



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Hospital

(Enrollment packet is subject to change without notice.)

GENERAL POLICY INFORMATION

All providers are required to comply with both policy and program requirements located in the Louisiana Medicaid provider manuals linked below.

Louisiana Medicaid Provider Manuals:

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

Hospital

REQUIRED DOCUMENTS FOR ENROLLMENT

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**.

**Forms are included here.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Forms.
*	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 Hospital license issued by Health Standards.
	9. Copy of CLIA (Clinical Laboratory Improvements Amendment) Certificate. The provider's name on the certificate must match the provider's name submitted on this application.
	10. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 85 (Long Term Acute Care Hospital) or Code 86 (Hospital) or Code 6R (Rehab Hospital).

Out of State Enrollment:

	11. Submit an original claim with the application for the initial date of service. This claim must meet timely filing guidelines. Be sure that the license submitted (see Item 8 above) covers the period represented by the date of service on the claim.
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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