

Requirements for Provider Type 07 – Capitation

Specialty Code

Please choose from the following for specialty and code:

- 070 – LTC CAP
- 071 – Managed Care Organization, Physical Health
- 072 – Managed Care Organization, Behavioral Health

Provider Eligibility Program (PEP)

The following chart categorizes each PEP by the specialties which can be assigned to it. Each Specialty must be associated with at least one PEP.

Physical Health Managed Care	Long Term Care Cap	Autism Capitation Assistance Program	Behavioral Health Managed Care
071	070	070	072

Required Documents for Provider Type 07

The following documents 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 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; this Department does not accept W-9s
- Certificate of Authority issued by the Department of Health and Insurance Department

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

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