



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid)**

# **Assistive Devices OAAS Community Choices Waiver**

**(Enrollment packet is subject to change without notice)**

## GENERAL INFORMATION FOR PROVIDER ENROLLMENT

**\*\*Current enrollment as a Home Health Agency (PT-44) or a Durable Medical Equipment/DME (PT-40) provider is required before being able to enroll as an Assistive Device (PT-17) provider for OAAS Community Choices Waiver.**

**\*\*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 an additional three-week turnaround period.

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.

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

Upon completion of the Medicaid enrollment process, all OAAS Waiver Service providers and some providers of other Medicaid services will automatically be added to a Freedom of Choice listing in a web-based program called Provider Locator Tool. This enables public users to search for Medicaid and/or Home and Community Based Service providers who accept Louisiana Medicaid.

If at any time during enrollment as an OAAS Community Choices Waiver Medicaid provider or OCDD Waiver Medicaid provider, the provider has a change of physical address, the provider must first obtain an updated license indicating the new address. The one year license renewal period begins over when a provider gets a new license because of a change of address. The provider must then submit notification of the change of address along with a copy of the new license to Gainwell Provider Enrollment (see address on checklist, below). Failure to report a change of address, first to Health Standards and then to Gainwell Provider Enrollment, will result in your agency being incorrectly listed on the Freedom of Choice list.

## 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
- Assessment for and Purchase of Assistive Technology, Devices, Medical Supplies by a

Home Health Agency and / or a Durable Medical Equipment (DME) provider for OAAS Community Choices  
Waiver Recipients

# ATTENTION!!

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

- 1. The provider manuals located at <http://www.lamedicaid.com>**
- 2. The information located on the LDH/OAAS website at <http://new.dhh.louisiana.gov/index.cfm/subhome/12/n/7>**
- 3. The information located on the LDH/OCDD website at <http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>**

# OAAS Community Choices 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 OAAS Community Choices Waiver Assistive Devices & Medical Supplies provider.

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. <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 and signed Existing Provider Information Form.
<input type="checkbox"/> **	9. Completed and notarized “ <i>Provider Attestation for OAAS Community Choices Waiver Assistive Devices and Medical Supplies Services</i> ” form.
<input type="checkbox"/>	10. To report “Specialty” for this provider type on Section A of the PE-50, use Code 91 (Assistive Devices).
<input type="checkbox"/>	11. To report “Sub-Specialty” as a <u>Home Health Agency provider</u> for the Community Choices Waiver Assistive Devices & Medical Supplies on Section A of the PE-50, use Code 3U <b>*OR*</b> To report “Sub-Specialty” as a <u>DME provider</u> for the Community Choices Waiver Assistive Devices & Medical Supplies on Section of the PE-50, use code 4V.

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

\*\* This form is included here.

**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**



# EXISTING PROVIDER INFORMATION FORM

Please print name of the enrolling Assistive Device Company: \_\_\_\_\_

List your Home Health Agency and/or Durable Medical Equipment provider numbers.

Provider Name	NPI	Provider Number

I understand and acknowledge the following NPI requirements:

**\*\*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 will 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.**

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

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