Louisiana Medicaid Management Information System (LMMIS)

Provider Enrollment Portal Application User Manual For Fee for Service Individual

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Prepared By
Technical Communications Group

PROJECT INFORMATION

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	Revision History		
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September 15, 2021	Updated sample email in 11.0 and 12.1.	12133	GW QA
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September 22, 2022	Updated screenshots in 7.3, 7.3.1, 10.0, 11.0, and 12.0. Added types of files that can be attached to 7.3.1. All instances of the word “provider” were capitalized. Added text to 11.0.	12431	Randy Sheehan, GW QA, and LDH

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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.

2.0 Accessing the Application

2.1 Louisiana Web Site Registration

Before a Provider can access the Provider Enrollment System, 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:

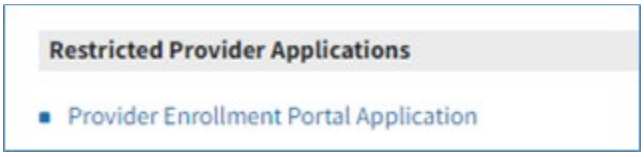
https://www.lamedicaid.com/account/login.aspx

2.2 Log In

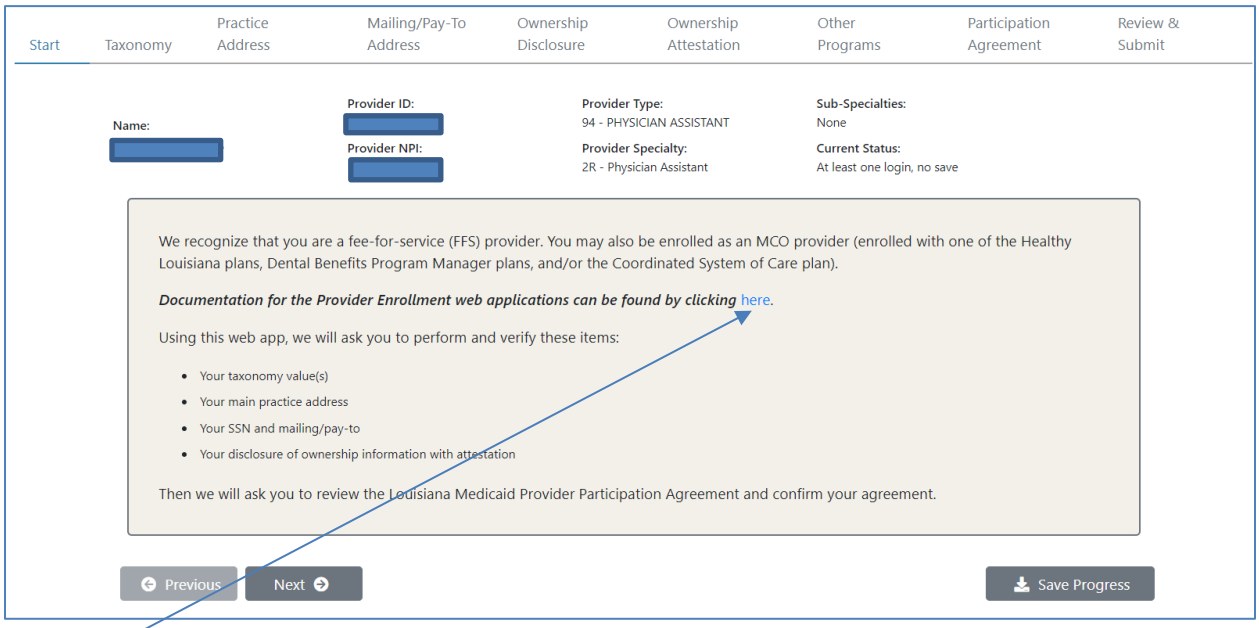
Detailed instructions for logging in are provided here:

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

After login, look for the Provider Enrollment Application for Fee For Service Individual Providers, as shown below:



3.0 Start Page



A link to the user manuals associated with the Provider Enrollment Portal 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, and Provider NPI 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 call the Louisiana Medicaid Provider Enrollment Portal Help Desk (Monday – Friday 8 a.m. to 5 p.m. CST) at 833-641-2140 to have it changed.

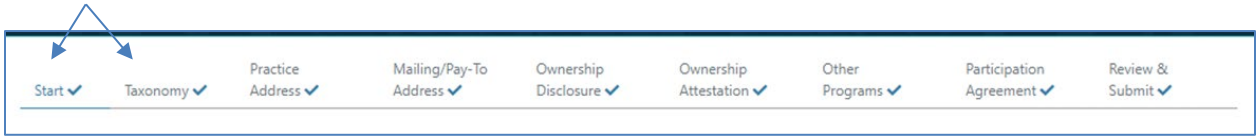
In the case of a name change, the call center staff will check the license website to see if the name has changed with the Provider's governing license board.

3.2 Navigation Tabs

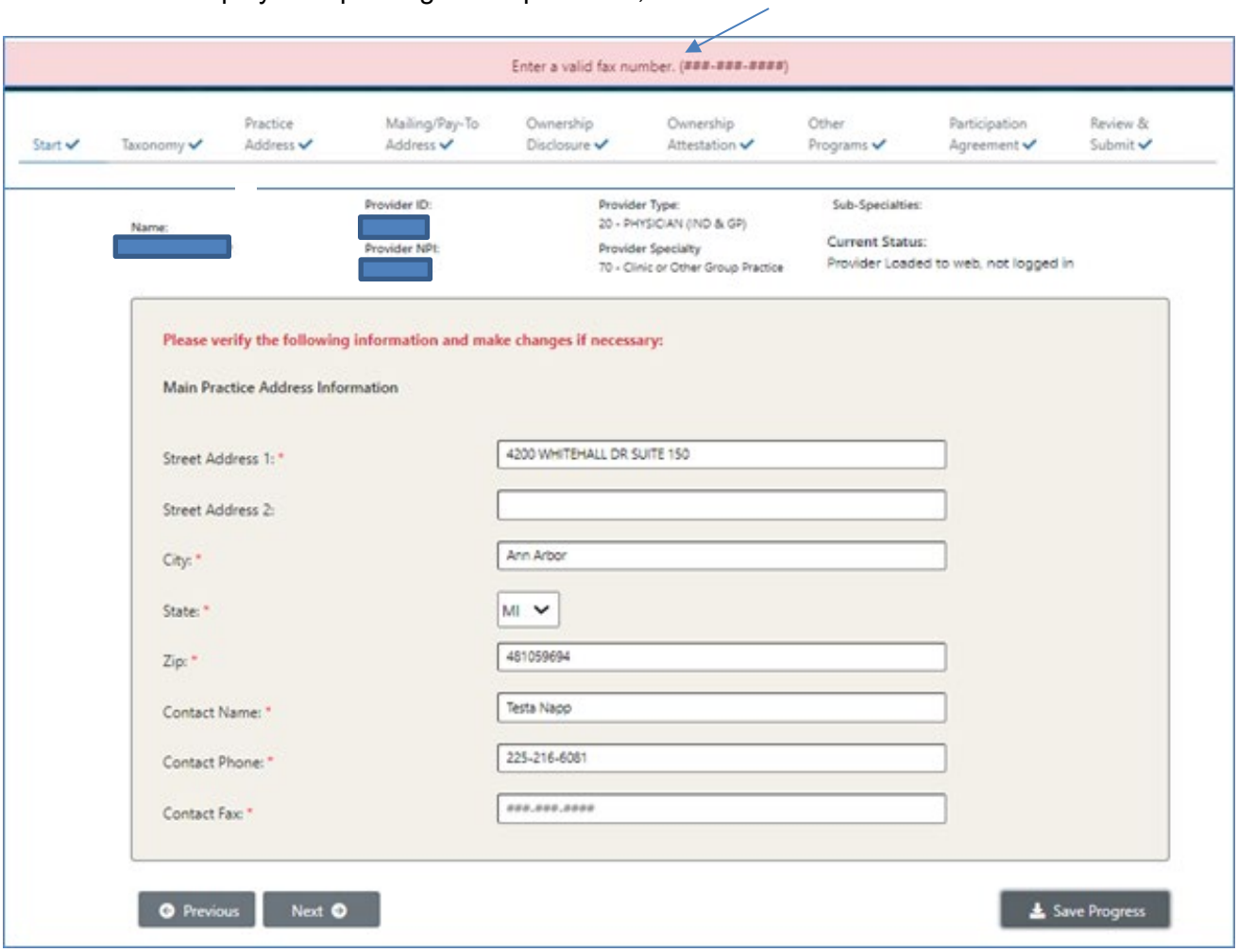
Along the top of the home screen, the navigation tabs consist of links to the steps required to complete the enrollment application. The steps are listed below:

- Start
- Taxonomy
- Practice Address
- Mailing/Pay-To Address
- Ownership Disclosure
- Ownership Attestation
- Other Programs
- 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, as 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:

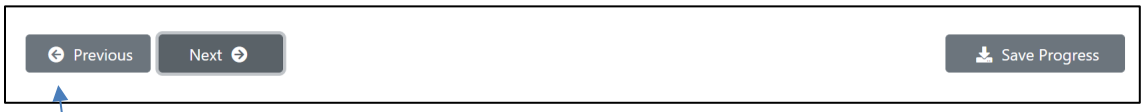


Once the required data has been entered, you can click the **Save Progress** button and a green ribbon at the top of the page will indicate that you have successfully entered all of the required data, similar to the one shown below.

3.3 Control Buttons

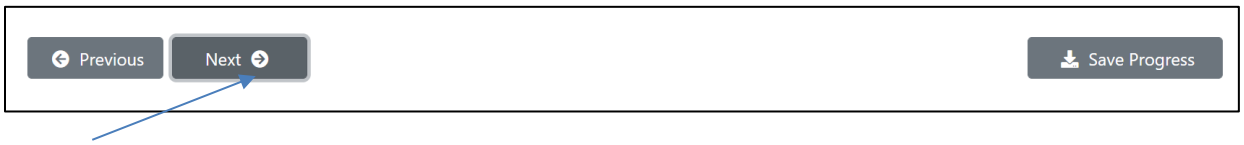
The Control Buttons near the bottom of the screen are the primary methods of navigation and saving your progress.

3.3.1 Previous



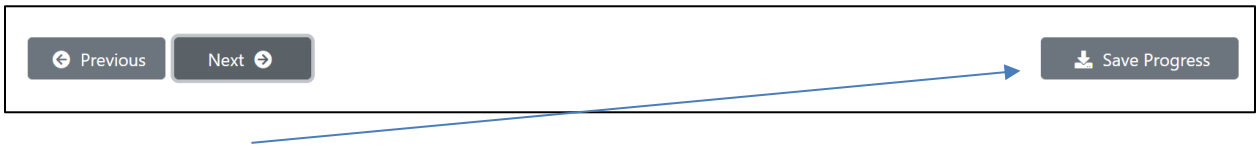
The **Previous** button (when enabled) allows the user to go back one step from the current page within the application.

3.3.2 Next

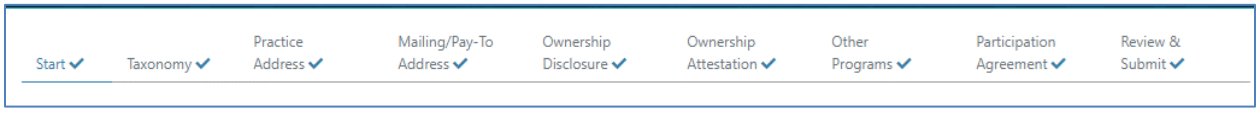


The **Next** button (when enabled) allows the user to move forward one step from the current page within the application.

3.3.3 Save Progress

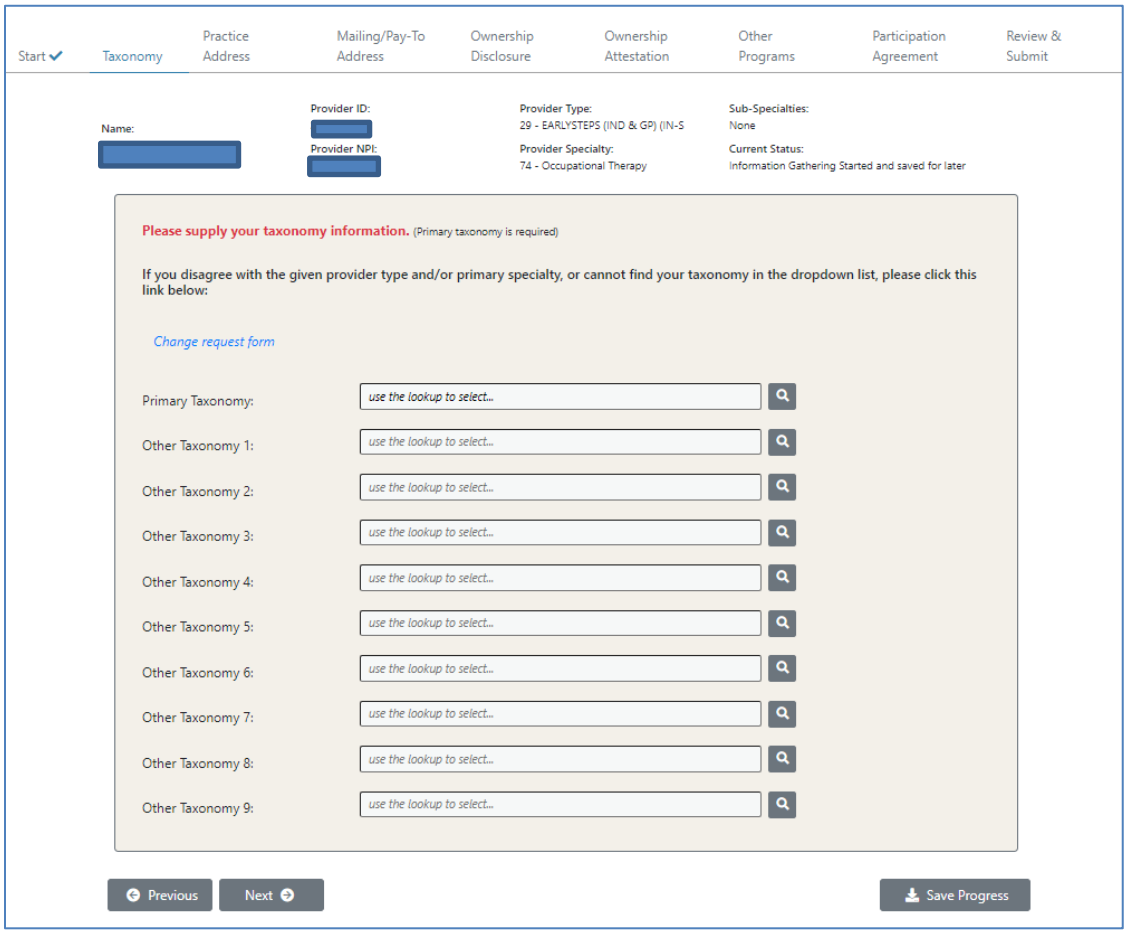


The **Save Progress** button saves the data entered so far into the application where progress was last saved. In this way, for instance, the user can log off and come back later to resume work on the enrollment application. The **Save Progress** function is also used to finalize the submission for the 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, as shown below:

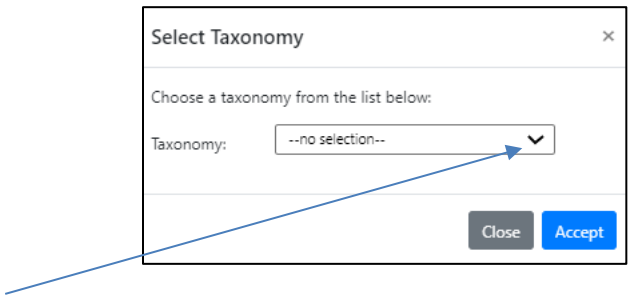


4.0 Taxonomy

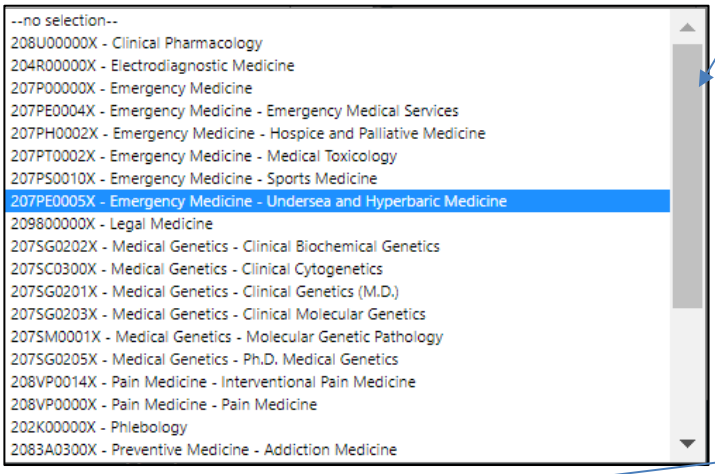
The **Taxonomy** page enables the user to provide the necessary taxonomy information. Only Primary Taxonomy is required (and is usually pre-populated). Taxonomy options are limited by Provider Type and Provider Specialty. If the Provider has more than one taxonomy number, up to nine taxonomies may be 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.



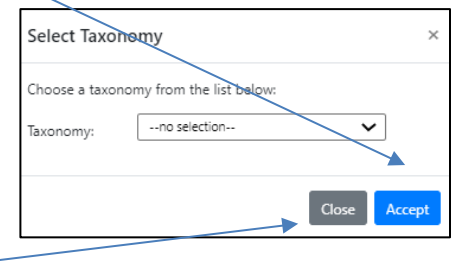
Click the lookup icon ( ) next to each Taxonomy Code field where you need to add information. A dialogue box similar to the one shown below is displayed:



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

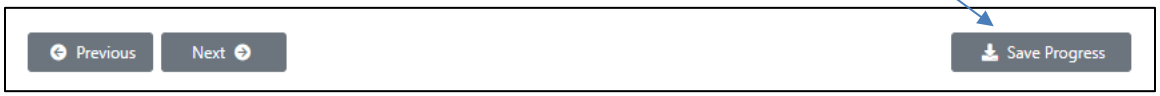


Use the navigation tool (if available) to scroll through the Taxonomy options. When you find the one you want, select it, and then click on the **Accept** button in the dialogue box.



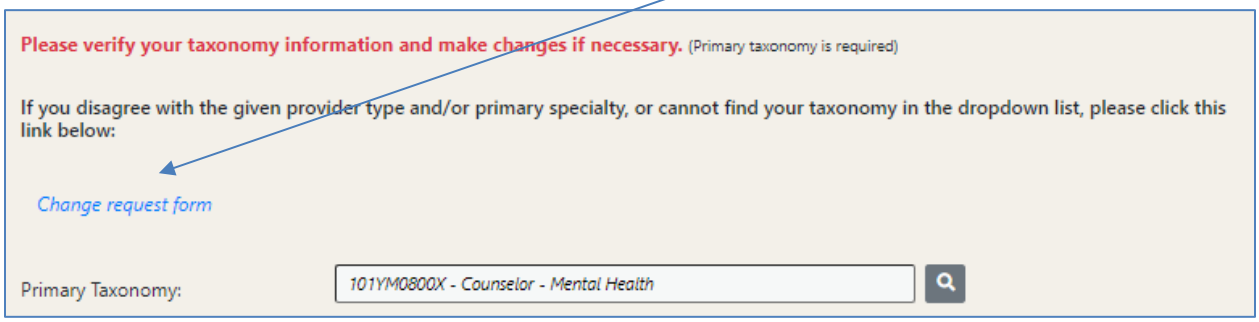
Click the **Close** button to close the lookup taxonomy dialogue box at any time.

Continue entering Taxonomies as needed. Then click on the **Save Progress** button at the bottom of the screen.

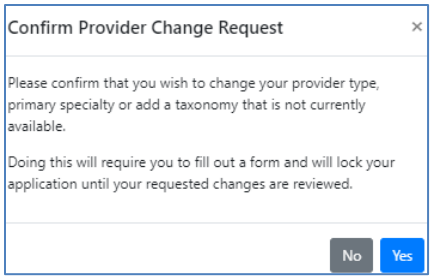


4.1 Change Request Form

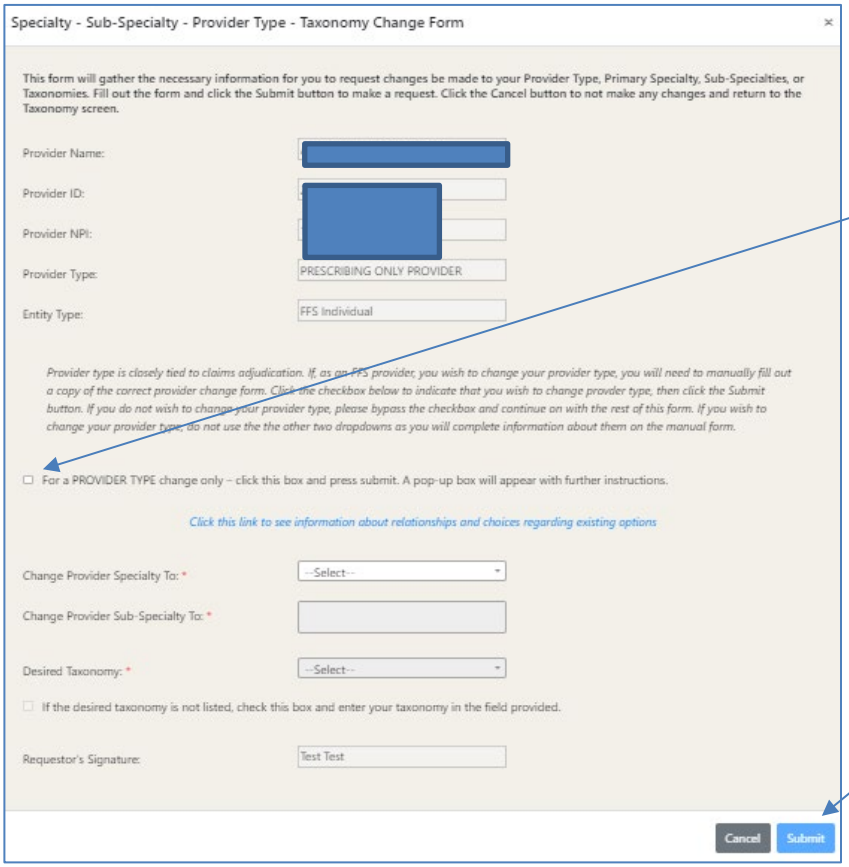
If you disagree with the given Provider Type and/or primary specialty, or cannot find your taxonomy in the dropdown list, click on the **Change request form** link:



The system responds with the following prompt:



Click the **No** button to return to the Taxonomy page. Click the **Yes** button to open the Specialty – Sub-Specialty – Provider Type – Taxonomy Change Form, as shown below:

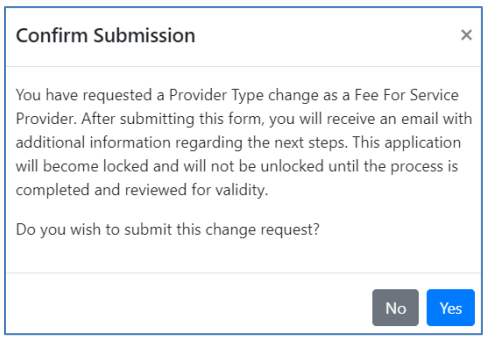


4.1.1 Provider Type Change Only

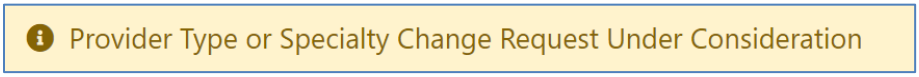
Click the PROVIDER TYPE change only check box to change only your Provider Type (not a specialty, sub-specialty, or taxonomy).

Then click on the **Submit** button.

The following prompt is displayed:



Click the **No** button to return to the Specialty – Sub-Specialty – Provider Type – Taxonomy Change Form. Click the **Yes** button to initiate the Provider Type change process and return to the Taxonomy page, which will now have the following banner at the top:



You will receive an email similar to the one below with instructions for the Provider Type change:

Subject: Received – Request of Change made on Louisiana Medicaid Provider Enrollment Portal for Provider ID xxxxxxx

Dear PROVIDER,

As an FFS Provider, you must complete a new application to change your Provider type.

The application can be located at www.lamedicaid.com by accessing Applications for New Enrollments, Reactivations, and Change of Ownership.

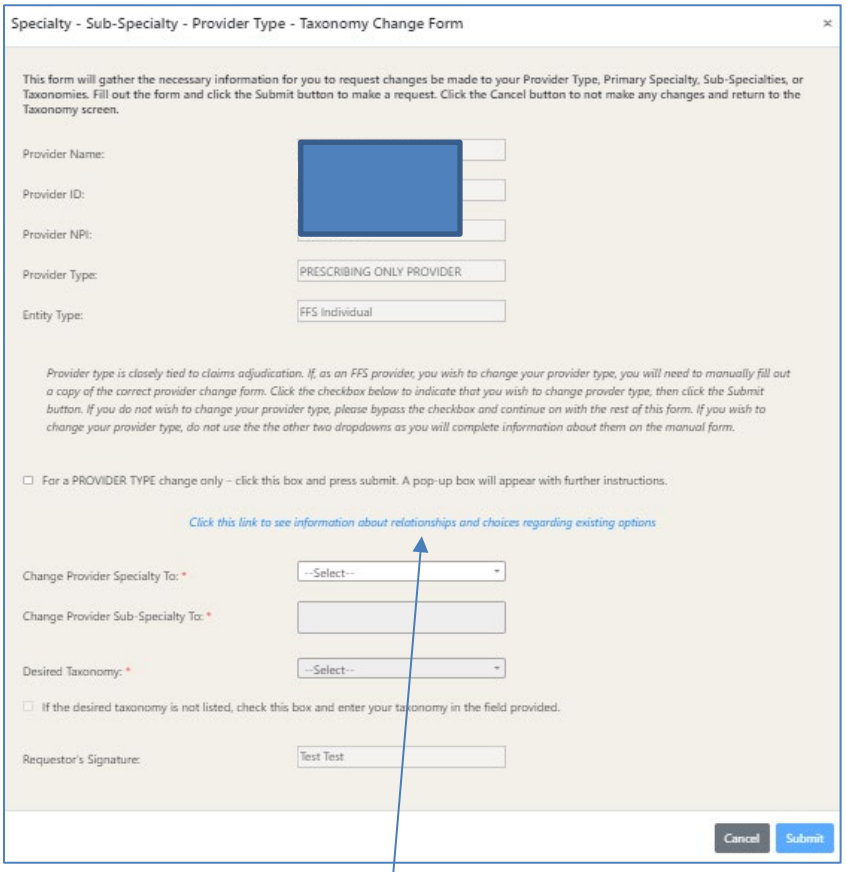
Once your application is approved a new account will be created and you will receive a letter welcoming you to Louisiana Medicaid. Your previous account will be terminated.

If you decide that you do not wish to make the Provider type change, please contact Gainwell at louisianaProviderrnroll@gainwelltechnologies.com or call 1 (833) 641-2140 so that your application can be unlocked and you may continue on with your current application.

Sincerely,

Gainwell Technologies

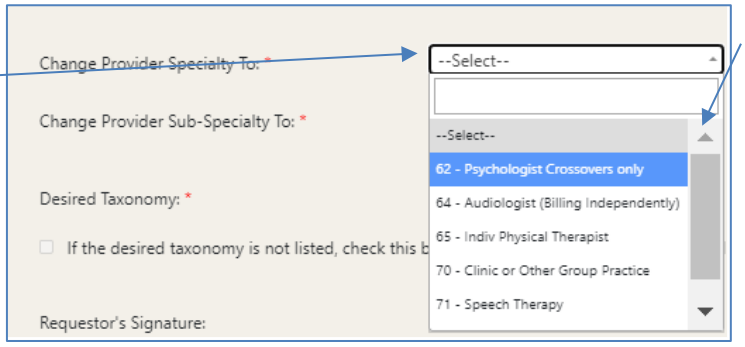
4.1.2 Information About Relationships and Choices Regarding Existing Options



Optionally, you are enabled to view the Provider Change Form Instruction page (www.lamedicaid.com/provweb1/forms/ProviderChangeFormInstructions.pdf), which provides details regarding Provider Types and Specialties/Sub-specialties.

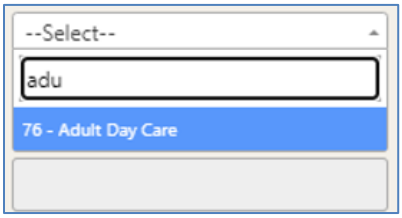
4.1.3 Change Provider Specialty To

Click within the Change Provider Specialty To: selection box to display the drop down box of available options.



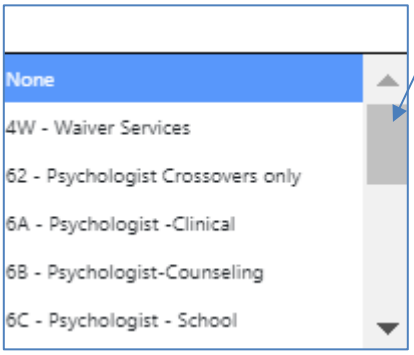
Use the scroll tool to browse the available options and click on the specialty.

You can also enter the first few letters of the specialty into the box to quickly locate the one required. For instance, you can enter “adu” in the box, and any specialty that begins with the letters “adu” is displayed:



4.1.4 Change Provider Sub-Specialty To

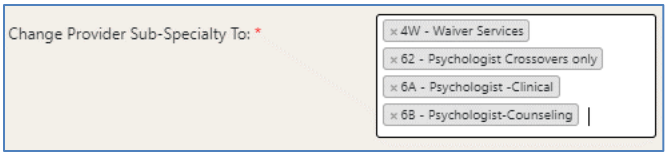
Once the Provider Type has been selected, the Change Provider Sub-Specialty To: selection box is enabled. Click within the box to see the drop down list of available options:



Use the scroll tool to browse the available options and click on the sub-specialty.

You can also enter the first few letters of the sub-specialty into the box to quickly locate the one required.

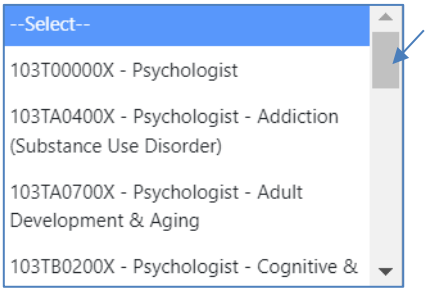
You are enabled to enter up to nine sub-specialties; in the instance below, four have been chosen.



Note: You can also elect to change the sub-specialty none.

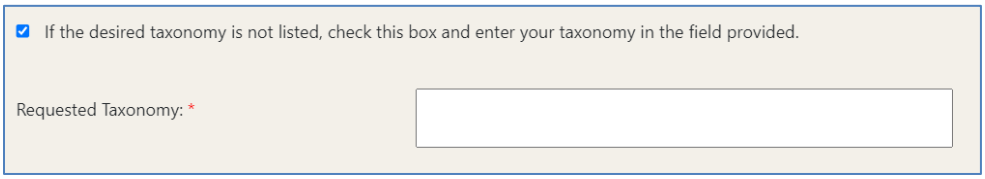
4.1.5 Desired Taxonomy

Once a sub-specialty has been selected, the Desired Taxonomy drop down box is enabled. Click within the box to see the drop down list of available options:



Use the scroll tool to browse the available options and click on the sub-specialty.

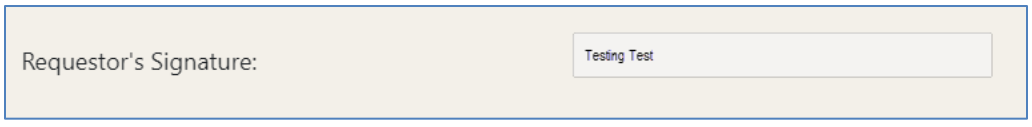
If the desired taxonomy is not listed, click on the check box below the Desired Taxonomy drop down box to enable a text box into which you can type the desired taxonomy:



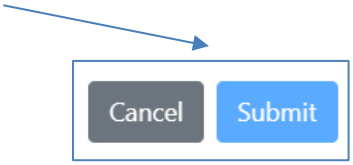
You are enabled to select up to nine taxonomies.

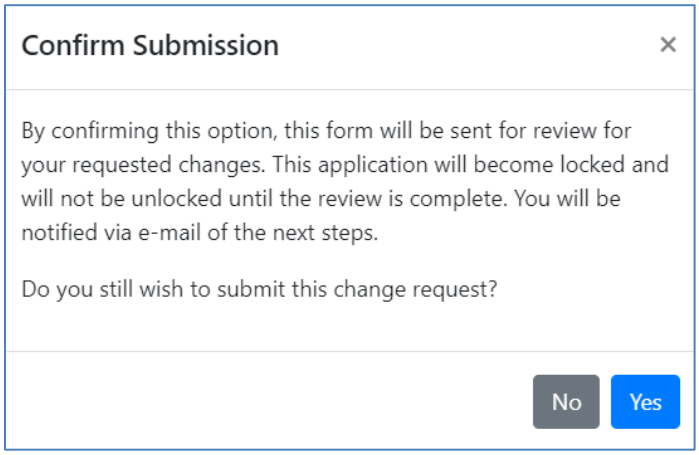
4.1.6 Requestor's Signature

The user's name is pre-populated in the Requestor's Signature text box:



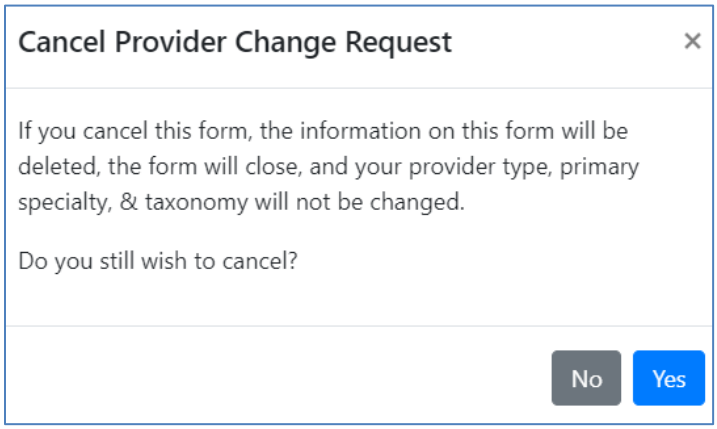
When you have completed the change request form, click on the **Submit** button in the lower right hand corner to proceed.





Click on the **Yes** button to proceed with the request. Otherwise, click on the **No** button to return to the change request form.

Alternatively, you can click on the **Cancel** button to cancel the request.



Click on the **Yes** button to continue with the cancellation. Otherwise click on the **No** button to return to the Form screen..

If you elected to proceed with your change request, look for the yellow banner at the top of the Taxonomy page when you return:

4.1.7 Check Your Email

Check your email for confirmation of the requested changes. The email is similar to that shown below:

Subject: Received – Request of Change made on Louisiana Medicaid Provider Enrollment Portal for Provider ID xxxxxxx

You have submitted a request to change your Provider type, primary specialty, or to add a taxonomy on the Provider Enrollment Web Portal. This request will be reviewed. While it is under review, your application on the portal is locked, meaning that you cannot continue to work on it. Another email will be sent to this email address when the review is completed. At that time, your application will be unlocked allowing you to finish and submit your enrollment application.

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

Sincerely,

Gainwell Technologies

Emails will also be sent upon denial or approval of your requested Provider Type, primary specialty, sub-specialty, or taxonomy changes.. The emails are similar to those shown below:

Subject: Decision on your Provider Data Change Request for the Louisiana Medicaid Provider Enrollment Portal for Provider ID xxxxxxx

This email is to inform you that your Louisiana Medicaid enrollment application change for Provider type, Provider specialty or taxonomy that you requested via the Louisiana Medicaid Provider Enrollment Portal has been approved. Your information has been updated to:

Requested Type:	31 - PSYCHOLOGIST (LIC/MED) (IN-ST)
Requested Primary Specialty:	7P - ABA THERAPY PSYCHOLOGIST
Requested Sub-Specialty:	4W - Waiver Services
Requested Primary Taxonomy:	103T00000X

Please log back into website here and complete your application for enrollment before September 30, 2022.

Subject: Decision on your Provider Data Change Request for the Louisiana Medicaid Provider Enrollment Portal for Provider ID xxxxxxx

This email is to inform you that your request for a change in Provider type, primary specialty, or taxonomy has been denied. This was done in accordance with existing LDH processes and procedures for enrolling with Louisiana Medicaid. Please contact Gainwell Provider Enrollment at 833-641-2140 or LouisianaProvEnroll@gainwelltechnologies.com for additional information.

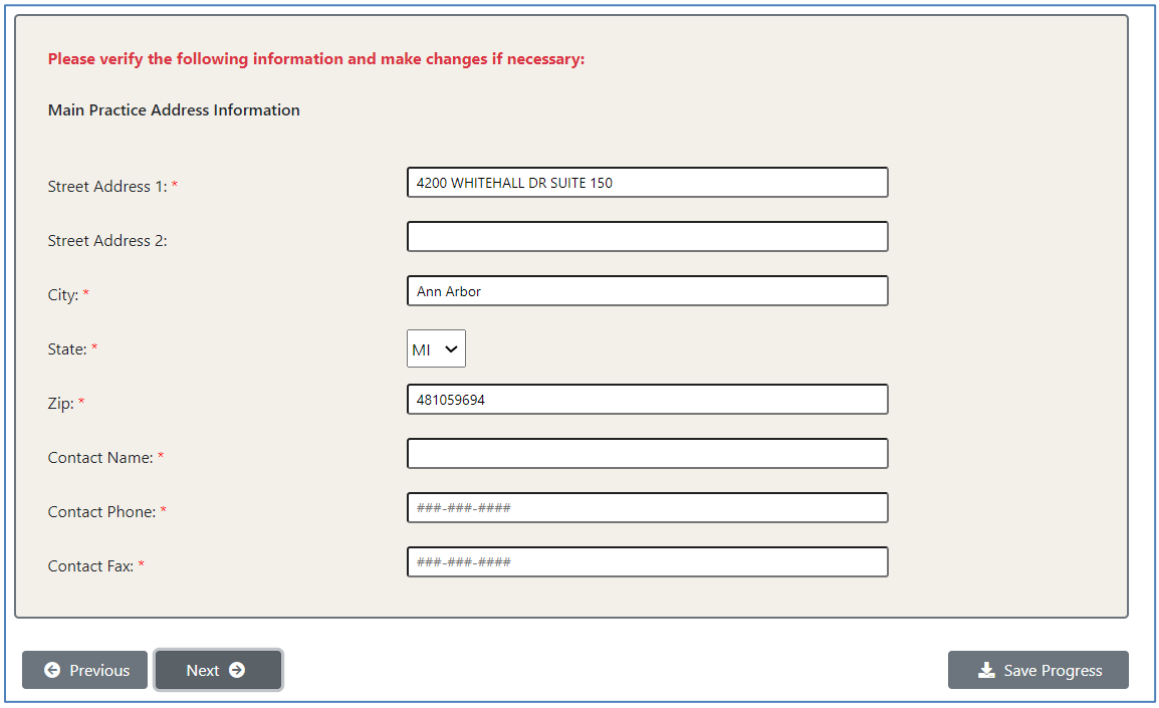
Your online application at website here has been unlocked and you may now complete your application for submission. The last day to submit your application is September 30, 2022.

An email is also generated and sent if you requested a desired taxonomy that was not listed (see 4.1.5).

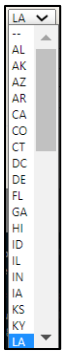
When the change request form is approved or denied, the application is unlocked/editable and you can continue with the application submission.

5.0 Practice Address

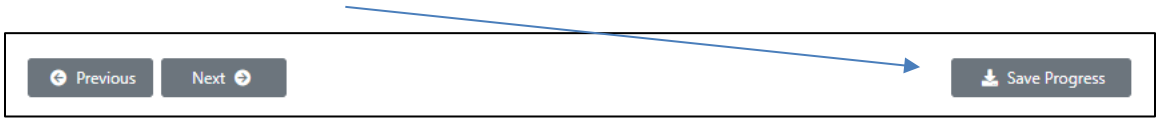
The **Practice Address** is the physical facility location of the practice that is enrolling in Louisiana Medicaid. The **Practice Address** page is also used to capture Contact Name, Contact Phone, and Contact Fax, as shown below.



Some fields may be pre-populated, but if it 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).

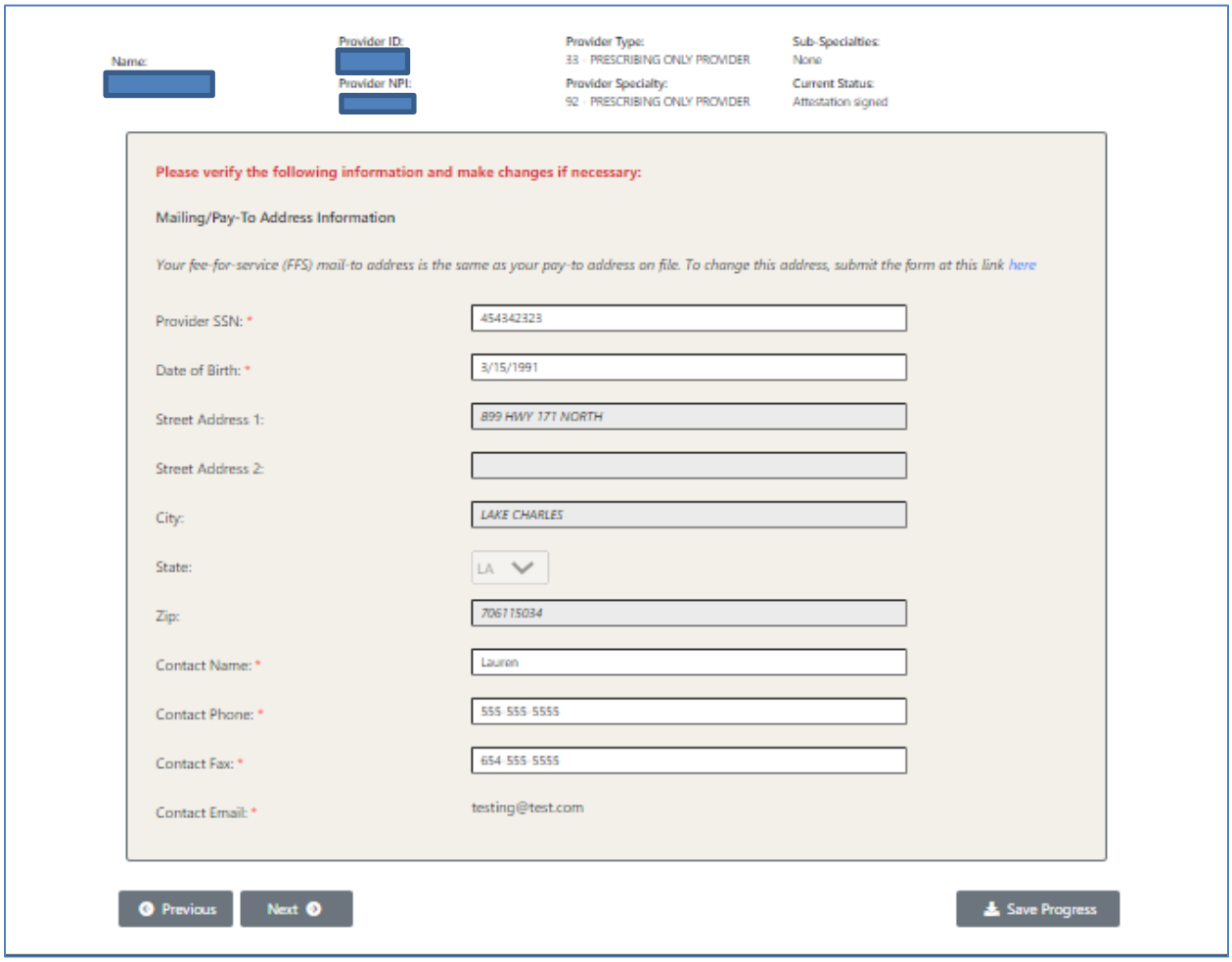


Click on the **Save Progress** button at the bottom of the screen.



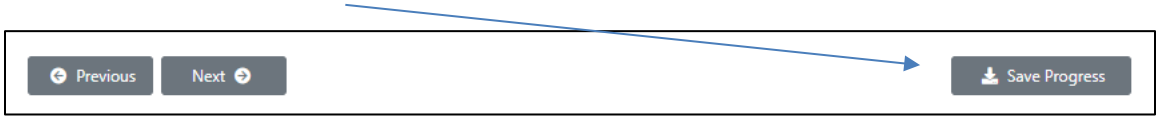
6.0 Mailing/Pay-To Address

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 Provider SSN, Date of Birth, Address information, Contact Name, Contact Phone, and Contact Fax, as shown below. 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).

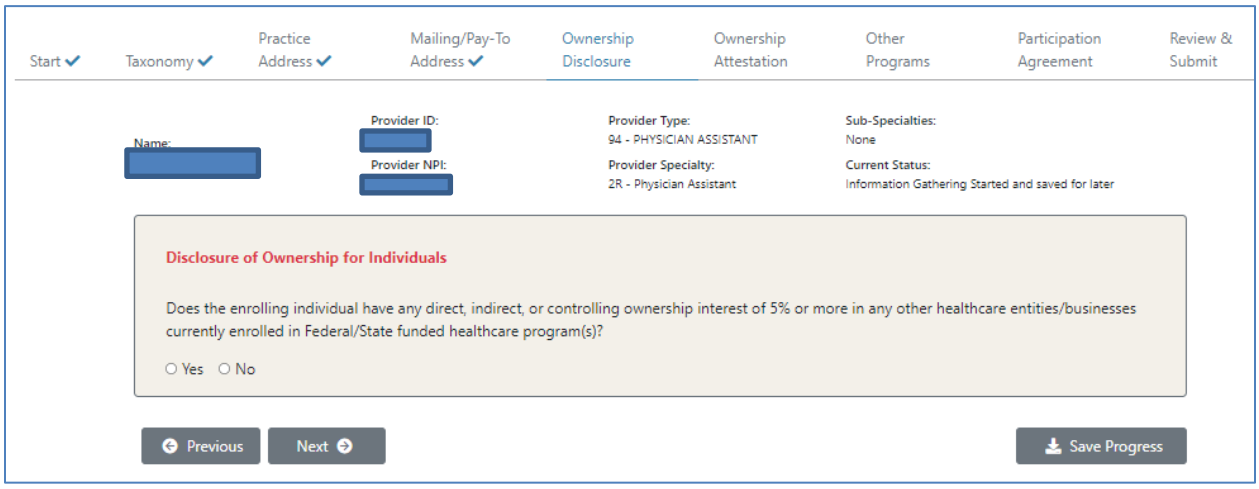


The Pay-To Address may not be updated in the application. Use the form at lamedicaid.com https://www.lamedicaid.com/Provweb1/Provider_Enrollment/20070924%20File%20Update%20Form%20_3_.pdf) if this address needs to be changed. Only the Contact Name, Contact Phone, and Contact Fax can be updated on this page of the application. Fields with an asterisk are required.

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



7.0 Ownership Disclosure – "Yes" Answers

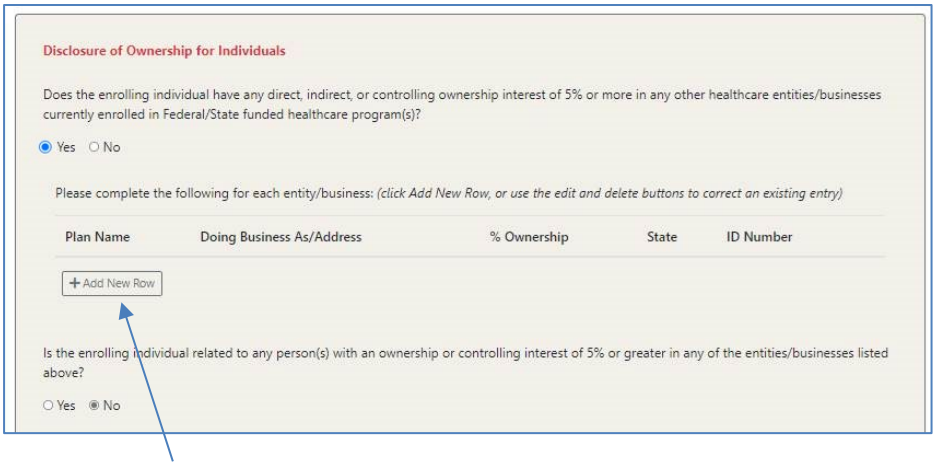


In the **Ownership Disclosure** section of the application, use the radio button to answer Yes or No to the questions. If **"Yes"**, you must be prepared to respond with information including the DBA Name(s) and address(es), the Tax ID(s), the Social Security Number(s), % ownership, the location (state) and the Plan Number(s).

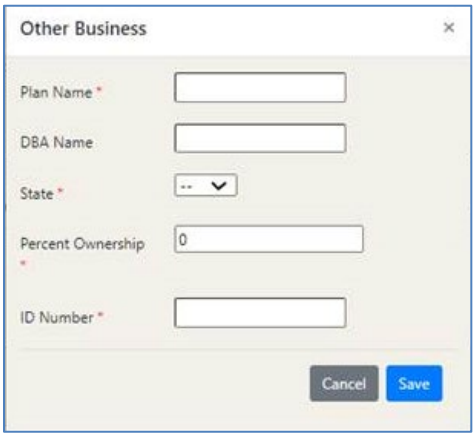
Depending on your responses, the application will expand to display further questions.

7.1 Yes (5% or More Ownership Interest)

Click the **Yes** radio button if the enrolling individual has any direct, indirect, or controlling ownership interest of 5% or more in any other healthcare entities/businesses currently enrolled in Federal/State funded healthcare program(s). The enrollment application responds by displaying a screen similar to the one shown below.

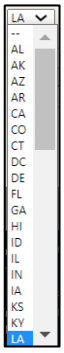


Click on the **+Add New Row** button to enter ownership data for the first other business interest. The system responds by opening the Other Business window, as shown below:

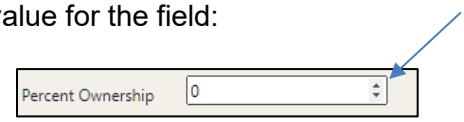


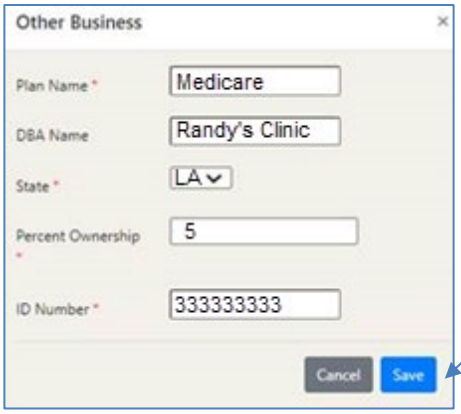
Enter the Plan Name (usually Medicaid or Medicare). Enter the Doing Business As (DBA) Name. If the DBA Name is different from the IRS business name, use the business "sign" name, i.e., the name on the business letterhead and/or the physical facility signage. Select the State abbreviation in which the business is conducting operations. Enter the Percent Ownership in the business of the enrolling individual, and the seven digit Louisiana Medicaid ID Number (or 10 digit NPI) of the enrolling individual.

Type your responses into the text boxes. Use the down arrow to open the State drop down box to select a state.

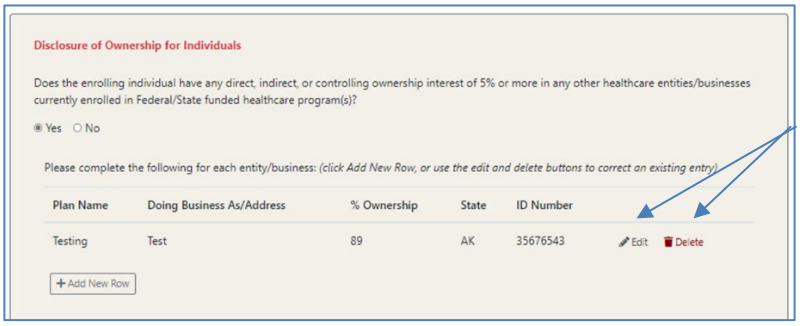


The Percent Ownership text box will accept a typed entry, but up and down arrows are provided as an optional way to select a value for the field:





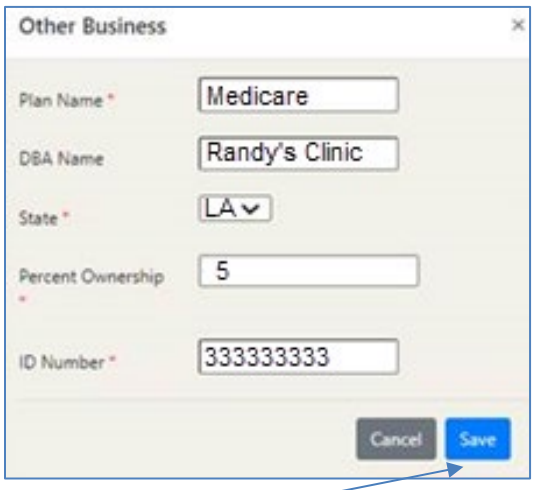
Once the fields have been populated with correct data, click the **Save** button.



Your information will be displayed on the Disclosure of Ownership page with the **Edit** and **Delete** functions, similar to that shown to the left.

7.1.1 Edit

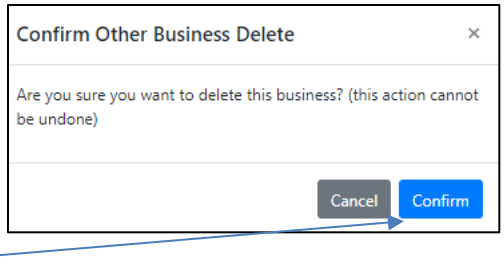
The **Edit** function re-opens the Other Business window, shown with the existing data (previously entered).



Make any changes and then click on the **Save** button.

7.1.2 Delete

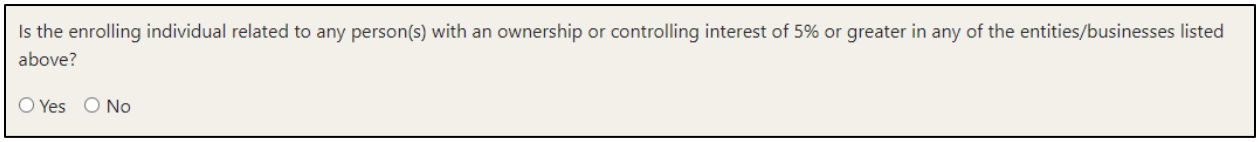
The **Delete** function opens the Confirm Other Business Delete window.



Click on the **Confirm** button to delete the data in the row. The row is immediately removed.

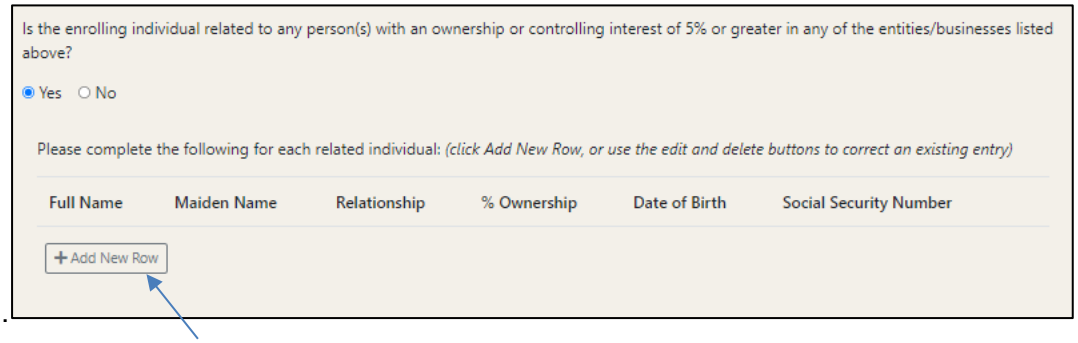
Continue Adding, Editing, and Deleting other businesses as needed.

7.2 Yes (Relative With Ownership Interest of 5% or Greater)

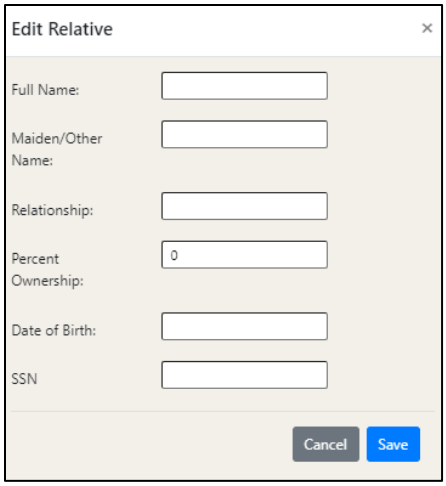


Click on the **Yes** radio button if the enrolling individual is related to a person with an ownership or controlling interest of 5% or greater in any of the entities/businesses entered on the Disclosure of Ownership page. The application responds with a screen similar to the one shown below:

..

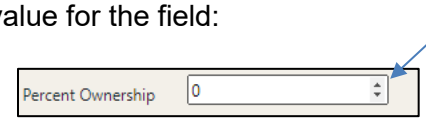


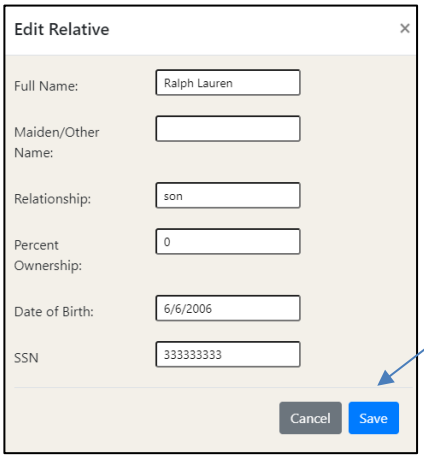
Click on the **+Add New Row** button to enter ownership data for the first relative. The system responds by opening the **Edit Relative** window, as shown below:



All fields are required. Enter the relative's Full Name, Maiden/Other Name, Relationship (for instance, son, mother, father, daughter), Percent Ownership, relative's Date of Birth, and relative's SSN. Then click on the **Save** button.

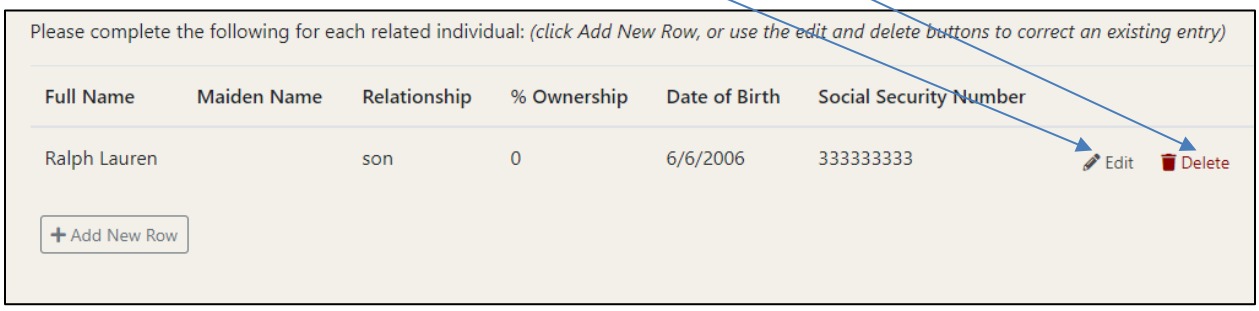
The Percent Ownership text box will accept a typed entry, but up and down arrows are provided as an optional way to select a value for the field:





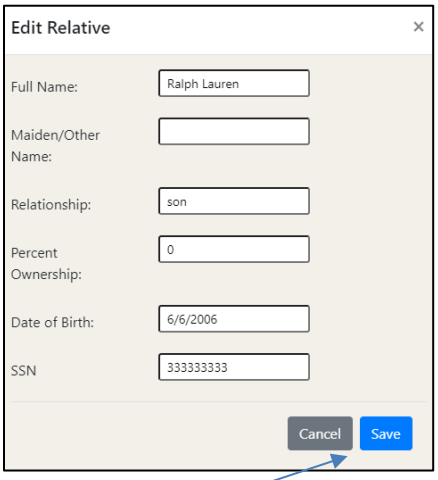
Once the fields have been populated with correct data, click the **Save** button.

Your information will be displayed with the **Edit** and **Delete** functions, similar to those shown below:



7.2.1 Edit

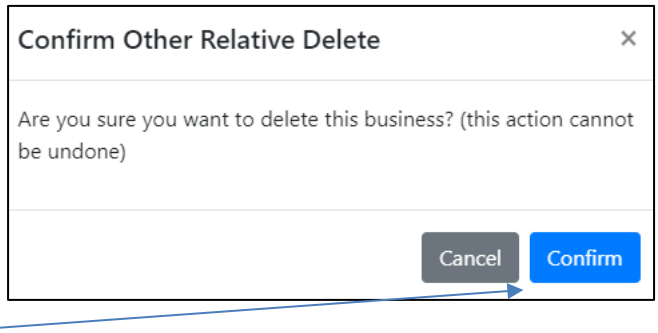
The **Edit** function re-opens the **Edit Relative** window, shown with the existing data, which can be corrected as needed.



Make any changes and then click on the **Save** button.

7.2.2 Delete

The **Delete** function opens the **Confirm Other Relative Delete** window.

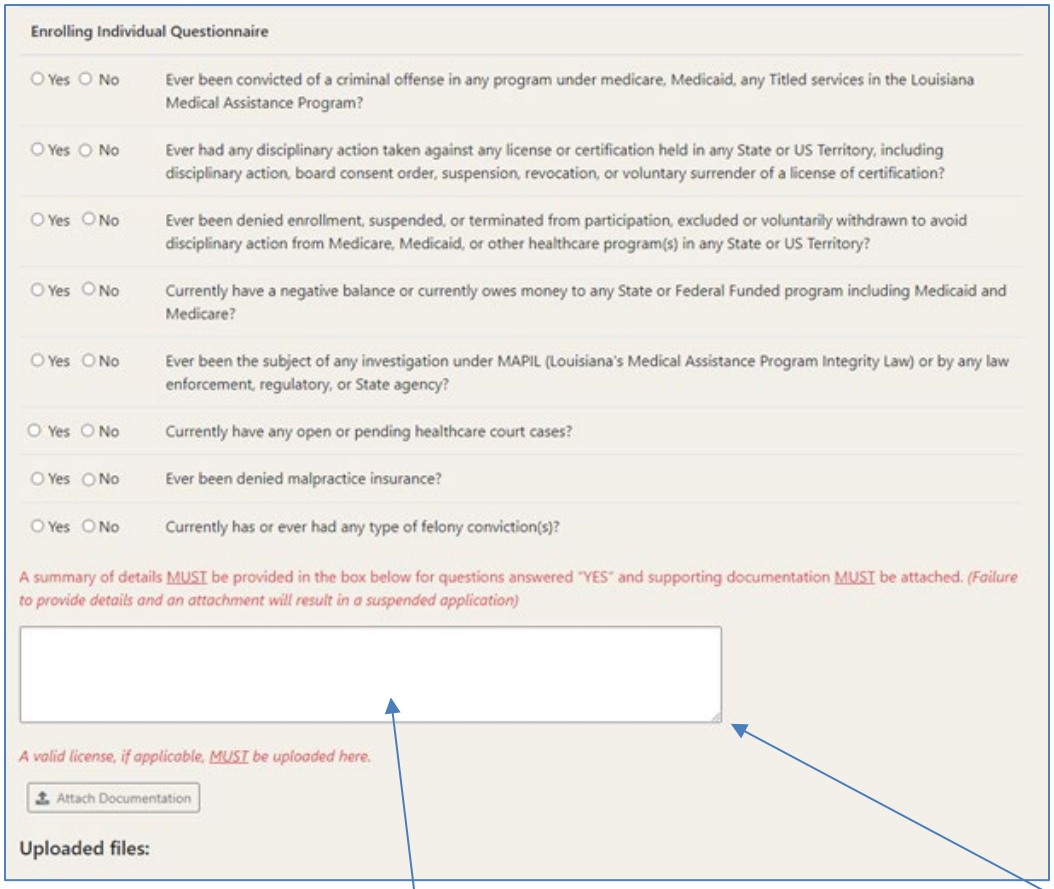


Click on the **Confirm** button to delete the data in the row. The row will be immediately removed.

Continue Adding, Editing, and Deleting relatives as needed.

7.3 Enrolling Individual Questionnaire

Carefully read the instructions at the beginning of the questionnaire section. For each ***"Yes"*** answer, you must submit a written statement providing the details and you must attach all official legal documents regarding the occurrence.

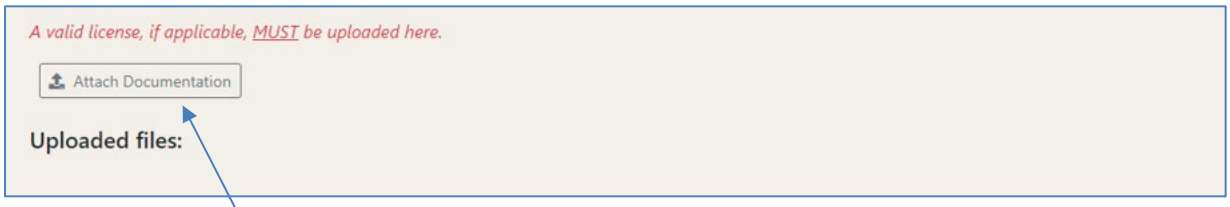


All questions are required. Use the text box to submit details regarding each **"Yes"** answer. If necessary, use box re-size function to expand or reduce the size of the text box to fit your requirement.

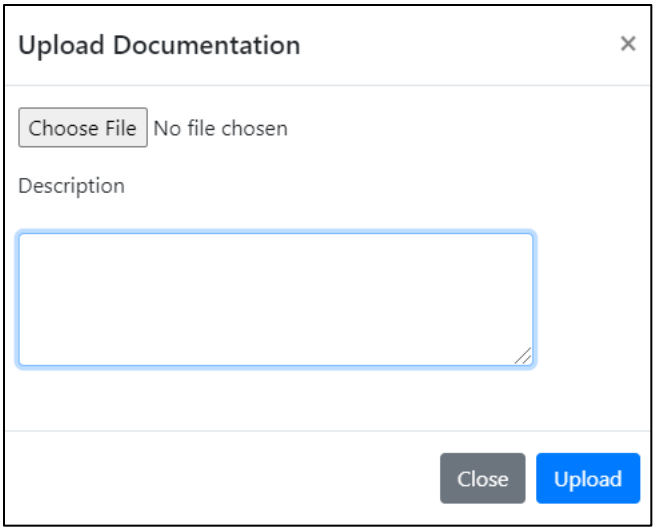
7.3.1 Attach Documentation

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

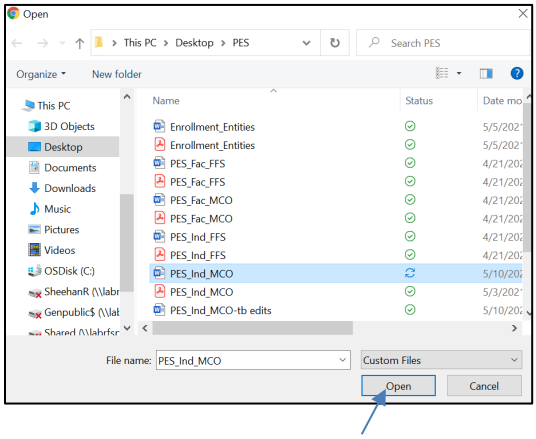
- No limit to the number of uploads
- 10mb max per file



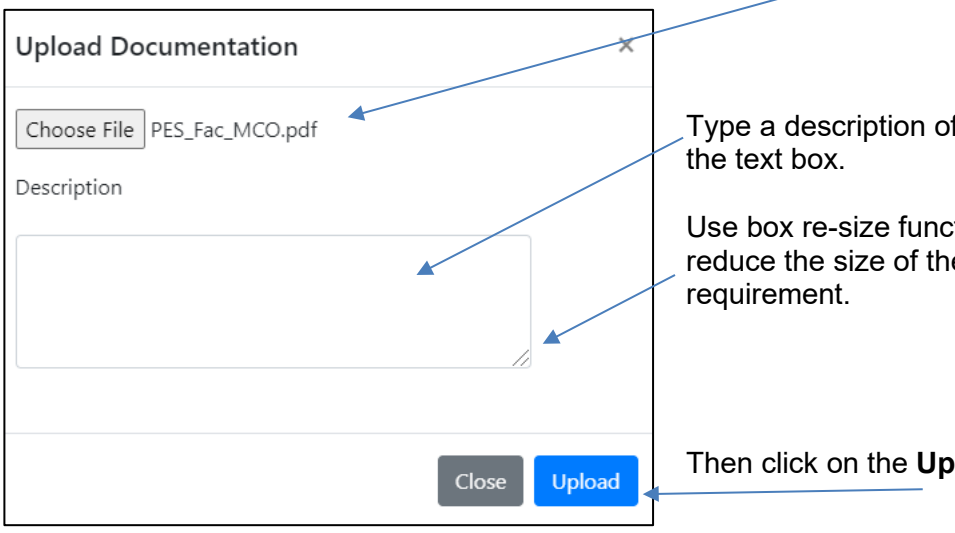
Click on the **Attach Documentation** button to open the **Upload Documentation** window. Attach all official legal documents regarding the occurrence of a Yes answer, including any reinstatements.



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.



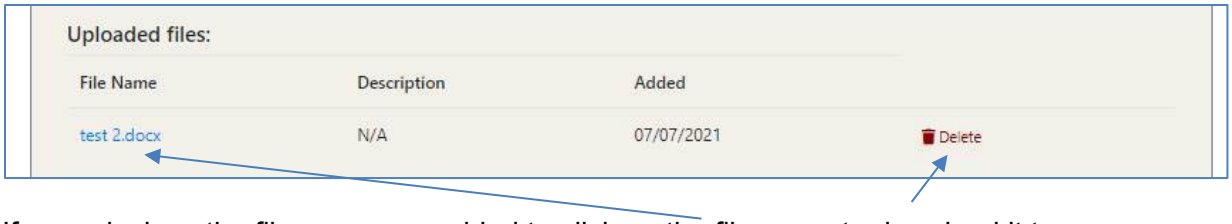
Type a description of the document into the text box.

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

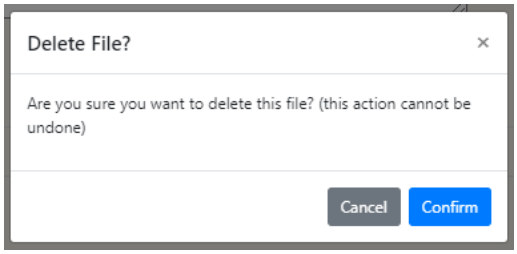
Then click on the **Upload** button.

7.3.2 Uploaded Files

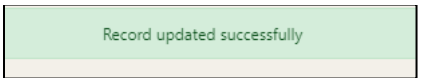
After you have uploaded files, they are displayed in a manner similar to that shown below:



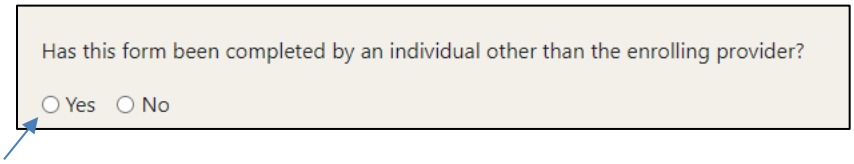
If you misplace the file, you are enabled to click on the file name to download it to your computer. You are also enabled to delete any file you may have uploaded.



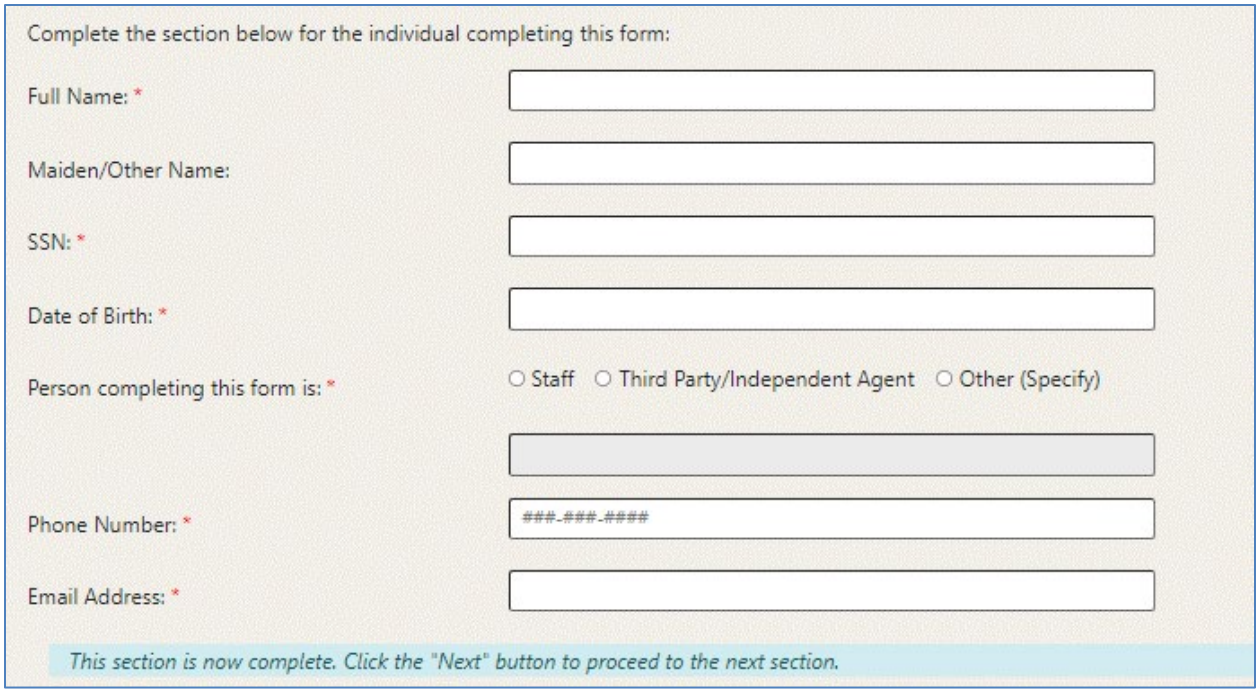
Click on the **Confirm** button to delete the file. The file will be immediately removed, and the following message displayed:



7.4 Yes (Form Completed by Individual Other Than Enrolling Provider?)

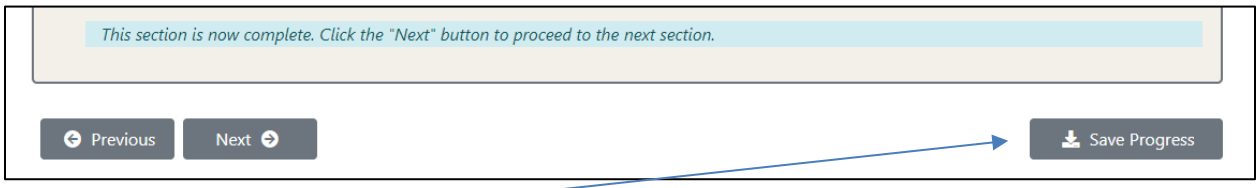


Click on the **Yes** radio button if a person other than the enrolling individual Provider is the one filling out the online Provider Enrollment form. The page expands to reveal the following questions:



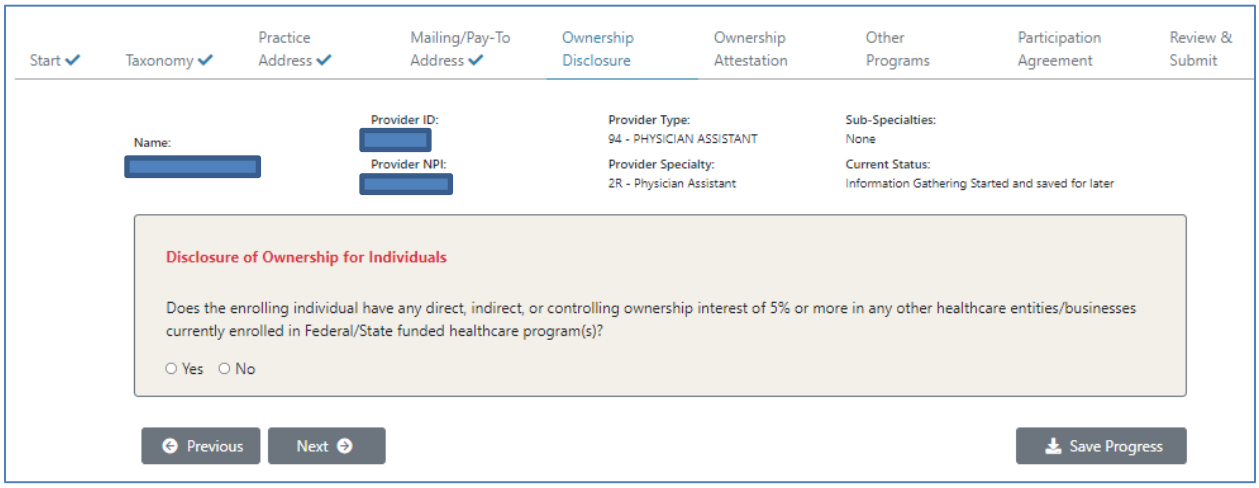
Enter Full Name, Maiden/Other Name, SSN, and Date of Birth. Click on a radio button to specify whether the person entering the form is Staff, Third Party/Independent Agent, or Other (Specify). If Other (Specify) is selected, then the text box is activated, and you can type in the specific function of the person entering the data. Enter the Phone Number and the Email address of the person filling out the online form.

This completes the **Ownership Disclosure** section pertaining to "**Yes"** answers.



Click on the **Save Progress** button.

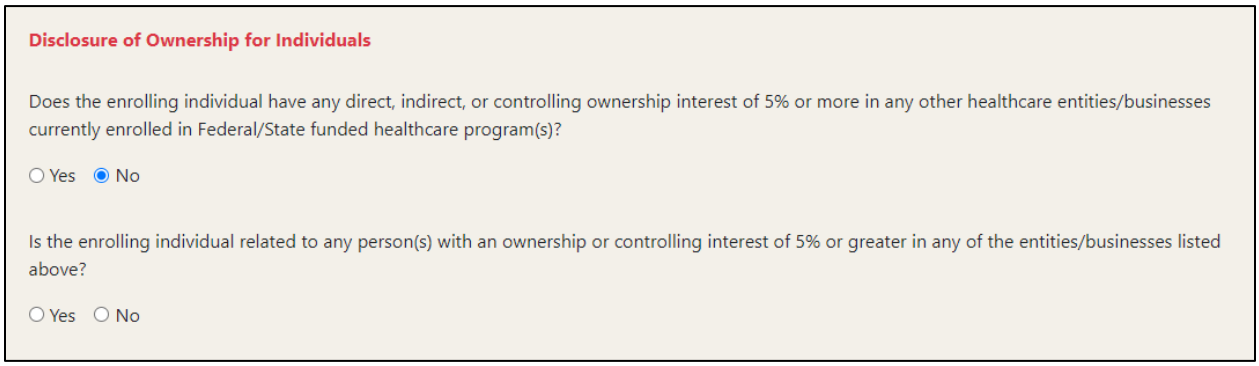
8.0 Ownership Disclosure – "No" Answers



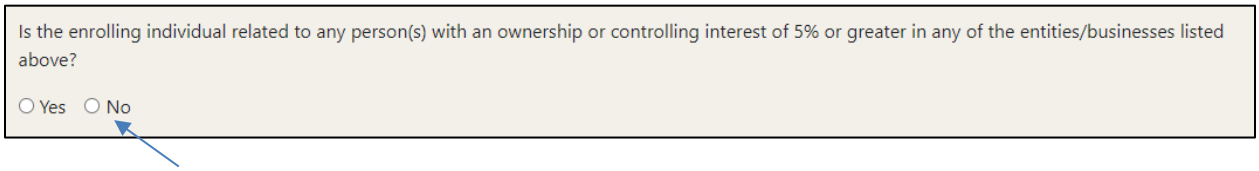
In the **Ownership Disclosure** section of the application, use the radio buttons to answer Yes or No to the questions. Depending on your responses, the application will expand to display further questions.

8.1 No (5% or More Ownership Interest)

Click the **No** radio button if the enrolling individual has no direct, indirect, or controlling ownership interest of 5% or more in any other healthcare entities/businesses currently enrolled in Federal/State funded healthcare program(s). The enrollment application responds by expanding to display more of the Ownership Disclosure form, starting with the relatives with an ownership interest question, as shown below:



8.2 No (Relatives with Ownership Interest)

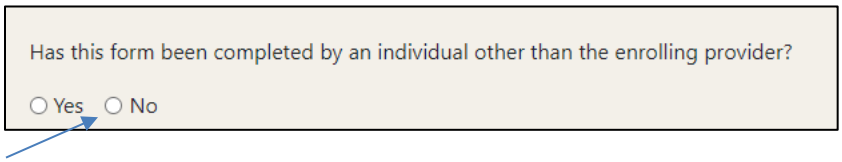


Click on the **No** radio button if the enrolling individual Provider is not related to a person or persons with significant ownership interest in the entities/businesses. The screen expands to reveal the next ownership question (see below).

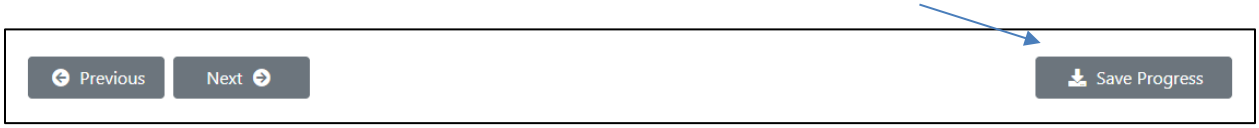
8.3 Enrolling Individual Questionnaire

See 6.3, above.

8.4 No (Form Completed by Individual Other Than Enrolling Provider?)

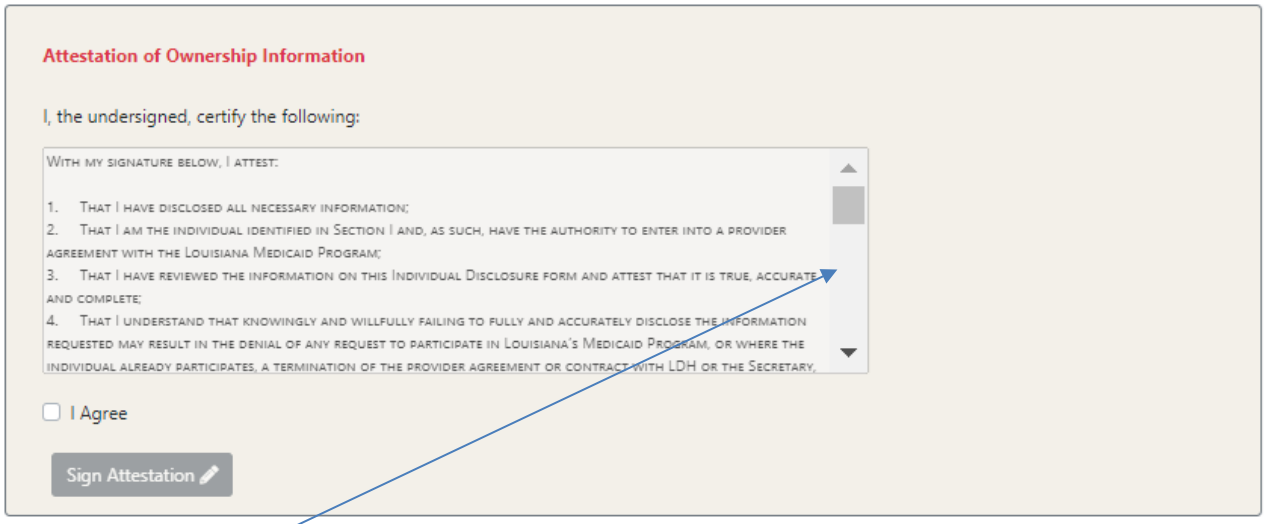


Click on the **No** radio button if a person other than the enrolling individual Provider is the one filling out the online Provider enrollment form. Click on the **Save Progress** button.



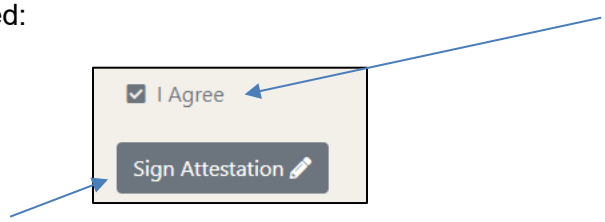
9.0 Ownership Attestation

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



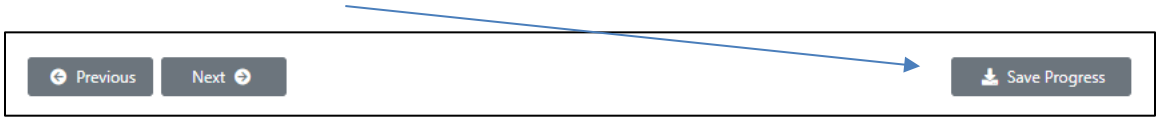
Use the scroll tool to read the entire attestation statement.

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



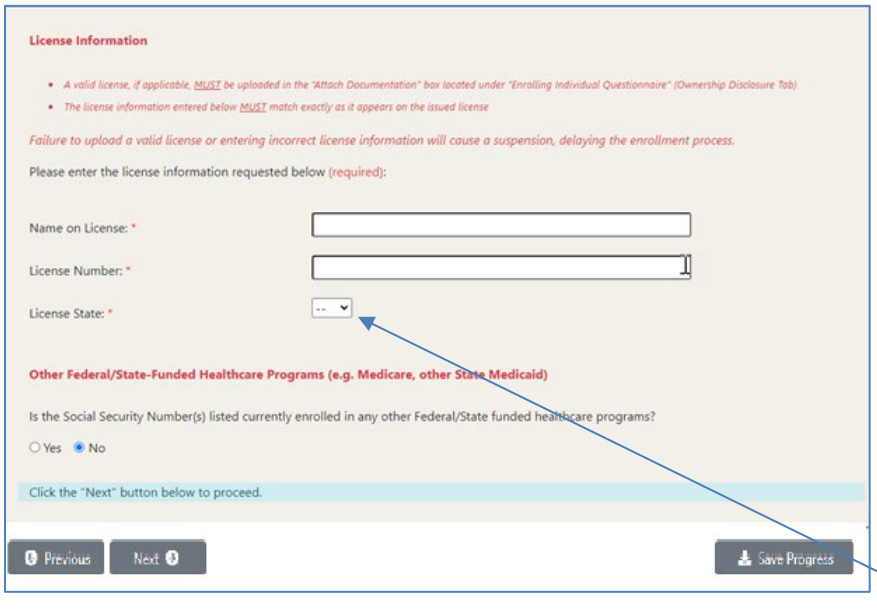
Then click on the **Sign Attestation** button.

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

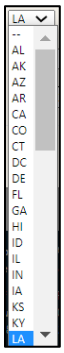


10.0 License Information and Other Programs

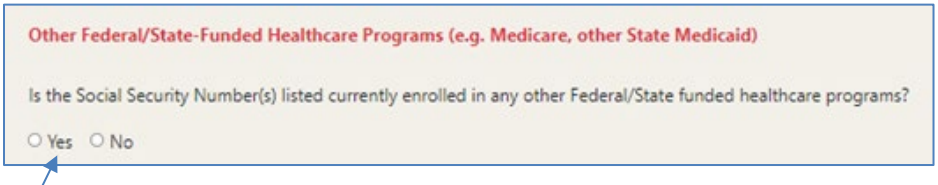
The License Information and Other Programs section gathers License Information and data concerning other Federal/State-Funded Healthcare Programs.



Enter the Name on the License and the License Number into the text boxes. If the Provider is a non-traditional Provider and does not have a license name/number, please enter N/A and select a state. Click on the down arrow to open the drop-down box to select the state from which the license was issued (see below).

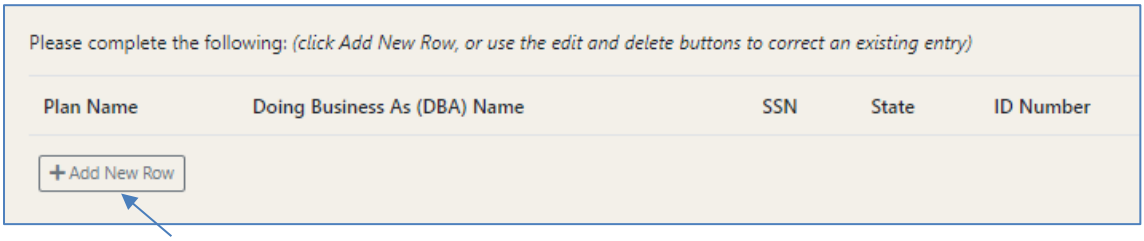


10.1 Enrolled in Other Programs



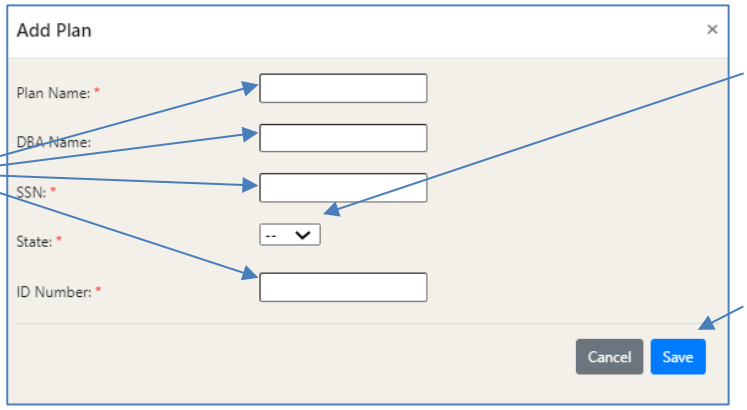
Click on the **Yes** radio button if the enrolling Provider is currently enrolled in Federal or State programs other than Louisiana Medicaid.

The screen expands to reveal the Add Plan tool, as shown below:



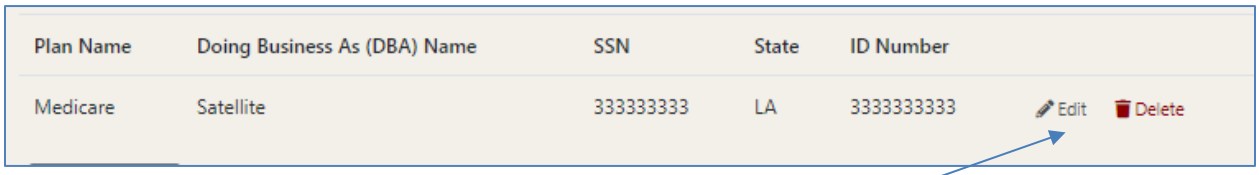
Click on the **+Add New Row** button to open the Add Plan window, as shown below:

Enter the Plan Name, the DBA Name of the enrolled Provider, the SSN, and the ID Number of the Provider in the other plan.



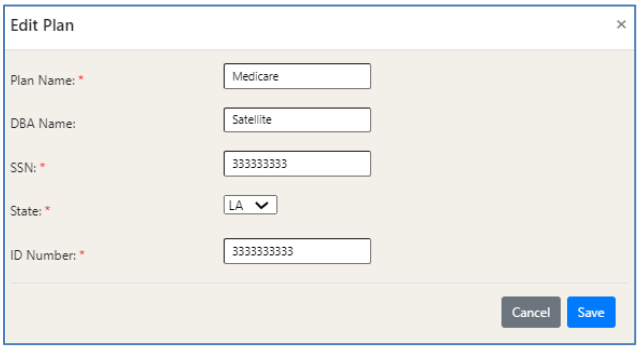
Use the State drop-down box to select the state in which the plan being reported is located, then click on the **Save** button.

Once you have entered and saved the Other Plan data, it is displayed in a manner similar to that shown below:



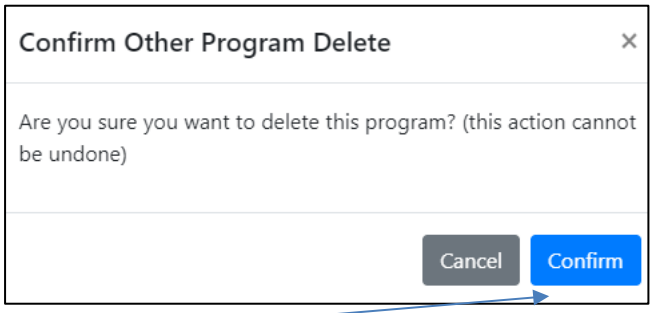
10.1.1 Edit

If you need to edit this information, click **Edit** function to re-open the Edit Site window, shown with the existing data, which can be corrected and saved as needed.



10.1.2 Delete

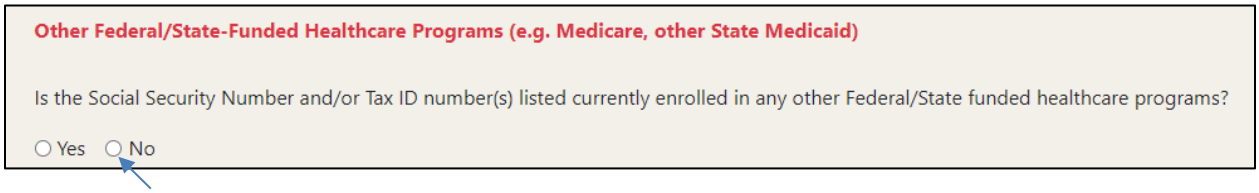
If you need to delete an item, click the **Delete** function to open the **Confirm Other Program Delete** window.



Click on the **Confirm** button to delete the data in the row. The row will be immediately removed.

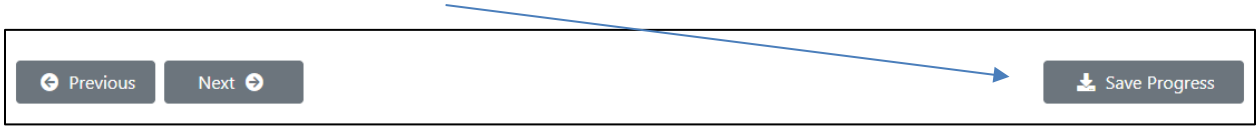
Continue Adding, Editing, and Deleting other programs as needed.

10.2 Not Enrolled in Other Programs



Click on the **No** radio button if the enrolling Provider is not currently enrolled in Federal or State programs other than Louisiana Medicaid.

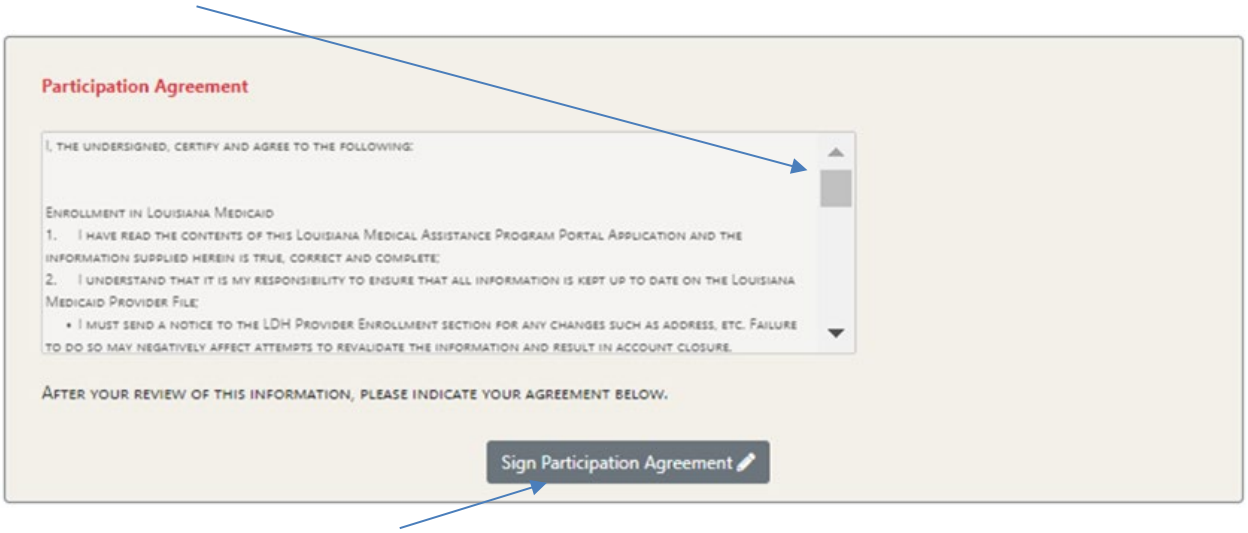
Then click on the **Save Progress** button.



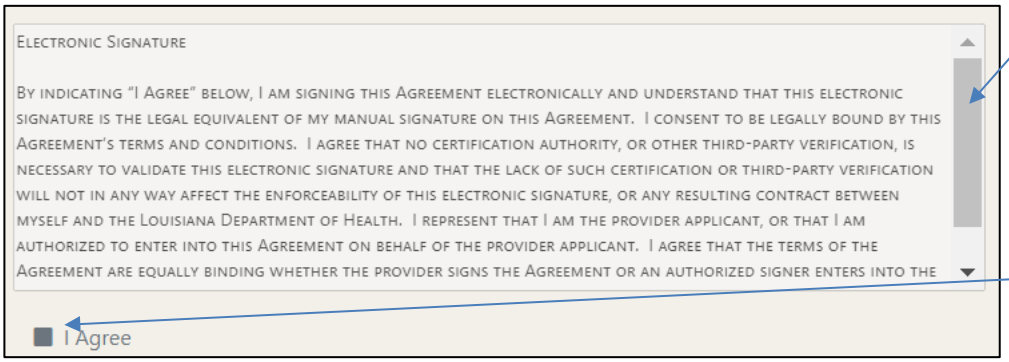
11.0 Participation Agreement

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:

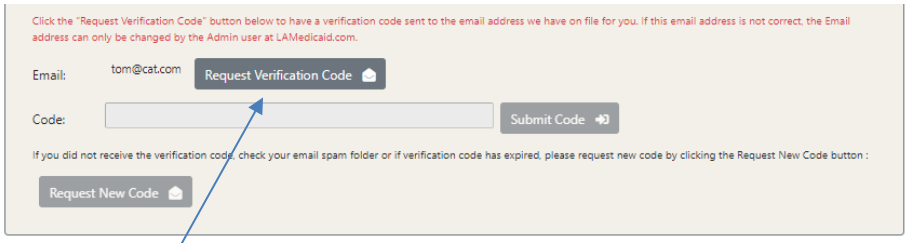


Use the scroll bar to view and read the entire signature statement, then click on the **I Agree** check box.

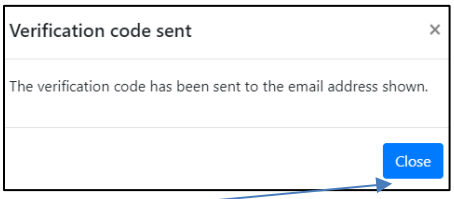
An email with text similar to that shown below will be sent to the email address on file:

> 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

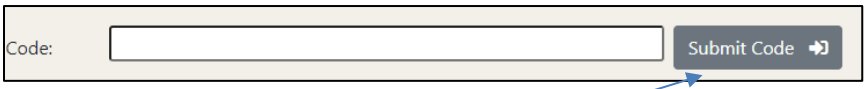
The screen expands to reveal the Verification Code function, as shown below:



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

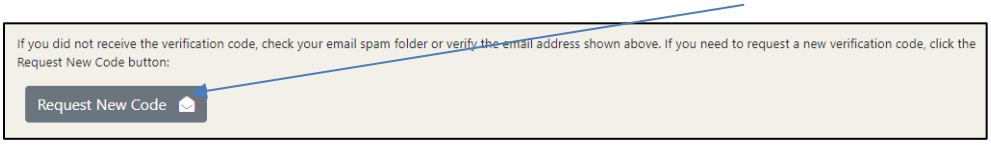


Click on the **Close** button and check your email for the code.

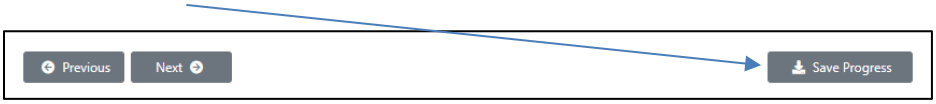


Type the code sent to the email address on file (sample email shown below) and click on the **Submit Code** button.

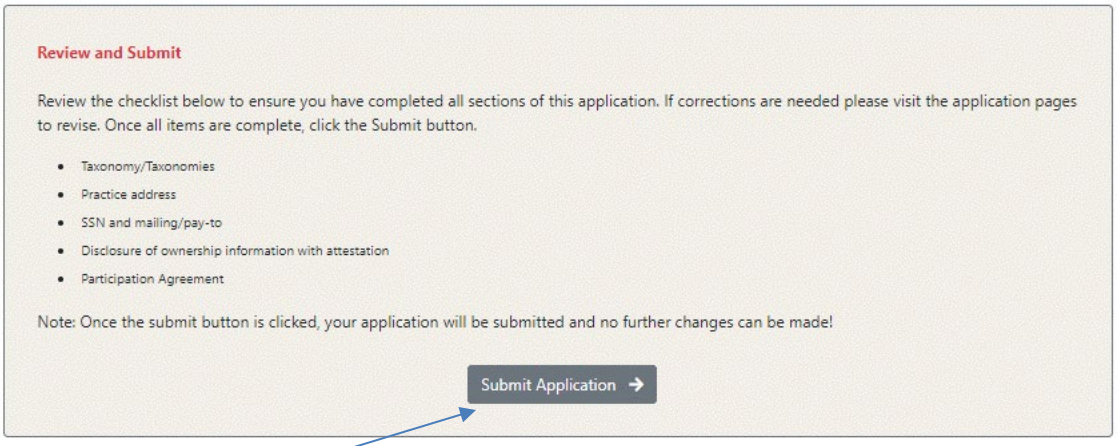
If you do not receive your code within five minutes, carefully check the various folders of your email account to see if the code is in one of them. If you can't find the code, verify that your email address is correct and then click on the **Request New Code** button. If the email address is incorrect, use the account management tool to correct it (see **Section 5.0**).



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

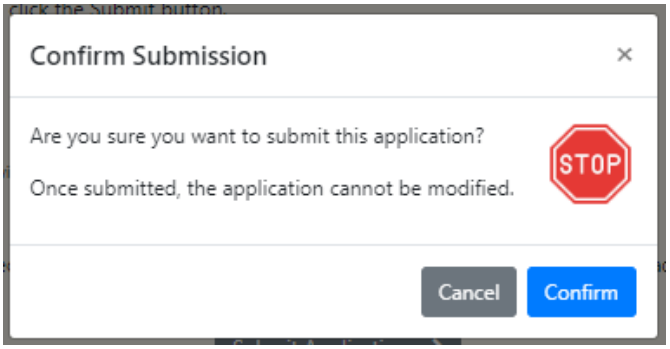


12.0 Review & Submit



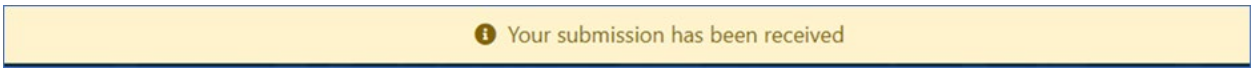
Click on the **Submit Application** button. Once you click the Submit Application button, the information is locked for review and can only be viewed.

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



12.1 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 **nnnnnnn**. You can check your application status by logging into the portal at https://clicktime.symantec.com/3Ky2DBdhcnhM436RmUTdj3v7Vc?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

13.0 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.