



Louisiana Medicaid Management Information System (LMMIS)

Provider Enrollment Portal Application User Manual For MCO Facility

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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:

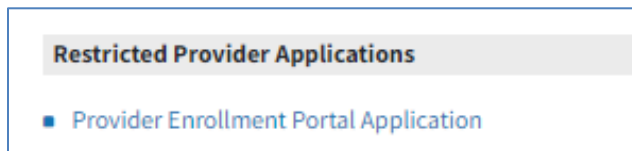
<https://www.lamedicaid.com/account/login.aspx>

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, and Sub-Specialties (if applicable) may be 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

MCO 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)

If MCO Providers want to change their Provider Type and Specialty, they need to contact each plan they are enrolled with:

- Aetna Better Health - Phone: (959) 299-6498 or (855) 242-0802
- AmeriHealth Caritas Louisiana - Phone: (225) 218-5244, (225) 316-6716, or (888) 922-0007
- Healthy Blue - (225) 953-0699 or (844) 521-6941
- Louisiana Healthcare Connections - Phone: (225) 201-8588, (337) 417-8104, or (866) 595-8133
- UnitedHealthcare Community Plan - Phone: (763) 292-6491
- DentaQuest – (800) 341-8478
- Magellan – (800) 424-4489
- MCNA – (855) 701-6262

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 Address
- Ownership Disclosure
- Ownership Attestation
- Participation Agreement
- Application Fee (not applicable to some Providers)
- 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:

Enter a valid fax number. (###-###-####)

Start ✓ Taxonomy ✓ Practice Address Mailing Address Ownership Disclosure Ownership Attestation Participation Agreement Application Fee Review & Submit

Name: [Redacted] Provider ID: [Redacted] Provider NPI: [Redacted] Provider Type: 20 - PHYSICIAN (MD & GP) Provider Speciality: 70 - Clinic or Other Group Practice Sub-Specialties: Current Status: Application Started

Please verify the following information and make changes if necessary:

Main Practice Address Information

Street Address 1: * 4200 WHITEHALL DR SUITE 150
Street Address 2: [Redacted]
City: * Ann Arbor
State: * MI
Zip: * 481059694
Contact Name: * Testa Napp
Contact Phone: * 225-216-6061
Contact Fax: * ###-###-####

Previous Next Save Progress

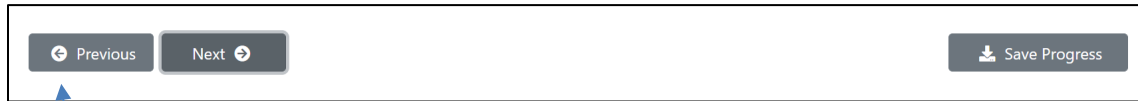
Once the required data has been entered, you can click the **Save Progress** button and a green ribbon at the top of the page will indicate that you have successfully entered all of the required data, similar to the one shown below.

Saved Successfully

3.3 Control Buttons

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

3.3.1 Previous



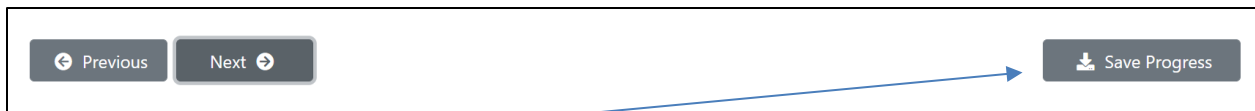
The **Previous** button (when enabled) allows the user to go back one step from the current page within the application.

3.3.2 Next

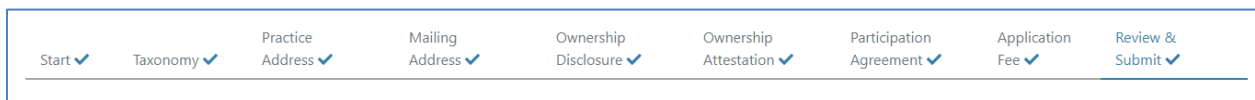


The **Next** button (when enabled) allows the user to move forward one step from the current page within the application.

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, as 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:

- no selection--
- 261QH0100X - Clinic/Center - Health Service
- 261QH0700X - Clinic/Center - Hearing and Speech
- 261QM1200X - Clinic/Center - Magnetic Resonance Imaging (MRI)
- 261QM2500X - Clinic/Center - Medical Specialty
- 261QM1300X - Clinic/Center - Multi-Specialty
- 261QR0200X - Clinic/Center - Radiology
- 261QU0200X - Clinic/Center - Urgent Care
- 193200000X - Multi-Specialty
- 193400000X - Single Specialty

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

Select Taxonomy

Choose a taxonomy from the list below:

Taxonomy: --no selection--

Close Accept

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.

Previous Next Save Progress

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.

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.

Please verify the following information and make changes if necessary:

Main Practice Address Information

Street Address 1: *

Street Address 2:

City: *

State: *

Zip: *

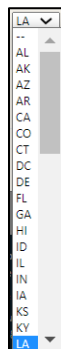
Contact Name: *

Contact Phone: *

Contact Fax: *

Previous Next Save Progress

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.

Previous Next Save Progress

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.

6.0 Mailing Address

The **Mailing Address** screen enables the capture of the primary mailing address for the practice. The **Mailing Address** screen is also used to capture Provider Tax ID, Street Address 1, Street Address 2, City, State, Zip, Contact Name, Contact Phone, and Contact Fax, as shown below.

Only the primary practice mailing address should be entered here.

Please verify the following information and make changes if necessary:

Main Mail-To Address Information

Provider Tax ID: *	<input type="text" value="#####"/>
Street Address 1: *	<input type="text" value="808 Grefer St."/>
Street Address 2:	<input type="text"/>
City: *	<input type="text" value="Harvey"/>
State: *	<input style="border: none; background-color: #f0f0f0; padding: 2px 5px; display: inline-block; width: 100%;" type="text" value="LA"/>
Zip: *	<input type="text" value="700590000"/>
Contact Name: *	<input type="text" value="Testa Napp"/>
Contact Phone: *	<input type="text" value="225-216-6081"/>
Contact Fax: *	<input type="text" value="225-216-6082"/>

← Previous
Next →

Save Progress

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

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

← Previous
Next →

Save Progress

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 Disclosure of Ownership for Facilities

Disclosure of Ownership for Facilities

Use the tabs below to complete each form. When all information in all tabs has been completed, click "Next":

Facility Individual Owners Business Owners Employee/Agent Authorized Agents

Is this disclosing entity/business publicly traded?

Yes No

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

Privately Owned or Non-profit Providers:

Sole Proprietorship

Government Entity

Partnership/Limited Liability Partnership

Limited Liability Corporation (LLC)

Nonprofit

Corporation

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:

Enrolling Business/Entity Questionnaire

Yes No Ever been convicted of a criminal offense in any program under medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program?

Yes No Ever had any disciplinary action taken against any license or certification held in any State or US Territory, including disciplinary action, board consent order, suspension, revocation, or voluntary surrender of a license of certification?

Yes No Ever been denied enrollment, suspended, or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid, or other healthcare program(s) in any State or US Territory?

Yes No Currently have a negative balance or currently owes money to any State or Federal Funded program including Medicaid and Medicare?

Yes No Ever been the subject of any investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency?

Yes No Currently have any open or pending healthcare court cases?

Yes No Ever been denied malpractice insurance?

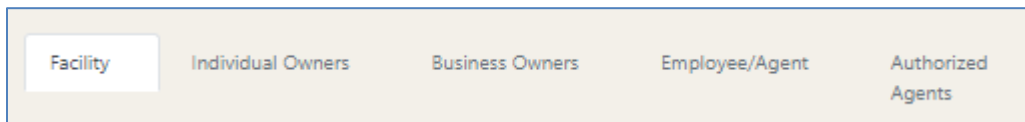
Yes No Currently has or ever had any type of felony conviction(s)?

A summary of details **MUST** be provided in the box below for questions answered "YES" and supporting documentation **MUST** be attached. (Failure to provide details and an attachment will result in a suspended application)

A valid license, if applicable, **MUST** be uploaded here.

Uploaded files:

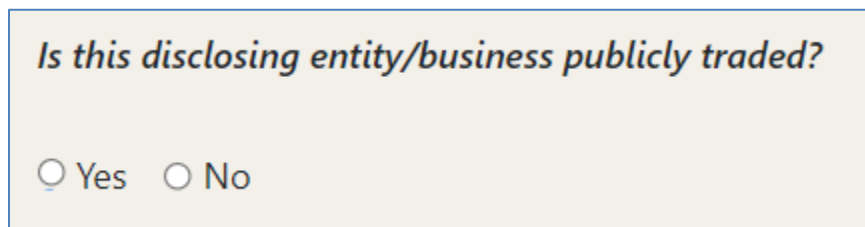
The Disclosure of Ownership for Facilities form is separated into five sections, or tabs, as shown at the top of the form:



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?*

A light beige rectangular box containing the question *Is this disclosing entity/business publicly traded?* in a dark blue font. Below the question are two radio buttons: one labeled 'Yes' and one labeled 'No', both in a dark blue font.

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*

A light beige rectangular box with the heading 'Privately Owned or Non-profit Providers:' in a dark blue font. Below the heading is a white rectangular area containing six radio buttons, each followed by a business type: 'Sole Proprietorship', 'Government Entity', 'Partnership/Limited Liability Partnership', 'Limited Liability Corporation (LLC)', 'Nonprofit', and 'Corporation'. All radio buttons are unselected.

Click on the radio button of the appropriate selection.

Sole Proprietorship

No additional questions.

Government Entity

No additional questions.

Partnership/Limited Liability Partnership

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

Partnership/Limited Liability Partnership

Number of members identified for this partnership: * (minimum 2)

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**:

The number of ownership disclosures does not match the number of members entered on the Facility tab. The number of Individual Owners and/or Business Owners disclosed must match.

Please enter at least one record for agents/managing employees (this is required for a response of 'Yes' on the Employee Agent tab).

Limited Liability Corporation (LLC)

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

Limited Liability Corporation (LLC)

Number of members identified for this LLC: *

Number of managing employees identified for this LLC: *

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.

Please indicate whether this facility has individual owners by selecting Yes or No on the Individual tab.

The number of members/managing employees specified under the Facility tab must match the number of records for members created in the Individual Owners, 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 messages after you select **Next** or **Save Progress**:

The number of ownership disclosures does not match the number of members entered on the Facility tab. The number of Individual Owners and/or Business Owners disclosed must match.

Please enter at least one record for business owners (this is required for a response of 'Yes' on the Business tab).

Nonprofit

If Nonprofit is selected, an additional question is displayed:

Nonprofit

Number of members appointed to the governing board: *

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:

A Nonprofit requires a number of members appointed to the governing board.

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**:

The number of disclosures marked as board members does not match the number of board members entered on the Facility tab. The number of disclosures marked as board member (Individual Owner and/or Employee Agent tabs) must match.

Corporation

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

Corporation

Number of stakeholders/individual owners identified for this corporation with 5% or greater ownership: *

Number of Board of Director members identified for this corporation: *

Number of officers identified for this corporation: *

This corporation's annual revenue is greater than or equal to \$5 Million

In the first text box, enter the number of stakeholders 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 the 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 attempt to proceed or save your progress before doing so, the system responds with the following messages.

Please indicate whether this facility has individual owners by selecting Yes or No on the Individual tab.

A Corporation requires a number of stakeholders/individual owners.
 A Corporation requires a number of Board of Director members.
 A Corporation requires a number of officers.

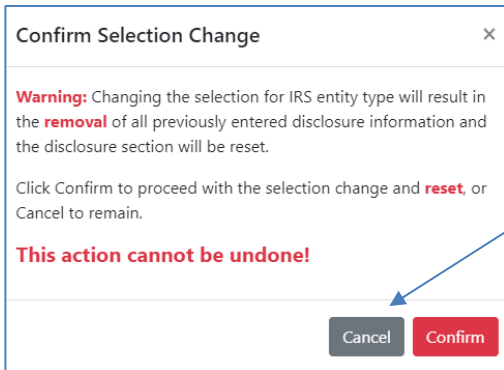
The number of individual members, board members, and officers specified under the Facility tab must match the number of records for members and officers created in the Individual Owners, Business Owners, and/or Employee/Agent tabs. For instance, if you entered 2 members and 2 officers under the Facility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

The number of ownership disclosures does not match the number of members entered on the Facility tab. The number of Individual Owners and/or Business Owners disclosed must match.

The number of disclosures marked as corporate officers does not match the number of officers entered on the Facility tab. The number of disclosures marked as officer (Individual Owner and/or Employee Agent tabs) must match.

7.1.3 Selection Change

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



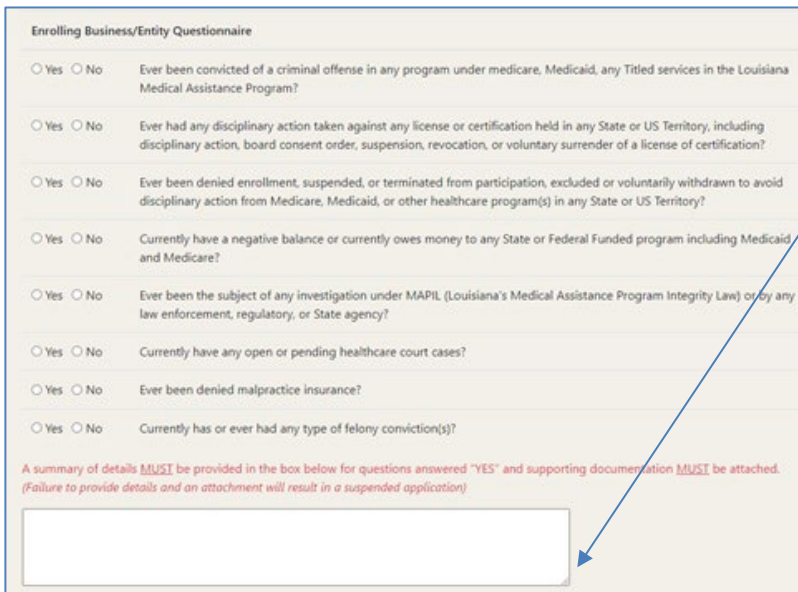
Click on the **Cancel** button to keep any data entered so far.

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

7.1.4 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.

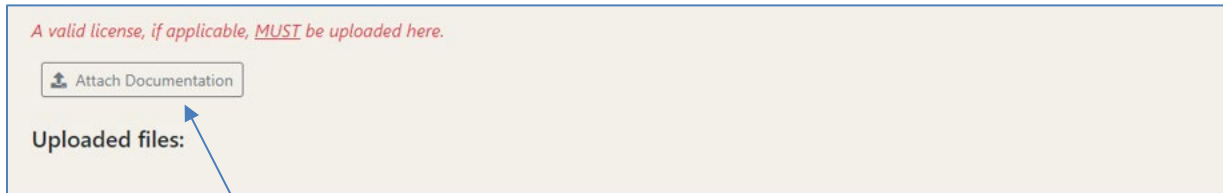


All questions are required. Use the text box to submit details regarding each **“Yes”** answer. If necessary, use the box re-size function to expand or reduce the size of the text box to fit your requirement.

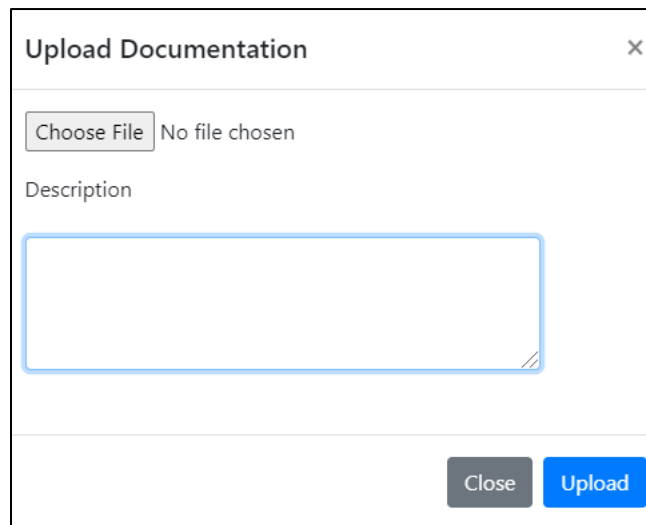
7.1.5 Attach Documentation

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

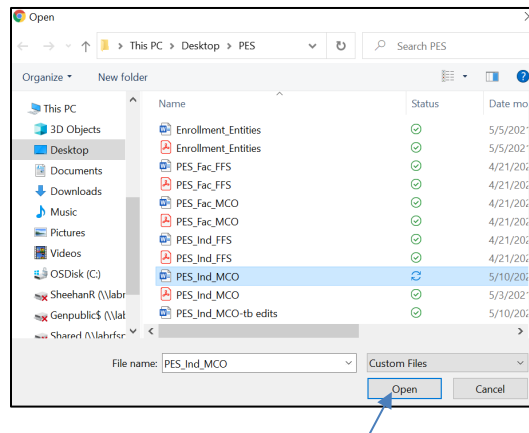
- No limit to the number of uploads
- 10mb max per file



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.

7.1.6 Uploaded Files

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

Uploaded files:			
File Name	Description	Added	
test 2.docx	N/A	07/07/2021	Delete

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:

Use the tabs below to complete each form. When all information in all tabs has been completed, click "Next":

Facility Individual Owners Business Owners Employee/Agent Authorized Agents

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

7.2 Individual Owners

Usage Notes:

- If the Government Entity 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.

Disclosure of Ownership for Facilities

Use the tabs below to complete each form. When all information in all tabs has been completed, click "Next":

Facility **Individual Owners** Business Owners Employee/Agent Authorized Agents

UNDER FEDERAL REGULATIONS, AN ENTITY/BUSINESS MUST FULLY DISCLOSE ALL PERSONS AND ENTITIES THAT HAVE AN OWNERSHIP INTEREST (EITHER SEPARATELY OR IN COMBINATION) OF 5% OR MORE OF THIS DISCLOSING ENTITY/BUSINESS.

SEE FEDERAL REGULATIONS 42 CFR § 455.104(e)(1)

Does this facility have any individual owners with ownership of 5% or greater?

Yes No

A valid license, if applicable, **MUST** be uploaded here.

Uploaded files:

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

If Yes:

Facility **Individual Owners** Business Owners Employee/Agent Authorized Agents

For each individual with direct ownership of 5% or or greater in this entity, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Name	Address	Percent Ownership
<input type="button" value="+ Add New Individual Owner"/>		

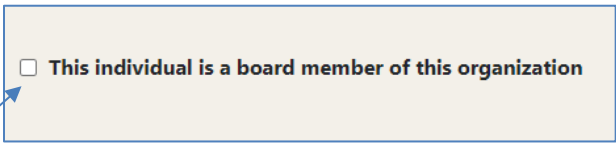
For each individual with direct ownership of 5% or greater, click on the **+Add New Individual Owner** button.

First Name *	<input type="text"/>
Middle Name *	<input type="text"/>
Maiden Name	<input type="text"/>
Last Name *	<input type="text"/>
Hyphenated Last Name	<input type="text"/>
Title/Position *	<input type="text"/>
Percent Ownership In Disclosing Business *	<input type="text" value="100"/>
SSN *	<input type="text"/>
Date of Birth *	<input type="text"/>
NPI	<input type="text"/>
Phone Number *	<input type="text" value="###.###.####"/>

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			<input checked="" type="checkbox"/>
Partnership/Limited Liability Partnership			<input checked="" type="checkbox"/>
Limited Liability Corporation			<input checked="" type="checkbox"/>
Nonprofit	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Corporation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



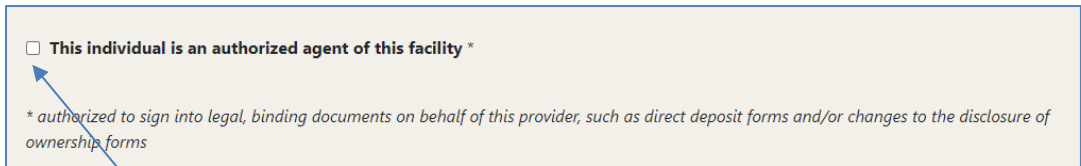
This individual is a board member of this organization

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.



This individual is an officer of this organization

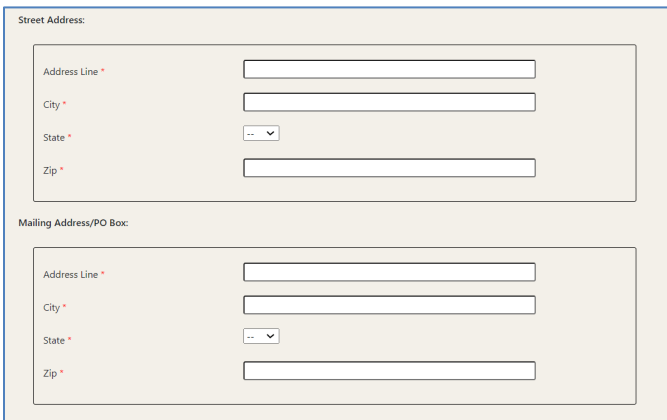
Click on the check box if the specified individual is an officer. Ensure that for each individual that is an officer this box is checked. This check box only shows when the Corporation radio button is selected.



This individual is an authorized agent of this facility *

** authorized to sign into legal, binding documents on behalf of this provider, such as direct deposit forms and/or changes to the disclosure of ownership forms*

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.



Street Address:

Address Line *

City *

State *

Zip *

Mailing Address/PO Box:

Address Line *

City *

State *

Zip *

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

Has the owner 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

7.2.1 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.

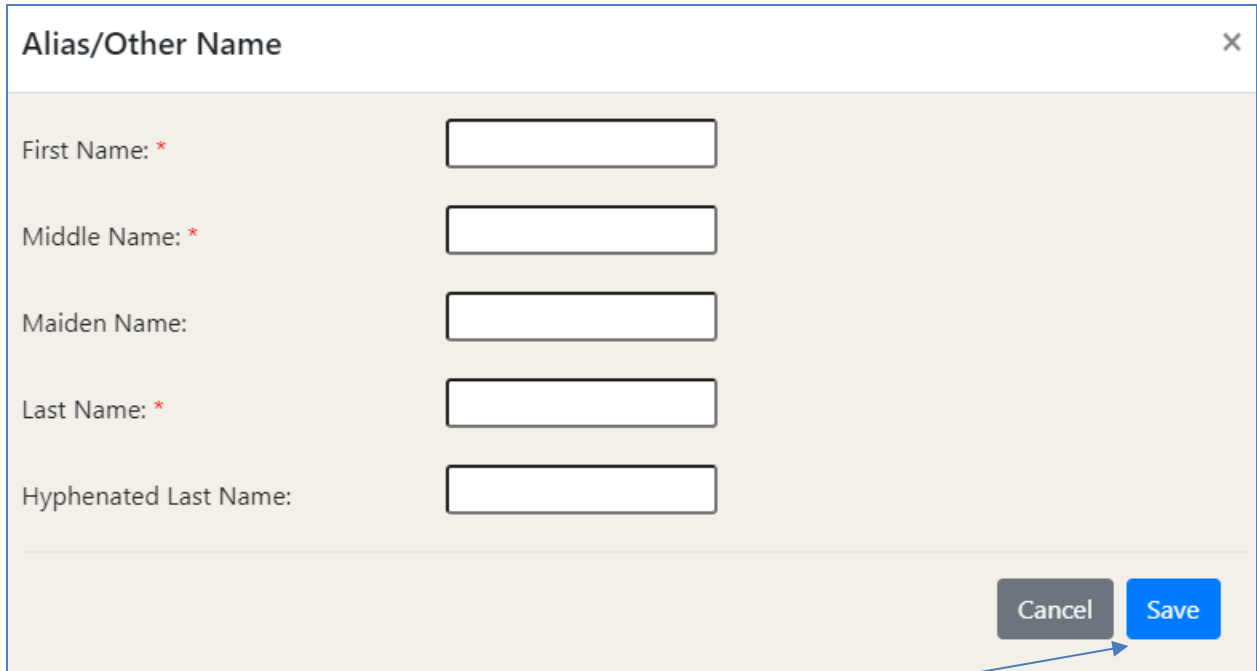
If no, proceed to next question.

Has the owner named above ever used or been known by any other name including married, maiden, hyphenated, or alias?
 Yes No

For each alias or other name, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

First Name	Middle Name	Last Name	Hyphenated Last Name
<input type="button" value="+ Add New Alias/Other Name"/>			

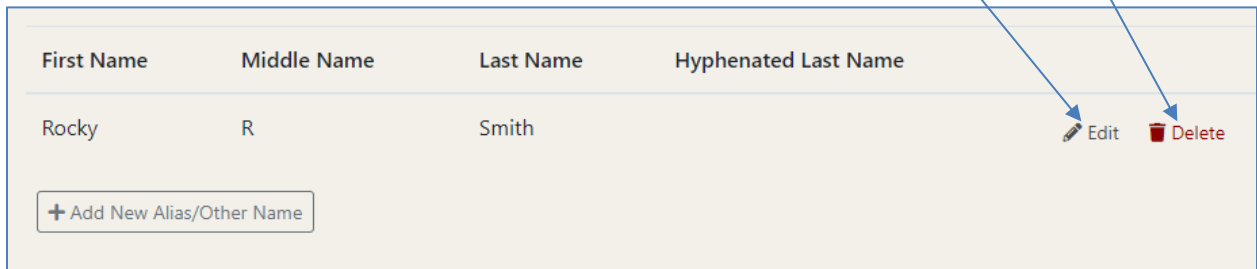
For each other name, click on the **+Add New Alias/Other Name** button. The system responds by opening the Alias/Other Name window, as shown below:





The form is titled "Alias/Other Name" and contains five input fields: "First Name: *", "Middle Name: *", "Maiden Name:", "Last Name: *", and "Hyphenated Last Name:". At the bottom right, there are "Cancel" and "Save" buttons. A blue arrow points from the "Save" button to the text 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.



First Name	Middle Name	Last Name	Hyphenated Last Name	
Rocky	R	Smith		 Edit  Delete

[+ Add New Alias/Other Name](#)

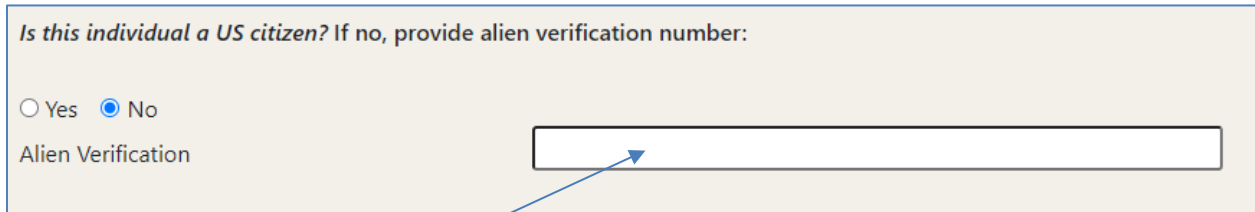
Two blue arrows point from the "Edit" and "Delete" icons in the table to the text below.

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.



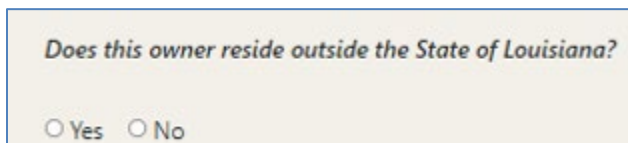
Is this individual a US citizen? If no, provide alien verification number:

Yes No

Alien Verification

Enter the alien verification number.

7.2.3 Does this owner reside outside the State of Louisiana?

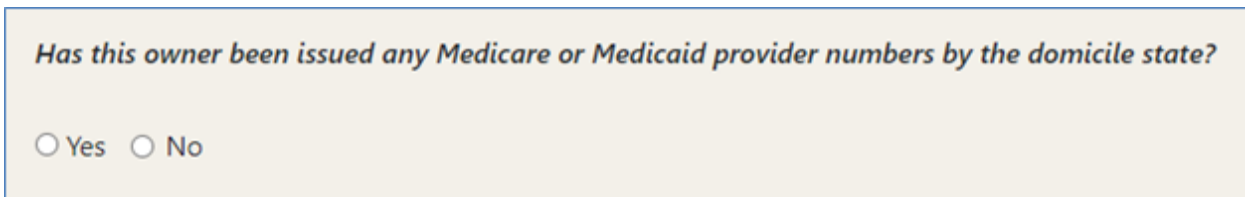


Does this owner reside outside the State of Louisiana?

Yes No

If no, proceed to next question.

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

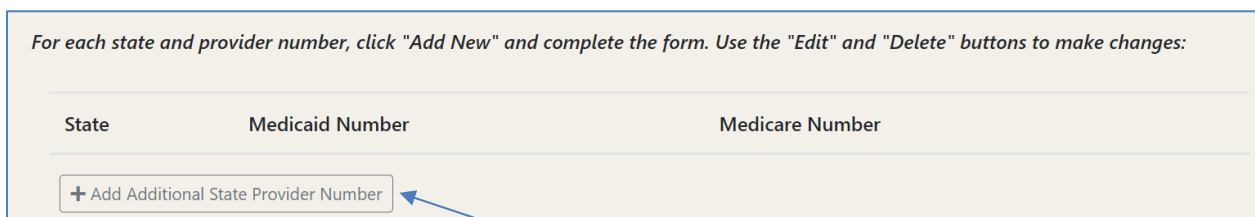


Has this owner been issued any Medicare or Medicaid provider numbers by the domicile state?

Yes No

If no, proceed to next question.

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



For each state and provider number, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

State	Medicaid Number	Medicare Number
<input type="button" value="+ Add Additional State Provider Number"/>		

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:

Non Resident Provider

State: *

Medicaid Number: *

Medicare Number: *

Cancel Save

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.

State	Medicaid Number	Medicare Number	
AL	1111111	2222222222	Edit Delete

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.

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

Yes No

For each relative, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

First Name	Last Name	Title
<input type="button" value="+ Add Related Individual"/>		

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

Individual Owner Relative ×

First Name: *

Middle Name: *

MaidenName

Last Name: *

HyphenatedLastName

Relationship: *

Title: *

Relationship Type: * Owner Agent Managing Employee Subcontractor

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.

First Name	Last Name	Title	
Manfred	Rococo	None	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

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.

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

Yes No

For each subcontractor, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Subcontractor Business Name	Subcontractor Owner Name	State
<input type="button" value="+ Add Subcontractor"/>		

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

Subcontractor Business Name: *

Subcontractor Owner Name: *

Address: *

City: *

State: *



Zip: *

Phone Number: *

Contact Email: *

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.

Subcontractor Business Name	Subcontractor Owner Name	State	
Satellite	Testa Napp	LA	 Edit  Delete

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.

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

For each participating plan, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:



Plan Name	DBA Name	State
		

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.

Plan Name	DBA Name	State	
Medicare	Satellite	LA	 Edit  Delete

[+ Add Plan](#)

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:

The screenshot shows a web interface titled "Disclosure of Ownership for Facilities". Below the title is a instruction: "Use the tabs below to complete each form. When all information in all tabs has been completed, click 'Next':". There are five tabs: "Facility", "Individual Owners", "Business Owners", "Employee/Agent", and "Authorized Agents". The "Individual Owners" tab is currently selected. Below the tabs, a green message states: "No input is required on this tab at this time. Please continue by clicking on the Business Owner tab."

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.

The screenshot shows the "Disclosure of Ownership for Facilities" screen with the "Business Owners" tab selected. It includes the same instruction as the previous screenshot. Below the tabs, there is a text box containing the following text: "UNDER FEDERAL REGULATIONS, AN ENTITY/BUSINESS MUST FULLY DISCLOSE ALL PERSONS AND ENTITIES THAT HAVE AN OWNERSHIP INTEREST (EITHER SEPARATELY OR IN COMBINATION) OF 5% OR MORE OF THIS DISCLOSING ENTITY/BUSINESS. SEE FEDERAL REGULATIONS 42 CFR § 455.104(b)(1)". Below this is a question: "Does this facility have any business owners with ownership of 5% or greater?". There are two radio buttons: "Yes" and "No". A red note below the radio buttons says: "A valid license, if applicable, MUST be uploaded here." At the bottom, there is an "Attach Documentation" button and a section labeled "Uploaded files:".

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

If yes:

Facility Individual Owners **Business Owners** Employee/Agent Authorized Agents

For each business with direct ownership of 5% or greater in this entity, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Name Address

+ Add New Business Owner

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

DBA Name: *

Legal Name: *

Tax ID Number *

Phone: *

Fax: *

Email: *

Website *

Street Address:

Address Line: *

City: *

State: *

Zip *

The red asterisks indicate required fields.

Mailing Address/PO Box:

Address Line: *	<input type="text"/>
City: *	<input type="text"/>
State: *	<input type="text" value="--"/>
Zip *	<input type="text"/>

Does this business have any additional locations?

Yes No

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?

Yes No

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

Yes No

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

Yes No

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.

Does this business have any additional locations?

Yes No



For each additional location, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Location DBA Name	Address	City	State
<input type="button" value="+ Add New Location"/>			

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.

Location DBA Name	Address	City	State	
Satellite	2220 Blues Drive	Baton Rouge	LA	 Edit  Delete

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.

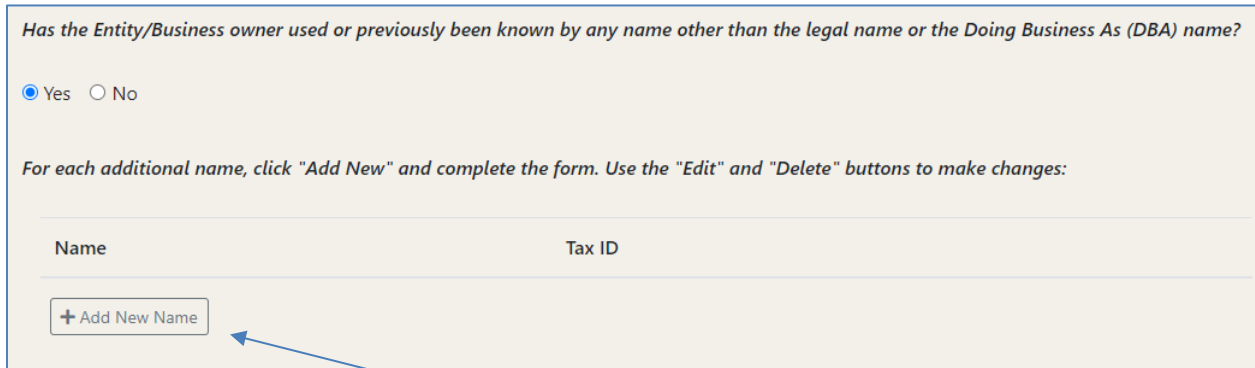
If yes, the page expands to include the **+Add New Name** button.

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?

Yes No

For each additional name, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Name	Tax ID
<input type="button" value="+ Add New Name"/>	




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

Business Other Name ✕



Name: *

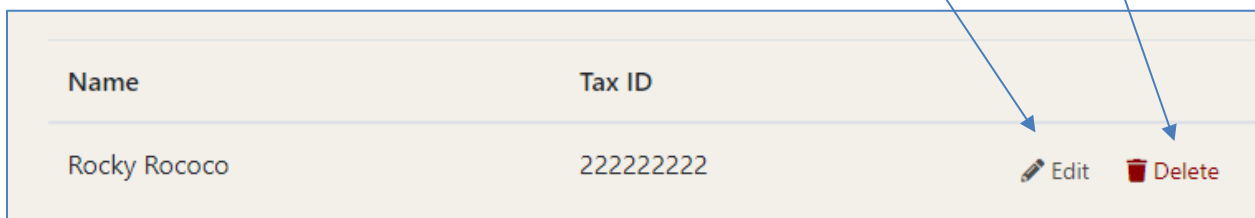
Tax ID: *



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.

Name	Tax ID		
Rocky Rococo	222222222	 Edit	 Delete



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.

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

Yes No

For each subcontractor, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Subcontractor Business Name	Subcontractor Owner Name	State
+ Add Subcontractor		

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

Subcontractor

Subcontractor Business Name: *

Subcontractor Owner Name: *

Address: *

City: *

State: *

Zip: *

Phone Number: *

Contact Email: *

Cancel Save

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.

Subcontractor Business Name	Subcontractor Owner Name	State	
Satellite	Testa Napp	LA	Edit Delete

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.

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

Yes No

For each participating plan, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Plan Name	DBA Name	State
<input type="button" value="+ Add Plan"/>		

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

Other Plan

Plan Name: *

DBA Name: *

Tax ID: *

State: *

Plan ID Number: *

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

Plan Name	DBA Name	State	
Medicare	Satellite	LA	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="+ Add Plan"/>			

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.

Enrolling Business/Entity Questionnaire

Yes No Ever been convicted of a criminal offense in any program under medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program?

Yes No Ever had any disciplinary action taken against any license or certification held in any State or US Territory, including disciplinary action, board consent order, suspension, revocation, or voluntary surrender of a license of certification?

Yes No Ever been denied enrollment, suspended, or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid, or other healthcare program(s) in any State or US Territory?

Yes No Currently have a negative balance or currently owes money to any State or Federal Funded program including Medicaid and Medicare?

Yes No Ever been the subject of any investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency?

Yes No Currently have any open or pending healthcare court cases?

Yes No Ever been denied malpractice insurance?

Yes No Currently has or ever had any type of felony conviction(s)?

A summary of details **MUST** be provided in the box below for questions answered "YES" and supporting documentation **MUST** be attached. (Failure to provide details and an attachment will result in a suspended application)

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:

Disclosure of Ownership for Facilities

Use the tabs below to complete each form. When all information in all tabs has been completed, click "Next":

Facility Individual Owners **Business Owners** Employee/Agent Authorized Agents

No input is required on this tab at this time. Please continue by clicking on the Employee/Agent tab.

7.4 Employee/Agent

Disclosure of Ownership for Facilities

Use the tabs below to complete each form. When all information in all tabs has been completed, click "Next":

Facility Individual Owners Business Owners **Employee/Agent** Authorized Agents

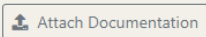
UNDER FEDERAL REGULATIONS, A PROVIDER MUST DISCLOSE TO THE MEDICAID AGENCY, PRIOR TO ENROLLING, THE NAME AND ADDRESS OF EACH PERSON WHO IS AN AGENT OR MANAGING EMPLOYEE OF THE PROVIDER (GENERAL MANAGER, BUSINESS MANAGER, ADMINISTRATOR, OR OTHER INDIVIDUAL WHO EXERCISES OPERATIONAL OR MANAGERIAL CONTROL OR CONDUCTS DAY TO DAY OPERATIONS OF THE AGENCY) AND ANY PERSON WITH AUTHORITY TO OBLIGATE OR ACT ON BEHALF OF THE DISCLOSING ENTITY.

SEE FEDERAL REGULATIONS 42 CFR § 455.106(A)(1)(2)

Does this facility have any agents or individuals who are a partner, manager, managing employee, board member, stakeholder, director, or officer?

Yes No

*A valid license, if applicable, **MUST** be uploaded here.*



Uploaded files:

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 also a part of management, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Name	Address	Percent Ownership
<input type="button" value="+ Add New Agent/Employee"/>		

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

First Name *

Middle Name *

Maiden Name

Last Name *

Hyphenated Last Name

Title/Position *

Percent Ownership In Disclosing Business *

SSN *

Date of Birth *

NPI


Phone Number *

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			<input checked="" type="checkbox"/>
Partnership/Limited Liability Partnership			<input checked="" type="checkbox"/>
Limited Liability Corporation			<input checked="" type="checkbox"/>
Nonprofit Corporation	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

This individual is a board member of this organization




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 individual is an officer of this organization



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 individual is an authorized agent of this facility *
* authorized to sign into legal, binding documents on behalf of this provider, such as direct deposit forms and/or changes to the disclosure of ownership forms



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 *	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text" value="--"/>
Zip *	<input type="text"/>

Mailing Address/PO Box:

Address Line *	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text" value="--"/>
Zip *	<input type="text"/>

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?*

Is the individual named above also an owner?

Yes No

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.

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

Yes No

For each alias or other name, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

First Name	Middle Name	Last Name	Hyphenated Last Name
<input type="button" value="+ Add New Alias/Other Name"/>			

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:

Alias/Other Name ×

First Name: *

Middle Name: *

Maiden Name:

Last Name: *

Hyphenated Last Name:

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.

First Name	Middle Name	Last Name	Hyphenated Last Name
Rocky	R	Smith	
<input type="button" value="Edit"/> <input type="button" value="Delete"/>			
<input type="button" value="+ Add New Alias/Other Name"/>			

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?

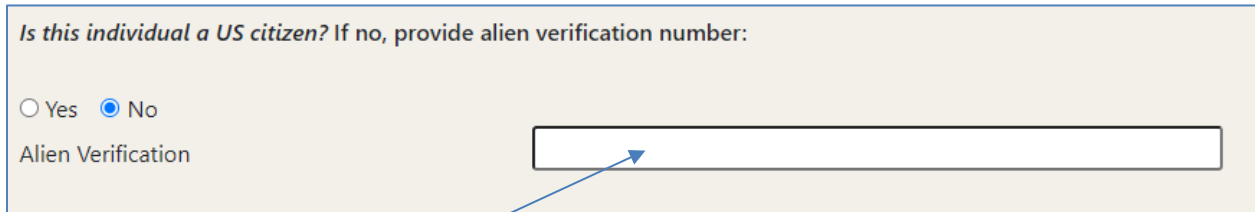
If yes, proceed to 7.4.4.

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

Is this individual a US citizen? If no, provide alien verification number:

Yes No

Alien Verification

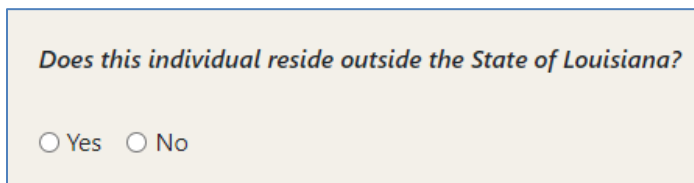


Enter the alien verification number.

7.4.4 Does this owner reside outside the State of Louisiana?

Does this individual reside outside the State of Louisiana?

Yes No

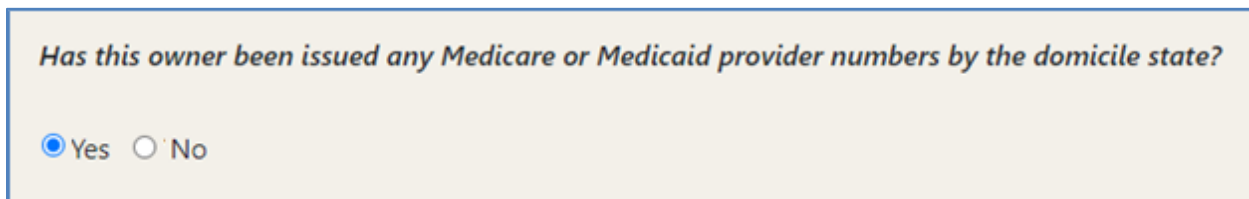


If no, proceed to 7.4.5.

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

Has this owner been issued any Medicare or Medicaid provider numbers by the domicile state?

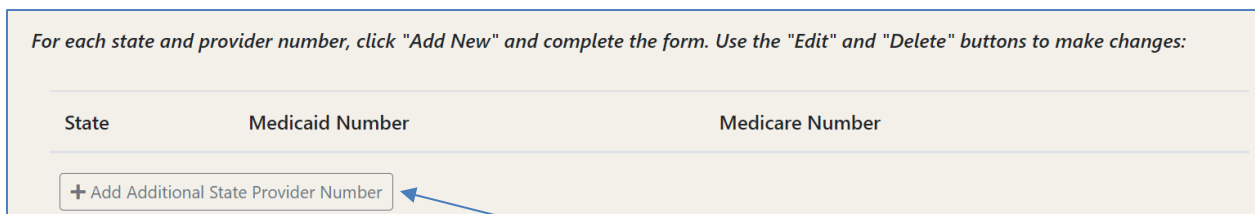
Yes No



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

For each state and provider number, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:



State	Medicaid Number	Medicare Number
<input type="button" value="+ Add Additional State Provider Number"/>		



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.

State	Medicaid Number	Medicare Number	
ID	1111111	2222222222	 Edit  Delete

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?

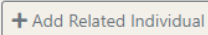
If no, proceed to 7.4.6.

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

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

Yes No

For each relative, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

First Name	Last Name	Title
		

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

Individual Owner Relative ×

First Name: *

Middle Name: *

MaidenName

Last Name: *

HyphenatedLastName

Relationship: *

Title: *

Relationship Type: * Owner Agent Managing Employee Subcontractor

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.

First Name	Last Name	Title	
Manfred	Rococo	None	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

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.

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

Yes No

For each subcontractor, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Subcontractor Business Name	Subcontractor Owner Name	State
<input type="button" value="+ Add Subcontractor"/>		

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

Subcontractor Business Name: *

Subcontractor Owner Name: *

Address: *

City: *

State: *

Zip: *

Phone Number: *

Contact Email: *

Cancel Save

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.

Subcontractor Business Name	Subcontractor Owner Name	State	
Satellite	Testa Napp	LA	Edit Delete

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.

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

For each participating plan, click "Add New" and complete the form. Use the "Edit" and "Delete" buttons to make changes:

Plan Name	DBA Name	State
<input type="button" value="+ Add Plan"/>		

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

Other Plan

Plan Name: *

DBA Name: *

Tax ID: *

State: * -- ▾

Plan ID Number: *

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.

Plan Name	DBA Name	State	
Medicare	Satellite	LA	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
<input type="button" value="+ Add Plan"/>			

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.

Agent/Managing Employee Questionnaire

Yes No Ever been convicted of a criminal offense in any program under medicare, Medicaid, any Titled services in the Louisiana Medical Assistance Program?

Yes No Ever had any disciplinary action taken against any license or certification held in any State or US Territory, including disciplinary action, board consent order, suspension, revocation, or voluntary surrender of a license of certification?

Yes No Ever been denied enrollment, suspended, or terminated from participation, excluded or voluntarily withdrawn to avoid disciplinary action from Medicare, Medicaid, or other healthcare program(s) in any State or US Territory?

Yes No Currently have a negative balance or currently owes money to any State or Federal Funded program including Medicaid and Medicare?

Yes No Ever been the subject of any investigation under MAPIL (Louisiana's Medical Assistance Program Integrity Law) or by any law enforcement, regulatory, or State agency?

Yes No Currently have any open or pending healthcare court cases?

Yes No Ever been denied malpractice insurance?

Yes No Currently has or ever had any type of felony conviction(s)?

A summary of details **MUST** be provided in the box below for questions answered "YES" and supporting documentation **MUST** be attached. (Failure to provide details and an attachment will result in a suspended application)

A valid license, if applicable, **MUST** be uploaded here.

Save Agent/Employee Cancel

Attach Documentation

Uploaded files:

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**:

The number of ownership disclosures does not match the number of members entered on the Facility tab. The number of Individual Owners and/or Business Owners disclosed must match.

Please enter at least one record for agents/managing employees (this is required for a response of 'Yes' on the Employee Agent tab).

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:

At least one record must be designated as authorized agent. (Individual Owner and/or Employee Agent tab).

Partnership/Limited Liability Partnership:

A Partnership / Limited Liability Partnership requires a number of members to be entered.

Limited Liability Corporation (LLC):

A Limited Liability Corporation requires a number of members to be entered.
A Limited Liability Corporation requires a number of managing employees to be entered.

Nonprofit:

A Nonprofit requires a number of members appointed to the governing board.

Corporation:

A Corporation requires a number of stakeholders/individual owners.
A Corporation requires a number of Board of Director members.
A Corporation requires a number of officers.

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.

Disclosure of Ownership for Facilities

Use the tabs below to complete each form. When all information in all tabs has been completed, click "Next":

Facility
 Individual Owners
 Business Owners
 Employee/Agent
Authorized Agents

No individuals were designated as authorized agents in the previous sections. It is a requirement that at least one Individual Owner or Employee/Agent (whichever is applicable) be designated as an authorized agent. Please return to the previous tabs and add or edit records (use the Authorized Agent checkbox to designate at least one authorized agent).

*A valid license, if applicable, **MUST** be uploaded here.*

Uploaded files:

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:

Disclosure of Ownership for Facilities

Use the tabs below to complete each form. When all information in all tabs has been completed, click "Next":

Facility
 Individual Owners
 Business Owners
 Employee/Agent
Authorized Agents

The listing below summarizes each individual who is authorized to sign into legal, binding documents on behalf of this provider, such as direct deposit forms and/or changes to the disclosure of ownership forms.

Each individual listed below was designated and disclosed in the previous sections. If you need to edit the Name or Position/Title of an authorized agent listed below, you must go back to the screen this information was entered on (Individual or Employee/Agent tab) to make changes.

Name	Position/Title
John Smith	test

If the information is correct, click Next to validate the disclosure and proceed with the application.

*A valid license, if applicable, **MUST** be uploaded here.*

Uploaded files:

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.

Attestation of Ownership Information

I, the undersigned, certify the following:

WITH MY SIGNATURE BELOW, I ATTEST:

1. THAT THE PROVIDER HAS DISCLOSED ALL NECESSARY INFORMATION;
2. THAT I AM THE AUTHORIZED REPRESENTATIVE OF THIS ENTITY/BUSINESS AND, AS SUCH, HAVE THE AUTHORITY TO ENTER INTO A PROVIDER AGREEMENT WITH THE LOUISIANA MEDICAID PROGRAM;
3. THAT THE PROVIDER HAS REVIEWED THE INFORMATION ON THIS ENTITY/BUSINESS DISCLOSURE FORM AND ATTEST THAT IT IS TRUE, ACCURATE AND COMPLETE;
4. THAT THE PROVIDER UNDERSTANDS THAT KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN THE DENIAL OF ANY REQUEST TO PARTICIPATE IN LOUISIANA'S MEDICAID PROGRAM, OR WHERE THE ENTITY/BUSINESS ALREADY PARTICIPATES, A TERMINATION OF THE PROVIDER AGREEMENT OR...

I Agree

Sign Attestation

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:

I Agree

Sign Attestation

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

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

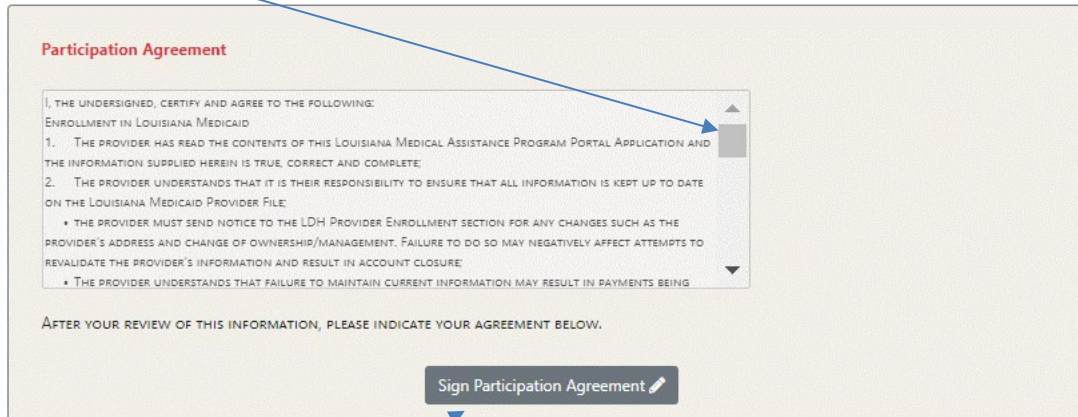
Previous Next Save Progress

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

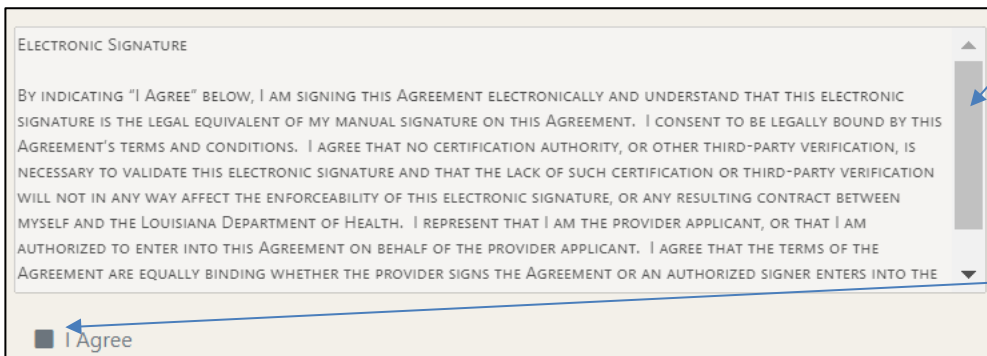
9.0 Participation Agreement

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.

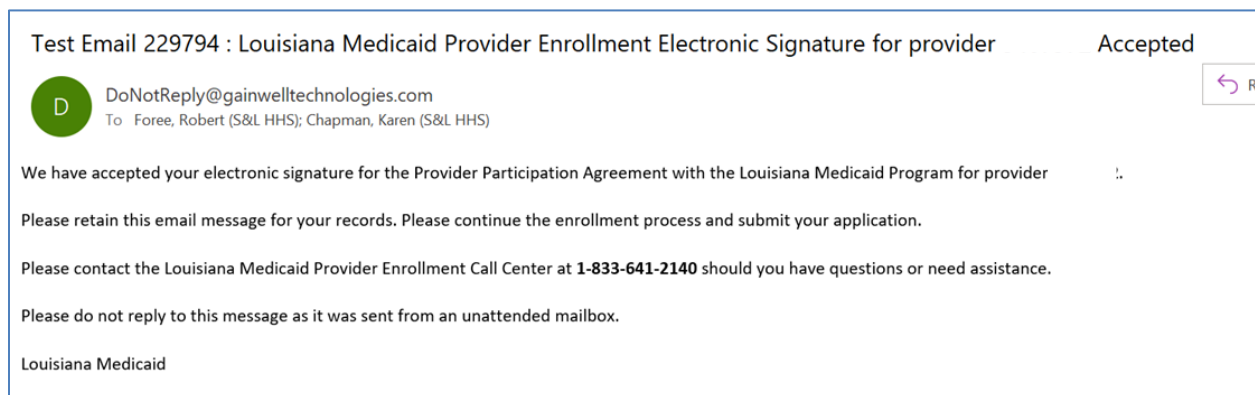


Click on the **Sign Participation Agreement** button. The screen expands to display the Electronic Signature statement and the **I Agree** check box, as shown below:



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

An email similar to the one shown below will be sent to the email address on file:



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

Click the "Request Verification Code" button below to have a verification code sent to the email address we have on file for you. If this email address is not correct, the Email address can only be changed by the Admin user at LAMedicaid.com.

Email: tom@cat.com **Request Verification Code**

Code: **Submit Code**

If you did not receive the verification code, check your email spam folder or if verification code has expired, please request new code by clicking the Request New Code button:

Request New Code

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

Verification code sent

The verification code has been sent to the email address shown.

Close

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

Code: **Submit Code**

Type the code sent to the email address on file (sample email shown below) and click on the **Submit Code** button.

Test Email 229793 : Louisiana Medicaid Provider Enrollment Verification Code for provider

DoNotReply@gainwelltechnologies.com
To: Foree, Robert (S&L HHS); Chapman, Karen (S&L HHS)

Louisiana Medicaid Provider Enrollment Verification Code

You requested a verification code for provider . Please enter the below code in the Verification Code box on the Electronic Signature panel to complete the self-service action.

VERIFICATION CODE: **213983**

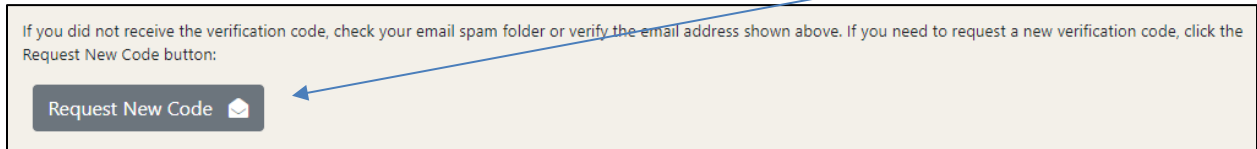
This code will not longer be valid if it has expired, your browser has closed, or you exited the self-service process. You can return to the self-service process to request a new code.

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

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 https://www.lamedicaid.com/Provweb1/Forms/UserGuides/LAMedicaid_Provider_Login_Admin_Manage_Users.pdf).



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 Application Fee page (see section 10.0) if the Provider will be charged an application fee or to the Review and Submit page (see section 11.0) if the Provider will not be charged.

10.0 Application Fee

The amount of your application fee, if any, is displayed on the Application Fee page.

Start ✓ Taxonomy ✓ Practice Address ✓ Mailing Address ✓ Ownership Disclosure ✓ Ownership Attestation ✓ Participation Agreement ✓ Application Fee Review & Submit

Name: [Redacted] Provider ID: [Redacted] Provider NPI: [Redacted] Provider Type: AG - BEHAVIORAL HLTH REHAB AGENC Sub-Specialties: None
Provider Specialty: 8E - CSOC/Behavioral Health Current Status: Participation agreement signed, but app not submitted

Your organization is required to submit an application fee of \$631.00 prior to execution of your submitted provider agreement, as pursuant to 42 CFR § 455.460 and LAC 50: 1.1501.

The application fee requirement and amount is mandated by the Centers for Medicare and Medicaid Services.

Please provide the following payment account information:

Routing Number *

Account Number *

Previous Next Save Progress

Enter the Routing Number and the Account Number and then click on the **Save Progress** button.

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

Providers who do not pay application fees are:

- individuals
- groups
- Providers enrolled in Medicare
- Providers enrolled in Medicaid programs in states other than Louisiana
- revalidating Providers

Name: [Redacted] Provider ID: [Redacted] Provider NPI: [Redacted] Provider Type: 20 - PHYSICIAN (IND & GP) Sub-Specialties:
Provider Specialty: 70 - Clinic or Other Group Practice

No application fee is required at this time. Please click "Next" to continue.

Previous Next Save Progress

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

10.1 Application Fee Status

The Provider Enrollment Portal may show the status of your application fee as:

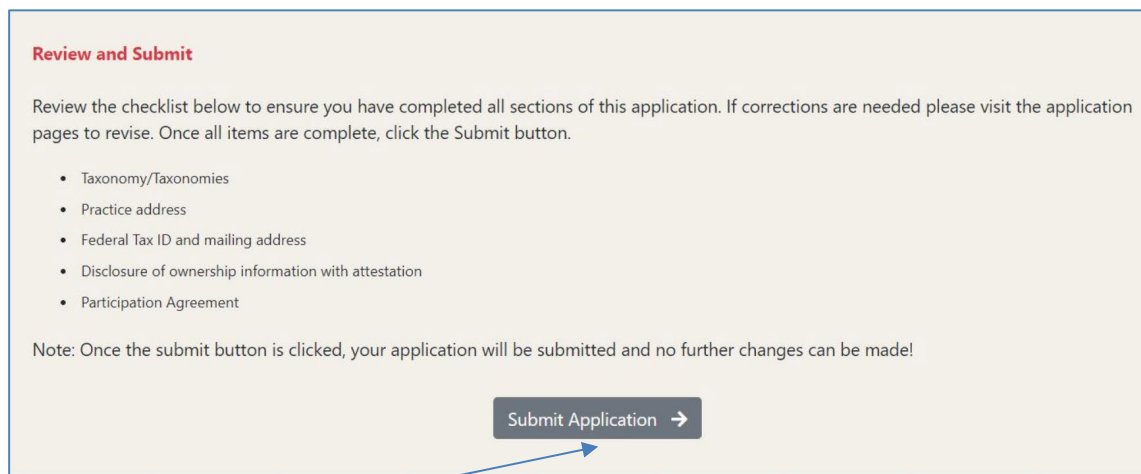
Application fee ACH submitted

Meaning: Your application fee has been submitted and is in process

Application fee ACH rejected

Meaning: Your application fee has been rejected; please contact the Louisiana Medicaid Provider Enrollment Portal Help Desk (Monday – Friday 8 a.m. – 5 p.m. CST) at 1-833-641-2140.

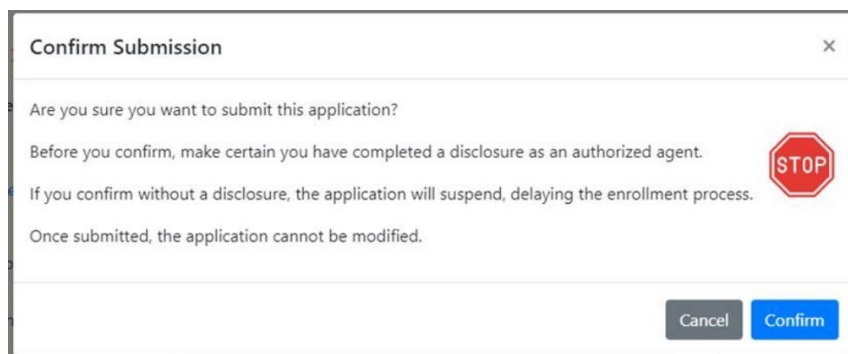
11.0 Review & Submit



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


Note: If you are not able to click the **Submit Application** (i.e., the button is not activated), it means that a portion or portions of the online form are incomplete. Use the navigation tabs to identify the section or sections that need further attention.

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




11.1 Submission Results

Your submission may result in any of the following:

 Your submission has been received

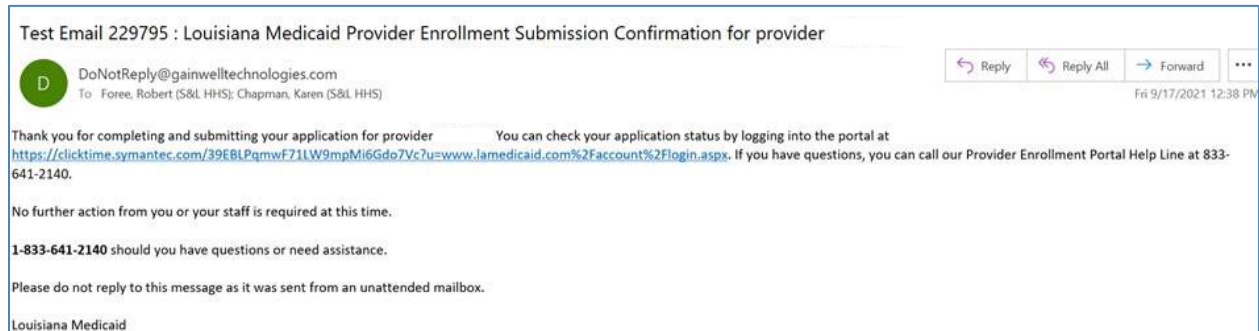
 Screening is in process

 Your enrollment with the State is complete


 Your enrollment with the State is denied and a letter is being mailed

 Your application fee has been rejected; Please Contact Provider Enrollment Portal Help desk 1-833-641-2140.

You will receive an email (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.



Test Email 229795 : Louisiana Medicaid Provider Enrollment Submission Confirmation for provider

 DoNotReply@gainwelltechnologies.com
To: Foree, Robert (S&L HHS); Chapman, Karen (S&L HHS)

Reply Reply All Forward

Fri 9/17/2021 12:38 PM

Thank you for completing and submitting your application for provider. You can check your application status by logging into the portal at <https://clicktime.symantec.com/39EBLPqmwF71LW9mpMi6Gdo7Vc?u=www.lamedicaid.com%2Faccount%2Flogin.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

12.0 Louisiana Medicaid Provider Enrollment Portal Help Desk

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