

| TYPE         | SPECIALTY                                                      |
|--------------|----------------------------------------------------------------|
| 06 – Hospice | 060 – Hospice                                                  |
|              | 400 – Screening, Brief Intervention and Referral for Treatment |

**State (FFS) Requirements:**

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

400- An attestation or Certificate of Completion

060- Letter from the Department of Health and Human Services

060- Letter from Medicare including the provider number

**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

All specialties- State Operational License