



# Louisiana Medicaid Management Information System (LMMIS)

## EFT Authorization Application User Guide

Date Created: 01/23/2014  
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Prepared By

Technical Communications Group

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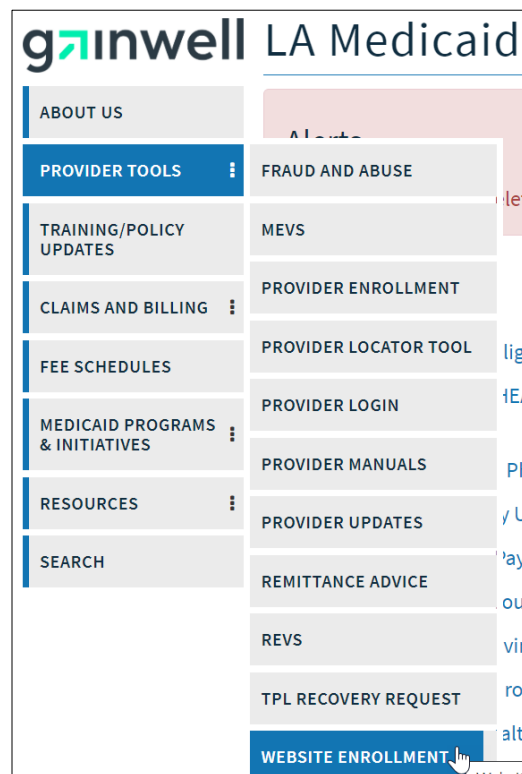
## PROJECT INFORMATION

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<b>03/22/17</b>	Provider Web Applications Update		Bria Beathley
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## EFT Authorization Application User Guide

This section provides information on how to access the **EFT Authorization** 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.

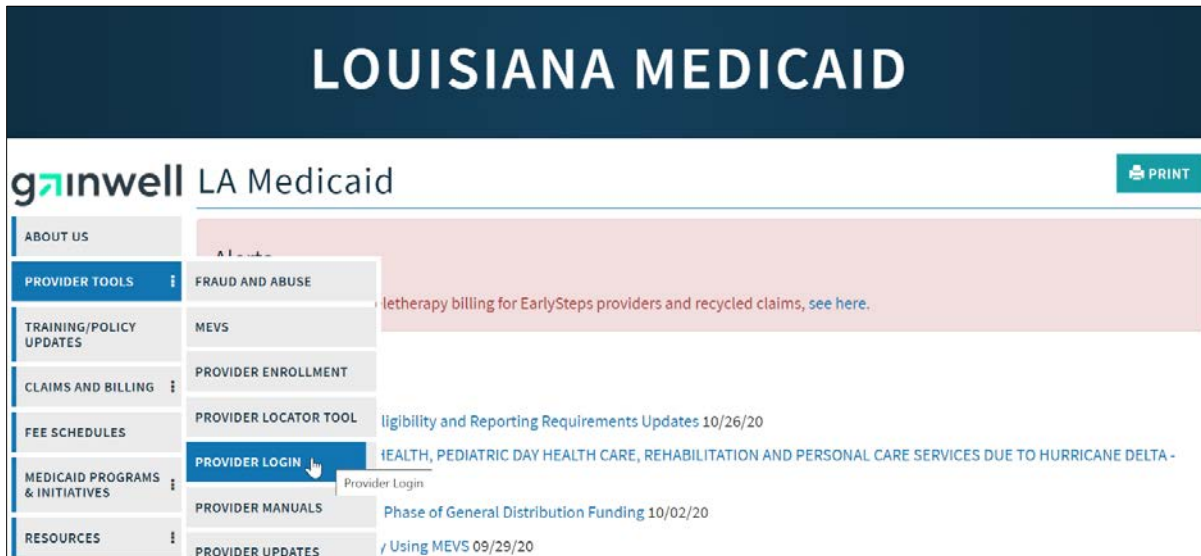
The Louisiana Department of Health (LDH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at [www.lamedicaid.com](http://www.lamedicaid.com) under the **Website Enrollment** 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 [lasupport@dxc.com](mailto:lasupport@dxc.com).

In order to access the **EFT Authorization 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](http://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


[PRINT](#)

[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**



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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.**

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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](#)

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 **EFT Authorization** link to continue.

**Provider Applications**

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](#)
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- [Chisholm Paragraph 10 File Download](#)
- [Claim Status Inquiry \(5010 Version\)](#)
- [EFT Authorization](#)
- [Electronic Clinical Data Inquiry - ICD10](#)
- [Electronic Clinical Data Inquiry - ICD9](#)



## New Functionality

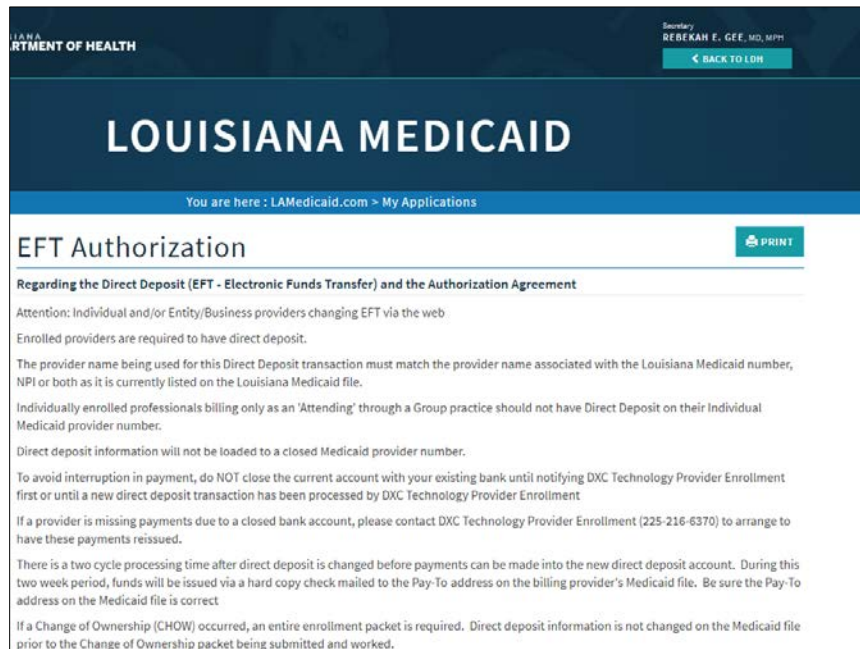
Please note that with the new redesign, backwards navigation throughout any application can be done by clicking on the breadcrumb trail located on the blue ribbon at the top of any screen.

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



### The EFT Authorization Agreement

When you select the EFT Authorization link from the Provider Applications Area page, the EFT Authorization Agreement is displayed:



At the bottom of the page are two radio buttons. Click on the one that best matches your status and then click on the **Accept and Proceed** button.

Select the appropriate box below, indicating whether you are the provider or the authorized representative of the provider and then complete the digital signature section below.

Certify that I am the provider

Certify that I am the authorized representative

The electronic form, similar to the one shown below, is displayed:

## EFT Authorization PRINT

1. Provider Name	LDH MGMT/DXC TECH PBM STAFF
2. Doing Business As Name (DBA)	<input style="border: 1px solid #ccc;" type="text" value="DBA Name"/> *
3. Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	726011595
4. National Provider Identifier (NPI)	777777773
5. Assigning Authority	Louisiana Medicaid
6. Trading Partner ID	1209996
7. Provider Contact Name	<input style="border: 1px solid #ccc;" type="text" value="Test User"/> *
8. Provider Contact Telephone Number	<input style="border: 1px solid #ccc;" type="text" value="111111111"/> *
9. Provider Contact Email Address	<input style="border: 1px solid #ccc;" type="text" value="test@test.com"/> *
10. Financial Institution Name	<input style="border: 1px solid #ccc;" type="text" value="Test Bank Name1"/> *
11. Financial Institution Routing Number	<input style="border: 1px solid #ccc;" type="text" value="123456789"/> *
12. Type of Account at Financial Institution	<input type="radio"/> Checking Account <input checked="" type="radio"/> Savings Account *
13. Provider Account Number with Financial Institution	<input style="border: 1px solid #ccc;" type="text" value="1234567890123456"/> *
14. Account Number Linkage To Provider Identifier	Provider Tax Identification Number (TIN)
15. Reason for Submission	Change Enrollment
16. Include with Enrollment Submission	

Enter data in the text boxes as **required**, using the following guide:

- 1. Provider Name**

Complete legal name of institution, corporate entity, practice or individual provider. The Provider Name on record is already displayed.
- 2. DBA Name**

Enter the name by which the provider is conducting business, even if it is the same as the displayed legal name.
- 3. Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)**

The Federal Tax Identification Number, also known as an Employer Identification Number (EIN) is used to identify a business entity (9 digits); the TIN or EIN on record is already displayed.
- 4. National Provider Identifier (NPI)**

A Health Insurance Portability and Accountability Act (HIPAA) identification number Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. The NPI on record is already displayed.

5. Assigning Authority Louisiana Medicaid is automatically populated as the government entity assigning authority.
6. Trading Partner ID The 7-digit Louisiana Medicaid Provider ID of the provider's trading partner (submitter). The trading partner ID is already displayed.
7. Provider Contact Name Enter the name of a contact in the provider's office for handling EFT issues.
8. Provider Contact Telephone Number Enter the area code and phone number associated with the contact person.
9. Provider Contact Email Address Enter an electronic mail address at which the health plan might contact the provider.
10. Financial Institution Name Enter the official name of the provider's financial institution.
11. Financial Institution Routing Number Enter the 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited.
12. Type of Account at Financial Institution Click on the radio button that best describes the account type, Checking Account or Savings Account.
13. Provider Account Number with Financial Institution Enter the provider's account number at the financial institution to which EFT payments are to be deposited (up to 10 digits).
14. Account Number Linkage to Provider Identifier The Account Number Linkage, whether Provider Tax Identification Number (TIN) or National Provider Identifier (NPI), is already displayed.
15. Reason for submission The reason for submission displays as Change Enrollment.
16. Include with Enrollment Submission Use the **Browse** and **Upload** buttons to attach the required documentation.

## Upload Files

In order to process your request, supporting documentation in the form of a Voided Check or a Bank Letter must be submitted.

**Uploaded Files**

Upload Voided Check or Bank Letter (PDF, JPG, TIF) \*Select Type Of Document to Upload \*

      Voided Check  Bank Letter      **UPLOAD**      **CANCEL UPLOAD**

ID	Date Added	Document Title	Document Type	View	Delete
945	2017/03/20	TPL PDF attachment.pdf	Bank Letter	<a href="#">View</a>	<b>DELETE</b>

\* Required

**CONTINUE**

Start by ensuring that on your computer you have an electronic copy of the Voided Check or Bank Letter that you intend to upload. Accepted file types are: pdf, jpg, or tif.

Click on the **Browse** button and navigate to the file you intend to upload. Make sure the file name is displayed in the text box just to the left of the Browse button.

Use a radio button to specify whether the file is a voided check or a bank letter, and then click on the **Upload** button.

Once the file has been uploaded, the bottom of the page will be redrawn in a grid to display your uploaded files, in a manner similar to that shown below:

Click on the **Continue** button.

The application responds by displaying a screen similar to the one shown below:

Ownership and Out of Country

Is this a change based on a Change of Ownership?  Yes  No \*

Is this a Bank Change?  Yes  No \*

Is this bank account located in the United States?  Yes  No \*

If No, please identify the country of location?  \*

Please enter the reason for the change \*

Maximum Length 500

\* Required

Is this change based on a Change of Ownership?

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

Is this a Bank Change?

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

Is this bank account located in the United States?

Click on the **Yes** radio button or the **No** radio button. If the answer is Yes, please identify the Country of the bank in the text box that is provided.

Please enter the reason for the change

Enter the reason for the change in the text box provided.

## Digital Signature

The Digital Signature page enables you to enter your digital signature and enter into the EFT Authorization Agreement with Louisiana Medicaid:

### EFT Authorization

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#### Digital Signature

- I understand that payment and satisfaction of this claim will be from Federal and State Funds and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal and State laws. **I understand that DHH may revoke this authorization at any time.**
- I hereby authorize the Louisiana Department of Health and Hospitals to present credit entries into the account and depository of the name above. These credits will pertain **only to direct deposit transfer payments** the payee receives for Medicaid.
- I certify that if a Board of Directors' approval is necessary to enter into this agreement, that approval has been obtained and the digital signature below has been authorized by the state Board of Directors to enter into this agreement.
- I agree to notify the Provider Enrollment Unit if changing financial institutions or accounts. I further understand that the maintenance of account information on the Louisiana Medicaid files is the provider's responsibility and failure to notify the Provider Enrollment Unit may result in Medicaid payments being electronically transmitted to incorrect accounts. I understand that such changes may not be accommodated if less than a 15 business day notice is given.
- Only an authorized representative may digitally sign this form. This authorized representative must be someone designated to enter into a legal and binding contract with Louisiana Medicaid on behalf of the provider.

#### Digital Signature of Applicant

Name of Person Submitting \* Initials of Person Submitting \*

<input type="text" value="Test"/>	<input type="text" value="TES"/>
-----------------------------------	----------------------------------

Title of Person Submitting \* Login User ID

<input type="text" value="TEST"/>	102734
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\* Required

Text boxes are provided for you to enter the Name of the Person Submitting, the Initials of the Person Submitting, and the Title of the Person Submitting. The Login User ID is displayed automatically. Once you have entered the correct data into the text boxes, click on the **Submit** button to continue.

The Confirmation of Submission page is displayed:

## EFT Authorization

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**Confirmation of Submission**

Thank you for updating your EFT information. A Confirmation Summary report is provided for your record.

Please allow 4-6 weeks for Molina to update your file and test the electronic transfer with your bank. Until the bank transfer testing is successful, you will receive paper checks by mail.

Confirmation Summary Report

BACK
END

You are enabled to view a summary of your request by clicking on the **Confirmation Summary Report** link. A report similar to the one shown below is displayed:

**DEPARTMENT OF HEALTH AND HOSPITALS**

**LOUISIANA MEDICAID DIRECT DEPOSIT (EFT) AUTHORIZATION AGREEMENT**

Confirmation Summary Report

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1. Provider Name	██
2. Doing Business As Name (DBA)	██
3. Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	████████████████████
4. National Provider Identifier (NPI)	████████████████
5. Assigning Authority	Louisiana Medicaid
6. Trading Partner ID	████████████████
7. Provider Contact Name	Rob Test
8. Provider Contact Telephone Number	2251112222
9. Provider Contact Email Address	TEST@TEST.COM
10. Financial Institution Name	PNC
11. Financial Institution Routing Number	134132431
12. Type of Account at Financial Institution	Savings Account
13. Provider Account Number with Financial Institution	13312413412341234
14. Account Number Linkage to Provider Identifier	Provider Tax Identification Number (TIN)
15. Reason for Submission	Change Enrollment

**Attachments**

Date Added	Document Title	Document Type Name
12/17/2013 9:10:19 AM	DSCN0429.JPG	Bank Letter

I certify that I am the provider: No	I Certify that I am the authorized representative: Yes
Is this a Change of Ownership? No	Is this a Bank Change? No
Is the Bank Account located in the United States? No	Name of Bank: test 12345
Reason for change: test 1234 134 132455	

Name of Person Submitting	Rob Foree	Initials of Person Submitting	RBF
Title of Person Submitting	MR	Login ID of Person Submitting	KKWAGNER

---

Case ID: 100046 Report Generated On: 12/31/2013 10:58:13 AM

## End

Click on the **End** button to complete the authorization process and return to the Provider Applications Area.

### EFT Authorization

---

**Confirmation of Submission**

---

Thank you for updating your EFT information. A Confirmation Summary report is provided for your record.

Please allow 4-6 weeks for Molina to update your file and test the electronic transfer with your bank. Until the bank transfer testing is successful, you will receive paper checks by mail.

Confirmation Summary Report

[BACK](#) [END](#)