



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Community Mental Health Center (CMHC) /Partial Hospitalization

(Enrollment packet is subject to change without notice.)

CMHC/Partial Hospitalization Services

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 18 – Community Mental Health Center (CMHC) 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 Addendum – Provider Agreement Forms (three pages).
*	3. Louisiana Medicaid Ownership Disclosure Information Forms.
	4. 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).
	5. To report “Specialty” for this provider type on Section A of the PE-50, please use Code 5H (CMHC).

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