

Requirements for 01-012/014 -- Medical Rehabilitation Hospitals and Units

*Please note that all Medical Rehabilitation Hospitals must be certified by Medicare **prior** to enrollment with Pennsylvania Medicaid.*

Specialties and Codes

- 012 – Inpatient Medical Rehabilitation Hospital
- 014- Excluded Medical Rehabilitation Unit (*Note that Providers must already have an Acute Care Hospital (01-010) enrolled with PA Medicaid under the same Tax ID to enroll this specialty.*)

Provider Eligibility Programs (PEP)

- Fee-for-Service

Requirements for Both Specialty Codes

The following documents are required by the Bureau of Fee-for-Service Programs for enrollment (please ensure all documents are legible):

- Completed application for the enrollment of a Facility/Agency—application must include:
 - Signed Provider Agreement with original signature of an executive officer; and
 - Completed Ownership or Control Interest Disclosure form
 - If the application is for a new enrollment, submit a copy of the projected cost report (MA 336)
- Copy of certification from a deemed accrediting agency, such as: The Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, or Det Norske Veritas Healthcare, Inc.
- Copy of an acceptable Utilization Review Plan, signed by an executive officer, and written in compliance with federal regulations under 42 CFR 456.100 and state regulations under §1163.473
- Copy of current transfer agreements with a skilled nursing facility, a psychiatric facility, and an acute care hospital
- If Provider is Out-of-State, submit proof of:
 - current home state Medicaid participation; and
 - Home state Medicaid **Rate Letter**
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Documentation from IRS showing both the Provider’s legal name and FEIN—documentation must come from IRS; this Department **does not** accept W-9s
- **Units** must submit a copy of their confirmation of exclusion from the Medicare Prospective Payment System

Requirements for Medical Rehabilitation Hospitals Only

- Copy of license issued by the Department of Health
- If Hospital is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- Copy of Corporation paperwork issued by the Department of State Corporation Bureau
- Clinical Laboratory Improvement Amendments (CLIA) and PA DOH lab permit, if applicable
 - This requirement applies equally to In-State and Out-of-State Providers
- DEA certificate, if applicable

Inpatient Medical Rehabilitation Facilities (01-012/014) should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/> . If circumstances do not allow online submission and the Medicare fee has been paid, send the paper application and all required documents to:

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