



**PROVIDER TYPE SPECIFIC
PACKET/CHECKLIST**

(Louisiana Medicaid Program)

Hospital

(Enrollment packet is subject to change without notice)

TIMELY FILING GUIDELINES

To be reimbursed for services rendered; all providers must comply with the following filing limits set by the Louisiana Medicaid Program.

- Straight Medicaid claims must be filed within **12** months of the date of service.
- Claims for recipients who have Medicare and Medicaid coverage must be filed with the Medicare Fiscal Intermediary within **12** months of the date of service in order to meet Medicaid's timely filing regulation. (Claims that fail to cross over via tape and have to be filed hard copy must be filed within **6** months of the date on the Medicare Explanation of Medicare Benefits (EOMB), provided that they were filed with Medicare within **1** year from the date of service.)
- Claims with third-party payment must be filed within **12** months of the date of service.
- KIDMED claims must be filed within **60** days of the date of service.
- Claims for recipients with retroactive eligibility coverage, e.g., spend-down medically needy claims, should be sent to Molina Medicaid Solutions with a note of explanation **AND** a copy of Form 18-SSI (Medicaid Program Notice of Decision) or other official documentation from DHH indicating the recipient's retroactive status within **12** months of the date retroactive eligibility was granted. The Molina Medicaid Solutions mailing address is as follows:

Molina Medicaid Solutions
Provider Relations
P.O. Box 91024
Baton Rouge, LA 70821

All claims for recipients with retroactive medical coverage will be forwarded to the Medicaid Program for review and authorization.

Medicaid claims received after the maximum timely filing date cannot be processed unless the provider is able to furnish proof of timely filing. Such proof may include:

- A Remittance Advice indicating that the claim was processed earlier (within the specified time frame). A filed claim is defined as one which has been assigned an ICN (internal control number) and was either paid or denied.
- Correspondence from either the Medicaid Program or local Medicaid eligibility staff concerning the claim and/or the eligibility of the recipient.

NOTE: To ensure accurate processing when resubmitting the claim and documentation, providers must be certain that the claim is legible. Documentation must reference the individual recipient and date of service.

CLAIMS FOR DATES OF SERVICE OVER TWO YEARS OLD

Claims with dates of service over two years old **are not** to be submitted to the Fiscal Intermediary (Molina Medicaid Solutions) or to the Medicaid Program for overriding of the timely filing edit **unless** one or more of the guidelines listed below is met:

- The recipient was certified for retroactive Medicaid benefits (e.g., spend-down medically needy, or the recipient won a Medicare or SSI appeal granting retroactive Medicaid benefits), and the provider submits the claim within **12** months of the date retroactive eligibility was granted.
- The claim was submitted to Medicaid within **12** months of the date of service and failure of the claim to pay was the fault of the Medicaid Program rather than the provider's fault **each** time the claim was adjudicated.

NOTE: Documentation of retroactive eligibility or your attempts to resolve the billing problem (e.g., copy of Remittance Advice) must be attached to the claim(s).

Hospital

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 Hospital 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. Option 1 (preferred): 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 (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.
<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 Hospital license issued by Health Standards.
<input type="checkbox"/>	9. Copy of Medicare Cert Letter confirming enrollment with Medicare as a either an Acute Care Hospital or a Long Term Acute Care (LTAC) Hospital.
<input type="checkbox"/>	10. Copy of CLIA (Clinical Laboratory Improvements Amendment) Certificate. The provider name on the certificate must match the provider name submitted on this application.
<input type="checkbox"/>	11. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 85 (Long Term Acute Care Hospital) or Code 86 (Hospital).

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

Out of State Enrollment:

<input type="checkbox"/>	Submit an original claim with the application for the initial date of service. This claim must meet timely filing guidelines. Be sure that the license submitted (see Item 8, above) covers the period represented by the date of service on the claim.
<input type="checkbox"/>	If Medicare Certification Letter is older than 5 years, also submit an Explanation of Medicare Benefits (EOMB) showing the facility name and the Medicare number. Please expunge all Protected Health Information (PHI) from the copy before submitting it.

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