

Requirements for Provider Type 33 - Certified Nurse Midwife

Specialty Code

- 335 - Certified Nurse Midwife

Provider Eligibility Program (PEP)

- Fee-for-Service
- Enrollment Not Paid
- Healthy Beginnings +

Required Documents for an Individual Provider Type 33:

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 enrollment of an Individual Practitioner – application must include:
 - Signed Provider Agreement with Provider's original signature; and
 - Completed Ownership or Control Interest Disclosure form
- Collaborative Practice Agreement, if applicable
- Copy of license issued by the Department of State
- If the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- Copy of Mammography Certificate, if applicable

Required Documents for a Provider Type 33 Group:

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

Certified Nurse Midwives 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