

# **Requirements for Provider Type 09 - Certified Registered Nurse Practitioner (CRNP)**

## **Specialty Code**

Please choose from the following for specialty and code:

- 090 - Pediatric
- 091 - Obstetrics/Gynecology
- 092 - Family Health
- 093 – Nurse Practitioner (Primary Care)
- 095 – Adult Health
- 098 – Gerontology
- 099 – Emergency
- 103 – Family and Adult Psych Mental Health
- 370 – Tobacco Cessation
- 548 – Therapeutic Staff Support
- 549 – Mobile Therapy
- 558 – Behavior Specialist for Children with Autism
- 559 – Behavioral Specialist Consultant

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

Please choose the appropriate PEP from the following:

- Fee-for-Service
- Enrollment Not Paid ( if part of a 31 Physician Group, FQHC, or RHC)

## **Required Documents for an Individual Provider Type 09**

Note that CRNPs employed by or under contract with a physician, physician group, or provider type other than a CRNP group most enroll with the Enrollment Not Paid PEP, unless one of the conditions listed under [Bulletin 09-05-16](#) are met. Please refer to [Bulletin 09-05-16](#) “Clarification of Enrollment Policy for CRNP’s” for conditions of enrollment, found at:

<http://www.dhs.pa.gov/provider/BulletinSearch/index.htm>

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

- Completed application for enrollment of an Individual Provider—application must include:
  - A signed Outpatient Provider Agreement with Provider’s original signature; and
  - A completed Ownership or Control Interest Disclosure form
- Copy of your DEA certificate, if applicable
- If the Provider is not a citizen of the United States, submit copy of Permanent Resident Card or Form I-797 showing proof of authorization to work in the United States
- Copy of current license issued by Department of State
- Copy of Prescriptive Authority license issued by the State Board of Nursing, or copy of the application for Prescriptive Authority—the Department of State website provides more information:  
<http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Documents>
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- Copy of the collaborative practice agreement that exists between the CRNP and their employer—the Department of State website provides more information:  
<http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Documents>
- If enrolling as an 09/103, provide documentation that you have a clinical specialty/certification of either Family Psychiatric and Mental Health Nurse Practitioner or Adult Psychiatric and Mental Health Nurse Practitioner
- Certificate of Completion for Application of Topical Fluoride Varnish, if applicable

**Requirements for a Provider Type 09 Group:**

- Completed application for enrollment of a Group Provider—application must include:
  - A signed Outpatient Provider Agreement with original signature of an authorized representative;
  - A completed Ownership or Control Interest Disclosure form; and
  - Group Member form with the original signature and Provider ID number of at least one Provider
- Documentation generated by the IRS showing both the Group’s legal name and FEIN – 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 the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If the Group is operating under a fictitious name, submit a copy of the DBA filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or a copy of the business partnership agreement

*Certified Registered Nurse Practitioners (09) are encouraged to apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission, 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](mailto:ra-provapp@pa.gov)**