



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

School-Based Health Centers (SBHCs) Affiliated with the Office of Public Health (OPH)

School-based Health Centers (SBHCs), which are not sponsored by a Federally Qualified Health Center (FQHC) and are affiliated with the Office of Public Health, are recognized by Medicaid as Provider Type 38. This enrollment packet/checklist is applicable to SBHCs that are operated by a sponsoring agency that contracts with Louisiana Clinical Services. Agencies who wish to provide medical services on the campus of a school should complete this enrollment packet and obtain an approval letter from the Office of Public Health-Adolescent School Health Program (ASHP).

(Enrollment packet is subject to change without notice.)

School-Based Health Center

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**.

**Forms are included here.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Form (three pages).
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.
*	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. To report "Specialty" for this provider type on Section A of the PE-50 in the Basic Enrollment Packet, please use 70 (group).
**	9. Supplemental Provider Enrollment Agreement for SBHC providers form (1 page).
	10. Obtain and submit an approval letter for SBHC operation by contacting OPH-ASHP at AdolescentHealth@la.gov confirming SBHC requirements are met.
**	11. List of individuals linking to the SBHC with this application (1 page). Only physicians, nurse practitioners, and physician assistants are allowed to be linked to SBHC.
**	12. Completed Group Link/Unlink and Working Relationship form for each Nurse Practitioner, Physician Assistant, and/or Physician currently enrolled being linked to this group. (Full enrollment application will be needed for any Individual NP, PA, or MD who is not currently enrolled in Louisiana Medicaid.)
	13. CLIA Certificate required.

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

Supplemental Provider Enrollment Agreement For School-Based Health Center Providers

Guidelines for SBHC Provider:

1. The SBHC must be registered with the Office of Public Health, Adolescent School Health Program (OPH-ASHP) prior to applying for a Medicaid number. Documentation of this registration and/or OPH approval letter must be attached to the Medicaid Enrollment Application. The registration link can be found on the Louisiana School-Based Health Center Registry (<https://ldh.la.gov/page/LouisianaSchoolBasedHealthCenterRegistry>). If the SBHC does not maintain current information in the SBHC registry, the Medicaid number may be revoked.
2. The Individual Provider(s) linking to a SBHC must be individually enrolled in Louisiana Medicaid.
3. Coordinate and cooperate with the child's medical home (PCP) including submission of any relevant medical visit information to the PCP.
4. Bill all Medicaid services provided onsite under the SBHC Medicaid provider number.
5. Assure that a Registered Nurse adheres to Louisiana State Board of Nursing Legal Standards of Nursing Practice.
6. Provide appropriate communication to Gainwell Provider Enrollment Unit with any additions or deletions to the linked Nurse Practitioner(s), Physician Assistant(s), or M.D.(s) listed on the PE 50 Form.

I do hereby agree to adhere to all enrollment requirements/condition of Medicaid of Louisiana. I affirm that all statements I have made on this application and attachments are true and correct and that I will give services provided to those recipients receiving services through the SBHC program.

I further acknowledge that violation of this oath shall constitute cause sufficient for the refusal or revocation of enrollment in Medicaid.

Signature: _____
Signature of Authorized Representative

Date: _____
Date of Signature

Print Name of Authorized Representative: _____

Print Name of School-Based Health Center: _____

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Please Print Name of School-Based Health Center: _____

List all Louisiana Medicaid Provider Name/Number(s) of individuals that are being linked to the School-Based Health Center with this application:

Provider Name	Provider Number

Signature: _____
 Signature of Authorized Representative

Date: _____
 Date of Signature

Print Name of Authorized Representative: _____

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