

59 Million Patients, 2 Million Providers, ONE Mission

## FEDERALLY QUALIFIED HEALTH CENTERS March 2019

Andrew Stouder, CMS Business Function Lead, Division of Enrollment Operations

Jessamy Taylor, HRSA Team Lead, Office of Policy and Program Development

## **FQHC** Session Overview

- Health Center Program & Medicare Site Enrollment
- HRSA Overview
- HRSA Funding
- Health Center Program Information
- What is an FQHC?
- Important FQHC Enrollment Information
- Enrollment Requirements
- Helpful Enrollment Tips
- Streamlining FQHC Enrollments

## Poll Question



## Poll Question 1



# Health Center Program & Medicare Site Enrollment

Health Resources & Services Administration (HRSA) Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged
HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

## HRSA Funding (dollars in millions)

HRSA Program	FY 2017 Enacted	FY 2018 Enacted
Primary Health Care	\$5,002	\$5,511
HIV/AIDS	\$2,319	\$2,260
Maternal and Child Health	\$1,241	\$1,200
Health Workforce	\$1,202	\$771
Rural Health	\$156	\$74
Healthcare Systems	\$104	\$99
Family Planning*	\$286	\$99
Vaccine Injury Compensation	\$8	\$99
Program Management	\$154	\$152
TOTAL	\$10,472	\$10,265

## Health Center Program Mission



Improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services

## Health Center Program Fundamentals

## Health centers...

- Deliver high quality, culturally competent, comprehensive primary care and supportive services
- Provide services regardless of patients' ability to pay
- Patient-majority governing boards of autonomous community-based organizations
- Respond to the unique and individual needs of the community
- Meet requirements regarding administrative, clinical, and financial operations

## Health Center Program Fast Facts

Nearly **1,400** health centers operate approximately **12,000** service delivery sites

More than 27 million patients

- Health centers provide **patient-centered**, **comprehensive**, **integrated care** by offering a range of services:
  - Primary medical, oral, and mental health services
  - Substance use disorder and medication-assisted treatment (MAT) services
  - Enabling services such as case management, health education, and transportation

## Health Center Program Highlights

More than 27 million people – 1 in 12 people across the United States – rely on a HRSA-funded health center for care, including:



Source: Uniform Data System, 2017

## Access to Primary Health Care

## National Presence: More than 12,000 Service Delivery Sites



## What is an FQHC?



## Health Center Program Resources

## Website: <u>bphc.hrsa.gov</u>

- Includes many technical assistance (TA) resources
- Weekly E-Newsletter: Primary Health Care Digest
  - Sign up online to receive up-to-date information
- National Cooperative Agreements & Primary Care Associations: <u>bphc.hrsa.gov/qualityimprovement/strategicpartnerships</u>



## Accessing Medicare Reimbursement as a Health Center

- CMS considers each HRSA-approved health center site that receives HRSA grant funding to be its own FQHC for Medicare registration and reimbursement purposes
- To be reimbursed under the Medicare FQHC benefit, an entity must:
  - For each site, submit a complete application package (Form CMS-855A and supporting documents) to the appropriate Medicare Administrative Contractor (MAC)
  - Receive from the appropriate CMS Regional Office a CMS Certification Number, a signed Medicare agreement, and an effective date.

## Questions?







# Important FQHC Enrollment Information

## **FQHC** Information

 Prospective FQHC enrollees can review Exhibit 179, found in the Internet-Only Manuals (IOM), State Operations Manual (SOM), Publication 100-07, chapter 9 at

http://www.cms.gov/manuals/downloads/som107\_exhibit\_ 179.pdf for participation information

 More information for FQHCs can be found in the SOM, Pub. 100-07, chapter 2, section 2826 at <u>https://www.cms.gov/Regulations-and-</u> <u>Guidance/Guidance/Manuals/Downloads/som107c02.pdf</u> and in the Program Integrity Manual (PIM), Pub. 100-08, chapter 15, section 15.4.1.4 at <u>https://www.cms.gov/Regulations-and-</u> <u>Guidance/Guidance/Manuals/Downloads/pim83c15.pdf</u>

## Important Enrollment Information

Along with a completed CMS-855A application, FQHCs should submit the following information:

- Exhibit 177 (Attestation Statement for Federally Qualified Health Center)
- HRSA "Notice of Grant Award" form or "Look-Alike Status" form
- CMS-588 Electronic Funds Transfer Authorization Agreement
- All licenses and certifications for the facility

## Poll Question



## Poll Question 2

Only one practice location can be added to each enrollment, in Section 4 of the CMS-855A application.

One enrollment cannot contain more than one practice location, so multiple enrollments must be created for FQHCs that have multiple locations.

## CMS-855A – Ownership & Managing Control (1/2)

Organizational & Individual Ownership Interest and/or Managing Control Information is reported in Sections 5 & 6

- All 5% or greater indirect or direct ownership must be reported
- All 5% or greater mortgage interest or security interest must be reported
- All Organizational or Individual General Partnership interest
- All Organizational or Individual Limited Partnership interest
- All Organizational or Individual Operational/Managerial control must be reported

## CMS-855A – Ownership & Managing Control (2/2)

Organizational & Individual Ownership Interest and/or Managing Control Information is reported in Sections 5 & 6

- All Officers appointed by the enrolling entity must be reported
- All Directors (including Board Members) of the enrolling entity must be reported
- All W-2 Managing Employees must be reported
- Any contracted managing employees must be reported
- Any Organizational or Individual with any other type of ownership or control/interest (must be specified, if applicable)

## CMS-855A – Completing Ownership & Managing Control

All organizations and individuals listed in Sections 5 & 6 of the CMS-855A must be complete:

- The effective date the organization or individual's information is being changed, added or deleted
- The organization's information (LBN, address, EIN, and PTAN and NPI – if issued, and organization type)
- The individual's information (legal name, SSN, and PTAN and NPI – if issued, birthdate, place/state and country of birth)

## CMS-855A – Ownership & Managing Control Adverse Legal History

All organizations and individuals listed in Sections 5 & 6 of the CMS-855A must indicate if they have had any type of adverse legal action history. If any history exists, these must be listed in the application, in sections 5B or 6B.

## **Poll Question**



## Poll Question 3

## Exhibit 177 - Example

EXHIBIT	77	
(Rev. 85, Issued: 07-19-13, Effective: 0 ATTESTATION SI FEDERALLY QUALIFII	ATTEST/ TT	N CT A TELEVIT FOR
INSTRUCTIONS FO	FEDERALLY (	
<ol> <li>Name of Entity: The FQHC applicant must fill is reported to the Internal Revenue Service. The leg in section 2B of the Form CMS 555A.</li> <li>D/B/A Name: If the FQHC applicant does busine name, it must enty that name here. If the applicant should be left blank. If the applicant enters a DJB section 2B of the Form CMS 555A if the "doing b 3. Address: The FQHC applicant must enter the sar CMS 555A as the "practice location" of the FQHC number, the city/town, state and zip code. If there (C), indicating the basis on which it qualifies to be 3. Signature: The attestation must be signed on beh and signature appears in the Form CMS 555A, eit Section 16 as a delegated official, if the FQHC ha individual's name, title and date of signature must review the regulations at 42 CFR part 405 Subpan since the signature atts to compliance with thes <u>http://www.cff.gov/cgl-bin/tegt.</u> idg?isid=614cb89fc17db8dae85af84c6b174bf1.dcc</li> </ol>	This attestation statement applies to	Attention: Read the following provisions of Federal law carefully before signing:         STATEMENTS OR ENTRIES CENERALLY: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully fabrifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both. (18 U.S.C. §1001).         Attestation on behalf of the above-named entry by:         Signature

Exhibit 177 should contain the following information:

- The FQHC's Legal Business Name (LBN)
- The FQHC's Doing Business As (DBA) name, if applicable
- The FQHC's full address (street number and name, city, state and zip code)
- An indication that the FQHC complies with all applicable federal requirements found in §1861(aa)(4) of the Social Security Act
- Signature, Title, printed name and the signature date of an Authorized or Delegated Official who signed the CMS-855A

## Exhibit 177 - Requirements

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Provisions of §1861(aa)(4):

- (A)(i) Is receiving a grant under §330 of the Public Health Service Act
- (ii)(I) Is receiving funding from such a grant under a contract with the recipient of such a grant, and (II) meets the requirements to receive a grant under §330 of such Act
- (B) Has been notified by the Health Resources and Services Administration that it has been determined to meet the requirements for receiving such a grant
- (C) Is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act.

Regulations described in 42 CFR §405.2434(a) state that FQHCs must maintain compliance with this section and 42 CFR §405.491.

Exhibit 177 should be signed and submitted with the CMS-855A, when the FQHC is in compliance.

If the Authorized or Delegated official signs Exhibit 177 before the FQHC is furnishing services to an underserved population (part of these regulations), the FQHC's enrollment may be denied, as the FQHC is not in compliance.

## Medicare Electronic Funds Transfer Form (CMS-588)



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## CMS-588 - Contents

The CMS-588 (EFT Agreement) should contain the following information:

- The type of enrollment (Individual or Organization)
- If the EFT payment is being made to a Chain Home Office
- If the form is a change to or cancellation of a current EFT
- If the provider had a Change of Ownership or a Change of Address since the last EFT form was submitted
- The provider's information (name, address, EIN or SSN, contact information, etc.)
- The financial institutions information (name, address, contact information, account and routing numbers)
- A valid signature & date of the provider's Authorized or Delegated Official

## Questions?







# Streamlining FQHC Enrollments

## Streamlining – FQHC Future Enhancements



Updates are being made to the following actions in PECOS for new FQHC Enrollments:

- Creating a New FQHC Enrollment
- Selecting a HRSA Pre-Populated Address
- Physical Location Address Adding/Editing
- Correspondence Address Adding/Editing
- Ownership/Managing Control Selecting/Adding Individuals
- Ownership/Managing Control Selecting/Adding Organizations
- Adding a Billing Agency

## Creating an Initial FQHC Enrollment 1/3

When an FQHC is creating an initial enrollment application, the user will select the "Create Initial Enrollment Application" button either from the My Associates page or the My Enrollments page.

	Associates
h	nitial Enrollment
С	reate an application for initial enrollment ONLY if you are:
	Enrolling in Medicare for the first time
	Enrolling in a new state, or
	Enrolling with a new specialty
	IMPORTANT:
	If you are responding to a <b>request for Revalidation</b> , <b>do not</b> create an initial enrollment application. Instead, select a provider from the "Existing Associates" section below then select from the list of existing enrollments.
	Please Note: If your organization is currently enrolled in Medicare but you do not see your enrollment, please take the following steps to confirm your access to the enrollment.
	<ul> <li>If you are a Staff End User of the organization, please contact the organization's Authorized/Delegated Official to ensure your account has access to PECOS.</li> </ul>
	<ul> <li>If you are an Authorized/Delegated Official of the organization, please confirm your role with the organization and ensure access to PECOS is active. To verify your account status, select the Account Management button on the Home Page and then choose Update user account information option.</li> </ul>
T	he following checklists will help you gather the information needed to enroll via Internet ased PECOS:
	Checklist for Sole Proprietor or Solely Owned Organizations (eg. LLC, PC) using PECOS      □
	Checklist for Individual Physician and Non-Physician Practitioners using PECOS
	- Checklist for Provider or Supplier Organization using PECOS $\blacksquare$
S	elect the Create Initial Enrollment Application button <b>ONLY</b> if you are enrolling for the rst time, or enrolling in a new state or specialty.

# Creating an Initial FQHC Enrollment 2/3

cant Identification	(^) Ked asterisk indicates a required field.
h provider is the application bei	ng created for?
dividuals	
🔿 Name: BRONK, BENJY	NPI: 1114997954
Name: GELLER, MONICA	NPI: 1043280803
Name: KEPNER, APRIL	NPI: 1669442414
Name: NORRIS, CHUCK	NPI: 1972573715
Organizations	
Name: GCS Healthcare Inc	<b>TIN:</b> 91-9519001
O Name: GG HEALTH INC	<b>TIN:</b> 91-9519002
O Name: PORT LIONS HEALTH	CLINIC TIN: 92-0038225

Step 1: Select the provider that the application is being created for

	(*) Red asterisk indicates a required field althcare Services Rendered	
* Pl	ease select the option that best represents the healthcare service rendered for this	
<ul> <li>Institutional Provider (e.g., Hospital, Skilled Nursing Facility, Hospice, Home Health Agency)</li> </ul>		
۲	Clinics/Group Practices and Certain Other Suppliers (e.g., Ambulance Service Supplier, Clinic, Independent Diagnostic Testing Facility)	
Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)		
0	Medicare Diabetes Prevention Program Supplier (MDPP)	
	NEXT PAGE	

Step 2: Select the type of provider that the application is being created for

# Creating an Initial FQHC Enrollment 3/3

	<u>Home</u> > <u>My Associates</u> > <u>My Enrollments</u> > Application Questionnaire
Home > My Associates > My Enrollments > Application Questionnaire         3.       (*) Red asterisk indicates a required field.         e/Territory Where Healthcare Services Rendered         Please select a single state/territory where the applicant renders healthcare services.         * State/Territory         ALASKA         @ PREVIOUS PAGE         NEXT PAGE	4. lication Questionnaire (*) Red asterisk indicates a required field. Imary Medicare Services Rendered Note: A separate application is required for each primary healthcare service rendered. * Please select the primary Medicare Services rendered by the applicant. Part A Provider Services FEDERALLY QUALIFIED HEALTH CENTER (FQHC)  Undefined Type Specification
	PREVIOUS PAGE NEXT PAGE

Step 3: Select the provider's state

Step 4: Select the type of provider

CANCEL

## FQHC Pre-Populated Addresses 2/2

Based on the provider type (FQHC) and state, PECOS will display HRSA approved practice location (PL) addresses.

If the user selects a PL address from the list, it will be pre-populated into the Physical Location and Special Payments Address topic <u>as a read-only address</u>.

If a PL has been selected already, that location will not be found in the PECOS list.

## Home > My Associates > My Enrollments > Application Questionnaire

## Application Questionnaire

## (\*) Red asterisk indicates a required field.

## HRSA FQHC Physical Location Address

To begin the FQHC initial enrollment application process, select an available Physical Location address from the list below, or select the New Address option to enroll a location not listed. The addresses below were provided by the Health Resources and Services Administration (HRSA).

An address with a status other than Available is either already enrolled as an FQHC, or an FQHC application has been submitted for it. Please navigate to the My Enrollments page to view the status of the FQHC enrollment or application for this address.

## Use a HRSA Physical Location Address

Records per page 10 V Search:				
Selected	Physical Location Ad	dress 🗢	Status 🗢	
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Displaying 1 to 10 of 15 entries Previous 1 2 Nex				
Use a New Physical Location Address				
If you are submitting an FQHC initial enrollment application for a physical location address not listed above, please select this option. You will enter the physical location address during the application process.				
	PREVIOUS PAGE	NEXT PAGE	)	

## Adding a new Correspondence Address 1/2

If the HRSA PL address selected did not have an associated mailing address in the HRSA file, this page will display.

The user will be forced to select the new Correspondence Address option to enter a Correspondence Address.



## Adding a new Correspondence Address 2/2

PREVIOUS TOPIC

If a mailing address existed on the HRSA file, but the user decided to enter a different Correspondence Address, the user will select the "Add Information" button to add the Correspondence Address to the application

Note: This represents the existing workflow for the Correspondence Address topic for an initial enrollment application, where no Correspondence Address is prepopulated.

0	prrespondence Address
	Topic Summary
	This topic requests information about the correspondence address for the applicant.  (more information about Correspondence Address)
<b>Note:</b> The correspondence address cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address.	
	Correspondence Address Information
	No Correspondence Address has been listed. Please click "Add Information"

GO TO ERROR CHECK

Home > My Associates > My Enrollments > Initial Enrollment > Correspondence Address

NEXT TOPIC

# Using the HRSA Mailing Address (1/2)

If the HRSA PL address selected has at least one associated HRSA mailing address in the HRSA file, this page will display.

The user will either select a HRSA mailing address to populate into the Correspondence Address topic, or select the option to enter a new Correspondence Address.

(*) Red asterisk indicates a required fiel HRSA FQHC Correspondence Address Per CMS policy, a Correspondence Address is required for each Medicare enrollment. Based on the HRSA enrollment data and the Physical Location you selected on the previous page, there may be associated Correspondence Addresses. Please select a Correspondence Address from the list below, or you may select the option to enter a new Correspondence Address that is not listed. You may update the Correspondence Address during the application process. Use a HRSA Correspondence Address Records per page 10 ✓ Search: Selected Correspondence Address Post Office Box 22, Karluk, AK 99608-9800 Q 2414 Mill Bay Rd, Kodiak, AK 99615-6654 Displaying 1 to 2 of 2 entries Previous 1 Next Use a New Correspondence Address ¬ Please select this option to enter a new Correspondence Address during the	plication Questionnal	re		
HRSA FQHC Correspondence Address   Per CMS policy, a Correspondence Address is required for each Medicare enrollment.   Based on the HRSA enrollment data and the Physical Location you selected on the previous page, there may be associated Correspondence Addresses. Please select a Correspondence Address from the list below, or you may select the option to enter a new Correspondence Address that is not listed. You may update the Correspondence Address during the application process.   Use a HRSA Correspondence Address   Records per page 10 ∨   Selected   Correspondence Address \$   Post Office Box 22, Karluk, AK 99608-9800   O   2414 Mill Bay Rd, Kodiak, AK 99615-6654   Displaying 1 to 2 of 2 entries   Previous   1   Next   Use a New Correspondence Address		(*) Red asterisk indicates a required field.		
Per CMS policy, a Correspondence Address is required for each Medicare enrollment. Based on the HRSA enrollment data and the Physical Location you selected on the previous page, there may be associated Correspondence Addresses. Please select a Correspondence Address from the list below, or you may select the option to enter a new Correspondence Address that is not listed. You may update the Correspondence Address during the application process. Use a HRSA Correspondence Address Records per page 10 ✓ Search: Selected Correspondence Address \$ Post Office Box 22, Karluk, AK 99608-9800 Q 2414 Mill Bay Rd, Kodiak, AK 99615-6654 Displaying 1 to 2 of 2 entries Previous 1 Next Use a New Correspondence Address	HRSA FQHC Correspondence Address Per CMS policy, a Correspondence Address is required for each Medicare enrollment. Based on the HRSA enrollment data and the Physical Location you selected on the previous page, there may be associated Correspondence Addresses. Please select a Correspondence Address from the list below, or you may select the option to enter a new Correspondence Address that is not listed. You may update the Correspondence Address during the application process.			
Use a HRSA Correspondence Address Records per page 10 V Search: Selected Correspondence Address Post Office Box 22, Karluk, AK 99608-9800 O 2414 Mill Bay Rd, Kodiak, AK 99615-6654 Displaying 1 to 2 of 2 entries Previous Next Use a New Correspondence Address Please select this option to enter a new Correspondence Address during the				
Selected Correspondence Address \$   Selected Correspondence Address \$   Post Office Box 22, Karluk, AK 99608-9800   Q 2414 Mill Bay Rd, Kodiak, AK 99615-6654   Displaying 1 to 2 of 2 entries  Previous  Next Use a New Correspondence Address  Please select this option to enter a new Correspondence Address during the	Use a HRSA Correspond	ence Address		
Selected       Correspondence Address \$         Post Office Box 22, Karluk, AK 99608-9800       0         Q       2414 Mill Bay Rd, Kodiak, AK 99615-6654         Displaying 1 to 2 of 2 entries       Previous       1       Next         Use a New Correspondence Address       Previous       1       Next	Records per page 10 V Search:			
<ul> <li>Post Office Box 22, Karluk, AK 99608-9800</li> <li>Q 2414 Mill Bay Rd, Kodiak, AK 99615-6654</li> <li>Displaying 1 to 2 of 2 entries</li> <li>Previous</li> <li>Next</li> <li>Use a New Correspondence Address</li> <li>Please select this option to enter a new Correspondence Address during the</li> </ul>	Selected	Correspondence Address 🗢		
O       2414 Mill Bay Rd, Kodiak, AK 99615-6654         Displaying 1 to 2 of 2 entries       Previous       1       Next         Use a New Correspondence Address         Please select this option to enter a new Correspondence Address during the	0	Post Office Box 22, Karluk, AK 99608-9800		
Displaying 1 to 2 of 2 entries Previous 1 Next Use a New Correspondence Address Please select this option to enter a new Correspondence Address during the	0	2414 Mill Bay Rd, Kodiak, AK 99615-6654		
Use a New Correspondence Address	Displaying 1 to 2 of 2 entries	Previous 1 Next		
$\neg$ Please select this option to enter a new Correspondence Address during the	Use a New Correspondence Address			
dapplication process.				

Home > My Associates > My Enrollments > Application Questionnaire

# Using the HRSA Mailing Address (2/2)

When using a HRSA mailing address as the correspondence address, more information is needed.

The HRSA file does not contain a telephone number, therefore, this topic is incomplete for a PECOS record.

A message in red text displays informing the user to select the "Review and Complete" button to enter the missing information on the Correspondence Address Add page.



## Editing a Correspondence Address

The Correspondence Address fields will be pre-populated with the HRSA mailing address information corresponding to the PL address selected when creating the Enrollment.

orrespondence Address	Help
(*) Red asterisk indicates a required field.	
Previously Entered Address Information	Address
Select an address or enter a new address in the fields below:	
Select address	
	Additional Resources
	How to Guides
Correspondence Address (Domestic)	FAQs 🖾
Note: The correspondence address cannot be the address of a billing agency,	Glossary
(e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an	Who Should I Cal
individual practitioner, the person's home address.	[PDF, 214 KB]
	Application Status
Country United States	Additional Links (
	Additional Links
* Address Line 1	
Address Line 2	
* City	
* State/Territory	
ALASKA	
* ZIP Code +4 99615 [6654 XXXXX XXXX	
* Telephone x Extension	
No Format Required	
Fax	
No Format Required	
E-mail Address	
SAVE D	

Home > My Associates > My Enrollments > Initial Enrollment > Correspondence Address > ADD

## **Correspondence Address Confirmation**

Whether a new Correspondence Address was added or the HRSA mailing address was updated, PECOS will display a confirmation message.

<u>iome</u> > <u>My Associates</u> > <u>My Enrollments</u> > <u>Initial Enrollment</u> > Correspondence Address
Correspondence Address
Information <ul> <li>Correspondence Address Information was successfully added.</li> </ul>
Topic Summary
This topic requests information about the correspondence address for the applicant.  (more information about Correspondence Address)
<b>Note:</b> The correspondence address cannot be the address of a billing agency, management services organization, chain home office, or the provider's representative (e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an individual practitioner, the person's home address.
Correspondence Address Information
Address: 2414 MILL BAY RD KODIAK, AK 99615 -6654 United States
Telephone: (623) 518-6352
EDIT
GO TO ERROR CHECK D NEXT TOPIC

## Adding a Practice Location Address

Instead of selecting a HRSA PL address from the list, the user can select the New Address option to enter the PL address.

If the user selects the option to enter a new PL address then selects the "Next Page" button, the user will be navigated to a new PL questionnaire page and will not see the HRSA FQHC Correspondence Address page. Home > My Associates > My Enrollments > Application Questionnaire

## Application Questionnaire

## (\*) Red asterisk indicates a required field.

## HRSA FQHC Physical Location Address

To begin the FQHC initial enrollment application process, select an available Physical Location address from the list below, or select the New Address option to enroll a location not listed. The addresses below were provided by the Health Resources and Services Administration (HRSA).

An address with a status other than Available is either already enrolled as an FQHC, or an FQHC application has been submitted for it. Please navigate to the My Enrollments page to view the status of the FQHC enrollment or application for this address.

## Use a HRSA Physical Location Address

Records per	page 10 🗸	Search:				
Selected	Physical Location Ad	dress 🗢	Status 🗢			
0	125 Airport Way, Akhiok, AK 9	99615	Available			
0	2414 Mill Bay Rd, Kodiak, AK 996	615-6654	Available			
0	26 Alex Brown Street, Karluk, Al	< 99608	Available			
0	3449 E Rezanof Dr, Kodiak, AK 99	0615-6952	Available			
	3rd and C Street, Ouzinkie, AK	99644	Approved			
0	3rd Street, Larsen Bay, AK 9	9624	Available			
0	4030 Clinic Drive, Igiugig, AK 9	99613	Available			
0	500 Molina, Port Lions, AK 9	9550	Available			
0	500 Molina Drive, Port Lions, Ak	\$ 99550	Available			
	805 Frontage Rd, Kenai, AK 996	11-9104 Av	waiting Processing			
Displaying 1 to 10 of 15 entries         Previous         1         2         Next           Use a New Physical Location Address         If you are submitting an FQHC initial enrollment application for a physical location address not listed above, please select this option. You will enter the physical location address during the application process.         If you are submitted to a physical location address						
	PREVIOUS PAGE	NEXT PAGE	จา			

## Using the HRSA Practice Location Address

When using a HRSA PL address, more information is needed.

The HRSA file only contains the street address, city, state and zip. This topic is incomplete for a PECOS record.

A message in red text displays informing the user to select the "Review and Complete" button to enter the missing information on the PL Address Add page.



## **Physical Location Type Selection**

## The user must indicate the physical location type.

Home > My Associates > My Enrollments > Initial Enrollment > Physical Location and "S > ADD	pecial Payments" Address
Physical Location and "Special Payments" Address	Help
(*) Red asterisk indicates a required field. Physical Location Type * Is this physical location: A Practice Location?	<ul> <li>Practice</li> <li>Location</li> <li>Base of</li> <li>Operations</li> </ul>
<ul> <li>A base of Operations for Mobile Facility of Portable Units? (e.g. nome of Mobile/Portable Service Provider)</li> <li>Both a Practice and a Base of Operations Location?</li> </ul>	Additional Resources How to Guides I
NEXT PAGE D	Glossary 🖨 Who Should I Call? [PDF, 214 KB] 🖨 Application Status Kiosk 🖨 Additional Links 🖨

## Editing a Physical Location Address

The PL Address fields will be pre-populated with the HRSA address information selected in the Application Questionnaire.

The HRSA information cannot be edited, but all other fields within the page will be blank and will be editable

	Help
(*) Red asterisk indicates a required field Previously Entered Address Information	Correspondence
Select an address or enter a new address in the fields below:	
APPLY  APPLY	Additional
	How to Guides
Correspondence Address (Domestic)	FAQs 🖾
<b>tote:</b> The correspondence address cannot be the address of a billing agency, nanagement services organization, chain home office, or the provider's representative e.g., attorney, financial advisor). It can, however, be a P.O. Box or, in the case of an distributed representations of the proceeding address.	Glossary 🖵 Who Should I Call [PDF, 214 KB] 🖵
norvioual practitioner, the person's nome address.	Application Status
Country United States	Additional Links
Address Line 1 2414 MILL BAY RD	
Address Line 2	
KODIAK	
State/Territory ALASKA V	
ZIP Code +4           39615         6654           XXXXX         XXXX	
Telephone x Extension x v v v v v v v v v v v v v v v v v v v	
-av	
No Format Required	
No Format Required	

## Physical Location Warning Message

For any enrollment application submission that is in progress and has not been submitted (initial, change, etc.), and the FQHC enrollment has more than one physical location, a message will display on the Physical Location Topic Summary page informing the user that only one physical location may exist on the enrollment.

Home > My Associates > My Enrollments > Change of Information > Physical Location and

## Physical Location and "Special Payments" Address

## **Topic Summary**

This topic requests information about the Physical Location and "Special Payments" Address of the applicant's practice location and/or base of operations. 
(more information about Physical Location and "Special Payments" Address)

Important: A Federally Qualified Health Center (FQHC) enrollment can have only one physical location. If more than one physical location exists, delete all extra physical locations except the desired physical location.

PECOS will display a list of individuals with ownership or managing control that correspond with the EIN of the FQHC (if other enrollments with that EIN exist).

Individuals can be added from the data table into the enrollment application.

Selecting an individual from the table will then navigate the user through the Individual Control Add pages to add the selected individual to the enrollment application.

Topic Summary This topic requests informa managing control of the ap All managing employees for reported. (more inform Select any of the individuals select the Add Information to ADD INFORMATION (Mathematical) Individuals with Ownersity	ation about individuals v vplicant. or the practice locations ation about Individua is in the list below to be a button to enter an individ hip Interest and/or Ma HC Enrollments	vith ownership interest in and/or listed on this enrollment must be <b>Is with Managing Control)</b> added to this enrollment application, or ual not in the list. <b>naging Control</b>		Limited Partnership <u>Five Pee</u> (5%) or Mo Ownership <u>Partner</u> <u>Managi</u> Control
This topic requests informa managing control of the ap All managing employees for reported. (a) (more inform Select any of the individuals select the Add Information to ADD INFORMATION (a) Individuals with Owners)	ation about individuals v oplicant. or the practice locations nation about Individua s in the list below to be a boutton to enter an individ hip Interest and/or Ma HC Enrollments	vith ownership interest in and/or listed on this enrollment must be Is with Managing Control) added to this enrollment application, or ual not in the list.		Five Per (5%) or Mo Ownership Partner Managir Control
Select any of the individuals select the Add Information I ADD INFORMATION	s in the list below to be a button to enter an individ hip Interest and/or Ma HC Enrollments	added to this enrollment application, or ual not in the list. naging Control		Managir Control
ADD INFORMATION	hip Interest and/or Ma HC Enrollments	naging Control		Additi
Individuals with Owners	hip Interest and/or Ma HC Enrollments	naging Control		
Data from Approved FQH				How to Gui
Pecords per page 10 -		Soarch:		FAQs 🗖
tecorus per page 10 V		Search.		Glossary
Action	Name 🔷	Date of Birth (MM/DD) 🗢		Who Should [PDF, 214 k
Select	Atkinson, Jacqueline	05/19		Application
Select	Awaan, Mazell	02/27	_	Kiosk 🖼
Select	Childress, Amy	12/25		<u>riddidoridi E</u>
Select	Cristoff, Marcus	10/20		
Select	Daniels, George	02/24		
Select	Emery, Taylor	09/19		
Select	Georges, Jean	11/14		
Select	Hill, Delilah	04/19		
Select	Jones, John	01/10		
Select	Jones, John	07/24		
Displaying 1 to 10 of 27 entrie	95	Previous 1 2 3 Next	_	

Home > My Associates > My Enrollments > Initial Enrollment > Individual Control

After selecting an individual to add to the enrollment application, a review will be prompted and additional information can be entered for the individual through the Add pages.

The individual's first and last name, DOB, and TIN are displayed (with PII masked), but are not editable. Other fields can be entered but are optional.

The process of adding owning and managing control individuals continues as usual from this step.

Individuals with Ownership Interest and/or Managing Control (\*) Red asterisk indicates a required field. Personal Information for Individual with Ownership Interest and/or Managing Control Note: Please enter the individual name associated with the SSN and Date of Birth. NEW! - Any Authorized or Delegated Officials with an ITIN will not be able to submit electronic signatures. Authorized or Delegated Officials with an ITIN entered on this application must now upload their signature documents. First Name: JOHN Middle Name Last Name: JONES Suffix Select Suffix V TIN Type: SSN Tax Identification Number (TIN): XXX-XX-XXXX Date of Birth: 07/24/XXXX Title National Provider Identifier (NPI) (of individual with ownership interest/managing control) 10 Digits NEXT PAGE CANCEL

Home > My Associates > My Enrollments > Initial Enrollment > Individual Control > ADD

After an individual is added to the enrollment application, the record will no longer be displayed in the table.

The remaining PECOS identified individuals will display in the table.

	HC Enrollments	ging control		[PDF, 214 KB]
ecords per page 10 👻	5	Search:		Application Sta Kiosk
Action	Name 🔶	Date of Birth (MM/DD) 🗢		
Select	Atkinson, Jacqueline	05/19	-	
Select	Awaan, Mazell	02/27	-	
Select	Childress, Amy	12/25	-	
Select	Cristoff, Marcus	10/20	_	
Select	Daniels, George	02/24		
Select	Emery, Taylor	09/19		
Select	Georges, Jean	11/14		
Select	Hill, Delilah	04/19		
Select	Jones, John	01/10		
Select	Kessler, Wanda	06/25	-	

An individual can be added that is not in the table by selecting the "Add Information" button and entering all required fields manually.

The table will display records alphabetically by last name.

Select	Childress, Arity			12/20		
Select	Cristoff, Marcus			10/20		
Select	Daniels, George		(	02/24		
Select	Emery, Taylor			09/19		
Select	Georges, Jean			11/14		
Select	Hill, Delilah		(	04/19		
Select	Jones, John		(	01/10		
Select	Kessler, Wanda			06/25		
isplaying 1 to 10 of 2	7 entries	Previous	1	2	3	Next
Date of Birth: 0 Individual's Reta W-2 MANAG	7/24/XXXX ationship to the Applicant: ING EMPLOYEE		_			
Effective Da	te: 10/01/2017					
AUTHORIZE Effective Da	D OFFICIAL te: 01/01/2017					
(EDIT ) (DEL	ETE					
	Records 1 - 1	of 1				
PREVIOUS TOPIC	GO TO ERROR C	HECK 🔊	)		N	EXT TOP

When navigating to the Organizations with Ownership Interest and/or Managing Control topic, the user is required to indicate whether the applicant has organizations to report.

The Add Information button will not be displayed the first time the user is navigated to this page.

	(*) Red asterisk indicates a required fiel	I. E Five Percent
Copic Summary		(5%) or More
his topic requests information abo nanaging control of the applicant.	out organizations with ownership interest in and/or	Ownership Control
Il organizations that have 5 perce iny partnership interest in (regardle	nt or more (direct or indirect) ownership interest of, ess of the percentage of ownership), and/or managing	Managing Control
ontrol of, the applicant must be re vith Ownership Interest and/or M	ported. ••• (more information about Organizations Managing Control)	
Does the applicant have any orga nanaging control to report?	anizations having ownership interest and/or	Additional
) Yes		Resources
No		How to Guides
		FAQs 🗁
0		<u>Glossary</u> 🖵
Organizations with Ownershi	ip Interest and/or Managing Control	Who Should I Call' [PDF, 214 KB]
No organization with ownership Please answer the question abo	interest and/or managing control has been listed. we.	Application Status Kiosk
		Additional Links

When selecting Yes, the page will change to display a message that the user indicated organization control applies to the applicant, the "Add Information" button will be added and current (not end-dated) records from existing approved FQHC enrollments in PECOS corresponding with the EIN of the provider

The user will be able to select organizations. The user will then be navigated through the Organization Control Add pages to add the selected organization to the enrollment application.



GO TO ERROR CHECK

REVIOUS TOPIC

NEXT TOPIC

After selecting an organization to add to the enrollment, a review will be prompted and information can be entered for the organization

The organization's LBN and TIN are displayed, but are not editable. Other fields can be entered but are optional.

<u>Home</u> > <u>My Associates</u> > <u>My Enrollments</u> > <u>Initial Enrollment</u> > <u>Organization Control</u> >	ADD
Organizations with Ownership Interest and/or Managing Control	Help
(*) Red asterisk indicates a <sub>ADD</sub> <sup>•</sup> ed field. Identification Information for Organization with Ownership Interest and/or Managing Control Legal Business Name (LBN): FIRST CARE HOLDINGS, LLC "Doing Business As" Name Tax Identification Number (TIN): 11-3753213 National Provider Identifier (NPI) (of organization with ownership interest/managing control)	<ul> <li>Legal Business Name</li> <li>Doing Business As Name</li> <li>Tax Identification Number (TIN)</li> <li>National Provider Identification (NPI)</li> </ul>
10 Digits	Additional Resources
CANCEL	Who Should I Call? [PDF, 214 KB]  Application Status Kiosk  Additional Links

The process continues as usual from this step.

After an organization is added to the enrollment application, the record will no longer be displayed in the table.

The remaining PECOS identified organizations will display in the table.

Information  Organizatio successfull  Topic Summa This topic reque managing contr	ns with Ownership Interest and/or Mana, y added for FIRST CARE HOLDINGS, LI <b>ITY</b> ists information about organizations wit o of the apolicant.	ging Control Information wa .C. h ownership interest in an	s d/or	<ul> <li><u>Five Percent</u> (5%) or More <u>Ownership Control</u></li> <li><u>Partner</u></li> <li><u>Managing</u> <u>Control</u></li> </ul>
All organization: any partnership control of, the a with Ownershi Select any of the or select the Add ADD INFORMA Organizations	s that have 5 percent or more (direct or interest in (regardless of the percentag pplicant must be reported. (more in p Interest and/or Managing Control) or organizations in the list below to be add d Information button to enter an organizat NTON (Managing) with Ownership Interest and/or Man	indirect) ownership intere e of ownership), and/or m formation about Organiz Jed to this enrollment appli- ion not in the list. aging Control	st of, anaging ations cation,	Additional Resources
Records per pa	ge 10 - Se	arch:		
Action	Name 🔺	EIN	<b>↓</b> ♦	
Select	BAYSTATE ADMINISTRATIVE SER	VICES, INC. 11-22	45701	
Select	DAVITA HEALTHCARE PARTN	ERS INC 11-24	58879	
Select	GENESIS HEALTHCARE I	.LC 24-55	42032	
Select	PRINCETON HEALTHCARE SYSTEM	HOLDING INC 65-58	99870	
Displaying 1 to 4 Organizations FIRST CAR	of 4 entries with Ownership Interest and/or Man E HOLDINGS, LLC	aging Control Informatic	on	

Home > My Associates > My Enrollments > Initial Enrollment > Organization Control

Organizations with Ownership Interest and/or Managing Control

Help

The user can add an individual that is not in the table by selecting the Add Information button and entering all required fields manually.

Select	PRINCETON HEALTHCARE SYSTEM HOLDING INC 65-5	899870
splaying 1 to 4	of 4 entries	
rganizations	with Ownership Interest and/or Managing Control Informat	ion
FIRST CAR	E HOLDINGS, LLC	
Tax Identific 3753213	ation Number: 11- Final Adverse Legal Action	
Address: 2414 MILL B/ KODIAK AK United States	AY RD 99615 -6654	
Type of Orga Corporati	anization: ion	
Organization Applicant: OPERAT CONTRO	r's Relationship to the IONAL/MANAGERIAL JL	
Effective	Date: 01/01/2017	
	Records 1 - 1 of 1	
PREVIOUS TO	GO TO ERROR CHECK 🔯	

When navigating to the Billing Agency topic, the user is required to indicate whether the applicant has a billing agency.

The Add Information button will not be displayed the first time the user is navigated to this page.

his page.		GO TO ERROR CHECK	NEXT TO
CMS   National Provider Enrollment Conferen	ce   March 2019		

(*) Red asterisk indicates a req	
Tania Bunnanana	Ured field. Eee-for-Servi
Topic Summary	
This topic requests information about the billing agency name, address, and bill	ing
provider hires or contracts with to furnish claims processing functions for its bus locations.	iness Additional Resources
(more information about Billing Agency)	How to Guides
* Does the applicant have any billing agencies for this application?	FAQs 🖾
○ Yes	Glossary 🖵
○ No	Who Should I Ca
Billing Agency Information	Kiosk
	Additional Links
No billing agency has been listed. Please answer the question above.	

# Adding a Billing Agency (2/2)

When selecting Yes, the page will change and display a message that the applicant has a billing agency, the "Add Information" button is displayed and current (not end-dated) billing agency records from existing approved FQHC enrollments in PECOS corresponding with the EIN of the provider

The user will be able to select a billing agency. The user will then be navigated through the Add pages to add the selected billing agency to the enrollment application.

(*) Red asterisk indicates a required field.         Fopic Summary         his topic requests information about the billing agency is a company or individual that the rovider hires or contracts with to furnish claims processing functions for its business cations.         (more information about Billing Agency)         Does the applicant have any billing agencies for this application?         (*) Yes         (*) No         /*/ou have indicated that the applicant has a billing agency. Select any of the billing agencies the added to this enrollment application, or select the Add Information uton to enter a billing agency not in the list.         ADD INFORMATION         Billing Agency         Data from Approved FQHC Enrollments         ecords per page       10 •         Select       ANCHORAGE BILLING         Select       GEORGE KRAMER         BILLERS       LITCHFIELD PARK AZ 85669         select       LITCHFIELD MEDICARE         20032 N DYSART AVE, BILLERS       LITCHFIELD PARK AZ 85669				H
Topic Summary       Contract         his topic requests information about the billing agency is a company or individual that the rovider hires or contracts with to furnish claims processing functions for its business beatons.       Add ress         (more information about Billing Agency)       Does the applicant have any billing agencies for this application?       How to EAQs C         O No       Yes       Contract       Glossar         No       You have indicated that the applicant has a billing agency. Select any of the billing agencies in the list below to be added to this enrollment application, or select the Add Information utton to enter a billing agency not in the list.       Addition         ADD INFORMATION       Image: Contract Section Sectio			(*) Red asterisk indicates a required field.	🗉 Fee-f
This topic requests information about the billing agency name, address, and billing agreement/contact information. A billing agency is a company or individual that the provider hires or contracts with to furnish claims processing functions for its business ocations. <ul> <li>(more information about Billing Agency)</li> <li>Does the applicant have any billing agencies for this application?</li> <li>Yes</li> <li>No</li> </ul> You have indicated that the applicant has a billing agency. Select any of the billing agencies in the list below to be added to this enrollment application, or select the Add Information button to enter a billing agency not in the list.     ADD INFORMATION     Billing Agency Data from Approved FQHC Enrollments   Records per page 10    Select   Action   Name ^   Address \$   Select   GEORGE KRAMER   FAIRFAX VA 22033   Select   LITCHFIELD MEDICARE   20092 N DYSART AVE, BILLERS   Displaying 1 to 3 of 3 entries	Fopic Summar	у		Contract
← (note information about Billing Agency)         * Does the applicant have any billing agencies for this application?         • Yes         • No         You have indicated that the applicant has a billing agency. Select any of the billing agencies in the list below to be added to this enrollment application, or select the Add Information button to enter a billing agency not in the list.         ADD INFORMATION         Billing Agency         Data from Approved FQHC Enrollments         Records per page       10 •         Select       ANCHORAGE BILLING         Select       GEORGE KRAMER         12601 FAIR LAKES CIR,         Select       GEORGE KRAMER         12601 FAIR LAKES CIR,         Select       LITCHFIELD MEDICARE         20092 N DYSART AVE,         BILLERS       LITCHFIELD PARK AZ 85669         Displaying 1 to 3 of 3 entries	his topic request greement/contact rovider hires or o ocations.	ts information about the billin st information. A billing agenc contracts with to furnish claim	ig agency name, address, and billing cy is a company or individual that the ns processing functions for its business	Add Rese
<ul> <li><sup>a</sup> Does the applicant have any billing agencies for this application?</li> <li><sup>b</sup> Yes</li> <li>No</li> <li>You have indicated that the applicant has a billing agency. Select any of the billing agencies in the list below to be added to this enrollment application, or select the Add Information button to enter a billing agency not in the list.</li> <li>ADD INFORMATION </li> <li>Billing Agency Data from Approved FQHC Enrollments</li> <li>Records per page 10 </li> <li>Select ANCHORAGE BILLING 1 MAIN ST, Select GEORGE KRAMER FAIRFAX VA 22033</li> <li>Select GEORGE KRAMER FAIRFAX VA 22033</li> <li>Select LITCHFIELD MEDICARE 20092 N DYSART AVE, BILLERS LITCHFIELD PARK AZ 85669</li> <li>Displaying 1 to 3 of 3 entries</li> </ul>	(more information)	ition about Billing Agency)		How to C
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## Questions?



