Rule No. 560-X-48-.02 Participation

(1) In order to participate in the Title XIX Medicaid Program and to receive Medicaid payment a FQHC must:
   (a) Submit a completed enrollment packet to EDS Provider Enrollment the Fiscal Agent, including a list of all satellite centers and addresses.
   (b) Submit appropriate documentation from the Department of Health and Human Services, Public Health Services, that the FQHC meets one of the requirements as stated in Rule No. 560-X-48-.01(1).
   (c) Submit a budgeted cost report for its initial cost reporting period and thereafter when there is a change in the provider’s scope of practice.
   (d) Federally Funded Health Centers which are Medicare certified must also submit copies of Medicare certification.
   (e) Certify compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and with the Age Discrimination Act of 1975.
   (f) Be in compliance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), for all laboratory testing sites.

(2) Provider agreements are valid for the time of the grant budget period which is determined by the Public Health Services and are renewed upon proof that requirements stated in Rule No. 560-X-48-.01 and all other Medicaid requirements continue to be met.

(3) The effective date of the enrollment of an FQHC will be the first day of the month in which the enrollment application is received by Medicaid’s Fiscal Agent.

(4) FQHC are required to notify Medicaid’s Fiscal Agent in writing within 5 working days of any of the following changes:
   (a) The FQHC loses its status as defined in Rule No. 560-X-48-.01 (1);
   (b) Any changes in dates in the FQHC grant budget period; or
   (c) Opening(s) and/or closing(s) of any satellite center(s).

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