

## **Requirements for Provider Type 32 - Certified Registered Nurse Anesthetist**

### **Specialty Code**

- 320 - Certified Registered Nurse Anesthetist

### **Provider Eligibility Program (PEP)**

- Fee-For-Service
- Enrollment Not Paid

### **Required Documents for an Individual Provider Type 32:**

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 application for the enrollment of an Individual Practitioner – application must include:
  - Signed Provider Agreement with the Provider's original signature; and
  - Completed Ownership or Control Interest Disclosure form
- Copy of Certification from the Council on Certification of Nurse Anesthetists
- Copy of license issued by the Department of State
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

### **Required Documents for a Provider Type 32 Group:**

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

CRNAs (32) are encouraged to 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 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)**

