

Medicaid Provider Enrollment Requirements

Content Summary

This list of frequently asked questions helps providers identify, understand, and meet the requirements for enrolling in or revalidating enrollment in Medicaid and the Children’s Health Insurance Program (CHIP). In this document, references to State Medicaid agencies (SMAs) include State CHIP agencies. This list discusses Federal regulations, but readers should keep in mind that SMAs may impose additional or more stringent enrollment requirements. Providers should always check with their SMA to confirm enrollment requirements.

Subject	Question	Answer
Enrollment requirements	Can I find a list of all the Medicaid enrollment requirements in the Code of Federal Regulations (CFR)?	No. While 42 CFR Part 455, Subparts B and E, provide the minimum requirements States must follow when enrolling, revalidating, and re-enrolling providers, additional requirements are set forth in the Centers for Medicare & Medicaid Services’ (CMS’) “Medicaid Provider Enrollment Compendium (MPEC)” posted to https://www.medicare.gov/affordablecareact/provisions/downloads/mpec-032116.pdf on the CMS website. Additionally, the Affordable Care Act gives States considerable leeway to impose additional or more stringent enrollment requirements than those found in the CFR. Therefore, providers planning to enroll in Medicaid or CHIP should consult the MPEC and check with their SMA.



Subject	Question	Answer
Application fee	If I want to enroll in Medicaid, do I have to pay an application fee? If so, how much is it?	<p>Individual physicians and non-physician practitioners do not have to pay an application fee. Institutional providers, such as hospitals and skilled nursing facilities, must pay an application fee unless they have already enrolled in Medicare or in another State’s Medicaid program or CHIP.[1, 2, 3] CMS may grant exceptions based on hardship or access-based waivers by approving an SMA determination that such an exception is necessary in order to maintain beneficiary access to care.[4]</p> <p>The application fee for 2016 is \$554.[5] CMS adjusts the amount annually based on the consumer price index and publishes it in the Federal Register.</p>
Application fees for multiple provider types	My company is enrolled in Medicare as a durable medical equipment, prosthetics, orthotics, and supplies provider. The company is also a pharmacy, but the pharmacy is not enrolled in either Medicare or Medicaid. I want to enroll my company as a Medicaid provider of pharmacy services. Am I excused from paying the Medicaid application fee?	Not necessarily. An application fee may be due for each provider. Generally, if the provider is enrolled in Medicare in the limited-risk category, and the name, tax identification number, and 5 percent owner information matches, the provider should not have to pay a separate fee. For moderate- and high-risk category providers, the practice locations must also match. For more information, providers may refer to pages 55–57 and table 1 of the MPEC, posted to https://www.medicaid.gov/affordablecareact/provisions/downloads/mpec-032116.pdf on the CMS website. In every case, providers should consult with the SMA to determine whether a second fee applies.
Medicare	I am already enrolled in Medicare. If I want to provide services for Medicaid, do I need to enroll in Medicaid also?	Yes. According to the MPEC, “A State plan must provide for an agreement between the Medicaid agency and each provider or organization furnishing services under the plan.”[6]

Subject	Question	Answer
Managed care providers	I am a member of a network for a risk-based managed care plan (MCP). I treat Medicaid beneficiaries, but the plan does the billing. Do I have to enroll in Medicaid if I want to keep treating Medicaid beneficiaries?	Federal regulations do not currently require providers that participate in risk-based MCPs to enroll in Medicaid. However, some States require providers in risk-based MCPs to enroll.[7] In addition, the States will phase in a Federal requirement for managed care network providers to enroll in Medicaid by July 1, 2018.[8] For more information on the Federal rules, refer to the MPEC posted to https://www.medicaid.gov/affordablecareact/provisions/downloads/mpec-032116.pdf on the CMS website. Providers who have questions about enrollment should always check with their SMA.
Ordering or referring providers	I do not bill Medicaid. I just order or refer services for Medicaid beneficiaries. Other providers deliver those services and bill Medicaid. Do I have to enroll as a Medicaid provider?	Yes, if the providers that bill Medicaid are fee-for-service (FFS) providers.[9] If you do not enroll, Medicaid will not pay the providers who submit bills based on items or services ordered or referred by you. Some States do not require ordering or referring providers to enroll when the billing provider is part of a risk-based managed care network. For more information, refer to the MPEC posted to https://www.medicaid.gov/affordablecareact/provisions/downloads/mpec-032116.pdf on the CMS website.
Out-of-State providers	I work at a hospital and provide specialized services that are not available to Medicaid beneficiaries in the State they live in. To continue billing Medicaid for these services, must I enroll in the Medicaid program in the State where the beneficiaries live?	Yes, if you are an FFS provider. By providing these services and billing where the Medicaid beneficiary is enrolled, you are providing services under the State plan. Therefore, to receive payment you must enroll.[10]

Subject	Question	Answer
Moratoria	I heard that CMS has imposed moratoria on the enrollment of new providers. How can I find out if the moratoria apply to me?	CMS and SMAs can impose moratoria. They can apply to specific types of providers, specific locations, or both.[11] Starting in 2013, CMS imposed enrollment moratoria on certain providers. CMS announces its moratoria in the Federal Register. Check with your SMA for details.
Ownership	If I leave out information about ownership in my application, can my application be denied?	Yes. Any provider’s enrollment must be denied if the provider or a person with an ownership or control interest, or who is an agent or managing employee, fails to submit timely or accurate information, unless the SMA determines that denial is not in the best interest of the Medicaid program.[12, 13]
Restricted license	The medical licensing board put me on probation for a matter that had nothing to do with billing or Medicaid. Will that affect my enrollment?	Yes. SMAs are required to verify that providers have a license that is subject to no limitations. Enrollment will be denied or terminated if there is a limitation on the license.[14]
Site visit	My business falls within the moderate-risk category, and I understand that means there will be a site visit. What is the purpose of a site visit?	A site visit is required for moderate-risk category and high-risk category providers.[15] The purpose of the visit is to verify the accuracy of the information submitted with the application and to determine compliance with enrollment requirements.[16] For revalidations, site visits are also a reliable and effective tool for ensuring that providers remain operational and continue to meet requirements. SMAs have flexibility to determine the scope of a site visit. For more information, refer to CMS’ “Sub Regulatory Guidance for State Medicaid Agencies (SMAs): Revalidation (2016-001),” posted to https://www.medicaid.gov/affordablecareact/provisions/downloads/revalidation-2016-001.pdf on the CMS website, and the MPEC posted to https://www.medicaid.gov/affordablecareact/provisions/downloads/mpec-032116.pdf on the CMS website.

Subject	Question	Answer
Fingerprints	I have never been arrested or convicted of any crime. Does the requirement to submit fingerprints apply to me?	<p>Yes, if you fall into the high-risk category upon enrollment or at any point after your enrollment. Providers in the high-risk category are required to submit fingerprints.[17] Under the Affordable Care Act, upon receipt of an enrollment application, SMAs are initially required to place provider types recognized by Medicare in the same or higher risk categories that Medicare places them in.[18] Medicare, and therefore Medicaid, places newly enrolling home health and durable medical equipment, prosthetics, orthotics, and supplies providers in the high-risk category.[19] However, other types of providers will have their categorical risk level raised from low or moderate to high if the provider has been subject to a payment suspension, has a qualified overpayment, has been excluded within the past 10 years, or is of a type that was subject to an enrollment moratorium within the past 6 months.[20]</p> <p>One of the screening requirements of the high-risk category is to provide fingerprints.[21] States are free to establish additional screening requirements, so you should check with your SMA to make sure your state has not placed other provider types in the high-risk category.</p>
Previously excluded provider	I was previously excluded from Medicaid, but the exclusion period has expired. Does this mean I can now apply to enroll?	No. Expiration of the exclusion period does not by itself clear the way to enrollment. A provider excluded by the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) must obtain reinstatement from HHS-OIG before the provider is eligible to participate in Medicaid.[22, 23] A provider excluded by an SMA must meet State requirements for re-enrollment or reinstatement. If the exclusion occurred within the previous 10 years, the SMA must adjust the provider's risk level to high, thus increasing the level of screening the provider must pass.[24]

The Medicaid program integrity provisions of the CFR cited are posted to <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=189ce2be71e9c7f2efd5ad16ad01b692&mc=true&n=pt42.4.455&r=PART&ty=HTML> on the U.S. Government Publishing Office website. Since Medicaid enrollment is in some ways similar to Medicare enrollment, providers may find it useful to review the frequently asked questions about enrollment in Medicare posted to <https://questions.cms.gov/faq.php?id=5005&rtopic=1889> on the CMS website.

Materials Available on the Internet

To see the electronic version of this list of frequently asked questions and the other products included in the “Medicaid Provider Enrollment” Toolkit posted to the Medicaid Program Integrity Education page, visit <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

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