## **Provider Application Fee Collection**

Some providers may be required to submit an application fee to enroll as a provider in the Alabama Medicaid program. An application fee is applicable to all newly enrolling or reenrolling institutional providers. The actual amount of the fee and the list of providers subject to the fee can be found in the Participation Requirements document since the fee amount changes each year. The fee should be submitted at the time of initial application or reenrollment in the form of a certified or cashier check made payable to the Alabama Medicaid Agency. Note that individual physicians and non-physician practitioners are not required to pay an application fee.

Institutional providers who have already submitted an application fee to Medicare or another State or are enrolled in Medicare, another State's Medicaid program, or CHIP will be exempt from submitting a fee to Alabama Medicaid. Providers may be asked to submit proof of their enrollment in or payment of the fee to another State's Medicaid program or CHIP. Providers may also request a hardship exception as needed. A hardship exception can be requested by submitting a letter along with supporting documentation to Medicaid's fiscal agent. Medicaid will evaluate the request and submit the information to CMS only if Medicaid approves the exception.

If you have questions, you can contact the Enrollment & Sanctions Unit at (334) 242-5000. More information on the Medicare Application Fee can be found at the following link: <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-">https://www.cms.gov/Medicare/Provider-Enrollment-and-</a>
<a href="Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html">https://www.cms.gov/Medicare/Provider-Enrollment-and-</a>
<a href="Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html">https://www.cms.gov/Medicare/Provider-Enrollment-and-</a>
<a href="Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html">https://www.cms.gov/Medicare/Provider-Enrollment-and-</a>
<a href="Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html">https://www.cms.gov/MedicareProviderSupEnroll/MedicareApplicationFee.html</a>.

## **Providers Required to Submit a Fee**

- Ambulatory Surgical Center (ASC)
- Community Mental Health Center (CMHC)
- Comprehensive Outpatient Rehabilitation Facility (CORF)
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
- End Stage Renal Disease (ESRD) Clinic
- Federally Qualified Health Clinic (FQHC)
- Hearing Aid Dealer
- Hemodialysis
- Home Health Agency
- Hospice

- Hospital (Acute care, inpatient psych, inpatient rehab, and physician-owned)
- Independent Diagnostic Testing Facility (IDTF)
- Intermediate Care Facility/Mental Retardation (ICF/MR)
- Laboratory
- Nursing Home/Hospital Swing Bed/Skilled Nursing Facility
- Optical Dispensary
- Pharmacy (DME only)
- Private Duty Nursing
- Public Health Agency
- Radiation Therapy Center
- Radiology (mammography, x-ray clinic, portable x-ray)
- Rehabilitation Facility
- Residential Treatment Facility (RTF)
- Rural Health Clinic (RHC)
- Therapy Groups (Physical Therapy, Speech Therapy, Occupational Therapy, ABA Therapy)
- Transportation Provider (ambulance service suppliers, non-emergency transportation)