



# **ENROLLMENT PACKET FOR THE LOUISIANA MEDICAL ASSISTANCE PROGRAM (Louisiana Medicaid)**

# **Rehabilitation Center**

(Enrollment packet is subject to change without notice)

## GENERAL INFORMATION FOR PROVIDER ENROLLMENT

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.

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.

Upon completion of the Medicaid enrollment process, providers will automatically be added to the 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.

Providers enrolled as type 65 (Rehabilitation Center) are allowed to provide services in accordance with applicable rules, regulations and policies as specified below:

- TO Non-Waiver Medicaid Recipients:
  - o Rehabilitation Center Services
  
- To OAAS Community Choices Waiver Recipients:
  - o Skilled Maintenance Therapies (OT, PT, ST)

## Rehabilitation Center

### 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 a Rehabilitation Center provider:

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. Louisiana Medicaid Ownership Disclosure Information Forms for 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. To report "Specialty" for this provider type on Section A of the PE-50, please use Code75 (Other Medical Care).
<input type="checkbox"/>	9. Completed and notarized <i>"Provider Attestation for OAAS Community Choices Waiver Skilled Maintenance Therapy and Nursing Services"</i> form.
<input type="checkbox"/>	10. To report "Sub-Specialty" for this provider type to provide one or more of the 4 Community Choices Waiver Skilled Maintenance Therapies on Section A of the PE-50, please <b>use <u>one</u> of the following codes:</b> <u>6T</u> (Community Choices Waiver – Physical Therapy) <u>7H</u> (Community Choices Waiver – Occupational Therapy) <u>7G</u> (Community Choices Waiver – Speech/Language Therapy) <u>3E</u> (Community Choices Waiver – Physical Therapy & Occupational Therapy) <u>3F</u> (Community Choices Waiver – Physical Therapy & Speech/Language Therapy) <u>3H</u> (Community Choices Waiver – Occupational Therapy & Speech/Language Therapy) <u>3L</u> (Community Choices Waiver – Physical Therapy, Occupational Therapy & Speech/Language Therapy) <u>3R</u> (Community Choices Waiver – All Skilled Maintenance Therapies)

\*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**

