



Ancillary/Facility Specialty 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 may result in denial.

Required documentation:

- Copy of license
- National Provider Identifier confirmation
- 147C letter
- Signed and dated W-9 form

| PROVIDER TYPE | REQUIRED DOCUMENT CRITERIA |
|--------------------------------------|---|
| Air Ambulance | <ul style="list-style-type: none"> • License • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Aircraft Insurance (\$50,000,000 per occurrence) • Accreditation from CAMTS/NAAMTA/EURAMI, certification from CMS/DSHS/Equipment certification, or State or Federal Agency site survey within three years • Certificates (i.e. Federal Aviation Administration Air Taxi and commercial Operator Certification) or permits • W9 must be signed and dated within one year • 147C IRS Letter |
| Ambulatory Surgery Centers | <ul style="list-style-type: none"> • Copy of license • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/AAAH/AAAASF/AOA/HFAP/DNV <ul style="list-style-type: none"> – DSHS/DADS/CMS Onsite Survey • CMS certification letter/official document containing Medicare facility ID number • NPI confirmation • 147C IRS Letter |
| Birthing Center | <ul style="list-style-type: none"> • Copy of license • Insurance (\$200,000 per occurrence/\$600,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/AAAH/CABC <ul style="list-style-type: none"> – DSHS/DADS/CMS Onsite Survey • CMS Accepted Plan of Correction |
| Brain Injury (Post Acute) Facilities | <ul style="list-style-type: none"> • Copy of license (DADS, DSHS) • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/CARF/DNVHC/NIAHO® • W9 must be signed and dated within one year • 147C IRS Letter • NPI confirmation |

| PROVIDER TYPE | REQUIRED DOCUMENT CRITERIA |
|------------------------------|--|
| Cardiac Catheter Lab | <ul style="list-style-type: none"> • Copy of license • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/AAAH/AAHC/AAO/AAHFAP/AADNV • NPI confirmation • CMS certification letter/official document containing Medicare facility ID number • Transfer Program • 147C IRS Letter |
| Diabetes Management | <ul style="list-style-type: none"> • Insurance (\$200,000 per occurrence/\$600,000 in aggregate) must show coverage dates and location address • Current accreditation with AADE/ADA • NPI confirmation • CMS certification letter/official document containing Medicare facility ID number • 147C IRS Letter |
| Disease Management Only | <ul style="list-style-type: none"> • Provider Questionnaire |
| Durable Medical Equipment | <ul style="list-style-type: none"> • Copy of license • Insurance (\$100,000 per occurrence/\$300,000 in aggregate) must show coverage dates and location address • Current accreditation in ABC/ACHC/BOC/CARIF/CHAP/CT/HQAA/JC/NABP <ul style="list-style-type: none"> – Centers for Medicare and Medicaid Services Onsite Survey if there is no accreditation certificate • NPI confirmation • W9 must be signed and dated within one year • 147C IRS Letter |
| Endoscopy Center | <ul style="list-style-type: none"> • Copy of license • Insurance (\$200,000 per occurrence/\$600,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/AAAH/AAHC/AAO/AAHFAP/AADNV <ul style="list-style-type: none"> – DSHS/DADS/CMS Onsite Survey • CMS certification letter/official document containing Medicare facility ID number • NPI confirmation • W9 must be signed and dated within one year • 147C IRS Letter |
| Free Standing Emergency Room | <ul style="list-style-type: none"> • Copy of DSHS license • Must meet the Emergency Medical Treatment and Labor Act Requirements • Patient Transfer Policy • Emergency Equipment • Hours of Operation: must be open 24/7, seven days a week • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/AAAH/AAHC/AAO/AAHFAP/AADNV • Clinical Laboratory Improvement Act certificate • Equipment Registration from the Department of State Health Services • NPI confirmation • Supervising physician (State License, Board Certification) • 147C IRS Letter |

| PROVIDER TYPE | REQUIRED DOCUMENT CRITERIA |
|-----------------------|--|
| Free Standing Imaging | <ul style="list-style-type: none"> • Copy of license • Insurance (\$500,000 per occurrence/\$1,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/ACHC/CHAP/ARC/IACFDA or CMS certification or DSHS survey within three years with all deficiencies corrected. <ul style="list-style-type: none"> – CMS Onsite Survey if there is no accreditation certificate • NPI confirmation • W9 must be signed and dated within one year • 147C IRS Letter |
| Ground Ambulance | <ul style="list-style-type: none"> • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Aircraft Insurance (\$50,000,000 per occurrence) • Workers Compensation Insurance (\$1,000,000 per accident, \$100,000 disease per employee and \$500,000 disease policy limit) • EMT licenses • NPI confirmation • W9 must be signed and dated within one year • 147C IRS Letter |
| Hearing Aid Supplier | <ul style="list-style-type: none"> • Copy of license • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • NPI confirmation • W9 must be signed and dated within one year • 147C IRS Letter |
| Home Dialysis | <ul style="list-style-type: none"> • Copy of license • Insurance (\$500,000 per occurrence/\$1,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/ACHC/CHAP/DADS • CMS certification letter/official document containing Medicare facility ID number <ul style="list-style-type: none"> – CMS Onsite Survey if there is no accreditation certificate • W9 must be signed and dated within one year • 147C IRS Letter • NPI confirmation |
| Home Health | <ul style="list-style-type: none"> • Copy of license • Insurance (\$500,000 per occurrence/\$1,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/ACHC/CHAP/DADS <ul style="list-style-type: none"> – CMS Onsite Survey if there is no accreditation certificate • W9 must be signed and dated within one year • 147C IRS Letter • NPI confirmation |
| Home Infusion Therapy | <ul style="list-style-type: none"> • Copy of license (DADS, DEA, Texas Class A or C Pharmacy License, AS or CS Pharm License) • Insurance (\$500,000 per occurrence/\$1,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/CHAP/ACHC • W9 must be signed and dated within one year • 147C IRS Letter • NPI confirmation |

| PROVIDER TYPE | REQUIRED DOCUMENT CRITERIA |
|---|--|
| Hospice | <ul style="list-style-type: none"> • Copy of license (DSHS) • Insurance (\$500,000 per occurrence/\$1,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/CHAP/ACHC/DADS survey <ul style="list-style-type: none"> – CMS Onsite Survey if there is no accreditation certificate • Supervising physician (State License, Board Certification) • W9 must be signed and dated within one year • 147C IRS Letter • NPI confirmation |
| Independent Diagnostic Testing Facility | <ul style="list-style-type: none"> • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • CMS Certification • W9 must be signed and dated within one year • 147C IRS letter |
| Independent Lab | <ul style="list-style-type: none"> • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Current accreditation with CLIA/COLA/CAP/AOA/HFAP/JC <ul style="list-style-type: none"> – CMS Onsite Survey if there is no accreditation certificate • Copy of supervising physician or Medical Director's license and Board certification • CMS certification letter or official document containing Medicare facility ID number • NPI confirmation • W9 must be signed and dated within one year • 147C IRS Letter |
| Long Term Acute Care | <ul style="list-style-type: none"> • Copy of license (DSHS, DEA, DPS, Texas Class A Pharmacy or Class C Clinic/Hospital license) • Insurance (\$500,000 per occurrence/\$1,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/NIAHO®/DSHS/DADS <ul style="list-style-type: none"> – CMS Onsite Survey if there is no accreditation certificate • CMS certification letter or official document containing Medicare facility ID number • NPI confirmation • 147C IRS Letter |
| Orthotics and Prosthetics | <ul style="list-style-type: none"> • Insurance (\$1,000,000 per occurrence/\$1,000,000 in aggregate) must show coverage dates and location address • Letter or certificate from Texas Board of Orthotics <ul style="list-style-type: none"> – Current accreditation in one of the following: CARF/BOC/ABC/NBAOS – CMS Onsite Survey if there is no accreditation certificate • CMS certification letter/official document containing Medicare facility ID number • NPI confirmation • W9 must be signed and dated within one year • 147C IRS Letter |
| Psychiatric Day Treatment | <ul style="list-style-type: none"> • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/AAAH/CARF/COA/NIAHO® <ul style="list-style-type: none"> – DSHS/DADS/CMS Onsite Survey • NPI confirmation • Supervising physician (State License, Board Certification in Psychiatry) • 147C IRS Letter |

| PROVIDER TYPE | REQUIRED DOCUMENT CRITERIA |
|---------------------------------|--|
| Psychiatric Hospital | <ul style="list-style-type: none"> • Copy of DSHS license • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JCA/AAHC/CARF/COA and NIAHO® • NPI confirmation • W9 must be signed and dated within one year • 147C IRS Letter • Supervising physician (State License, Board Certification in Psychiatry) |
| Radiation Therapy Only | <ul style="list-style-type: none"> • Copy of license (DSHS, DEA, DPS, Texas Class A Pharmacy or Class C Clinic/Hospital license) • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/NIAHO®/DSHS/DADS <ul style="list-style-type: none"> – CMS Onsite Survey if there is no accreditation certificate • CMS certification letter/official document containing Medicare facility ID number • NPI confirmation • 147C IRS Letter |
| Rehab Facilities-Inpatient Only | <ul style="list-style-type: none"> • Copy of license (DSHS, DEA, DPS, Texas Class A Pharmacy or Class C Clinic/Hospital license) • Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/NIAHO®/DSHS/DADS <ul style="list-style-type: none"> – CMS Onsite Survey if there is no accreditation certificate • CMS certification letter/official document containing Medicare facility ID number • NPI confirmation • 147C IRS Letter |
| Renal Dialysis | <ul style="list-style-type: none"> • Copy of license • Insurance (\$500,000 per occurrence/\$1,000,000 in aggregate) must show coverage dates and location address • Current accreditation with NDAC/DSHS/DADs surveys • CMS certification letter/official document containing Medicare facility ID number • W9 must be signed and dated within one year • 147C IRS Letter • NPI confirmation |
| Skilled Nursing | <ul style="list-style-type: none"> • Copy of license • Insurance (\$200,000 per occurrence/\$600,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/DADs or CMS Health Survey (From 2567) within the last three years • CMS Accepted Plan of Correction • W9 must be signed and dated within one year • 147C IRS Letter • NPI confirmation |
| Sleep Studies Centers | <ul style="list-style-type: none"> • Insurance (\$500,000 per occurrence/\$1,000,000 in aggregate) must show coverage dates and location address • Current accreditation with JC/AASM/ACHC • Registered polysomnographic technologist's certificate • Supervising physician (State License, Board Certification) • W9 must be signed and dated within one year • 147C IRS Letter • NPI confirmation |

| PROVIDER TYPE | REQUIRED DOCUMENT CRITERIA |
|---------------------------|---|
| Substance Misuse Facility | <ul style="list-style-type: none">• Copy of DSHS license• Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate) must show coverage dates and location address• Current accreditation with JC/AAAHHC/CARF/COA/NIAHO®<ul style="list-style-type: none">– Methadone Clinics must be SAMHSA/CSAT certified and qualified under 42 CFR, Part 8.• NPI confirmation• W9 must be signed and dated within one year• 147C IRS Letter• Supervising physician (State License, Board Certification-psychological support and counseling) |

Accrediting Bodies

AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities

AAAHHC – Accreditation Association for Ambulatory Healthcare

AAASF – American Association for Ambulatory Surgery Facilities, Inc.

AADE – American Academy of Diabetes Educators

AASM – American Academy of Sleep Medicine

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

ACHC – Accreditation for Healthcare, Inc.

ADA – American Diabetes Association

AIUM – American Institute of Ultrasound Medicine

AOA – American Osteopathic Association

AOA | HFAP – American Osteopathic Association | Healthcare Facilities

ARC – American College of Radiology

ASHA – American Speech Language Hearing Association

BOC – Board of Orthotists/Prosthetist Certification

CABC – The Commission for the Accreditation of Birth Centers

CAMTS – Commission on Accreditation of Medical Transport Systems

CAP – College of American Pathology

CARF – The Commission on Accreditation of Rehabilitation Facilities

CHAP – Community Health Accreditation Program

CLIA – Clinical Laboratory Improvement Act

COA – Council on Accreditation of Services for Families and Children Inc.

COLA – CMS issued Commission on Clinical Laboratory Association

CT – Compliance Team

DADS – Texas Department of Aging and Disability Services

DEA – Texas Drug Enforcement Agency

DNV Healthcare, Inc.

DNVHC – Det Norske Veritas Healthcare, Inc.

DPS – Texas Department of Public Safety

DSHS – Texas Department of Health Services

EURAMI – European Aeromedical Institute

FDA Certificate or Department of State Health Services (DSHS)

HFAP – Healthcare Facilities Accreditation Program

HQAA – Healthcare Quality Association of America

IAC – Intersocietal Accreditation Commission

JC – The Joint Commission

NAAMTA – National Accreditation Alliance of Medical Transport Applications

NABP – National Association of Boards of Pharmacy

NBAOS – The National Board of Accreditation for Orthotics Suppliers

NDAC – National Dialysis Accreditation Commission

NIAHO® – National Integrated Accreditation for Healthcare Organizations