

2 Becoming a Medicaid Provider

Gainwell is responsible for enrolling providers in the Medicaid program and for maintaining provider information in the Alabama Medicaid Management Information System (AMMIS, usually referred to as the 'system' in this manual). Based on enrollment criteria defined by Medicaid, Gainwell receives and reviews all applications. Each application is approved, returned, or denied within ten business days of receipt.

Most readers of this manual will be current Alabama Medicaid providers who have already completed the enrollment process; however, this chapter briefly discusses how to access the enrollment portal, where to send supporting documentation, and how to track the progress of an application. Refer to Chapter 7, Understanding Your Rights and Responsibilities as a Provider, for a description of how to notify Gainwell of changes to provider enrollment information.

Only physicians who are fully licensed and possess a current license to practice medicine may enroll to become an Alabama Medicaid Provider.

Federal regulations require any provider who orders, prescribes, or refers services for a Medicaid recipient to be enrolled as a participating provider in the Medicaid program. An enrollment application for Ordering, Prescribing, and Referring (OPR) providers can be completed through the Provider Enrollment Application Portal on the Medicaid Agency's website at <http://medicaid.alabama.gov>.

Physicians with medical licenses who are participating in a Residency Training program may enroll with Alabama Medicaid to file for prescriptions issued to Medicaid recipients. An enrollment application for Ordering, Prescribing, and Referring (OPR) providers can be accessed at the website address indicated above. In-state providers who are not yet licensed by the Alabama Board of Medical Examiners must use the NPI number of the supervising physician on claims.

Physicians participating in an approved Residency Training program may not bill for services performed as part of the Residency Training program.

Supervising physicians may bill for services rendered to Medicaid recipients by residents who are rendering services as part of (through) the Residency Training program. See Chapter 28 for more information.

2.1 Completing an Application

A provider of medical services (including an out-of-state provider) who wants to be eligible for Medicaid reimbursement must complete the required Medicaid provider enrollment application and enter into a written provider agreement with the Alabama Medicaid Agency.

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If a provider renders services at more than one location, the provider must be enrolled at each location utilizing the provider's assigned National Provider Identifier (NPI) number. Also, if a group consists of more than one provider, each provider must be enrolled utilizing the provider's assigned NPI number. The NPI number identifies the provider only and does not change if the provider changes jobs or locations.

The Gainwell Provider Enrollment Department is responsible for processing the application. To access the application, providers go to the following website under Provider Enrollment and complete the online application: <http://medicaid.alabama.gov>.

NOTE:

You can also use the Provider Enrollment website to access the Alabama Medicaid Participation Requirements document that outlines all documents required to enroll based on the type of provider enrolling.

All supplemental forms for enrollment for which a wet signature is not required may be submitted to Gainwell Provider Enrollment via an electronic submission. The below list of forms cannot be submitted electronically.

- EPSDT Agreement
- Plan First Program Agreement
- Telemedicine Services Agreement
- Attestation for Primary Care Rate Increase

Note: EFT forms require a wet signature but may be faxed.

It is important to complete applications as soon as possible for new enrollments and changes in enrollment status. Physicians and other individual practitioners should not wait until they have obtained Medicare approval to complete a Medicaid application. The provider will be assigned a Medicaid effective date which may change to the Medicare effective date when the provider has enrolled with Medicare.

NOTE:

Providers Who Have Obtained Medicare Approval

In order for Gainwell to update providers' files so that their claims can automatically crossover from Medicare to Medicaid, providers must submit, by fax or mail, a copy of their Medicare notification letter received when they become a Medicare provider to Gainwell's Provider Enrollment Unit. The letter should contain the provider's NPI number as well as secondary identifiers for all service locations. Once this letter is received, information will be updated and claims should begin to crossover.

Gainwell's fax number is (334) 215-4298 and the mailing address is listed above.

2.2 Submitting the Application

Providers must complete the provider application and include any required attachments as directed in the accompanying instructions. Once the online application is complete, providers should submit the application to Gainwell Provider Enrollment, along with all supporting documentation using the barcoded coversheet provided following application submission.

Gainwell reviews the application and approves, denies, or returns the application based on criteria set by Medicaid. Providers must correct and/or resubmit any returned applications for approval prior to enrollment in the Alabama Medicaid Program.

A provider will be enrolled utilizing his/her assigned National Provider Identifier (NPI) number after Gainwell determines that the provider qualifies for participation in the Medicaid program based upon the qualifications set forth by Medicaid.

Providers will not be reimbursed for claims submitted without a valid NPI.

Electronic Funds Transfer is required for reimbursement.

Providers must comply with Section 1104, Administrative Simplification, of the Affordable Care Act (Operating Rules), which requires Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA).

NOTE:

A provider who does not submit claims within a consecutive 18-month period will be disenrolled from the Medicaid program. To return to an active status, the provider must re-enroll.

2.3 Tracking the Application

Gainwell tracks the status of each application as it moves from initial review to approval or denial. Upon receipt of the electronic application and supporting documentation, Gainwell places the electronic application into a tracking system. A member of the Gainwell enrollment team reviews the application based on state-defined criteria and makes a determination whether corrections are required within five business days.

- If the application is approved, Gainwell generates an enrollment notification letter listing the NPI number submitted by the provider and then mails the letter to the provider within two business days of approval.
- If the application is denied, Gainwell sends a letter to the provider listing the denial reason and providing a contact at Medicaid through which the provider may appeal the decision.
- If the application is incomplete, Gainwell sends an email notification to the provider listing the necessary information Gainwell requires to complete the enrollment process.

When Gainwell returns an application to the provider, an enrollment representative logs the return date in the tracking system. When the provider corrects and returns the application, Gainwell logs the date returned.

Providers may determine the status of their applications by contacting Gainwell Provider Enrollment at 1 (888) 223-3630 or by accessing the enrollment portal and checking the enrollment status.

To check on the status of the application by phone, the enrollment representative will ask for the provider's name, NPI number, telephone number, and Social Security Number (SSN) or Federal Identification Number (FEIN).

Gainwell maintains applications and includes additional correspondence received from providers on file.

2.4 Re-Validation

Federal requirements mandate providers re-validate periodically with the Alabama Medicaid program. Providers will be notified when they are scheduled to re-validate. Failure to re-validate and provide appropriate documentation to complete enrollment will result in an end-date being placed on the provider file. Once a provider file has been closed for failure to timely re-validate, providers will have to submit a new application for enrollment.

All supplemental forms for reenrollment for which a wet signature is not required may be submitted to Gainwell Provider Enrollment via an electronic submission. The below list of forms cannot be submitted electronically.

- Corporate Board of Directors Resolution
- Re-Validation Facsimile
- Provider Agreement
- EPSDT Agreement
- Alabama Coordinated Health Network (ACHN) Enrollment

2.5 Application Fees

Federal regulations require States to collect an application fee from all re-validating or newly enrolling institutional providers. States must collect this fee from institutional providers prior to enrollment or re-validation if these providers have not paid a fee to Medicare or another State or are not enrolled with Medicare, another State's Medicaid program, or CHIP. Physicians and non-physician practitioners are not subject to the fee. The application fee amount is established by CMS and is updated annually.

Institutional providers must submit the application fee in the form of a certified or cashier's check at the time of their initial enrollment or re-validation. The application fee should be mailed to Gainwell Provider Enrollment Department at P. O. Box 241685, Montgomery, Alabama 36124-1685. Those institutional providers who have paid the application fee to Medicare or another State or are enrolled with Medicare, another State's Medicaid program, or CHIP will be exempt from paying the fee to Alabama Medicaid. Providers may also request a hardship exception as needed. A hardship exception can be requested by submitting a letter along with supporting documentation to the fiscal agent. Medicaid will evaluate the request and submit the information to CMS only if Medicaid approves the exception.

A complete list of providers required to submit a fee can be located on the Medicaid Agency website under the Provider tab.

2.6 Fingerprinting

Federal regulations require States to conduct a fingerprint based criminal background check (FCBC) on providers or any person with 5 percent or more direct or indirect ownership interest in the provider who meet any of the criteria below pursuant to 42 C.F.R. § 455.450.

1. Providers whose screening categorical risk level is set at “high”.
2. Providers whose screening categorical risk level has been adjusted to “high” due to a payment suspension based on a credible allegation of fraud, waste, or abuse.
3. Providers whose screening categorical risk level has been adjusted to “high” because they have an existing Medicaid overpayment.
4. Providers who have been excluded by the Office of Inspector General or another State’s Medicaid program within the previous 10 years.
5. Providers who were prevented from enrolling during a state or federal moratorium and apply for enrollment as a provider at any time within 6 months from the date the moratorium was lifted.

FCBCs will be conducted at the following times:

- Initial enrollment - All providers designated as a “high” categorical risk will be screened for an FCBC. If an FCBC has already been conducted by Medicare, Alabama Medicaid may be able to rely on Medicare’s information.
- Currently enrolled providers – These providers will be requested to complete an FCBC at the time their risk level is elevated to “high”.
- Application for enrollment by previously sanctioned providers – After a provider’s sanction has been lifted, they will be required to complete an FCBC before again enrolling in the Alabama Medicaid program.

Providers who are required to submit to an FCBC will be notified individually by letter requesting them to visit the Alabama Law Enforcement Agency or their nearest law enforcement agency within 30-days from the date of their notification letter to submit their fingerprints for processing. The Medicaid Agency will supply the provider with all necessary documentation to complete the fingerprint process.

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