



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid)

Assistive Devices OCDD Waiver

(Enrollment packet is subject to change without notice)

GENERAL INFORMATION REGARDING WAIVER ENROLLMENTS

****NPI numbers are not required for Assistive Device (PT-17) providers. If you do not submit an NPI number on your PE-50, you must submit claims using your Louisiana Medicaid provider number only. If you choose to submit an NPI number on your PE-50, please be aware that each Medicaid provider number is required to have a unique NPI number (different than the one for your HHA or DME file), so the Assistive Device provider would need to obtain a new NPI number. Alternatively, the same NPI can be used as another Medicaid provider number only if the NPI has multiple taxonomy codes listed and you list the applicable taxonomy code on your PE-50 in the Basic Enrollment Packet.**

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.

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 LDH website t:<http://new.dhh.louisiana.gov/index.cfm/page/141>. (The link to this form is located just above the map of Louisiana).

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.

If at any time during enrollment as a Waiver Medicaid provider, the provider has a change of physical address, then the provider must first obtain an updated license indicating the new address, and then submit notification of the change of address along with a copy of the updated license to Gainwell Provider Enrollment (see address on checklist, below).

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), 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.

Providers enrolled as type 17 (Assistive Devices) are allowed to provide services in accordance with applicable rules, regulations, and policies under waiver programs as specified below:

- Assistive Devices / Medical Supplies to OCDD New Opportunities Waiver Recipients
- Assistive Technology / Specialized Medical Equipment to OCDD Residential Options Waiver Recipients

ATTENTION!!

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

1. The provider manuals located at:

<https://www.lamedicaid.com/Provweb1/Providermanuals/ProviderManuals.htm>

And

2. The information located on the LDH/OCDD website at

<http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>

OCDD Waiver Assistive Devices CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Gainwell Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as an Assistive Devices provider. **NOTE: This checklist is NOT for use by Home Health Agencies that will provide Community Choices Waiver Assistive Devices and Medical Supplies.**

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. Completed Louisiana Medicaid Ownership Disclosure Information Form for an 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).

* 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:
Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159