



**PROVIDER TYPE SPECIFIC  
PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

**Family Planning Clinic**

(Enrollment packet is subject to change without notice)

# Family Planning Clinic

## 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 Family Planning Clinic 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;"><b>-or-</b></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. Completed Clinic Certification / Professional Staff Listing Form.
<input type="checkbox"/>	9. Copy of Clinical Laboratory Improvement Amendment (CLIA), if applicable.
<input type="checkbox"/> **	10. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 97 (Family Planning Clinic).

\* Forms are included in this Enrollment Packet

**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) – DO NOT SUBMIT COPIES OF THE ATTACHED FORMS.**

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



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**Clinic Certification / Professional Staff Listing Form**

I have read the attached Section 4320 of Chapter 4 from Publication #45, The State Medicaid Manual, published by the Centers for Medicare & Medicaid Services (CMS), and I can state that this agency meets the definition of "clinic" based on these guidelines.

List all Physicians, Physicians Assistants, and Nurse Practitioners that are affiliated with this clinic:

Provider Name	Professional Title (MD, PA, NP)	Provider Number

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Clinic Street Address, City, State, Zip

\_\_\_\_\_  
Print Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date of Signature



C. Coverage Options.--Clinic services, as defined by 42 CFR 440.90, do not include services provided by hospitals to outpatients. Outpatient hospital services, which are authorized by the regulations at 42 CFR 440.20, are separate and distinct from clinic services. As defined by the regulations, clinic services must be provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. Thus, clinic services, in accordance with 42 CFR 440.90, must be provided by a freestanding facility, which means that the clinic may not be part of a hospital. However, a clinic may be located in the same building as a hospital, as long as there is no administrative, organizational, financial or other connection between the clinic and the hospital.

Clinic services are optional; States may or may not elect to cover these services under their Medicaid programs. There are different types of freestanding clinics that are organized and operated to provide medical care to outpatients, and different types of clinic services that are available. If a State elects to cover clinic services, it may choose the type of clinics or clinic services that are covered, provided that the services constitute medical or remedial care. Thus, a State may provide coverage for some but not all kinds of clinic services.

D. Provision of Clinic Services to Residents of SNFs, ICFs, AND ICFs/MR.--Clinic services are defined in part, at 42 CFR 440.90, as services that are provided to outpatients. At 42 CFR 440.2, an outpatient is defined as a patient who is receiving professional services at an organized medical facility, or distinct part of such a facility, neither of which is providing the patient with room and board and professional services on a continuous 24-hour-a-day basis.

The definition of outpatient does not exclude residents of title XIX long term care facilities from receiving clinic services either through an arrangement between the facility and the clinic or from a clinic which is chosen by the resident. However, because of the regulatory requirement that clinic services may be provided to outpatients only, the clinic from which they receive services may not provide them with room and board and professional services on a continuous 24-hour-a-day basis. Furthermore, because of the outpatient requirement, eligibility for clinic services is limited to those patients:

1. who for the purpose of receiving necessary health care go or are brought to a clinic, or other site at which the clinic staff is available; and
2. who the same day leave the site at which the services are provided.

Thus, this requirement precludes residents of skilled nursing facilities, intermediate care facilities and intermediate care facilities for the mentally retarded from receiving clinic services that are provided in the long term care facility itself. Therefore, these services must be provided at a location which is not a part of the long-term care facility. While such services, if provided at the location of the facility, may not be covered as clinic services, they could be covered as long term care services if included in the package of institutional services provided to the residents of the facility.