



## Submission of Provider Enrollment Fee Frequently Asked Questions

### Why is Alaska Medicaid charging an enrollment fee?

The enrollment fee is a federal requirement found at 42 C.F.R. 455.460.

### Who needs to pay the enrollment fee?

The following provider types are generally required to remit the enrollment fee:

- Air ambulance
- Ambulatory Surgery Center
- Behavioral Health
- Care Coordination Agency
- Dental Group
- Early Periodic Screening and Diagnostic and Treatment Screeners
- End Stage Renal Disease Facility
- Environmental Modification
- Family Planning Clinic
- Federally Qualified Health Center
- Ground Ambulance Service
- Health Professional Group
- Hearing Aid Supplier
- Home and Community Based Agency
- Home Health Agency
- Home Infusion Therapy
- Hospice
- Hospital
- Hotel/Motel with Restaurant
- Hotel/Motel without Restaurant
- Independent Laboratory
- Medical Supplier
- Other Transportation
- Outpatient Therapy Center
- Personal Care Agency
- Pharmacy
- Prematernal Home
- Private Duty Nursing Agency
- Prosthetic and Orthotic Supplier
- Public Health Services
- Radiology Group
- Residential Psychiatric Treatment Center
- Residential Supported Living
- Rural Health Clinic
- School Based Services
- SNF/IDD Facility
- Targeted Case Management
- Taxi
- Travel Business or Broker
- Vision Contractor
- Wheelchair Van Services

### How much is the fee?

The application fee for CY 2016 is \$554. The fee is adjusted annually and can be found at

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html>

### To whom do I make the check payable?

Providers and applicants that are required to pay the fee must submit a check or cashier's check in the exact amount established by CMS for the current calendar year, made payable to the State of Alaska, DHSS.

Checks that are not in the exact amount required will be returned and the enrollment application will be rejected.

### **Are there exceptions to the enrollment fee requirement?**

Yes. If you are one of the provider types listed above and you have already paid the fee to Medicare or another state's Medicaid or CHIP program you do not need to pay the enrollment fee to Alaska Medicaid. You will need to provide evidence of having paid the enrollment fee to Medicare or another state Medicaid or CHIP program.

### **I do not want to pay the enrollment fee. Can I request special consideration?**

No. The state Medicaid agency must collect the application fee prior to executing a provider agreement.

### **The enrollment fee represents a financial hardship for my organization. Can I request a waiver?**

Yes. Providers that are required to pay the fee may request a waiver if paying the fee would cause a financial hardship. To request a waiver, a provider must include with the enrollment application a letter that describes: 1) the hardship, and 2) why the hardship justifies an exception. The justification will need to include supporting documentation such as historical cost reports, balance sheet, income statements, cash flow statements and tax returns.

It is the provider's responsibility to furnish the necessary supporting evidence at the time it submits its hardship exception request. A hardship waiver request that does not describe the two elements and contain supportive documentation will be returned.

DHCS will forward the application fee waiver request to CMS for approval. Pursuant to section 1866(j)(2)(C)(ii) of the Social Security Act and 42 C.F.R. 424.514, CMS will review all hardship applications and make a final determination.

**Remember, your enrollment application will not be processed until the application fee or a hardship waiver approval is received from CMS.**

### **What if I disagree with the CMS hardship determination?**

If you are dissatisfied with CMS' decision to deny a hardship exception request, you may file a written reconsideration request with CMS within 60 calendar days from receipt of the notice of initial determination (CMS denial letter). The request must be signed by the individual provider, legal representative or any authorized official within the provider entity. Failure to file a reconsideration request within this timeframe is deemed a waiver of all rights to further administrative review.

The reconsideration request should be mailed to:

Department of Health and Human Services  
Departmental Appeals Board  
Civil Remedies Division, Mail Stop 6132 330  
Independence Avenue, S.W.  
Cohen Bldg. Room G-644  
Washington, D.C. 20201  
ATTN: CMS Enrollment Appeal

**Can I proceed with enrollment while waiting for the CMS determination?**

Your enrollment application will not be processed until the application fee or a hardship waiver approval from CMS is received.

You may submit your enrollment application to include the enrollment fee and a hardship waiver request. Your check will be deposited and your enrollment application will then be processed. If CMS approves your hardship waiver, your enrollment fee will be refunded.

**My enrollment lapsed and I would like to renew my enrollment. I paid the fee at the time of my initial enrollment; do I need to pay the fee again?**

Yes. States must collect the applicable application fee prior to executing a new provider agreement. The enrollment fee is collected at the time of a new enrollment, a reenrollment and a revalidation of enrollment.

**I represent a non-profit agency; do we need to pay the enrollment fee?**

Yes. If you have not already paid the enrollment fee to Medicare or another state's Medicaid or CHIP program, then you need to pay the fee.

**I represent a Tribal agency; do we need to pay the enrollment fee?**

Yes. If you have not already paid the enrollment fee to Medicare or another state's Medicaid or CHIP program, then you need to pay the fee.

**I represent a governmental organization; do we need to pay the enrollment fee?**

Yes. If you have not already paid the enrollment fee to Medicare or another state's Medicaid or CHIP program, then you need to pay the fee.

**I added an additional service location for my practice, but already paid the enrollment fee for my main office; do I need to pay another enrollment fee?**

Yes.

**I paid the enrollment fee by mistake, can I get a refund?**

Application fees submitted in error will be deposited, but refunded if DHSS determines that the provider was not required to pay the fee.

**I submitted my enrollment application and fee, but have changed my mind about participating in the Medicaid program. Can I get my money back?**

After application screening has begun, the application fee is no longer refundable

**My application was denied. Can I get a refund?**

No. Once application screening has begun, the application fee is no longer refundable.

**What is the application fee used for?**

The application fee is used to offset the cost of conducting the required screening as specified in 42 C.F.R. 455 Subpart E.