



Provider Enrollment Fee Frequently Asked Questions

Why is Alaska Medicaid charging an enrollment fee?

The enrollment fee is required under 42 CFR 455.460.

Who must pay an enrollment fee?

The following provider types are required to remit an enrollment fee:

- Ambulance Service Supplier
- Ambulatory Surgery Center
- Community Mental Health Center
- Durable Medical Equipment Supplier
- End Stage Renal Disease Facility
- Federally Qualified Health Center
- Home Health Agency
- Hospice
- Hospital
- Independent Laboratory
- Nursing Facility
- Occupational/Outpatient/Speech/Physical Therapy Center
- Personal Care Agency
- Prosthetic and Orthotic Supplier
- Radiology Group
- Residential Psychiatric Treatment Center
- Rural Health Clinic
- SNF/IDD Facility
- Taxi
- Tribal Hospital/Clinic
- Wheelchair Van Services

How much is the enrollment fee?

The enrollment fee for calendar year 2019 is \$586. The fee is adjusted annually.

To whom do I make the check payable?

Providers that are required to pay an enrollment fee must remit a check or cashier's check in the exact amount established by CMS for the current calendar year, annotated "Medicaid Provider Enrollment Fee" and payable to **State of Alaska**. Checks for any amount other than 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 an enrollment 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 enrollment 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 enrollment fee may request a waiver if paying the fee would cause a financial hardship. To request a hardship waiver, a provider must include with the enrollment application a letter that describes the hardship, and why a waiver is justified. The justification must include the following supporting documentation: cost reports, balance sheets and income statements, cash flow statements, and most recent tax return. Supporting evidence must be submitted with the hardship exception request. An incomplete hardship waiver will be denied.

The Department of Health and Social Services (DHSS) will review each hardship waiver request in accordance with section 1866(j)(2)(C)(ii) of the Social Security Act and 42 CFR 424.514. DHCS forwards approved hardship waivers to CMS for a final determination.

Your enrollment application will not be finalized until the enrollment fee is paid or a hardship waiver is approved.

What if I disagree with a hardship waiver request denial?

If you are dissatisfied with a hardship waiver request denial and wish to file a reconsideration request, you must do so in writing within 60 calendar days from receipt of the notice of initial determination. The request must be signed by the individual provider, legal representative or 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.

Mail your reconsideration request 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 hardship waiver determination?

Your enrollment application will not be finalized until the enrollment fee is received or a hardship waiver request is approved.

To avoid the wait, you may submit the enrollment fee along with your enrollment application and 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 enrollment fee prior to executing a new provider agreement. The enrollment fee is collected at the time of a new enrollment, at reenrollment and at revalidation.

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.

Is an enrollment fee required for each of my enrolled billing locations?

Effective October 1, 2017, the Department of Health and Social Services requires only one enrollment fee for each provider type with the same tax ID.

I paid the enrollment fee by mistake. Can I get a refund?

All enrollment fees submitted will be deposited. If DHSS determines that the provider was not required to pay the enrollment fee, the fee will be refunded.

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

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

My application was denied. Can I get a refund?

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

What is the enrollment fee used for?

The enrollment fee is used to offset the cost of enrollment application processing and conducting provider screening as required under 42 CFR 455 Subpart E.