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# PROJECT INFORMATION

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<tr>
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<td>Technical Communications Group, DXC Technology LMMIS QA</td>
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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. 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.

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

Click the **EFT Authorization** link to continue.
**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.

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**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.
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.
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Upload Files

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

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:

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:

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:

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:
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