



**PROVIDER TYPE SPECIFIC  
PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

**Hospice Agency**

(Enrollment packet is subject to change without notice)

# **HOSPICE PROVIDER ELIGIBILITY DATE POLICY**

The begin eligibility date for a new Hospice provider will be the day the Medicaid provider number is issued by Provider Enrollment. It will not be the Medicare enrollment date as previous policy allowed. Retroactive coverage will no longer be granted.

To ensure timely enrollment, please review all documentation in its entirety before completing required forms. Rejection of the application for incorrect/incomplete information will delay the issuance of the provider number.

Retroactive coverage will not be granted for applications that were rejected for additional information.

# Hospice Provider Type

## CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Molina Medicaid Solutions Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a Hospice provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
<input type="checkbox"/> *	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	<p>4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. <b>(Only the Disclosure of Ownership portion of this enrollment packet can be done by choosing Option 1.)</b></p> <p><b>Option 1</b> (preferred): Provider Ownership Enrollment Web Application. Go to <a href="http://www.lamedicaid.com">www.lamedicaid.com</a> and click on the Provider Enrollment link on the left sidebar. After entering ownership information online, the user is prompted to print the Summary Report; the authorized agent must sign page 3 of the Summary Report and include both pages 2 and 3 with the other documents in this checklist.</p> <p style="text-align: center;">-or-</p> <p><b>Option 2</b> (not recommended): If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.</p>
<input type="checkbox"/> *	5. <b>(If submitting claims electronically)</b> Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form <b>and</b> Power of Attorney Form (if applicable).
<input type="checkbox"/>	6. Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited ( <b>deposit slips are not accepted</b> ).
<input type="checkbox"/>	7. Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records ( <b>W-9 forms are not accepted</b> ).
<input type="checkbox"/>	8. Copy of Medicare certification from CMS.
<input type="checkbox"/>	9. Copy of the Hospice license from DHH Health Standards.
<input type="checkbox"/>	10. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 93 (Hospice).

\* These forms are available in the **Basic Enrollment Packet for Entities/Businesses**.

**PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT.**

**ATTACHED FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS)**

Please submit all required documentation to:  
**Molina Medicaid Solutions Provider Enrollment Unit**  
**PO Box 80159**  
**Baton Rouge, LA 70898-0159**