



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

# **Coordinated Care Network – Prepaid CCN-P (Entities/Businesses)**

(Enrollment packet is subject to change without notice)

# **Coordinated Care Network – Prepaid CCN-P**

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If you would like to apply to be a CCN-P provider (Provider Type 05), you must go to the following website to obtain enrollment instructions:

[makingmedicaidbetter.com](http://makingmedicaidbetter.com)