FAQ

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Medicaid Provider/Facility Application Fees

Frequently Asked Questions

April 8, 2014

PROGRAM BACKGROUND

Section 6401(a) of the Affordable Care Act (ACA) requires an application fee to be imposed on each "institutional provider of medical or other items or services and suppliers." The fee is to be used to cover the cost of program integrity initiatives including the cost of screening associated with provider enrollment processes, such as those under section 1866(j) and section 1128J of the Social Security Act.

The fee is only applicable to certain institutional providers at each separate service location. Individual physicians and non-physician practitioners are not subject to the fee. The fee amount is established by the Centers for Medicare & Medicaid Services (CMS) which may be adjusted annually. For 2013, the application fee was $532.

The application fee is assessed at initial enrollment, re-enrollment, and at enrollment revalidation. Providers who have paid the application fee to Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP) are not required to pay the fee to DCH.

DCH will begin collecting the application fees as soon as the Georgia Medicaid Management Information System (GAMMIS) provider enrollment system changes are completed. Institutional providers who are required to pay the fee will be able to make a secure online payment while completing their initial, re-enrollment or revalidation applications.

The payment must be made using HP Convenience Pay. Institutional providers can pay the fee by debit/credit card. HP Convenience Pay accepts American Express, Discover, MasterCard, and Visa.

Other types of payment will not be accepted. Providers' initial, re-enrollment, or revalidation applications will not be processed until the fee is paid or proof of previous payment is provided. Providers subject to the fee may request a hardship exception by submitting a written request to DCH.

Further details are addressed in these Frequently Asked Questions about Medicaid Provider/Facility Application Fees.

For more information, visit the GAMMIS Web Portal at: www.mmis.georgia.gov. Click on Provider Information/FAQ for Providers.

FAQ

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Frequently Asked Questions (FAQs)
Medicaid Provider/Facility Application Fees
April 8, 2014

1. Why do I have to pay a Medicare and/or Medicaid/PeachCare for Kids® enrollment application fee?

Section 6401(a) of the Affordable Care Act (ACA) requires a fee to be imposed on each "institutional provider of medical or other items or services and suppliers." The fee is to be used to cover the cost of program integrity initiatives including the cost of screening associated with provider enrollment processes, such as those under section 1866(j) and section 1128J of the Social Security Act. The fee is only applicable to certain institutional providers at all service locations.

2. What institutional providers are required to pay the application fee at revalidation and initial enrollment?

Independent laboratories, pharmacies, durable medical equipment, orthotics and prosthetics, EMS (Ground and Air), Non-Emergency Transportation (NET), community mental health facilities, Federally Qualified Health Centers, Hospital-based Rural Health Clinics, Freestanding Rural Health Clinics, pregnancy-related services facilities, perinatal case management facilities, Georgia Pediatric Program/In-Home Skilled Nursing and Georgia Pediatric Program/Medically Fragile Daycare facilities, TCM Adults AIDS (Facility), and At-Risk Incarceration facilities.

Individual practitioners and those institutional providers who are required to enroll in the Medicare program or who have paid the fee to another state's Medicaid program are exempt from the application fee. These providers will be required to submit proof of payment to Medicare or another state's Medicaid program with their revalidation application.

3. How much is the fee?

For 2013, the fee is $532. In subsequent years, it will be adjusted by the percentage change in the Consumer Price Index. The amount of the fee is derived from a statutorily mandated formula as set by CMS. For 2013 and subsequent years, the fee is $532 adjusted by the percentage change in the Consumer Price Index. The fee is effective from January 1 to December 31 of a calendar year. The application fee is due upon the submission of an (1) initial application, (2) re-enrollment, or (3) a revalidation request.

Currently, CMS has not notified the Georgia Department of Community Health (DCH) about the amount of the application fee for 2014. The amount will be included in the notification letter being sent to each provider.

4. May I request a waiver of the application fee?

Yes. A request for a hardship exception/waiver of the application fee shall be made at the time of submission of a Medicaid/PeachCare for Kids enrollment, re-enrollment, or revalidation

application. Providers shall prepare a **Request for Hardship Waiver of Application Fee** form which can be found at https://www.mmis.georgia.gov. Providers must describe the reason(s) that justifies a waiver of the application fee. The Medical Assistance Plans Division of DCH may waive the application fee if imposition of the fee would impede access to care. For revalidation, the provider shall upload an electronic or digital copy of the hardship waiver request. Providers will be required to provide to DCH documentation such as bank statements or audited financial statements to justify the waiver request.

DCH has sixty (60) days to approve or deny a hardship exception request. If the request for a hardship exception or waiver is denied by DCH, the provider will have thirty (30) days from the date of the denial letter to submit the application fee. A provider may appeal the denial of a hardship exception or waiver by following the provisions outlined in Part I, Chapter 500 of the Medicaid/PeachCare for Kids manual.

5. How do I pay my application fee?

Institutional providers who are required to pay an application fee will be able to make a secure on-line payment after completing their revalidation application. Payments shall be made online through HP Convenience Pay. Institutional providers can pay the fee by debit/credit card. HP Convenience Pay accepts American Express, Discover, MasterCard, and Visa. There is no additional service charge for these transactions. The transaction will contain an administrative fee; however, it will be included in the application fee.

Institutional providers will not be able to complete their revalidation until the application fee is paid or proof of previous payment (to Medicare or another state's Medicaid program) is provided.

6. What happens if the application fee is not paid?

The division will not process an enrollment application or revalidation unless it is accompanied by the application fee or by a request for a hardship exception or waiver. Within thirty (30) days from the date of submission of an initial or revalidation application, DCH may reject the enrollment application from a prospective (new) or institutional provider that is not accompanied by the application fee or by a **Request for Hardship Waiver of Application Fee** form requesting a hardship exception or waiver of the application fee. DCH shall suspend or terminate any current provider who fails to pay the application fee for the revalidation or enrollment within the designated timeframe.

7. Where may I obtain more information about the application fees?

Providers can review Part I, Section 105.3, Medicaid/PeachCare for Kids. Additional information can be found at 42 CFR 455.460.

For more information access The Centers for Medicare & Medicaid Services website at www.cms.gov. For questions, call HP at 800-744-4456 or email DCH at ApplicationFeeEnrollment2@dch.ga.gov.