



**PROVIDER TYPE SPECIFIC
PACKET/CHECKLIST**

(Louisiana Medicaid Program)

**Durable Medical
Equipment**

(Enrollment packet is subject to change without notice)

NOTICE: DURABLE MEDICAL EQUIPMENT (DME) SUPPLIERS MUST BE CERTIFIED

All DME suppliers must have one of the following certifications in order to enroll in Louisiana Medicaid:

- 1. DME suppliers enrolling as a company with Certified Orthotist, Certified Prosthetist, or both must be accredited by one of the following two boards:**
 - **American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.**
 - **Board for Orthotist/Prosthetist Certification.**

- 2. Effective August 1, 2011, all other DME suppliers not providing prosthetics or orthotics must be accredited by one of the following ten boards:**
 - **Joint Commission on Accreditation of Healthcare Organizations**
 - **National Association of Boards of Pharmacy**
 - **Board for Orthotist/Prosthetist Certification**
 - **The Compliance Team, Inc.**
 - **American Board for Certification in Orthotics and Prosthetics, Inc.**
 - **National Board of Accreditation for Orthotic Suppliers**
 - **Commission on Accreditation of Rehabilitation Facilities**
 - **Community Health Accreditation Program**
 - **Healthcare Quality Association on Accreditation**
 - **Accreditation Commission for Healthcare, Inc.**

Note: The name and address on the certification must match the enrolling provider name and physical address exactly.

DME Provider Type 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 DME provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
<input type="checkbox"/> *	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	<p>4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. (Only the Disclosure of Ownership portion of this enrollment packet can be done by choosing Option 1.)</p> <p>Option 1: Provider Ownership Enrollment Web Application. Go to www.lamedicaid.com and click on the Provider Enrollment link on the left sidebar. After entering ownership information online, the user is prompted to print the Summary Report; the authorized agent must sign page 3 of the Summary Report and include both pages 2 and 3 with the other documents in this checklist.</p> <p style="text-align: center;">-or-</p> <p>Option 2: If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.</p>
<input type="checkbox"/> *	5. (If submitting claims electronically) Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and Power of Attorney Form (if applicable).
<input type="checkbox"/>	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) .
<input type="checkbox"/>	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 (W-9 forms are not accepted) .
<input type="checkbox"/>	8. Supply D-MERC number, if applicable.
<input type="checkbox"/>	9. To report "Specialty" for this DME Company on Section A of the PE-50, please use Code 51 (company with Certified Orthotist), Code 52 (company with Certified Prosthetist), Code 53 (company with both a Certified Orthotist and a Certified Prosthetist), Code 54 (all others excluding 51, 52, and 53), or Code 64 (Audiologist only).
<input type="checkbox"/>	10. Copy of accreditation certificate from one of the boards listed on the previous page (name and address on the certificate must match exactly the name and address on this enrollment application).

* These forms are available in the **Basic Enrollment Packet for Entities/Businesses**.

Out of State Enrollment:

<input type="checkbox"/>	1. Copy of Medicare certification which contains the D-MERC number. (Out-of-state providers are enrolled for Medicare crossovers only.)
--------------------------	---

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)

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