

Requirements for Provider Type 08/080 - FQHC

Specialty Code

Please choose from the following for specialty and code:

- 080- Federally Qualified Health Center (must be selected as the primary specialty)
- 800- FQHC- Therapeutic Staff Support
- 801-FQHC- Mobile Therapy
- 802-FQHC- Behavioral Specialist Consultant
- 803-FQHC- Summer Therapeutic Activity Program (STAP)

Provider Eligibility Program (PEP)

- Fee-for-Service
- Healthy Beginnings + (may only be selected for Specialty 08-080 FQHC)

Required Documents for FQHC:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll your facility as a provider (please ensure all documents are legible):

- Completed application for the enrollment of a Facility/Agency—application must include:
 - Signed Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- HRSA documentation showing the Notice Of Award for this specific clinic address (supplementary documentation evidencing service location address is acceptable, such as a print-out of HRSA summary)
- Documentation generated by the IRS showing both the Provider's legal name and FEIN—documentation must come from the IRS; this Department **does not** accept W-9s
- Statement signed by the Medical Director of the FQHC indicating its affiliation with the FQHC (see next page for a sample)
 - The Medical Director must be a PA Medicaid-participating physician
 - Current copy of DOS licensure must accompany letter
- Copy of fee schedule charged to private patients and all third party payers
- If FQHC is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- Copy of Corporation papers issued by the Department of State Corporation Bureau or a copy of the business partnership agreement
- If Provider is Out-of-State, submit proof of current home state Medicaid Participation
- If FQHC operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- **For Specialties 800-803**, include the Service Description denoting approval by the Bureau of Children's Behavioral Health Services, Office of Mental Health & Substance Abuse Services. Contact the Bureau at (717) 705-8289 for additional information.

*FQHCs (08-080) should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>
If circumstances do not allow online submission and the CMS fee has been paid, send the application and required documents to:*

**DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: RA-ProvApp@pa.gov**

(Sample Medical Director Letter)

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Statement of Medical Director

I, (Physician's Name) _____, serve as the Medical Director of Name of Enrolling Clinic _____, located at Street Address of Clinic _____. I am a licensed physician who participates in the Pennsylvania Medicaid Program, and my Provider ID number is: _____ . Attached is a copy of my current Department of State license.

Original Signature of Medical Director