



NATIONAL PROVIDER
ENROLLMENT CONFERENCE

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:

1 IN 9
CHILDREN



ABOUT 3.5 MILLION
PUBLICLY HOUSED

1 IN 5
RURAL
RESIDENTS

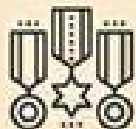


NEARLY 1.4 MILLION
HOMELESS

1 IN 3
LIVING IN
POVERTY



NEARLY 1 MILLION
AGRICULTURAL WORKERS



More than 355,000
VETERANS



MORE THAN 800,000
SERVED AT SCHOOL-BASED HEALTH CENTERS

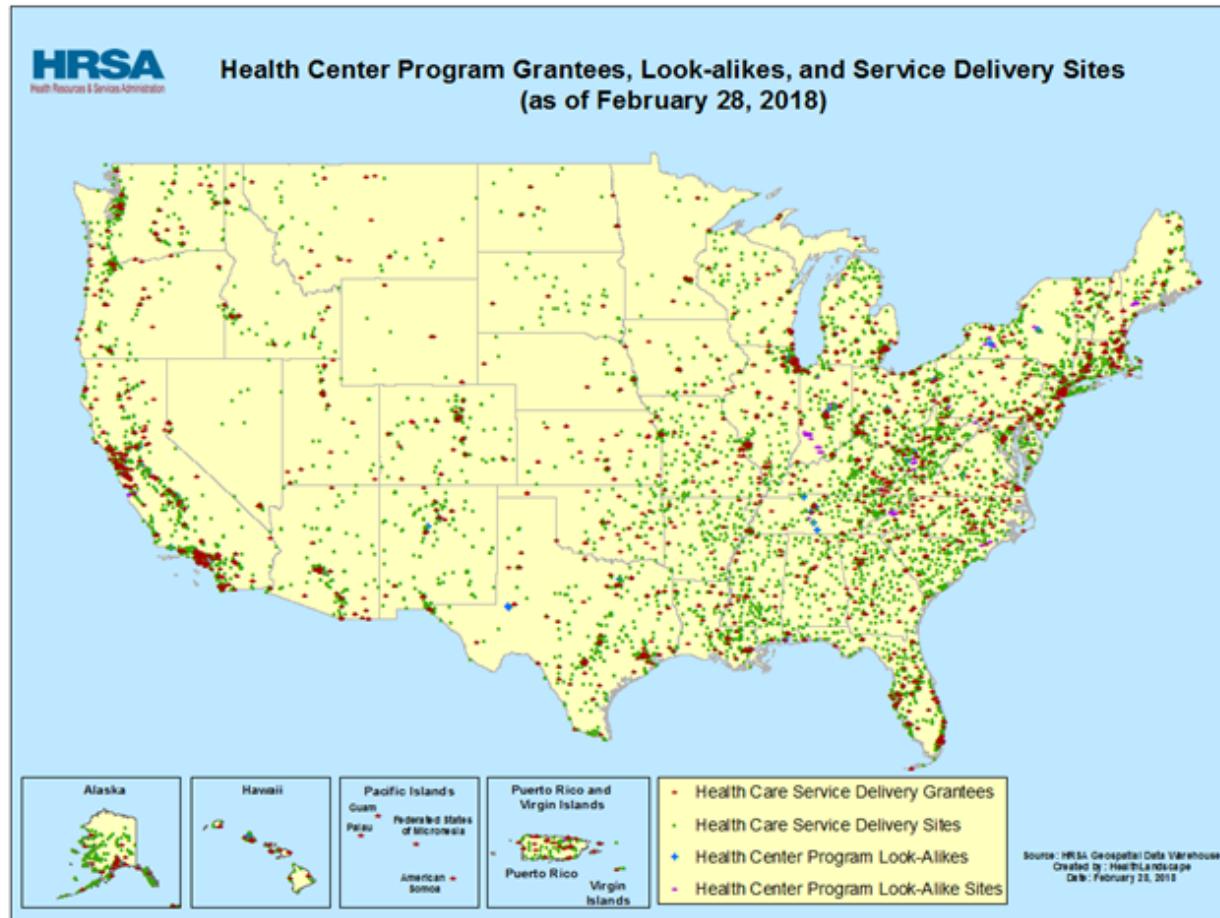
2017 MDS Data

Source: Uniform Data System, 2017

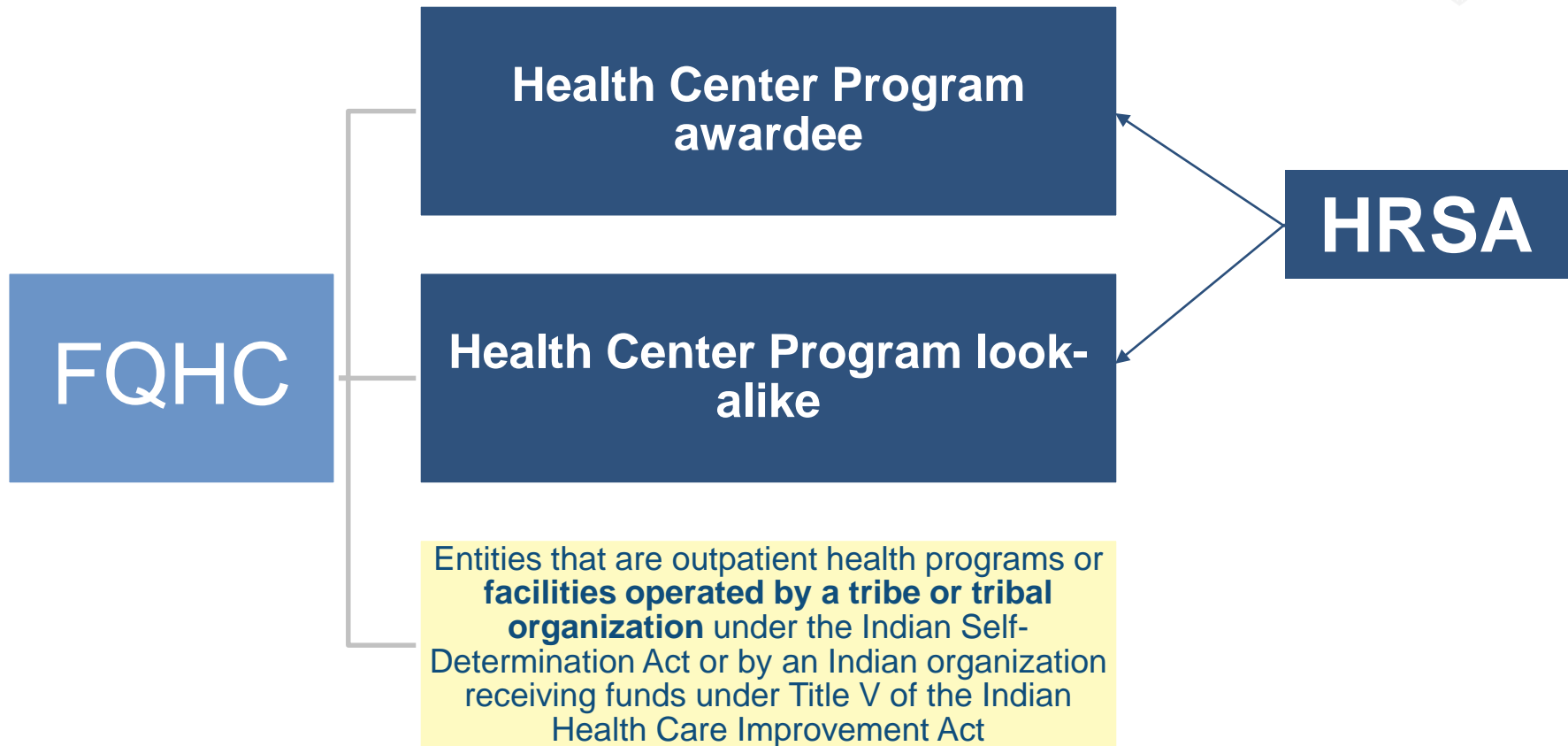
Access to Primary Health Care



National Presence: More than 12,000 Service Delivery Sites



What is an FQHC?



Medicare - Social Security Act §1861(aa)(4) and **Medicaid** - §1905(l)(2)(B) respectively define the “Federally Qualified Health Center” (FQHC) provider type.

Health Center Program Resources



Website: bphc.hrsa.gov

- 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:

bphc.hrsa.gov/qualityimprovement/strategicpartnerships

Health Resources & Services Administration Explore +

HRSA
Health Center Program

Program Requirements Quality Improvement Program Opportunities Health Center Data Federal Tort Claims Act About the Health Center Program

Bureau of Primary Health Care

Find a Health Center
Health Centers provide high quality preventive and primary health care, even if you have no insurance. Search for locations near you >>

News & Announcements

- [HHS Announces over \\$50 Million in Funding for New Health Center Sites \(12/15/2016\)](#)
- [HHS Awards \\$40 Million in Puerto Rico, American Samoa and the U.S. Virgin Islands to Fight Zika \(12/8/16\)](#)
- [New Technical Assistance Resource for the provision of HIV Pre-exposure Prophylaxis \(PrEP\) in health centers \(PDF - 201 KB\)](#)

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 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107c02.pdf> and in the Program Integrity Manual (PIM), Pub. 100-08, chapter 15, section 15.4.1.4 at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c15.pdf>

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

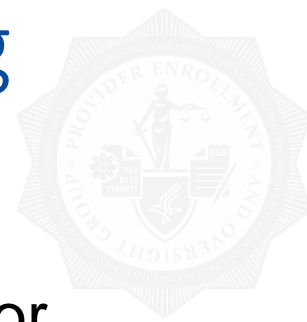
CMS-855A Helpful Tips



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.

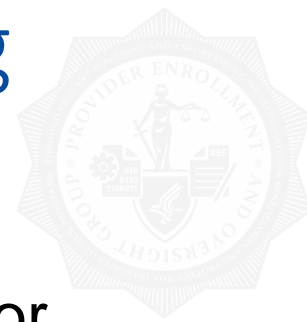
CMS-855A – Ownership & Managing Control (1/2)



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 177

(Rev. 85, Issued: 07-19-13, Effective: 0

**ATTESTATION STATEMENT FOR
FEDERALLY QUALIFIED HEALTH CENTERS
INSTRUCTIONS FOR COMPLETION**

- Name of Entity:** The FQHC applicant must fill in reported to the Internal Revenue Service. The leg in section 2B of the Form CMS 855A.
- D/B/A Name:** If the FQHC applicant does business name, it must enter that name here. If the applica should be left blank. If the applicant enters a D/B section 2B of the Form CMS 855A if the "doing b
- Address:** The FQHC applicant must enter the san CMS 855A, as the "practice location" of the FQHC number, the city/town, state and zip code. If there
- Type of FQHC:** The FQHC applicant must check (C), indicating the basis on which it qualifies to be
- Signature:** The attestation must be signed on beh and signature appears in the Form CMS 855A, sit 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 Subpart since the signature attests to compliance with the: <http://www.ecfr.gov/cgi-bin/text?idx?sid=614cb89fc17db8d3ae882f94c6b174bf1&e>

**ATTESTATION STATEMENT FOR
FEDERALLY QUALIFIED HEALTH CENTERS**

This attestation statement applies to _____ (na

D/B/A _____

located at: _____

including street name and number, suite

The above-named entity complies with al provision of §1861(aa)(4) of the Social Security Act:

____ (A)(i) Is receiving a grant und _____

____ (ii)(I) Is receiving funding fro grant, and (II) meets the requirem _____

____ (B) Has been notified by the I determined to meet the requirem _____

____ (C) Is an outpatient health pro the Indian Self-Determination Act V of the Indian Health Care Impro _____

The above-named entity agrees to remain center requirements specified in 42 CFR.1 _____

I certify that I have reviewed each Federa the federally qualified health center requi as described in §405.2434(a) and that the requirements and regulations and has been above-named entity agrees to inform the result in noncompliance.

Attention: Read the following provisions of Federal law carefully before signing:

STATEMENTS OR ENTRIES GENERALLY: Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement 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 entity by:

Signature _____ Title _____

Printed Name _____ Date _____

Accepted for the Secretary of Health and Human Services by:

Signature _____ Title _____

Printed Name _____ Effective Date _____

Exhibit 177 - Contents



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



Provisions of §1861(aa)(4):

1. (A)(i) Is receiving a grant under §330 of the Public Health Service Act
2. (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
3. (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
4. (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.

Exhibit 177 - Completion



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.

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

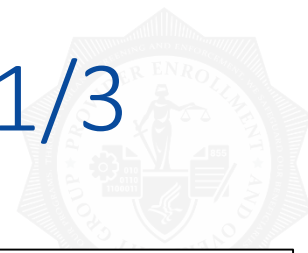
Streamlining – FQHC Future Enhancements



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.

[Home](#) > [My Associates](#)

My Associates

Initial Enrollment

Create 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 request for Revalidation, do not 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.

- 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.
- 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.

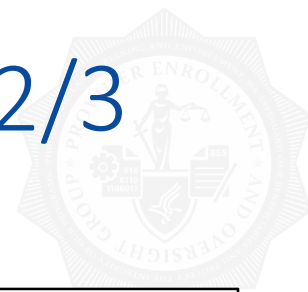
The following checklists will help you gather the information needed to enroll via Internet-based PECOS:

- [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](#)

Select the Create Initial Enrollment Application button **ONLY** if you are enrolling for the first time, or enrolling in a new state or specialty.

CREATE INITIAL ENROLLMENT APPLICATION >>

Creating an Initial FQHC Enrollment 2/3



Home > My Associates > My Enrollments > Application Questionnaire

1. Application Questionnaire (*) Red asterisk indicates a required field.

Which provider is the application being created for?

Individuals

- 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 TIN: 91-9519001
- Name: GG HEALTH INC TIN: 91-9519002
- Name: PORT LIONS HEALTH CLINIC TIN: 92-0038225

[NEXT PAGE](#) [CANCEL](#)



Home > My Associates > My Enrollments > Application Questionnaire

2. Application Questionnaire (*) Red asterisk indicates a required field.

Healthcare Services Rendered

* Please select the option that best represents the healthcare service rendered for this application.

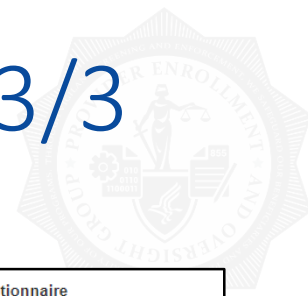
- Institutional Provider (e.g., Hospital, Skilled Nursing Facility, Hospice, Home Health Agency)
- Clinics/Group Practices and Certain Other Suppliers (e.g., Ambulance Service Supplier, Clinic, Independent Diagnostic Testing Facility)
- Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
- Medicare Diabetes Prevention Program Supplier (MDPP)

[NEXT PAGE](#) [CANCEL](#)

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

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

Creating an Initial FQHC Enrollment 3/3



Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

3. State/Territory Where Healthcare Services Rendered

Please select a single state/territory where the applicant renders healthcare services.

* State/Territory
ALASKA

PREVIOUS PAGE NEXT PAGE CANCEL



Home > My Associates > My Enrollments > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

4. Primary 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)

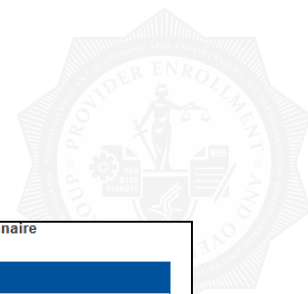
Undefined Type Specification

PREVIOUS PAGE NEXT PAGE CANCEL

Step 3: Select the provider's state

Step 4: Select the type of provider

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 as a read-only address.

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 Search:

Selected	Physical Location Address	Status
<input type="radio"/>	125 Airport Way, Akhiok, AK 99615	Available
<input checked="" type="radio"/>	2414 Mill Bay Rd, Kodiak, AK 99615-6654	Available
<input type="radio"/>	26 Alex Brown Street, Karluk, AK 99608	Available
<input type="radio"/>	3449 E Rezanof Dr, Kodiak, AK 99615-6952	Available
<input type="radio"/>	3rd and C Street, Ouzinkie, AK 99644	Approved
<input type="radio"/>	3rd Street, Larsen Bay, AK 99624	Available
<input type="radio"/>	4030 Clinic Drive, Igiugig, AK 99613	Available
<input type="radio"/>	500 Molina, Port Lions, AK 99550	Available
<input type="radio"/>	500 Molina Drive, Port Lions, AK 99550	Available
<input type="radio"/>	805 Frontage Rd, Kenai, AK 99611-9104	Awaiting Processing

Displaying 1 to 10 of 15 entries Previous 1 2 Next

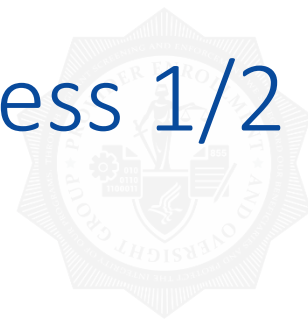
Use a New Physical Location Address

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.

Use New Physical Location Address

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.

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

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

There is no Correspondence Address associated with the selected Physical Location address from HRSA. Please select the option below to enter a new Correspondence Address.

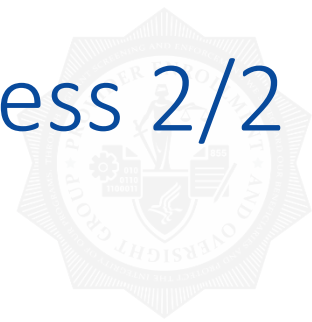
Use a New Correspondence Address

Please select this option to enter a new Correspondence Address during the application process.

[PREVIOUS PAGE](#) [NEXT PAGE](#)

[CANCEL](#)

Adding a new Correspondence Address 2/2



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 pre-populated.

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

Correspondence Address

Topic Summary

This topic requests information about the correspondence address for the applicant.
[+ \(more information about Correspondence Address\)](#)

Note: 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.

[ADD INFORMATION >>](#)

Correspondence Address Information

No Correspondence Address has been listed. Please click "Add Information" above.

[<< PREVIOUS TOPIC](#) [GO TO ERROR CHECK >>](#) [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.

[Home](#) > [My Associates](#) > [My Enrollments](#) > Application Questionnaire

Application Questionnaire

(*) Red asterisk indicates a required field.

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
<input checked="" type="radio"/>	Post Office Box 22, Karluk, AK 99608-9800
<input type="radio"/>	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 application process.

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.

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

Correspondence Address

Topic Summary

This topic requests information about the correspondence address for the applicant.
[+ \(more information about Correspondence Address\)](#)

Note: 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.

Important: Correspondence Address information is incomplete. Please select the Review and Complete button below to continue.

Correspondence Address Information

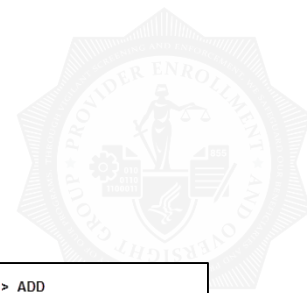
Note: This Correspondence Address was selected within the Application Questionnaire process. Please select the Review and Complete button to complete this topic. You can make changes to this address.

Address: 2414 MILL BAY RD
KODIAK, AK 99615 -6654
United States

[REVIEW AND COMPLETE](#)

[PREVIOUS TOPIC](#) [GO TO ERROR CHECK](#) [NEXT TOPIC](#)

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.

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

Correspondence Address

(*) Red asterisk indicates a required field.

Previously Entered Address Information

Select an address or enter a new address in the fields below:
Select address [v]
[APPLY]

Correspondence Address (Domestic)

Note: 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.

* Country
United States [v] [SELECT]

* Address Line 1
2414 MILL BAY RD

Address Line 2
[]

* City
KODIAK

* State/Territory
ALASKA [v]

* ZIP Code +4
99615 [] 6654 []
XXXXX [] XXXX []

* Telephone x Extension
[] x []
No Format Required

Fax
[]
No Format Required

E-mail Address
[]

[SAVE] [CANCEL]

Help
Correspondence Address

Additional Resources
How to Guides []
FAQs []
Glossary []
Who Should I Call? [PDF, 214 KB] []
Application Status Kiosk []
Additional Links []

Correspondence Address Confirmation



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

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

Correspondence Address

Information

- Correspondence Address Information was successfully added.

Topic Summary

This topic requests information about the correspondence address for the applicant.
[+ \(more information about Correspondence Address\)](#)

Note: 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](#)

[<< PREVIOUS TOPIC](#) [GO TO ERROR CHECK >>](#) [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 Address	Status
<input type="radio"/>	125 Airport Way, Akhiok, AK 99615	Available
<input type="radio"/>	2414 Mill Bay Rd, Kodiak, AK 99615-6654	Available
<input type="radio"/>	26 Alex Brown Street, Karluk, AK 99608	Available
<input type="radio"/>	3449 E Rezanof Dr, Kodiak, AK 99615-6952	Available
<input type="radio"/>	3rd and C Street, Ouzinkie, AK 99644	Approved
<input type="radio"/>	3rd Street, Larsen Bay, AK 99624	Available
<input type="radio"/>	4030 Clinic Drive, Igiugig, AK 99613	Available
<input type="radio"/>	500 Molina, Port Lions, AK 99550	Available
<input type="radio"/>	500 Molina Drive, Port Lions, AK 99550	Available
<input type="radio"/>	805 Frontage Rd, Kenai, AK 99611-9104	Awaiting 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.

Use New Physical Location Address

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.

Home > My Associates > My Enrollments > Initial Enrollment > Physical Location and "Special Payments" Address

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: Physical Location information is incomplete. Please select the Review and Complete button below to continue, or select the Delete button to remove this address from the application and enter a new physical location address.

Physical Location and "Special Payments Address" Information

Address: 2414 MILL BAY RD
KODIAK, AK 99615 -6654
United States

[REVIEW AND COMPLETE](#) [DELETE](#)

[PREVIOUS TOPIC](#) [GO TO ERROR CHECK](#) [NEXT TOPIC](#)

Help

- ["Special Payments" Address](#)

Additional Resources

- [How to Guides](#)
- [FAQs](#)
- [Glossary](#)
- [Who Should I Call? \[PDF, 214 KB\]](#)
- [Application Status Kiosk](#)
- [Additional Links](#)

Physical Location Type Selection



The user must indicate the physical location type.

[Home](#) > [My Associates](#) > [My Enrollments](#) > [Initial Enrollment](#) > [Physical Location and "Special Payments" Address](#)
> ADD

Physical Location and "Special Payments" Address

(*) Red asterisk indicates a required field.

Physical Location Type

* Is this physical location:

A Practice Location?

A Base of Operations for Mobile Facility or Portable Units? (e.g. Home or Mobile/Portable Service Provider)

Both a Practice and a Base of Operations Location?

[NEXT PAGE](#) >

<< [CANCEL](#)

Help

[+ Practice Location](#)

[+ Base of Operations](#)

Additional Resources

[How to Guides](#)

[FAQs](#)

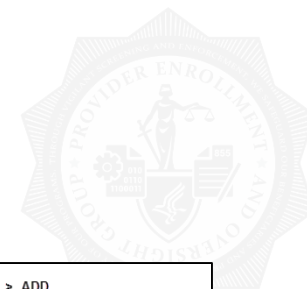
[Glossary](#)

[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

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

Correspondence Address

(*) Red asterisk indicates a required field.

Previously Entered Address Information

Select an address or enter a new address in the fields below:

Select address

Correspondence Address (Domestic)

Note: 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.

* **Country**
United States

* **Address Line 1**
2414 MILL BAY RD

Address Line 2

* **City**
KODIAK

* **State/Territory**
ALASKA

* **ZIP Code +4**
99615 6654
XXXXX XXXX

* **Telephone x Extension**
 x
No Format Required

Fax

No Format Required

E-mail Address

Help

[Correspondence Address](#)

Additional Resources

[How to Guides](#)

[FAQs](#)

[Glossary](#)

[Who Should I Call? \[PDF, 214 KB\]](#)

[Application Status Kiosk](#)

[Additional Links](#)

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.

Ownership/Managing Control - Individuals

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.

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

Individuals with Ownership Interest and/or Managing Control

Topic Summary

This topic requests information about individuals with ownership interest in and/or managing control of the applicant. All managing employees for the practice locations listed on this enrollment must be reported. [\(more information about Individuals with Managing Control\)](#)

Select any of the individuals in the list below to be added to this enrollment application, or select the Add Information button to enter an individual not in the list.

[ADD INFORMATION](#)

Individuals with Ownership Interest and/or Managing Control
Data from Approved FQHC Enrollments

Records per page: 10 Search:

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	Jones, John	07/24

Displaying 1 to 10 of 27 entries Previous 1 2 3 Next

[PREVIOUS TOPIC](#) [GO TO ERROR CHECK](#) [NEXT TOPIC](#)

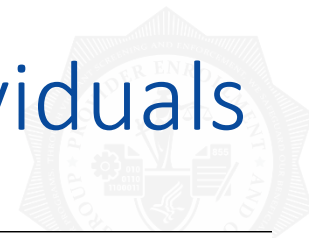
Help

- [Limited Partnership](#)
- [Five Percent \(5%\) or More Ownership Control](#)
- [Partner](#)
- [Managing Control](#)

Additional Resources

- [How to Guides](#)
- [FAQs](#)
- [Glossary](#)
- [Who Should I Call? \[PDF, 214 KB\]](#)
- [Application Status Kiosk](#)
- [Additional Links](#)

Ownership/Managing Control - Individuals



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.

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

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

TIN Type: SSN

Tax Identification Number (TIN): XXX-XX-XXXX

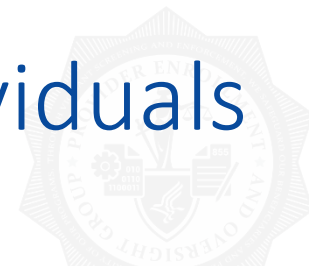
Date of Birth: 07/24/XXXX

Title

National Provider Identifier (NPI) (of individual with ownership interest/managing control)

10 Digits

Ownership/Managing Control - Individuals



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.

ADD INFORMATION ⓘ

Individuals with Ownership Interest and/or Managing Control
Data from Approved FQHC Enrollments

Records per page: 10 ▾ Search:

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

Displaying 1 to 10 of 27 entries Previous 1 2 3 Next

LINK TO GUIDES
[FAQs](#) ⓘ
[Glossary](#) ⓘ
[Who Should I Call? \[PDF, 214 KB\]](#) ⓘ
[Application Status Kiosk](#) ⓘ
[Additional Links](#) ⓘ

Ownership/Managing Control - Individuals



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, 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

Displaying 1 to 10 of 27 entries Previous 1 2 3 Next

Individuals with Ownership Interest and/or Managing Control Information

JONES, JOHN

Tax Identification Number (SSN): XXX-XX-XXXX Final Adverse Legal Action [ADD](#)

Date of Birth: 07/24/XXXX

Individual's Relationship to the Applicant:
W-2 MANAGING EMPLOYEE
Effective Date: 10/01/2017
AUTHORIZED OFFICIAL
Effective Date: 01/01/2017

[EDIT](#) [DELETE](#)

Records 1 - 1 of 1

[PREVIOUS TOPIC](#) [GO TO ERROR CHECK](#) [NEXT TOPIC](#)

Ownership/Managing Control - Organizations



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.

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

Organizations with Ownership Interest and/or Managing Control

(*) Red asterisk indicates a required field.

Topic Summary

This topic requests information about organizations with ownership interest in and/or managing control of the applicant.

All organizations that have 5 percent or more (direct or indirect) ownership interest of, any partnership interest in (regardless of the percentage of ownership), and/or managing control of, the applicant must be reported. [\(+ more information about Organizations with Ownership Interest and/or Managing Control\)](#)

* Does the applicant have any organizations having ownership interest and/or managing control to report?

Yes

No

Organizations with Ownership Interest and/or Managing Control

No organization with ownership interest and/or managing control has been listed. Please answer the question above.

[<< PREVIOUS TOPIC](#) [GO TO ERROR CHECK >>](#) [NEXT TOPIC >>](#)

Help

- [+ Five Percent \(5%\) or More Ownership Control](#)
- [+ Partner](#)
- [+ Managing Control](#)

Additional Resources

- [How to Guides](#)
- [FAQs](#)
- [Glossary](#)
- [Who Should I Call? \[PDF, 214 KB\]](#)
- [Application Status Kiosk](#)
- [Additional Links](#)

Ownership/Managing Control - Organizations



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.

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

Organizations with Ownership Interest and/or Managing Control

(*) Red asterisk indicates a required field.

Topic Summary

This topic requests information about organizations with ownership interest in and/or managing control of the applicant.

All organizations that have 5 percent or more (direct or indirect) ownership interest of, any partnership interest in (regardless of the percentage of ownership), and/or managing control of, the applicant must be reported. [\(more information about Organizations with Ownership Interest and/or Managing Control\)](#)

* Does the applicant have any organizations having ownership interest and/or managing control to report?

Yes
 No

You have indicated that the applicant needs to report an organization having ownership interest and/or managing control. Select any of the organizations in the list below to be added to this enrollment application, or select the Add Information button to enter an organization not in the list.

[ADD INFORMATION](#)

Organizations with Ownership Interest and/or Managing Control Data from Approved FQHC Enrollments

Records per page: 10 Search:

Action	Name	EIN
Select	BAYSTATE ADMINISTRATIVE SERVICES, INC.	11-2245701
Select	DAVITA HEALTHCARE PARTNERS INC	11-2458879
Select	FIRST CARE HOLDINGS, LLC	11-3753213
Select	GENESIS HEALTHCARE LLC	24-5542032
Select	PRINCETON HEALTHCARE SYSTEM HOLDING INC	65-5899870

Displaying 1 to 5 of 5 entries

[PREVIOUS TOPIC](#) [GO TO ERROR CHECK](#) [NEXT TOPIC](#)

Help

- [Five Percent \(5%\) or More Ownership Control](#)
- [Partner](#)
- [Managing Control](#)

Additional Resources

- [How to Guides](#)
- [FAQs](#)
- [Glossary](#)
- [Who Should I Call? \[PDF, 214 KB\]](#)
- [Application Status Kiosk](#)
- [Additional Links](#)

Ownership/Managing Control - Organizations



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.

The process continues as usual from this step.

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

Organizations with Ownership Interest and/or Managing Control

(*) Red asterisk indicates a **ADD** 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)

10 Digits

Help

- [Legal Business Name](#)
- [Doing Business As Name](#)
- [Tax Identification Number \(TIN\)](#)
- [National Provider Identification \(NPI\)](#)

Additional Resources

- [How to Guides](#)
- [FAQs](#)
- [Glossary](#)
- [Who Should I Call? \[PDF, 214 KB\]](#)
- [Application Status Kiosk](#)
- [Additional Links](#)

Ownership/Managing Control - Organizations



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.

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

Organizations with Ownership Interest and/or Managing Control

Information

- Organizations with Ownership Interest and/or Managing Control Information was successfully added for FIRST CARE HOLDINGS, LLC.

Topic Summary

This topic requests information about organizations with ownership interest in and/or managing control of the applicant.

All organizations that have 5 percent or more (direct or indirect) ownership interest of, any partnership interest in (regardless of the percentage of ownership), and/or managing control of, the applicant must be reported. [\(more information about Organizations with Ownership Interest and/or Managing Control\)](#)

Select any of the organizations in the list below to be added to this enrollment application, or select the Add Information button to enter an organization not in the list.

[ADD INFORMATION](#)

Organizations with Ownership Interest and/or Managing Control
Data from Approved FQHC Enrollments

Records per page: 10 Search:

Action	Name	EIN
Select	BAYSTATE ADMINISTRATIVE SERVICES, INC.	11-2245701
Select	DAVITA HEALTHCARE PARTNERS INC	11-2458879
Select	GENESIS HEALTHCARE LLC	24-5542032
Select	PRINCETON HEALTHCARE SYSTEM HOLDING INC	65-5899870

Displaying 1 to 4 of 4 entries

Organizations with Ownership Interest and/or Managing Control Information

FIRST CARE HOLDINGS, LLC

Tax Identification Number: 11-3753213 [Final Adverse Legal Action](#) [ADD](#)

Help

- Five Percent (5%) or More Ownership Control
- Partner
- Managing Control

Additional Resources

- How to Guides
- FAQs
- Glossary
- Who Should I Call? [PDF, 214 KB]
- Application Status Kiosk
- Additional Links

Ownership/Managing Control - Organizations



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

The screenshot displays a web interface for managing ownership and managing control information. At the top, there is a table with one entry: "PRINCETON HEALTHCARE SYSTEM HOLDING INC" with a tax identification number of "65-5899870". Below the table, it indicates "Displaying 1 to 4 of 4 entries". A section titled "Organizations with Ownership Interest and/or Managing Control Information" contains a form for "FIRST CARE HOLDINGS, LLC". The form includes fields for "Tax Identification Number" (11-3753213), "Address" (2414 MILL BAY RD, KODIAK AK 99615 -6654, United States), "Type of Organization" (Corporation), and "Organization's Relationship to the Applicant" (OPERATIONAL/MANAGERIAL CONTROL, Effective Date: 01/01/2017). There are buttons for "ADD", "EDIT", and "DELETE". A "Final Adverse Legal Action" button is also present. At the bottom of the form, it shows "Records 1 - 1 of 1". Navigation buttons at the bottom include "PREVIOUS TOPIC", "GO TO ERROR CHECK", and "NEXT TOPIC".

Adding a Billing Agency (1/2)



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.

Home > My Associates > My Enrollments > Initial Enrollment > Billing Agency

Billing Agency

(*) Red asterisk indicates a required field.

Topic Summary

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 locations.

[+ \(more information about Billing Agency\)](#)

* Does the applicant have any billing agencies for this application?

Yes

No

Billing Agency Information

No billing agency has been listed. Please answer the question above.

[<< PREVIOUS TOPIC](#) [GO TO ERROR CHECK >>](#) [NEXT TOPIC >>](#)

Help

[+ Fee-for-Service Contractor](#)

Additional Resources

[How to Guides](#)

[FAQs](#)

[Glossary](#)

[Who Should I Call? \[PDF, 214 KB\]](#)

[Application Status Kiosk](#)

[Additional Links](#)

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.

Home > My Associates > My Enrollments > Initial Enrollment > Billing Agency

Billing Agency

(*) Red asterisk indicates a required field.

Topic Summary

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 locations.

[* \(more information about Billing Agency\)](#)

* 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 Search:

Action	Name ^	Address v
Select	ANCHORAGE BILLING SERVICES	1 MAIN ST, ANCHORAGE AK 95665
Select	GEORGE KRAMER	12601 FAIR LAKES CIR, FAIRFAX VA 22033
Select	LITCHFIELD MEDICARE BILLERS	20092 N DYSART AVE, LITCHFIELD PARK AZ 85669

Displaying 1 to 3 of 3 entries

[PREVIOUS TOPIC](#) [GO TO ERROR CHECK](#) [NEXT TOPIC](#)

Help

[+ Fee-for-Service Contractor](#)

Additional Resources

[How to Guides](#) [FAQs](#) [Glossary](#) [Who Should I Call? \[PDF, 214 KB\]](#) [Application Status Kiosk](#) [Additional Links](#)

Questions?

