



## Provider Enrollment Checklist

**Instructions:** The following forms are required to enroll with the CFO as an agency employee, independent provider, or group/practice affiliate provider. Local School Boards are required to enroll; however School Boards are not required to submit a W-9. Local School Boards may not bill for Special Instruction. When enrolling as an agency employee or a Therapy Assistant, all payee information should be in the agency or supervisor's name. Group enrollees will designate the group as the payee. Section A, page 1 and Section B, page 2 must be completed by EarlySteps Medicaid Providers of: Speech/Language Pathology, Audiology, Physical Therapy, Occupational Therapy, Psychology. Therapy Assistants do not complete Section B. All other EarlySteps provider enrollees and assistants complete Section A only.

### Section A: CFO Forms: All Providers

Forms	Agency Provider/ Therapy Assistant	Independent Provider	Agency/Group
<b>Provider Enrollment Guide</b>			
<b>Provider Enrollment Checklist</b>			
1. Provider/Payee agreement			
2. W-9 form & copy of IRS Document (SS card or tax id verification letter)	<b>N/A</b>		
3. Online forms (required)			
a. Certification Statement			
b. Online Access Enrollment Form—all sections			
c. Electronic Signature			
4. Electronic Funds Transfer (EFT) form	<b>N/A</b>		
5. Certification re: Lobbying, Debarment, Suspension			<b>N/A</b>
6. Complete Child Care Civil Background Check (or allow Access to Background Check less than 5 years old)			<b>N/A</b>
7. Worked in another state within past 5 years If yes, List State: _____	<b>Yes/No</b>	<b>Yes/No</b>	<b>N/A</b>
8. CFO Provider Enrollment			
10. Letter from Supervisor ( <b>Assistants Only</b> )		<b>N/A</b>	<b>N/A</b>
11. Durable Medical Provider Rider (if applicable)	<b>N/A</b>		
12. LDH license for providing Service Coordination/Case Management services- Infants-Toddlers (FSC only)	<b>N/A</b>	<b>N/A</b>	
13. Copy of applicable license, diploma, transcript or equivalent verifying provider credentials.			<b>N/A</b>
14. Photocopy of Medicaid ID# assignment when received from Gainwell (Medicaid services only)			
15. NPI#: (Medicaid Services Only)			
<b>Regional Coordinator Signature:</b> _____		<b>Date:</b> _____	
<b>Provider Signature:</b> _____		<b>Date:</b> _____	

Submit this checklist with all the above completed information/forms from Section A to:

Louisiana Part C CFO Provider Enrollment  
**Gainwell Technologies**  
 PO Box 29134  
 Shawnee Mission, KS 66201-9134

Call Toll-Free at: 866-305-4985, option 2  
 E-mail: laeienroll@gainwelltechnologies.com



## MEDICAID PROVIDER ENROLLMENT CHECKLIST

### Section B: Medicaid Forms for Providers of: OT, PT, SLP, Audiology, and Psychology

Go to <a href="http://www.lamedicaid.com">www.lamedicaid.com</a> for the current forms	Agency Provider	Independent Provider	Agency/Group
1. Basic Enrollment Packet for Individuals			N/A
2. Basic Enrollment Packet for Entities/Businesses	N/A	N/A	
<b>Basic Enrollment Packet Includes:</b>			
a. LA Medicaid PE-50			
b. PE 50 Addendum (3 pages)			
c. LA Medicaid Direct Deposit EFT			
d. LA Medicaid Individual Ownership Disclosure Information (9 pages)			
e. EDI Contract (2 pages) <b>(if applicable)</b>			
f. EDI Power of Attorney <b>(if applicable)</b>			
3. Provider Type Enrollment Packet (Type 29 EarlySteps for individual)	*	*	*
4. Provider Type Enrollment Packet (29 EarlySteps for group)	N/A	N/A	*
5. Provider Type Enrollment Packet (07 Case Management-Infant and Toddlers)			
6. Copy of license <b>and</b> SS card or tax ID # verification			
7. Copy of voided check for deposit bank account			
8. National Provider Identifier # <a href="https://nppes.cms.hhs.gov/NPPES/Welcome.do">https://nppes.cms.hhs.gov/NPPES/Welcome.do</a>			
9. Photocopy of Medicaid ID# assignment when received from Gainwell sent to Covansys per Section A			

***\*Individuals affiliated with a group submit the individual packets and link to the group***

**Submit the Medicaid forms from Section B to:**

**Gainwell Provider Enrollment Unit  
PO Box 80159  
Baton Rouge, LA 70898-0159  
225-216-6370**