

## **Requirements for Provider Type 01-183 Hospital-Based Medical Clinics**

*Please note that all Hospital-Based Medical Clinic Providers must meet two preliminary requirements **prior** to submitting an application for enrollment with Pennsylvania Medicaid. These Providers must: 1) have either an Acute Care Inpatient Facility (01-010) or a Medical Rehabilitation Hospital (01-012) enrolled with PA Medicaid that is also 2) certified by Medicare.*

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

- Fee-for-Service
- Healthy Beginnings +

### **Required Documents for Provider Type 01-183**

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

- Completed application for the enrollment of an Hospital-Based Medical Clinic (Outpatient Services) – application must include a completed Ownership or Control Interest Disclosure form
- Copy of Hospital license issued by the Department of Health (DOH)
- Copy of certification from an accrediting agency, such as: The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Osteopathic Association (AOA), or Det Norske Veritas Healthcare, Inc., if applicable
- Utilization Review Plan approved by Medicare or, for a Provider not participating in Medicare, a Utilization Review Plan approved by the Office of Medical Assistance Programs
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- Documentation generated by the IRS showing both the Hospital's legal name and FEIN—documentation must come from the IRS; this department **does not** accept W-9s
- If Hospital is tax-exempt, submit copy of IRS 501 (c)(3) letter confirming this status
- Copy of Corporation paperwork issued by the Department of State (DOS) Corporation Bureau
- If Hospital/Outpatient Clinic operates under a fictitious name, submit copy of D/B/A filing as issued by the DOS Corporation Bureau

*Hospital-Based Medical Clinics (01-183) are unable to submit applications online via our Electronic Provider Portal. All applications must be completed on paper and sent, with all required 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)**