



ENROLLMENT PACKET FOR THE LOUISIANA MEDICAL ASSISTANCE PROGRAM

(Louisiana Medicaid)

Nurse Practitioner (Individual)

(Enrollment packet is subject to change without notice)

GENERAL INFORMATION FOR PROVIDER ENROLLMENT

Provider Enrollment works on a three-week turnaround time frame. If enrollment requirements are not met, the entire application will be returned for correction and would need to be re-submitted once the corrections are made. Any re-submission of the enrollment packet is subject to additional three-week turnaround period.

No billing for 18 months will result in an automatic closure of this provider number, which will require a new enrollment application in order to be re-activated. No notification will be made to the provider regarding automatic closure.

Nurse Practitioners must notify Provider Enrollment when they receive Prescriptive Authority if they will be writing prescription for Medicaid recipients. This notification can be any document from the Louisiana State Board of Nurses that confirms Prescriptive Authority privileges. This information may be faxed over to Provider Enrollment at 225-216-6392 if the Prescriptive Authority is received from LSBN after the NP is enrolled in Louisiana Medicaid. The document faxed over must contain the Louisiana Medicaid provider number or the NP's NPI.

Individual Nurse Practitioners may link to the following groups (as long as the group has a Louisiana Medicaid business/entity type Provider Number):

- Doctor of Osteopathy Group
- Federally Qualified Health Center
- Mental Health Rehab Agency
- Nurse Practitioner Group
- Physician Group
- Rural Health Clinic
- School Based Health Center

Linkages of Professional Individuals to Groups – a professional individual's provider number can be "linked" to a group provider number for purposes of billing as an attending provider for the specified group.

- **Open professional individual providers require only Group Link/Unlink and Working Relationship Form.**
- **New, Inactive, or Closed professional individual providers require an entire enrollment application as well as the Group Link/Unlink and Working Relationship Form.**

The number of groups a professional individual can link to is limited. It is very important that all professional individuals terminating their relationship with a group notify Provider Enrollment. Provider Enrollment can then unlink the professional individual from the specified group, allowing the professional individual to be linked to other groups in the future.

Claims submitted under the group number, with a professional individual's number included as the attending provider, will be processed and the remittance will be sent directly to the group's mailing address. **It is not necessary for the individual's mailing address to be the same as the Group's mailing address for these Remittance Advice notices to be sent to the group, if billed correctly.**

If a professional individual is linking to a group as an attending only (not being paid individually by Medicaid), then the EDI Contract, Direct Deposit Form, and voided check are not required.

Nurse Practitioner 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 an Individual Nurse Practitioner provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Individual 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 Individual. (Only the Disclosure of Ownership portion of this enrollment packet can be done online by choosing Option 1.)</p> <p>Option 1: Provider Ownership Enrollment Web Application. Go to www.lamedicaid.com and click on the Provider Enrollment link on the left sidebar (detailed instructions can be found in the Basic Enrollment Packet). After entering ownership information online, the user is prompted to print the Summary Report; the professional individual must sign and submit page 2 of the Summary Report with any required explanatory documentation and the documents in this checklist.</p> <p>-or-</p> <p>Option 2: If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Individual.</p>
<input type="checkbox"/> *	5. (If submitting claims electronically) Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and 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 (deposit slips are not accepted).
<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 (W-9 forms are not accepted).
<input type="checkbox"/>	8. Copy of current medical license from governing license board of your profession (RN and APRN license). If requesting retroactive coverage, a license must be submitted that covers that time period. A temporary permit is only good until the expiration date.
<input type="checkbox"/>	9. Verification of prescriptive authority, if applicable, with either a copy of the Certificate of Limited Prescriptive Authority or a copy of the Letter of Notice of Limited Prescriptive Authority.
<input type="checkbox"/>	10. Must have Collaborative Practice Agreement available for review, upon request.
<input type="checkbox"/>	11. Verification of the area of specialization from the Louisiana Board of Nursing.
<input type="checkbox"/>	12. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 08 (Family Practice), Code 26 (Psychiatry), Code 37 (Pediatrics), or Code 79 (Nurse Practitioner).

For Group Linkages:

<input type="checkbox"/> **	13. Completed Link/Unlink and Working Relationship Form.
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Out of State Enrollment:

<input type="checkbox"/>	14. Submit an original claim with the application for the initial date of service. This claim must meet timely filing guidelines or attach proof of timely filing. Subsequent claims must be submitted directly to Molina Medicaid Solutions claims processing once the provider has received confirmation via mail of successful enrollment in Louisiana Medicaid.
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* These forms are available in the **Basic Enrollment Packet for Individuals**.

** This form is included here.

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

Louisiana Medicaid Link/Unlink and Working Relationship Form

If additional space is needed, please copy this form before filling it out.

PURPOSE

This form is used when an individual provider is requesting to be linked to a Professional Group or Entity. The form permits Linkage/Unlinkage for two separate professional groups. When linking to a group, the estimated number of hours is required. The form also serves as documentation that a working relationship exists between an individual and a professional group. For this form to be valid, an **ORIGINAL SIGNATURE AND DATE ARE REQUIRED.**

Individual Provider Name:													
Individual Provider Number:		LA Medicaid Provider #						National Provider Identifier (NPI)					
Professional Group Name:													
Professional Group Provider Number:		LA Medicaid Provider #						National Provider Identifier (NPI)					
<input type="checkbox"/> LINK	Effective Date:					<input type="checkbox"/> UNLINK	Termination Date:						
Approximate Number of Hours Worked at this Group Per Week, if linking. (required)													
Professional Group Name:													
Professional Group Provider Number:		LA Medicaid Provider #						National Provider Identifier (NPI)					
<input type="checkbox"/> LINK	Effective Date:					<input type="checkbox"/> UNLINK	Termination Date:						
Approximate Number of Hours Worked at this Group Per Week, if linking. (required)													
Contact Person for questions regarding this form:													
Contact Person Phone Number:		() -											

WORKING RELATIONSHIP AGREEMENT

I am a medical professional who has a contractual agreement to see patients for the above named professional group(s). I have recorded the approximate number of hours to be worked at each group per week in the space(s) provided above. (I understand that upon request I must provide DHH a copy of the written contractual agreement.)

Print Individual Provider's Name

Individual Provider's Signature

Date

Original signature only – colored ink (please don't use black ink)

Mail Completed Forms To: Molina Medicaid Solutions Provider Enrollment Unit, PO Box 80159, Baton Rouge, LA 70898-0159