



# **THE LOUISIANA MEDICAL ASSISTANCE PROGRAM**

**(Louisiana Medicaid Program)**

# **Frequently Asked Questions for Enrollment**

**(FAQs are subject to change without notice)**

# Frequently Asked Questions

## (for all Provider Types)

**Q. Is NPI required for enrollment?**

A. Yes, except for atypical providers, submitters or third-party billers. If you receive a Type 1 Individual NPI and a Type 2 Organizational NPI, then both must be reported on this application.

**Q. How long does it take to process an enrollment application?**

A. Unisys Provider Enrollment processes enrollment applications within three (3) weeks of receipt of a correctly completed application. Please allow an additional 3-5 working days to receive your confirmation letter in the mail.

**Q. Do some provider types require processing time greater than 3 weeks?**

A: Yes. Many applications are successfully processed in less than 3 weeks, but applications for the following service types may require additional time for processing:

- Ambulance (In-State and Out-of-State)
- Certified Registered Nurse Anesthetist
- EPSDT Health Services
- Federally Qualified Health Center
- Hemodialysis
- Hospitals (All Types)
- KIDMED Screening Clinic
- Mental Health Rehab Agency
- Non-Emergency Medical Transportation
- Pharmacies
- Rural Health Clinics
- School Based Health Center

**Q. What if my application is incomplete or inaccurately completed?**

A. If the application is incomplete or contains inaccurate information, a reject letter will be prepared explaining the problems. The entire application will be sent to the Mailing address on the application for new enrollments or re-enrollments, unless a different address is indicated in the packet. Once the errors have been corrected and the application has been resubmitted, the processing time begins anew.

**Q. Why is the entire application being rejected?**

A. Due to the volume of mail received by the Provider Enrollment Unit, it is impossible to match separate documents to a given application. To eliminate the possibility of documents being lost, all paperwork is returned with a cover letter explaining the reason(s) for rejection. After correction, all paperwork should then be resubmitted for processing.

**Q. What are common reasons that applications are rejected?**

A. Most applications are rejected because of the following reasons:

- Disclosure of ownership is incomplete (using the online database to report ownership provides a convenient way to reduce the possibility of a rejection of the application).
- Required documentation has not been submitted with the application.

Review the instructions and checklist to ensure that all necessary forms are included prior to submission.

**Q. Can I fax my application to Provider Enrollment for processing?**

A. No. All forms require an original signature before the application may be processed (no stamps or initials). It is helpful for all signatures to be in colored ink (not black) to eliminate the concern of copied signatures.

**Q. Should I send my application via express or certified mail?**

A. It is acceptable to send applications via express or certified mail, but it is not required and does not decrease the processing time.

**Q. How will I be notified of my new Louisiana Medicaid provider number?**

A. Once the enrollment process is complete, a letter will be generated and sent to the Provider at the Mailing address on file. The letter will include the Louisiana Medicaid provider number and the effective date of enrollment.

- Q. Can I obtain my letter notifying me of my Louisiana Medicaid provider number via fax, phone inquiry, or in person?**
- A. No. Current policy requires that this letter be mailed to the Mailing Address on file.
- Q. Should I hold claims until my Medicaid number is issued?**
- A. Claims cannot be processed until a Louisiana Medicaid provider number is issued to the provider. However, an out-of-state claim with the earliest service date must be included with the enrollment application. Once the application is approved, this initial out-of-state claim will be forwarded to claims processing. Subsequent out-of-state claims should be sent directly to claims processing. Timely filing requirements must be met on both in-state and out-of-state claims.
- Q. If I don't know what my Louisiana Medicaid provider number is, how can I obtain this information? How do I verify if I have an active Louisiana Medicaid provider number?**
- A. You may submit an inquiry in writing to Unisys Provider Enrollment, PO Box 80159, Baton Rouge, LA 70898-0159. The inquiry should include the Name, address and telephone number of the provider. This request must be signed and dated. A letter with the provider number will be generated and mailed to the Mailing address on file. If a request is being made to send the provider number to an address that is different from the address on file:
- The request must be signed by the provider, if this provider is an individual.
  - The request must be signed by an authorized person, if this provider is a business or an entity.
- Q. Why is my Louisiana Medicaid provider number closed?**
- A. Provider numbers are routinely closed for various reasons including returned mail, failure to respond to a request for additional information, or closures of providers who have not been active for an eighteen (18)-month period. Once a number is closed for inactivity, a complete enrollment packet is required to reactivate the number.
- Q. If I should have to contact Unisys Provider Enrollment about my application, what name should I give the representative to facilitate their retrieval of my application?**
- A. The name given should match the name submitted in Section A of the PE-50 form. It is imperative that the phone representative be given the full and correct name to locate the proper application.
- Q. I am an individual who has a Louisiana Medicaid provider number. Who is responsible for my provider number?**
- A. The individual whose name is given as the Provider Name is ultimately responsible for all activity related to that number. All fraudulent activity is the responsibility of the owner of the number, not the billing party. Linkages to groups and all file changes require the express, written consent of the individual.
- Q. What IRS documents are acceptable?**
- A. Any pre-printed document from the Internal Revenue Service showing the business or individual name as it is on the IRS files along with the Taxpayer Identification Number.
- Q. How do my address, phone number, and other information get updated when changes occur?**
- A. It is the responsibility of the provider to keep all information current. To assist with sending in the correct data, there are forms available at [www.lamedicaid.com](http://www.lamedicaid.com) under the **Provider Enrollment** link. Look for the **Forms for Currently Enrolled Providers** link.
- Q. Is Electronic Funds Transfer (Direct Deposit) required for enrollment in Louisiana Medicaid?**
- A. Yes.
- Q. Should I update my Direct Deposit prior to closing my old bank account?**
- A. Yes. All direct deposits are transmitted to the bank account information on file. When the account is closed, the money has to travel back through the banking system before it can be released. This can take several weeks to rectify.

**Q. How do I update my Direct Deposit information?**

- A. A MEDICAID DIRECT DEPOSIT (EFT) AUTHORIZATION AGREEMENT must be completed and submitted with a voided check to update the Direct Deposit information on file. Deposit slips are not accepted as they often have a different routing number for a checking or savings account. If a voided check is unavailable, a letter on bank letterhead identifying the name associated with the account, the ABA routing number, the account number and the type of account (savings or checking only) may be substituted.

**Q. If I don't receive my direct deposit, who should I call?**

- A. You should first contact the Automated Clearinghouse (ACH) representative at your bank, not a bank teller. If the bank is unable to locate the deposit, check to ensure that the account has not been closed or changed. Finally, if still unable to locate a deposit, call Unisys Provider Enrollment.

**Q. Should I call Unisys Provider Enrollment to verify the accuracy of a letter received from Louisiana Medicaid?**

- A. If the letter was generated with the Unisys logo, it is not necessary to verify its contents.

**Q. Where should I call about denied claims?**

- A. Call Unisys Provider Relations at 800/473-2783 or 225/924-5040.

**Q. How do I obtain a Billing Manual for my provider type?**

- A. A Billing Manual is automatically mailed to the Mailing Address within 3 to 4 weeks of the enrollment process being completed. If the Billing Manual is not received within 30 days of completed enrollment, please contact Unisys Provider Relations at 800/473-2783 or 225/924-5040. Pharmacy and Dental Providers are directed to download their own manuals from the "Provider Manuals" link at [www.lamedicaid.com](http://www.lamedicaid.com). All providers may find the most recent training material at [www.lamedicaid.com](http://www.lamedicaid.com). Look for the **Training** link on the left sidebar, then choose the **Provider Training Packets** link.

**Q. Does Louisiana Medicaid supply claim forms?**

- A. In 2007, Louisiana Medicaid, in compliance with CMS policy, began to accept the UB-04 claim (formerly the UB-92), the revised CMS 1500 (08-05) claim form, and the revised ADA Dental Form. These forms are not supplied by Louisiana Medicaid and are available commercially. All proprietary forms required for other claim types can be obtained by calling Unisys Provider Relations at 800/473-2783 or 225/924-5040.