The Health Center Program, FQHCs and Medicare Site Enrollment

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Andrew Stouder, CMS Center for Program Integrity, Provider Enrollment and Oversight Group
Business Function Lead, Division of Enrollment Operations

Amy Harbaugh, HRSA Bureau of Primary Health Care
Public Health Analyst, Office of Policy and Program Development
Streamlining FQHC Site Enrollment for Health Centers

- Since 2017, HRSA and CMS collaborating to streamline FQHC enrollment for health centers
  - How can we share information that we both gather during our approval processes?
- Streamlining should lead to quicker approval of sites and provide health centers with the needed reimbursement to serve their patient populations
- The goal is to reduce health center burden and incentivize health centers to use PECOS
Streamlining FQHC Site Enrollment for Health Centers

- Each health center site must separately enroll each site to receive FQHC certification and Medicare FQHC reimbursement
- HRSA is routinely providing CMS with health center site data to pre-populate the Provider, Enrollment, Chain and Ownership System (PECOS)
- CMS launched the system upgrade in PECOS on April 1, 2019
Resources for FQHC Enrollment Questions

- Webinar recording and slides will be available on Strategic Initiatives page of BPHC website
- Direct CMS enrollment questions to providerenrollment@cms.hhs.gov
- Share your experience with the new system at SiteEnrollment@hrsa.gov
Accessing Medicare Reimbursement as a Health Center

- CMS considers each HRSA-approved health center site that receives HRSA grant funding or is designated a Look-Alike 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.
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

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
Section 2 contains the organizational information for the FQHC. The center will list its Federal Tax ID, Legal Business Name and correspondence address (the address that CMS will use to communicate directly with the center).
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.
Organizational & Individual Ownership Interest and/or Managing Control
Information is reported in Sections 5 & 6. These selections would not apply to
FQHCs, since centers do not have ownership or partnerships.

• 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
Centers will need to include any Organizational & Individual Operational or Managing Control Information is reported in Sections 5 & 6, along with the following (if they apply):

- 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)
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)
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.
Exhibit 177 - Example

<table>
<thead>
<tr>
<th>Instruction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of entity:</td>
<td>The PCCP applicant must include the name of the entity in which the clinic is located in section 1 of the form.</td>
</tr>
<tr>
<td>2. D.O.B. Name:</td>
<td>The PCCP applicant must include the legal name of the entity in which the clinic is located in section 1 of the form.</td>
</tr>
<tr>
<td>3. Address:</td>
<td>The PCCP applicant must include the legal name of the entity in which the clinic is located in section 1 of the form.</td>
</tr>
<tr>
<td>4. Type of Facility:</td>
<td>The PCCP applicant must include the name of the facility in which the clinic is located in section 1 of the form.</td>
</tr>
<tr>
<td>5. Signature:</td>
<td>The form must be signed by an individual authorized to do so in section 1 of the form.</td>
</tr>
</tbody>
</table>

**Attestation**

This attestation symbolizes the agreement of the entity to:

- (a) being in agreement and
- (b) to the terms and conditions set forth in the regulations of Title 42, Part 50,

The entity attests to compliance with the following requirements as specified in Title 42, Part 50:

- a) The entity has reviewed the requirements specified in Title 42, Part 50, and agrees to comply with all applicable standards.
- b) The entity has reviewed the requirements specified in Title 42, Part 50, and agrees to comply with all applicable standards.
- c) The entity has reviewed the requirements specified in Title 42, Part 50, and agrees to comply with all applicable standards.
- d) The entity has reviewed the requirements specified in Title 42, Part 50, and agrees to comply with all applicable standards.
- e) The entity has reviewed the requirements specified in Title 42, Part 50, and agrees to comply with all applicable standards.

**Signature**

Name: ____________________________

Date: ____________________________

**Attestation by the Secretary of Health and Human Services**

Name: ____________________________

Date: ____________________________

HRSA Health Center Program
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.
Medicare Electronic Funds Transfer Form (CMS-588)
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
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.
Creating an Initial FQHC Enrollment 2/3

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

   - Gronin, Benj
   - Geller, Monica
   - Keenier, April
   - Norris, Chuck

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

   - Institutional Provider (e.g., Hospital, Skilled Nursing Facility, Hospice, Home Health Agency)

   - Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
   - Medicare Diabetes Prevention Program Supplier (MDPP)
Creating an Initial FQHC Enrollment 3/3

3. Step 3: Select the provider’s state

4. Step 4: Select the type of provider
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.
Adding a Practice Location Address

Instead of selecting a HRSA PL address from the list (or if the center’s location is not found), 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.
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

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.
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.
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.
Whether a new Correspondence Address was added or the HRSA mailing address was updated, PECOS will display a confirmation message.
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.
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.
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.
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.
Ownershipline/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.
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.
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 (FQHCs normally do not).

The Add Information button will not be displayed the first time the user is navigated to this page.
For organization that have ownership and select “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.
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.
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.
The user can add an individual that is not in the table by selecting the Add Information button and entering all required fields manually.
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.
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.
Questions