

Requirements For Provider Type 40 – Medically Fragile Foster Care

Specialty Code

Please indicate for the specialty and code:

- 400 – Medically Fragile Foster Care

Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-for-Service

Additional Required Documents For Provider Type 40

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

- Provider Enrollment Application
- **You MUST complete the Provider Disclosure/Ownership or Control interest form. This form can be found on the enrollment website or by following this link:**
http://www.dpw.state.pa.us/cs/groups/webcontent/documents/form/p_011861.pdf
- Signed Outpatient Provider Agreement
- Copy of Tax Documentation generated by the Federal IRS showing both the name of the group and the tax id number.
- Copy of Corporation papers.
- Current License from the Office of Children and Youth
- Include a legible copy of the **NPPES Confirmation letter** that shows the NPI Number and Taxonomy(s) assigned to the entity applying for enrollment.
- Proof of home state Medicaid participation (out of state providers only).

Submittal Address

After completion of all enrollment documents, send the complete package to:

DPW
Provider Enrollment Unit
P.O. Box 8045
Harrisburg, PA 17105-8045