



Ancillary/Facility Credentialing Checklist

To apply for network participation, complete the **Facility Application**, **Provider Interest Form** and **Provider Onboarding Form**. Submit all required credentialing/contracting documentation for your provider type and each service location, as outlined below:

- Copy of current state license
- National Provider Identifier confirmation
- 147C letter
- Signed and dated W-9
- Insurance (\$1,000,000 per occurrence/\$3,000,000 in aggregate)
- Disclosure of Ownership and Control Interest Form
- Designation, expertise and/or attestation form as applicable

| PROVIDER TYPE | CREDENTIALING/CONTRACTING CRITERIA |
|--------------------------------------|--|
| Ambulatory Surgery Center | <ul style="list-style-type: none"> • Current accreditation with JC/AAAHHC/AAASF/HFAP/IMQ or Centers for Medicare and Medicaid Services letter |
| Behavioral Health | <ul style="list-style-type: none"> • Current accreditation with JC/AOA or CMS letter • Copy of supervising physician or Medical Director's license and Board certification |
| Birthing Centers | <ul style="list-style-type: none"> • State License not required • Current accreditation with JC/AAAHHC/CABC or DSHS survey within three years with all deficiencies corrected • Copy of supervising physician or Medical Director's license and Board certification |
| Blood Banking & Transfusion Medicine | <ul style="list-style-type: none"> • Current accreditation or recent state or Medicare survey within the past three years |
| Cardiac Catheter Lab | <ul style="list-style-type: none"> • Current accreditation with JC/DNVHC/HFAP or CMS letter • DSHS Certificate of Equipment Registration |
| Community Benefit Prov | <ul style="list-style-type: none"> • Current accreditation with JC/AOA or CMS letter • Copy of supervising physician or Medical Director's license and Board certification |
| Community Health Center | <ul style="list-style-type: none"> • Current accreditation with JC/AAAHHC/CABC or DSHS survey within three years with all deficiencies corrected • Copy of supervising physician or Medical Director's license and Board certification |
| Community Mental Health Center | <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 |
| Crisis Triage Centers | <ul style="list-style-type: none"> • Current accreditation or recent state or Medicare Survey within the past three years |

| PROVIDER TYPE | CREDENTIALING/CONTRACTING CRITERIA |
|------------------------------------|---|
| Emergency Room (Free Standing) | <ul style="list-style-type: none"> • Current accreditation with JC/AAHC/DNVHC/HFAP or CMS certification/letter or survey within the past three years • CLIA certification • Certificate of Equipment Registration from DSHS • Copy of supervising physician or Medical Director's license and Board certification |
| Environment/Home Adaptation | <ul style="list-style-type: none"> • Current accreditation or recent state or Medicare survey within the past three years |
| Free Standing Dialysis | <ul style="list-style-type: none"> • Current CMS certification or survey within three years with all deficiencies corrected |
| Hospices | <ul style="list-style-type: none"> • Current accreditation with JC/CHAP/ACHC or CMS certification/letter or survey within the past three years • Copy of supervising physician or Medical Director's license |
| Home Infusion Therapy | <ul style="list-style-type: none"> • DEA certification • Current accreditation with JC/ACHC/CHAP or CMS letter |
| Imaging Center | <ul style="list-style-type: none"> • Current DSHS Certificate of Equipment Registration or CMS Survey or letter within the past three years • Current accreditation with ACR/JC/IAC/AIUM or RadSite |
| Independent Lab or Reference Lab | <ul style="list-style-type: none"> • Current accreditation with CLIA or COLA or CAP or CMS/FDA certification |
| Long Term Acute Care | <ul style="list-style-type: none"> • Current accreditation with JC or DNVHC or CMS certification |
| Mammography Screening Center | <ul style="list-style-type: none"> • Current accreditation with ACR • FDA or DSHS certification • Certificate of equipment registration • Radioactive Materials License (if applicable) • Current accreditation with ACR/JC/IAC/AIUM or RadSite |
| Methadone Clinic | <ul style="list-style-type: none"> • Current accreditation with JC/CARF/COA/HFAP or CMS letter • Copy of supervising physician or Medical Director's license |
| Personal Emergency Response System | <ul style="list-style-type: none"> • Current accreditation or recent state or Medicare Survey within the past three years |
| Physical Therapy Facility | <ul style="list-style-type: none"> • Current accreditation or recent state or Medicare Survey within the past three years |
| Psychiatric Day Treatment Centers | <ul style="list-style-type: none"> • Current accreditation with JC/AAHC/CARF/COA/DNVHC or CMS letter |
| Public Health Clinic | <ul style="list-style-type: none"> • Current accreditation or recent state or Medicare Survey within the past three years |

| PROVIDER TYPE | CREDENTIALING/CONTRACTING CRITERIA |
|---------------------------------------|--|
| Public School Based Health Clinic | <ul style="list-style-type: none"> Current accreditation or recent state or Medicare Survey within the past three years |
| Rehabilitation Facility | <ul style="list-style-type: none"> Current accreditation or recent state or Medicare Survey within the past three years |
| Renal Dialysis Facility | <ul style="list-style-type: none"> Current CMS certificate or DSHS survey |
| Retail Health Provider | <ul style="list-style-type: none"> Current accreditation or recent state or Medicare Survey within the past three years |
| Skilled Nursing Facility | <ul style="list-style-type: none"> Current accreditation with JC/CARF or CMS letter |
| Sleep disorders/Sleep Studies Centers | <ul style="list-style-type: none"> Current accreditation with JC/ACHC/AASM Copy of Technologist's certificate Supervising physician licensed in the state where provider is located and a copy of license and board certification |
| Speech Pathology Facility | <ul style="list-style-type: none"> Current accreditation or recent state or Medicare Survey within the past three years |
| Substance Abuse | <ul style="list-style-type: none"> Current accreditation with JC/CARF/ACHC/DNVHC/HFAP or CMS letter Copy of supervising physician or Medical Director's license |
| Urgent Care Center | <ul style="list-style-type: none"> Current accreditation with JC/AAHC/NAFAC, CLIA and Certificate of Equipment Supervising physician licensed in the state where provider is located and a copy of license and board certification |

Accrediting Bodies

JC - The Joint Commission

ACHC- Accreditation for Healthcare, Inc

AASM- Academy of Sleep Medicine

HQAA- Healthcare Quality Association of America

CARF- The Commission on Accreditation of Rehabilitation Facilities

BOC - Board of Orthotists/Prosthetist Certification

ABC- American Board for Certification in Orthotics & Prosthetics, Inc

ASHA- American Speech Language Hearing Association

NABP - National Association of Boards of Pharmacy

AAHC- Accreditation Association for Ambulatory Healthcare

AOA - American Osteopathic Association

CABC - The Commission for the Accreditation of Birth Centers

AAHC- Accreditation Association for Ambulatory Healthcare

AAASF- American Association for Ambulatory Surgery Facilities, Inc

HFAP - Healthcare Facilities Accreditation Program

CLIA – Clinical Laboratory Improvement Amendments

DNV Healthcare, Inc

IAC- intersocietal Accreditation Commission

ACR- American College of Radiology

AIUM- American Institute of Ultrasound Medicine

COA- Council on Accreditation

CAP- Laboratory Accreditation Program

NAFAC- National Association for Ambulatory Urgent Care

IMQ – Institute of Medical Quality