

Requirements for Provider Type 05—Home Health Agency

Specialty Types

Please choose from the following for the specialty and code:

- 025 – Personal Emergency Response System
- 026 – Home Infusion Therapy
- 050 – Home Health Agency – **Must be CMS Medicare enrolled at the applying service location address**
- 051 – Private Duty Nursing
- 250 – DME/Medical Supplies
- 361 – Personal Care Agency
- 362 – Attendant Care/Personal Assistance Service
- 370 – Tobacco Cessation
- 410 – Adult Day Care
- 430 – Homemaker Agency
- 512 – Respite Care – Home Based

Provider Eligibility Program (PEP)

The chart below categorizes each PEP by the specialties it may be associated with. Please choose at least one PEP to be associated with the Provider’s specific specialty.

| Fee-for-Service | Healthy Beginnings + | Per/Family Directed Svcs | Consolidated Waiver | ID Base Program | Aging Waiver |
|---|---|--------------------------|---------------------|-----------------|--------------|
| All of the above specialties may select Fee-for-Service, except 051 | 025 026 050 250 361 370 410 | 051 | 051 | 051 | 025 |

Required Documents for Provider Type 05

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):

*Please note that all Home Health Care Agencies must be certified by Medicare **prior** to enrollment with Pennsylvania Medicaid.*

- Completed application for the enrollment of a Facility/Agency – the application must include:
 - Signed Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Document generated by the IRS, showing both the legal name and FEIN of the enrolling Provider – this document must come from the IRS; this Department **does not** accept W-9s
- If the Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- Copy of license issued by the Department of Health (or applicable state licensing agency if Provider is Out-of-State), authorizing Provider to operate as a **Home Health Agency**
 - Please indicate on the face of the license whether the location Provider seeks to enroll is considered a “branch office”
- If the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If the Provider operates under a fictitious name, submit a copy of the D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation papers issued by the Department of State Corporation Bureau or a copy of the business partnership agreement

Home Health Agencies (05) should submit applications online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>

If circumstances do not allow online submission, please send application and all required documents to:

DHS Provider Enrollment
P.O. Box 8045
Harrisburg, Pa 17105-8045
Fax: (717) 265-8284
E-mail: ra-provapp@pa.gov