

## Requirements for Provider Type 16 - Nurse

### Specialty Code

Please choose from the following for the specialty and code:

- 160 - Registered Nurse
- 161 - Licensed Practical Nurse
- 162 - Psychiatric Nurse
- 163 - Nurse Family Partnership
- 572 – Early Intervention Services

### Provider Eligibility Program (PEP)

The following PEPs are eligible to be associated with the above specialties. The chart below categorizes each Specialty by the specific PEPs able to be associated with it.

- Fee-for-Service (FFS)
- Enrollment Not Paid (ENP)
- ID Base Program (ID Base)
- Consolidated Waiver (CW)
- Person/Family Directed Services (Per/Fam DS)
- Aging Waiver (Aging)
- Community Care (COMMCare)
- OBRA Waiver (OBRA)
- ITF Waiver (WAV11)
- Early Intervention MA (WAV15)
- Early Intervention Maintenance (WAV16)

<b>160 Registered Nurse</b>	<b>161 Licensed Practical Nurse</b>	<b>162 Psychiatric Nurse</b>	<b>163 Nurse Family Partnership</b>	<b>572 Early Intervention Services</b>
FFS ENP ID Base Per/Fam DS CW	FFS ENP CW ID Base Per/Fam DS COMMCare OBRA Aging	FFS ENP	FFS ENP	WAV11 WAV15 WAV16

### Required Documents for an Individual Provider Type 16:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider (please ensure all documents are legible):

- Completed enrollment application for an Individual Provider—application must include:
  - A signed Outpatient Provider Agreement with Provider’s original signature; and
  - A completed Ownership or Control Interest Disclosure form
- If the Provider is not a United States citizen, submit copy of Permanent Resident Card or Form I-797 showing authorization to work in the United States
- Copy of license issued by Department of State
- Letter of certification for Nurse Family Partnership providers (Specialty 163 only)
- If the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

## **Required Documents for a Provider Type 16 Group:**

- Completed enrollment application for a Group Provider—application must include:
  - Signed Outpatient Provider Agreement with original signature of an authorized representative;
  - Completed Ownership or Control Interest Disclosure form; and
  - Group Member form with the original signature and Provider ID number of at least one Provider
- Documentation generated by the IRS showing both the Group’s legal name and FEIN – documentation must come from the IRS; this Department **does not** accept W-9s
- If Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If this application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If Group is operating under a fictitious name, submit a copy of DBA filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement

*Nurses (16) are encouraged to apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission, send application and documents to:*

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