



# The Health Center Program, FQHCs and Medicare Site Enrollment

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# Streamlining FQHC Site Enrollment for Health Centers

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- 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

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- 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](mailto:providerenrollment@cms.hhs.gov)
- Share your experience with the new system at [SiteEnrollment@hrsa.gov](mailto:SiteEnrollment@hrsa.gov)



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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 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

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- 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](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

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- 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



# CMS-855A Helpful Tips

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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

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- 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

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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



# CMS-855A – Operational/Managing Control

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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)



# CMS-855A – Completing Ownership & Managing Control

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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

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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

**EXHIBIT 177**

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

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

- 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 busine 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 ched (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, tit 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=614cb89fc17db82ae88af94c6b174bf1&c>

**ATTESTATION STATEMENT FOR  
FEDERALLY QUALIFIED HEALTH CENTERS**

This attestation statement applies to \_\_\_\_\_ (na

D/B/A \_\_\_\_\_

located at: \_\_\_\_\_

**including street name and number, suit**

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

\_\_\_\_ (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 Impr

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 bee above-named entity agrees to inform the t 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

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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):

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

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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

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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

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# Streamlining FQHC Enrollments



# Streamlining – FQHC Future Enhancements

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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

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

1. Significant Identification (\*) 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

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

2. Healthcare Services Rendered (\*) Red asterisk indicates a required field.

\* 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.

**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.

**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 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.

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

PREVIOUS PAGE NEXT PAGE CANCEL



# 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.

The screenshot shows a web interface for the 'Correspondence Address' topic. At the top, a breadcrumb trail reads: Home > My Associates > My Enrollments > Initial Enrollment > Correspondence Address. Below this is a blue header bar with the text 'Correspondence Address'. Underneath, a 'Topic Summary' section contains the text: 'This topic requests information about the correspondence address for the applicant.' followed by a blue link: '(more information about Correspondence Address)'. A 'Note' section follows, stating: '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.' Below the note is a blue button labeled 'ADD INFORMATION >>'. Underneath that is a grey header for 'Correspondence Address Information'. A light blue box contains the message: 'No Correspondence Address has been listed. Please click "Add Information" above.' At the bottom of the page are three navigation buttons: '<< PREVIOUS TOPIC', 'GO TO ERROR CHECK >>', and 'NEXT TOPIC >>'. The entire interface is enclosed in a thin black border.

# 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:  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  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

**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 XXXXX

\* **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](#)



# 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 »](#)



# 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**  
09615  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? \[PDF, 214 KB\]](#)

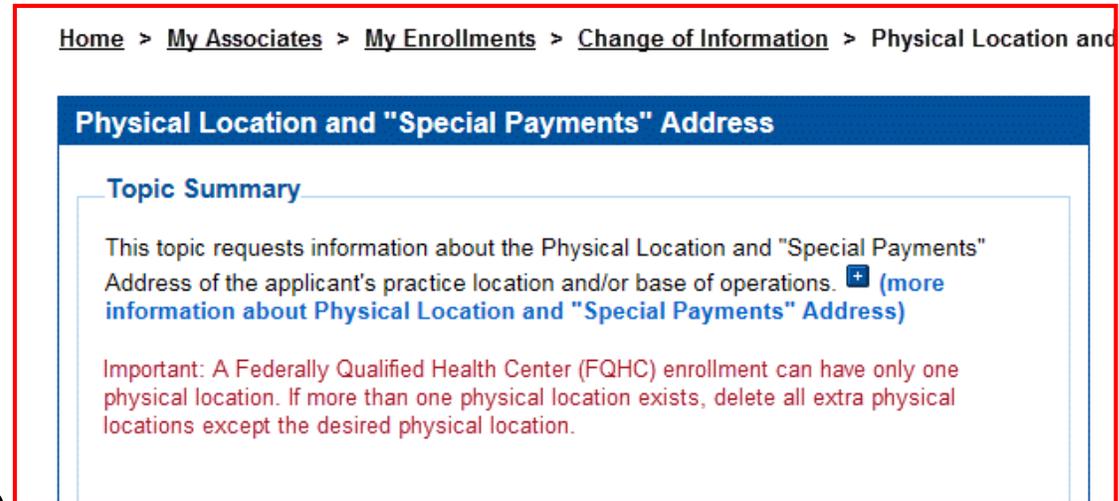
[Application Status Kiosk](#)

[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.



The screenshot shows a breadcrumb trail: [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) v
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

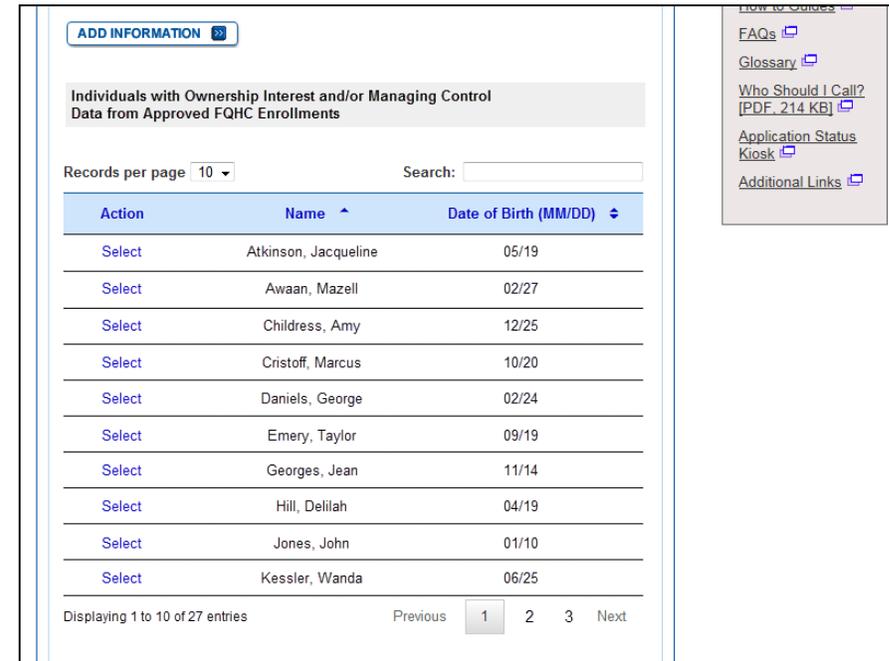
- [How to Guides](#)
- [FAQs](#)
- [Glossary](#)
- [Who Should I Call? \[PDF, 214 KB\]](#)
- [Application Status Kiosk](#)
- [Additional Links](#)



# Ownership/Managing Control - Individuals

After 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) v
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

How 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 (FQHCs normally do not).

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

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.

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
<a href="#">Select</a>	BAYSTATE ADMINISTRATIVE SERVICES, INC.	11-2245701
<a href="#">Select</a>	DAVITA HEALTHCARE PARTNERS INC	11-2458879
<a href="#">Select</a>	FIRST CARE HOLDINGS, LLC	11-3753213
<a href="#">Select</a>	GENESIS HEALTHCARE LLC	24-5542032
<a href="#">Select</a>	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 required 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

[NEXT PAGE](#)

[CANCELED](#)

### 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 shows a web application interface for managing organization information. At the top, there is a table with columns for 'Select', 'PRINCETON HEALTHCARE SYSTEM HOLDING INC', and '65-5899870'. Below the table, it says '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 fields include: 'Tax Identification Number: 11-3753213' with an 'ADD' button; 'Final Adverse Legal Action' with an 'ADD' button; '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 'EDIT' and 'DELETE' buttons at the bottom of the form. Below the form, it says 'Records 1 - 1 of 1'. At the bottom of the page, there are three buttons: '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

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