

Additional Requirements for CHIP-Only Enrollment Provider Type 11 (Mental Health/Substance Abuse Services)

[Click here for a list of provider types and specialties for CHIP providers/CHIP Provider Crosswalk.](#)

Requirements for a Provider Type 11 Individual Provider Enrollment:

- Completed application for the enrollment of a CHIP Provider— application **must** include:
 - Signed CHIP Provider Agreement with original signature of an executive officer
 - Completed Ownership or Control Interest Disclosure form
- Copy of current license issued by the Department of State
- Copy of PA DHS Certificate of Compliance, if applicable

Requirements for a Provider Type 11 Group Provider Enrollment:

- Completed application for the enrollment of a Group Provider— application **must** include:
 - Signed CHIP Provider Agreement with original signature of an authorized representative
 - Completed Ownership or Control Interest Disclosure form
 - Group Member form with 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
- Copies of Corporation papers issued by the Department of State (DOS) Corporation Bureau
- If the Group operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau

Requirements for a Provider Type 11 Facility Provider Enrollment:

- Completed application for the enrollment of a Facility Provider— application **must** include:
 - Signed CHIP Provider Agreement with original signature of an authorized representative
 - Completed Ownership or Control Interest Disclosure form
- 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
- Copies of Corporation papers issued by the Department of State (DOS) Corporation Bureau
- If the Facility operates under a fictitious name, submit copy of D/B/A filing with the DOS Corporation Bureau
- Current copy of any applicable state-issued license or permit
- Current copy of any other applicable certification, license, or permit

(Please ensure all documents are legible.)

Mental health/Substance Abuse Services Providers (11) 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

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