PROVIDER REQUIREMENTS

Provider Certification

Providers enrolled in Louisiana Medicaid as an end stage renal disease (ESRD) facility must be licensed by the Department of Health and Hospitals, Health Standards Section and be Medicare certified. Providers participating as a continuous ambulatory peritoneal dialysis (CAPD) and a continuous cycling peritoneal dialysis (CCPD) service provider must have approval from the Centers for Medicare and Medicaid Services (CMS) to furnish CAPD and CCPD training and support services. In addition, providers must meet federal certification requirements that state a facility furnishing CAPD and CCPD services must provide a full range of home dialysis support services.

Provider Responsibilities

Providers must agree to comply with all federal and state laws and regulations relevant to the provision of services.

It is the provider's responsibility to verify the recipient is eligible, and remains eligible, for Medicaid services through periods of continued and extended service.

Providers must maintain their records to fully disclose the nature, quality, amount, and medical necessity of services provided to recipients who are currently receiving or who have received medical services in the past.

CommunityCARE

Services provided at dialysis centers are exempt from the CommunityCARE referral process. However, dialysis centers may often prescribe supplies or services for recipients which are not exempt from the CommunityCARE referral. In such cases, the dialysis center is responsible for contacting the recipient's CommunityCARE primary care provider to obtain a referral which may be passed on to the providers of non-exempt services. A referral may be given to the dialysis center for a period not to exceed one year, to cover non-exempt services.

Referral to Social Security Administration

When Medicaid recipients begin dialysis treatments, providers should refer them to the Social Security Administration to facilitate the Medicare application process. It is not necessary to refer the recipient if the recipient is presently enrolled in Medicare or was denied Medicare coverage within the last year.