



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

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 www.lamedicaid.com 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	
Basic Enrollment Packet Includes:			
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) (if applicable)			
f. EDI Power of Attorney (if applicable)			
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 and SS card or tax ID # verification			
7. Copy of voided check for deposit bank account			
8. National Provider Identifier # _____ https://nppes.cms.hhs.gov/NPPES/Welcome.do			
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**