



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

## **Hospice Agency**

(Enrollment packet is subject to change without notice.)

# **HOSPICE PROVIDER ELIGIBILITY DATE POLICY**

A hospice provider will be eligible to provide Medicaid services on the date they receive their Medicaid provider number issued by Provider Enrollment. Neither a provider's Medicare enrollment date, as previously allowed, nor a rejected application will allow for retroactive enrollment in Medicaid.

Providers should review all documentation in its entirety before completing the forms in order to receive their Medicaid provider number timely.

# Hospice Provider Type

## 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.

**NOTE: PT 09 – Hospice providers MUST be enrolled with Medicare prior to requesting enrollment in Louisiana Medicaid (Fee-For-Service).**

\*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 Adendum – Provider Agreement Forms (three pages).
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	5. <b>(If submitting claims electronically)</b> 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).
	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> .
	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> .
	8. Copy of the Hospice license from LDH Health Standards.
	9. To report <b>"Specialty"</b> for this provider type on <b>Section A of PE-50</b> , please use <b>Code 93 (Hospice)</b> .

**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**