



Ancillary/Facility Credentialing Checklist

To apply for network participation, complete the **Provider Onboarding Form** and submit all required credentialing documentation for your provider type and each location. Incomplete submissions will result in denial.

Required documentation:

- Copy of license
- National Provider Identifier confirmation
- 147C letter
- Signed and dated W-9 form
- Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)

PROVIDER TYPE	CREDENTIALING/CONTRACTING CRITERIA
Behavioral Health, Mental Health Facilities (Intensive Outpatient, Partial Hospitalization Program, Residential Treatment, Substance Use and Inpatient Psych)	<ul style="list-style-type: none"> • Current accreditation in JC/AOA or Centers for Medicare & Medicaid Services letter • Copy of supervising physician or Medical Director's license and Board certification
Birthing Centers	<ul style="list-style-type: none"> • JC/AAAH/CABC accreditation or Department of Human Services survey within three years with all deficiencies corrected • Copy of supervising physician or Medical Director's license and Board certification
Coordinated Home Care	<ul style="list-style-type: none"> • Current accreditation from JC/ACHC/CHAP or CMS letter
Durable Medical Equipment	<ul style="list-style-type: none"> • Current accreditation in JC/ACHC/CHAP/CARF/BOC/ABC/HQAA/Comp Team or CMS letter
Freestanding Dialysis	<ul style="list-style-type: none"> • Current CMS certification or Department of Social and Human Services survey within three years with all deficiencies corrected
Freestanding Surgery Centers	<ul style="list-style-type: none"> • Current accreditation with JC/AAAH/AAASF/DNV or CMS letter
Home Infusion Therapy	<ul style="list-style-type: none"> • DEA certification • Current accreditation in JC/ACHC/CHAP or CMS letter
Hospice	<ul style="list-style-type: none"> • Current accreditation with JC/ACHC/CHAP or CMS certification or DSHS survey within three years with all deficiencies corrected
Independent Lab	<ul style="list-style-type: none"> • Current accreditation in CLIA/JC/COLA or CMS certification • Independent Lab Supplemental Form

PROVIDER TYPE	CREDENTIALING/CONTRACTING CRITERIA
Orthotics and Prosthetics	<ul style="list-style-type: none"> • Current accreditation in JC/ACHC/CHAP/HQAA/CARF/BOC/ABC/NBAOS or CMS letter • Copy of supervising physician or Medical Director's license and Board certification
Skilled Nursing Facilities	<ul style="list-style-type: none"> • Current JC accreditation or CMS letter

Accrediting Bodies

AAAHHC – Accreditation Association for Ambulatory Healthcare

AAASF – American Association for Ambulatory Surgery Facilities, Inc.

ABC – American Board for Certification in Orthotics & Prosthetics, Inc.

ACHC – Accreditation for Healthcare, Inc.

AOA – American Osteopathic Association

BOC – Board of Orthotists/Prosthetist Certification

CABC – The Commission for the Accreditation of Birth Centers

CARF – The Commission on Accreditation of Rehabilitation Facilities

CHAP – Community Health Accreditation Program

CLIA – Clinical Laboratory Improvement Amendments

Comp Team – The Compliance Team

DNV Healthcare, Inc.

HFAP – Healthcare Facilities Accreditation Program

HQAA – Healthcare Quality Association of America

JC – The Joint Commission

NABP – National Association of Boards of Pharmacy

NBAOS – National Board of Accreditation for Orthotic Suppliers