

Requirements for Provider Type 06 - Hospice

Specialty Types

- Specialty 060 – Hospice

Provider Eligibility Program (PEP)

- Fee-for-Service

Required Documents for Provider Type 06

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

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

- Completed application for enrollment of a Facility/Agency – application must include:
 - Signed Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS, showing both the legal name and FEIN of Provider – 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
- Copy of license from the Department of Health (or applicable state licensing agency if Provider is Out-of-State), authorizing Provider to operate a Hospice
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If Provider operates under a fictitious name, submit a copy of the D/B/A filing with the 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

Hospice (06-060) provider types should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us/>. If circumstances do not allow online submission and Medicare fee has been paid, send application and required documents to:

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