

Facility Provider Type Credentialing Requirements

Facility Type	Criteria
Acute Care Hospital	<ul style="list-style-type: none"> • State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Ambulance Service	<ul style="list-style-type: none"> • State License • CLIA Certificate, if applicable • Professional Liability Insurance • Medicare/Medicaid Participation Letter • Signed Authorization
Ambulatory Surgical Center	<ul style="list-style-type: none"> • State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Dialysis Facility	<ul style="list-style-type: none"> • State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Durable Medical Equipment	<ul style="list-style-type: none"> • Kansas Registration/License • Professional Liability Insurance • Medicare/Medicaid Participating Letter • Evidence of Accreditation / Site Survey • Signed Authorization
Federally Qualified Health Center	<ul style="list-style-type: none"> • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Participation Letter (Dental Offices may be excluded) • Signed Authorization

Facility Type	Criteria
<p align="center">Health Department</p>	<ul style="list-style-type: none"> • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Participating Letter • Signed Authorization
<p align="center">Home Health Agency</p>	<ul style="list-style-type: none"> • State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Home Infusion</p>	<ul style="list-style-type: none"> • State License • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Hospice</p>	<ul style="list-style-type: none"> • State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Independent / Clinical Laboratory</p>	<ul style="list-style-type: none"> • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Residential Treatment Facility IP Substance Abuse Facility</p>	<ul style="list-style-type: none"> • State License • CLIA Certificate, if applicable • Professional Liability Insurance • Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Rural Health Clinic</p>	<ul style="list-style-type: none"> • State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization

Facility Type	Criteria
<p align="center">Skilled Nursing Facility</p>	<ul style="list-style-type: none"> • State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Outpatient Substance Abuse Facility</p>	<ul style="list-style-type: none"> • State License • CLIA Certificate, if applicable • Professional Liability Insurance • Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Free Standing Birth Center</p>	<ul style="list-style-type: none"> • State License • CLIA Certificate, if applicable • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Acute Psychiatric Hospital</p>	<ul style="list-style-type: none"> • State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Acute Rehabilitation Hospital</p>	<ul style="list-style-type: none"> • State License • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization
<p align="center">Free Standing Sleep Laboratory</p>	<ul style="list-style-type: none"> • CLIA Certificate • Professional Liability Insurance • Medicare/Medicaid Certification Letter • Evidence of Accreditation / Site Survey • Signed Authorization

Facility Type	Criteria
Imaging (MRI)	<ul style="list-style-type: none">• Professional Liability Insurance• Medicare/Medicaid Certification Letter• Evidence of Accreditation / Site Survey• Signed Authorization
Methadone	<ul style="list-style-type: none">• State License• CLIA Certificate, if applicable• Professional Liability Insurance• Medicare/Medicaid Certification Letter• Evidence of Accreditation / Site Survey• Signed Authorization