



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.

Providers will automatically be added to the Freedom of Choice List upon completion of the enrollment process.

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

- To OAAS Community Choices Waiver Recipients:
 - o Skilled Maintenance Therapies (Physical, Occupational, Speech, Respiratory)

- TO Non-Waiver Medicaid Recipients:
 - o Rehabilitation Center Services

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), Adult Day Health Care (ADHC) Waiver 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.

ATTENTION
Prospective Providers of
Office of Aging and Adult Services
Community Choices Waiver
Services:

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

- 1. The provider manuals located at <http://www.lamedicaid.com>**

And

- 2. The information located on the DHH/OAAS website at <http://new.dhh.louisiana.gov/index.cfm/subhome/12/n/7>**

Rehabilitation Center CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Molina Medicaid Solutions 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"/> *	<p>4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. (Only the Disclosure of Ownership portion of this enrollment packet can be done by choosing Option 1.)</p> <p>Option 1: Provider Ownership Enrollment Web Application. Go to www.lamedicaid.com and click on the Provider Enrollment link on the left sidebar. After entering ownership information online, the user is prompted to print the Summary Report; the authorized agent must sign page 3 of the Summary Report and include both pages 2 and 3 with the other documents in this checklist.</p> <p>-or-</p> <p>Option 2: If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.</p>
<input type="checkbox"/> *	5. (If submitting claims electronically) Completed 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).
<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 (deposit slips are not accepted).
<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 (W-9 forms are not accepted).
<input type="checkbox"/>	8. Copy of Medicare Certification Letter confirming enrollment with Medicare as either a Rehab Agency or a Comprehensive Outpatient Rehabilitation Facility (CORF).
<input type="checkbox"/>	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code75 (Other Medical Care).

FOR COMMUNITY CHOICES WAIVER SERVICES:

<input type="checkbox"/> **	10. Completed and notarized "Provider Verification for OAAS Community Choices Waiver Skilled Maintenance Therapy Services" form
<input type="checkbox"/>	<p>11. 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 use one of the following codes:</p> <p><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>3D</u> (Community Choices Waiver – Respiratory Therapy) <u>3E</u> (Community Choices Waiver – Physical Therapy & Occupational Therapy) <u>3F</u> (Community Choices Waiver – Physical Therapy & Speech/Language Therapy) <u>3G</u> (Community Choices Waiver – Physical Therapy & Respiratory Therapy) <u>3H</u> (Community Choices Waiver – Occupational Therapy & Speech/Language Therapy) <u>3J</u> (Community Choices Waiver – Occupational Therapy & Respiratory Therapy) <u>3K</u> (Community Choices Waiver – Speech/Language Therapy & Respiratory Therapy) <u>3L</u> (Community Choices Waiver – Physical Therapy, Occupational Therapy & Speech/Language Therapy) <u>3M</u> (Community Choices Waiver – Physical Therapy, Occupational Therapy & Respiratory Therapy) <u>3N</u> (Community Choices Waiver – Physical Therapy, Speech/Language Therapy & Respiratory Therapy) <u>3Q</u> (Occupational Therapy, Speech/Language Therapy & Respiratory Therapy) <u>3R</u> (Community Choices Waiver – All Skilled Maintenance Therapies)</p>

* 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:
Molina Medicaid Solutions Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159

