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***Attention...***

**New providers must enroll online in the Alaska Medical Assistance Program using the Provider Enrollment Portal (PEP).**

You are considered a new provider if:

- \* You have never been enrolled in the program, or
- \* You are enrolling with a different Tax ID, or
- \* You are enrolling as a different provider type

New Providers may go directly to **PEP** and complete your enrollment process online. **Computer Based Training (CBT)** is also available to assist you.





Alaska Medical Assistance Program Provider Enrollment Form  
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**PART D. PROVIDER AGREEMENT**

**THIS IS TO CERTIFY THAT THIS PROVIDER AGREES:**

To participate in Alaska's Medical Assistance programs in accordance with the following applicable Alaska and federal statutes:

1. Medicaid - Alaska statutes in AS 47.07.010 - 47.07.900 and federal statutes in 42 USC 1396 et Seq.; and
2. Chronic and Acute Medical Assistance (CAMA) - Alaska statutes in AS 47.05.010 and 47.08.150.

To abide by federal Medicaid regulations and regulations of the Division pertaining to the furnishing of services or items and claiming of payment under Alaska's Medical Assistance programs:

1. For Medicaid, Alaska regulations 7 AAC 43.005 - 7 AAC 43.990 and federal regulations Title 42 of the Code of Federal Regulations (CFR); and
2. For CAMA, Alaska regulations 7 AAC 48.500 - 7 AAC 48.900.

To comply with applicable licensing standards as contained in Alaska statutes and regulations.

To comply with policies and procedures in the applicable Medicaid provider billing manuals.

To comply with review and audit regulations.

To comply with regulations relating to on-site inspections.

To comply with regulations relating to recoupment/recovery of overpayment.

That the fees or charges for services or items furnished to recipients of Alaska's Medical Assistance programs will not exceed the fees or charges for comparable services or items furnished to individuals not covered under Alaska's Medical Assistance programs. A provider must bill Medicaid the provider's lowest charge (except for Medicare) that is advertised, quoted, posted, or billed for that same procedure and unit of service\* and provided on the same day, regardless of the source or method of payment, including any discounted price offered to any other purchaser of services. \*Note: If a provider establishes in writing a sliding fee scale based upon income for families and individuals with income equal to or less than 250 percent of the federal poverty level for Alaska, Medicaid will not consider those fees in determining the provider's lowest charge per service.

To submit billings for services or items furnished within 12 months after the date of service. The 12-month timely filing limit applies to all claims, including those that must be filed with a third-party carrier. Proof of payment or denial of a third party claim (Explanation of Benefits) will accompany all billings for recipients with third-party insurance.

To keep medical records necessary to fully disclose the extent of services or items furnished to recipients under Alaska's Medical Assistance programs and any information regarding payments claimed for those services or items. On request, the records and information will be made available to the Division or its authorized representatives to include the federal grantor agency (Department of Health and Human Services), the Comptroller General of the United States, the Alaska Medicaid Provider Fraud Control Unit, or any of their fully authorized representatives.

To submit within 35 days after the date of request by the Division or the Department of Health and Human Services, as required by federal regulations, full and complete information about:

1. the ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request (42 CFR 455.105);
2. any significant business transactions between the provider and any wholly-owned supplier, or between the provider and any subcontractor, during the five-year period ending on the date of request (42 CFR 455.105);
3. the name and address of each person with an ownership or controlling interest in the provider or in any subcontractor in which the provider has a direct or indirect ownership of five percent or more, and whether any of these persons named is related to another as spouse, child, or sibling (42 CFR 455.104);
4. the name of any other enrolled provider in which a person with an ownership or controlling interest in this provider also has an ownership or controlling interest (42 CFR 455.104); and
5. the name and address of any person who has an ownership or controlling interest in the provider, who is an agent or managing employee of the provider, and who has been convicted of a criminal offense related to that person's involvement in Alaska's Medical Assistance programs, the Medicaid program in another state or territory, the Medicare program, or any other federally-funded health or social service program (42 CFR 455.106).

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**PART D. PROVIDER AGREEMENT** *(continued)*

To bill any third party resource indicated on the Medical Assistance authorization coupon, peel-off label, or card prior to submitting billing to the State's fiscal agent. Third party resources include, but are not limited to, the following categories:

1. private hospital and medical insurance (to include prepaid health plans)
2. disability compensation insurance
3. worker's compensation (industrial accident)
4. CHAMPUS
5. Veterans Administration (VA) benefits
6. railroad retirement
7. estates or probate of deceased Medical Assistance recipients or responsible persons
8. absent parents (Child Support Enforcement IV-D Program)
9. liable individuals
10. school injury insurance

To hold the State of Alaska, its officers, agents, and employees harmless from liability related to services or items furnished to recipients under Alaska's Medical Assistance programs, including costs and expenses for legal actions resulting from injuries or damages sustained by persons or property.

To comply with Termination and Dispute Provisions in accordance with 45 CFR Part 74 (Appendix G, paragraph 14).

To provide the Division or the Department of Health and Social Services with financial reports, audited or certified cost statements, and substantiated data necessary to establish a basis for reimbursement under Alaska's Medical Assistance programs pursuant to 7 AAC 150.180 - 7 AAC 150.990, or federal statutes and regulations.

To not bill or require a prepayment by recipients presenting proper identification of eligibility for Medicaid/Denali KidCare/CAMA and to accept as payment in full the amounts paid in accordance with Alaska statutes, division policy, or both; and make no additional charge to the recipient, any member of his or her family, or any other source for supplementation. This provision does not apply for any service or item not covered by Alaska's Medical Assistance programs. For long-term care services under Medicaid and CAMA, the recipient may be assigned a liability for payment of a portion of the cost of care furnished by the facility. For other services requiring recipient cost sharing, the provider shall collect from the recipient the amount of cost sharing in compliance with the provisions of 7 AAC 145.005, 7 AAC 105.610, and 7 AAC 140.555.

To provide services or items without discrimination as required by the Civil Rights Act of 1964, 42 USC 2000d - 42 USC 2000d-4; and without discrimination on the basis of handicap as required by Section 504 of the Rehabilitation Act of 1973, 29 USC 794, and the Americans with Disabilities Act of 1990 (Public Law 101-336).

To inform the Division in writing within 30 days of any change in:

1. ownership;
2. licensure, certification, or registration status;
3. type of service or area of specialty;
4. additions, deletions, or replacements in group membership;
5. mailing address or phone number;
6. participation in Alaska's Medical Assistance programs;
7. federal tax identification number;
8. National Provider Identifier (NPI); and
9. Taxonomy Codes.

*The signature required on Page 2 of this application certifies accuracy of the information  
in this application and agreement with the above Provider Agreement*