



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid)

HOME HEALTH AGENCY

(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.

The effective date for this enrollment will be the day the application is actually worked by Provider Enrollment.

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.

OCDD Waiver Service Providers must submit additional documentation to be placed on what is called the Freedom of Choice listing. This documentation is to be downloaded from the web after receiving the letter confirming enrollment in Louisiana Medicaid. The additional documentation required is a Medicaid Freedom of Choice Request Form which is found on the DHH website at: <http://new.dhh.louisiana.gov/index.cfm/page/141>. (The link to this form is located just above the map of Louisiana).

Upon completion of the Medicaid enrollment process, all OAAS Waiver Service providers and some providers of other Medicaid services will automatically be added to a Freedom of Choice listing in a web-based program called Provider Locator Tool. This enables public users to search for Medicaid and/or Home and Community Based Service providers who accept Louisiana Medicaid.

If at any time during enrollment as a Medicaid provider, the provider has a change of physical address, then the provider must first obtain an updated license indicating the new address. The one year license renewal period begins over when a provider gets a new license because of a change of address. The provider must then submit notification of the change of address along with a copy of the new license to Molina Medicaid Solutions Provider Enrollment (see address on checklist, below). Failure to report a change of address, first to Health Standards and then to Molina Medicaid Solutions Provider Enrollment, will result in your agency being incorrectly listed on the Freedom of Choice list.

Providers enrolled as type 44 (Home Health Agency) are allowed to provide services in accordance with applicable rules, regulations and policies as specified below:

- To OCDD New Opportunities Waiver Recipients:
 - o Nursing Services
 - o Professional Services – Psychologist
 - o Professional Services – Social Worker
 - o Nutrition/Dietary Services

- To OCDD Residential Options Waiver Recipients:
 - o Nursing Services

- To OAAS Community Choices Waiver Recipients:
 - o Skilled Maintenance Therapies (Physical, Occupational, Speech, Respiratory)
 - o Nursing Services
 - o Personal Assistance Services

- To Non-Waiver Medicaid Recipients:
 - o Home Health Services

NOTICE TO WAIVER SERVICE PROVIDERS

Please note that Louisiana Medicaid will only reimburse you for waiver services rendered to Medicaid recipients who are enrolled in a waiver program (New Opportunities Waiver (NOW), Children's Choice Waiver, Supports Waiver, Residential Options Waiver (ROW), Adult Day Health Care (ADHC) Waiver and Community Choices Waiver). Medicaid will not reimburse you for waiver services provided to recipients who are not enrolled in one of the waiver programs.

NOTICE

Home Health Agencies Billing DME Directly to Louisiana Medicaid

The Department of Health and Hospitals mandates that Medicaid will adhere to the accreditation requirement under the Medicare Modernization Act of 2003 for Home Health Agency providers seeking reimbursement for DME.

Home Health providers wanting to bill DME directly through their Louisiana Medicaid Provider number must submit a written request to Molina Provider Enrollment and attach verification of their accreditation - from one of the following (10) national organizations authorized by Medicare:

- The Joint Commission (JC); website: <http://www.jointcommission.org/>
- National Association of Boards of Pharmacy (NABP); website: www.nabp.net
- Board of Orthotist/Prosthetist Certification (BOC); website: www.bocusa.org
- The Compliance Team, Inc; website: www.exemplaryprovider.com
- American Board for Certification in Orthotics & Prosthetics, Inc (ABC); website: www.abcop.org
- The National Board of Accreditation for Orthotic Suppliers (NBAOS); website: www.nbaos.org
- Commission on Accreditation of Rehabilitation Facilities (CARF); website: www.carf.org
- Community Health Accreditation Program (CHAP); website: www.chapinc.org
- HealthCare Quality Association on Accreditation (HQAA); website: www.hqaa.org/
- Accreditation Commission for Health Care, Inc; website: www.achc.org

Molina Provider Enrollment will submit the written request along with the Accreditation certificate to the DME Program at DHH for approval.

ATTENTION!!

Waiver service providers are required to comply with all requirements contained in:

- 1. The provider manuals located at <http://www.lamedicaid.com>**
- 2. The information located on the DHH/OAAS website at <http://new.dhh.louisiana.gov/index.cfm/subhome/12/n/7>**

And

- 1. the information located on the DHH/OCDD website at <http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>**

**Home Health Agency
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 Home Health Agency 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"/> *	4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. (Only the Disclosure of Ownership portion of this enrollment packet can be done online by choosing Option 1.) Option 1: Provider Ownership Enrollment Web Application. Go to www.lamedicaid.com 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. -or- Option 2: If you choose not to use the Provider Ownership Enrollment web application, and then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.
<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 Home Health Agency license issued by Health Standards.
<input type="checkbox"/>	9. Copy of Medicare certification letter from Centers for Medicare and Medicaid Services (CMS).
<input type="checkbox"/>	10. To bill for DME services directly: Submit a written request -and- Attach the DME accreditation certificate.
<input type="checkbox"/>	11. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 87 (All Other).
FOR ROW SERVICES:	
<input type="checkbox"/> **	12. To request skilled nursing services and/or ROW waiver services complete the NOW/ROW Provider Verification Form.
<input type="checkbox"/>	13. To report "Sub-specialty" for this provider type on Section A of the PE-50, please use Code 4W (Waiver Services).
FOR COMMUNITY CHOICES WAIVER SERVICES:	
<input type="checkbox"/> **	14. Completed and notarized "Provider Verification for OAAS Community Choices Waiver Skilled Maintenance Therapy and Nursing Services" form
<input type="checkbox"/>	15. To report "Sub-Specialty" for this provider type to provide one or more of the 4 Community Choices Waiver Skilled Maintenance Therapies on Section A of the PE-50, please use one of the following codes: 6T (Community Choices Waiver – Physical Therapy) 7H (Community Choices Waiver – Occupational Therapy) 7G (Community Choices Waiver – Speech/Language Therapy) 3D (Community Choices Waiver – Respiratory Therapy) 3E (Community Choices Waiver – Physical Therapy & Occupational Therapy) 3F (Community Choices Waiver – Physical Therapy & Speech/Language Therapy) 3G (Community Choices Waiver – Physical Therapy & Respiratory Therapy) 3H (Community Choices Waiver – Occupational Therapy & Speech/Language Therapy) 3J (Community Choices Waiver – Occupational Therapy & Respiratory Therapy) 3K (Community Choices Waiver – Speech/Language Therapy & Respiratory Therapy) 3L (Community Choices Waiver – Physical Therapy, Occupational Therapy & Speech/Language Therapy) 3M (Community Choices Waiver – Physical Therapy, Occupational Therapy & Respiratory Therapy) 3N (Community Choices Waiver – Physical Therapy, Speech/Language Therapy & Respiratory Therapy) 3Q (Occupational Therapy, Speech/Language Therapy & Respiratory Therapy) 3R (Community Choices Waiver – All Skilled Maintenance Therapies)
<input type="checkbox"/>	16. To report "Sub-Specialty" for this provider type to provide Nursing Services under the Community Choices Waiver on Section A of the PE-50, please use Code 8N.
<input type="checkbox"/>	17. To report "Sub-Specialty" for this provider type to provide Personal Assistance Services under the Community Choices Waiver on Section A of the PE-50, please use Code 5W.

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

**Forms are included here.

Please submit all required documentation to the appropriate address shown below:	
Enrollment for ROW: Office for Citizens with Developmental Disabilities ROW Program Manager P.O. Box 3117 Baton Rouge, LA 70821-3117	Enrollment for Non ROW: Molina Medicaid Solutions Provider Enrollment Unit PO Box 80159 Baton Rouge, LA 70898-0159

