Louisiana's Medicaid Program
Provider Enrollment Form
Group Linkage/Unlinkage Form Instructions

PURPOSE

This form is used by providers to supply identifying data to the Molina Provider Enrollment Unit to link or unlink individual Medicaid provider numbers to group Medicaid provider numbers on the Medicaid Management Information System (MMIS). This form can be used **ONLY** if the individual already has an open Medicaid provider number. Linkages of individuals requesting new provider numbers require a complete Enrollment Packet.

INDIVIDUAL PROVIDER NUMBER

The individual provider number is the exclusive Medicaid number assigned to an individual or entity that is to be used to bill Medicaid for services rendered to Medicaid recipients:

- By an individual or entity; or
- As an Attending Provider in a group setting.

GROUP PROVIDER NUMBER

The group provider number is the exclusive Medicaid number assigned to a group that is to be used to bill Medicaid for services rendered to Medicaid recipients. This group number is used to bill all services rendered and an individual provider number is entered onto the claim as the Attending Provider.

ADDITIONAL INFORMATION

The address for the individual provider number does not have to be the same as the group address in order for the group to receive payment and/or remittance advice for services that are billed under the group's provider number. Those payments will automatically be sent to the "Pay To" address on the group's provider file.

For claims submitted by the group to process correctly, the individual provider number used as the Attending Provider must be linked to the group number. This is accomplished by completing the attached form and returning it to the Molina Provider Enrollment Unit.

This form is also used to notify Molina Provider Enrollment of an unlinkage – meaning that an individual Medicaid provider no longer provides services under the group affiliation.

PREPARATION

Complete the form in its entirety and mail the original to the Provider Enrollment Unit at the address on the bottom of the form. The completed form may be photocopied for your records. Incomplete forms will be returned to you for completion.

The following fields must be completed:

Individual Provider Name: enter the name for the individual provider number listed as it appears on the MMIS provider file

National Provider Identifier (NPI) – provider types that are required to obtain the NPI number must enter the number in this field. Visit https://nppes.cms.hhs.gov/NPPES/Welcome.do for more information on obtaining an NPI.

Individual Provider Number: enter the seven- (7) digit Medicaid provider number for the individual to be linked to the group

Area Code and Telephone Number: enter the complete telephone number where the individual provider can be reached by the Provider Enrollment Unit should there be any questions

Group Provider Name: enter the name of the group to which the individual provider wishes to be linked or unlinked

Group Provider Number: enter the seven- (7) digit Medicaid provider number of the group indicated in the Group Provider Name

Link / Unlink: check the appropriate box to indicate whether you are requesting a linkage or unlinkage

Effective Date of Linkage: enter the date you wish to have the linkage of the individual provider number to the group provider number activated (keep in mind there are timely filing requirements)

Termination Date of Unlinkage: enter the date the individual provider stopped performing services with the group

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Please review the instructions before completing the form.

Individual Provider Name:	
National Provider Identifier (NPI):	
Individual Provider Number:	
Area Code & Telephone Number:	( ) -

Group Provider Name:			
Group NPI:			
Group Provider Number:		☐ LINK	☐ UNLINK
Effective Date of Linkage:		**Termination Date of Unlinkage:**	

Group Provider Name:			
Group NPI:			
Group Provider Number:		☐ LINK	☐ UNLINK
Effective Date of Linkage:		**Termination Date of Unlinkage:**	

Print Provider's Name	Provider's Signature	Date

MAIL Completed Forms To:
Molina Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159

If you are linking to a group, you must also submit the Working Relationship Form found on the following page.

Louisiana's Medicaid Program
Provider Enrollment Form
Working Relationship with Professional Group

PURPOSE

This form is used by the Molina Provider Enrollment Unit to document that a working relationship exists between a professional individual and a professional group.

DIRECTIONS

Please review the form in its entirety and complete the fields as outlined below, sign and date the form. Original provider signatures are required – stamped signatures or initials are not acceptable.

Individual Provider Name: (please print)	
National Provider Identifier (NPI):	
Individual Provider Number:	
Professional Group Name (please print):	
Professional Group NPI:	
Professional Group Provider Number:	
Contact Person for questions regarding this form:	
Contact Person Phone Number:	( ) -

WORKING RELATIONSHIP AGREEMENT

I am a medical professional with the above named professional group and have a contractual agreement to see patients for that group. I will be providing services approximately _____ hours per week at this location.

_____   _____   _____

Print Individual Provider's Name   **Individual Provider's Signature**   **Date**

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