



# PROVIDER QUICK TIPS

#195

## Additional Information on the Provider Enrollment Application Fee

The Department of Human Services (Department) will collect an application fee from certain providers beginning on July 1, 2016. To pay an application fee, providers must enroll and revalidate through the Electronic Provider Enrollment Application.

The department will assess and collect one fee for multiple applications submitted by one provider in a 7-day time period. Providers who wish to submit multiple applications (for multiple service locations) and pay one fee should use the "Initiate Additional Application" feature in the Electronic Provider Enrollment Application and submit all applications within 7 days.

To use the "Initiate Additional Application" feature, providers must complete and submit an application and then choose the "initiate an additional application" when prompted, which directly follows the application submission. Providers may also enter the application tracking number (ATN), Federal Tax Identification Number (FEIN) or Social Security Number (SSN), and password on the "Application Status" page to review the status of the submitted application and then choose to initiate an additional application from this page.

In accordance with the federally mandated changes resulting from the Affordable Care Act, the Department of Human Services must collect an application fee, if applicable, prior to executing a provider agreement from a prospective or re-enrolling provider. Refer to 42 CFR 455, Subpart E – Provider Screening and Enrollment, Section 455.460 for the complete regulation. The Centers for Medicare & Medicaid Services (CMS) sets the amount of the application fee every year.

Providers may request a hardship exception to the application fee requirement. If an exception is requested, the provider will be prompted to submit (upload) documentation. CMS will determine whether or not to grant the hardship exception and communicate the information back to the department. The department will notify the provider of the decision made by CMS.

Thank you for your service to our MA recipients.  
We value your participation.  
Check the Department's website often at:  
<http://www.dhs.pa.gov>