

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance

Office of the Senior Deputy Director



Transmittal # 15-10

To: ALL DC INSTITUTIONAL MEDICAID PROVIDERS

From: Claudia Schlosberg, JD   
Senior Deputy Director and State Medicaid Director

Date: **MAR 24 2015**

Subject: Institutional Provider Application Fees Collection

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In accordance with sections of the Affordable Care Act (ACA) and pursuant to DC's "Medicaid Provider and Supplier Screening, Enrollment and Termination" final rule the Department of Healthcare Finance (DHCF) will begin collecting an institutional provider application fee as part of the enrollment and re-enrollment process on May 1, 2015.

All institutional providers will be required to pay an application fee at the time of initial and re-enrollment. This requirement does **NOT** apply to individual physicians, non-physician practitioners or providers that are enrolled in Medicare or another State's Medicaid program.

The following provider types are defined as institutional providers: Freestanding Mental Health Clinic • Hospital • Comprehensive Outpatient Rehabilitation Facility • Dialysis Facility • Federally Qualified Health Center • Home Health Agency • Hospice • Skilled Nursing Facility • Ambulance Service Supplier • Ambulatory Surgical Center • Clinic • Independent Clinical Laboratory • Portable X-ray Supplier • Independent Diagnostic Testing Facility • Rehabilitation Agency • Intermediate Care Facility (ICF) • Sleep Laboratory/Medicine Center • Pharmacy • DME. [Please note that providers with multiple sites, such as ICFs and Rehabilitation/treatment facilities must pay a fee for each site application.]

For newly enrolling providers, States must collect the applicable application fee prior to executing a provider agreement. The fee is set each year by CMS and increases each calendar year based on the consumer price index for all urban consumers. The application fee for calendar year 2014 was \$542. For calendar year 2015, the fee is \$553.

Per 42 C.F.R. §424.514(d)(2)(v), the application fee is non-refundable, except if it was submitted with one of the following:

- a. A hardship exception request that is subsequently approved;
- b. An application that was rejected prior to DHCF's initiation of the screening process, or
- c. An application that is subsequently denied as a result of the imposition of a temporary moratorium under 42 C.F.R. §424.570.

In addition, the fee should be refunded if:

- It was not required for the transaction in question (e.g., the provider submitted a fee with its application to report a change in phone number); or
- It was not part of an application submission.

To view or download a copy of the "Medicaid Provider and Supplier Screening, Enrollment and Termination" final rule please visit DHCF's website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov), and click on Policies then DHCF Medicaid Regulations.

If you have any questions, you may contact Laurie Rowe, Manager, Division of Public and Private Services by email at [laurie.rowe@dc.gov](mailto:laurie.rowe@dc.gov) or by phone on (202) 698-2044.