



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Mental Health Hospital (Free-Standing)

(Enrollment packet is subject to change without notice)

Mental Health Hospital (Free-Standing) CHECKLIST OF FORMS FOR SUBMISSION

The following checklist identifies the necessary documents needed to enroll in Louisiana Medicaid (Fee-For-Service), as a Free-Standing Mental Health Hospital (PT-64):

| 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. |
| <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. |
| <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. License: In-State providers: A copy of the Hospital license (for a Psychiatric Facility), issued by the Health Standards Section of the Louisiana Department of Health – OR – Out –of-State providers: submit the Psychiatric Hospital license issued by your state's Governing Board. |
| <input type="checkbox"/> | 9. On Section A of the PE-50 Form, in the Specialty Code space write in ' 86 ' (Hospital) and leave the Subspecialty Code space ' blank '. |
| <input type="checkbox"/> | 10. On Section D of the PE-50 Form, in the Provider Type Description space write in ' Mental Health Hospital FS ' and in the Provider Type Code space write in ' 64 '. |

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

For Out of State Providers:

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|--------------------------|---|
| <input type="checkbox"/> | 11. Submit an original claim with the enrollment application for the initial date of service. <ul style="list-style-type: none"> • This claim must meet timely filing guidelines. • Ensure the license submitted (from your state's governing board) covers the period represented by the date of service on the claim. |
|--------------------------|---|

Original Signatures Required

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