



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

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

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

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

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

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

## **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