



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Pediatric Day Health Care (PDHC) Facility

(Enrollment packet is subject to change without notice.)

GENERAL INFORMATION

REGARDING PDHC FACILITY PROVIDERS

Pediatric Day Health Care (PDHC) services are an array of services that are designed to meet the medical, social and developmental needs of medically fragile individuals up to the age of 21 who require continuous nursing services and other therapeutic interventions. PDHC services offer a community-based alternative to traditional long term care services or extended nursing services for children with medically complex conditions. These services are provided in a non-residential setting which is licensed as a PDHC facility and enrolled to participate in the Medicaid Program.

Effective date of this program – January 2, 2011

Is Prior Authorization required before services are rendered? Yes

Web site particulars – Provider manual, PA Forms/instructions, and the Fee Schedule are posted to www.lamedicaid.com.

Pediatric Day Health Care Facility

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**.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Forms (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 the Pediatric Day Health Care Facility license issued by Health Standards.
	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 1Z (Pediatric Day Health Care).

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