



## FQHC/RHC Roster Template Instructions

The FQHC/RHC Roster Template (Excel) is available within the FQHC/RHC Guidelines and Resources center located on the left side of the Provider Page of the Gateway website. Simply go to [http://www.gatewayhealthplan.com/FQHC\\_RHC\\_Updates](http://www.gatewayhealthplan.com/FQHC_RHC_Updates). Providers may also request the Roster Template from their Provider Relations Representative.

- **All fields on the roster must be completed. Incomplete Rosters will be returned to the original sender**
- **The Roster is location specific:** Each line of the roster is specific to location and must include a location type and only information specific to that location to ensure appropriate processing of the provider.
- **New Adds Tab:** Include only new Practitioners on this tabs (specific to location)
- **Terminations Tab:** Include Practitioners that are leaving a practice or terming from Gateway Health (specific to location)
- **Demographic Changes Tab:** Indicate Providers type of change and effective date (Specific to location)
  - ✓ **Demographic Change:** Office hours, Panel restrictions, address, phone#, fax#, etc.
  - ✓ **Tax ID Change Only:** TIN Change or Payment Remittance Name or Address Change (W-9 must be attached)
  - ✓ **Location/Tax ID Change:** Change of location & TIN Change (W-9 must be attached)
    - Note: Any time a new location is added an Organizational Provider Participation Application must be completed and submitted with the updated Roster. Simply go to [http://www.gatewayhealthplan.com/FQHC\\_RHC\\_Updates](http://www.gatewayhealthplan.com/FQHC_RHC_Updates) to access this document.**
- **Email the completed Roster and any required attachments to [ContractIntake@GatewayHealthPlan.com](mailto:ContractIntake@GatewayHealthPlan.com)**
  - ✓ **Incomplete Rosters will be returned to the original sender**
  - ✓ **This designated mailbox is for Rosters and required attachments only. All other inquiries will be returned to sender.**

### **Email subject line must contain the following naming convention format:**

Federally Qualified Health Center (FQHC): **FQHC\_ Group Name \_ State \_ County \_ Date Submitted**

Rural Health Clinic (RHC): **RHC\_ Group Name \_ State \_ County \_ Date Submitted**

#### **Example naming conventions:**

**Federally Qualified Health Center:** FQHC\_Ark Community Health Services\_Pennsylvania\_Allegheny County\_2-22-17

**Rural Health Clinic:** RHC\_Ark Community Health Services\_Pennsylvania\_Allegheny County\_2-22-17