



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

**Office of Aging and Adult Services (OAAS)
Case Management (Support Coordination)**

(Enrollment packet is subject to change without notice.)

OAAS Case Management (Support Coordination)

REQUIRED DOCUMENTS FOR ENROLLMENT

NOTE: Prior to completing this enrollment packet, you **MUST** obtain OAAS approval by contacting the Support Coordination Program Manager at 225-219-0643.

The following checklist shows all required documents that **MUST** be submitted to enroll with Fee For Service (FFS) Louisiana Medicaid. Please make certain to complete each required form in its entirety to avoid processing delays.

*Form is included in the **Basic Enrollment Packet for Entities/Businesses**.

**Form is included in this packet.

| Completed | Document Name |
|-----------|---|
| * | 1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form. |
| * | 2. PE-50 Addendum – Provider Agreement Form (three pages). |
| * | 3. Medicaid Direct Deposit (EFT) Authorization Agreement Form. |
| * | 4. Louisiana Medicaid Ownership Disclosure Information forms. |
| * | 5. (If submitting claims electronically) 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). |
| | 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) . |
| | 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) . |
| | 8. Copy of approval letter from OAAS indicating that all OAAS requirements have been met. |
| ** | 9. Louisiana Medicaid Program Board Resolution Form. (Must be notarized) |
| | 10. On Section A of the PE-50 Form, in the Specialty Code space, write in '81' (Case Management). |
| | 11. On Section D of the PE-50 Form, in the Provider Type Description space write in 'OAAS - CM' and in the Provider Type Code space write in '08' . |

Original Signatures Required – Please Do NOT Use Black Ink

Please submit all required documentation to:
Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159
225-216-6370

Louisiana Medicaid Program Board Resolution Form

STATE OF LOUISIANA, PARISH OF _____

On the _____ day of _____, 20 _____

Meeting of the Board of Directors of _____

Held in the City of _____

Parish of _____

A quorum of the Directors present, the following business was conducted:

It was duly moved and seconded that the following resolution be adopted:

BE IT RESOLVED that the Board of Directors of the above corporation hereby authorized:

(Name and Title)

and his/her successors in the office to negotiate, on terms and conditions that he/she may deem advisable, a contract or contracts with the Louisiana Department of Health, and to execute said documents on behalf of the corporation, and further do we hereby give him/her the power and authority to do all things necessary to implement, maintain, amend or renew said documents.

The above resolution was passed by a majority of those present and voting in accordance with the by-laws and articles of incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting

Of the Board of Directors of _____

Held on the _____ day of _____, 20 _____

Signature of Secretary _____

Print Name of Secretary _____ Date of Signature _____

Subscribed and sworn before me, _____

A Notary Public for the Parish of _____

On the _____ day of _____, 20 __

Original Signatures Required – Please Do NOT Use Black Ink.

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