



### Provider Enrollment Checklist

**Instructions:** The following forms are required to enroll with the CFO as an agency employee, independent provider, or group/practice affiliate provider. Local School Boards are required to enroll; however School Boards are not required to submit a W 9. Local School Boards may not bill for Special Instruction. When enrolling as an agency employee or a Therapy Assistant, all payee information should be in the agency or supervisor's name. Group enrollees will designate the group as the payee. Section A, page 1 and Section B, page 2 must be completed by EarlySteps Medicaid Providers of: Speech/Language Pathology, Audiology, Physical Therapy, Occupational Therapy, Psychology. Therapy Assistants do not complete Section B. All other EarlySteps provider enrollees and assistants complete Section A only.

**Section A: CFO Forms: All Providers**

Forms	Agency Provider/ Therapy Assistant	Independent Provider	Agency/ Group
1. Provider/Payee agreement			
2. W-9 form	N/A		
3. Online forms (required)			
a. Certification Statement			
b. Online Access Enrollment Forms			
c. Electronic Signature			
4. Electronic Funds Transfer (EFT) form	N/A		
5. Certification re: Lobbying, Debarment, Suspension			N/A
6. Complete Criminal Background Check (or send verification of Background Check less than 3 years old)			N/A
7. CFO Provider Enrollment			
8. Letter from Supervisor ( <b>Assistants Only</b> )		N/A	N/A
9. Durable Medical Provider Rider (if applicable)	N/A		
10. DHH license for providing Service Coordination/Case Management services (FSC only)	N/A	N/A	
11. Copy of applicable license, diploma, transcript or its equivalent, (to document minimum entry level standard according to the personnel qualifications for each provider as listed in LA Part C Federal Application.)			N/A
12. Photocopy of Medicaid ID# assignment when received from Unisys (Medicaid services only)			
<b>Regional Coordinator Signature: _____ Date: _____</b>			
<b>Provider Signature: _____ Date: _____</b>			

Submit this checklist with all the above completed information/forms from Section A to:  
**Louisiana Part C CFO Provider Enrollment**  
**CSC Covansys Corp.**  
**PO Box 29134**  
**Shawnee Mission, KS 66201-9134**

Call Toll-Free at: 866-305-4985, option 2  
 E-mail: laeienroll@csc.com



**MEDICAID PROVIDER ENROLLMENT CHECKLIST**

**Section B: Medicaid Forms for Providers of: OT, PT, SLP, Audiology, and Psychology**

Go to <a href="http://www.lamedicaid.com">www.lamedicaid.com</a> for the current forms	Agency Provider	Independent Provider	Agency/ Group
1. Basic Enrollment Packet for Individuals			N/A
2. Basic Enrollment Packet for Entities/Businesses	N/A	N/A	
<b>Basic Enrollment Packet Includes:</b>			
a. LA Medicaid PE-50 (3 pages)			
b. LA Medicaid Direct Deposit EFT			
c. LA Medicaid Individual Disclosure Information (2 pages)			
d. EDI Contract (2 pages) <b>(if applicable)</b>			
e. EDI Annual Certification <b>(if applicable)</b>			
3. Provider Type Enrollment Packet (29 EarlySteps Title V ,Part C for individual)	*	*	*
4. Provider Type Enrollment Packet (29 EarlySteps Title V ,Part C for group)	N/A	N/A	*
5. Provider Type Enrollment Packet (07 Case Management/Infant and Toddlers)			
6. Copy of license <b>and</b> SS card or tax ID # verification			
7. Copy of voided check for deposit bank account			
8. National Provider Identifier # _____ <a href="https://nppes.cms.hhs.gov/NPPES/Welcome.do">https://nppes.cms.hhs.gov/NPPES/Welcome.do</a>			
9. Photocopy of Medicaid ID# assignment when received from Unisys sent to Covansys per Section A			
<b>Regional Coordinator Signature:</b> _____		<b>Date:</b> _____	
<b>Provider Signature:</b> _____		<b>Date:</b> _____	

*\*Individuals affiliated with a group submit the individual packets and link to the group*

Submit the Medicaid forms from Section B to:

Unisys Provider Enrollment Unit  
P. O. Box 80159  
Baton Rouge, LA 70898-0159  
225-216-6370