

Requirements for Provider Type 08-081 RHC

*Please note that all RHCs must be enrolled with CMS **prior** to enrollment with Pennsylvania Medicaid.*

Specialty Code

Please choose from the following for specialty and code;

- 081 – Rural Health Clinic (must be selected as the primary specialty)
- 558 – BSC-ASD
- 804 – RHC – Therapeutic Staff Support
- 805 – RHC – Mobile Therapy
- 806 – RHC – Behavioral Specialist Consultant
- 807 – RHC – Summer Therapeutic Activity Program (STAP)

Provider Eligibility Program (PEP)

Please choose the appropriate PEP(s) from the following:

- Fee-For-Service
- Healthy Beginnings + (can be selected by 08-081 RHC only)

Required Documents for RHC:

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

- Completed application for enrollment of a Facility/Agency—application must include:
 - Signed Provider Agreement with original signature of an authorized representative
 - Completed Ownership or Control Interest Disclosure form
- Documentation from HRSA or CMS designating the RHC as being in a rural/ shortage area (supplementary documentation evidencing specific service location address is acceptable, such as a print-out of HRSA summary)
- Statement signed by the Medical Director, indicating its affiliation with the RHC
 - Medical Director must be a licensed physician participating with the PA Medicaid Program (see sample on page 2)
 - DOS license of Medical Director must accompany statement
- Documentation generated by IRS showing both the RHC's legal name and the FEIN—documentation must come from the IRS; this Department **does not** accept W-9s
- If RHC is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- For rate-setting facilitation, submit a copy of current Medicare Rate Letter
- Copy of Fee Schedule charged to private patients and all third party payers
- If Provider is Out-of-State, submit proof of current home state Medicaid participation
- If RHC operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation papers issued by Department of State Corporation Bureau or a copy of the business partnership agreement
- **For Specialties 558 and 804- 806**, a copy of the approved service description (submitted to and approved by the Office of Mental Health and Substance Abuse Children's Bureau of Children's Behavioral Health Services) must accompany the application. For additional information specific to service description approvals, contact the Bureau of Children's Behavioral Health Services via e-mail at RA-BHRS@pa.gov or by calling (717) 705-8289.

RHCs (08-081) should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us>. If circumstances do not allow online submission and the Medicare fee has been paid, send the application and documents to:

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

(Sample Medical Director Letter)

__/__/____

Statement of Medical Director

I, (Physician's Name), serve as the Medical Director of Name of Enrolling Clinic, located at Street Address of Clinic. I am a licensed physician who participates in the Pennsylvania Medicaid Program, and my Provider ID number is: _____. Attached is a copy of my current Department of State license.

Original Signature of Medical Director