

Requirements For Provider Type 09 - Certified Registered Nurse Practitioner (CRNP)

Specialty Code

Please choose from the following for specialty and code:

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

Provider Eligibility Program (PEPs)

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

- Fee-for-Service
- Enrolled Not Paid (if part of a 31 Physician Group, 08 Clinic; FQHC, RHC or Mental Health)

Additional Required Documents For Provider Type 09

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment:

- CRNPs employed by a physician, physician group or provider type other than a CRNP group are ineligible to enroll as a provider, unless one of the following 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.
- For enrollment 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.
- For enrollment as a 09/558, submit a Service Description denoting approval by the Bureau of Children's Behavioral Health Services, Office of Mental Health & Substance Abuse Services (OMHSAS). Contact the Bureau at RA-BHRS@pa.gov or 717-705-8289 for additional information or requirements.
- Completed Provider Enrollment Application with copy of signed Outpatient Provider Agreement
- Copy of your DEA certificate if applicable.
- Copy of Social Security card **OR** W-2. Note: W-9 is **not** acceptable.
- If the Social Security Card states "Valid for work only with INS authorization", please submit the paperwork generated by the INS or Department of Homeland Security showing proof of authorization to work in the United States.
- Copy of the current license/renewal
- Include a legible copy of the **NPPES Confirmation letter** showing the NPI Number and Taxonomy(s) assigned to the individual applying for enrollment.
- Copy of your prescriptive authority license issued by the State Board of Nursing.
- Copy of the DEA Certificate.
- For out-of-state providers, proof of home state Medicaid participation and collaborative agreement.
- Copy of the collaborative practice agreement that exists between the CRNP and their employer.
- Copy of your Application For CRNP Prescriptive Authority, if applicable.
 - **For detailed information regarding what is accepted as a collaborative agreement please see the second page of requirements.**

Submit the application and supporting documents to:

DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045

- or -

Fax: (717) 265-8284

- or -

- Email: RA-ProvApp@pa.gov

Collaborative Practice Agreement V.S. Application For CRNP Prescriptive Authority Defined

The definitions below are designed to clarify certain questions regarding the required forms: Collaborative Practice Agreement and Application For CRNP Prescriptive Authority.

DEFINITIONS

Collaborative Practice Agreement - the written and signed agreement between the CRNP and a collaborating physician in which they agree to the details of their collaboration including the elements in the definition of collaboration.

The **collaborative practice agreement** must include the following (as listed in Title 49 PA. Code, Chapter 21. State Board of Nursing, Subchapter C. CERTIFIED REGISTERED NURSE PRACTITIONERS. §21.251. Definitions)

- I. Immediate availability of a licensed physician to a CRNP through direct communications or by radio, telephone or telecommunications.
- II. A predetermined plan for emergency services.
- III. A physician available to a CRNP on a regularly scheduled basis for referrals, review of the standards of medical practice incorporating consultation and chart review, drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics and cosigning records when necessary to document accountability by both parties.

In addition the enrollment unit requires the following:

- I. The address where the services will be performed by the CRNP.
- II. The length of the term of the agreement between the CRNP and collaborating physician.
- III. If and how much the CRNP is insured for (liability insurance).

Application For CRNP Prescriptive Authority - the written and signed agreement between the CRNP with prescriptive authority and a collaborating physician in which they agree to the details of their collaboration.

A copy of this application will be accepted as the collaborative agreement for a CRNP who has **prescriptive authority**.

This form can be found on the Department of Nursing website:

<http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Documents/Applications%20and%20Forms/CRNP%20application%20for%20prescriptive%20authority.pdf>