress** function is also used to finalize the submission for the current section of the enrollment process. As each section is completed, be sure to click on the **Save Progress** button. When all the sections are complete and the enrollment request has been successfully submitted, a check mark is displayed to the right of each section on the Navigation Tabs, shown below:

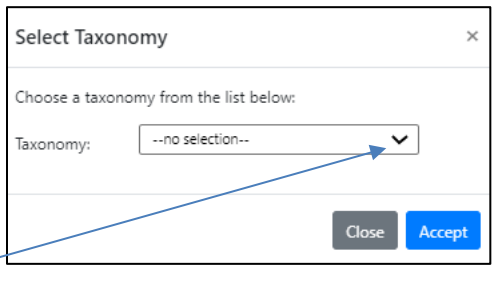


4.0 Taxonomy

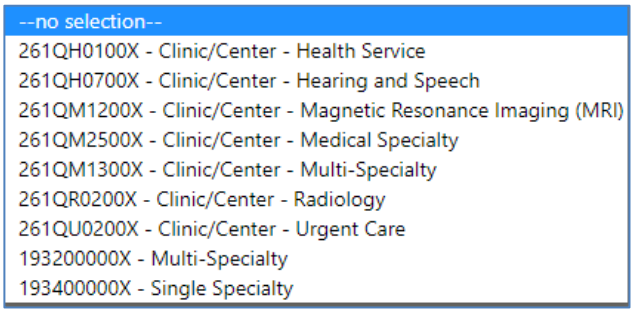
The **Taxonomy** page enables the user to provide the necessary taxonomy information. Only Primary Taxonomy is required (and is usually pre-populated). Taxonomy options are limited by Provider type and Provider specialty. If the Provider has more than one taxonomy number, up to nine taxonomies may be entered. Since this data is important, it should be entered if the Provider has more than one taxonomy. CMS requires this information for reporting purposes. All relevant taxonomies must be entered.



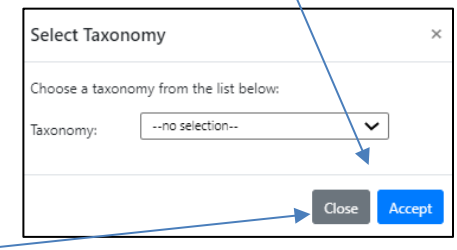
Click the lookup icon ( ) next to each Taxonomy Code field where you need to add information. A dialogue box similar to the one shown below is displayed:



Click the down arrow in the dialogue box to display the Taxonomy dropdown list:



When you find the one you want, select it, and then click on the **Accept** button in the dialogue box.



Click the **Close** button to close the lookup taxonomy dialogue box at any time.

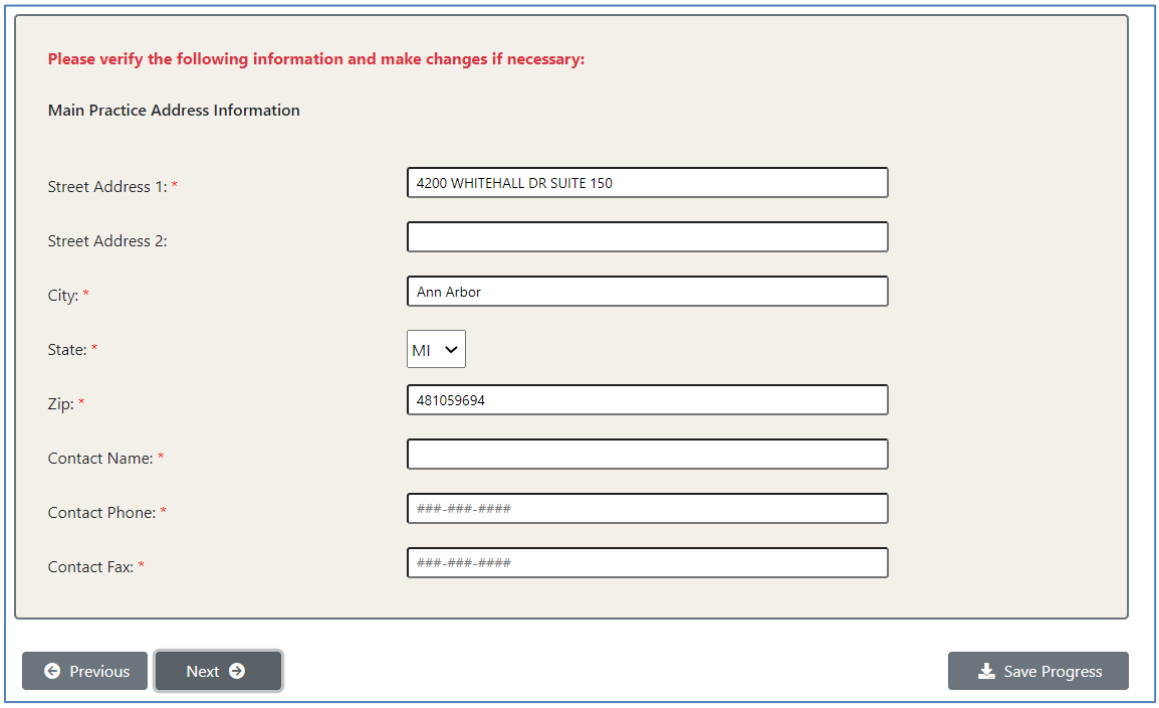
Continue entering Taxonomies as needed.

Click on the **Save Progress** button and then the **Next** button.

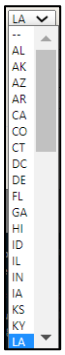
Resolve any outstanding issues (which will be displayed as a red banner; see 3.2) and then click on the **Next** button again in order to go to the Practice Address page.

5.0 Practice Address

The **Practice Address** is the physical facility location of the practice that is enrolling in Louisiana Medicaid. The **Practice Address** page is also used to capture Contact Name, Contact Phone, and Contact Fax.



Some fields may be pre-populated, but if a field is incorrect you are enabled to correct it. Fields with an asterisk are required. Enter the information into the text boxes (except for State, for which a drop-down box similar to the one shown below is available).

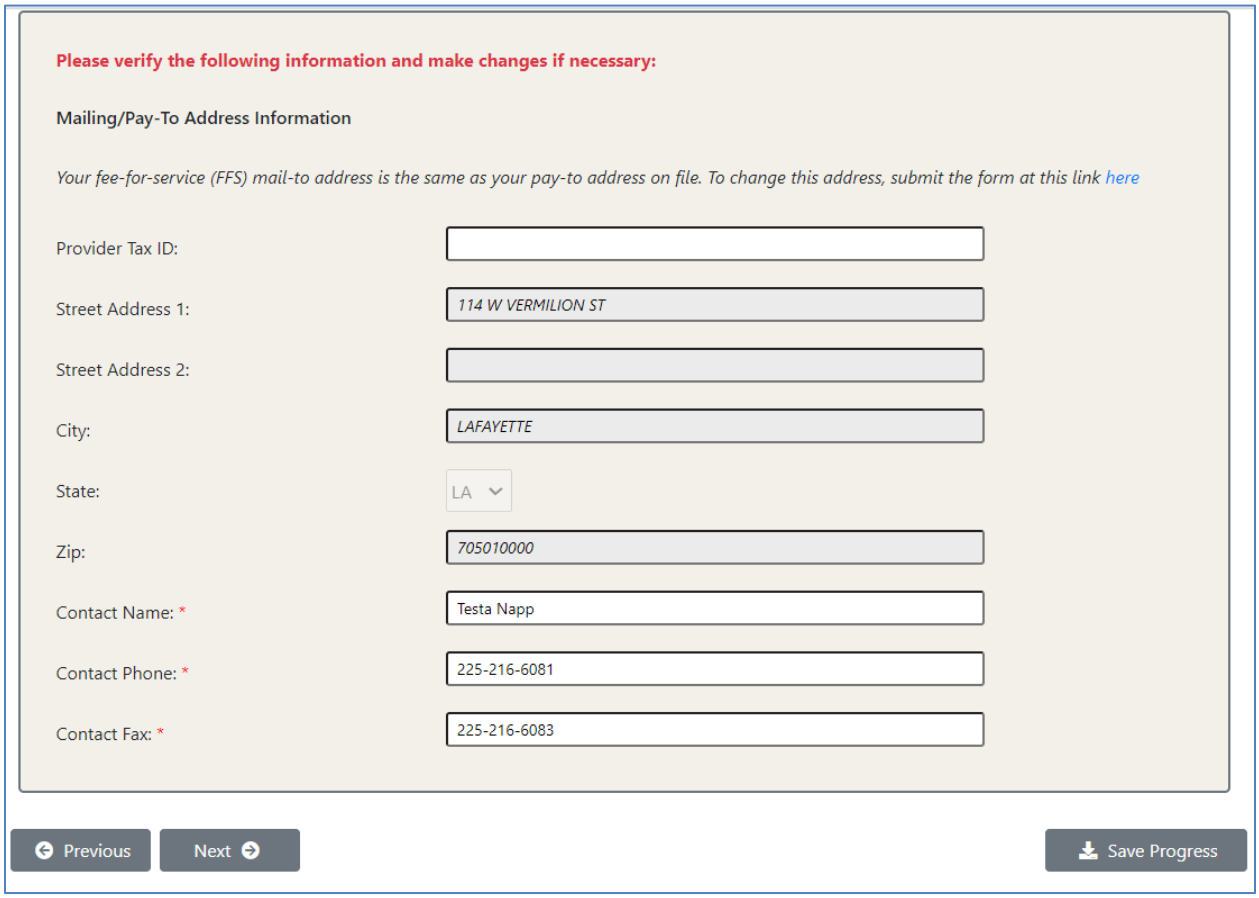


Click on the **Save Progress** button and then the **Next** button.

Resolve any outstanding issues (which will be displayed as a red banner; see 3.2) and then click on the **Next** button again in order to go to the Mailing/Pay-To Address page.

6.0 Mailing/Pay-To Address

The **Mailing/Pay-To Address** is the mailing address of the practice that is enrolling in Louisiana Medicaid. The **Mailing/Pay-To Address** page is also used to capture Contact Name, Contact Phone, and Contact Fax, as shown below.



Enter the Provider Tax ID. Each time you log out of the application without having completed the enrollment forms, you must enter the Provider Tax ID again.

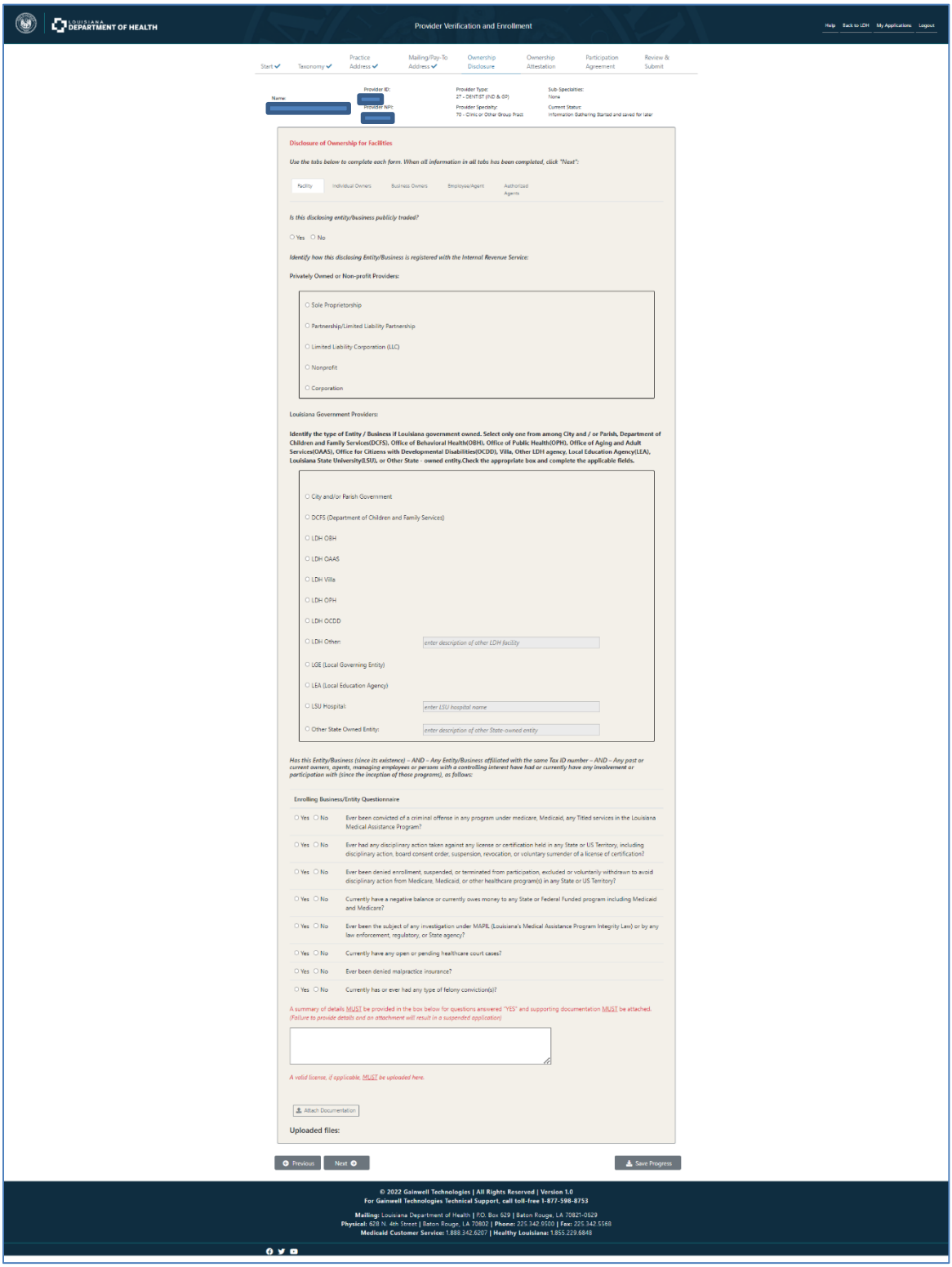
The Pay-To Address may not be updated in the application. Use the form at lamedicaid.com (https://www.lamedicaid.com/Provweb1/Provider_Enrollment/20070924%20File%20Update%20Form%20_3_.pdf) if this address needs to be changed.

Only the Contact Name, Contact Phone, and Contact Fax information may be updated in the application. Fields with an asterisk are required. Enter the information into the text boxes.

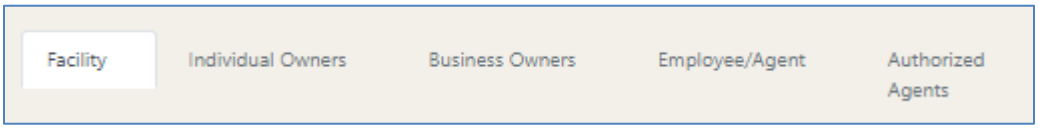
Click on the **Save Progress** button and then the **Next** button.

Resolve any outstanding issues (which will be displayed as a red banner; see 3.2) and then click on the **Next** button again in order to go to the Ownership Disclosure pages.

7.0 Ownership Disclosure



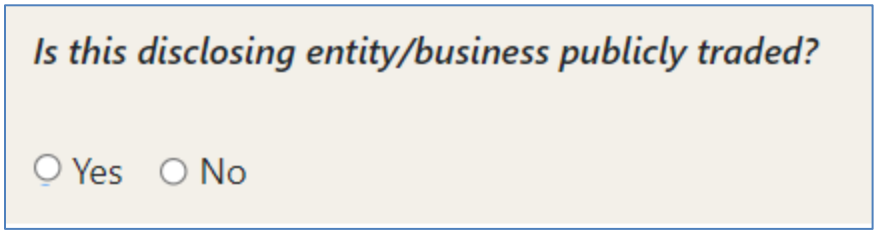
The Disclosure of Ownership for Facilities form is separated into five sections, or tabs, as shown at the top of the form:



The default tab, Facility, is selected for you when you first access the Disclosure of Ownership for Facilities form.

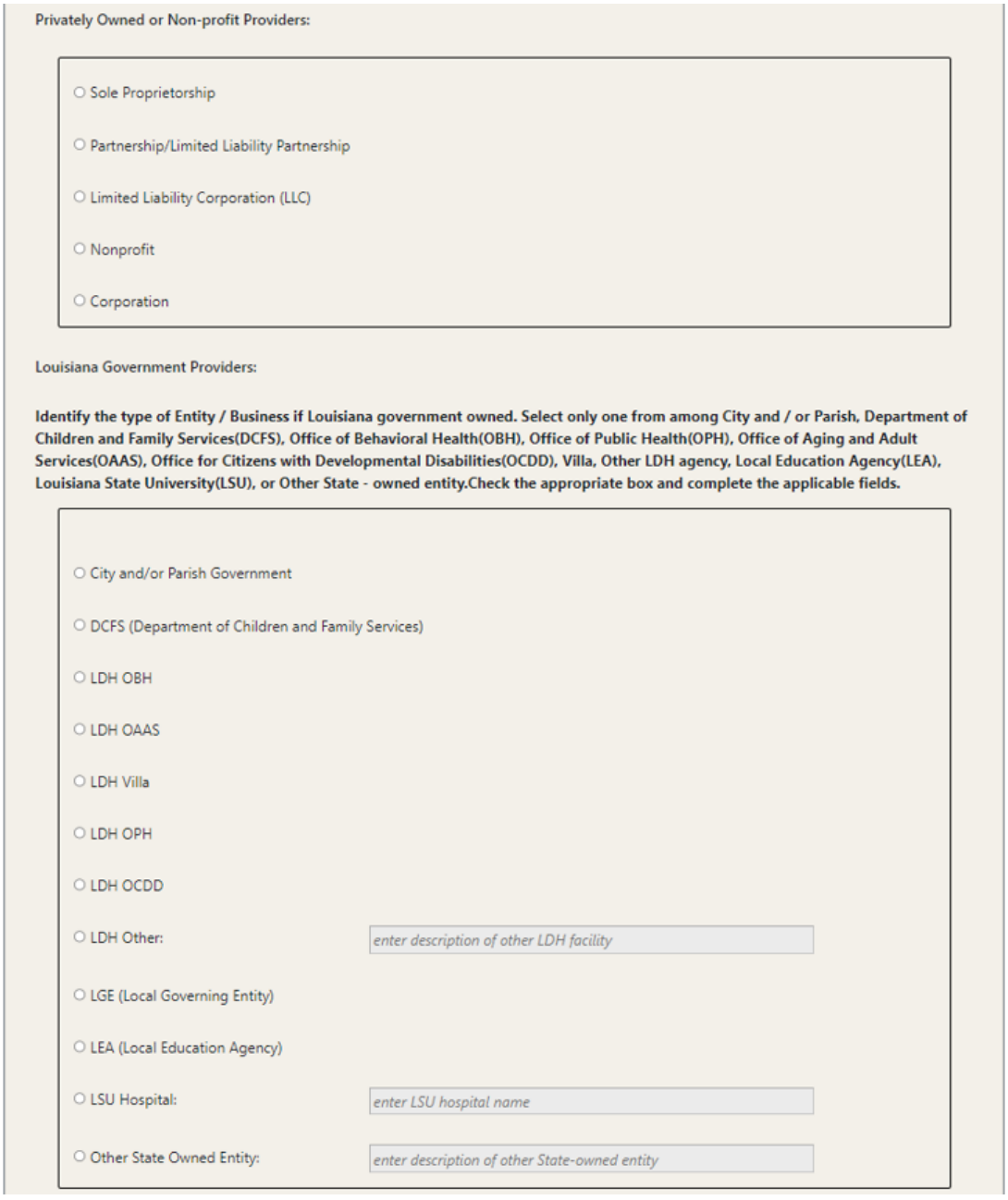
7.1 Facility

7.1.1 Is this disclosing entity/business publicly traded?



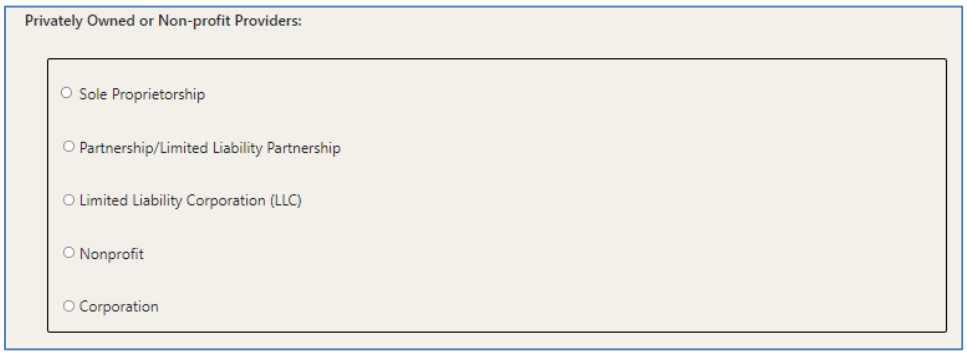
Select the **Yes** radio button or the **No** radio button.

7.1.2 Identify how this disclosing Entity/Business is registered with the Internal Revenue Service



7.1.2.1 Privately Owned or Non-Profit Providers

Click on the radio button of the appropriate selection.

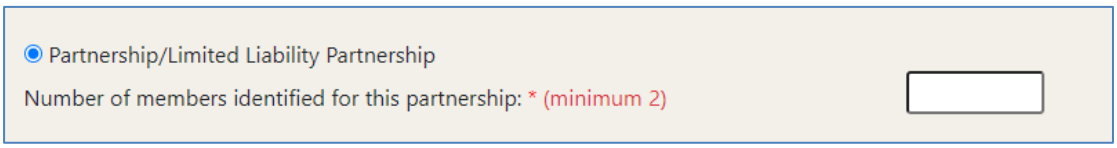


Sole Proprietorship

No additional questions.

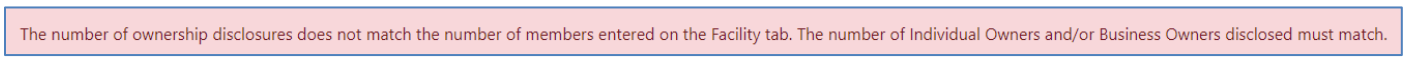
Partnership/Limited Liability Partnership

If Partnership/Limited Liability Partnership is selected, an additional question is displayed:



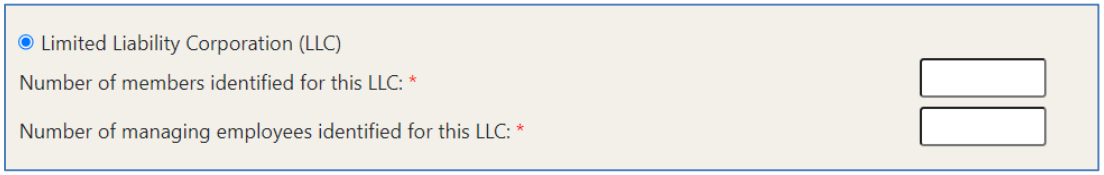
In the text box, enter the number of members in the partnership. The asterisk indicates that this is required information. The minimum number of members is 2.

The number of members specified under the Facility tab must match the number of records for members created in the Individual Owners and/or Business Owners tab. For instance, if you entered 2 members under the Facility tab, but created a record for only one member, the system responds with the following messages after you select **Next** or **Save Progress**:



Limited Liability Corporation (LLC)

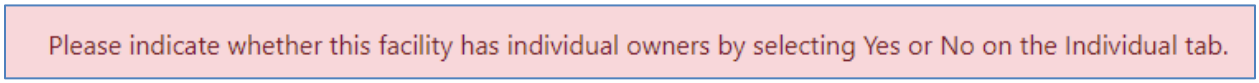
If Limited Liability Corporation (LLC) is selected, two additional questions are displayed:



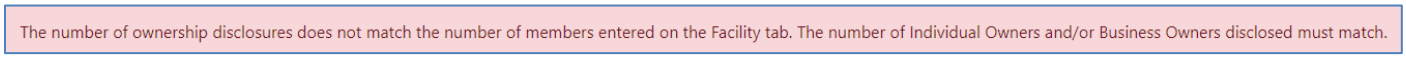
In the first text box, enter the number of members in the LLC. The asterisk indicates that this is required information. Enter any number greater than 0 for members.

In the second text box, enter the number of managing employees in the LLC. The asterisk indicates that this is required information. You must enter any number including 0, for managing employees.

Go to 7.2 (Individual Owners), and/or 7.3 (Business Owners and/or 7.4 (Employee/Agent). If you enter data into the text boxes and attempt to proceed or save your progress before going to the other tabs, the system responds with the following message.

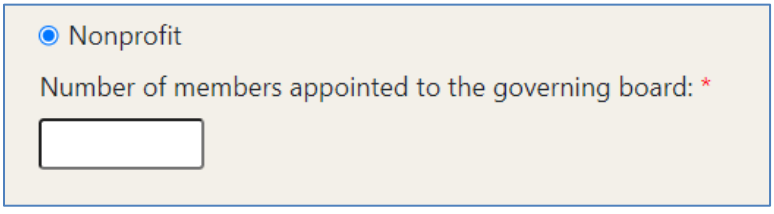


The number of members/managing employees specified under the Facility tab must match the number of records for members created in the Individual Owners and/or Business Owners and/or Employee/Agent tabs. For instance, if you entered 2 members and 1 managing employee under the Facility tab, but created a record for only one member, the system responds with the following message after you select **Next** or **Save Progress**:



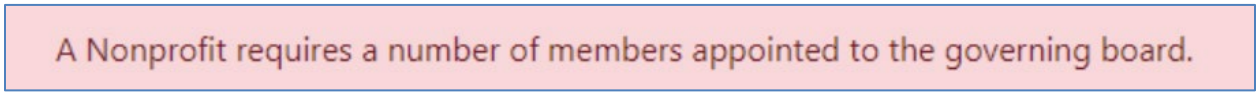
Nonprofit

If Nonprofit is selected, an additional question is displayed:

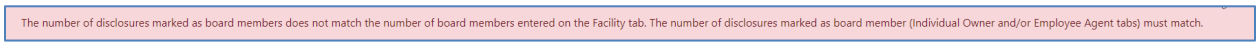


In the text box, enter the number of members on the governing board. The asterisk indicates that this is required information.

Go to 7.2 Individual Owners and/or 7.4 Employee/Agent. If you attempt to proceed or save progress before entering data into the number of board members, the following message is displayed:

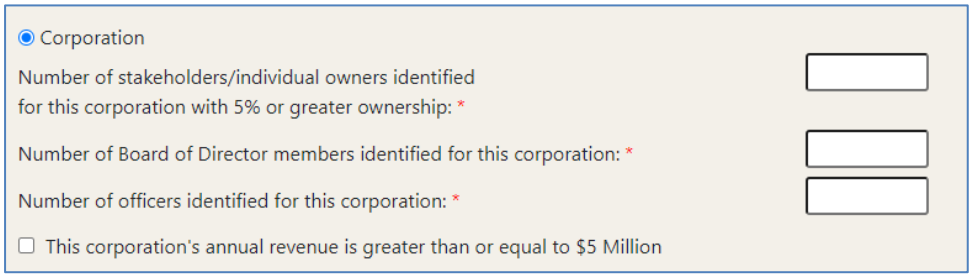


The number of members specified under the Facility tab must match the number of records for members created in the Individual Owners and/or Employee/Agent tab. For instance, if you entered 2 members under the Facility tab, but created a record for only one member, the system responds with the following message after you select **Next** or **Save Progress**:



Corporation

If Corporation is selected, three additional questions and an additional radio button are displayed:



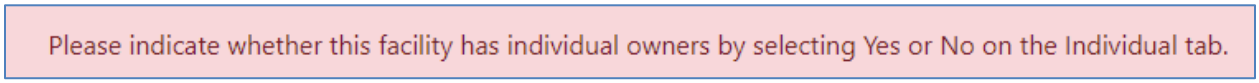
In the first text box, enter the number of stakeholders/individual owners ~~w~~with 5% or greater ownership in the corporation. The asterisk indicates that this is required information. Enter a number 0 or greater.

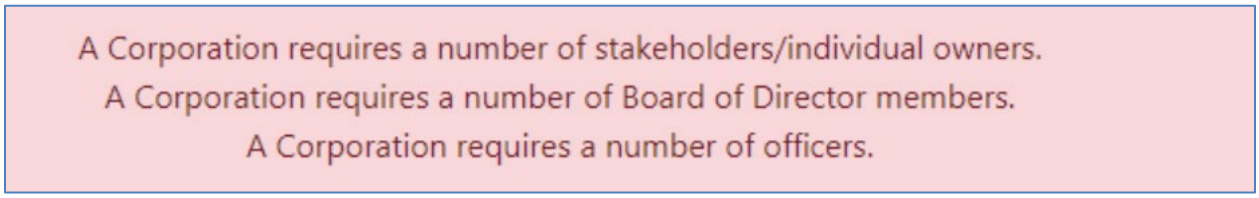
In the second text box, enter the number of Board of Directors for the corporation. The asterisk indicates that this is required information. Enter a number 0 or greater.

In the third text box, enter the number of officers in the corporation. The asterisk indicates that this is required information. Enter a number 1 or greater.

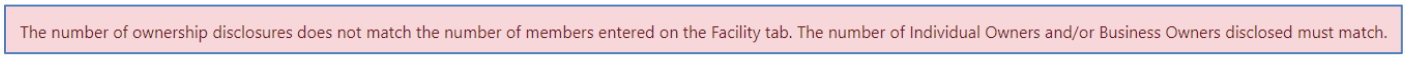
Click on the additional radio button if the corporation's annual revenue is greater than or equal to $5 Million. Do not click on the radio button if the corporation's annual revenue is less than $5 Million.

Go to 7.2 Individual Owners and/or 7.3 Business Owners and/or 7.4 Employee/Agent. If you enter data into the text boxes and attempt to proceed or save your progress before going to the other tabs, the system responds with the following message.



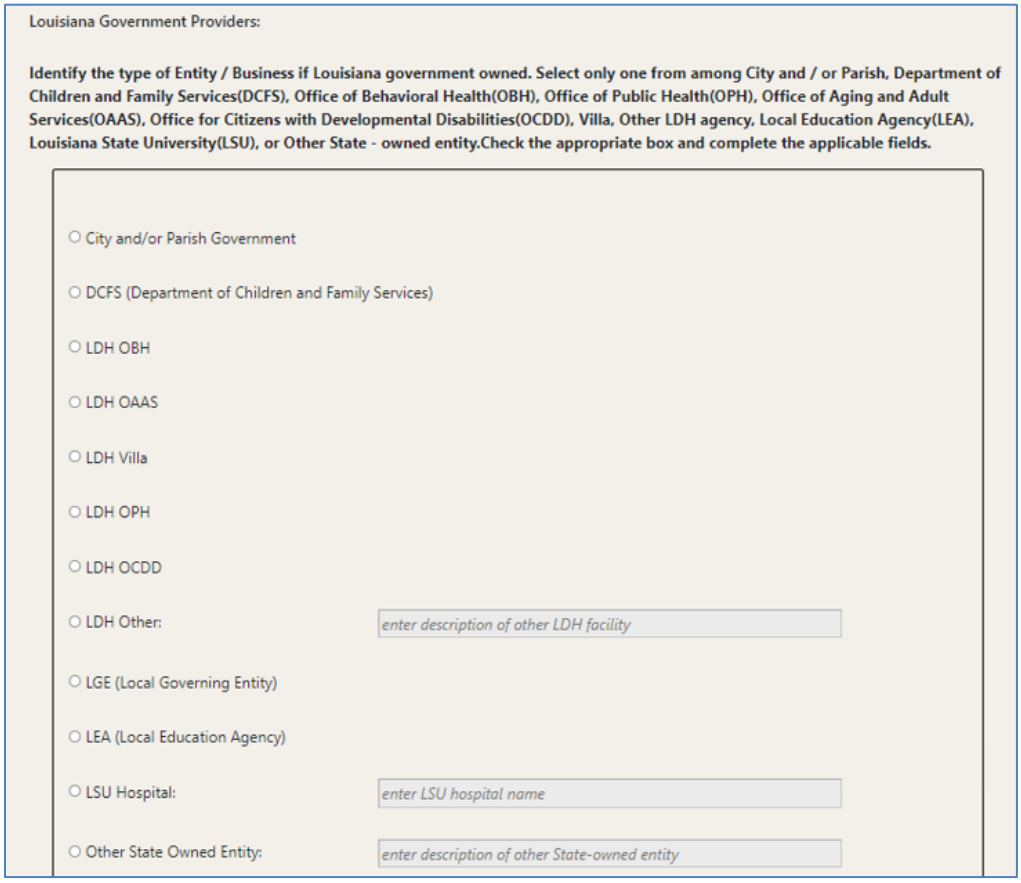


The number of Stakeholder/Individual owners, Board of Directors and officer specified under the Facility tab must match the number of records for members and officers created in the Individual Owners and/or Business Owners and/or Employee/Agent tabs. For instance, if you entered 2 Board of Director members and 2 officers under the Facility tab, but created a record for only one member, the system responds with the following messages after you select **Next** or **Save Progress**:

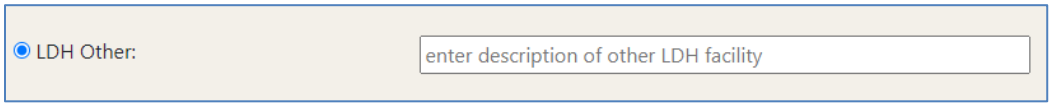


7.1.2.2 Louisiana Government Providers

Select only one option from the displayed government entities.



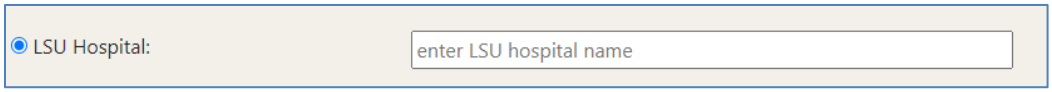
If LDH Other is selected, the corresponding text box is activated. Enter the description of the facility into the text box.



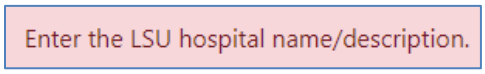
If you attempt to proceed or save your progress before entering a description, the system responds with the following message.

Go to 7.2 Individual Owners and 7.3 Business Owners. If you attempt to proceed or save your progress before doing so, the system responds with the following message.

If LSU Hospital is selected, the corresponding text box is activated. Enter the name of the LSU hospital into the text box.



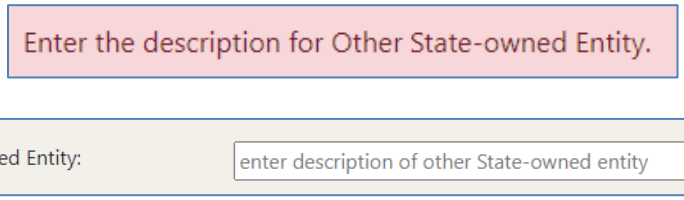
If you attempt to proceed or save your progress without entering the LSU hospital name, the system responds with the following message.



Go to 7.2 (Individual Owners) and 7.3 (Business Owners). If you attempt to proceed or save your progress before doing so, the system responds with the following message.

If Other State-Owned Entity is selected, the corresponding text box is activated. Enter a description of the entity into the text box.

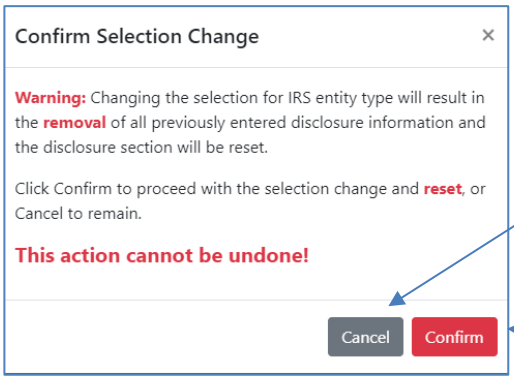
If you attempt to proceed or save your progress without entering a description, the system responds with the following message.



Go to 7.2 Individual Owners and 7.3 Business Owners. If you attempt to proceed or save your progress before doing so, the system responds with the following message.

7.1.2.3 Selection Change

Changing your response to IRS entity type will cause the software to display the following information:



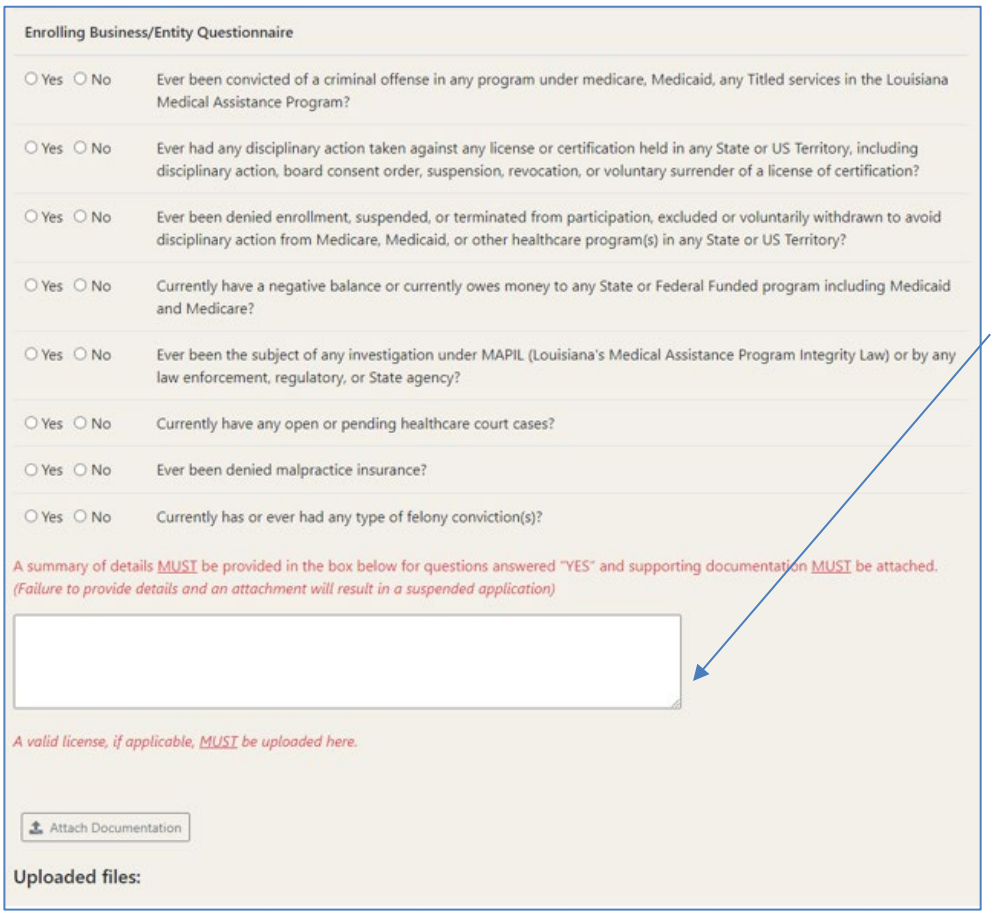
Click on the **Cancel** button to keep any data entered so far.

Click on the **Confirm** button to remove any data so far entered and to reset the Ownership Disclosure section.

7.1.3 Enrolling Business/Entity Questionnaire

Has this Entity/Business (since its existence) – AND – Any Entity/Business affiliated with the same Tax ID number – AND – Any past or current owners, agents, managing employees or persons with a controlling interest have had or currently have any involvement or participation with (since the inception of those programs), as follows:

Read each question carefully and click on the appropriate **Yes** or **No** radio button.

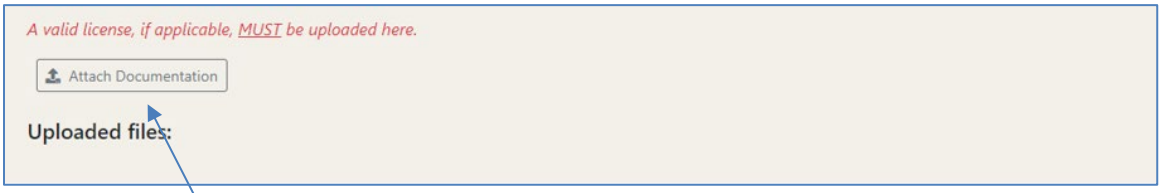


All questions are required. Use the text box to submit details regarding each **"Yes"** answer. If necessary, use the box re-size function to expand or reduce the size of the text box to fit your requirement.

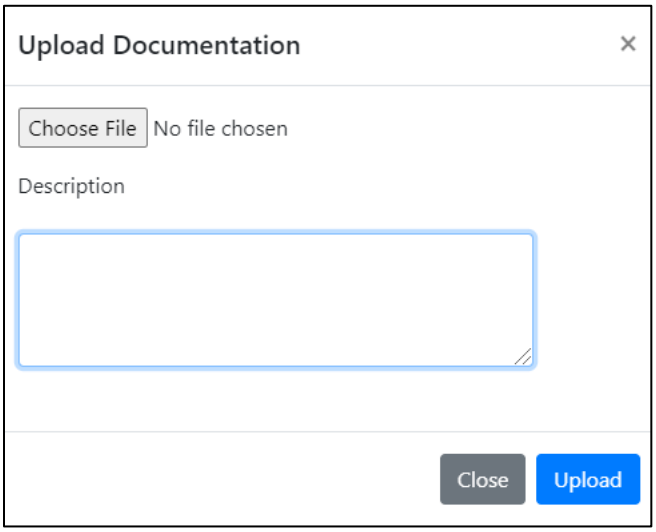
7.1.4 Attach Documentation

Allowed file extensions for uploads are pdf, jpg, gif, png, doc, docx, tif and tiff.

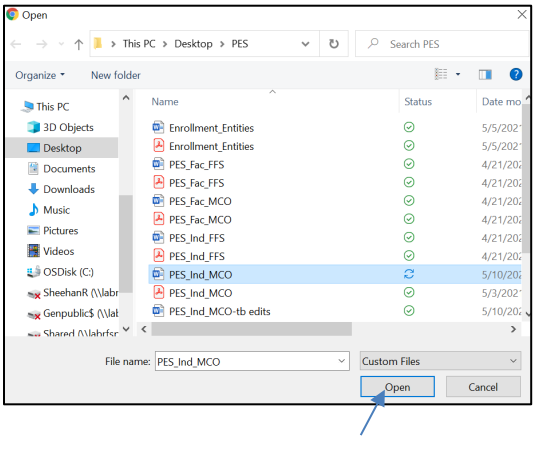
- No limit to the number of uploads
- 10mb max per file



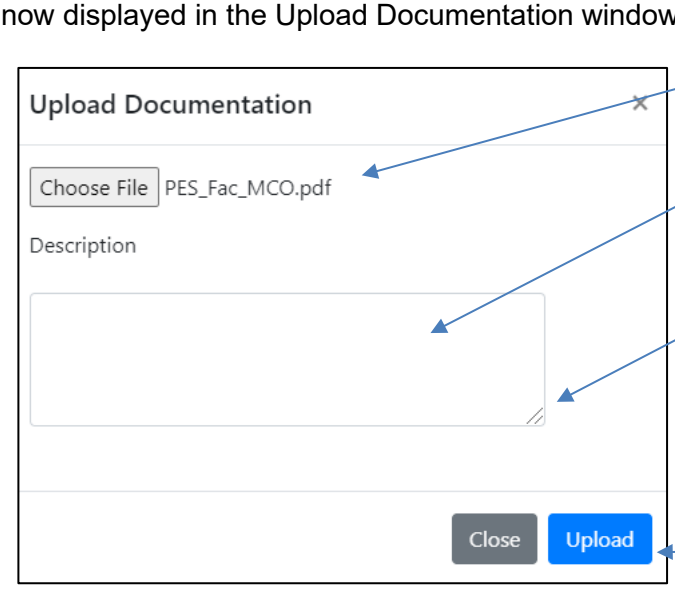
Click on the **Attach Documentation** button to open the **Upload Documentation** window. Attach all official legal documents regarding the occurrence of a Yes answer, including any reinstatements.



Click on the **Choose File** button to begin the upload. Your computer's file exploration tool will open.



Find the file you want and select it, then click on the **Open** button. The file name you selected is now displayed in the Upload Documentation window.



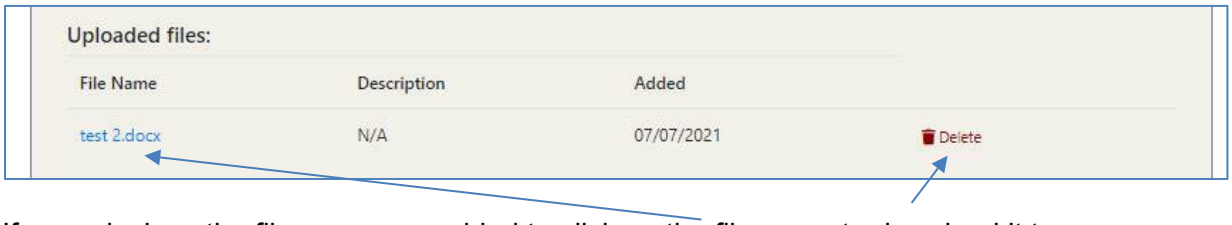
Type a description of the document into the text box.

Use box re-size function to expand or reduce the size of the text box to fit your requirement.

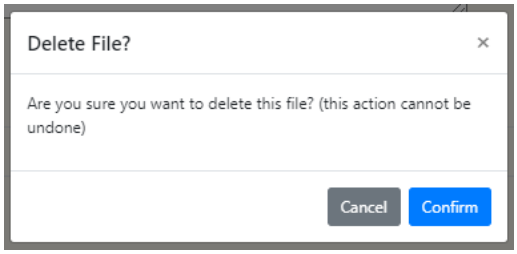
Then click on the **Upload** button.

7.1.5 Uploaded Files

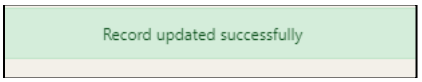
After you have uploaded files, they are displayed in a manner similar to that shown below:

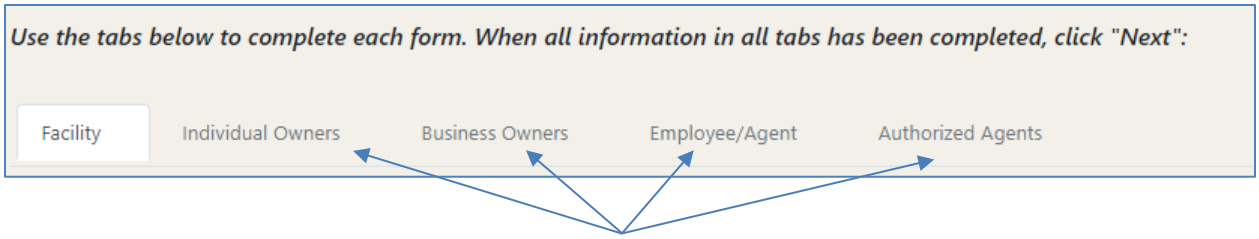


If you misplace the file, you are enabled to click on the file name to download it to your computer. You are also enabled to delete any file you may have uploaded.



Click on the **Confirm** button to delete the file. The file will be immediately removed, and the following message displayed:



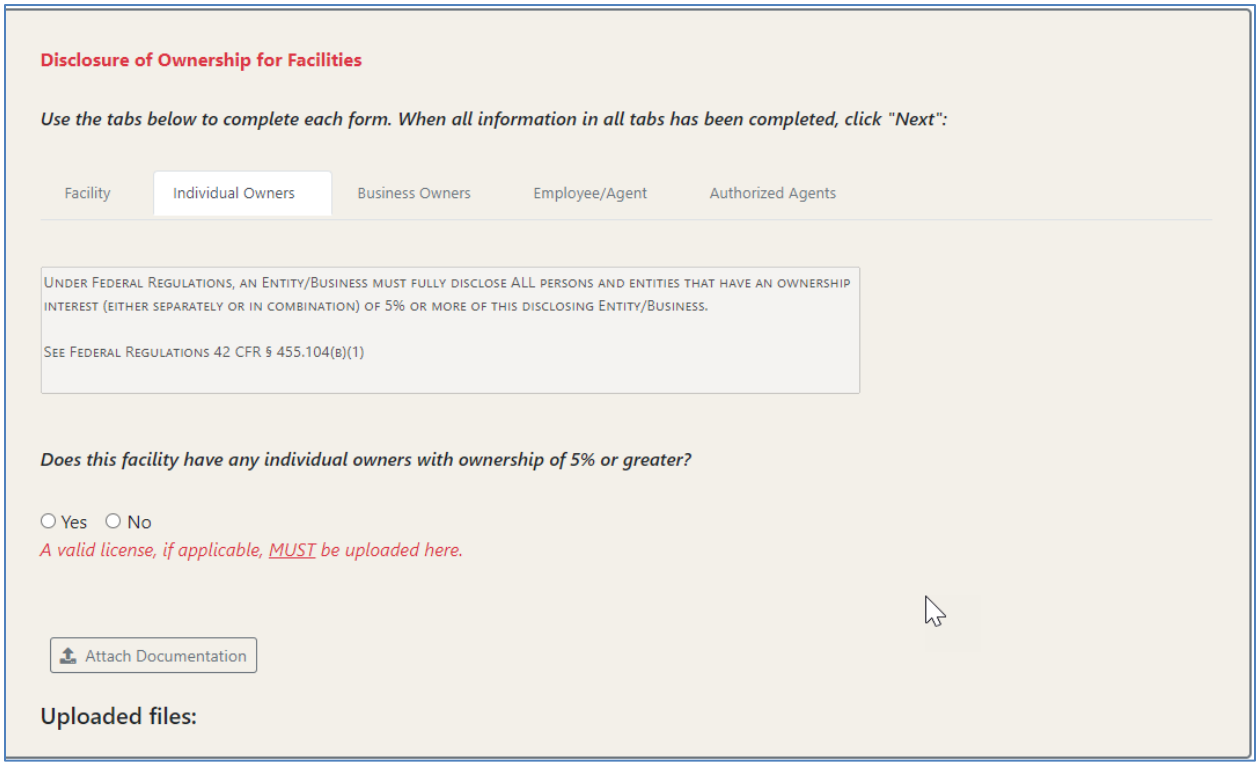


Next, you must click on the Individual Owners tab, then the Business Owners tab, then the Employee/Agent tab, and then possibly the Authorized Agents tab to answer the following questions:

7.2 Individual Owners

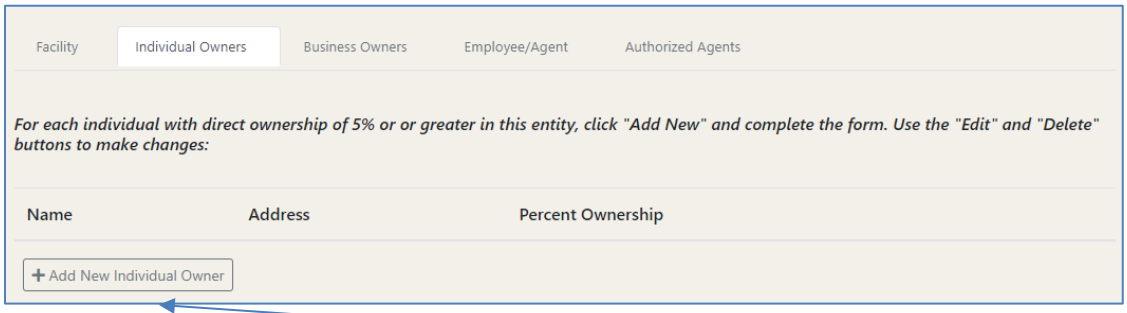
Usage Notes:

- If a Louisiana Government Provider IRS reporting type is selected, the Individual Owners tab will be inactive but viewable.
- If you have started completing information in any of the tabs and realize it should have been entered in another tab, you will need to click the “Cancel” button in the bottom right corner to remove the record that was started and select the “No” radio button for the individual owner with 5% or more question at the top of the screen.

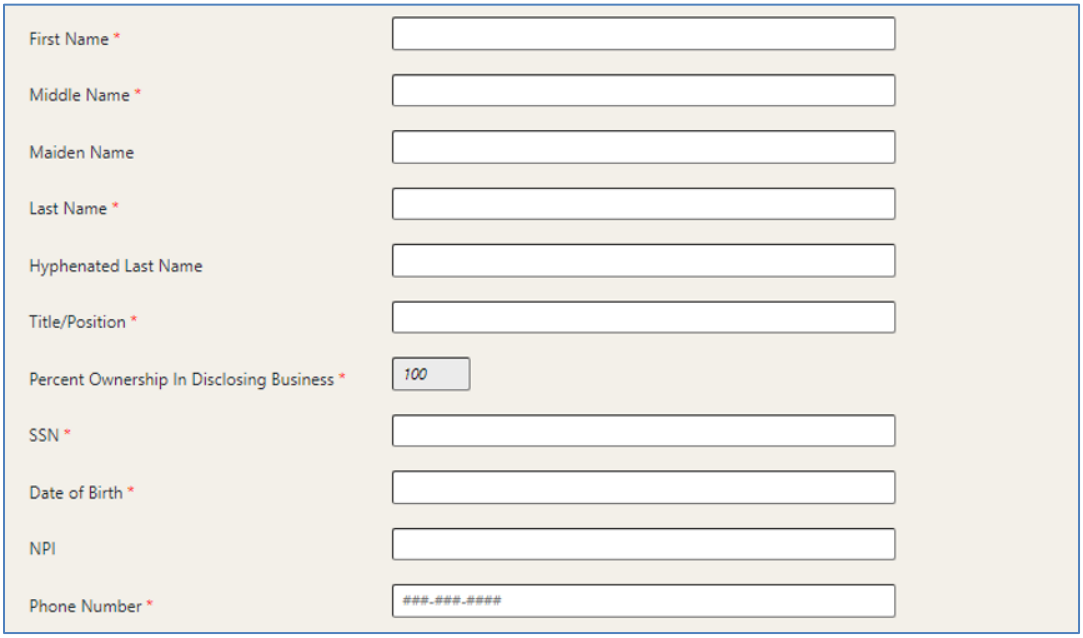


If No, proceed to the **Business Owners** tab (7.3).

If Yes:



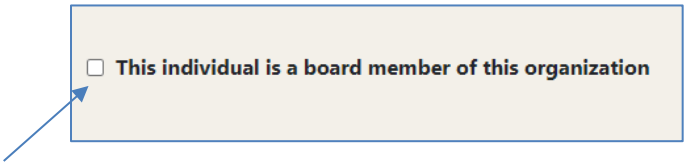
For each individual with direct ownership of 5% or greater, click on the **+Add New Individual Owner** button.



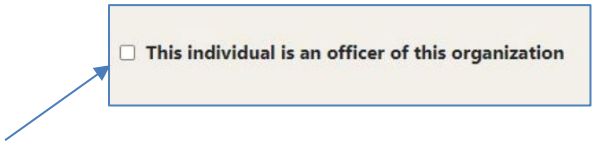
Fill out the form carefully. Red asterisks denote required fields. If Sole Proprietor is selected, the percent of ownership will be populated with 100% and the field cannot be changed.

As shown in the table below, at least one check box is displayed next, dependent on the privately-owned or non-profit IRS registration type (see 7.1.2).

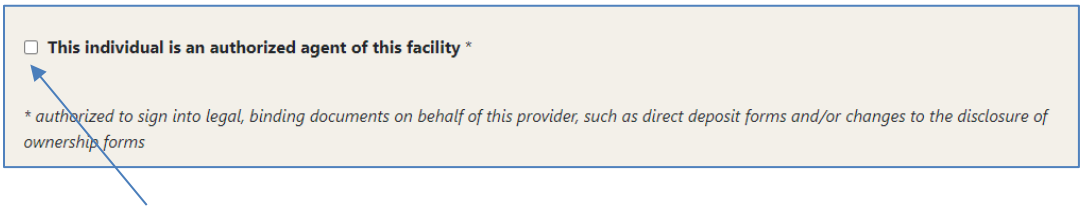
	This individual is a board member of this organization	This individual is an officer of this organization	This individual is an authorized agent of this organization
Sole Proprietorship			☑
Partnership/Limited Liability Partnership			☑
Limited Liability Corporation			☑
Nonprofit	☑		☑
Corporation	☑	☑	☑



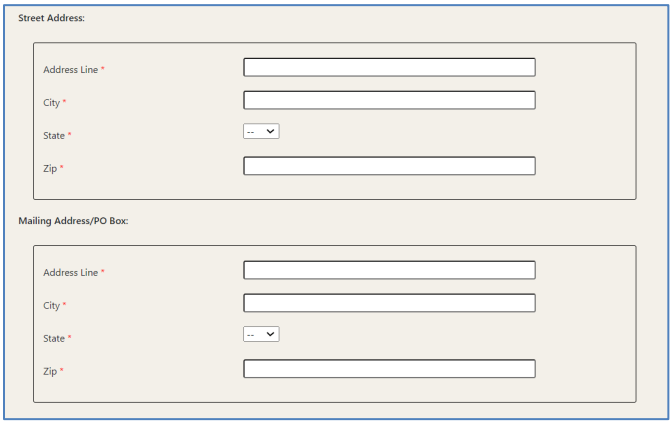
Click on the check box if the specified individual is a board member. Ensure that for each individual that is a board member this box is checked. This check box only shows when the Non-profit and Corporation radio buttons are selected.



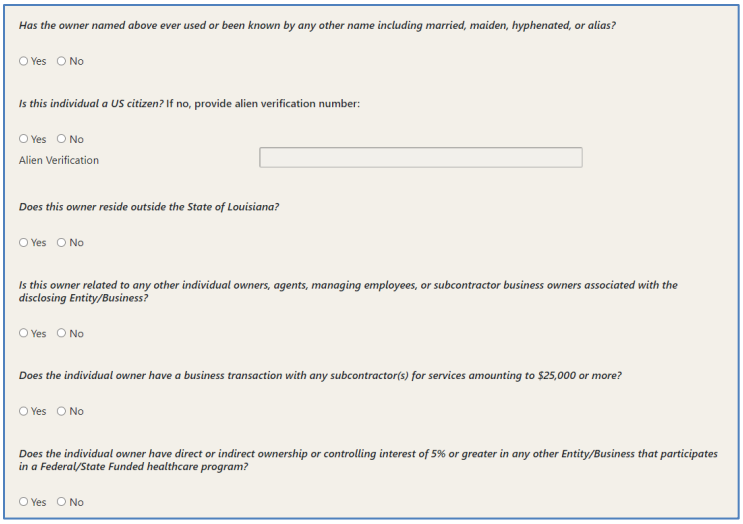
Click on the check box if the specified individual is an officer. Ensure that for each individual that is an officer this box is checked. This check box only shows when the Corporation radio button is selected.



Click on the check box if the specified individual is an authorized agent of the facility. Otherwise leave it unchecked. If checked, the Authorized Agent tab will be populated with data (see 7.6). At least one Individual Owner or Employee/Agent must be designated as an Authorized Agent. Ensure that for each individual that is an authorized agent this box is checked.



Fill out the form carefully. Red asterisks denote required fields.

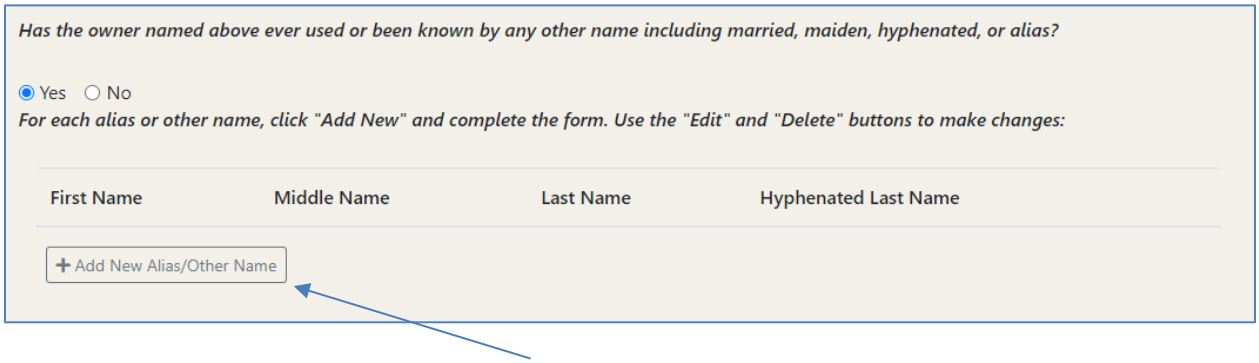


7.2.1 Add New Alias/Other Name

Has the owner named above ever used or been known by any other name including married, maiden, hyphenated or alias?

If yes, the page expands to include the **+Add New Alias/Other Name** button.

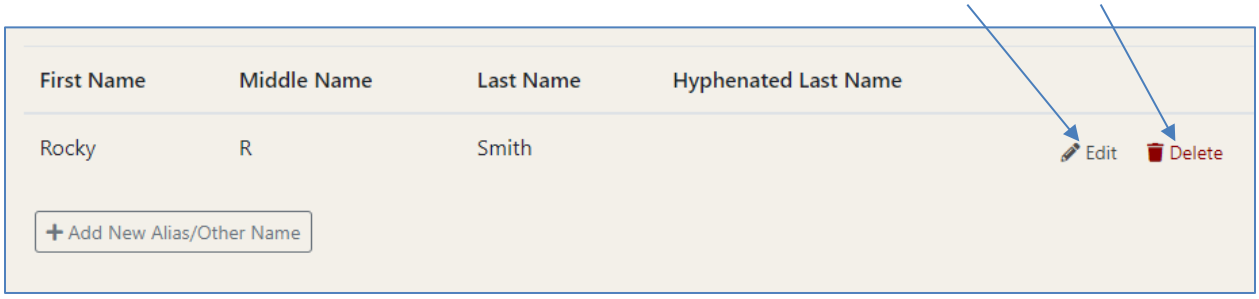
If no, proceed to next question.



For each other name, click on the **+Add New Alias/Other Name** button. The system responds by opening the Alias/Other Name window, as shown below:

The red asterisks indicate required fields. Click on the **Save** button once you have entered the data.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.

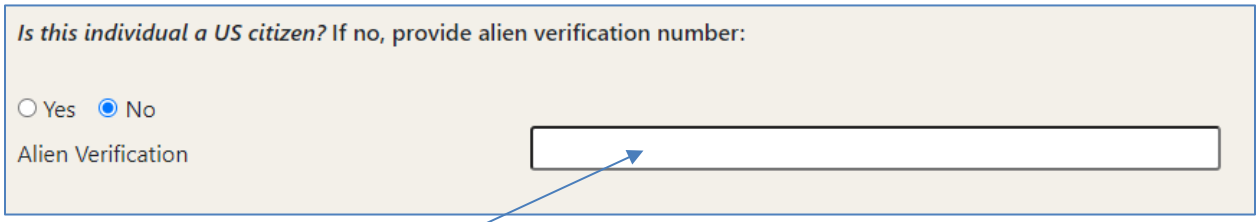


Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.2.2 Is this individual a US citizen?

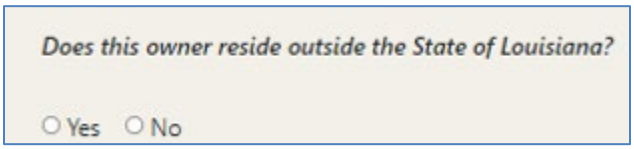
If yes, proceed to next question.

If no, the **Alien Verification** text box is activated.



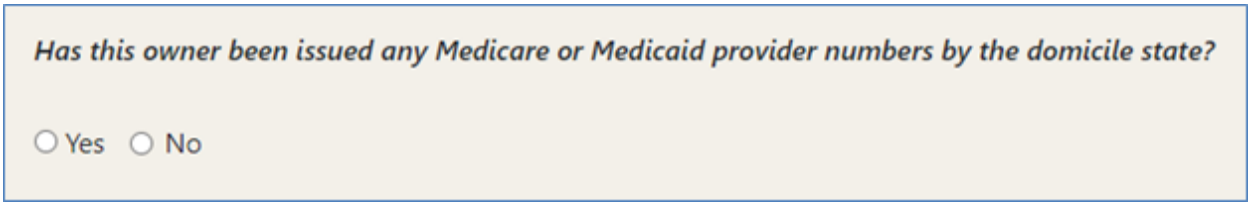
Enter the alien verification number.

7.2.3 Does this owner reside outside the State of Louisiana?



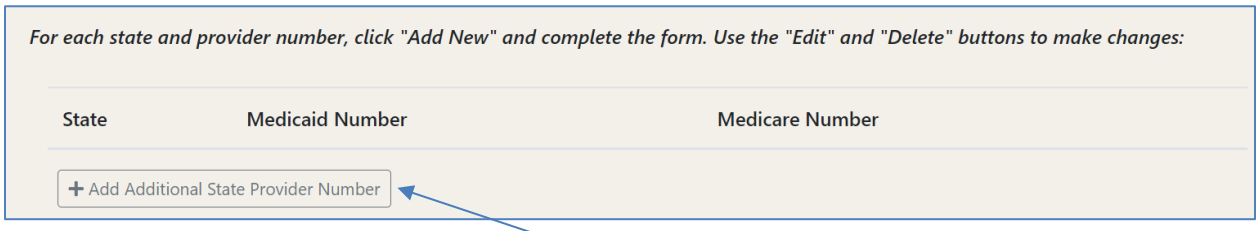
If no, proceed to next question.

If yes, the form expands to include the following additional question:

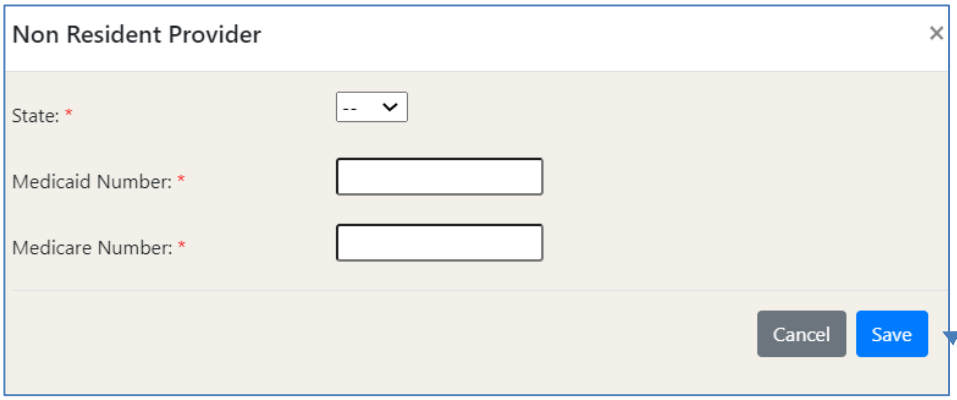


If no, proceed to next question.

If yes, the form expands again to include the **+Add Additional State Provider Number** button.

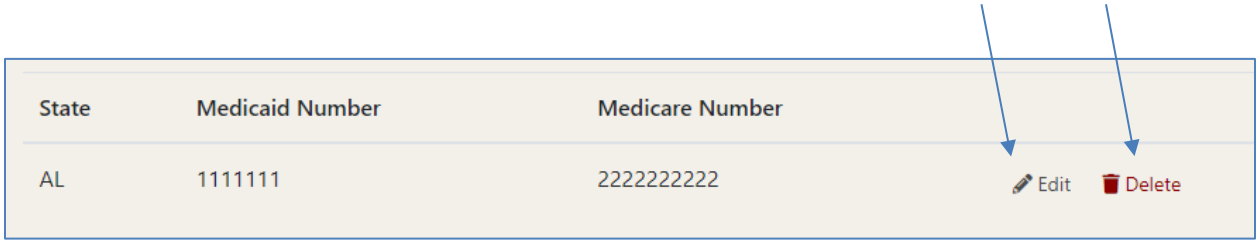


For each additional Provider number, click on the **+Add Additional State Provider Number** button. The system responds by opening the Non Resident Provider window, as shown below:



Use the drop down box to select a state, and then enter the Medicaid Number and the Medicare Number. The red asterisks indicate required fields. Then click on the **Save** button.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



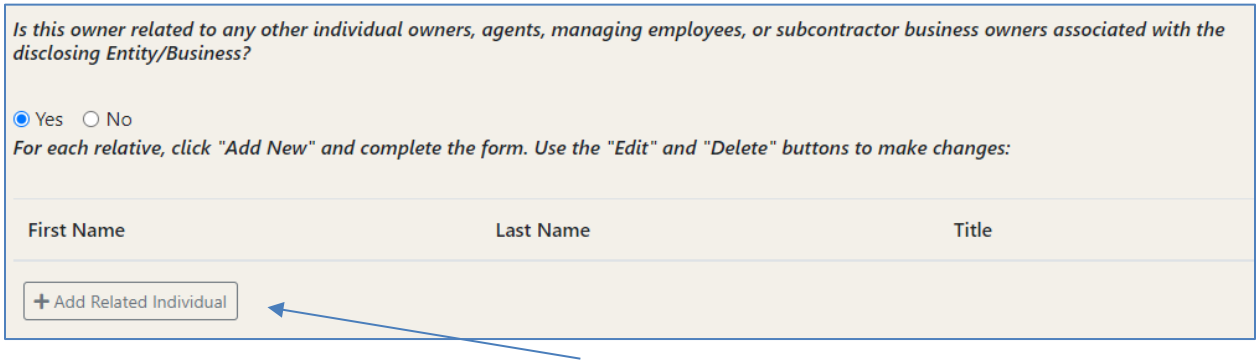
Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.2.4 Add Related Individual

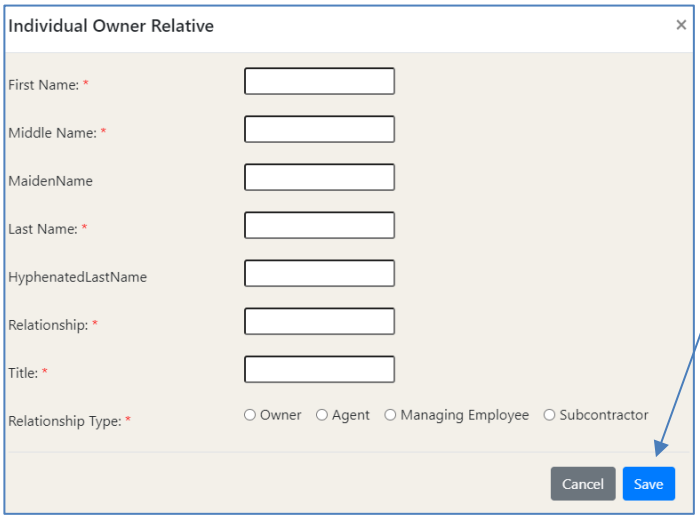
Is this owner related to any other individual owners, agents, managing employees, or subcontractor business owners associated with the disclosing Entity/Business?

If no, proceed to next question.

If yes, the form expands to include the **+Add Related Individual** button.

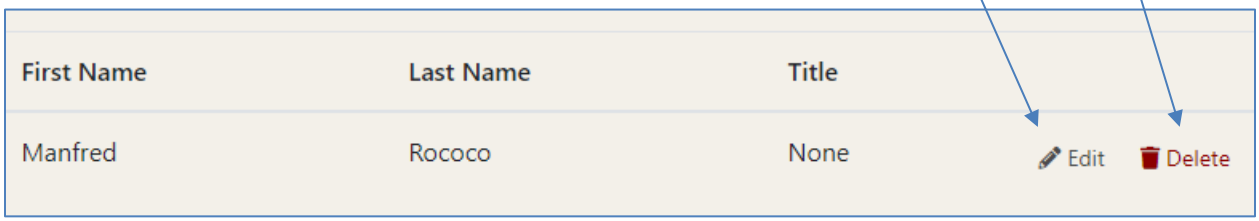


For each related individual, click on the **+Add Related Individual** button. The system responds by opening the Individual Owner Relative window, as shown below:



Enter the required data into the text boxes. The red asterisks indicate required fields. Then click on the **Save** button.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



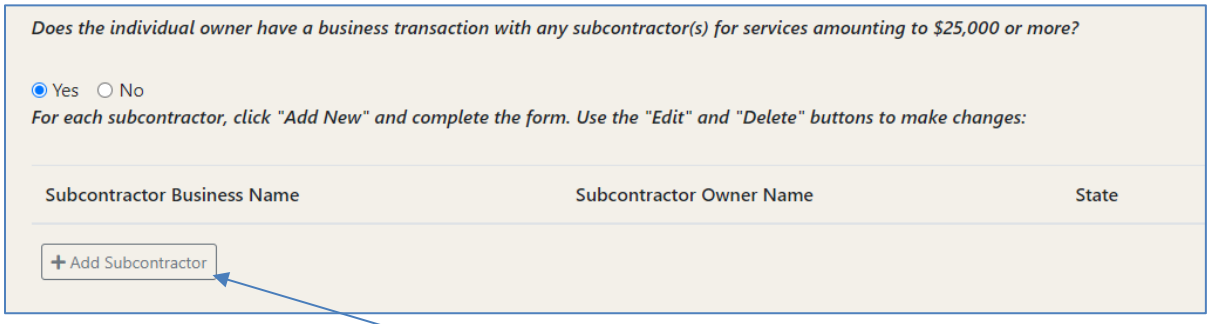
Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.2.5 Add Subcontractor

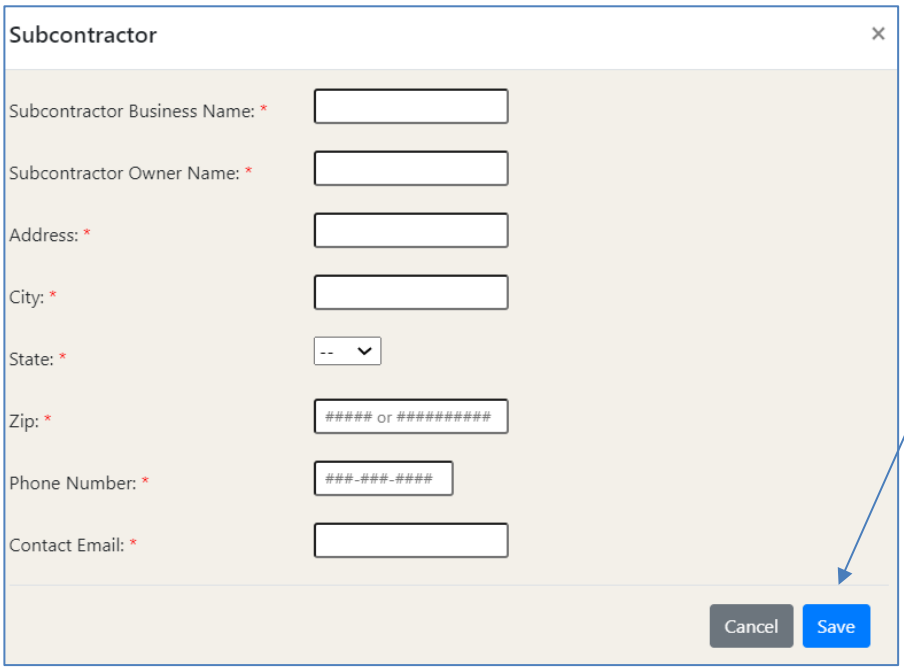
Does the individual owner have a business transaction with any subcontractor(s) for services amount to $25,000 or more?

If no, proceed to next question.

If yes, the form expands to include the **+Add Subcontractor** button.

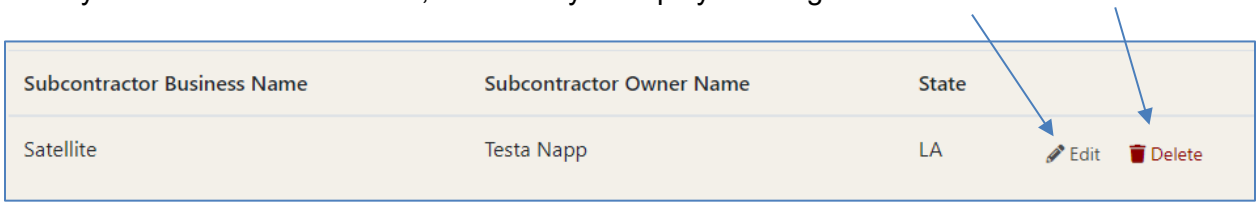


For each subcontractor, click on the **+Add Subcontractor** button. The system responds by opening the Subcontractor window, as shown below:



Enter the required data into the boxes. The red asterisks indicate required fields. Then click on the **Save** button.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



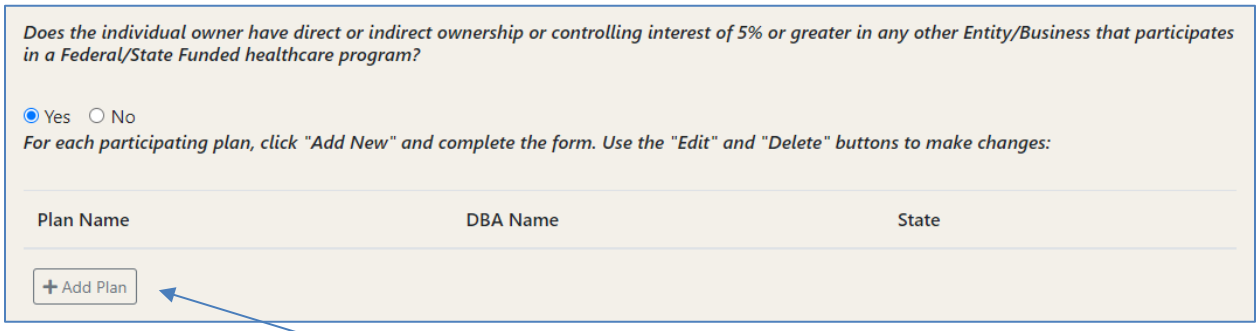
Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.2.6 Add Plan

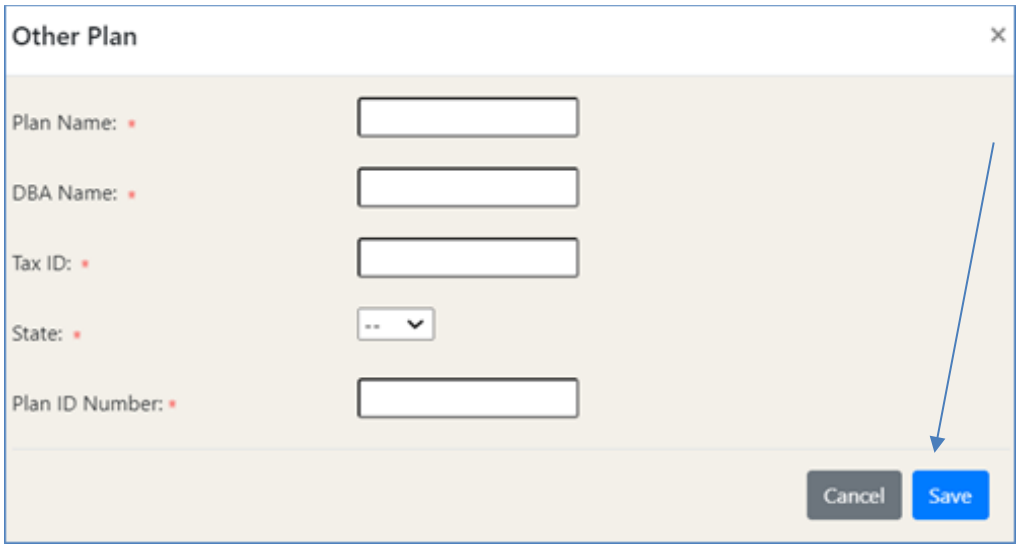
Does the individual owner have direct or indirect ownership or controlling interest of 5% or greater in any other Entity/Business that participates in a Federal/State Funded healthcare program?

If no, proceed to next question.

If yes, the form expands to include the **+Add Plan** button.



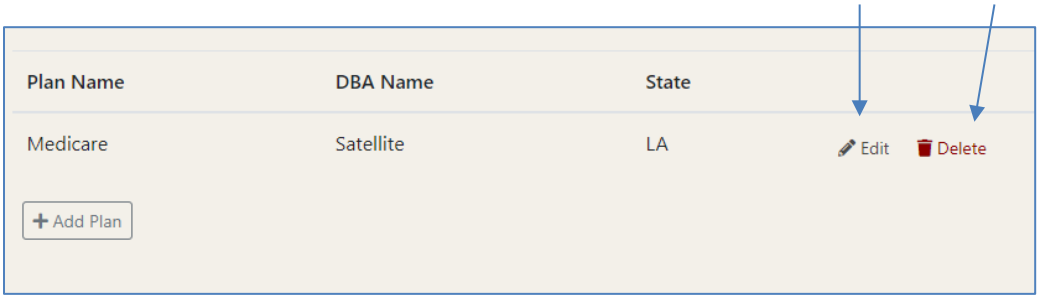
For each plan, click on the **+Add Plan** button. The system responds by opening the Other Plan window, as shown below:



Enter the data into the boxes. Then click on the **Save** button.

The red asterisks indicate required fields.

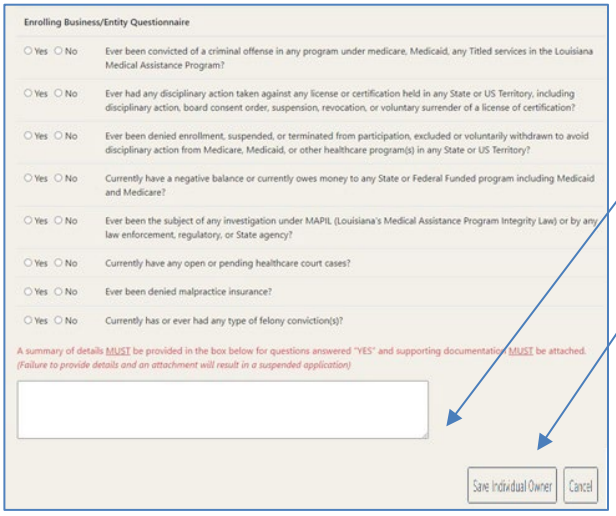
Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.2.7 Enrolling Individual Questionnaire

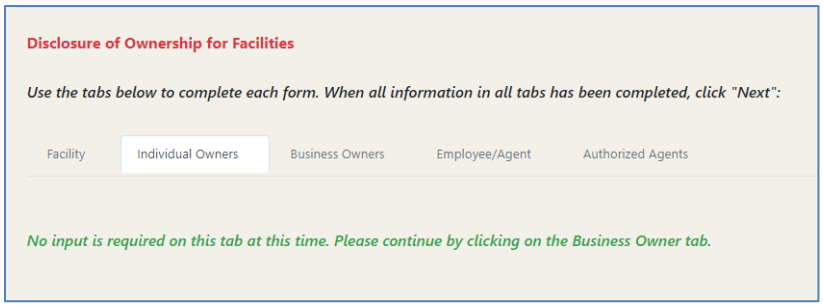
Read each question carefully and click on the appropriate **Yes** or **No** radio button.



All questions are required. Use the text box to submit details regarding each **"Yes"** answer. If necessary, use the box re-size function to expand or reduce the size of the text box to fit your requirement. Click on the **Save Individual Owner** button when you are finished.

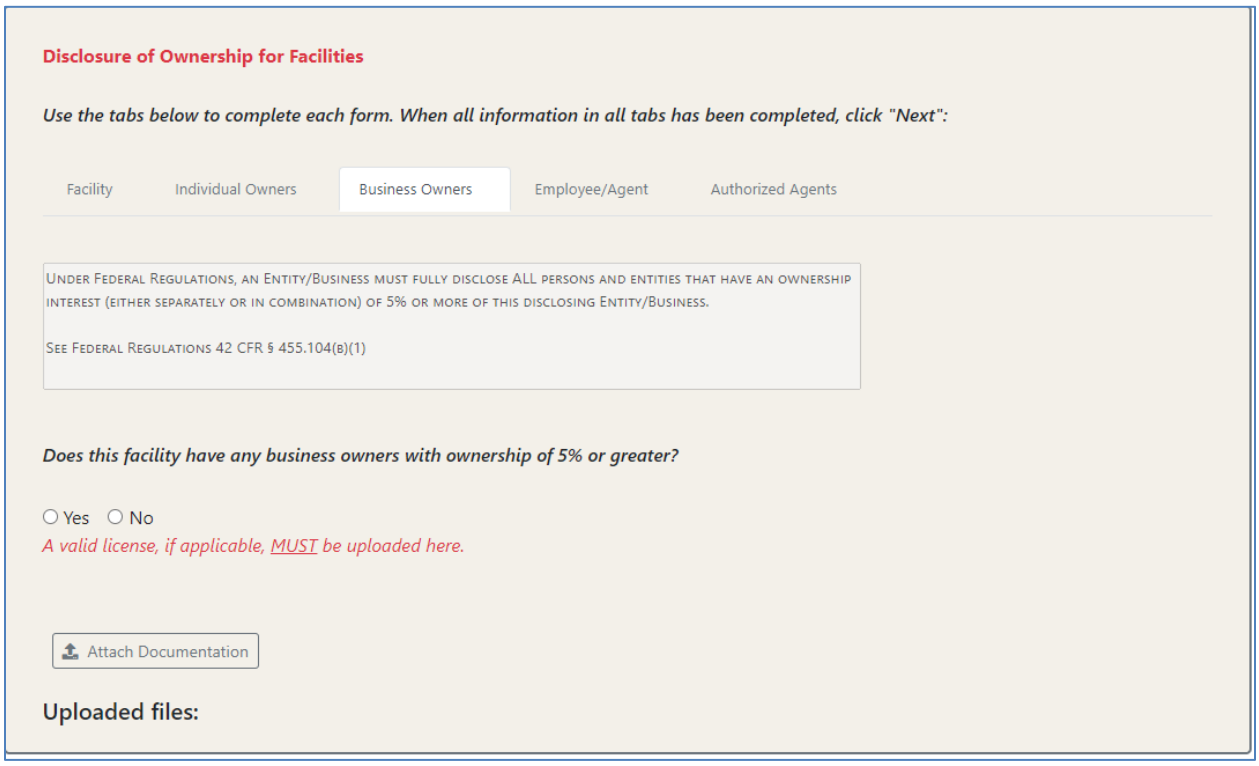
7.2.8 No Input Required

If all required data has been submitted or the IRS registration type is a government entity and the user clicks on the Individual Owners tab, the screen below is displayed:



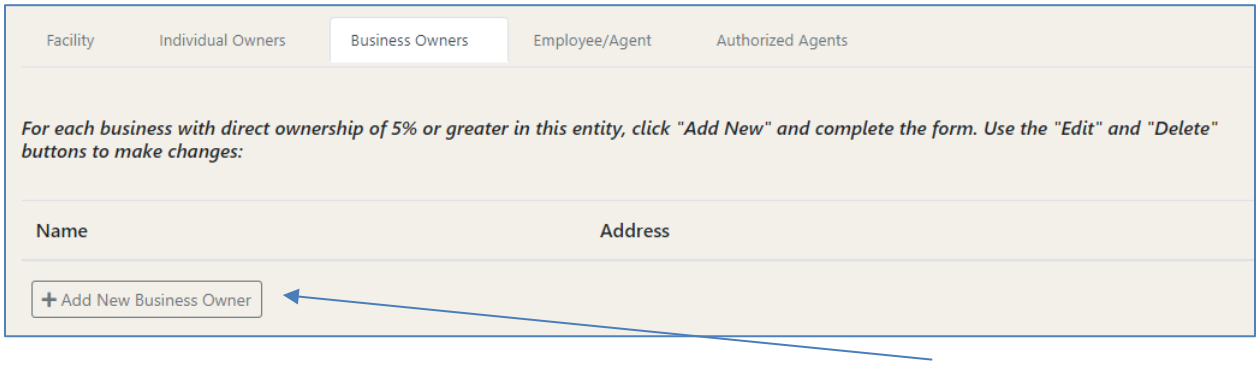
7.3 Business Owners

If you have started completing information in any tabs and realize it should have been entered in another tab, you will need to click the “Cancel” button in the bottom right corner to remove the record that was started and select the “No” radio button for the individual owner with 5% or more question at the top of the screen.

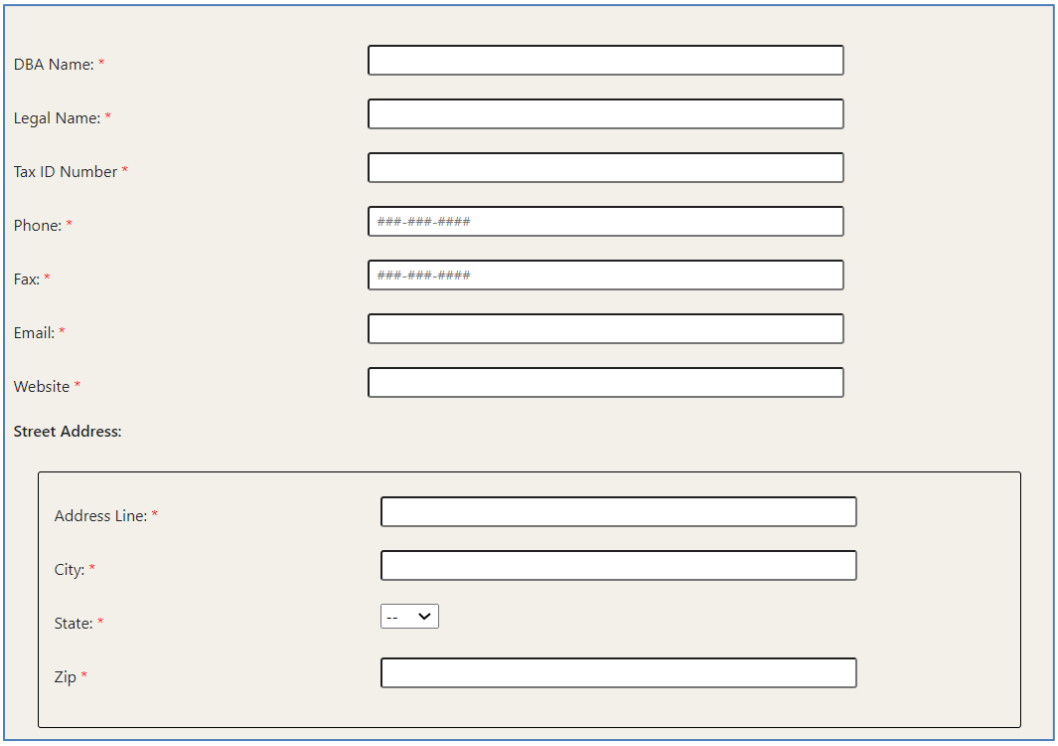


If No, proceed to the **Employee/Agent** tab (7.4).

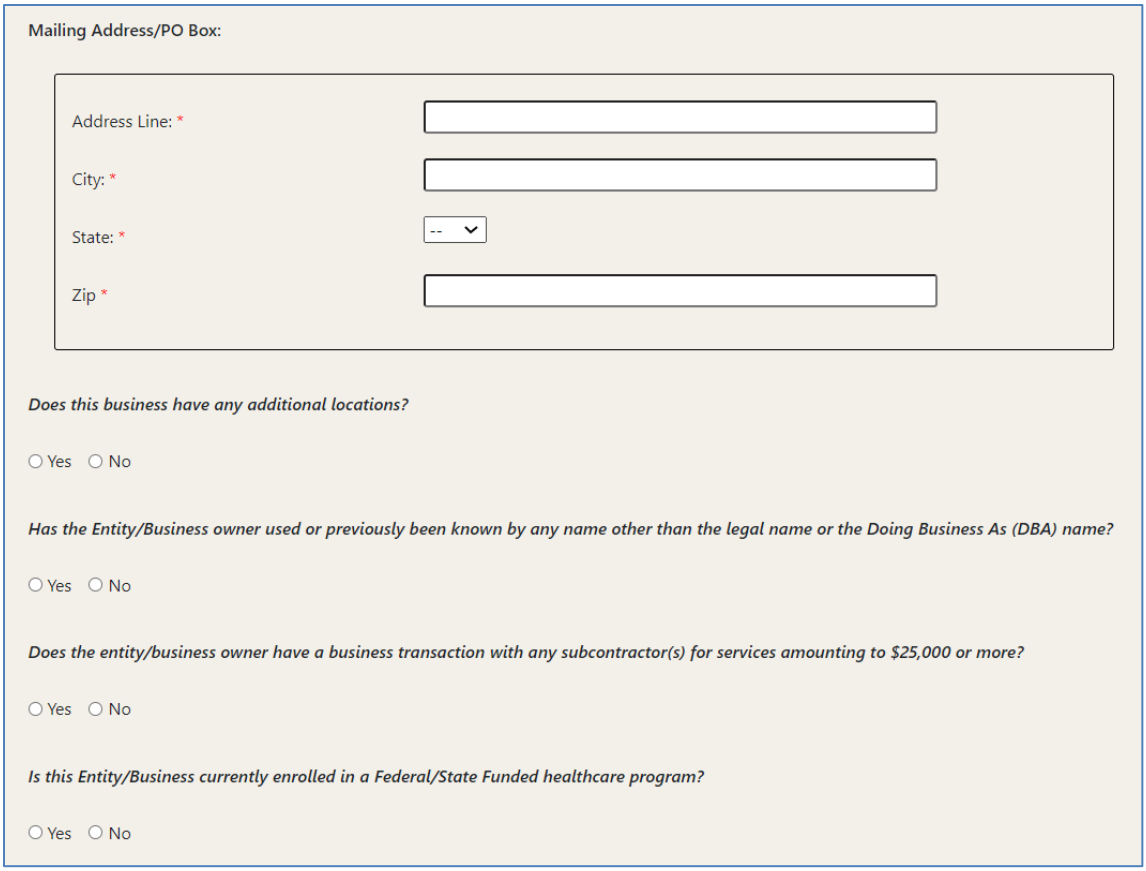
If yes:



For each business with direct ownership of 5% or greater, click on the **+Add New Business Owner** button.



The red asterisks indicate required fields.

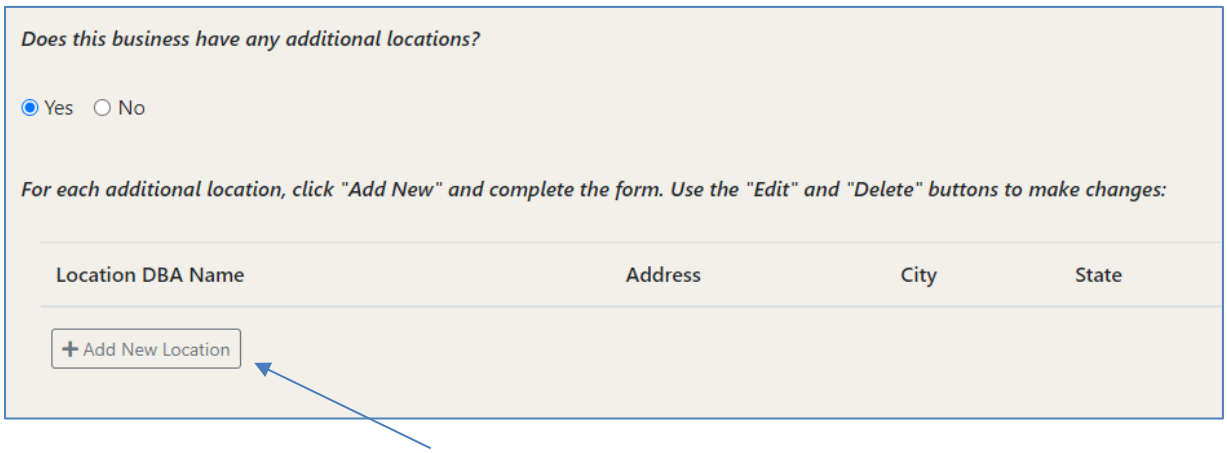


7.3.1 Add New Location

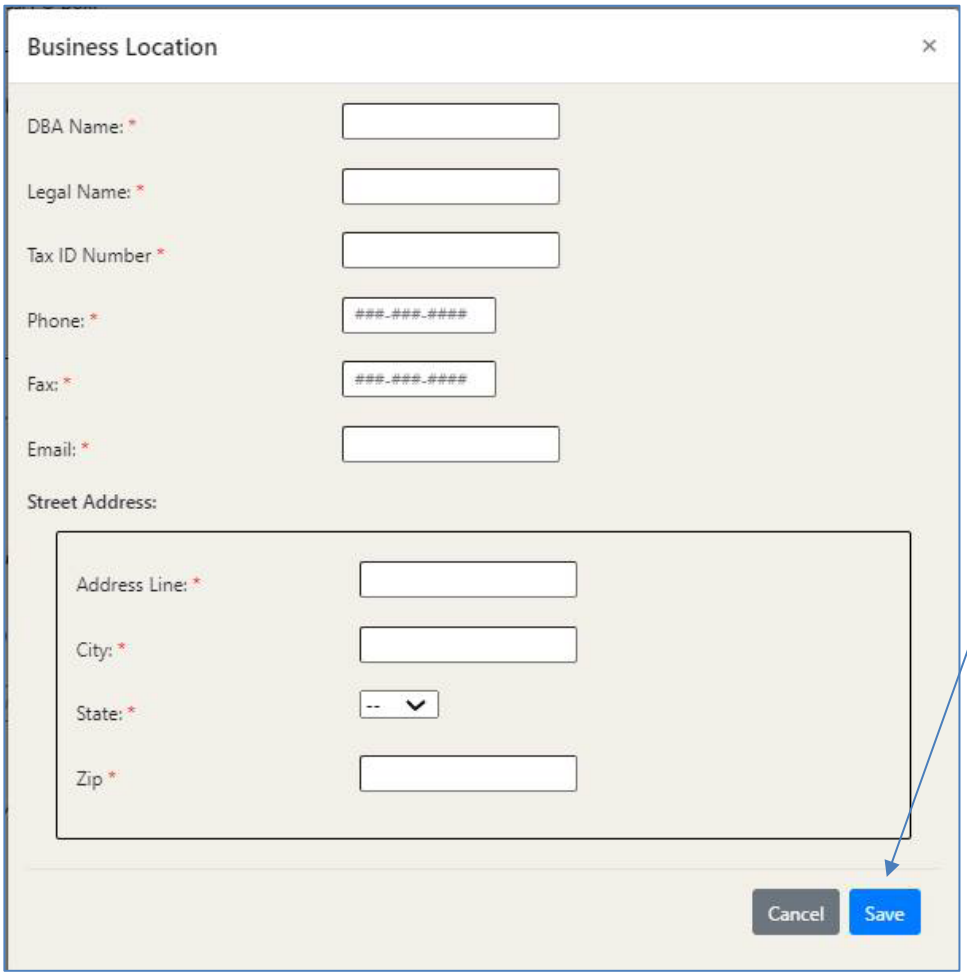
Does this business have any additional locations?

If no, proceed to 7.3.2.

If yes, the form expands to include the **+Add New Location** button.

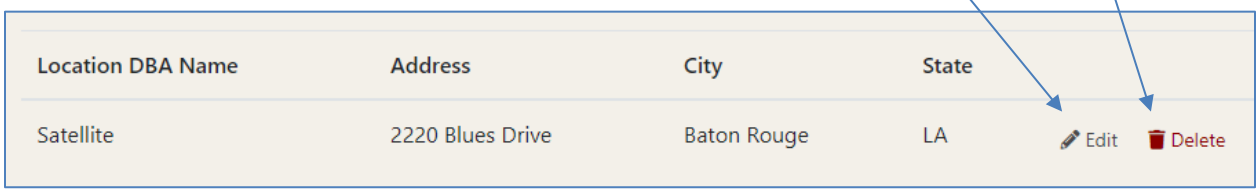


For each location, click on the **+Add New Location** button. The system responds by opening the Business Location window, as shown below:



Enter the required data into the boxes. The red asterisks indicate required fields. Then click on the **Save** button.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



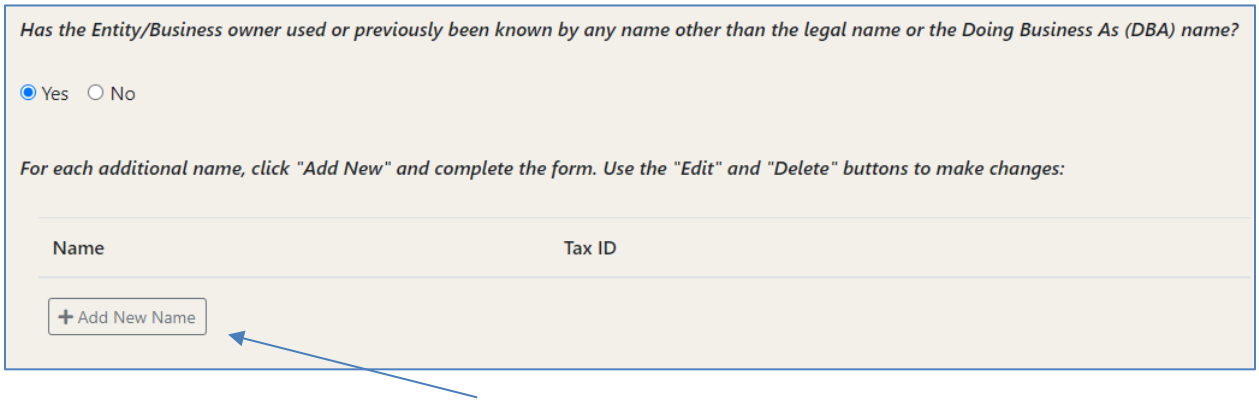
Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.3.2 Add New Name

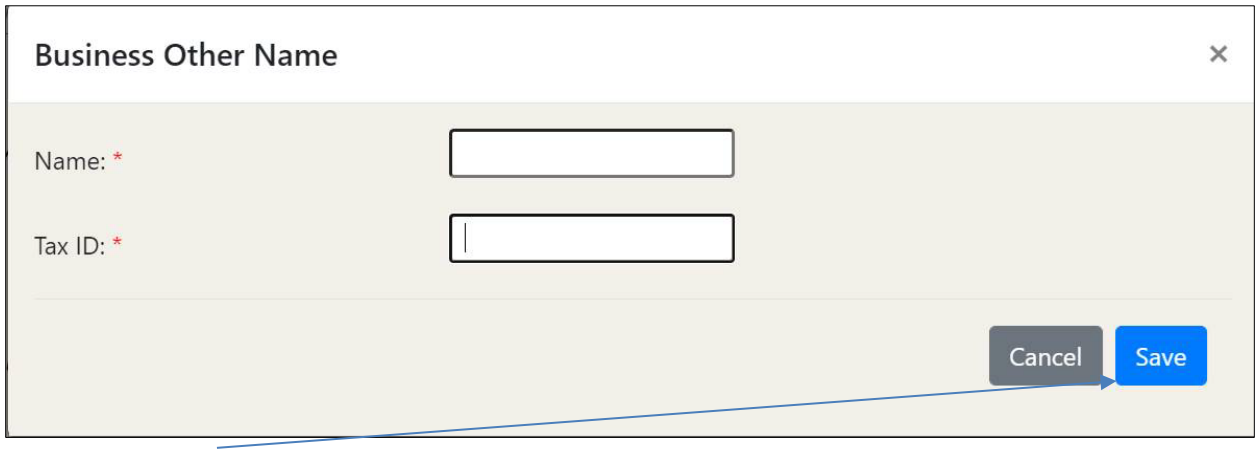
Has the Entity/Business owner used or previously been known by any name other than the legal name or the Doing Business As (DBA) name?

If no, proceed to 7.3.3.

If yes, the page expands to include the **+Add New Name** button.

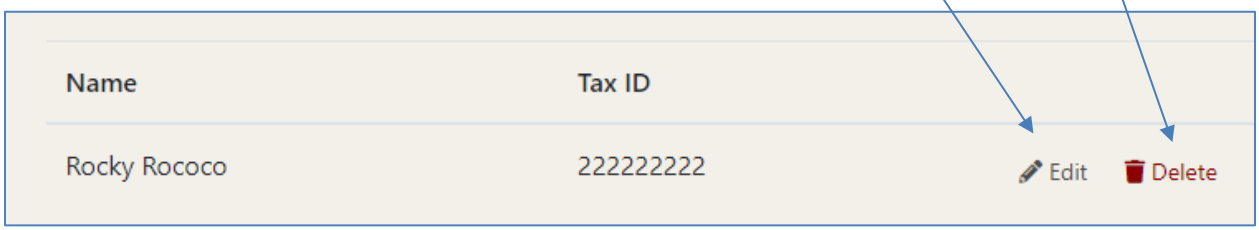


For each other name, click on the **+Add New Name** button. The system responds by opening the Business Other Name window, as shown below:



Click on the **Save** button once you have entered the data.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



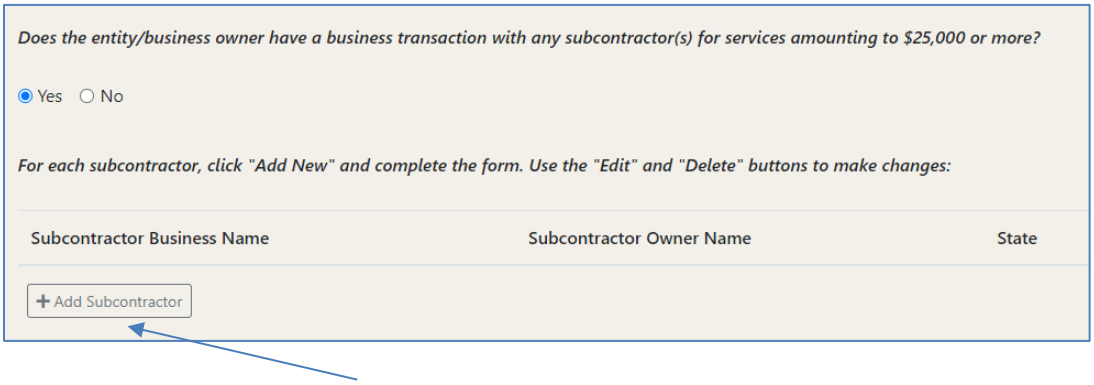
Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.3.3 Add Subcontractor

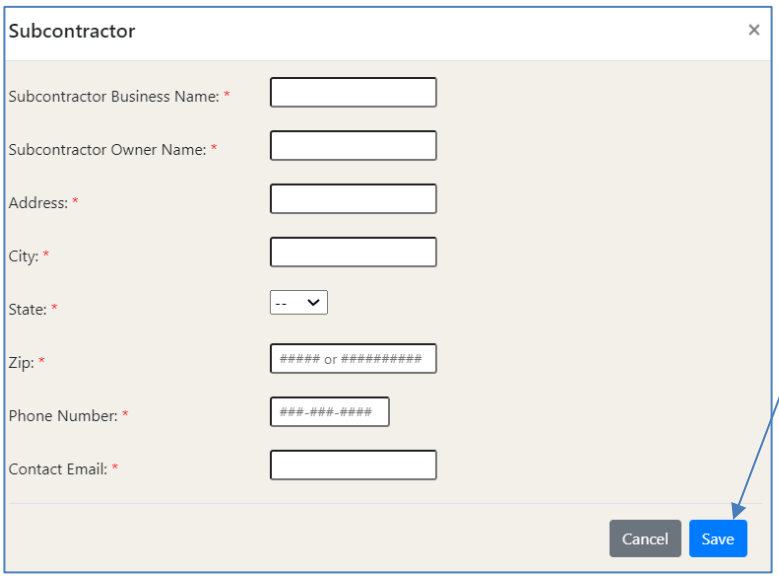
Does the entity/business owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?

If no, proceed to 7.3.4.

If yes, the form expands to include the **+Add Subcontractor** button.

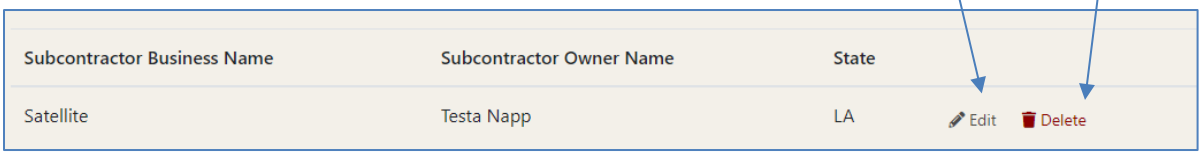


For each subcontractor, click on the **+Add Subcontractor** button. The system responds by opening the Subcontractor window, as shown below:



Enter the required data into the boxes. The red asterisks indicate required fields. Then click on the **Save** button.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



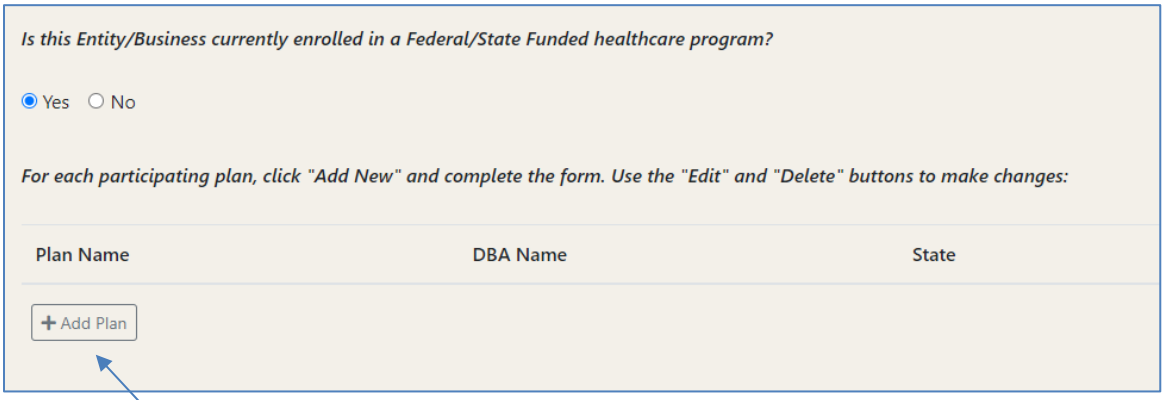
Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.3.4 Add Plan

Is this Entity/Business currently enrolled in a Federal/State Funded healthcare program?

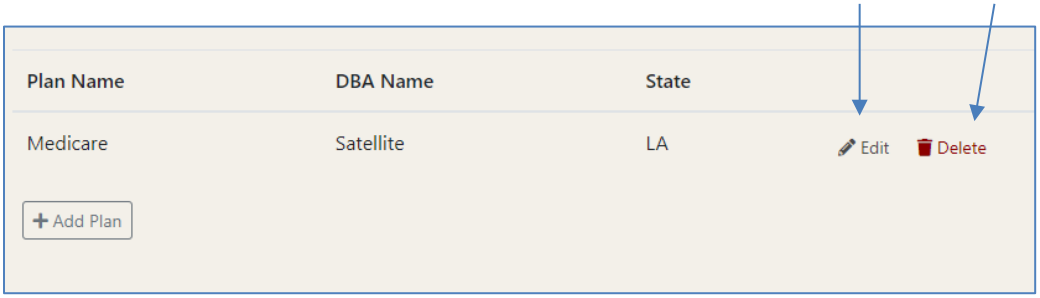
If no, proceed to 7.3.5.

If yes, the form expands to include the **+Add Plan** button.



Click on the **+Add Plan** button and enter the data into the text boxes:

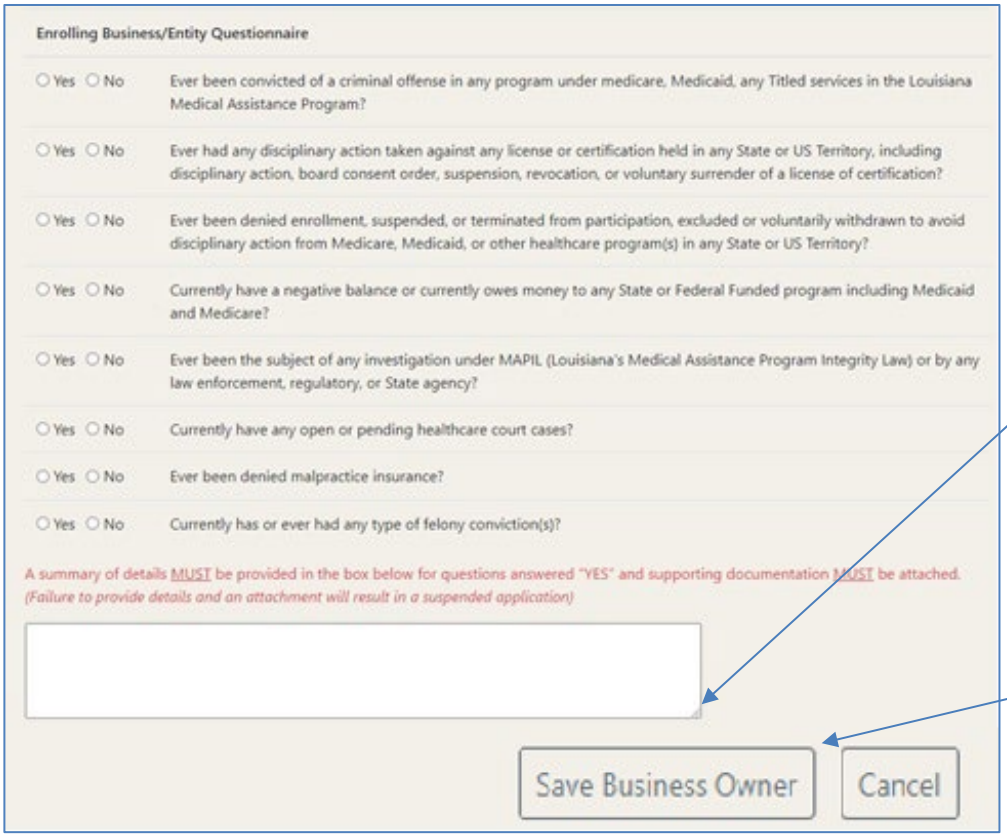
Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.3.5 Enrolling Business/Entity Questionnaire

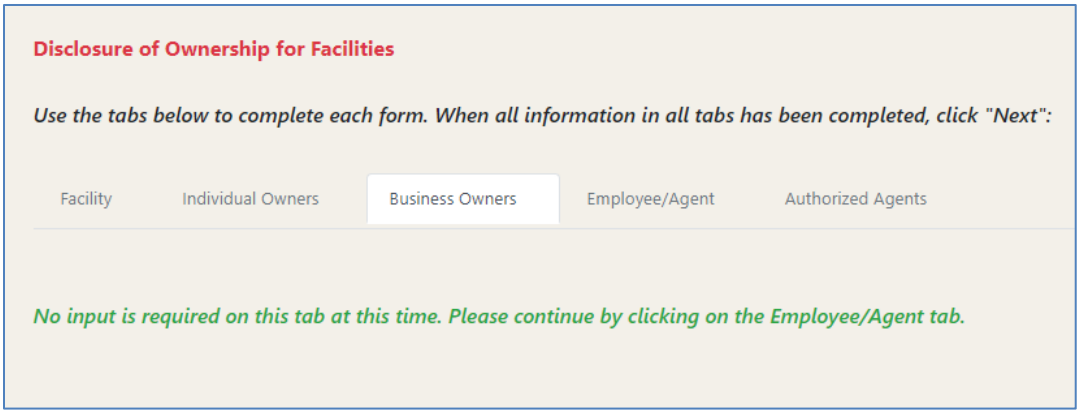
Read each question carefully and click on the appropriate **Yes** or **No** radio button.



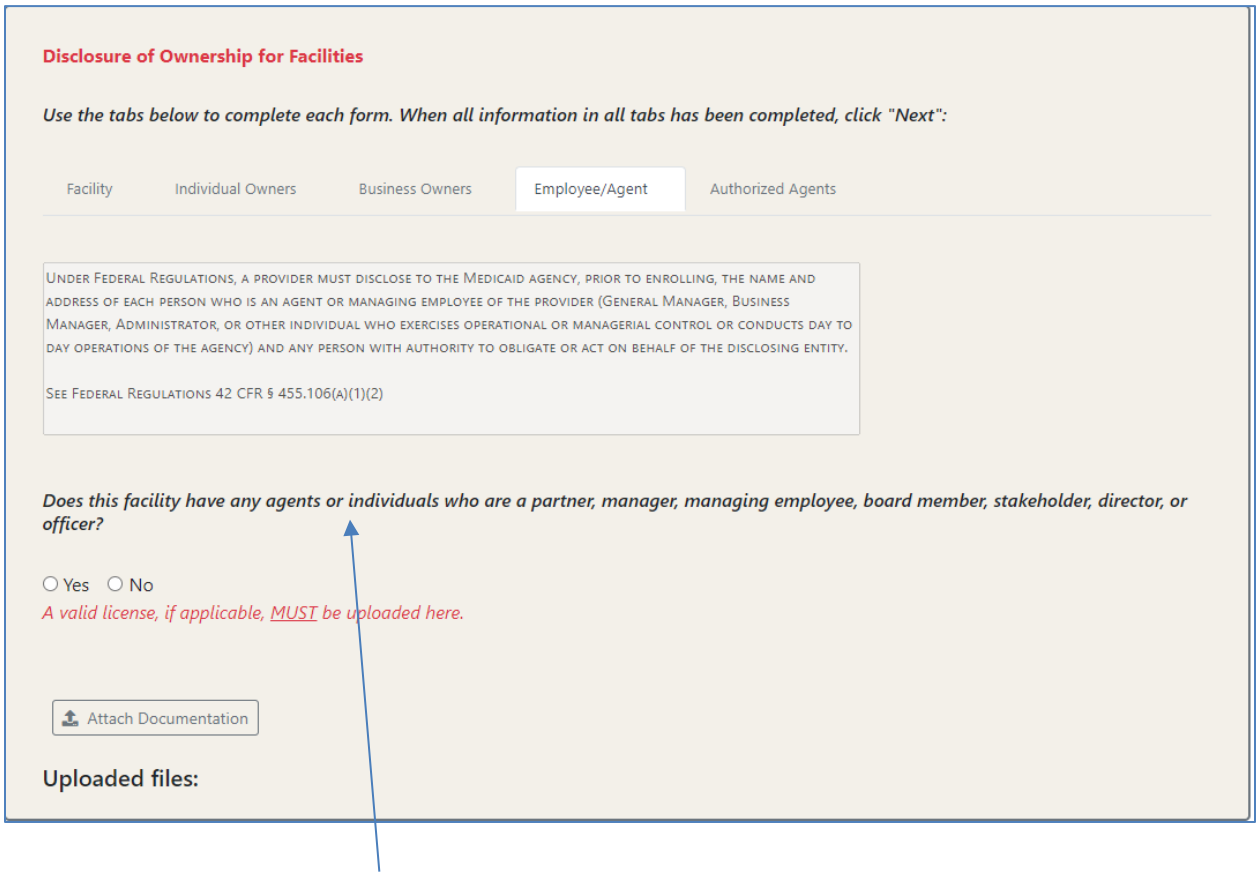
All questions are required. Use the text box to submit details regarding each **"Yes"** answer. If necessary, use the box re-size function to expand or reduce the size of the text box to fit your requirement. Click on the **Save Business Owner** button when you are finished.

7.3.6 No Input Required

If all required data has been submitted or the IRS registration type is a government entity and the user clicks Business Owners tab, the screen below is displayed:

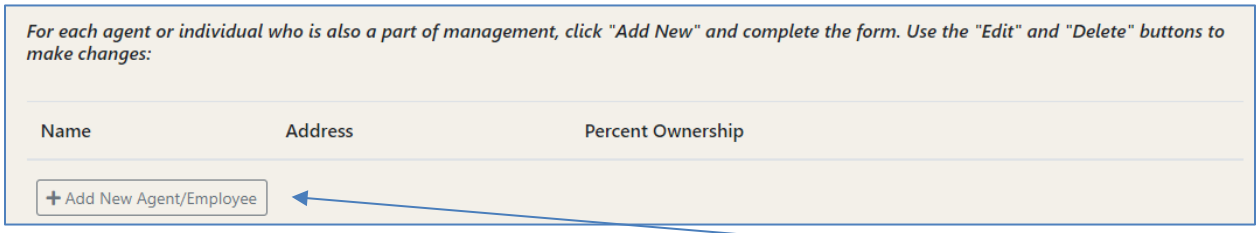


7.4 Employee/Agent

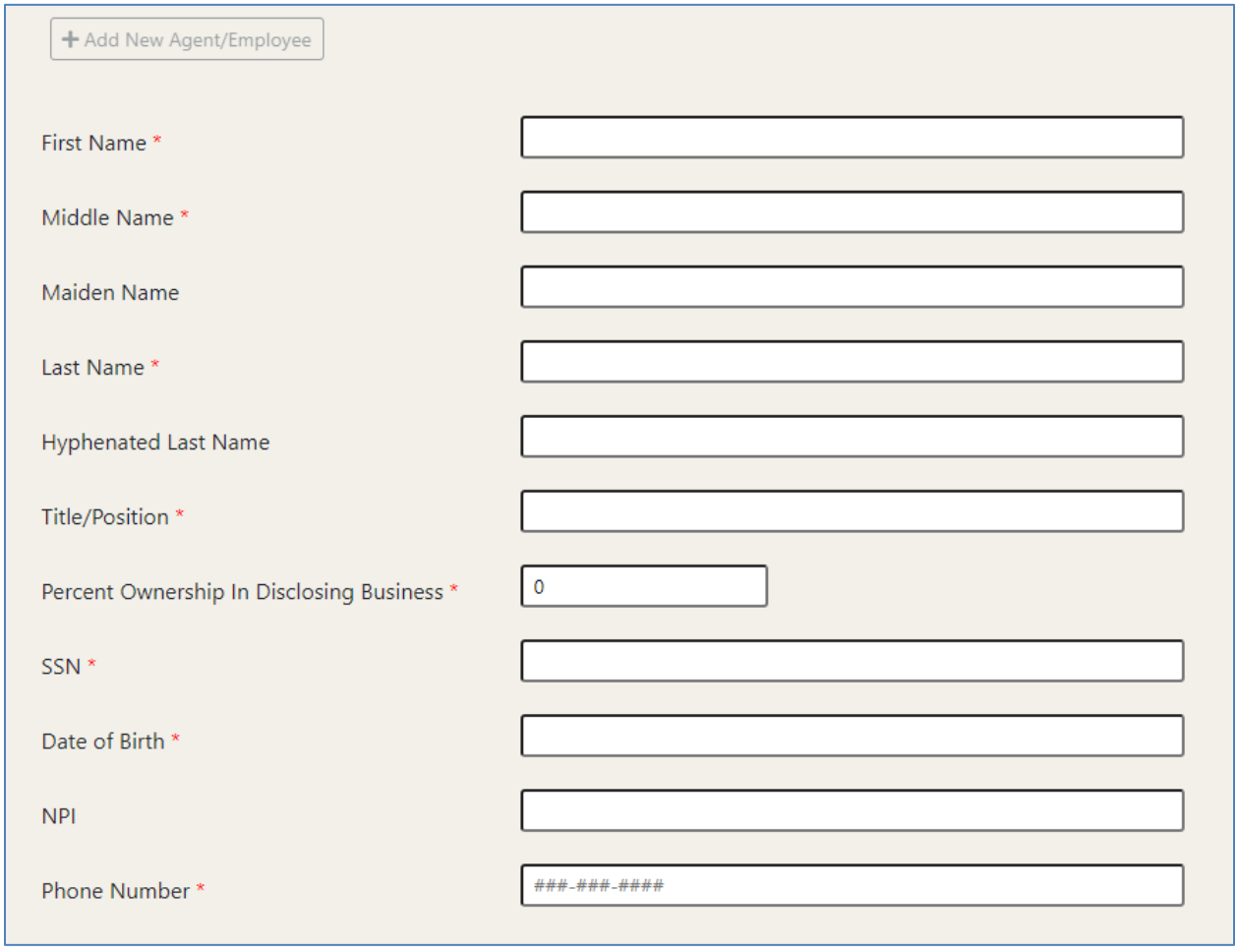


If the answer to the opening question is No, proceed to **the Authorized Agents** tab (7.6)

If yes:



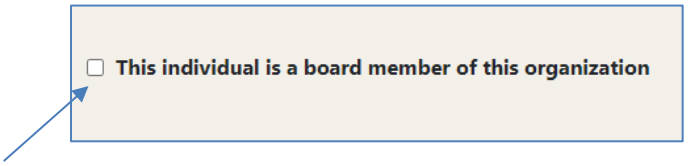
For each agent or individual who is part of management, click on the **+Add New Agent/Employee** button.



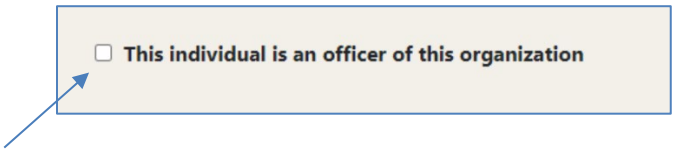
Fill out the form carefully. Red asterisks denote required fields.

As shown in the table below, at least one check box is displayed next, dependent on the privately-owned or non-profit IRS registration type (see 7.1.2).

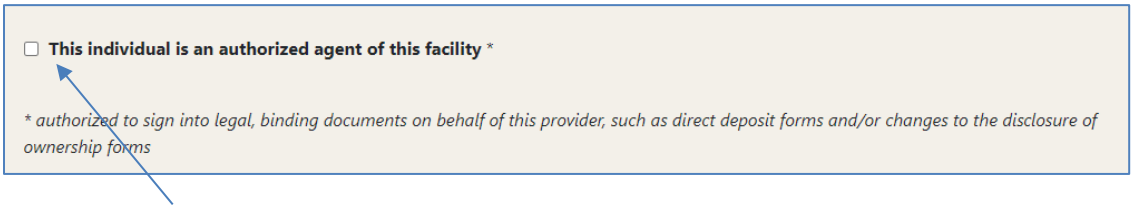
	This individual is a board member of this organization	This individual is an officer of this organization	This individual is an authorized agent of this organization
Sole Proprietorship			☑
Partnership/Limited Liability Partnership			☑
Limited Liability Corporation			☑
Nonprofit	☑		☑
Corporation	☑	☑	☑



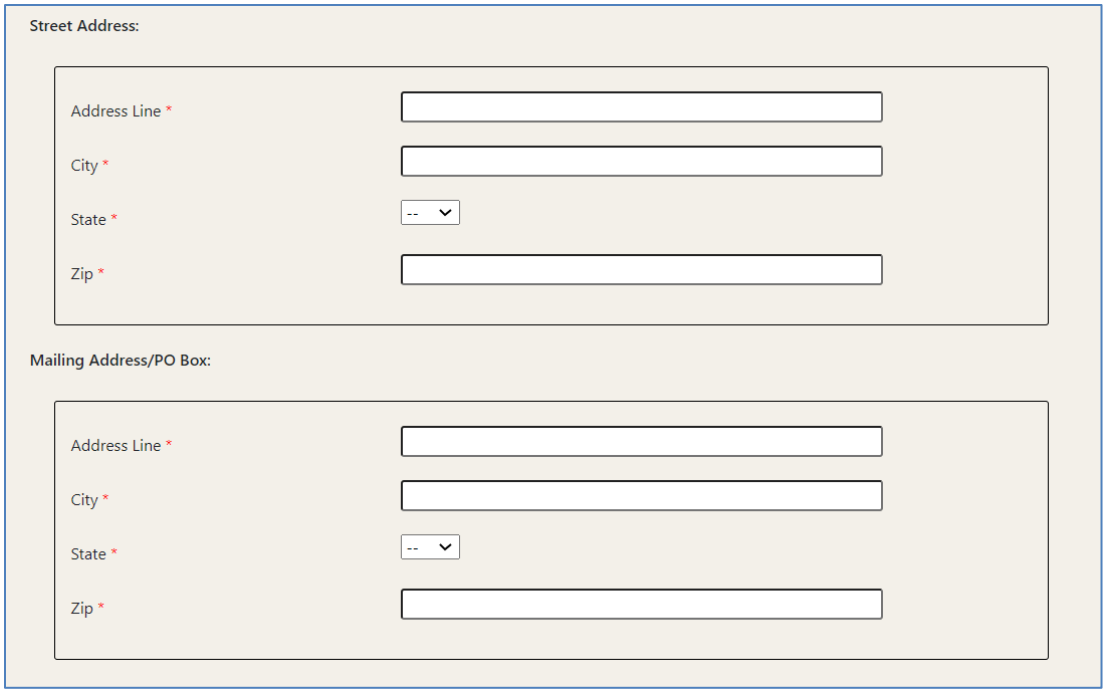
Click on the check box if the specified individual is a board member. Ensure that for each individual that is a board member this box is checked.

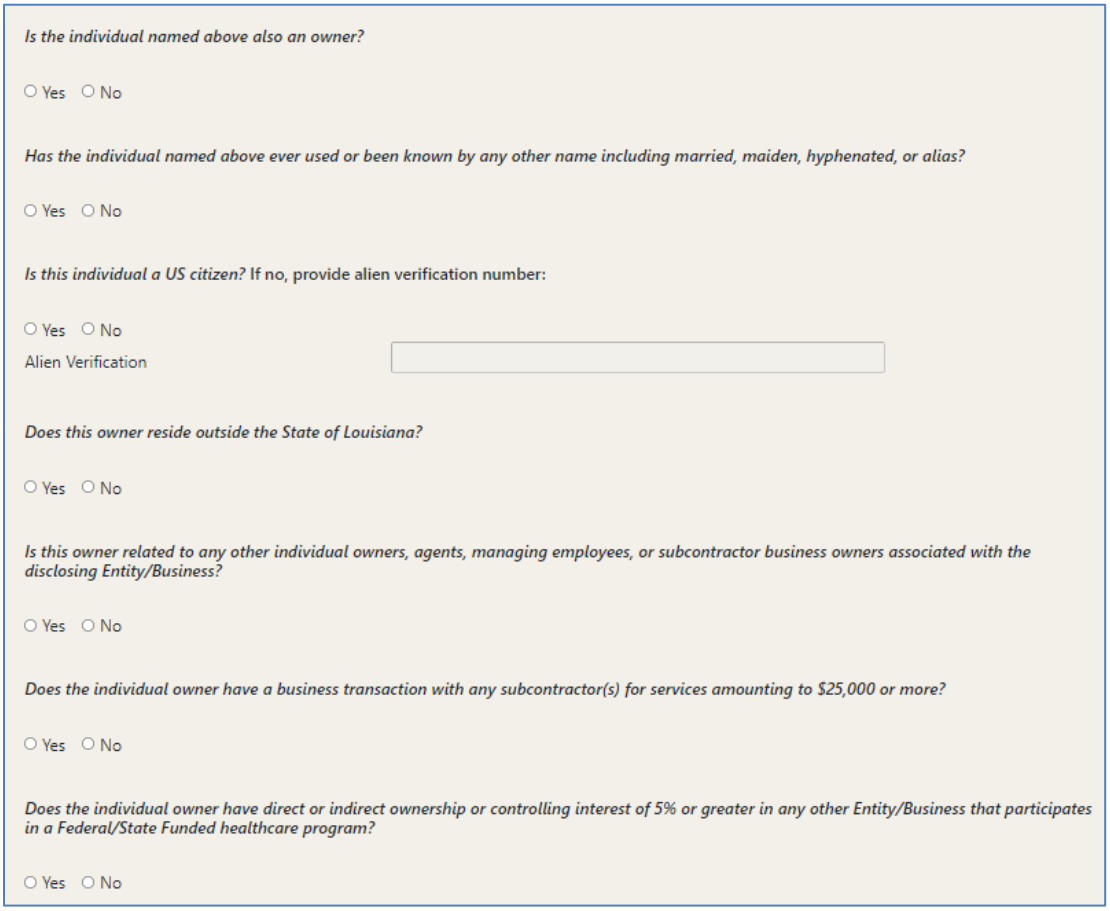


Click on the check box if the specified individual is a board member. Ensure that for each individual that is a board member this box is checked.

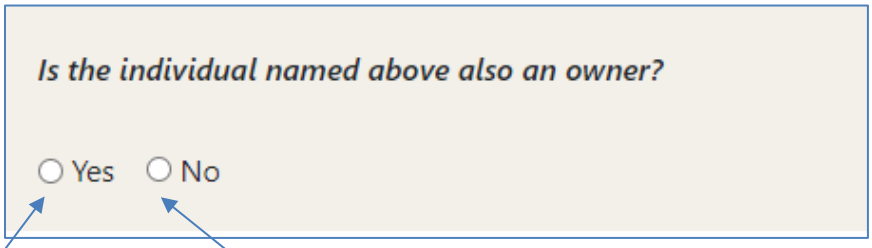


Click on the check box if the specified individual is an authorized agent of the facility. Otherwise leave it unchecked. If checked, the Authorized Agent tab will be populated with data (see 7.6). At least one Individual Owner or Employee/Agent must be designated as an Authorized Agent.


Street Address:
Address Line *
City *
State *
--
Zip *
Mailing Address/PO Box:
Address Line *
City *
State *
--
Zip *


Is the individual named above also an owner?
Yes No
Has the individual named above ever used or been known by any other name including married, maiden, hyphenated, or alias?
Yes No
Is this individual a US citizen? If no, provide alien verification number:
Yes No
Alien Verification
Does this owner reside outside the State of Louisiana?
Yes No
Is this owner related to any other individual owners, agents, managing employees, or subcontractor business owners associated with the disclosing Entity/Business?
Yes No
Does the individual owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?
Yes No
Does the individual owner have direct or indirect ownership or controlling interest of 5% or greater in any other Entity/Business that participates in a Federal/State Funded healthcare program?
Yes No

7.4.1 Is the individual named above also an owner?



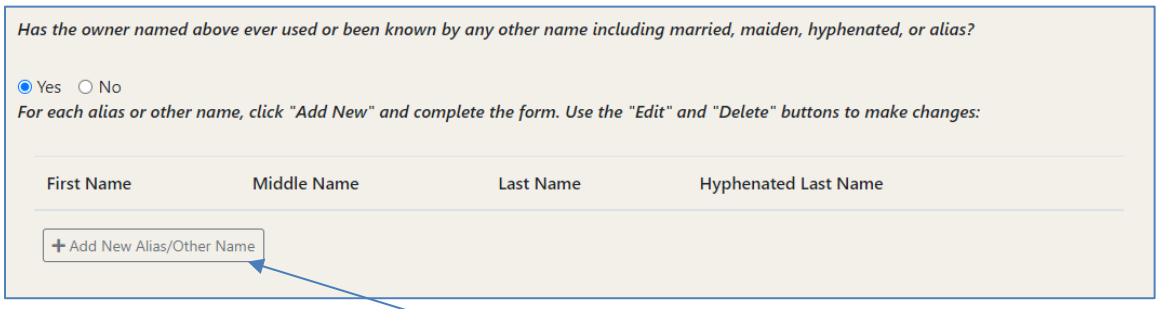
Click the **Yes** radio button or the **No** radio button.

7.4.2 Add New Alias/Other Name

Has the owner named above ever used or been known by any other name including married, maiden, hyphenated, or alias?

If no, proceed to 7.4.3.

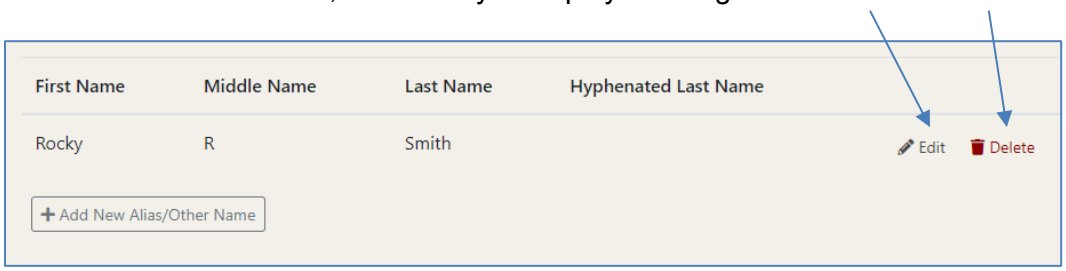
If yes, the page expands to include the **+Add New Alias/Other Name** button.



For each other name, click on the **+Add New Alias/Other Name** button. The system responds by opening the Alias/Other Name window, as shown below:

The red asterisks indicate required fields. Click on the **Save** button once you have entered the data.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.

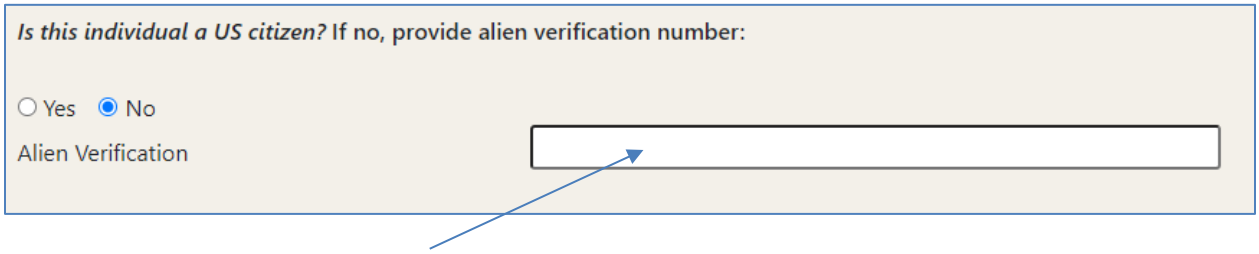


Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.4.3 Is this individual a US citizen?

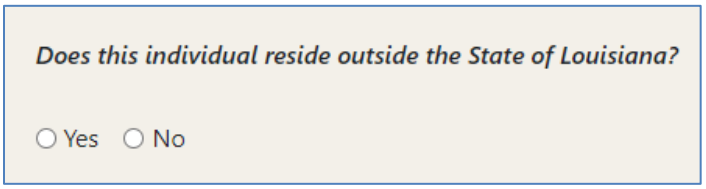
If yes, proceed to 7.4.4.

If no, the **Alien Verification** text box is activated.



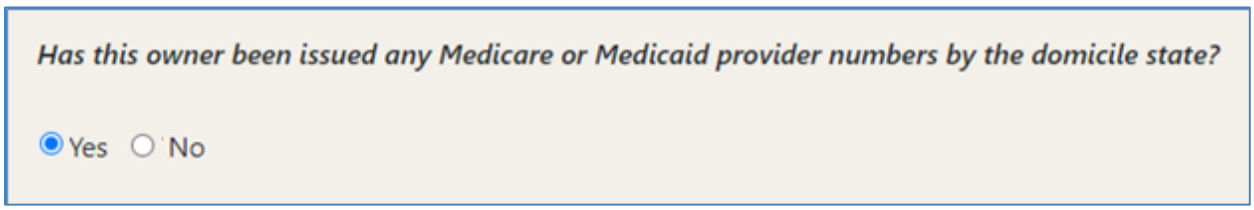
Enter the alien verification number.

7.4.4 Does this owner reside outside the State of Louisiana?

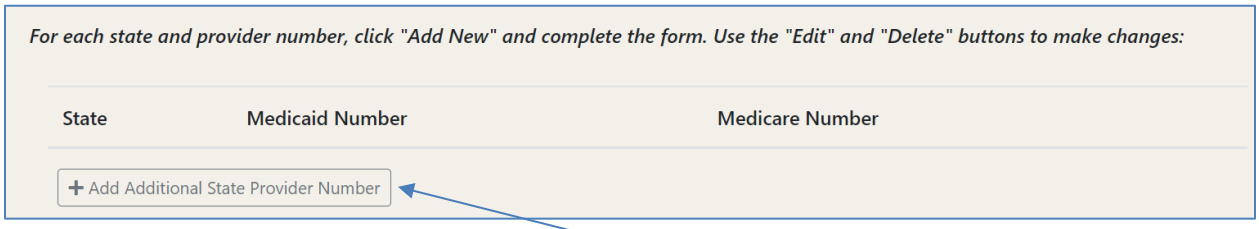


If no, proceed to 7.4.5.

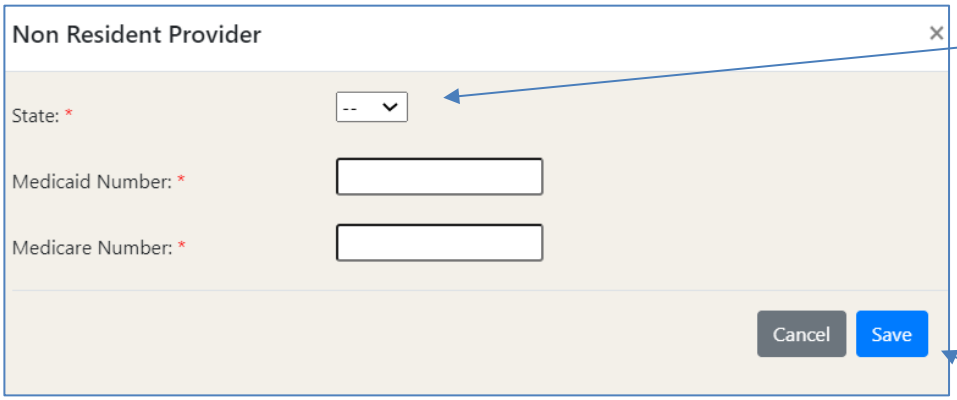
If yes, the form expands to include the following additional question:



If yes, the form expands again to include the **+Add Additional State Provider Number** button.

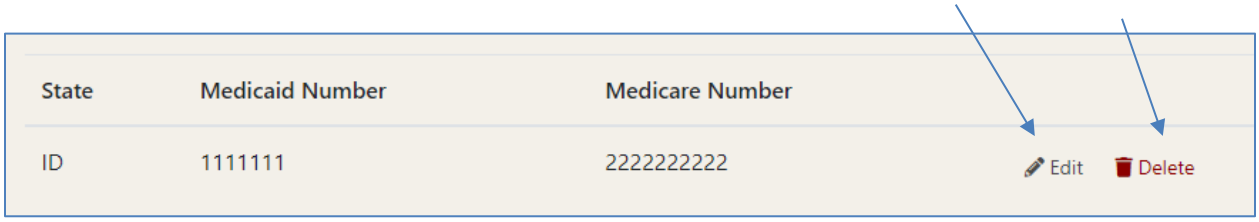


For each additional Provider number, click on the **+Add Additional State Provider Number** button. The system responds by opening the Non Resident Provider window, as shown below:



Use the drop down box to select a state, and then enter the Medicaid Number and the Medicare Number. The red asterisks indicate required fields. Then click on the **Save** button.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



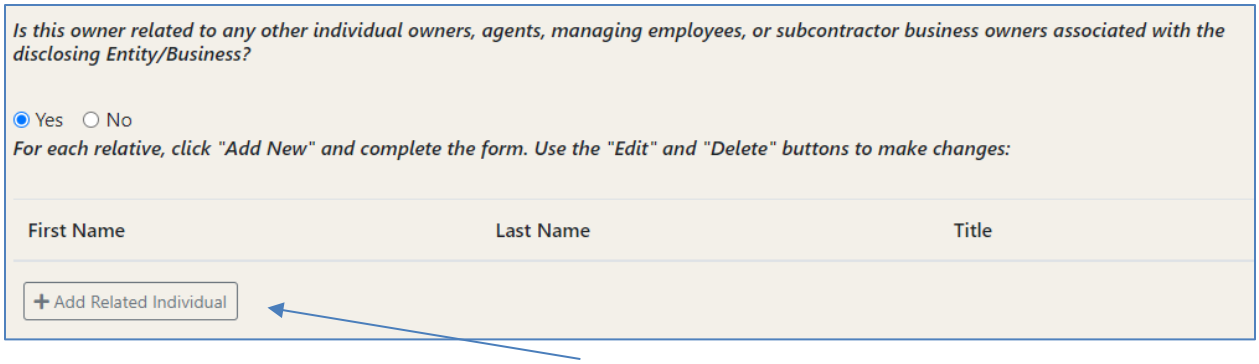
Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.4.5 Add Related Individual

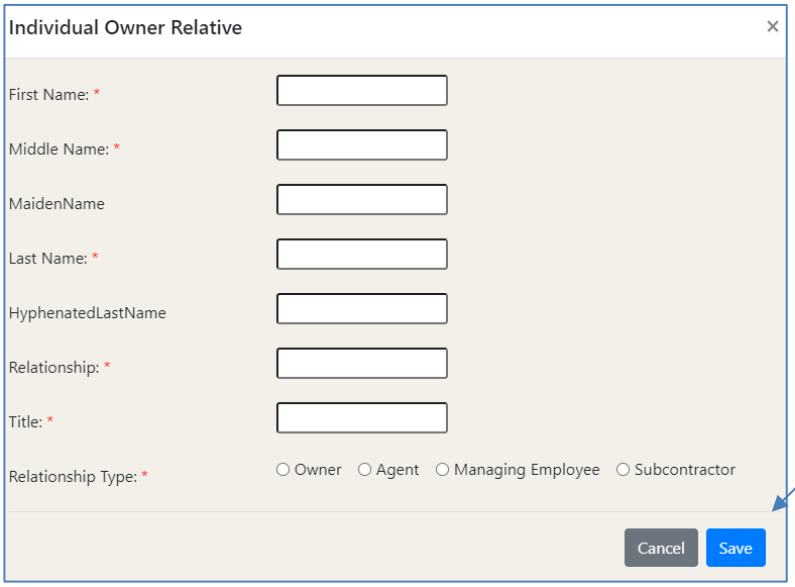
Is this owner related to any other individual owners, agents, managing employees, or subcontractor business owners associated with the disclosing Entity/Business?

If no, proceed to 7.4.6.

If yes, the form expands to include the **+Add Related Individual** button.

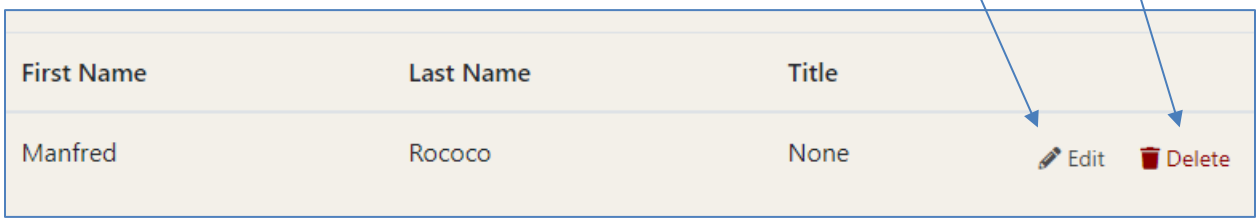


For each related individual, click on the **+Add Related Individual** button. The system responds by opening the Individual Owner Relative window, as shown below:



Enter the required data into the text boxes. The red asterisks indicate required fields. Then click on the **Save** button.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



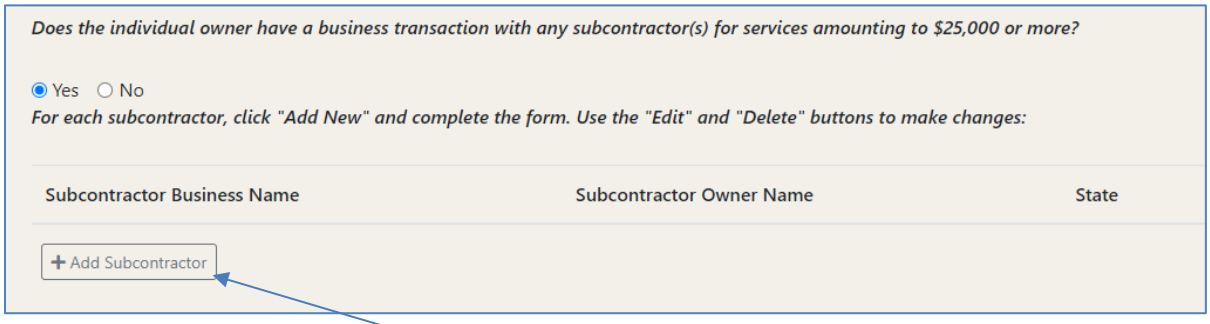
Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.4.6 Add Subcontractor

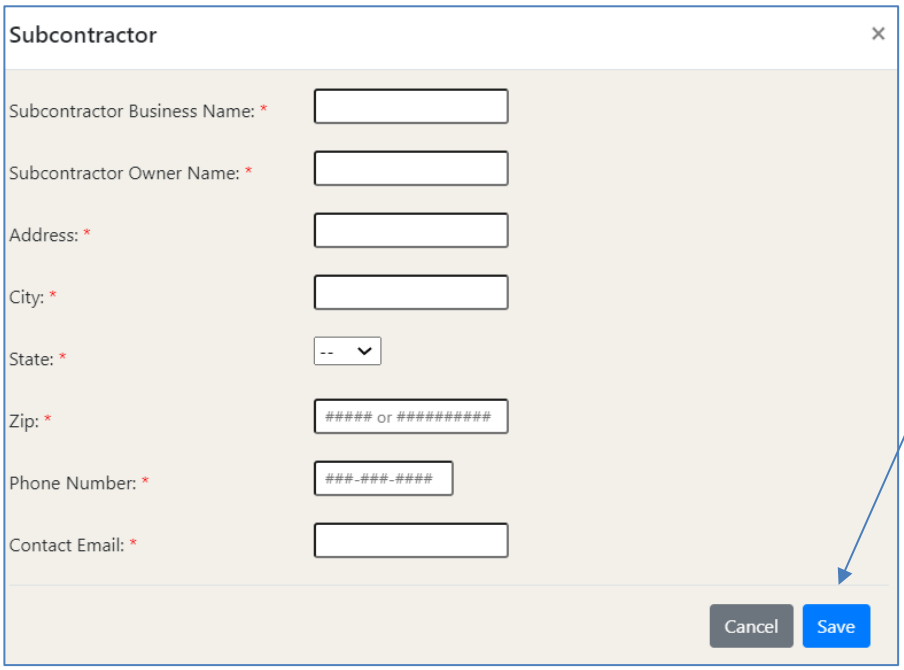
Does this individual owner have a business transaction with any subcontractor(s) for services amounting to $25,000 or more?

If no, proceed to 7.4.7.

If yes, the form expands to include the **+Add Subcontractor** button.

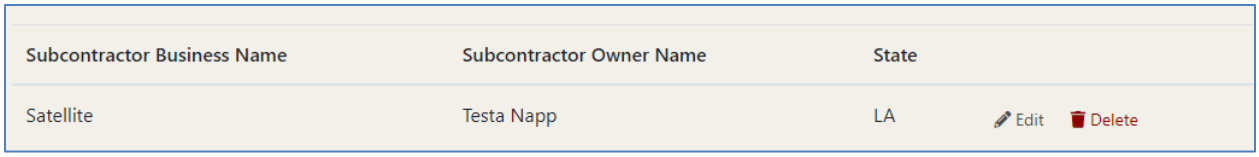


For each subcontractor, click on the **+Add Subcontractor** button. The system responds by opening the Subcontractor window, as shown below:



Enter the required data into the boxes. The red asterisks indicate required fields. Then click on the **Save** button.

Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



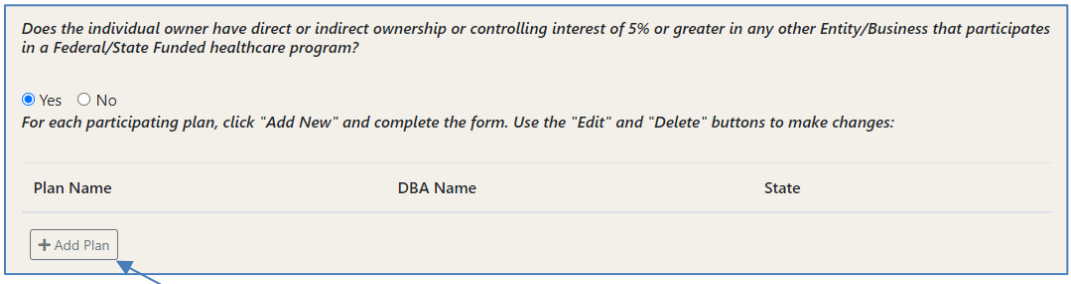
Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.4.7 Add Plan

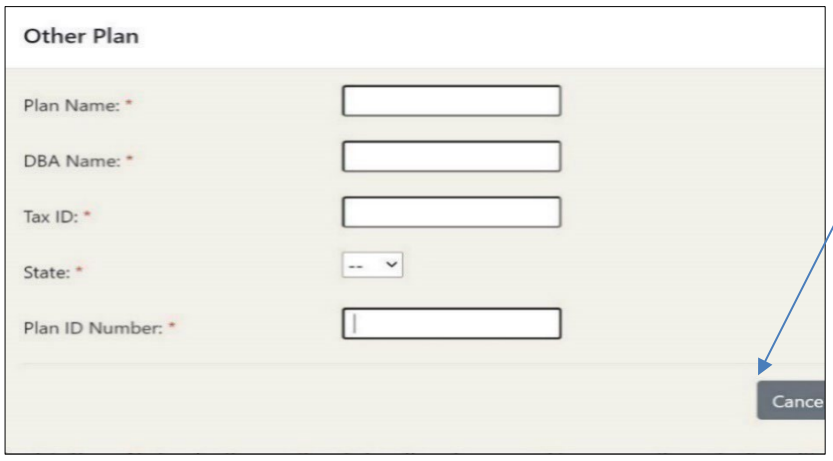
Does the individual owner have direct or indirect ownership or controlling interest of 5% or greater in any other Entity/Business that participates in a Federal/State Funded healthcare program?

If no, proceed to 7.4.8.

If yes, the form expands to include the **+Add Plan** button.

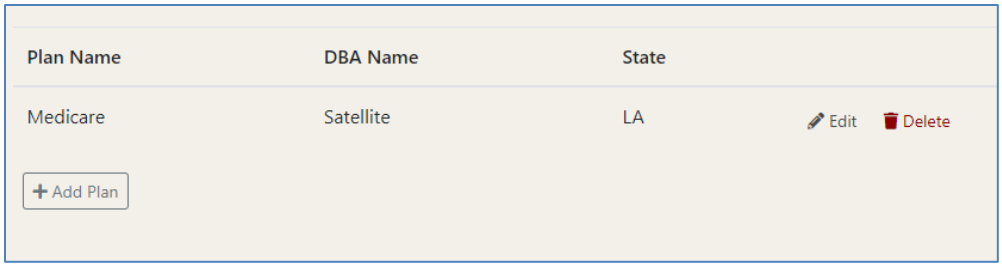


For each plan, click on the **+Add Plan** button. The system responds by opening the Other Plan window, as shown below:



Enter the data into the boxes. Then click on the **Save** button.

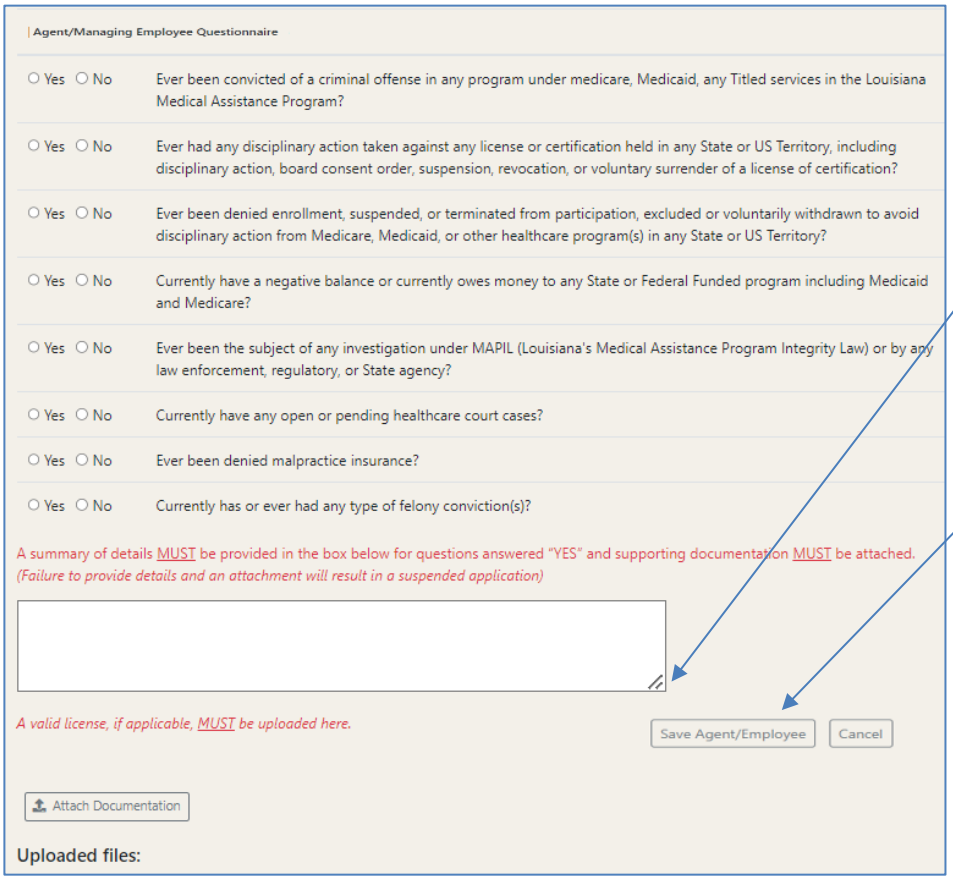
Once you have created a record, a summary is displayed along with the **Edit** and **Delete** icons.



Click on the **Edit** icon to re-open the window and make changes. Click on the **Delete** icon to remove the record.

7.4.8 Agent/Managing Employee Questionnaire

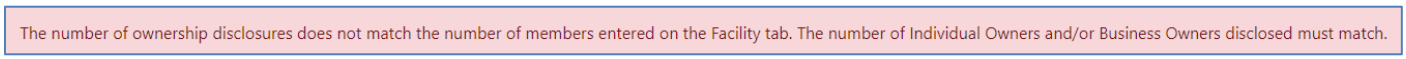
Read each question carefully and click on the appropriate **Yes** or **No** radio button.



All questions are required. Use the text box to submit details regarding each **"Yes"** answer. If necessary, use the box re-size function to expand or reduce the size of the text box to fit your requirement. Click on the **Save Agent/Employee** button when you are finished.

7.5 Resolution of Errors Associated with Number of Members/Owners

The number of members specified under the Facility tab must match the number of records for members created. For instance, if you entered 2 members under the Facility tab, but created a record for only one member, the system responds with the following message after you select **Next** or **Save Progress**:



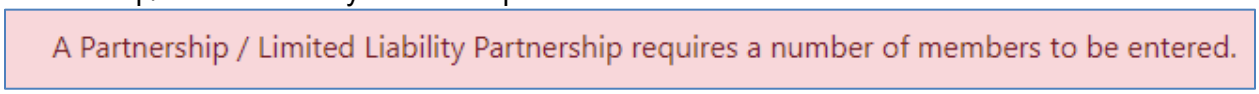
Resolution:

1. Go back to the Facility tab and re-enter the number of members/owners/agents/managing employees/officers/Board of Directors to match the number of records; or
2. Continue to enter records for members/owners/agents to match the number specified in the Facility tab.

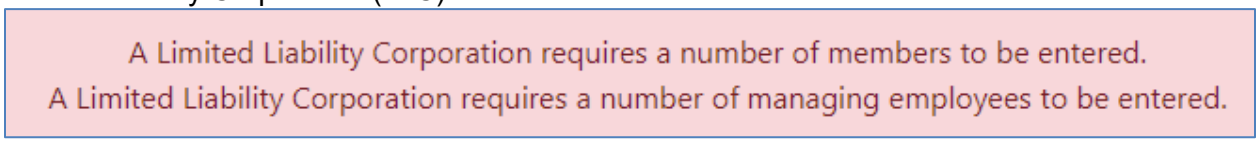
If under the Facility tab no members/owners have yet been specified and you select **Next** or **Save Progress,** one of the following messages is displayed:

Sole Proprietorship:

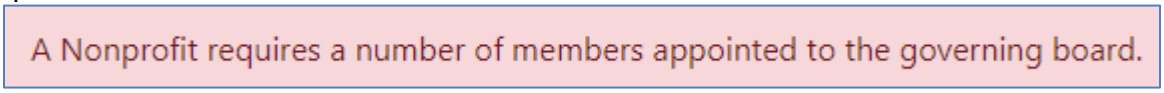
Partnership/Limited Liability Partnership:



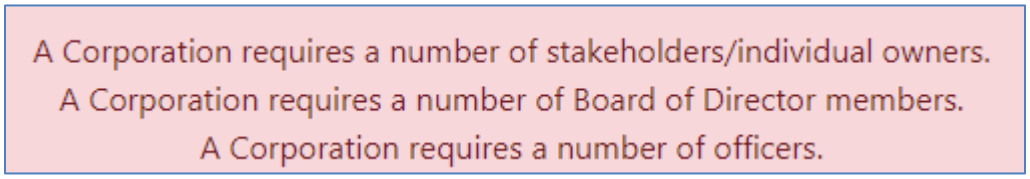
Limited Liability Corporation (LLC):



Nonprofit:



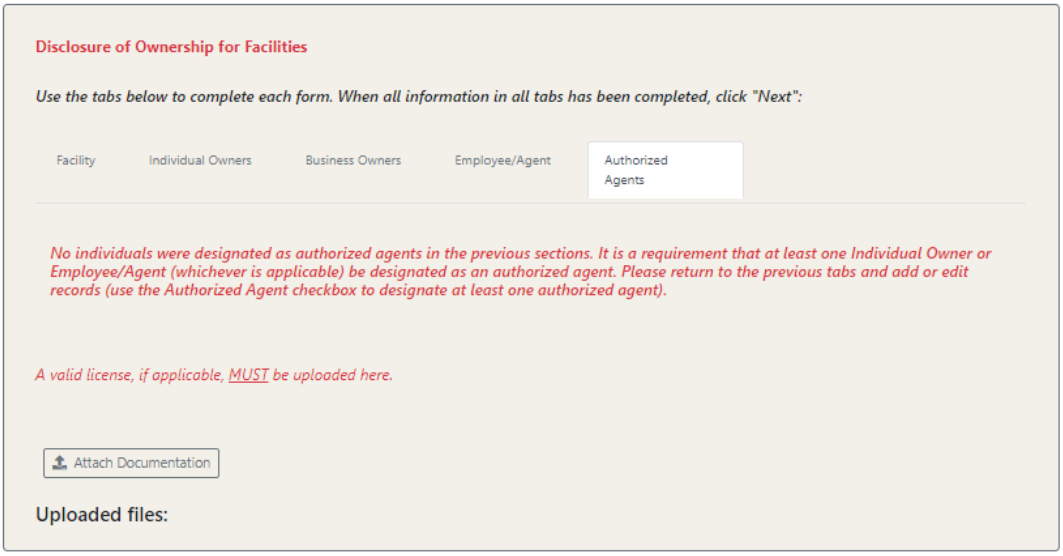
Corporation:



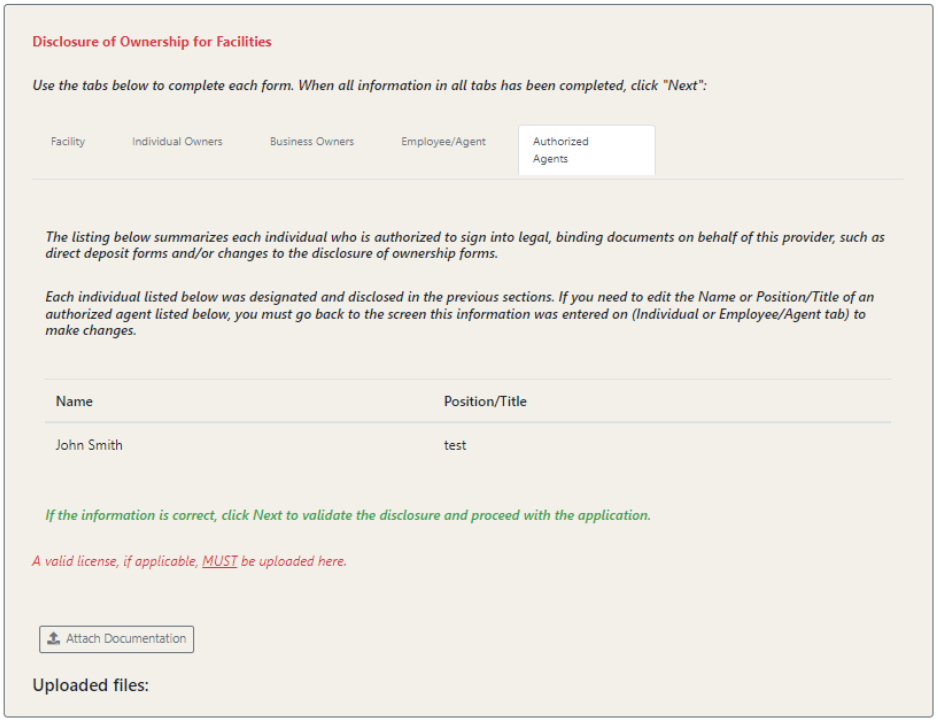
Resolution:
Go back to the Facility tab and enter the number of owners. In the case of the Corporation, it is acceptable to enter 0 for stakeholders/individual owners and/or 0 for Board of Director members. But at least 1 officer must be specified.

7.6 Authorized Agents

If no Authorized Agent or Agents have been defined in the Individual Owners tab (see 7.2) or the Employee/Agent tab (see 7.4), then selecting the Authorized Agents tab will result in a screen like the one shown below.



Once the Authorized Agent or Agents have been defined in the Individual Owners tab (see 7.2) and/or the Employee/Agents tab (see 7.4), selecting the Authorized Agents tab results in the display of a screen similar to the one shown below:



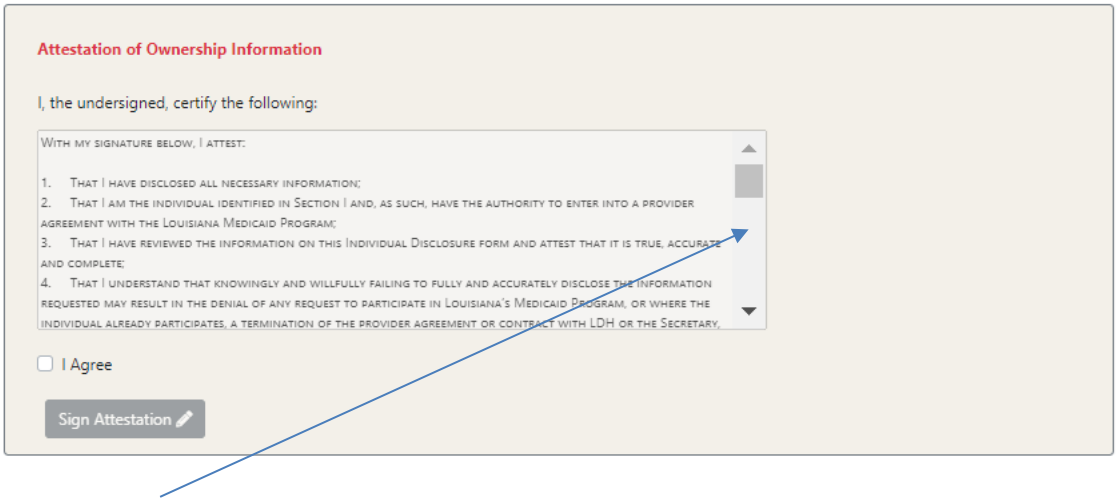
7.6.1 Next Button

Click on the **Next** button.

Resolve any outstanding issues (which will be displayed as a red banner; see 3.2) and then click on the **Next** button again if necessary in order to go to the Ownership Attestation page.

8.0 Ownership Attestation

The Attestation of Ownership page certifies that the information that has been entered is true, correct, and complete.

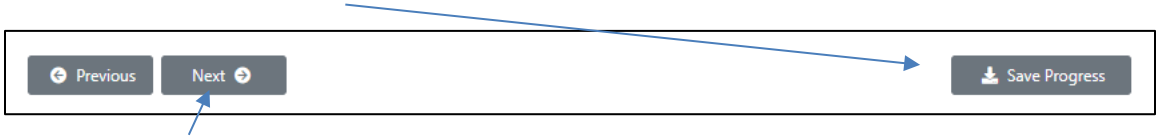


Use the scroll tool to read the entire attestation statement.

Once you have read and understood the attestation statement, click on the **I Agree** check box so that a check mark is inserted:

Then click on the **Sign Attestation** button.

Click on the **Save Progress** button at the bottom of the screen.



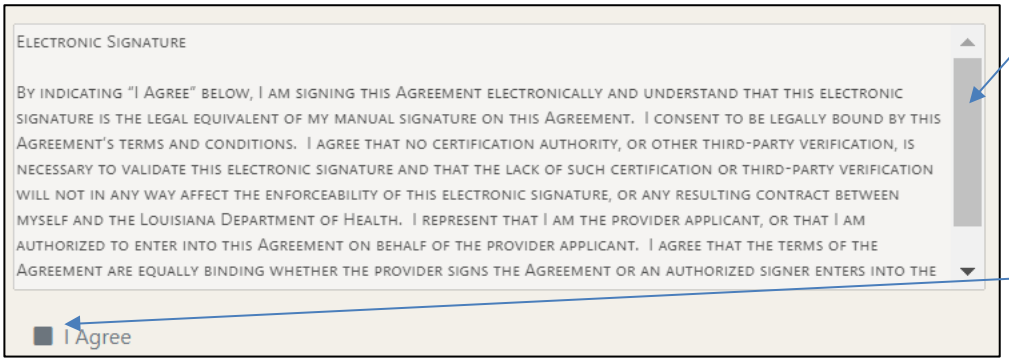
Click on the **Next** button to go to the Participation Agreement page.

9.0 Participation Agreement

The Participation Agreement is a legally binding certification of agreement to participate in Louisiana Medicaid and to adhere to requirements specified in the agreement.

Use the scroll bar to view and read the entire agreement.

Click on the **Sign Participation Agreement** button. The screen expands to display the Electronic Signature statement and the **I Agree** check box, as shown below:

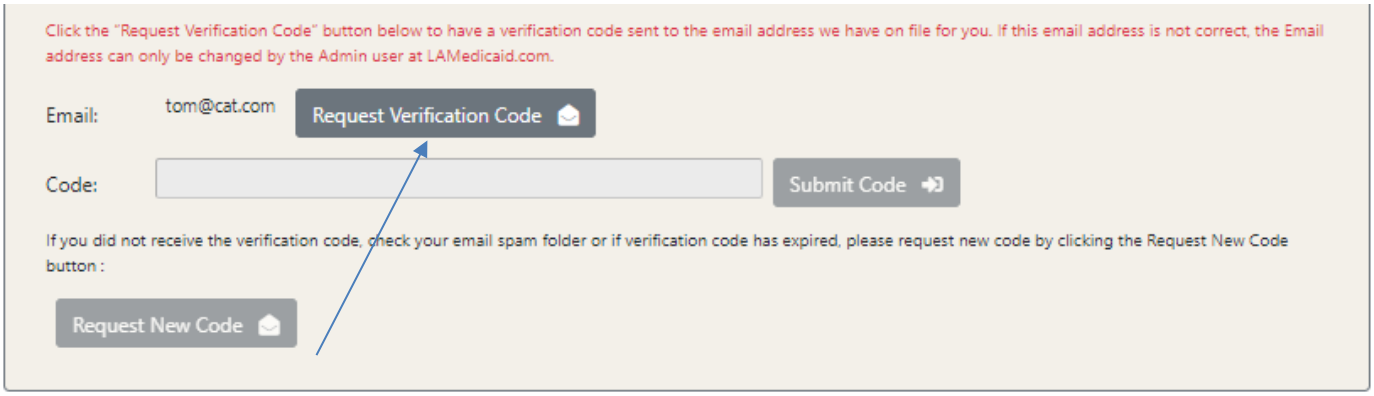


Use the scroll bar to view and read the entire signature statement, then click on the **I Agree** check box.

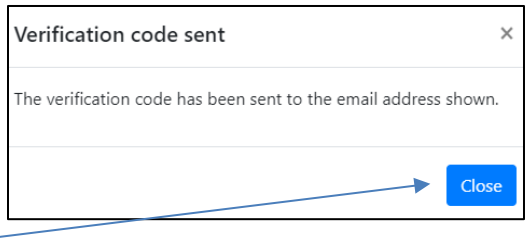
An email with text similar to that shown below will be sent to the email address on file:

> We have accepted your electronic signature for the Provider Participation Agreement with the Louisiana Medicaid Program for provider nnnnnnn.
>
> Please retain this email message for your records. Please continue the enrollment process and submit your application.
>
> Please contact the Louisiana Medicaid Provider Enrollment Call Center at **1-833-641-2140** should you have questions or need assistance.
>
> Please do not reply to this message as it was sent from an unattended mailbox.
>
> Louisiana Medicaid

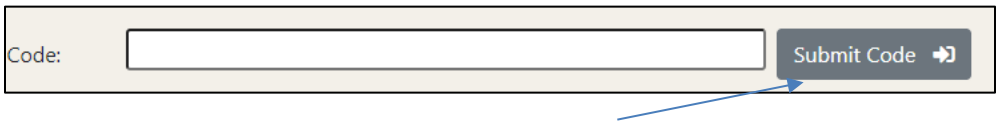
The screen expands to reveal the Verification Code function, as shown below:



Click on the **Request Verification Code** button. The "Verification code sent" window opens, as shown below.

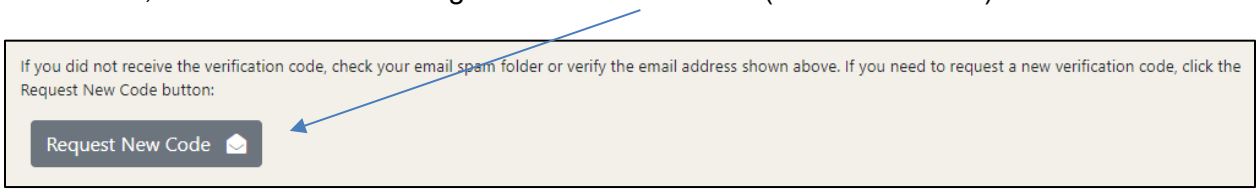


Click on the **Close** button and check your email for the code (sample email shown below). The code will expire after 15 minutes.

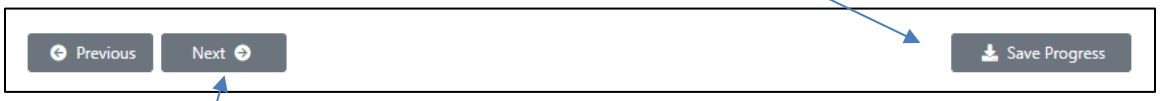


Type the code the text box and click on the **Submit Code** button.

If you do not receive your code within five minutes, carefully check the various folders of your email account to see if the code is in one of them. If you can't find the code, verify that your email address is correct and then click on the **Request New Code** button. If the email address is incorrect, use the account management tool to correct it (see **Section 6.0**).

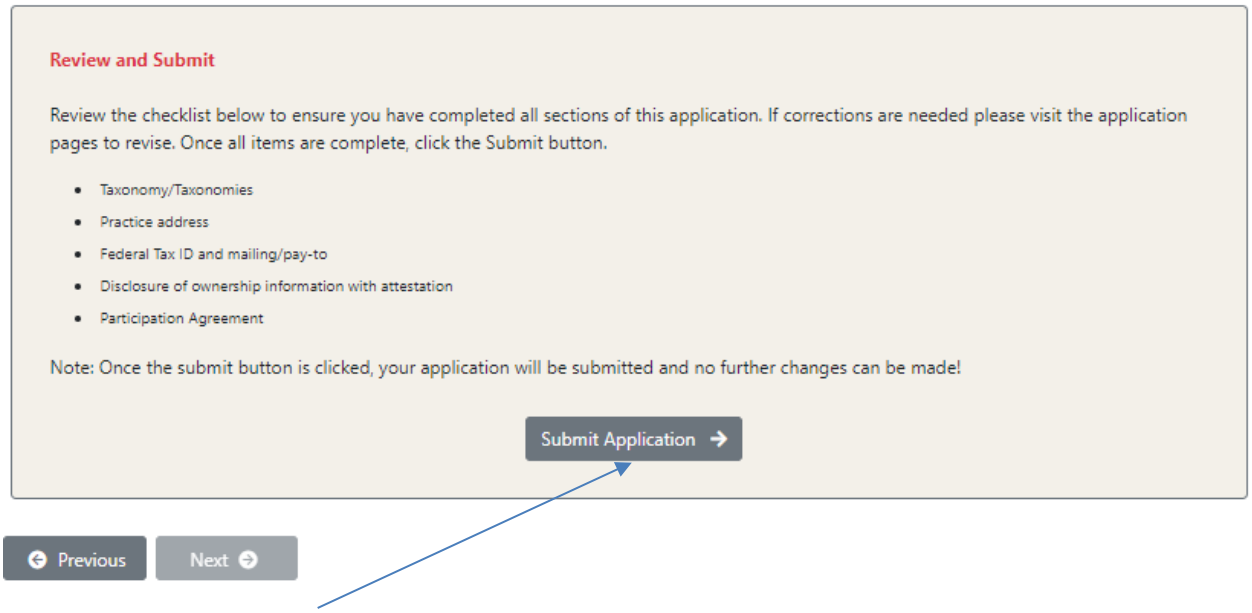


After you enter the code sent to you, click on the **Save Progress** button at the bottom of the screen.



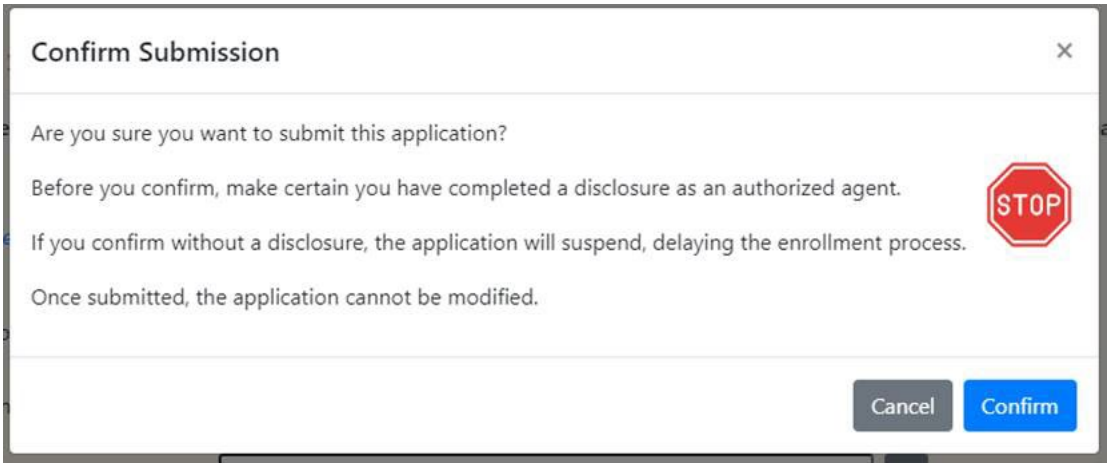
Click on the **Next** button to go to the Review and Submit page.

10.0 Review & Submit



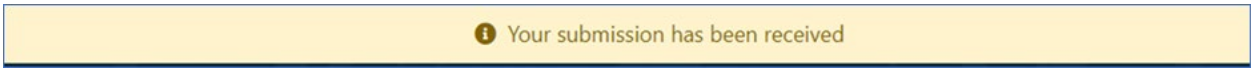
Click on the **Submit Application** button. Once you click the Submit Application button, the information is locked for review and can only be viewed.

After selecting the **Submit Application** button, the system responds with the Confirm Submission window:



10.1 Submission Results

Your submission may result in any of the following:



You will receive an email (with text similar to that shown below) that contains a link to check the status of your submission. Using the link, check back after 24-48 hours to review your submission status.

Thank you for completing and submitting your application for provider [redacted] You can check your application status by logging into the portal at www.lamedicaid.com/account/login.aspx. If you have questions, you can call our Provider Enrollment Portal Help Line at 833-641-2140.

No further action from you or your staff is required at this time.

1-833-641-2140 should you have questions or need assistance.

Please do not reply to this message as it was sent from an unattended mailbox.

Louisiana Medicaid

11.0 Louisiana Medicaid Provider Enrollment Portal Help Desk

The Louisiana Medicaid Provider Enrollment Portal Help Desk is available to assist you from Monday – Friday 8 a.m. to 5 p.m. CST.) The toll-free number is 833-641-2140; email louisianaprovenroll@gainwelltechnologies.com.