



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

## **Infants - Toddlers Case Management**

(Enrollment packet is subject to change without notice.)

# Infants/Toddlers Case Management

## REQUIRED DOCUMENTS FOR ENROLLMENT

The following checklist shows all required documents that **MUST** be submitted to enroll with Fee For Service (FFS) Louisiana Medicaid. Please make certain to complete each required form in its entirety to avoid processing delays.

\*Form is included in the **Basic Enrollment Packet for Entities/Businesses**.

\*\* Form is included in this packet.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Form <b>(three pages)</b> .
*	3. Louisiana Medicaid Ownership Disclosure Information forms.
*	4. Copy of printed document received from the IRS showing Employer Identification Number (EIN) and official name as recorded on IRS records. <b>(W-9 Forms are not accepted)</b>
*	5. Medicaid Direct Deposit (EFT) Authorization Agreement.
	6. Copy of Voided Check – for account to which you wish to have your funds electronically deposited. <b>(deposit slips are not accepted)</b>
**	7. Board Resolution Form <b>(Form must be notarized)</b>
	8. Copy of the Case Management License issued by Health Standards.
*	9. <b>(If submitting claims electronically)</b> Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form <b>and</b> Power of Attorney Form (if applicable).

**Original Signatures Required – Please Do NOT Use Black Ink**

Please submit all required documentation to:  
**Gainwell Provider Enrollment Unit**  
**PO Box 80159**  
**Baton Rouge, LA 70898-0159**  
**225-216-6370**

# REGIONAL OFFICES

<p><b>Region 1: New Orleans</b> 1010 Common Street, Suite 505 New Orleans, LA 70112 FAX NUMBER: (504) 599-0293</p>
<p><b>Region 2: Baton Rouge</b> 6554 Florida Blvd. Suite 250 Baton Rouge, LA 70806 FAX NUMBER: (225) 925-6298</p>
<p><b>Region 3: Thibodaux</b> 1148 Tiger Drive Thibodaux, LA 70301 FAX NUMBER: (985) 449-4706</p>
<p><b>Region 4: Lafayette</b> 128 Demanade Drive, Suite 104 Lafayette, LA 70503 FAX NUMBER: (337) 272-1087</p>
<p><b>Region 5: Lake Charles</b> 2300 Broad Street Lake Charles, LA 70601 FAX NUMBER: (337) 491-2005</p>
<p><b>Region 6: Alexandria</b> 1517-B Washington Street Alexandria, LA 71301 FAX NUMBER: (318) 487-5968</p>
<p><b>Region 7: Shreveport</b> 3018 Old Minden Road, Suite 1214 Bossier City, LA 71112 FAX NUMBER: (318) 741-2722</p>
<p><b>Region 8: Monroe</b> 1401 Hudson Lane, Suite 236 Monroe, LA 71201 FAX NUMBER: (318) 362-4611</p>
<p><b>Region 9: Mandeville</b> 21454 Koop Drive, Suite 2B Mandeville, LA 70471 FAX NUMBER: (985) 871-8346</p>

**Louisiana Medicaid Program Board Resolution Form**

STATE OF LOUISIANA, PARISH OF \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

At a meeting of the Board of Directors of \_\_\_\_\_  
\_\_\_\_\_

Held in the City of \_\_\_\_\_ Parish of \_\_\_\_\_

A quorum of the Directors present, the following business was conducted:

It was duly moved and seconded that the following resolution be adopted:

BE IT RESOLVED that the Board of Directors of the above corporation hereby authorized

\_\_\_\_\_  
(Name and Title)

and his/her successors in the office to negotiate, on terms and conditions that he/she may deem advisable, a contract or contracts with the Louisiana Department of Health, and to execute said documents on behalf of the corporation, and further do we hereby give him/her the power and authority to do all things necessary to implement, maintain, amend or renew said documents.

The above resolution was passed by a majority of those present and voting in accordance with the by-laws and articles of incorporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors of \_\_\_\_\_

\_\_\_\_\_

held on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_

\_\_\_\_\_  
Secretary

Subscribed and sworn before me, \_\_\_\_\_

a Notary Public for the Parish of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_

**Original Signatures Required – Please Do NOT Use Black Ink**

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