



TO: All Providers

RE: Changes to Provider Application Requirements

Section 1866(j)(2)(C) of the Affordable Care Act requires that States apply an application fee to certain types of providers. These providers are:

- institutional providers of medical or other items or services or supplier (A detailed definition of an “institutional” provider can be found in § 424.502.)

The application fee does not apply to:

- individual physicians or non-physician practitioners, or other non-institutional providers,
- providers that are enrolled in Medicare or another State’s Medicaid program, or
- providers that have already paid the fee to the Center for Medicare and Medicaid Services (CMS) or another State Medicaid program.

As a result of these federal requirements, the Connecticut Medical Assistance Program (CMAP) will begin requiring application fees from applicable institutional providers as of March 2, 2022.

Please note that an application fee may be due for any new CMAP enrollment or re-enrollment applications received from this point forward that do not meet the above exception criteria. It does not apply to any applications already submitted by providers.

An application fee will always be due for institutional providers submitting an application to add an alternate service location address within the CMAP, regardless of enrollment in Medicare or in another State’s Medicaid program.

Entities that are enrolled under multiple provider types must be screened for each provider type. As a result, application fees are applicable for each provider type and must be collected as part of the enrollment/reenrollment process. (For example, a provider enrolled as a pharmacy and also as a Medical Equipment, Devices and Supplies provider that do not meet the above exception criteria would be subject to two (2) application fees as two (2) enrollment applications are required.)

Information gathered on your application, for example, enrollment in Medicare or fee payment to another State’s Medicaid program, will be used to determine if a fee must be paid to CMAP. If it is determined that an application fee is due upon application submission, you will be notified via a letter with instructions on how to submit the application fee.

This fee must be received before your application can be further screened/processed. Application fees, along with any additionally required follow on documents, must be submitted in a timely manner in order to process your enrollment or avoid dis-enrollment from the CMAP. The application fee is non-refundable. If you are dis-enrolled, a new application fee will be due when submitting a new application.

Impacted Provider Types/Specialties

For a list of provider types/specialties to which a fee may be applicable, please refer to the Follow on Document Requirement by Provider Type and Specialty available on the www.ctdssmap.com Web site under Provider > Provider Matrix.

Annual Application Fee Amount

The application fee increases each calendar year based on the consumer price index for all urban consumers. The application fee for calendar year 2022 is \$631.

Hardship Waiver Exception Request

Providers may be exempt from the application fee if the fee would result in a hardship for the provider, or if the State demonstrates that the imposition of the fee would impede Medicaid beneficiaries' access to care. A hardship waiver granted in another state to an individual provider or a group/category of provider does not apply to the CMAP. The provider must pay the application fee when enrolling in CMAP or request a waiver specific to Connecticut (Section 1866(j)(2)(C)(ii)). Please note that those hardship waiver requests must not only be approved by the Department of Social Services (DSS), but must also be approved by CMS. To request a hardship waiver, providers may access the Hardship Exception Request form, available on the www.ctdssmap.com Web site, under Information > Publications > Provider Enrollment/Maintenance Forms.

Providers requesting a W-9 from DSS in order to submit the application fee may contact the Provider Assistance Center at 1-800-842-8440 from 8:00 am to 5:00 pm Monday through Friday (excluding holidays).