



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Federally Qualified Health Center (FQHC) Provider Enrollment Follow-Up Questions	
Q. How should a FQHC/Rural Health Center (RHC) enroll?	When enrolling a FQHC/RHC and Medical Director, the enrollment Provider Eligibility Program (PEP) will be Fee-For-Service. Individuals enrolling at a FQHC/RHC are enrolled as Enrolled not Paid.
Q. How should a new service location be added?	When adding a new location(s), the enrollment specialist should login under the group and select “new service location”. After the request has been processed, close the old service location. A FQHC/RHC are address specific; therefore, if there needs to be a change or relocation to a new address, a New Enrollment is required. Closing the old address prematurely will cause claims to not be paid.
Q. When a suspension for revisions is received due to the board of directors not matching Medicare, which Medicare enrollment is DHS referring to: Part A or Part B?	ALL individuals or entities having 5% or more direct or indirect ownership or control in the Business must list ownership that matches with CMS’s information according to the Affordable Care Act. The department does not confirm Part A or Part B for ownership. The department focuses on Ownership/Board Members/Managing Employees for enrollment purposes.
Q. How does the Clinical Laboratory Improvement Amendment (CLIA) and DOH permit affect payments?	In order to receive payment for laboratory services, PA MA providers must submit a copy of their current CLIA certificate and lab permit.
Q. Where can I find the federal guidance that requires social security numbers for board members?	The federal guidance that requires social security numbers for board members can be found in the Code of Federal Regulations at 42 CFR (§§ 455.100 through 455.106). A link to this information is: https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-B
Q. When adding a location and filling out a new application, is it possible that the board members can be brought over and reviewed for updates as in PECOS?	No.
Q. Could you please explain what a mobile unit is?	A mobile unit is an extension of a service location. If mobile services are provided out of a FQHC, the provider hotline should be contacted at 1-800-537-8862 and a specialist can add a special indicator for mobile services to the file.
Q. Can the same NPI from one location be used to open another location? If so, can you use the same CLIA and LAB?	The NPI can be used for different service locations as long as the NPI, Taxonomy, and Zip code are not the same. The CLIA and/or Lab Permit must be current and match the service location.
Q. Before starting a PA MA application, does a FQHC/RHC need to obtain a Medicare number?	

Yes. One of the prerequisites for enrolling a FQHC/RHC is that the Facility is enrolled with CMS (Medicare) prior to enrolling with PA Medicaid.
Q. If we have a change in a contract with an MCO, does a new letter need to be submitted to DHS to notify Provider Enrollment of the change?
No. The MCO will notify Provider Enrollment.
Q. What is MCare?
MCare is a special fund within the State Treasury established, among other things, to ensure reasonable compensation for persons injured due to medical negligence. Money in the fund is used to pay claims against participating healthcare providers and eligible entities for losses or damages awarded in medical professional liability actions in excess of basic insurance coverage ("primary coverage") provided by primary professional liability insurance companies ("primary carriers") or self-insurers.
Q. For providers whose primary practice is in PA, do they need to participate with the Availability and Reduction of Error Act (MCare)?
No. Providers whose primary practice is in PA are not required to participate with the Availability and Reduction of Error Act (MCare). Please see response to the previous question for what MCare is.
Q. We have multiple services in one location. If we have dental within the FQHC, should code 086 be used? Should we add each specialty as in 080 for primary care and 086 for dental and we also have chiropractic in this same office.
When a FQHC is enrolled, services included are Medical, Dental and Vision. A FQHC must decide which specialty they want to operate under. The specialty 080 (FQHC) and 086 (Dental Clinic) cannot be listed at the same location.
Q. Would chiropractic fall under 080 primary care?
Yes.
Q. If we have a new medical director, what is the process to update/change that information? Does the medical director have to be registered at all locations as well?
To update or change a Medical Director's information, the Medical Director must be enrolled with PA Medicaid and obtain a 13-digit Medicaid number. A letter verifying the Medical Director is employed at the facility, along with a copy of their license, must be submitted. The Medical Director needs to be enrolled at any location they are providing direct care.
Q. Why does the application ask for the 13-digit PROMISe ID for the medical director if they do not need to be enrolled everywhere? What is the purpose of the medical director questions?
The Medical Director needs to be enrolled at any location where they are providing direct care. To be a clinic, you must have a Medical Director.
Q. We were told last year that our new Medical Director needed to be enrolled at all of our locations. When our medical director changes in the future, must they be enrolled at all locations?
If the medical director provides direct care at each location, they must be enrolled at each location.
Q. If the Medical Director doesn't have to be credentialed at all locations, can the director see patients at all locations?
FFS Provider Enrollment does not credential providers. Credentialing is a function of the MCOs. Department of Human Services' Provider Enrollment staff screen and enroll providers in the PA MA program. The Medical Director needs to be enrolled at all locations where he is providing direct care.
Q. What is the contact information for Provider Enrollment?
Please use the contact information below for correspondence: DHS Provider Enrollment

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

Q. Licensed Professional Counselors (LPCs), Licensed Clinical Social Workers (LCSWs) & Licensed Social Workers (LSWs) do not have to be enrolled with PA MA. However, the CHIP plans are denying claims because the provider is not enrolled. Should they be enrolled?

These providers should be enrolled as CHIP only PEP because CHIP recognizes them as providers who are rendering, ordering, referring or prescribing.

Q. If we only choose to enroll in MA and do not choose CHIP, how do we get paid for CHIP patients?

When enrolling with PA Medicaid Fee-for-Service, you are being ACA screened for participation in both MA & CHIP. However, if you enroll in CHIP ONLY, you will only be allowed to participate with the CHIP MCOs. By enrolling in Medicaid, you are also enrolled with CHIP.

Q. For a Provider whose Medicaid Number has become inactive and is coming into a new facility, would it be preferable to reactivate their number or should a new application be submitted?

If a provider has been inactive for less than two years, the provider should reactivate their number. If a provider has been inactive for greater than two years, the provider will need to submit a new application.

Q. How will you know the providers sign on information? If coming to a new facility.

If the provider is new to your facility, you should start a new application unless your provider is able to provide you with their log-on information.

Q. How do you know when it's time for a provider's revalidation in the portal? Are the revalidations attached to the facility's tax id?

An email is sent to the 'mail to' email address on file for that provider when a revalidation is due. The revalidation notification letters are sent at 90-days and 30-days prior to the revalidation date. The revalidation date can be found by logging into the portal for each provider. The date can be located in the upper right-hand corner of their enrollment summary. Revalidations are not attached to the facility's Tax ID.

Q. If non-paid instead of fee-for-service is selected on an application, must a new application be completed?

A revalidation application can be completed to update the PEP.