



# Ancillary Credentialing Checklist

To apply for network participation, you must submit the **Ancillary Credentialing Application** along with all required supporting documentation for your provider type as noted in the Credentialing Criteria column below. Failure to submit all required information will result in application denial.

PROVIDER TYPE	CREDENTIALING CRITERIA
Behavioral Health, Mental Health Facilities (Intensive Outpatient, Partial Hospitalization Program, Residential Treatment, Substance Use and Rehabilitation)	<ul style="list-style-type: none"><li>• Copy of license</li><li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li><li>• Current accreditation in JC/AOA or Centers for Medicare &amp; Medicaid Services letter</li><li>• Copy of supervising physician or Medical Director's license and Board certification</li><li>• National Provider Identifier confirmation</li><li>• Signed and dated W-9</li></ul>
Birthing Centers	<ul style="list-style-type: none"><li>• Copy of license</li><li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li><li>• JC/AAAH/CABC accreditation or Department of Human Services survey within 3 years with all deficiencies corrected</li><li>• Copy of supervising physician or Medical Director's license and Board certification</li><li>• NPI confirmation</li><li>• Signed and dated W-9</li></ul>
Coordinated Home Care	<ul style="list-style-type: none"><li>• Copy of license</li><li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li><li>• Current accreditation from JC/ACHC/CHAP or CMS letter</li><li>• NPI confirmation</li><li>• Signed and dated W-9</li></ul>
Durable Medical Equipment	<ul style="list-style-type: none"><li>• Copy of license</li><li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li><li>• Current accreditation in JC/ACHC/CHAP/CARF/BOC/ABC/ASHA or CMS letter</li><li>• NPI confirmation</li><li>• Signed and dated W-9</li></ul>
Freestanding Dialysis	<ul style="list-style-type: none"><li>• Copy of license</li><li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li><li>• Current CMS certification or Department of Social and Human Services survey within 3 years with all deficiencies corrected</li><li>• NPI confirmation</li><li>• Signed and dated W-9</li></ul>
Freestanding Surgery Centers	<ul style="list-style-type: none"><li>• Copy of license</li><li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li><li>• Current accreditation with JC/AAAH/AAASF/DNV or CMS letter</li><li>• NPI confirmation</li><li>• Signed and dated W-9</li></ul>

PROVIDER TYPE	CREDENTIALING CRITERIA
Home Infusion Therapy	<ul style="list-style-type: none"> <li>• Copy of license</li> <li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li> <li>• Current accreditation in JC/ACHC/CHAP or CMS letter</li> <li>• NPI confirmation</li> <li>• Signed and dated W-9</li> </ul>
Hospice	<ul style="list-style-type: none"> <li>• Copy of license</li> <li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li> <li>• Current accreditation with JC/ACHC/CHAP or CMS certification or DSHS survey within 3 years with all deficiencies corrected</li> <li>• NPI confirmation</li> <li>• Signed and dated W-9</li> </ul>
Orthotics and Prosthetics	<ul style="list-style-type: none"> <li>• Copy of license</li> <li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li> <li>• Current accreditation in JC/ACHC/CHAP/HQAA/CARF/BOC/ABC/ASHA or CMS letter</li> <li>• Copy of supervising physician or Medical Director's license and Board certification</li> <li>• NPI confirmation</li> <li>• Signed and dated W-9</li> </ul>
Skilled Nursing Facilities	<ul style="list-style-type: none"> <li>• Copy of license</li> <li>• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)</li> <li>• Current JC accreditation or CMS letter</li> <li>• NPI confirmation</li> <li>• Signed and dated W-9</li> </ul>

### Accrediting Bodies

AAAH - 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

ASHA - American Speech Language Hearing 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

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