

Requirements for Provider Type 01-021-- Short Procedure Unit

*Please note that all Short Procedure Unit Providers must meet two preliminary requirements **prior** to submitting an application for enrollment with Pennsylvania Medicaid. These Providers must: 1) have an Acute Care Inpatient Facility (01-010) enrolled with PA Medicaid under the same Tax ID that is also 2) certified by CMS.*

Provider Eligibility Program (PEP)

- Fee-for-Service

Required Documents for Provider Type 01-021

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 a Facility/Agency—application must include:
 - Signed copy of the Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Copy of Hospital license, issued by the Department of Health, that SPU is associated with
 - If the hospital license does not list the number of beds authorized, submit additional documentation confirming the number of beds in the facility
- Utilization Review Plan approved by Medicare, or, for a hospital not participating in Medicare, a Utilization Review Plan approved by the Office of Medical Assistance Programs
- 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
- 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 IRS 501(c)(3) letter confirming this status
- Copy of Corporation paperwork issued by the Department of State (DOS) Corporation Bureau
- If Hospital/SPU operates under a fictitious name, submit copy of D/B/A filing with DOS Corporation Bureau

Short Procedure Units (01-021) should submit applications online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not permit online submission and the Medicare fee has been paid, send application and all documents to:

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