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MEDICAID BULLETIN

All

TO: All Providers

**SUBJECT: I. Provider Enrollment Application Fee
II. Participation and Payment Agreement**

I. Provider Enrollment Application Fee

The South Carolina Department of Health and Human Services (SCDHHS) is updating the Provider Enrollment Application Fee policy. Currently, SCDHHS collects the provider enrollment application fee for business organizations and entities that enroll in South Carolina Healthy Connections Medicaid with an Employee Identification Number (EIN). Effective Aug. 1, 2015, the provider enrollment application fee will **only** be applicable to providers that the Centers for Medicare & Medicaid Services (CMS) has identified as institutional providers. South Carolina Healthy Connections Medicaid recognizes and enrolls the following institutional providers:

Ambulatory Surgery Centers, Community Mental Health Centers, Comprehensive Outpatient Rehabilitation Facilities, Durable Medical Equipment, End State Renal Disease Facilities, Federally Qualified Health Centers, Home Health Agencies, Hospices, Hospitals, Acute Inpatient Facilities, Inpatient Psychiatric Facilities, Inpatient Rehabilitation Facilities, Independent Clinical Laboratories, Skilled Nursing Facilities and Rural Health Clinics.

The application fee will be collected prior to executing a provider agreement upon initial enrollment, reactivation, revalidation or an enrollment to add a new practice location.

There are application fee requirement exceptions:

- Individual physicians (sole proprietors enrolling with an EIN and Social Security Number (SSN) are considered individuals), non-physician practitioners and non-physician practitioner organizations.
- Providers who are enrolled or have paid the application fee to Medicare and/or another state's Medicaid Agency or Children's Health Insurance Program (CHIP) for the same enrollment location jurisdiction.
- Providers who have submitted and received approval for a Hardship Waiver request.

PLEASE NOTE: SCDHHS is currently undergoing provider enrollment revalidation. The application fee will be collected from institutional providers unless you meet one of the above exceptions.

Please visit <https://www.scdhhs.gov/provider> to access the application fee link. Payments can be made by debit, credit or by e-check. Paper checks **will not** be accepted.

II. Participation and Payment Agreement

Provider participation in the Medicaid program is voluntary. As a condition of participation, a provider must complete an online electronic provider enrollment application and agree to the conditions of participation and payment. The participation and payment agreement included in the online electronic application will also be included as a reference document in the Provider Enrollment manual. Certain provider types, depending on the type of service provided, are required to sign a contractual agreement in addition to the provider enrollment participation and payment agreement.

If you have any questions or need additional information, please refer to the Provider Enrollment manual located at <https://www.scdhhs.gov/provider> or contact the Provider Service Center at (888) 289-0709, option 4.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/
Christian L. Soura
Director