



ENROLLMENT PACKET FOR THE LOUISIANA MEDICAL ASSISTANCE PROGRAM (Louisiana Medicaid Program)

Hemodialysis

(Enrollment packet is subject to change without notice)

Hemodialysis

CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Molina Medicaid Solutions Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a Hemodialysis provider:

Completed	Document Name
<input type="checkbox"/>	1. Completed Louisiana Medicaid PE-50 Enrollment Form* (Read instructions carefully before completing this form)
<input type="checkbox"/>	2. Completed PE-50 Addendum – Provider Agreement*
<input type="checkbox"/>	3. Copy of printed document received from IRS showing Employer Identification Number (EIN) and official name as recorded on IRS records. - W-9 forms are not accepted
<input type="checkbox"/>	4. If provider name in Section 1 of the PE-50 is: <ul style="list-style-type: none"> • An entity—completed LA Medicaid Entity Ownership Disclosure Information form (5 pages located in the Basic Enrollment Packet) • An individual—completed LA Medicaid Individual Disclosure Information form (2 pages, located in the Basic Enrollment Packet).
<input type="checkbox"/>	5. Completed Medicaid Direct Deposit (EFT) Authorization Agreement*
<input type="checkbox"/>	6. Copy of Voided Check – for account to which you wish to have your funds electronically deposited. Deposit slips are not accepted
<input type="checkbox"/>	7. Copy of the Medicare certification letter approving the facility as a provider of End Stage Renal Disease (ESRD) services
<input type="checkbox"/>	8. To submit electronic claims, a Completed EDI contract* and Power of Attorney* (if applicable) must accompany this application. Refer to Basic Enrollment Packet for details.

* Forms are included in this Enrollment Packet

PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT. ATTACHED FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS) – DO NOT SUBMIT COPIES OF THE ATTACHED FORMS.

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

