

## 2 Becoming a Medicaid Provider

HP 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, HP 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 HP 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.

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 in the note box on page 2-2. 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.

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

The HP Provider Enrollment Department is processing for supplying 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.

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 HP 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 HP'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.

HP'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 HP Provider Enrollment, along with all supporting documentation using the bar coded coversheet provided following application submission.

HP 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 HP 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).**

- To learn about enrollment requirements specific to your provider type, please refer to the appropriate chapter in Part II of this manual.

Added: [Electronic Funds Transfer...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.

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## 2.3 Tracking the Application

HP 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, HP places the electronic application into a tracking system. A member of the HP 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, HP 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, HP 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, HP sends an email notification to the provider listing the necessary information HP requires to complete the enrollment process.

When HP 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, HP logs the date returned.

Providers may determine the status of their applications by contacting HP 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).

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

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