

Requirements for Provider Type 07 – Capitation

Specialty Code and Provider Eligibility Program (PEP)

- 072 – Managed Care Organization, Behavioral Health

Please note: Each Specialty must be associated with at least one PEP

Required Documents for Provider Type 07

The following documents are required by the Office of Mental Health and Substance Abuse Services (OMHSAS) for enrollment (please ensure all documents are legible):

- Completed Capitation Enrollment/Revalidation Application for the enrollment of a Facility/Agency Provider – Application must include:
 - Signed copy of 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 Provider’s legal name and FEIN – documentation must come from the IRS; the Department does not accept W-9s

Capitation Enrollment/Revalidation Application Submission:

Capitation Providers (07) must submit paper applications by sending the application packet by mail to:

**DHS | OMHSAS
Business Partner Support Unit Enrollment
Commonwealth Tower, 12th Floor
303 Walnut Street
Harrisburg, Pennsylvania 17101**

OR via secure email to: RA-PWServices@pa.gov. Please indicate ‘Capitation’ in the subject line.