Medicaid Provider Enrollment Portal

Presented by LDH and Gainwell

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What is the Medicaid Provider Enrollment Portal?

- The portal is required by the Centers for Medicare and Medicaid Services (CMS) so that states can screen and enroll providers
- The portal is a way for providers to submit online Medicaid enrollment applications
- The portal will be used for revalidation of current providers (now) and new enrollment (sometime in 2022)/screening of managed care providers
- The portal will bring Louisiana into compliance with screening requirements of the Affordable Care Act

Portal Highlights

- Multiple users can have accounts for a single provider's account
- The portal will be pre-populated with either registry or CAQH data
- Providers will need to just review what's changed and answer the disclosure of ownership questions
- Providers will be able to check their application status in the portal
- No documents will need to be uploaded, except by request of the PE Team, in which case it would be emailed to LouisianaProvEnroll@gainwelltechnologies.com.
- All signatures will be collected electronically

MCO providers:

- Providers apply/enroll to each MCO directly
- Each MCO credentials the provider or relies on the group's credentialing if there's a delegated credentialing agreement
- Each MCO makes its own networking decision (or decision to enter into a single case agreement)

MCO Provider Screening:

- MCO providers must now apply and be screened by the state before they can be paid by an MCO (Existing MCO providers)
- This does not take the place of credentialing performed by the MCO's
- This does not require the provider to also participate in FFS

FFS Revalidation:

- FFS providers continue to enroll with GW Provider Enrollment team using the PE 50 process.
- Providers enrolled with the state must now be revalidated every 5 years.

Neither of these processes replaces MCO credentialing.

Louisiana Medicaid Account Registration

Start by going to www.lamedicaid.com

Hover over Provider Tools

Click on Provider Login

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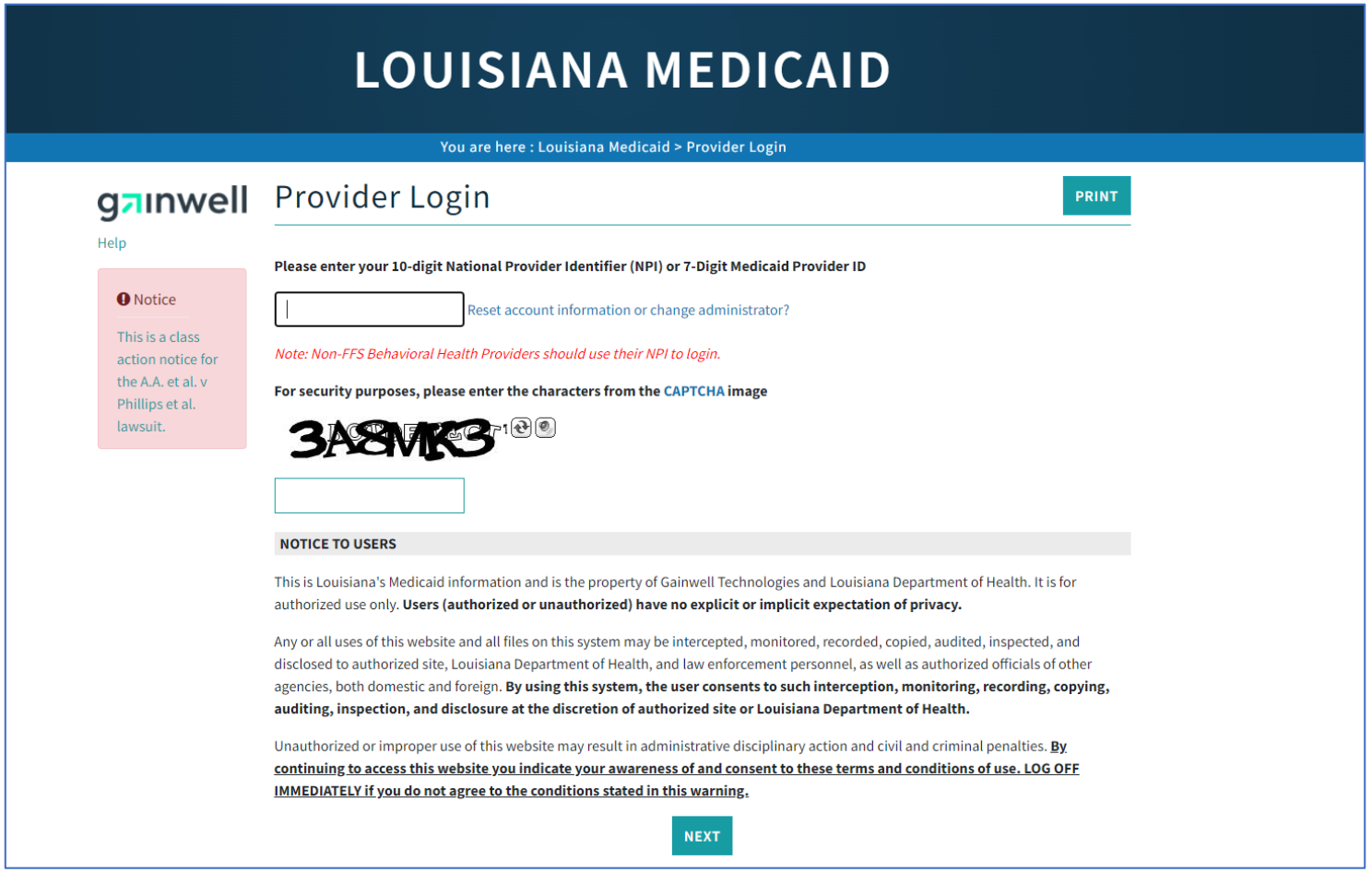
Louisiana Medicaid Account Registration



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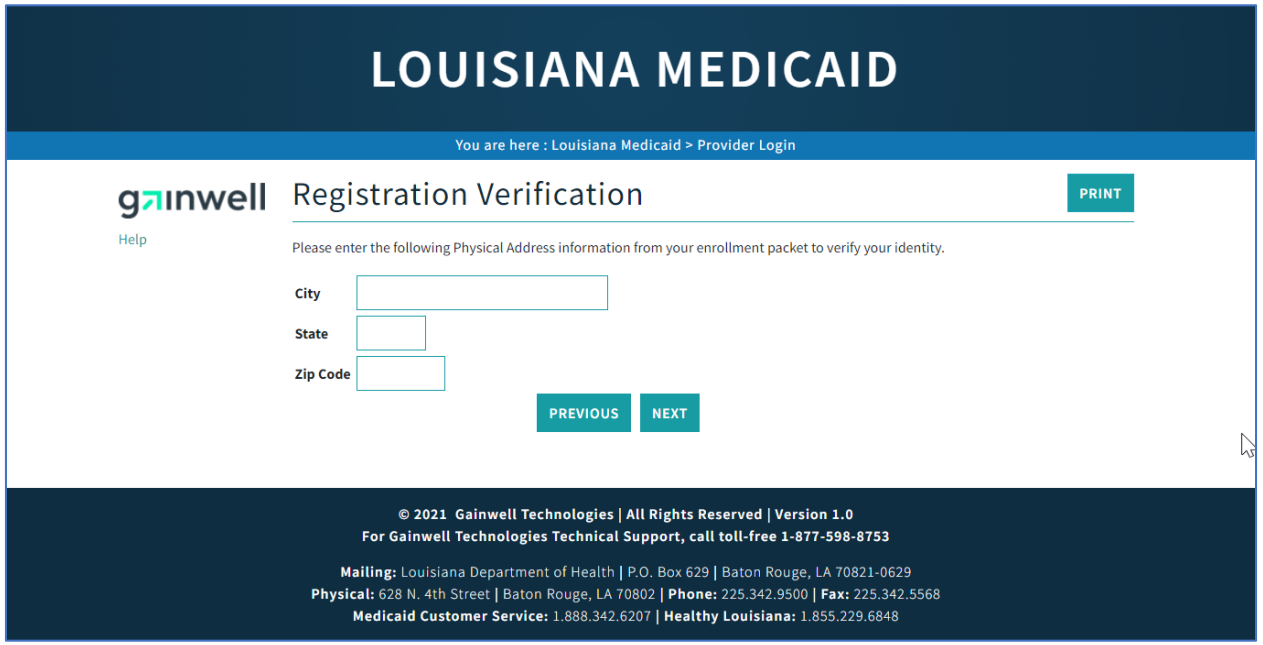
Read and accept the Terms of Use Agreement

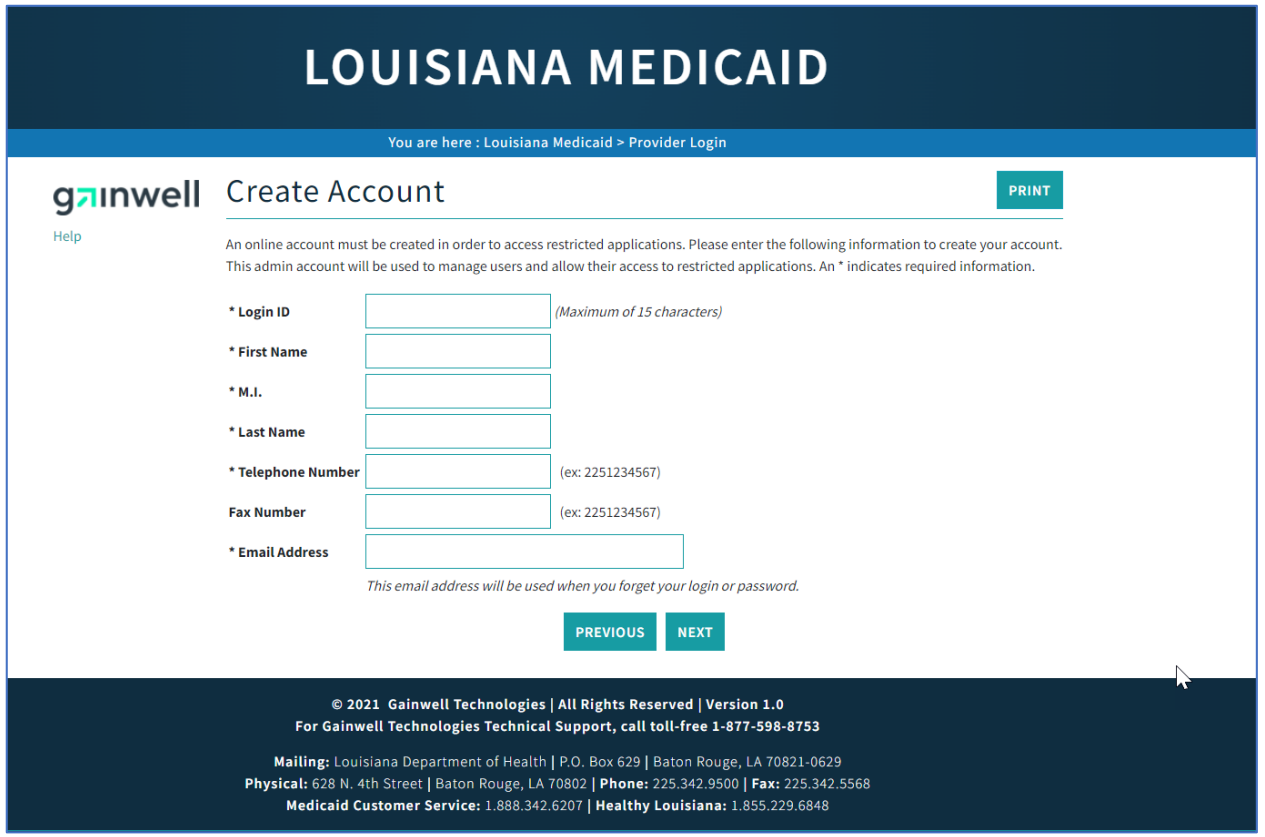
Text of the Terms of Use Agreement is displayed above the Accept and Decline buttons.

Enter City, State, and Zip Code



Then click on the **NEXT** button

Create Account



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Enter the data in the text boxes and then click on the **NEXT** button

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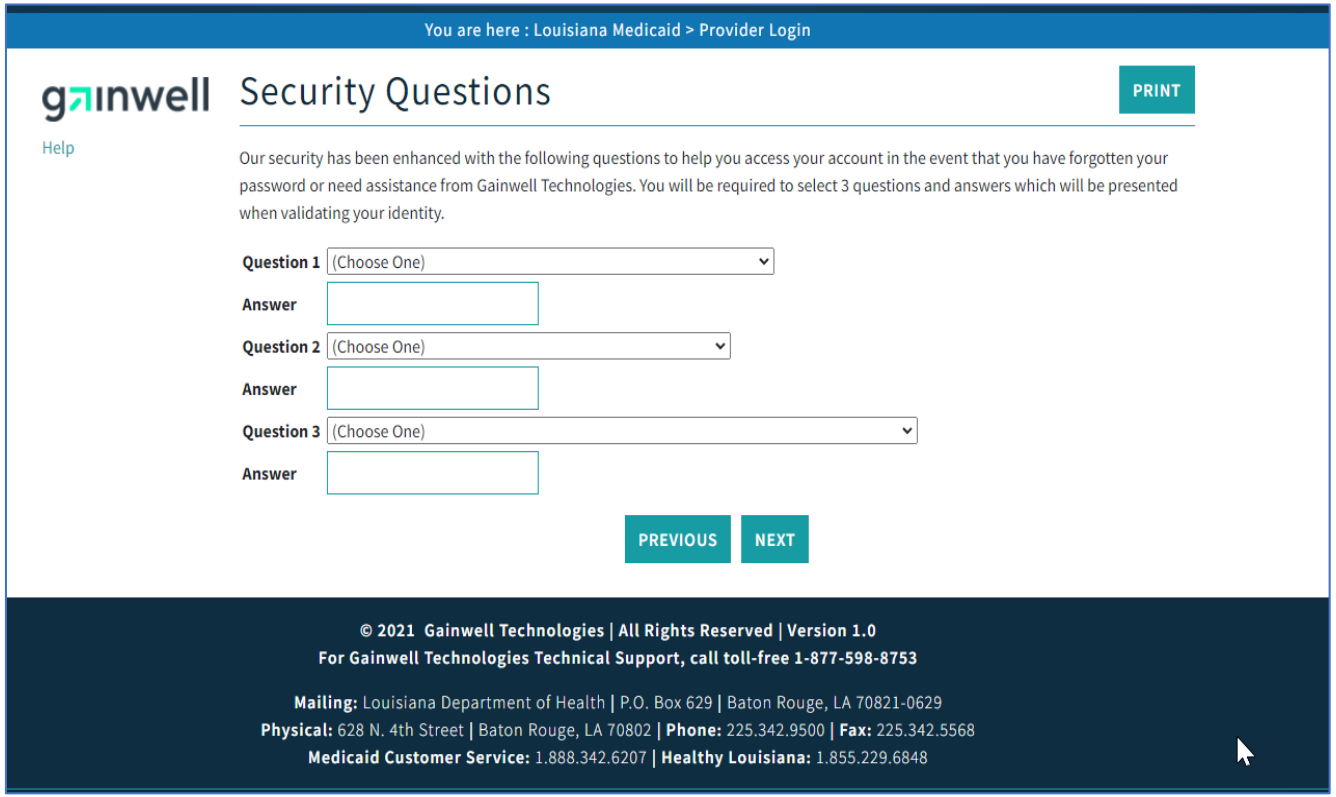
Choose and answer the Security Questions



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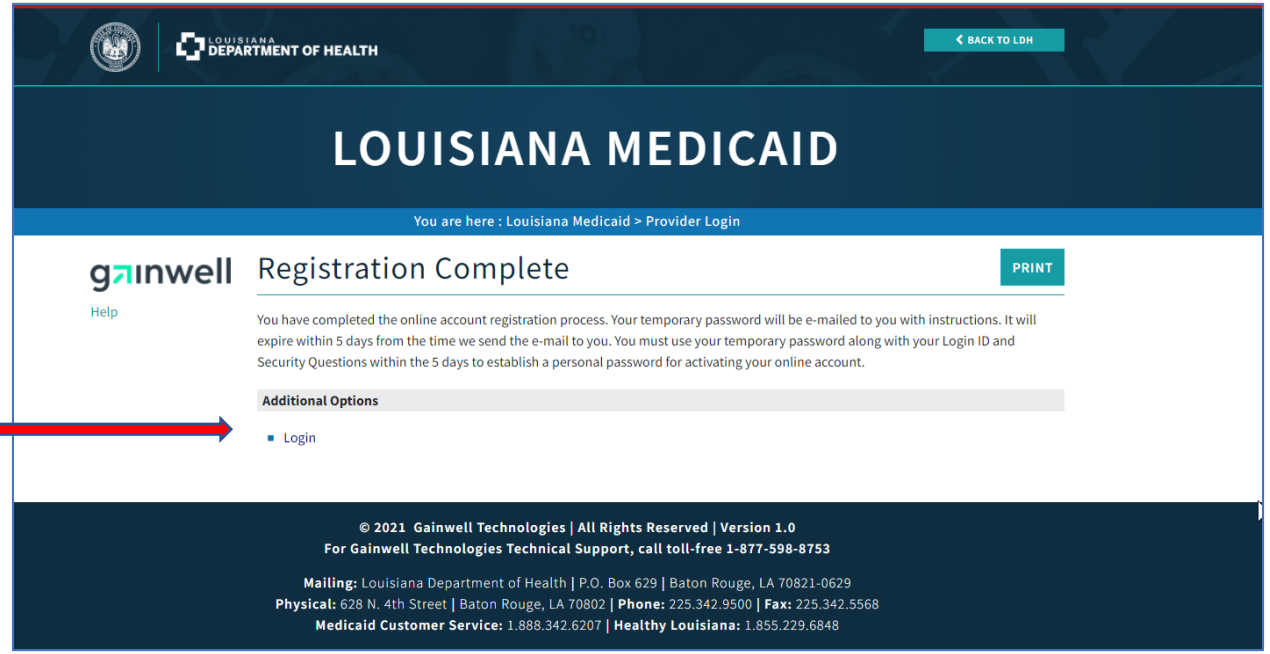
Registration Complete

Proceed to login



Login to an existing account

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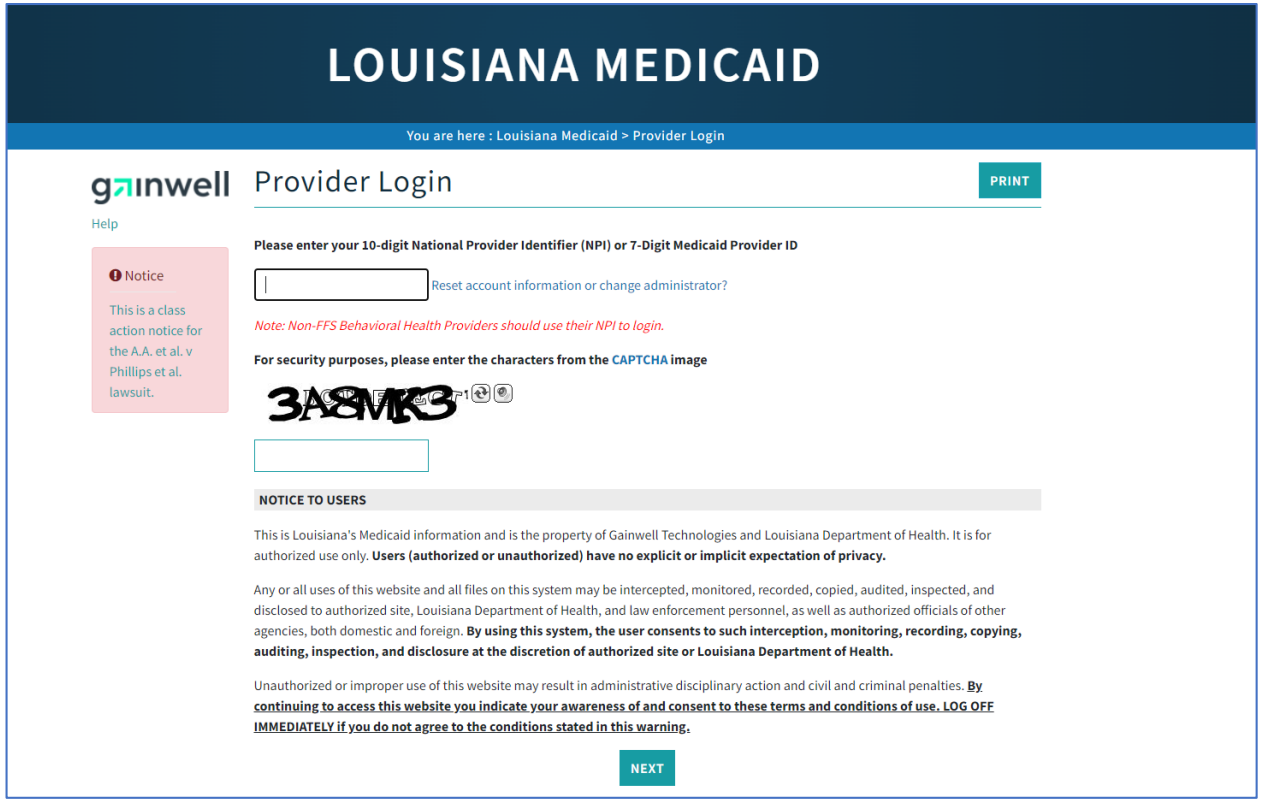
Login to an existing account



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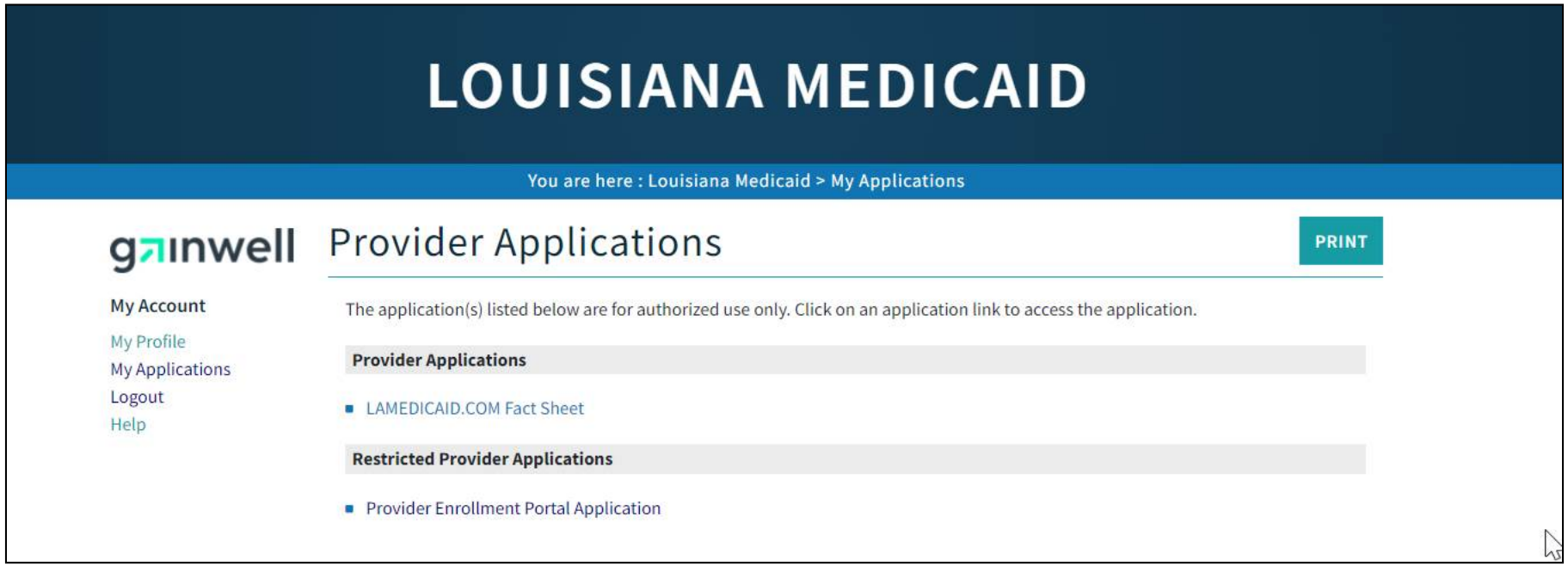
Restricted Provider Applications

From the list, select the Provider Enrollment Application link. The example below shows the link for Fee For Service Individual Providers. Depending on the profile associated with the provider's account, other applications may also be displayed.



Individual MCO Provider Elements required for Enrollment

- Provider must select the Primary and Other Taxonomy
- Provider's address information:
  - Address, City, State, Zip
  - Contact Name
  - Contact Phone
  - Contact Fax
  - Provider SSN
  - Date of Birth
- Disclosure of Ownership for Individuals:
  - Plan Name
  - State
  - Percent Ownership
  - ID Number
- Disclosure of Ownership for Individuals (Edit Relative):
  - Full Name
  - Relationship
  - Percent Ownership
  - Date of Birth
  - SSN
- Individual other than the enrolling provider:
  - Full Name
  - SSN
  - Date of Birth
  - Position
  - Phone Number and Email Address
- License Information:
  - Name on License
  - License Number
  - License State
- For Other Federal/State-Funded Healthcare Programs:
  - Plan Name
  - SSN
  - State
  - ID Number

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Facility MCO Provider Elements required for Enrollment

- Provider must select the Primary and Other Taxonomy
- Provider's address information:
  - Address, City, State, Zip
  - Contact Name
  - Contact Phone and Fax
  - Provider Tax ID
- For Individual Owner:
  - First, Middle, Last Names
  - Percent Ownership In Disclosing Business
  - SSN
  - Date of Birth
  - Phone Number, Address, City, State, Zip
  - Alien Verification number
  - Medicaid Number and Medicare Number
  - For Individual Owner Relative:
    - First, Middle, Last Names
    - Relationship and Relationship Type
    - Title
  - For Subcontractors:
    - Subcontractor Business Name
    - Subcontractor Owner Name
    - Address, City, State, Zip
    - Phone Number and Contact Email
  - For Plan:
    - Plan Name and DBA Name
    - Tax ID
    - State
    - Plan ID Number
- For Business Owner:
  - DBA Name and Legal Name
  - Tax ID Number
  - Phone, Fax, Email
  - Address, City, State, Zip
  - For Subcontractors:
    - Subcontractor Business Name
    - Subcontractor Owner Name
    - Address, City, State, Zip
    - Phone Number
    - Contact Email
  - For Plan:
    - Plan Name and DBA Name
    - Tax ID
    - State
    - Plan ID Number
- For Employee/Agent:
  - First, Middle, Last Names
  - Percent Ownership In Disclosing Business
  - SSN
  - Date of Birth
  - Phone Number, Address, City, State, Zip
  - First, Middle, Last Names for Alias/Other Name
  - Alien Verification number
  - Medicaid Number and Medicare Number
  - For Individual Owner Relative:
  - First, Middle, Last Names
    - Relationship and Relationship Type
    - Title
  - For Subcontractors:
    - Subcontractor Business Name
    - Subcontractor Owner Name
    - Address, City, State, Zip
    - Phone Number and Contact Email
  - For Plan:
    - Plan Name and DBA Name
    - Tax ID and Plan ID Number
    - State
- Name and Role for Authorized Individual
- Payment account information
  - Routing Number
  - Account Number

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Individual FFS Provider Elements required for Enrollment

- Provider must select the Primary and Other Taxonomy
- Provider's address information:
  - Address, City, State, Zip
  - Contact Name
  - Contact Phone
  - Contact Fax
  - Provider SSN
  - Date of Birth
  - Contact Email
- For Other Business:
  - Plan Name
  - State
  - Percent Ownership
  - ID Number
- For Relative:
  - Full Name
  - Relationship
  - Percent Ownership
  - Date of Birth
  - SSN
- Individual other than the enrolling provider:
  - Full Name
  - SSN
  - Date of Birth
  - Position
  - Phone Number and Email Address
- License Information:
  - Name on License
  - License Number
  - License State
- For Other Federal/State-Funded Healthcare Programs:
  - Plan Name
  - SSN
  - State
  - ID Number

Facility FFS Provider Elements required for Enrollment

- Provider must select the Primary and Other Taxonomy
- Provider's address information:
  - Address, City, State, Zip
  - Contact Name
  - Contact Phone
  - Contact Fax
  - Provider Tax ID
- For Individual Owner:
  - First, Middle, Last Names
  - Percent Ownership In Disclosing Business
  - SSN
  - Date of Birth
  - Phone Number
  - Address, City, State, Zip
  - Alien Verification number
  - Medicaid Number and Medicare Number
  - For Individual Owner Relative:
    - First, Middle, Last Names
    - Relationship and Relationship Type
    - Title
  - For Subcontractors:
    - Subcontractor Business Name
    - Subcontractor Owner Name
    - Address, City, State, Zip
    - Phone Number
    - Contact Email
  - For Plan:
    - Plan Name and DBA Name
    - Tax ID and Plan ID Number
    - State
- For Business Owner:
  - DBA Name and Legal Name
  - Tax ID Number
  - Phone, Fax, Email
  - Address, City, State, Zip
  - For Subcontractors:
    - Subcontractor Business Name
    - Subcontractor Owner Name
    - Address, City, State, Zip
    - Phone Number
    - Contact Email
  - For Plan:
    - Plan Name and DBA Name
    - Tax ID
    - State
    - Plan ID Number
- For Employee/Agent:
  - First, Middle, Last Names
  - Percent Ownership In Disclosing Business
  - SSN
  - Date of Birth
  - Phone Number, Address, City, State, Zip
  - First, Middle, Last Names for Alias/Other Name
  - Alien Verification number
  - Medicaid Number and Medicare Number
  - For Individual Owner Relative:
    - First, Middle, Last Names
    - Relationship and Relationship Type
    - Title
  - For Subcontractors:
    - Subcontractor Business Name
    - Subcontractor Owner Name
    - Address, City, State, Zip
    - Phone Number and Contact Email
  - For Plan:
    - Plan Name and DBA Name
    - Tax ID
    - State
    - Plan ID Number
- Name and Role for Authorized Individual

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FAQs

Within the portal, my provider type is wrong, but I can't change it. What do I do?

Within the portal your provider type is prepopulated and cannot be changed. If you feel that the provider type is wrong, please call the Provider Enrollment Portal staff at 833-641-2140 or email louisianaprovenroll@gainwelltechnologies and report the error. Please do not hold the completion of your portal application awaiting the correction.

Within the portal, my specialty indicator is wrong, but I can't change it. What do I do?

Within the portal your specialty is prepopulated and cannot be changed. If you feel that the specialty indicator is wrong, please call the Provider Enrollment Portal staff at 833-641-2140 or email louisianaprovenroll@gainwelltechnologies and report the error. Please do not hold the completion of your portal application awaiting the correction.

FAQs

Within the portal, my primary taxonomy is wrong, but I can't change it. What do I do?

Within the portal your primary taxonomy is prepopulated and cannot be changed. If you feel that the taxonomy is wrong, please call the Provider Enrollment Portal staff at 833-641-2140 or email louisianaprovenroll@gainwelltechnologies and report the error. Please do not hold the completion of your portal application awaiting the correction.

Will current providers be grandfathered in under the first cycle or will all current network providers have to re-enroll?

No, current providers will not be grandfathered in under the first cycle of provider enrollment. Previously, managed care providers have not been required to enroll directly with Louisiana Medicaid through the fiscal intermediary. They have only completed the Medicaid enrollment process with a managed care organization (MCO). The new enrollment and screening process will be managed for all providers through the new web-based portal. This will bring the state into compliance with current federal requirements. All current providers, network and out-of-network, must complete the state's enrollment process for claims to be approved by fee-for-service Medicaid and/or any of the MCOs.

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FAQs

What address on file with Medicaid is the invitation going to?

For providers enrolled with an MCO, Gainwell Technologies will send the invitation to the mailing address that is on file with the MCO. For providers only enrolled in fee-for-service Medicaid and not with any of the MCOs, Gainwell Technologies will send the invitations to the service location address which they have on file.

If a provider needs to update their contact information, use the guidance below to determine how best to update their information.

- Fee-for-service providers can update their service location address by completing this form.
- MCO providers can update their mailing address and/or email address by contacting each MCO with which they are enrolled. MCO contacts can be found here.
- Any provider contracted with Magellan can update their contact information through Magellan's provider portal.
- DentaQuest providers can update contact information by downloading this form and then emailing it to standardupdates@dentaquest.com.
- MCNA providers should send updated contact information to contactus@mcna.net, or mail to MCNA Dental, Attn: Credentialing, 200 West Cypress Creek Road, Suite #500, Fort Lauderdale, Florida 33309.

FAQs

Will providers have individual logins for the Louisiana Medicaid Provider Enrollment Portal? Can providers revalidate by group?

Providers will have an individual log in based on their provider number. Most fee-for-service providers already have a provider number that Gainwell Technologies generated for them. Providers that do not have a provider number yet will receive one based on a unique provider type and NPI combination. The mailed invitation to use the portal for the first time will include the provider number and instructions for the provider to create their unique log in for the provider portal. Providers cannot use the portal to revalidate as a group.

FAQs

If the information on the pre-populated form is incorrect, can the provider make changes?

Yes, the provider can correct information on the pre-populated form by typing directly into the field, except for a few important fields like provider type, tax ID, and paper check mailing address.

Note: The paper check mailing address will only be applicable to fee-for-service providers. This field is not applicable to MCO providers.

Will the portal use electronic signatures?

Yes, the portal will use electronic signatures. The portal will not require any uploaded or hand-signed forms.

FAQs

Do non-licensed providers have to use the Louisiana Medicaid Provider Enrollment Portal?

Yes, non-licensed providers must enroll with the state through the portal if they are indicated on a fee-for-service or MCO claim. For example, non-licensed mental health rehabilitation direct service workers are indicated on claims as a rendering provider, so they must use the portal.

Will providers be notified when it is time to revalidate their enrollment with Louisiana Medicaid?

Yes, providers will be notified when it is time to revalidate their Medicaid enrollment. Providers must revalidate their enrollment with the state at least once every five years, which is similar to the recredentialing process that all MCOs complete every three years.

FAQs

Will there be a public list posted of all providers who are due for revalidation?

No public listing of providers due for revalidation will be posted. Providers will be notified directly when it is time for them to log into the portal for their initial enrollment and when they are due for revalidation.

Will providers have access to a training video about how to use the Louisiana Medicaid Provider Enrollment Portal?

Yes, LDH and Gainwell Technologies will host training webinars for providers once the portal is launched. A recorded webinar will also be posted online. Additionally, the invitations sent to providers to use the provider enrollment portal for the first time will include a link to a detailed instruction manual.

Enrollment Status

Any of the following status messages may be associated with your enrollment:

Provider Enrollment Portal Webinars

Provider Enrollment Portal Webinars are provided at the following site:

https://ldh.la.gov/index.cfm/page/4125

Provider Enrollment Portal Help Desk

The Provider Enrollment Portal Help Desk is ready to help!

LouisianaProvEnroll@gainwelltechnologies.com

833-641-2140

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Q & A

March 31, 2022