



UNISYS

**ENROLLMENT PACKET FOR
THE LOUISIANA MEDICAL
ASSISTANCE PROGRAM
(Louisiana Medicaid Program)**

Physical Therapist

(Enrollment packet is subject to change without notice)



To Whom It May Concern:

Enclosed is the enrollment packet for the Louisiana Medical Assistance Program (also known as the Louisiana Medicaid program) you requested. It contains a participation agreement, enrollment data and forms with instructions. You should carefully review these materials, including all instructions, before completing the necessary forms.

The Medicaid Program requires all providers to be state certified for claims to be processed. After completing the enrollment packet materials, please return all forms to:

Unisys Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159

Please be sure to include any and all Medicare provider numbers you want linked to the Medicaid provider number. If you have applied for a Medicare provider number but have not received the number(s), please submit the number(s) to Provider Enrollment at the above address upon receipt. Claims will not automatically cross electronically from Medicare to Medicaid unless these provider numbers are linked in our system.

If you have provided services to a Louisiana Medicaid recipient prior to the date you received State certification, you must send a letter with your enrollment packet stating the earliest date that services were provided to a Louisiana Medicaid recipient. It will be necessary that all eligibility requirements are met at the time of service for Unisys to authorize retroactive eligibility. Any claims submitted prior to receipt of this letter must be resubmitted and returned with your application for enrollment.

The Unisys Provider Enrollment Unit will take necessary steps to certify you as a provider and participant in the Louisiana Medical Assistance Program. Upon certification, you will be informed of your Medicaid provider number that must be used for billing. Unisys Provider Relations will forward a provider manual to you. If manual is not received within two (2) weeks of notification, please contact Provider Relations at (800) 473-2783 or (225) 924-5040.

If you have any questions concerning the completion of this enrollment packet, please contact the Provider Enrollment Unit at the above address or at (225) 216-6370. Thank you for your cooperation.

Sincerely,

Provider Enrollment Unit
Louisiana Medicaid Project

Physical Therapist CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Unisys Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a Physical Therapist provider:

| Completed | Document Name |
|--------------------------|---|
| <input type="checkbox"/> | 1. Completed Louisiana Medicaid PE-50 Enrollment Form* (Read instructions carefully before completing this form) |
| <input type="checkbox"/> | 2. Completed PE-50 Addendum – Provider Agreement* |
| <input type="checkbox"/> | 3. Copy of printed document received from IRS showing Employer Identification Number (EIN) and official name as recorded on IRS records. - W-9 forms are not accepted |
| <input type="checkbox"/> | 4. If provider name in Section 1 of the PE-50 is: <ul style="list-style-type: none"> • An entity – completed LA Medicaid Entity Ownership Disclosure Information form (5 pages located in the Basic Enrollment Packet). • An individual – completed LA Medicaid Individual Disclosure Information form (2 pages, located in the Basic Enrollment Packet). |
| <input type="checkbox"/> | 5. Completed Medicaid Direct Deposit (EFT) Authorization Agreement* |
| <input type="checkbox"/> | 6. Copy of Voided Check – for account to which you wish to have your funds electronically deposited. Deposit slips are not accepted |
| <input type="checkbox"/> | 7. Documentation/printout from Louisiana State Board of Physical Therapist Examiners showing valid PT license. (Printout must include Name, City, State, Type of License, and Expiration date.) |
| <input type="checkbox"/> | 8. Copy of Medicare Certification Letter from CMS including verification of Medicare Provider number. |
| <input type="checkbox"/> | 9. To submit electronic claims, a Completed EDI contract* and Power of Attorney* (if applicable) must accompany this application. Refer to Basic Enrollment Packet for details. |

* Forms are included in the Basic Enrollment Packet

PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT.

FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS) – DO NOT SUBMIT COPIES OF THE ATTACHED FORMS.

Please submit all required documentation to:
 Unisys Provider Enrollment Unit
 PO Box 80159
 Baton Rouge, LA 70898-0159