



Louisiana Medicaid Management Information System (LMMIS)

Submitter Contact Information User Manual

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Prepared By
Technical Communications Group

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PROJECT INFORMATION

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Author	Technical Communications Group, Gainwell Technologies LMMIS QA		
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06/06/2023	Updated document to change support email address.	N/A	J. Lavigne

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1.0 OVERVIEW

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

LOUISIANA MEDICAID

You are here : Louisiana Medicaid > My Applications > Submitter Contact Information

Submitter Contact Information

PRINT

Options

[Profile](#)

[Forms](#)

[Linked Providers](#)

My Account

[My Profile](#)

[My Applications](#)

[Logout](#)

[Help](#)

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

Select Submitter ID:

4500000

GO

Profile - 4500000

**** Name:**

VERITAS LABORATORIES LLC

**** Submitter ID:**

4500000

**** Address:**

2773 MARSHALL DR/STE D

**** City, State, Zip:**

TIFTON

GA

31793-8101

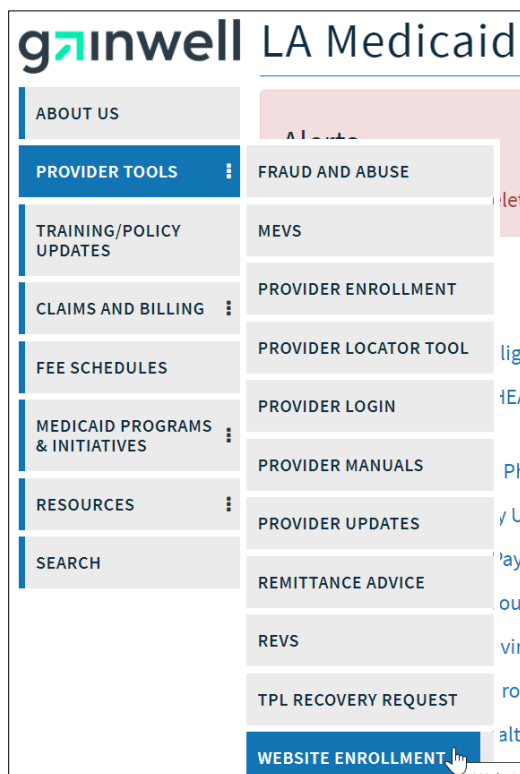
**** Phone:**

(229) 238-0790

2.0 ACCESSING THE APPLICATION

This section provides information on how to access the **Submitter Contact Information** application via Provider Login. It includes instructions on how to establish an online account with Louisiana Medicaid and complete the Login ID and password process.

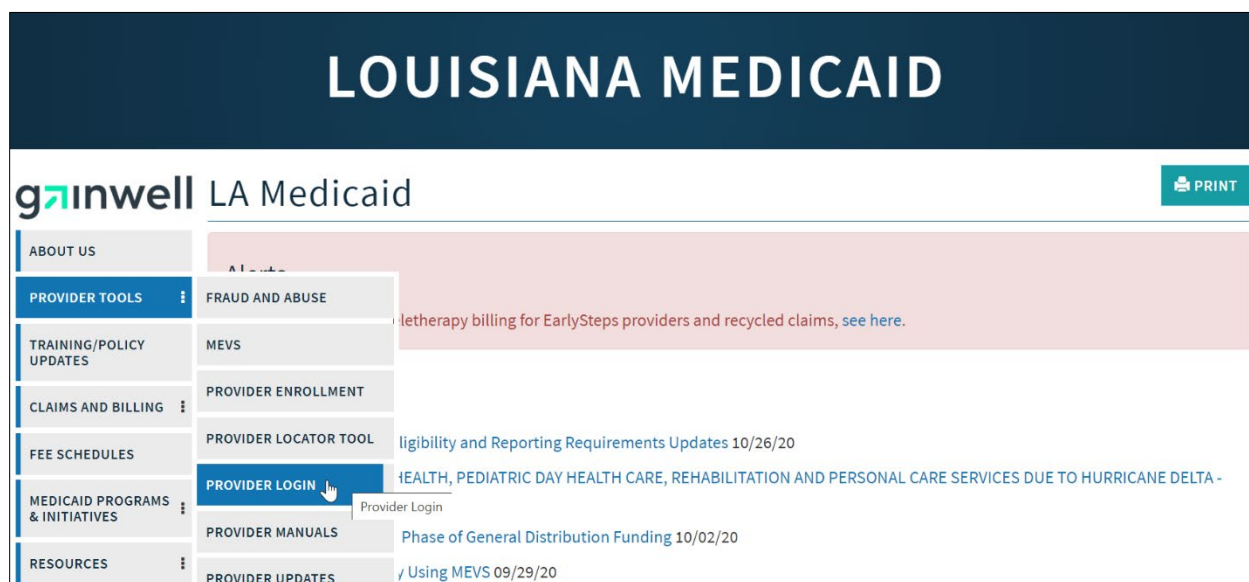
The Louisiana Department of Health (LDH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at www.lamedicaid.com under the **Website Enrollment** link located under **Provider Tools** on the left side of the main menu.



Providers who are experiencing difficulty in establishing an account or with the application may contact the Gainwell Technologies **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing lamedicaid@gainwelltechnologies.com.

In order to access the **Submitter Contact Information** application, or any other secure application, users must navigate through the Provider Login section of the Louisiana Medicaid web site.

Open a web browser and enter the URL for Louisiana Medicaid at www.lamedicaid.com. Click the **Provider Login** link under **Provider Tools** on the left side of the main menu to continue.



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

LOUISIANA MEDICAID

You are here : Louisiana Medicaid > Provider Login


 Provider Login 

[Help](#)

Please enter your 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID

Note: Non-FFS Behavioral Health Providers should use their NPI to login.

For security purposes, please enter the characters from the CAPTCHA image



NOTICE TO USERS

This is Louisiana's Medicaid information and is the property of Gainwell Technologies and Louisiana Department of Health. It is for authorized use only. **Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.**

Any or all uses of this website and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized site, Louisiana Department of Health, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign. **By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of authorized site or Louisiana Department of Health.**

Unauthorized or improper use of this website may result in administrative disciplinary action and civil and criminal penalties. **By continuing to access this website you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.**

NEXT

Date Revised: 06/06/2023

4

At the User Login screen, users must input their Login ID and Password before clicking the **Next** button to continue.

Note: Login ID and Password are case sensitive.

LOUISIANA MEDICAID

You are here : LAMedicaid.com

User Login


Please enter your Restricted Applications' Login ID and Password.
Remember the Login ID and Password are case sensitive.

Login ID

Password

Need help?

- [Forgot Your Login ID?](#)
- [Forgot Your Password?](#)
- [Forgot login ID and Password?](#)

[PREVIOUS](#) [NEXT](#) 

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

You are here : LAMedicaid.com

Provider Applications

PRINT

The application(s) listed below are for authorized use only. Click on an application link to access the application.

Provider Applications

LAMEDICAID.COM Fact Sheet

Claim Check

Clear Claim Connection

Restricted Provider Applications

Batch Eligibility Verification System

Batch Eligibility Verification System Pilot

Claim Status Inquiry (5010 Version)

EFT Authorization

Electronic Clinical Data Inquiry - ICD10

Electronic Clinical Data Inquiry - ICD9

Electronic Prior Authorization

Electronic Remit 835

Friends and Family

Healthy Louisiana (Previously Bayou Health) Applications

Medicaid Eligibility Verification System

National Provider Identifier

NPI Legacy Search

Online 1099

OSS Checks

PA Requests for Case Managers

PACE 820 Report System

Prescriber Practices and Diabetes Management Admin

Provider Locator Information

SMO Applications

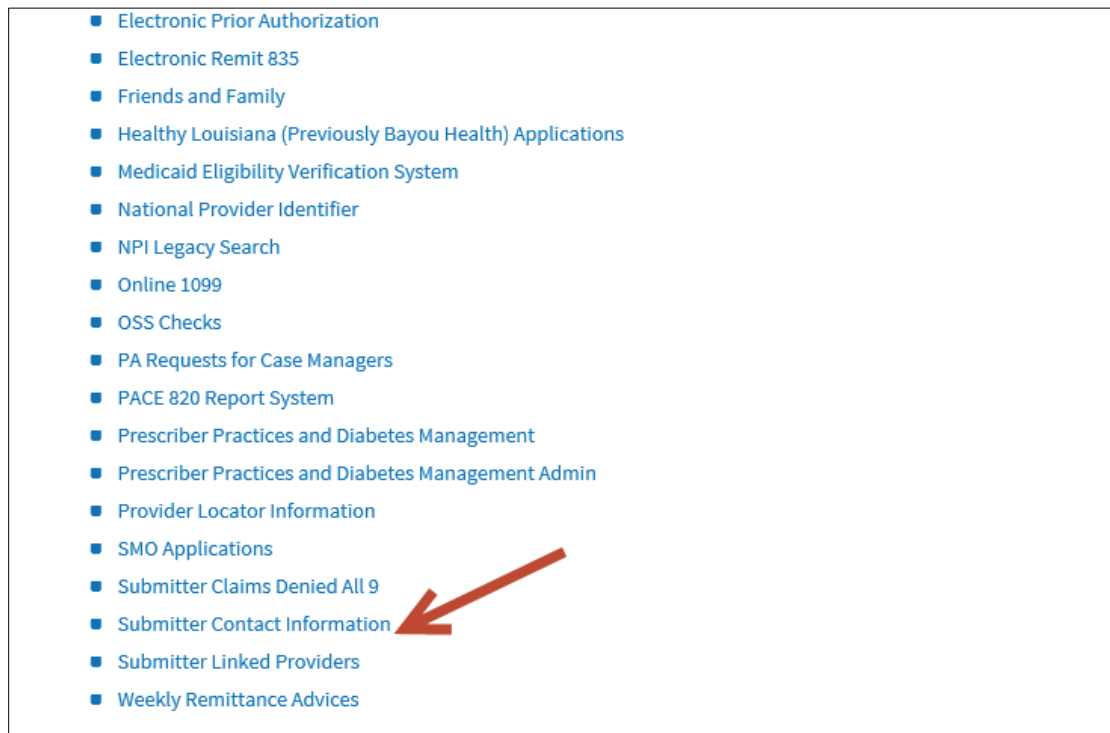
Submitter Claims Denied All 9

Submitter Contact Information

Submitter Linked Providers

Weekly Remittance Advices

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



Note: The list of applications shown here is comprehensive; therefore you may not see as many options on the Provider Applications page.

3.0 USING THE APPLICATION

New Functionality

Please note that with the new redesign, backwards navigation throughout any application can be done by clicking on the breadcrumb trail located on the blue ribbon at the top of any screen.

Users also have access to a Print screen button located on the top right hand corner of every screen.



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

This screenshot displays the "Submitter Contact Information" form within the Louisiana Medicaid application. The form is titled "Submitter Contact Information" and includes a "PRINT" button in the top right corner. Below the title, there is an important notice: "IMPORTANT: Please DO NOT use your browser's Back/Forward buttons. It may result in a loss of data or being logged out of the site. Please use the navigation links provided." The form contains a "Select Submitter ID:" dropdown menu with "4500000 - VERITAS LABORATORIES LLC" selected, and a "GO" button next to it. Below this, the "Profile - 4500000" section contains several input fields:

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

3.1 Current Profile Information

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

Profile - 1209996			
** Name:	<input type="text" value="DHH EXEC MGMT/MOLINA PBM STAF"/>		
** Submitter ID:	<input type="text" value="1209996"/>		
** Address:	<input type="text" value="8591 UNITED PLAZA BLVD/STE 103"/>		
** City, State, Zip:	<input type="text" value="BATON ROUGE"/>	<input type="text" value="LA"/>	<input type="text" value="70809-0000"/>
** Phone:	<input type="text" value="(225) 216-6370"/>		

3.2 Primary Contact

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

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

3.3 Secondary Contact

Secondary Contact (Required *)

* Name:	<input type="text"/>
* Email:	<input type="text"/>
* Phone:	<input type="text"/> eg, 555-555-5555 or 5555555555
* Fax:	<input type="text"/> eg, 555-555-5555 or 5555555555

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

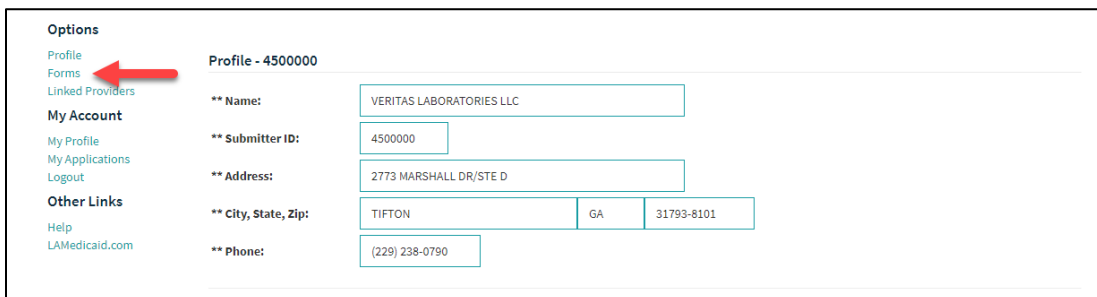
Then click on the **SAVE/UPDATE CONTACT INFORMATION** button.

SAVE/UPDATE CONTACT INFORMATION

4.0 FORMS

4.1 File Update Form

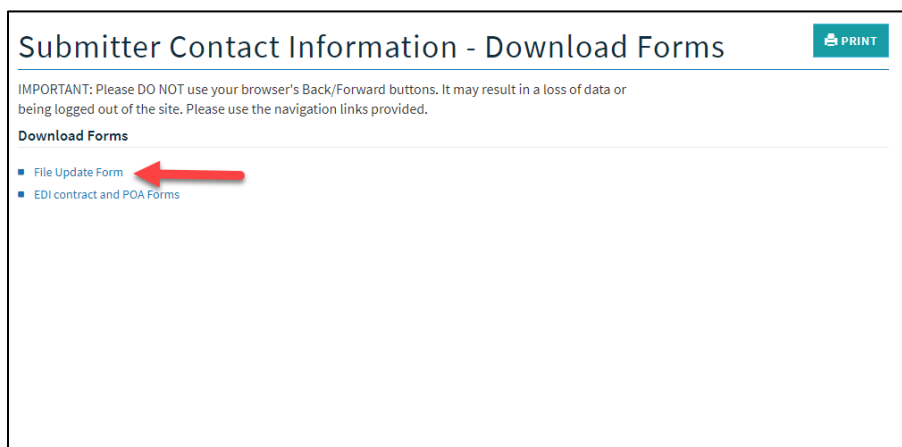
In the event that a Submitter experiences a re-location, change of phone number, or even a name change, use the **Forms** link in the margin to access the File Update Form.



The screenshot shows a user profile page for 'Profile - 4500000'. On the left sidebar, under the 'Options' section, the 'Forms' link is highlighted with a red arrow. The main content area displays the following information:

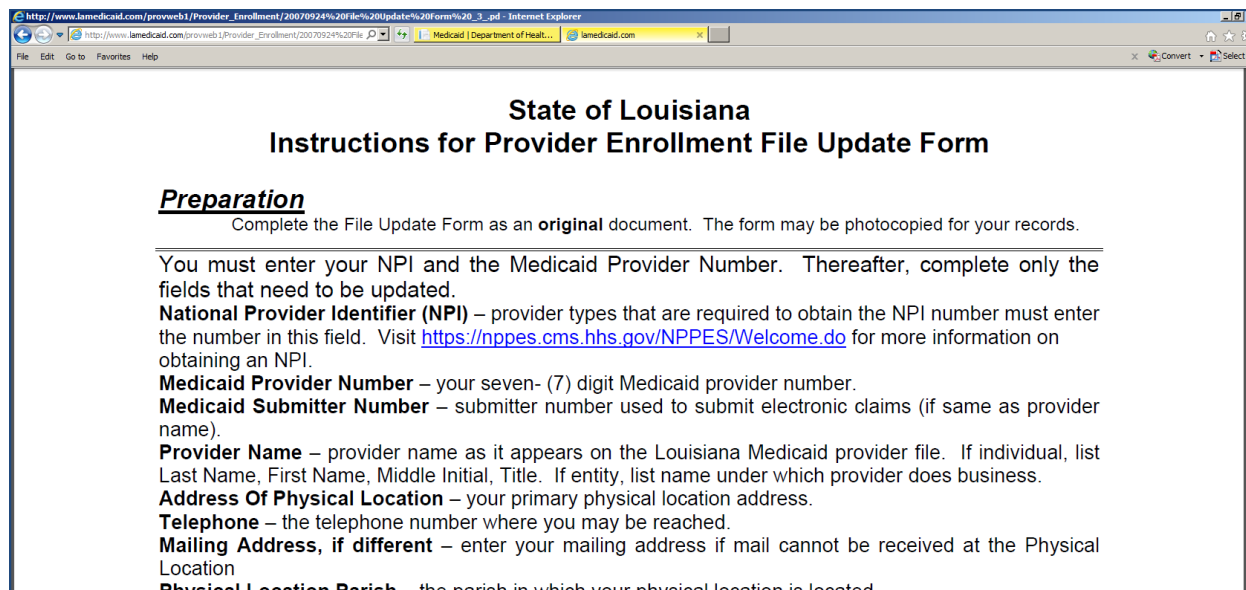
Options	
Profile	Profile - 4500000
Forms	
Linked Providers	
My Account	
My Profile	
My Applications	
Logout	
Other Links	
Help	
LAMedicaid.com	
** Name:	VERITAS LABORATORIES LLC
** Submitter ID:	4500000
** Address:	2773 MARSHALL DR/STE D
** City, State, Zip:	TIFTON GA 31793-8101
** Phone:	(229) 238-0790

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



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

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



The screenshot shows a web browser window with the address bar displaying a URL from lamedicaid.com. The page title is "State of Louisiana Instructions for Provider Enrollment File Update Form". The content includes a section titled "Preparation" with instructions on how to complete the form, followed by definitions for various fields: National Provider Identifier (NPI), Medicaid Provider Number, Medicaid Submitter Number, Provider Name, Address Of Physical Location, Telephone, Mailing Address, and Physical Location Parish.

State of Louisiana
Instructions for Provider Enrollment File Update Form

Preparation
Complete the File Update Form as an **original** document. The form may be photocopied for your records.

You must enter your NPI and the Medicaid Provider Number. Thereafter, complete only the fields that need to be updated.

National Provider Identifier (NPI) – provider types that are required to obtain the NPI number must enter the number in this field. Visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do> for more information on obtaining an NPI.

Medicaid Provider Number – your seven- (7) digit Medicaid provider number.

Medicaid Submitter Number – submitter number used to submit electronic claims (if same as provider name).

Provider Name – provider name as it appears on the Louisiana Medicaid provider file. If individual, list Last Name, First Name, Middle Initial, Title. If entity, list name under which provider does business.

Address Of Physical Location – your primary physical location address.

Telephone – the telephone number where you may be reached.

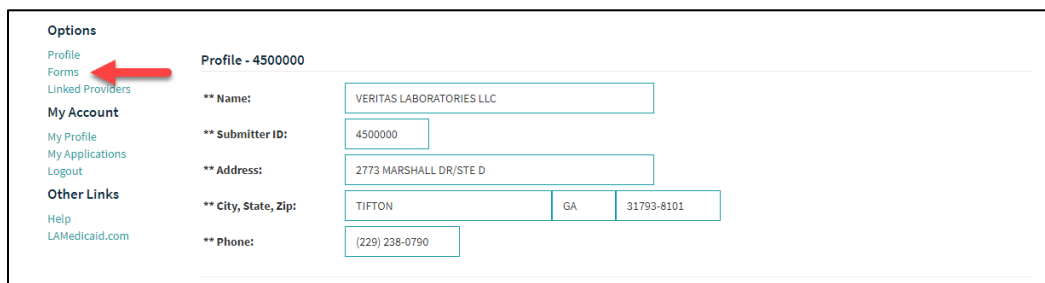
Mailing Address, if different – enter your mailing address if mail cannot be received at the Physical Location

Physical Location Parish – the parish in which your physical location is located

4.2 EDI Contract and POA Forms

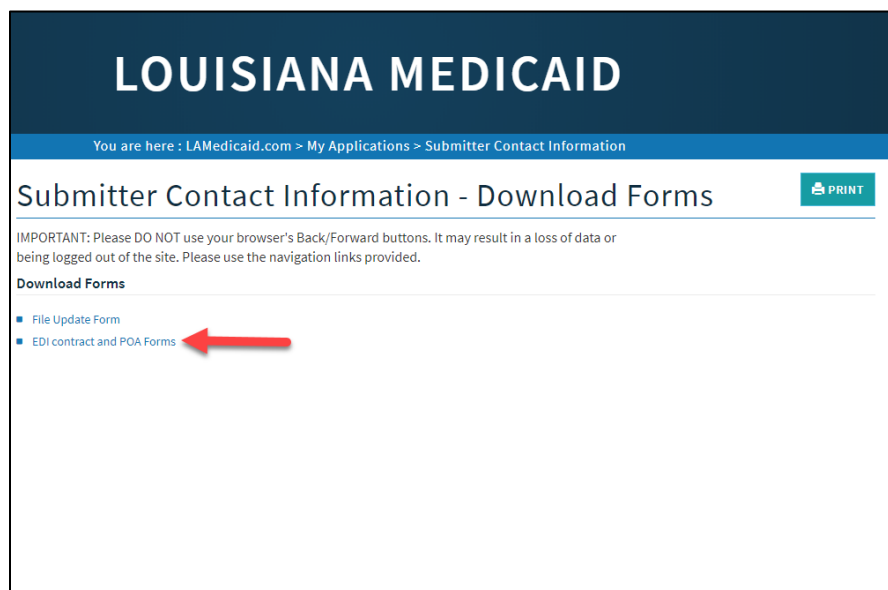
Users may access the Electronic Data Interchange (EDI) Contract and Power of Attorney (POA) forms from the Submitter Contact Information application.

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



The screenshot shows a web application interface. On the left is a navigation menu with sections: 'Options' (containing 'Profile', 'Forms', and 'Linked Providers'), 'My Account' (containing 'My Profile', 'My Applications', and 'Logout'), and 'Other Links' (containing 'Help' and 'LAMedicaid.com'). A red arrow points to the 'Forms' link under the 'Options' section. The main content area is titled 'Profile - 4500000' and contains a form with the following fields: '** Name:' (VERITAS LABORATORIES LLC), '** Submitter ID:' (4500000), '** Address:' (2773 MARSHALL DR/STE D), '** City, State, Zip:' (TIFTON, GA, 31793-8101), and '** Phone:' ((229) 238-0790).

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



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

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

4.3 Linked Providers

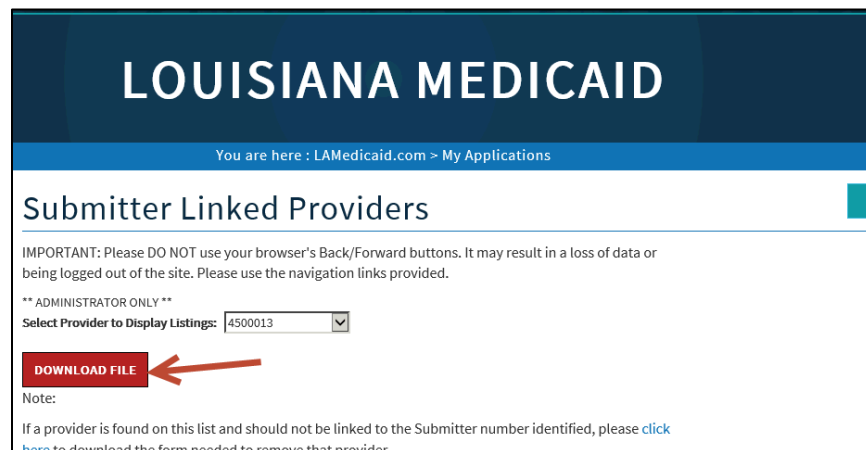
Users have access to a spreadsheet of Linked Providers via the Submitter Contact Information application.

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



The screenshot shows a navigation menu on the left with sections: Options, My Account, and Other Links. Under 'Options', there are links for Profile, Forms, and Linked Providers. A red arrow points to 'Linked Providers'. To the right, a profile form is visible for 'Profile - 4500000' with fields for Name (VERITAS LABORATORIES LLC), Submitter ID (4500000), Address (2773 MARSHALL DR/STE D), City/State/Zip (TIFTON GA 31793-8101), and Phone ((229) 238-0790).

Click the **Download File** button.



The screenshot shows the 'LOUISIANA MEDICAID' header and a breadcrumb trail 'You are here : LAMedicaid.com > My Applications'. The page title is 'Submitter Linked Providers'. Below this is an important notice about not using browser back/forward buttons. There is a section for administrators to select a provider to display listings, with a dropdown menu showing '4500013'. A red arrow points to a red 'DOWNLOAD FILE' button. A note at the bottom explains that if a provider is found on the list but not linked to the submitter number, the user should click a link to download a form to remove that provider.

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