Louisiana Medicaid Management Information System (LMMIS)

LAMedicaid Provider Enrollment Instructions User Manual

Date Created: 08/02/2018
Date Modified: 12/03/2018

Prepared By
Technical Communications Group
Copyright and Disclosure Statement

http://www.dxc.technology/legal

Exercise caution to ensure the use of this information and/or software material complies with the laws, rules, and regulations of the jurisdictions with the respect to which it is used. The information contained herein is subject to change without notice upon LDH approval. Revisions may be issued to advise of such changes and/or additions.

All rights reserved. This document may be copied.
### PROJECT INFORMATION

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Louisiana Medicaid Management Information System (LMMIS) – LAMedicaid Provider Enrollment Instructions User Manual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Technical Communications Group, DXC Technology LMMIS QA</td>
</tr>
</tbody>
</table>

#### Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Change</th>
<th>LIFT</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/02/2018</td>
<td>Initial draft</td>
<td>10733</td>
<td>J. Lavigne</td>
</tr>
<tr>
<td>12/03/2018</td>
<td>Updated as per DXC Rebranding LIFT.</td>
<td>11467</td>
<td>J. Lavigne</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

1.0 OVERVIEW ............................................................................................................ 1
2.0 ACCESSING THE PROVIDER LOGIN SCREEN .................................................. 2
3.0 LOGIN .................................................................................................................... 3
   3.1 First Time Provider Login (Provider ID) ................................................... 3
   3.2 Existing Provider Login (Provider ID) ...................................................... 12
   3.3 First Time Provider Login (NPI) .............................................................. 15
   3.4 Existing Provider Login (NPI) ................................................................. 23
4.0 FORGOT LOGIN ID AND/OR PASSWORD .......................................................... 26
   4.1 Forgot Login ID .................................................................................. 26
   4.2 Forgot Your Password .............................................................................. 29
   4.3 Forgot Login ID and Password ................................................................. 34
1.0 OVERVIEW

The LAmedicaid Provider Enrollment Instructions User Manual has been developed for Louisiana Medicaid Providers to navigate through the Provider Login 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. The Provider Web Account Registration Instructions link located on the left side of the Louisiana Medicaid main menu contains the instructions for setting up an online account.

Providers who are experiencing difficulty in establishing an account or with the application may contact the DXC Technology 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 lasupport@molinahealthcare.com.
2.0 ACCESSING THE PROVIDER LOGIN SCREEN

This section provides information on how to access the Provider Login screen via the Louisiana Medicaid website.

Open a web browser and enter the URL for Louisiana Medicaid at www.lamedicaid.com. Click the Provider Login button to continue.
3.0 LOGIN

3.1 First Time Provider Login (Provider ID)

At the Provider Login screen, users may read through the Notice to Users. In order to continue, new users must enter their 7-Digit Medicaid Provider ID in the field provided and enter the characters from the CAPTCHA image before clicking the Next button.
Users must read and accept the Terms of Use Agreement. Click the Accept button to continue.
Users must complete the Registration Verification screen by entering their Physical Address Information from the Enrollment Packet in the provided fields and click the **Next** button to continue.

Users are required to complete the Request Enrollment On-line Account screen. Fill in all required fields and then click the **Next** button to continue.
Users are required to complete the Security Questions screen. Please select three security questions, via drop down box, and provide answers in the subsequent fields in order to validate an identity for the account. Click the **Next** button to continue.

Upon completion, two emails will be sent to the user. One email will confirm that the account has been created. The other email will have a temporary password for the corresponding account to log in.

**Note:** Both emails will have the same reference number referring to the same account that is being created.

Users may click the **Login** link to return to the Login screen.
After returning to the Provider Login screen, users must enter their 7-Digit Medicaid Provider ID in the field provided and enter the characters from the CAPTCHA image before clicking the **Next** button.
Users associated with this account are now taken to the User Login screen where they will enter their New Login ID and Temporary Password. Click the **Next** button to continue.
Users must now reset their password at the Reset Password screen by creating a unique password and confirming in the given fields. Click the **Next** button to continue.

**Note:** There are specific criteria that must be met in order to create a valid password according to security standards.
Users are now taken to the Change Profile Information screen where at this point users may update their account information via individual fields. Click the Next button to continue.

![Change Profile Information Form]

Users have another opportunity to update their security questions/answers at the Security Questions screen. Click the Next button to continue.

![Security Questions Form]
At the Finish Profile Changes, users will confirm all changes by clicking the **Finish** button.

At this point, users are now taken to the Provider Applications screen where they have a menu of all their accessible applications.
3.2 Existing Provider Login (Provider ID)

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

![Provider Login Screen](image-url)
At the User Login screen, Existing users must input their Login ID and Password before clicking the Next button to continue. Login ID and Password are case sensitive.
At this point, users are now taken to the Provider Applications screen where they have a menu of all their accessible applications.
3.3 First Time Provider Login (NPI)

At the Provider Login screen, users may read through the Notice to Users. In order to continue, New or Existing users must enter their 10-digit National Provider Identifier (NPI) in the field provided and enter the characters from the CAPTCHA image before clicking the Next button.
**Note:** Users with an NPI that has multiple Provider IDs associated with it will have to log in with their Provider ID for the first time.

Enter the Provider ID associated with the NPI and click the **Next** button to continue.
Users must read accept the Terms of Use Agreement. Click the Accept button to continue.
Users must complete the Registration Verification screen by entering their Physical Address Information from the Enrollment Packet in the provided fields and click the **Next** button to continue.

Users are required to complete the Request Enrollment On-line Account screen. Fill in all required fields and then click the **Next** button to continue.
Users are required to complete the Security Questions screen. Please select three security questions, via drop down box, and provide answers in the subsequent fields in order to validate an identity for the account. Click the Next button to continue.

Upon completion, two emails will be sent to the user. One email will confirm that the account has been created. The other email will have a temporary password for the corresponding account to log in.

Note: Both emails will have the same reference number referring to the same account that is being created.

Users may click the Login link to return to the Login screen.
After returning to the Provider Login screen, users must enter their 10-digit National Provider Identifier (NPI) in the field provided and click the Next button.
At the Select Provider ID screen, users must select the appropriate Provider from the list of mapped Provider IDs. The ID selected will be the one a user should log in with and will be used for all subsequent transactions during the current session.

**Note:** If the Provider ID is not listed, please login with the LA Medicaid ID given to you during the enrollment process.

---

**Select Provider ID**

Our records indicate that the NPI you entered is mapped to multiple LA Medicaid Provider IDs. Select the appropriate Provider from the list below. The Medicaid ID you select will be the one you should login with and will be used for all subsequent transactions during this session.

<table>
<thead>
<tr>
<th>Select a Provider ID</th>
<th>Servicing Provider Name</th>
<th>Servicing Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1023817</td>
<td>DR1 LABS SHREVEPORT</td>
<td>2339 BERT ROUNDS LOOP #225</td>
</tr>
<tr>
<td>1049923</td>
<td>DR1 LABS</td>
<td>221 MC MILLIAN RD SITE A</td>
</tr>
</tbody>
</table>

**Note:** If the Provider ID is not listed above, please login with the LA Medicaid ID given to you during the enrollment process.

---

Clicking on the Provider ID will take users to the User Login page to log in as that Provider.
At this point, users are now taken to the Provider Applications screen where they have a menu of all their accessible applications.
3.4 Existing Provider Login (NPI)

At the Provider Login screen, users must enter their 10-digit National Provider Identifier (NPI) in the field provided and enter the characters from the CAPTCHA image before clicking the Next button.
At the Select Provider ID screen, users must select the appropriate Provider from the list of mapped Provider IDs. The ID selected will be the one a user should log in with and will be used for all subsequent transactions during the current session.

**Note:** If the Provider ID is not listed, please login with the LA Medicaid ID given to you during the enrollment process.

![Select Provider ID](image)

Clicking on the Provider ID will take users to the User Login page to log in as that Provider.

![User Login](image)
At this point, users are now taken to the Provider Applications screen where they have a menu of all their accessible applications.
4.0 FORGOT LOGIN ID AND/OR PASSWORD

4.1 Forgot Login ID

In order to retrieve a forgotten Login ID, users may complete the following steps:

At the Provider Login screen, enter the 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.

![Provider Login Screen]

You are here: LAMedicaid.com

Provider Login

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

XCE3

NOTICE TO USERS

This is Louisiana's Medicaid information and is the property of DXC Technology 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.
Click the **Forgot your Login ID?** link.
Enter the **Email** and **User Name** associated with the account in the corresponding fields and then click the **Next** button.

An email will be sent to the corresponding account administrator with the information requested.
4.2 Forgot Your Password

In order to retrieve a forgotten password, users may complete the following steps:

At the Provider Login screen, enter the 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.
Click the **Forgot your Password?** link.
Enter the **Login ID** associated with the account in the corresponding field and then click the **Next** button.

Users will be prompted to answer the security questions set in their profile. Fill in the corresponding field and click the **Next** button to advance.

**Security Question 1**
**Security Question 2**

![Security Question 2](image1)

**Security Question 3**

![Security Question 3](image2)

**Note:** Answering a security question incorrectly three times will lock the account and the user must contact the DXC Technology Help Desk to unlock.
Once all three questions have been answered correctly, users will be directed to the **Reset Password** page.

Enter a new password and confirm by filling in the corresponding fields, and click the **Finish** button to continue.

The password for the account has been reset. Click the **Login** link to return to the Provider Login screen.
4.3 Forgot Login ID and Password

In order to retrieve a forgotten Login ID and password, users may complete the following steps:

At the Provider Login screen, enter the 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.
Click the **Forgot Login ID and Password?** link.
Users will be redirected to instructions on how to reset their account information:

<table>
<thead>
<tr>
<th>Resetting Account Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are having any trouble with this process, please contact DXC Technology Technical Support toll-free at 1-877-598-8753.</td>
</tr>
</tbody>
</table>

**Administrator Account:** If a LA Medicaid Provider or BHP needs access to their administrator account and cannot confirm the answers to the 3 security questions on the admin account. The letter and fax must contain at minimum: A brief statement of purpose for the request, on an official letterhead which must include the name of the company, address, and telephone number.

The following process is required:

1. **FAX** the request using an official coversheet of the LA Medicaid provider or BHP to the DXC Technology Helpdesk at 562-499-0679

AND

2. **MAIL** the same faxed letter using an official letterhead and envelope of the LA Medicaid provider to:
   
   DXC Technology
   
   8591 United Plaza Blvd
   
   Baton Rouge, LA 70809
   
   ATTN: DXC Technology Help Desk (LAmedicaid.com)

**Change of Administrator:** If a change of Administrator or Point of Contact needs to be requested for a LA Medicaid Provider or BHP Administrator, the requested letter and fax must contain at minimum:

A. An official letterhead be used
B. A brief statement of purpose for the request.
C. List the name of the new administrator or point of contact
   
   First and Last name, email address, phone and fax number
D. The providers 10 digit NPI number or 7 digit provider number
E. The provider’s signature, or name and title of the person who is giving authority for the new administrator or point of contact

The following process is required:

1. **FAX** the request using an official coversheet of the LA Medicaid provider or BHP to the DXC Technology Helpdesk at 562-499-0679

AND

2. **MAIL** the same faxed letter using an official letterhead and envelope of the LA Medicaid provider to:
   
   DXC Technology
   
   8591 United Plaza Blvd
   
   Baton Rouge, LA 70809
   
   ATTN: DXC Technology Help Desk (LAmedicaid.com)