



## 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) 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.

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

Completed	Document Name
*	Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Forms (three pages).
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	5. (If submitting claims electronically) 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).
	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).
	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 ( <b>W-9 forms</b> are not accepted).
	8. Copy of the Hospital License issued by the Health Standards Section with the Louisiana
	Department of Health.
	9. On <b>Section A</b> of the PE-50 Form, in the <b>Specialty Code</b> space write in <b>'86'</b> (Hospital) and leave
	the <b>Subspecialty Code</b> space 'blank'.
	10. On <b>Section D</b> of the PE-50 Form, in the Provider Type Description space write in ' <b>DPP</b> ' and in the
	Provider Type Code space write in <b>'69'</b> .

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