



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

Distinct Part Psychiatric Unit (DPP)

(Enrollment packet is subject to change without notice)

Distinct Part Psychiatric Unit (DPP) CHECKLIST OF FORMS FOR SUBMISSION

The following checklist identifies the necessary documents needed for enrollment in Louisiana Medicaid (Fee-For-Service), as a Distinct Part Psychiatric Unit of a Hospital (PT-69):

| Completed | Document Name |
|----------------------------|---|
| <input type="checkbox"/> * | 1. Completed Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form. |
| <input type="checkbox"/> * | 2. Completed PE-50 Addendum – Provider Agreement Form. |
| <input type="checkbox"/> * | 3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form. |
| <input type="checkbox"/> * | 4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. |
| <input type="checkbox"/> * | 5. (If submitting claims electronically) Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and Power of Attorney Form (if applicable). |
| <input type="checkbox"/> | 6. Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited (deposit slips are not accepted) . |
| <input type="checkbox"/> | 7. Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records (W-9 forms are not accepted) . |
| <input type="checkbox"/> | 8. Copy of the Hospital License issued by the Health Standards section with the Louisiana Department of Health. |
| <input type="checkbox"/> | 9. On Section A of the PE-50 Form, in the Specialty Code space write in '86' (Hospital) and leave the Subspecialty Code space 'blank' . |
| <input type="checkbox"/> | 10. On Section D of the PE-50 Form, in the Provider Type Description space write in 'DPP' and in the Provider Type Code space write in '69' . |

* These forms are available in the **Basic Enrollment Packet for Entities/Businesses**

Original Signature required on all Forms

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