**Requirements for Provider Type 16 - Nurse**

**Specialty Code**
Please choose from the following for the specialty and code:
- 160 - Registered Nurse
- 161 - Licensed Practical Nurse
- 162 - Psychiatric Nurse
- 163 - Nurse Family Partnership
- 572 – Early Intervention Services

**Provider Eligibility Program (PEP)**
The following PEPs are eligible to be associated with the above specialties. The chart below categorizes each Specialty by the specific PEPs able to be associated with it.
- Fee-for-Service (FFS)
- Enrollment Not Paid (ENP)
- ID Base Program (ID Base)
- Consolidated Waiver (CW)
- Person/Family Directed Services (Per/Fam DS)
- Aging Waiver (Aging)
- Community Care (COMMCare)
- OBRA Waiver (OBRA)
- ITF Waiver (WAV11)
- Early Intervention MA (WAV15)
- Early Intervention Maintenance (WAV16)

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<tr>
<th>160 Registered Nurse</th>
<th>161 Licensed Practical Nurse</th>
<th>162 Psychiatric Nurse</th>
<th>163 Nurse Family Partnership</th>
<th>572 Early Intervention Services</th>
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**Required Documents for an Individual Provider Type 16:**
The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider (please ensure all documents are legible):

- Completed enrollment application for 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
- If the Provider is not a United States citizen, submit copy of Permanent Resident Card or Form I-797 showing authorization to work in the United States
- Copy of license issued by Department of State
- Letter of certification for Nurse Family Partnership providers (Specialty 163 only)
- If the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

02/17/2017
Required Documents for a Provider Type 16 Group:

- Completed enrollment application for a Group Provider—application must include:
  - Signed Outpatient Provider Agreement with original signature of an authorized representative;
  - 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 Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If this application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If Group is operating under a fictitious name, submit a copy of DBA filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement

Nurses (16) are encouraged to apply online via our Electronic Provider Portal at [https://provider.enrollment.dpw.state.pa.us](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