

REQUIREMENTS FOR PROVIDER TYPE 06 - HOSPICE

Specialty Types

Please indicate the following for your specialty and code:

- Specialty 060 – Hospice

Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-for-Service

Additional Required Documents For Provider Type 06

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment:

- Provider Enrollment Application.
- **You MUST complete the Provider Disclosure/Ownership or Control interest form. This form can be found on the enrollment website or by following this link:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf
- Signed Outpatient Provider Agreement.
- Copy of tax document generated by the Federal IRS that shows both name and tax ID.
- Copy of licensure from the Department of Health.
- For out-of-state providers, proof of home state Medicaid participation.
- Copy of corporation papers issued by the Department of State Corporation Bureau or a copy of your business partnership agreement, if applicable.

Submittal Address

After completion of all enrollment documents, send the complete package to:

DPW
Provider Enrollment Unit
P.O. Box 8045
Harrisburg, PA 17105-8045