

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES OFFICE OF MEDICAL ASSISTANCE AND THE CHILDREN'S HEALTH INSURANCE PROGRAM

Hardship Exception Request Form

The Patient Protection and Affordable Care Act (ACA) requires state Medicaid and Children's Health Insurance Program agencies (referred to as MA and CHIP respectively in Pennsylvania) to impose an application fee on each institutional provider of medical or other items or services that is seeking to enroll in the MA Program and/or CHIP or is revalidating its enrollment.

A provider can request a hardship exception from the payment of the application fee by submitting (uploading) this form when prompted in the Electronic Provider Enrollment Portal. Please complete all fields to ensure prompt processing of the request.

Providers should submit the Hardship Exception Request Form with:

- A separate page which can be in the form of a cover memo or letter that explains the financial hardship created by the fee and the health care access created by the provider's enrollment and participation in the Pennsylvania MA Program and/or CHIP. The Centers for Medicare and Medicaid Services suggests providers include a strong argument to support the request for the hardship exception.
- Comprehensive documentation that supports the request, which may include historical cost reports, recent financial reports (such as balance sheets and income statements), cash flow statements, and tax returns.

PROVIDER NAME (FROM ENROLLMENT OR REVALIDATION APPLICATION)		MAID
PROVIDER ADDRESS (SERVICE LOCATION ADDRESS)		NPI
CITY	STATE	ZIP CODE
CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

The Centers for Medicare and Medicaid Services (CMS) identified factors that that may suggest that a hardship exception is appropriate. These are:

- Considerable bad debt expenses,
- Significant amount of charity care/financial assistance furnished to patients,
- Presence of substantive partnerships (whereby clinical, financial integration are present) with those who furnish medical care to a disproportionately low-income population;
- Receipt of considerable amounts of funding through disproportionate share hospital payments, or
- Whether the provider is enrolling in a geographic area that is a Presidentially-declared disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5206 (Stafford Act).

DHS will forward the request for a hardship exception to CMS. CMS will review the request and make a decision.

The application will be held until DHS is notified of CMS's decision. If CMS grants the hardship exception, the application will be processed by DHS. If the request is denied, the application will be returned to the provider with directions to login to the electronic provider enrollment application to pay the application fee.