



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

## **Mental Health Hospital (Free-Standing)**

**(Enrollment packet is subject to change without notice.)**

# Mental Health Hospital (Free-Standing)

## 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**.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – 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. <b>License:</b> <b>In-State</b> providers: A copy of the Hospital license (for a <b>Psychiatric Facility</b> ) issued by the Health Standards Section of the Louisiana Department of Health – OR – <b>Out-of-State</b> providers: Submit the Psychiatric Hospital license issued by your state's Governing Board.
	9. On <b>Section A</b> of the PE-50 Form, in the <b>Specialty Code</b> space write in <b>'86'</b> (Hospital) and leave the <b>Subspecialty Code</b> space <b>'blank'</b> .
	10. On <b>Section D</b> of the PE-50 Form, in the <b>Provider Type Description</b> space write in <b>'Mental Health Hospital FS'</b> and in the <b>Provider Type Code</b> space write in <b>'64'</b> .

### Out of State Providers:

	11. Submit an original claim with the enrollment application for the initial date of service. <ul style="list-style-type: none"><li>• This claim must meet timely filing guidelines.</li><li>• Ensure the license submitted (from your state's governing board) covers the period represented by the date of service on the claim.</li></ul>
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**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**