

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

New Provider Enrollment Application Fee for Provider Organizations Due to the Affordable Care Act

Effective March 8, 2013, provider organizations will be assessed a provider enrollment application fee when applying for Wisconsin Medicaid enrollment. This federally mandated fee is used to offset the cost of conducting screening activities associated with the Affordable Care Act. This *ForwardHealth Update* includes additional information regarding the provider enrollment application fee.

Provider Enrollment Application Fee

Effective March 8, 2013, provider organizations will be assessed a provider enrollment application fee when applying for Wisconsin Medicaid enrollment. This includes newly enrolling providers and providers who are re-enrolling after the provider's enrollment with Wisconsin Medicaid lapses for longer than one year, as long as all licensure and enrollment requirements are still met. The fee is established by the Centers for Medicare and Medicaid Services (CMS) and may be adjusted annually. The enrollment application fee is used to offset the cost of federally mandated screening activities associated with the Affordable Care Act (ACA). For more information regarding screening activities, refer to the February 2013 *ForwardHealth Update* (2013-12) titled, "Affordable Care Act Risk Level Classifications by Provider Type." Additional information regarding the enrollment application fee can be found within the ACA final rule, section 455.460, on the CMS Web site at

<https://www.federalregister.gov/articles/2011/02/02/2011-1686/medicare-medicaid-and-childrens-health-insurance-programs-additional-screening-requirements#sec-455-460>. The application fee for 2013 is set at \$532. Providers should note that CMS may adjust the fee on January 1 of each year.

The provider enrollment application fee will only be assessed to provider organizations. Refer to the Attachment of this *Update* for a complete list of provider organizations that are required to be assessed the application fee. Please note that this list is subject to change at any time.

Provider enrollment application fees do *not* apply to individual providers or professional provider groups. For complete information regarding the provider organizations that will be assessed the enrollment application fee, refer to the Provider Enrollment Information home page on the ForwardHealth Portal. Application fee information will be located within the "Information for Specific Provider Types" link for each provider organization.

Providers will not be required to pay ForwardHealth the enrollment fee if providers are currently enrolled in Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP). ForwardHealth will verify the provider's enrollment in Medicare or with another state. If the provider is currently enrolling in Medicare or another state's Medicaid or CHIP and has paid the fee; ForwardHealth will verify the

provider has paid the application fee to Medicare or another state.

Enrollment Application Fee Payments Made via the Portal

At the end of the provider enrollment application, providers can click on the Submit Enrollment Application Fee or Hardship Request link to pay their enrollment application fee. ForwardHealth will not accept paper checks or cash for enrollment application fee payments. Providers will have 10 business days to pay the fee after the application is submitted. Providers paying the application fee after submitting their application can pay the fee on the Provider Enrollment Information home page by clicking on the Submit Application Fee or Hardship Request link under the Enrollment Application Fee topic. Providers should note that ForwardHealth will not start processing their enrollment application until the application fee is paid. If ForwardHealth does not receive the payment within 10 business days after the application is submitted, the application will be denied. If an application fee is not paid due to insufficient funds, the application fee will be denied.

Provider Enrollment Application Fees Non-refundable

Once a provider has submitted the provider enrollment application and paid the application fee, the fee is non-refundable. There are two exceptions for when an application fee will be refunded in full to the provider:

- If a provider enrollment application is denied as a result of a temporary moratoria on enrollment of new providers or provider types imposed by CMS or Wisconsin Medicaid.
- If a provider enrollment application is denied before any initiation of the screening process.

Hardship Exception Requests

Providers may request hardship exceptions to the enrollment application fee *only* at the time they are newly enrolling or re-enrolling on the Portal. Hardship requests will be accepted up to 10 business days after the enrollment application is submitted. Instructions related to the hardship request are

given during the payment process. Providers must describe the hardship and why the hardship deserves an exception. The hardship request will be evaluated within 60 days by CMS and the decision will be communicated to the provider. Providers will not be enrolled until the hardship request is reviewed and a decision is made. If the request is not approved, providers will have an additional 10 business days from the date on the return letter to pay the enrollment application fee, otherwise the provider will be denied enrollment with Wisconsin Medicaid.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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Information in this *Update* was incorporated into the Provider Enrollment Information home page on March 8, 2013.

ATTACHMENT

Provider Organizations Assessed the Provider Enrollment Application Fee

The following table lists the provider organizations that will be assessed the provider enrollment application fee. Providers should note that individual providers and professional provider groups will not be assessed the application fee.

Provider Type Description
Ambulance Provider
Ambulatory Surgery Center
Case Management Provider
Community Recovery Services Provider
End-Stage Renal Disease Provider
Facility for the Developmentally Disabled
Family Planning Clinic
Federally Qualified Health Center (FQHC)
HealthCheck Provider
Home Health Agency
Hospice
Hospital
Independent Lab
Individual Medical Supply Provider (FQHC only)
Medical Equipment Vendor
Child/Adolescent Day Treatment Provider
Narcotic Treatment Services Provider
Nursing Home
Personal Care Agency
Pharmacy
Portable X-Ray Provider
Prenatal Care Coordination/Child Care Coordination Provider
Rehabilitation Agencies
Rural Health Clinic
School-Based Services Provider
Specialized Medical Vehicle Provider
Speech and Hearing Clinic