Requirements for Provider Type 23 - Nutritionist

Specialty Code
Please choose from the following for the specialty and code:
- 230 - Nutritionist

Provider Eligibility Program (PEP)
Please choose one or more the following PEPs:
- Fee-For-Service
- Enrollment Not Paid
- Aging Waiver
- Adult Autism Waiver

Required Documents for an Individual Provider Type 23
The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider (please ensure documents are legible):

- Completed application for the enrollment of an Individual Practitioner—application must include:
  o Signed Outpatient Provider Agreement with original signature of enrolling Provider; and
  o Completed Ownership or Control Interest Disclosure form

- If the Provider is not a citizen of the United States, submit copy of Permanent Resident Card or Form I-797 showing authorization to work in the United States

- Copy of license from the Department of State

- Copy of Dietetic card

- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation

Required Documents for a Provider Type 23 Group

- Completed application for the enrollment of a Group Provider—application must include:
  o Signed Provider Agreement with the original signature of an authorized representative;
  o Completed Ownership or Control Interest Disclosure form; and
  o Group Member form containing 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 Group 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 operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau

- Copy of Corporation paperwork issued by Department of State Corporation Bureau or copy of business partnership agreement

- For providers applying to provide services under the Adult Autism Waiver, include a copy of the completed SPeCTRUM training certificate.

Nutritionists (23) are encouraged to submit applications online via our Electronic Provider Portal at https://provider.enrollment.dpw.state.pa.us . If circumstances do not allow for 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

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