



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
100 Hancock Street, 6th Floor
Quincy, MA 02171



Dear Applicant:

If you are applying or reapplying to become a MassHealth provider, you may be required to submit an application fee. Federal law generally requires applicants for enrollment or reenrollment into a Medicaid program to pay an application fee. See 42 CFR 455.460 implementing Section 6401 of the Affordable Care Act (ACA). Individual physicians and non-physician practitioners are exempt. Also exempt are providers who are enrolled in Medicare or another state's Medicaid or the Children's Health Insurance Plan (CHIP) program, and have paid the application fee to a Medicare contractor or another state's program. If you are unsure if this fee applies to you, please refer to the enclosed attachment.

About the Application Fee

- The application fee is \$523 for calendar year 2012. The fee may change from year to year based on adjustments to the Consumer Price Index for Urban Areas (CPI-U).
- The application fee applies to applicants enrolling or reenrolling, and to providers adding a new practice service location.
- The fee is nonrefundable. If you do not meet participatory requirements or you do not submit the appropriate documentation required in the time frame requested, this fee will not be returned to you. Any subsequent submissions of an application for enrollment or reenrollment to MassHealth would then require a new application fee.

Payment and Documentation of the Application Fee

Unless you are exempted or have an approved hardship request, MassHealth will not process your application until the application fee is paid. To pay the application fee, go to the MassHealth web page at www.mass.gov/masshealth (go to Information for MassHealth Providers/MassHealth Provider Enrollment and Credentialing/Enrollment, then go to the Application Fee Section). MassHealth will not accept paper checks. Please print a copy of your confirmation of payment and submit it with your application.

Payments Made to Medicare or Another State's Medicaid Program

If you have previously paid the application fee to a Medicare contractor or another state's Medicaid program, you must complete the Attestation of Application Fee Payment form and submit it with your application. To download the form, go to the MassHealth web page at www.mass.gov/masshealth (go to Information for MassHealth Providers/MassHealth Provider Forms, then go to the Forms Used by Multiple Provider Types section).

Request for Hardship Exception

If you believe the application fee would be a significant financial hardship, please submit the Hardship Exception Request form for consideration criteria. This form can be found at www.mass.gov/masshealth (go to Information for MassHealth Providers/MassHealth Provider Enrollment and Credentialing/Enrollment, then go to the Application Fee section).

MassHealth will review your hardship request. MassHealth has the authority to deny your hardship request. If MassHealth approves your request, MassHealth will forward it to the Centers for Medicare & Medicaid Services (CMS) for review. CMS will notify MassHealth about the status of your request. MassHealth will notify you of CMS's decision. Please note that MassHealth cannot process your enrollment application until the hardship request has been adjudicated.

If MassHealth or CMS denies your request, you may not appeal this decision, and MassHealth cannot process your enrollment application until the application fee is paid.

If your waiver request has been denied, MassHealth will notify you and give you 10 business days to pay the application fee. If the application fee is not paid within 10 business days, your application will be denied. You may resubmit your application along with the application fee at any time. If your waiver request is approved, MassHealth will process your application and a final determination will be sent to the doing business address listed on your application.

If you have questions, please call MassHealth Customer Service at 1-800-841-2900 or e-mail us at providersupport@mahealth.net.