Bobby Jindal
GOVERNOR

Alan Levine
SECRETARY

State of Louisiana

Department of Health and Hospitals

Bureau of Health Services Financing

6/08/09

PROVIDER #:
EFFT. DATE: 08-27-2008
NAME: CMD
TYPE: 20 PHYSICIAN (M.D.)

TO: MEDICAL PROVIDER

FROM: BUREAU OF HEALTH SERVICES FINANCING
PROVIDER ENROLLMENT UNIT

THIS IS TO CONFIRM YOUR ENROLLMENT IN THE LOUISIANA MEDICAID PROGRAM. PLEASE NOTE IF YOU HAVE A RETROACTIVE CERTIFICATION IT WILL NOT OVERRIDE THE TIMELY FILING REQUIREMENTS OF THE PROGRAMS. CLAIMS MUST BE FILED TIMELY ACCORDING TO PROGRAM POLICY.

PLEASE USE THE ABOVE NUMBER WHEN BILLING THE DEPARTMENT OF HEALTH & HOSPITALS FOR PAYMENT OF SERVICES PROVIDED TO PATIENTS ELIGIBLE FOR MEDICAID. IF THIS NUMBER WILL APPEAR ON THE CLAIM ALONG WITH MEDICARE AND BLUE CROSS NUMBERS, THE MEDICAID NUMBER MUST BE CIRCLED.

THE FISCAL AGENT FOR THE LOUISIANA MEDICAID PROGRAM IS UNISYS. ANY QUESTIONS REGARDING BILLING SHOULD BE SENT TO UNISYS CORPORATION PROVIDER RELATIONS, P.O. BOX 91024, BATON ROUGE, LA. 70821 OR PHONE THE TOLL FREE NUMBER <IN-STATE> 1-800-473-2783 OR 225-924-5040 FOR ASSISTANCE REGARDING YOUR CLAIMS. A PROVIDER MANUAL WILL BE FORWARDED WITHIN APPROXIMATELY TWO <2> WEEKS EXCEPT FOR PHARMACY PROVIDERS WHO CAN OBTAIN THE PHARMACY MANUAL AT HTTP://WWW.LMMIS.COM/PROVWEB1/MANUALS/MANUALSINDEX.HTM,'CHOOSE PHARMACY BENEFITS SERVICES, CHAPTER 37. PAPER COPIES ARE NO LONGER SENT TO PHARMACIES. INFORMATION REGARDING ORDERING CLAIM FORMS AND THE UNISYS POST OFFICE BOXES WHERE CLAIMS ARE TO BE SUBMITTED WILL BE FURNISHED AT THAT TIME.

ANY QUESTIONS REGARDING ELIGIBILITY AND PROGRAM POLICY SHOULD BE DIRECTED TO THE DEPARTMENT OF HEALTH & HOSPITALS, MEDICAID PROGRAM, P.O. BOX 91030, BATON ROUGE, LA. 70821-9030.

IF YOU HAVE NOT REPORTED YOUR MEDICARE AND/OR CLIA NUMBERS SINCE SUBMITTING YOUR APPLICATION FOR A MEDICAID PROVIDER NUMBER, IT IS YOUR RESPONSIBILITY TO IMMEDIATELY REPORT THIS INFORMATION OR ANY OTHER CHANGES TO THE PROVIDER ENROLLMENT UNIT AT PO BOX 80159, BATON ROUGE, LA 70898-0159.

A

29703 RMI

UNISYS EDI
ISSUE DATE: 05/28/2009

PROVIDER #:

DEAR MEDICAID PROVIDER:

THE UNISYS EDI DEPARTMENT HAS RECEIVED ELECTRONIC CLAIMS FOR YOUR PROVIDER NUMBER THAT WERE SUBMITTED BY AN EDI SUBMITTER WHO IS NOT LINKED TO YOUR PROVIDER NUMBER. BECAUSE WE HAVE NO RECORD AUTHORIZING US TO ACCEPT CLAIMS FROM THE SUBMITTER ON YOUR BEHALF, THESE CLAIMS WERE DROPPED FROM PROCESSING AND DELETED FROM THE SYSTEM.

AS OF OCTOBER 1, 2001 EACH THIRD PARTY BILLER OR VENDOR WHO SUBMITS ELECTRONIC CLAIMS ON YOUR BEHALF MUST BE PROPERLY LINKED TO YOUR PROVIDER NUMBER. TO LINK YOUR PROVIDER NUMBER TO THIS SUBMITTER, YOU MUST DO THE FOLLOWING:

1) COMPLETE A "PROVIDERS ELECTION TO EMPLOY ELECTRONIC MEDIA SUBMISSION OF CLAIMS FOR PROCESSING IN THE LOUISIANA MEDICAL ASSISTANCE PROGRAM".

2) COMPLETE THE EDI CONTRACT IN ITS ENTIRETY, HAVE THE POWER OF ATTORNEY NOTARIZED AND MAIL THE CONTRACT TO:
UNISYS - PROVIDER ENROLLMENT
PO BOX 80159
BATON ROUGE, LA 70898-0159

TO REQUEST AN EDI SUBMISSION PACKET (INCLUDING THE ABOVE CONTRACT) CALL THE EDI DEPARTMENT AT (225) 216-6303. YOU MAY RESUME EDI CLAIM SUBMISSION AFTER THE CONTRACT HAS BEEN RECEIVED AND PROCESSED. ALL CLAIMS SUBMITTED DURING THE PAST WEEK BY THE SUBMITTER COPIED ON THIS LETTER MUST BE RESUBMITTED.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER.

CC: SUBMITTER - 1

A

Provider Enrollment

Bobby Jindal
GOVERNOR

Alan Levine
SECRETARY

6/03/09

29703 RMI

State of Louisiana

Department of Health and Hospitals

Bureau of Health Services Financing

* PROVIDER #:
EFFT. DATE: 08-01-2008
NAME:
TYPE: 78 NURSE PRACTITIONER

TO: MEDICAL PROVIDER

FROM: BUREAU OF HEALTH SERVICES FINANCING
PROVIDER ENROLLMENT UNIT

This is to confirm your enrollment in the Louisiana Medicaid Program. Please note if you have a retroactive certification it will not over- ride the timely filing requirements of the programs. Claims must be filed timely according to program policy.

The above number is your 7 digit LOUISIANA MEDICAID PROVIDER NUMBER to be used when billing paper claims. Electronic claims must be transmitted with the National Provider Identifier (NPI) registered to this MEDICAID PROVIDER NUMBER.

The fiscal agent for the LOUISIANA MEDICAID PROGRAM is UNISYS. Any questions regarding billing should be sent to UNISYS CORPORATION PROVIDER RELATIONS. P.O. BOX 91024, BATON ROUGE, LA. 70821 or phone the toll free number 1-800-473-2783 or 225-924-5040 for assistance regarding your claims. A Provider Manual will be forwarded within approximately three (3) weeks except for Pharmacy Providers who can obtain the Pharmacy Manual at http://www.lmmis.com/provweb1/manuals/manualsindex/ htm. Choose PHARMACY BENEFITS SERVICES, CHAPTER 37. Paper copies are no longer sent to Pharmacies. Pertinent claims filing information is presented in these documents.

The Louisiana Medicaid web site, www.lamedicaid.com contains a wealth of information related to the Program and should be used routinely for obtaining the most current information. The following information is located on this site: Pharmacy/Drug Appendices, Fee-Schedules, and Third Party Liability (TPL) Listing which gives primary carrier information for recipients who have other insurance. It is your reponsibility as a LA Medicaid Provider to access this information on-line. Recipient eligibility inquiries are also made at this site using the web application e-MEVS. If you are unfamiliar with this web site and need assistance with accessing informationn located there, please contact Unisy Provider Relations at (800) 473-2783 or (225)924-5040. Web technical assistance is provided by contacting the Unisys Technical Support Helpdesk at (877) 598-8753. This is the primary means of communication between The Department of Health and Hospitals and the Provider community. Disaster-related information is only distributed via this web site.

If you have not reported your Medicare NPI and/or CLIA numbers since submitting your application for a Medicaid Provider Number, it is your responsibility to immediately report this information or any other changes to the Provider Enrollment Unit at PO Box 80159, Baton Rouge, LA 70898-0159.

Bobby Jindal
GOVERNOR

Alan Levine
SECRETARY

State of Louisiana

Department of Health and Hospitals

Bureau of Health Services Financing

6/04/09

PROVIDER #:
EFFT. DATE: 10-25-2004
NAME:
TYPE: 72 FEDERALLY QUALIFIED HEALTH CENTER

TO: MEDICAL PROVIDER

FROM: BUREAU OF HEALTH SERVICES FINANCING
PROVIDER ENROLLMENT UNIT

This is to confirm your enrollment in the LOUISIANA MEDICAID PROGRAM. Please note if you have a retroactive certification it will not override the timely filing requirements of the programs. Claims must be filed timely according to program policy.

The above number is your 7-digit LOUISIANA MEDICAID PROVIDER NUMBER to be used when billing paper claims on or after the effective date above. Electronic claims submission of Medicaid claims is encouraged and expedites the payment process. All electronic claims must be transmitted with the National Provider Identifier (NPI) registered to this MEDICAID PROVIDER NUMBER.

It is your responsibility to report your Medicare NPI and/or CLIA numbers to Unisys to avoid claim denials.

The Louisiana Medicaid web site, www.lamedicaid.com contains a wealth of information related to the Program and should be used routinely for obtaining the most current information. The following information is located on this site: Pharmacy/Drug Appendices, Fee Schedules, and the Third Party Liability (TPL) Listing which gives primary carrier information for recipeints who have other insurance. It is your responsibility as a LA Medicaid provider to access this information on-line. Recipient eligibility inquiries are also made at this site using the web application, e-MEVS. If you are unfamiliar with this web site and need assistance with accessing information located there, please contact Unisys Provider Relations at (800)473-2783 or (225) 924-5040. Web technical assistance is provided by contacting the Unisys Technical Support Helpdesk at (877) 598-8753. This is the primary means of communication between the Department of Health and Hospitals and the provider community. Disaster related information is only distributed via this web site.

Billing and policy clarification questions should be addressed to the fiscal agent for the LA Medicaid Program, Unisys Corporation, Provider Relations Department, P.O.Box 91024, Baton ROUGE, LA 70821 or at the phone numbers above. A Provider manual will be sent to you within approximately three (3) weeks. Pertinent claims filing information is contained in the manual for each individual provider type.If a manual is not received in approximately four (4) weeks, please call Unisys Provider Relations.

It is the responsibility of the provider to immediately report all informational changes pertaining to this enrollment to the Provider Enrollment Unit at P.O. Box 80159, Baton Rouge, LA 70898-0159.

Bobby Jindal
GOVERNOR

Alan Levine
SECRETARY

State of Louisiana

Department of Health and Hospitals

Bureau of Health Services Financing

6/04/09

PROVIDER #:
EFFT. DATE: 08-27-2008
NAME:
TYPE: 40 DME PROVIDER

TO: MEDICAL PROVIDER

FROM: BUREAU OF HEALTH SERVICES FINANCING
PROVIDER ENROLLMENT UNIT

This is to confirm your enrollment in the LOUISIANA MEDICAID PROGRAM as an out-of-state Durable Medical Equipment Provider. You have been enrolled for Crossover Claims only. Please note if you have a retroactive certification it will not override the timely filing requirements of the programs. Claims must be filed timely according to program Policy.

The above number is your 7-digit LOUISIANA MEDICAID PROVIDER NUMBER to be used when billing paper claims on or after the effective date above. Electronic claims submission of Medicaid claims is encouraged and expedites the payment process. All electronic claims must be transmitted with the National Provider Identifier (NPI) registered to this MEDICAID PROVIDER NUMBER.

It is your responsibility to report your Medicare NPI and/or CLIA numbers to Unisys to avoid claim denials.

The Louisiana Medicaid web site, www.lamedicaid.com contains a wealth of information related to the Program and should be used routinely for obtaining the most current information. The following information is located on this site: Pharmacy/Drug Appendices, Fee Schedules, and the Third Party Liability (TPL) Listing which gives primary carrier information for recipeints who have other insurance. It is your responsibility as a LA Medicaid provider to access this information on-line. Recipient eligibility inquiries are also made at this site using the web application, e-MEVS. If you are unfamiliar with this web site and need assistance with accessing information located there, please contact Unisys Provider Relations at (800)473-2783 or (225) 924-5040. Web technical assistance is provided by contacting the Unisys Technical Support Helpdesk at (877) 598-8753. This is the primary means of communication between the Department of Health and Hospitals and the provider community. Disaster related information is only distributed via this web site.

Billing and policy clarification questions should be addressed to the fiscal agent for the LA Medicaid Program, Unisys Corporation, Provider Relations Department, P.O.Box 91024, Baton ROUGE, LA 70821 or at the phone numbers above. A Provider manual will be sent to you within approximately three (3) weeks. Pertinent claims filing information is contained in the manual for each individual provider type. If a manual is not received in approximately four (4) weeks, please call Unisys Provider Relations.

It is the responsibility of the provider to immediately report all informational changes pertaining to this enrollment to the Provider Enrollment Unit at P.O. Box 80159, Baton Rouge, LA 70898-0159.

Bobby Jindal
GOVERNOR

Alan Levine
SECRETARY

State of Louisiana

Department of Health and Hospitals

Bureau of Health Services Financing

6/04/09

* PROVIDER #:
EFFT. DATE: 07-01-1987
NAME:
TYPE: 27 DENTIST

TO: DENTAL PROVIDER

FROM: BUREAU OF HEALTH SERVICES FINANCING
PROVIDER ENROLLMENT UNIT

This is to confirm your enrollment in the LOUISIANA MEDICAID PROGRAM as a Dental Provider . Please note if you have a retroactive certification it will not override the timely filing requirements of the programs. Claims must be filed timely according to program policy.

The above number is your 7-digit LOUISIANA MEDICAID PROVIDER NUMBER to be used when billing paper claims on or after the effective date above. Electronic claims are encouraged and expedite the payment process. All electronic claims must be transmitted with the National Provider Identifier(NPI) registered to this Medicaid Provider Number.

Providers should frequently visit www.lamedicaid.com and begin using the web applications available. There is a wealth of information on this site and it is updated regularly. During times of emergency or disaster, this is the primary means of communication between DHH and the Provider Community. Disaster related information is only distributed via this web site.

For complete Dental Policy and Billing Procedures providers must use the following most-current materials which are located at www.lamedicaid.com:

* DENTAL SERVICES MANUAL - chapters 7(E) and 16,
* DENTAL PROVIDER TRAINING PACKET
* BASIC SERVICES TRAINING PACKET
* DENTAL FEE SCHEDULES
* PROGRAM INTEGRITY TRAINING PACKET
* New Medicaid Information Link with other applicable information:

Additional information is provided on the Medicaid Remittance Advices as well as through Medicaid Provider Update Newsletters.

Providers must obtain Louisiana Medicaid Fee Schedules and Third-Party Liability (TPL) Listing from www.lamedicaid.com under the Forms/Files Link/User Guides link. Providers who do not have web access should contact Unisys Provider Relations to obtain these documents.

Billing and policy clarification questions should be addressed to the Fiscal Agent for The Louisiana Medicaid Program, Unisys Corporation, Provider Relations, Dept. PO Box 91024, Baton Rouge, LA 70821 or phone toll-free 1-800-473-2783 or 224/924-5040.

Recipient eligibility may be obtained through the web site using the electronic eligibility application E-MEVS or through the automated eligibility telephone line at 800/776-6323 or 225/216-7387.

It is the responsibility of the provider to immediately report all informational changes pertaining to this enrollment to the Provider Enrollment Unit at PO Box 80159, Baton Rouge, LA 70898-0159.

Bobby Jindal
GOVERNOR

Alan Levine
SECRETARY

State of Louisiana

Department of Health and Hospitals

Bureau of Health Services Financing

6/04/09

PROVIDER #:
EFFT. DATE: 09-01-2003
NAME:
LA 70154-4647 TYPE: 38

TO: MEDICAL PROVIDER

FROM: BUREAU OF HEALTH SERVICES FINANCING
PROVIDER ENROLLMENT UNIT

This is to confirm your enrollment in THE LOUISIANA MEDICAID PROGRAM as a School-Based Health Center. Please note if you have a retroactive certification it will not override the timely filing requirements of the programs. Claims must be filed timely according to program policy.

The above number is your 7-digit LOUISIANA MEDICAID PROVIDER NUMBER to be used when billing paper claims on or after the effective date above. Electronic claims submission of Medicaid claims is encouraged and expedites the payment process. All electronic claims must be transmitted with the National Provider Identifier (NPI) registered to this MEDICAID PROVIDER NUMBER.

It is your responsibility to report your Medicare NPI and/or CLIA numbers to Unisys to avoid claim denials.

The Louisiana Medicaid web site, www.lamedicaid.com contains a wealth of information related to the Program and should be used routinely for obtaining the most current information. The following information is located on this site: Pharmacy/Drug Appendices, Fee Schedules, and the Third Party Liability (TPL) Listing which gives primary carrier information for recipients who have other insurance. It is your responsibility as a LA Medicaid provider to access this infformation on-line. Recipient eligibility inquiries are also made at this site using the web application, e-MEVS. If you are unfamiliar with this web site and need assistance with accessing information located there, please contact Provider Relations at (800) 473-2783 or (225) 924-5040. Web technical assistance is provided by contacting the Unisys Technical Support Helpdesk at (877) 598-8753. This is the primary means of communication between the Department of Health and Hospitals and the provider'community. Disaster related information is only distributed via this web site.

Billing and policy clarification questions should be addressed to the fiscal agent for the LA Medicaid Program, Unisys Corporation, Provider Relations Department, P.O.Box 91024, Baton ROUGE, LA 70821 or at the phone numbers above. A Provider manual will be sent to you within approximately three (3) weeks. Pertinent claims filing information is contained in the manual for each individual provider type. If a manual is not received in approximately four (4) weeks, please call Unisys Provider Relations.

It is the responsibility of the provider to immediately report all informational changes pertaining to this enrollment to the Provider Enrollment Unit at P.O. Box 80159, Baton Rouge, LA 70898-0159.

Bobby Jindal
GOVERNOR

Alan Levine
SECRETARY

State of Louisiana

Department of Health and Hospitals

Bureau of Health Services Financing

6/04/09

VOID PRESCRIBER ONLY * PROVIDER #:
EFFT. DATE: 06-01-2006
NAME:
00000-0000 TYPE: 33 PRESCRIBING ONLY PROVIDER

TO: MEDICAL PROVIDER

FROM: BUREAU OF HEALTH SERVICES FINANCING
PROVIDER ENROLLMENT UNIT

This is to confirm your enrollment in the LOUISIANA MEDICAID PROGRAM, as a Prescriber Only. This number can be used to prescribe medications but cannot be used to bill services to LOUISIANA MEDICAID.

Providers should frequently visit www.lamedicaid.com and begin using the web applications available. There is a wealth of information on this site and it is updated regularly. During times of emergency or disaster, this is the means of communication between DHH and the Provider Community. Disaster related information and billing manuals are only distributed via this web site.

It is the responsibility of the provider to immediately report all informational changes pertaining to this enrollment to the Provider Enrollment Unit at PO Box 80159, Baton Rouge, LA 70898-0159.

UNISYS

Provider Number:

Effective Date:

DBA Name:

Your File Has Been Updated

Dear Provider:

Per your request, the Louisiana Medicaid provider number is listed above with its effective date of enrollment.

Thank You,

Provider Enrollment

Attachment

Louisiana Medicaid
Fiscal Intermediary

P O Box 92312
Baton Rouge, LA 70821-2312

Provider Enrollment Department
1-800-488-2917

UNISYS

Provider Number:

Effective Date:

EMC Number:

Media Code:

Dear Provider:

Your request to act as a billing agent for the Louisiana Medical Assistance Program or to submit Medicaid claims by Electronic Media has been approved by the Unisys Provider Enrollment Unit. Your EMC Submitter Number and Media Code are listed above. The Media Code is defined as:

1 - Tape
2 - Diskette
3 - Telecommunications

Before you or your designated agent may begin submitting claims using the EMC number listed above, you may need to first submit test claims to Unisys.

The following conditions require the submission of test claims:

- If you have linked your provider number to an existing EMC number, no tests are required;
- If you have received a new EMC number that has not previously submitted electronic claims, test claims are required; or
- If you have changed the software package you use to submit electronic claims, test claims are required.

In order to determine if you must submit test claims and arrange for the test claims to be submitted, you should contact Unisys at (225) 237-3200 and ask for the EMC Department.

If you requested to have a billing agent authorized to submit electronic media claims in your behalf, you should forward a copy of this letter to your billing agent. Unisys does not supply this information to any billing agents directly.

Sincerely,

Provider Enrollment

Louisiana Medicaid
Unisys Corporation

Provider Enrollment Unit
(225) 216-4837

UNISYS

Dear Provider:

We have received the attached correspondence requesting information or changes for a Louisiana Medicaid Provider.

Unfortunately, we are unable to fill this request for the following reason(s):

Please obtain the requested information and return it along with this documentation to:

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

Once this information is received, we will process your request. Thank you for your assistance in obtaining this information.

Sincerely,

Provider Enrollment Unit

Attachments

Louisiana Medicaid

Unisys Corporation
PO Box 80159
Baton Rouge, LA 70898-0159

Provider Enrollment Unit
(225) 237-3370

unisys

Date

Provider name
Address 1
Address 2
City, State, Zip

Provider Number: **Provider #**

Your File Has Been Updated

Effective Date: Effective Date Group Provider #: Group Provder #

Group Name: Group name

☐ We changed your individual provider "Pay To" address to the same as the Group "Pay To" address if this box is checked.

Dear Provider:

This is to confirm the update to your provider file in the Louisiana Medicaid Program as a result of your request to link your individual provider number to the above referenced Group name and group provider number. Additionally, if you requested your individual "Pay To" name and/or address to change to the same as the "Pay To" name and/or address of the group, the box is checked above.

Please notify the group referenced above of this change and give them your individual provider number. This is the only notice you will receive concerning this linkage. Additionally, please complete the enclosed address / telephone change(s) form and return to Unisys Provider Enrollment within 10 business days. This will ensure that the information on the Louisiana Medicaid provider file is current and up to date. ***Failure to return this form may result in the cancellation of your individual Medicaid provider number.***

If this change was not your intent, please notify the Provider Enrollment unit between the hours of 9:00 AM – 3:30 PM, Monday through Friday.

Please note if you have a retroactive certification, it will not override the timely filing requirements of the program. Claims must be filed timely according to program policy.

Please use the group provider number above when billing Louisiana Medicaid claims for payment of services provided to eligible patients at this group location. If this number will appear on the claim along with Medicare and Blue Cross numbers, the Medicaid number must be circled.

Thank You,

Provider Enrollment

Louisiana Medicaid

Unisys Corporation
PO Box 80159
Baton Rouge, LA 70898-0159

Provider Enrollment Unit
(225) 923-8510

unisys

Date

Provider Name
Address 1
Address 2
City, State, Zip

Old Medicaid Vendor Number	Was closed effective
Former Name:	
New Medicaid Vendor Number	was issued effective
New Name:	
Number of Enrolled Beds:	
Effective Date of Change of Ownership:	

Dear Administrator:

This is in regard to the change of ownership at the above facility. As a result, we have cancelled your old Medicaid vendor number (see above) and are issuing a new vendor number (see above) for services beginning the same date. Any services prior to the effective date noted above must be billed under the old vendor number.

Your copy of the new Medicaid Provider Agreement is attached for your records.

Sincerely,

Provider Enrollment Unit

Cc: Terry Cooper, Darlene Hughes, Peggy Misner, Provider Relations, John Marchand

Louisiana Medicaid

Unisys Corporation
PO Box 80159
Baton Rouge, LA 70898-0159

Provider Enrollment Unit
(225) 923-8510

Dear Administrator:

This is to advise that your facility meets the requirements for participation as a Skilled Nursing Facility – Infectious Disease (SNF-ID) provider in the Medicaid program effective under vendor number . We are, therefore, adding this level of care to our files as a Title XIX, Medicaid service eligible for reimbursement. The per diem for this service is with a monthly rate of .

You are required to file a Specialized Services Supplemental Cost Report due to your enrollment for the above level of care. Please see attached cost report and instructions. Only costs above the normal level of care costs should be submitted on this report. This report shall be submitted with your Title XIX cost report and covers the same Fiscal Year as that report – annual and final. The expenses associated with the SNF-ID program are subject to auditing and cost settlement.

We are attaching a countersigned copy of the addendum to your current Provider Agreement.

Representatives from the Louisiana Department of Health and Hospitals Health Standards Unit will continue to visit your facility periodically. Please let them know when they can assist you in any way.

Sincerely,

Provider Enrollment Unit

Attachment

Cc:

Louisiana Medicaid

Unisys Corporation
PO Box 80159
Baton Rouge, LA 70898-0159

Provider Enrollment Unit
(225) 923-8510

unisys

Date Complete

Provider Name

Provider Number: **Provider #**

Address 1

Address 2

City, State, Zip

Dear Provider:

We have received information that indicates there may have been a change in name/management/ownership.

Enclosed is an enrollment packet for the type of services that you perform. We are requesting that you review the packet and complete it in its entirety. Once completed, please mail the entire packet to:

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

It is VERY important that you complete this enrollment packet and return it to the above address as quickly as possible. Failure to do so may result in the closure of your existing Medicaid provider number. In order to ensure that there are no delays in receiving payment for services you render to Louisiana Medicaid recipients, please return the completed packet to Provider Enrollment within 15 business days.

If you should have any questions, please contact a provider enrollment representative at 225/237-3370. Thank you for your prompt attention to this matter.

Thanking you in advance for your cooperation and assistance,
Sincerely,

Provider Enrollment

Attachment

UNISYS

Provider Number:

Your Louisiana Medicaid Provider information needs to be updated

Type of Information Received: ***

Dear Provider:

We have received information in our offices that indicate your provider information may not be correct on our Louisiana Medicaid files. If you wish to remain a participating provider with the Louisiana Medicaid Program, please submit the necessary update(s) to our office at the above address within 10 days of receipt of this letter. *Failure to respond may result in the closure of your Louisiana Medicaid provider number*.

If your address information needs to be updated, you may submit the updated information on the enclosed Address / Telephone Change(s) form. Please review the instructions on the back of the form to ensure that it is completed correctly. ***Incorrect or incomplete forms will be returned to you for correction***. The following provider types also require a copy of your updated license with the correct address information:

- Pharmacies
- Hospitals
- Case Management programs
- Waiver programs
- Long-term care facilities
- Any other facility requiring an inspection or survey before a license can be issued.

If this request requires anything other than a change of address, the necessary forms have been enclosed. These guidelines have been adopted to protect the integrity of your Medicaid provider number. Your prompt attention to this matter would be greatly appreciated.

Thank You,

Provider Enrollment

Louisiana Medicaid

Unisys Corporation
PO Box 80159
Baton Rouge, LA 70898-0159

Provider Enrollment Unit
(225) 237-3370

Date

Provider name
Address 1
Address 2
City, State, Zip

Provider Number: **Provider #**
Effective Date: **Effective Date**
Name: **DBA Name (if different)**

Your File Has Been Updated

Dear Provider:

This is to confirm the update to your provider file in the Louisiana Medical Assistance Program. Please note if you have a retroactive certification, it will not override the timely filing requirements of the program. Claims must be filed timely according to program policy.

Please use the above number when billing the Department of Health and Hospitals for payment of services provided to patients eligible for medical assistance. If this number will appear on the claim along with Medicare and Blue Cross numbers, the Medicaid number must be circled.

The fiscal agent for the Louisiana Medical Assistance Program is Unisys. Any questions regarding billing should be sent to Unisys Corporation, Provider Relations Department, PO Box 91024, Baton Rouge, LA, 70821 or phone toll free at 1/800/473-2783 (in-state) or 225/924-5040 for assistance with your claims. A provider manual will be forwarded within approximately two (2) weeks. To order Forms HCFA-1500, see attachment. Requests for all other claims must be made in writing to Unisys, Provider Relations.

Any questions regarding eligibility and program policy shall be directed to the Department of Health and Hospitals Medical Assistance Program, PO Box 91030, Baton Rouge, LA, 70821-9030.

IF YOU HAVE NOT REPORTED YOUR FEDERAL EMPLOYER IDENTIFICATION NUMBER, MEDICARE, CLIA AND UPIN NUMBERS SINCE RETURNING YOUR APPLICATION FOR A MEDICAID PROVIDER NUMBER, IT IS YOUR RESPONSIBILITY TO IMMEDIATELY REPORT THIS INFORMATION OR ANY OTHER CHANGES TO UNISYS CORPORATION AT 225/924-5040.

Thank You,

Provider Enrollment

Attachment

REJECT WORKSHEET

Unisys – Provider Enrollment

Reject Date: 6/4/2009

☐	Additional Information Required: additional information is required to maintain your LA Medicaid provider number. Contact our offices within 10 business days of receipt to avoid cancellation of your Medicaid number.
☐	Address Change: Please indicate whether request is to change physical location address or "Pay To" address
☐	Articles of Incorporation: Copy required
☐	BHSF Form PE-50: Medicaid number provided not correct.
☐	BHSF Form PE-50: Missing or incomplete (Must be two-sided and completed in entirety); needs authorized, original provider signature (stamped signature/initials not acceptable)
☐	BHSF Form PE-50P (Supplement): Missing or incomplete
☐	BHSF Form PE-DD1: Missing or incomplete (all new providers MUST supply direct deposit information)
☐	Billing Indicator: You cannot bill under your current Medicaid number because your enrollment status is "0". Please complete enclosed enrollment packet to update your records before this request may be processed.
☐	Change of Ownership: Copy of Act of Sale required
☐	CLIA Certificate required
☐	Closed Provider Number: Our records indicate that the provider number in question is closed. Please complete the enclosed enrollment packed if you wish to reactivate your provider number for Louisiana Medicaid.
☐	EIN: Copy of IRS verification of EIN missing (CPO545 or pre-printed Payment Coupon is acceptable) "Pay To" name MUST be same as name reported to IRS.
☐	Electronic Media Submission (EMC) contract required
☐	EMC Power of Attorney must be notarized
☐	EMC Power of Attorney: Missing or incomplete
☐	EMC: Media Code on Contract not completed (See Section 2 of EMC Contract).
☐	EMC: Submitter name missing or incorrect in EMC Contract (See Section 3)
☐	F&F: One or more of the recipients listed on your application are not Medicaid eligible.
☐	F&F: You cannot be paid to drive yourself to a medical appointment. Your name has been omitted from the list of eligible recipients.
☐	F&F: You must supply the correct CCN (16-digit number on the recipient's Louisiana Medicaid plastic identification card) for each Medicaid recipient you will drive.
☐	F&F: You must supply the correct parish information where the Medicaid recipients you will drive live. (This is the parish where the recipients live and not your parish of residence).
☐	F&F: You must supply your drivers license number, car license plate number and/or the name of your insurance company before your application can be processed.
☐	F&F: You must supply your Social Security Number on the application.
☐	F&F: Your application must be notarized and signed by a Notary Public.
☐	F&F: Your application must be signed and dated by the driver listed at the top of the application.
☐	HCFA 1513 Disclosure of Ownership: Missing or Incomplete (requires original signature)
☐	IRS Documentation: Please provide a copy of a preprinted IRS document for all providers to be changed, including the name and Louisiana Medicaid provider number for each provider involved.
☐	License/Licensing: Verification of licensing required
☐	Medicaid Provider Numbers Needed: Before we can comply with your request, please supply the individual Louisiana Medicaid provider number(s) for each provider.
☐	Medicare Linkage: We cannot link a Medicare group provider number to more than one Medicaid provider number. Please obtain a Medicaid group number or provide the Medicaid group number to allow for crossovers to process from one group to another.
☐	Medicare: Medicare Certification Letter required
☐	Medicare: Medicare number provided not correct
☐	Official Request from LA Medicaid Provider: Request must be an official request from the LA Medicaid Provider. Please have the provider make this request directly to the LA Medicaid Provider Enrollment Unit. Requires original provider signature.
☐	Out of State enrollment: Is your enrollment for these services only or will you participate on an ongoing basis? Please indicate this when you return these forms.
☐	Visit Required: Review of your request has identified an issue requiring you to visit with Provider Enrollment staff at our offices. Please call Lois Harpole at 225/923-8510 to arrange this meeting.
☐	Voided Check: Copy of voided check (deposit slip not acceptable) is required for direct deposit or letter on bank letterhead identifying bank routing number, account name and account number
☐	We have received information that indicates there may have been a change in name/management/ownership. Please complete enclosed enrollment packet to update files. (Original correspondence may or may not be enclosed with this letter.)

☐ Other:

Attachments to be included with Reject Letter:

☐	PE-50 & Instructions	☐	EMC Contract
☐	PE-50 Supplement	☐	EFT Forms
☐	HCFA 1513	☐	Enrollment Packet – Provider Type:
☐	Friends & Family App		

(Last Update: 7/01)