

PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

**Nurse Practitioner
(Group)**

(Enrollment packet is subject to change without notice.)

GENERAL INFORMATION FOR THE NURSE PRACTITIONER GROUP PROVIDER TYPE

Two or more Nurse Practitioners working together, providing services for 20 or more hours per week, may enroll as a Nurse Practitioner Group with Louisiana Medicaid.

Only Nurse Practitioners may link to Nurse Practitioner Groups—no Physician providers may do so.

If a Nurse Practitioner and a Physician are forming a group, the group must be a Physician Group (not a Nurse Practitioner Group).

Linkages of Professional Individuals to Groups – a professional individual’s provider number can be “linked” to a group provider number for purposes of billing as an attending provider for the specified group.

- **Open professional individual providers require only Group Link/Unlink and Working Relationship Form**
- **New, Inactive, or Closed professional individual providers require an entire enrollment application as well as the group Link/Unlink and Working Relationship Form.**

Claims submitted under the group number, with a professional individual’s number included as the attending provider, will be processed and the remittance will be sent directly to the group’s mailing address. **It is not necessary for the individual’s mailing address to be the same as the Group’s mailing address for these Remittance Advice notices to be sent to the group, if billed correctly.**

When a professional individual is linking to a group as an “attending only” (not being paid individually by Medicaid), then the EDI Contract, Direct Deposit Form, and voided check are not required for this individual.

NOTE:

- **Urgent Care Facilities** are those facilities with the primary function of providing unscheduled medical care to patients who require immediate attention for an illness or injury not serious enough for emergency room care. These facilities may NOT also serve as primary care providers and are not enrolled in Community Care.
- **Retail Convenience Clinics** are facilities, located within a retail establishment (i.e. Walgreens, CVS, Wal-Mart), whose expressed primary function is to provide unscheduled medical care when access to primary care provider is not readily available to meet the health needs of the patient. These facilities may NOT serve as primary care providers and are not enrolled in Community Care.

Nurse Practitioners – Group

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 Forms (three pages).
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	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, please use 70 (group).
	9. Urgent Care Facilities and Retail Convenience Clinics: Use 7M for Retail Convenience Clinics or 7N for Urgent Care Clinics under "Subspecialty" in Section A of the PE-50 Enrollment Form. Please note that this designation will make your facility ineligible for participation as a Community Care Primary Care Provider.
**	10. Link/Unlink and Working Relationship Form for all currently enrolled professional individuals to be linked to this group.
	11. If the professional individuals being linked to this group are not currently enrolled in Louisiana Medicaid, then a full individual enrollment application is required for those individuals.

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

Louisiana Medicaid Group Link/Unlink and Working Relationship Form

PURPOSE

This form is used when an individual provider is requesting to be linked to a Professional Group or Entity. The form permits Linkage/Unlinkage for two separate professional groups. When linking to a group, the estimated number of hours is required. The form also serves as documentation that a working relationship exists between an individual and a professional group. For this form to be valid, an **ORIGINAL SIGNATURE AND DATE ARE REQUIRED.**

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LINK	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Effective Date:</td> <td style="width: 50%; border-bottom: 1px solid black;">UNLINK</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Termination Date:</td> </tr> </table>	Effective Date:	UNLINK		Termination Date:
Effective Date:	UNLINK				
	Termination Date:				
Approximate Number of Hours Working at this Entity Per Week (required)					
Contact Person for questions regarding this form:					
Contact Person Phone Number:					

WORKING RELATIONSHIP AGREEMENT

I am a medical professional who has a written contractual agreement to see patients for the above named professional group(s). I have recorded the approximate number of hours to be worked at each group per week in the space(s) provided above. (I understand that upon request I must provide LDH a copy of the written contractual agreement.)

Print Individual Provider's Name

Individual Provider's Signature

Date

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