

Requirements for Provider Type 37 – Tobacco Cessation

Specialty Code

- 370 – Tobacco Cessation (See MA Bulletins [99-02-02](#) and [99-18-10](#))
 - This code will be required in the body of the application; it will be the only available option
 - The MA Bulletin 99-18-10 is the most recent and contains up-to-date information

Provider Eligibility Program (PEP)

- Fee-for-Service
 - This will be an option in a drop-down in the Online Application

Required Documents for Provider Type 37

The following documents and supporting information are required by the Bureau of Fee-for-Service programs for enrollment (please ensure all documents are legible):

- Completed application for the enrollment of a Facility/Agency or Individual – Application must include:
 - Signed Outpatient Provider Agreement with original signature of an authorized representative
 - This is the online application you've completed. Nothing else needs to be done [here](#)
 - Completed Ownership or Control Interest Disclosure form
 - This does not apply to an individual's application
- License issued by the Department of Health
 - This is the [Every Smoker, Every Time Email Notification](#) you received
- Documentation generated by the IRS showing both the Provider's legal name and FEIN - this Department does not accept W-9s
 - This requirement does not apply to an individual's application
- If Provider is tax-exempt, submit IRS 501(c)(3) letter confirming this status
 - This requirement does not apply to an individual's application
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
 - This requirement does not apply to an individual's application
- Copy of Corporation papers issued by Department of State Corporation Bureau or business partnership agreement
 - This requirement does not apply to an individual's application

If you have not applied online and require a paper application, please use the Enrollment Application/Provider Agreement:

http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_259995.pdf

DHS Provider Enrollment

P.O. Box 8045
Harrisburg, PA 17105-8045

Phone: 1-800-537-8862 Opt.3 Opt. 1 Opt. 1 Opt. 4

Fax: (717) 265-8284

E-mail: ra-provapp@pa.gov