Louisiana Medicaid Management Information System (LMMIS)


Date Created: 08/06/2018
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></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Author</td>
<td>Technical Communications Group, DXC Technology LMMIS QA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Change</th>
<th>LIFT</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/06/2018</td>
<td>Initial draft</td>
<td>N/A</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 APPLICATION......................................................................... 2  
3.0  USING THE APPLICATION................................................................................ 8  
  3.1  General Information ................................................................................... 9  
  3.2  Submission Screen ................................................................................. 10  
  3.3  Authorization Screen ............................................................................. 11  
  3.4  Confirmation Screen/Report ..................................................................... 12
1.0 OVERVIEW

The Electronic 835 Remittance Advice (ERA) Authorization Agreement application enables users to update their authorization to retrieve their HIPAA version 5010 electronic remittance advice (835 transaction).
2.0 ACCESSING THE APPLICATION

This section provides information on how to access the Electronic 835 Remittance Advice (ERA) Authorization Agreement 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 Electronic Remit 835 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 **Electronic Remit 835** link to continue.

![Provider Applications](image)

**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 Electronic 835 Remittance Advice (ERA) Authorization Agreement application enables users to update their authorization to retrieve their HIPAA version 5010 electronic remittance advice (835 transaction).
3.1 General Information

The General Information page provides users with instructions on how to use this application.

Users must certify that they are either the Provider or Authorized Representative. Select the appropriate check box and then click Accept and Proceed to continue.
3.2 Submission Screen

The Submission Screen is prepopulated with the Provider’s information. Users must complete the remaining required fields and click the Continue button to advance.

1. **Provider Name** – The Provider name as it exists on DXC Technology’s Master File.
2. **Provider Federal Tax Identification Number (TIN)/or Employer Identification Number (EIN)** – The TIN/EIN as it exists on DXC Technology’s Master File.
3. **National Provider Identifier (NPI)** – 10-digit NPI Number as it exists on DXC Technology’s Master File.
4. **Assigning Authority** – The organization that issues and assigns the additional identifier requested on the form.
5. **Trading Partner ID** – 7-digit Louisiana Medicaid Submitter number who is authorized to retrieve your 835s.
6. **Provider Contact Name** – Name of the person who may be contacted for questions/issues regarding the Provider.
7. **Provider Contact Telephone Number** – Contact’s telephone number.
8. **Provider Contact Email Address** – Contact’s Email Address.
9. **Account Number Linkage To Provider Identifier** – The ERA automatically links to the Provider’s Tax ID Number.
10. **Method of Retrieval** – Select the method the Submitter will use to retrieve the user’s 835s. If using a Clearinghouse, this does not override the existing method of retrieval.
11. **Reason for Submission** – Reason for submitting this request.
3.3 Authorization Screen

The Authorization Screen requires users to provide a digital signature to continue.

![Authorization Screen Image]

Users must complete the following required fields:

- Name of Person Submitting
- Initials of Person Submitting
- Title of Person Submitting

Click the Submit button to continue.
3.4 Confirmation Screen/Report

The Confirmation of Submission screen provides users confirmation of their completion. Users may click the **End** button to return to the Provider Applications home page.

Users may also view, print, or save a copy of the confirmation in .pdf format by clicking the **Confirmation Summary Report** button.

---

**Confirmation Summary Report**

Thank you for updating your ERA information. A Confirmation Summary report is provided for your record. Please allow 2-3 weeks for DXC Technology to update your file and test the electronic exchange. Changes to your ERA information may need to be coordinated with Provider Enrollment. We will let you know if Provider Enrollment changes are needed. Send an email to Hipaaed@meitinahcertainorage.com to provide specific testing contact information and to get information concerning testing requirements that are a part of establishing or changing your ERA designation. If you have any questions, please contact DXC Technology EDI at (225) 216-6303.

---

**DEPARTMENT OF HEALTH AND HOSPITALS**

**LOUISIANA MEDICAID ELECTRONIC 835 REMITTANCE ADVICE (ERA) AUTHORIZATION AGREEMENT**

**Confirmation Summary Report**

1. Provider Name: LOUISIANA HEALTHCARE ASSOC LLC
2. Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN): 201934422
3. National Provider Identifier (NPI): 1063586922
4. Assigning Authority: Louisiana Medicaid
5. Trading Partner ID: -
6. Provider Contact Name: 
7. Provider Contact Telephone Number: 
8. Provider Contact Email Address: 
9. Account Number Linkage to Provider Identifier: Provider Tax Identification Number (TIN)
10. Method of Retrieval: Download 835 from BBS: Yes
    Download 835 using CAGH CORE Web Service: No