

TYPE	SPECIALTY
01- General Hospital	010 – Acute Care
	011 – Psychiatric Hospital
	012 – Rehabilitation Hospital
	017 – Tuberculosis Hospital
	018 – State Institution
	019 – State Mental Hospital
	351 – Indian Health Services
	400 – Screening, Brief Intervention and Referral for Treatment (SBIRT)
42- Teaching Institution	010- Acute Care

**State (FFS) Requirements:**

All specialties -Signed and dated W9. (Within 1 year from receipt)

010,011, 012, 017, 018, 019, 351 - Hospital license

019 - KDADS State Institution Alternative approval letter

400-402 –Certificate of Completion

(Swing bed Only) - Copy of their KDHE certification

011 ONLY - Kansas Organizational Provider Credentialing/Rec credentialing Application

010- CMS Certification Letter

**MCO Credentialing Requirements:**

All specialties- Copy of Declaration Sheet and/ or Certificate of Insurance (Professional Malpractice and Comprehensive General Liability Insurance Policies)

All specialties- Section 12 Attestation/ Consent and Release form.