

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Ambulance Land Transport- Air Transport	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Dept of Health and Welfare, Bureau of Emergency Medical Services & Preparedness (Land Transport) Hard Copy from the Federal Aviation Administration (Air Transport)
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission (TJC) The Commission on Accreditation of Ambulance Services (CAAS)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Ambulatory -Surgery Center	State License	<ul style="list-style-type: none"> In lieu of state license, the Idaho Department of Health & Welfare list of approved facilities must be checked and documented in the file. 		<ul style="list-style-type: none"> Idaho Department of Health & Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> Accreditation Association for Ambulatory Health Care (AAAHC) American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) Accreditation Commission for Health Care (ACHC) Community Health Accreditation Program (CHAP) American Association of Ambulatory Surgery Centers (AAASC) Healthcare Facilities Accreditation Program (HFAP) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Birthing Center	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation – must be within the past 3 years <ul style="list-style-type: none"> All Birthing Centers must be accredited 	180 days	<ul style="list-style-type: none"> Commission for the Accreditation of Birthing Centers (CABC)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Compounding Pharmacy	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Board of Pharmacy
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> Current copy of DEA Certificate <ul style="list-style-type: none"> Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Pharmacy Compounding Accreditation Board (PCAB) Healthcare Quality Association on Accreditation (HQAA) Accreditation Commission for Healthcare (ACHC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Developmental Disabilities Agency	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission (TJC)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Diabetes Education Programs	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> American Diabetes Association (ADA) American Association of Diabetes Educators (AADE) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Diagnostic Imaging Center	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Bureau of Laboratories
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> American College of Radiology (ACR) Intersocietal Accreditation Commission (IAC) The Joint Commission (TJC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Dialysis Center	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Durable Medical Equipment	State License	<ul style="list-style-type: none"> For qualified Facilities, a current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed Licensure for DME or Commercial Pharmacy will be acceptable Dental groups who are not eligible for a State DME Facility license must submit a current copy of CMS approval for DMEPOS. 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Board of Pharmacy Hard Copy from CMS
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Accreditation Commission for Health Care (ACHC) Board of Certification/Accreditation, International (BOC) Community Health Accreditation Program (CHAP) Healthcare Quality Association on Accreditation (HQAA) American Academy of Dental Sleep Medicine (AADSM) American Board for Certification in Orthotics, Prosthetics, and Pedorthotics, Inc. (ABCOPP)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Federally Qualified Health Center	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Confirmation of FQHC Status with US Dept of HHS Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> US Dept of HHS HRSA Data Warehouse online Find a Health Center Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet 	

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Home Health Agency	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Accreditation Commission for Health Care (ACHC) Community Health Accreditation Program (CHAP) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Home Infusion Therapy Pharmacy	State License	<ul style="list-style-type: none"> • Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> ○ Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> • Hard Copy from the ID Board of Pharmacy
	CLIA Certificate	<ul style="list-style-type: none"> • Current copy of CLIA Certificate • Only applicable if Facility has lab services onsite. • Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> • Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> • Current copy of DEA Certificate <ul style="list-style-type: none"> ○ Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> • Hard Copy from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> • Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> ○ The Hospital could be accredited by a “deeming” authority, such as the Joint Commission (TJC) ○ If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> • The Joint Commission (TJC) • Community Health Accreditation Program (CHAP) • Pharmacy Compounding Accreditation Board (PCAB) • Health Care Quality Association on Accreditation (HCQAA) • Accreditation Commission for Health Care (ACHC) • Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> • Facility must complete Action History Questions outlined in the Application • Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> • Credentialing Application • Office of the Inspector General (OIG) • System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> • Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount • Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> • Attestation on Application • Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> • Only required for the last five (5) years • Facility must complete Action History Questions on applications. • Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> • Attestation on Application • Copies of loss runs from the organization or insurance carrier(s) • Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Home Infusion Therapy Services	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Board of Pharmacy
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> Current copy of DEA Certificate <ul style="list-style-type: none"> Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> Accreditation Commission for Health Care (ACHC) The Joint Commission (TJC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Hospice	State License	<ul style="list-style-type: none"> In lieu of state license, the Idaho Department of Health & Welfare list of approved facilities must be checked and documented in the file. 		<ul style="list-style-type: none"> Idaho Department of Health & Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Only applicable if Facility has lab services onsite. Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> Accreditation Commission for Health Care (ACHC) The Joint Commission (TJC) Community Health Accreditation Program (CHAP) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

		CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Hospital • Psychiatric • Rehabilitation • Critical Access • General Acute Care		State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
		CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
		DEA	<ul style="list-style-type: none"> Current copy of DEA Certificate <ul style="list-style-type: none"> Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control
		Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Hospital could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Det Norske Veritas (DNV) Commission on Accreditation of Rehabilitation Facilities (CARF) – Rehab Hospitals Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
		Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
		Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
		Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

Independent Diagnostic Testing Facility	CREREDENTIALING ELEMENT	CREREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> Intersocietal Accreditation Commission The Joint Commission (TJC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet 	

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Laboratory	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> American Association of Blood Banks (AABB) American Association for Laboratory Accreditation (A2LA) American Society for Histocompatibility and Immunogenetics Commission on Office Laboratory Accreditation (COLA) College of American Pathologists (CAP) The Joint Commission (TJC) Healthcare Facilities Accreditation Program (HFAP) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Long Term Acute Care Hospitals	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> Current copy of DEA Certificate <ul style="list-style-type: none"> Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Det Norske Veritas (DNV) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Mental Health – Outpatient	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission Accreditation Commission for Health Care (ACHC Behavioral Health)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Prosthetic and Orthotic Supplier	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Board of Pharmacy
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> American Board for Certification in Orthotics/Prosthetics (ABCOP) American Academy of Orthotists and Prosthetists (AAO&P) Det Norske Veritas (DNV) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Public Health District	State License	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> Public Health Accreditation Board (PHAB) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Rural Health Clinic	State License	<ul style="list-style-type: none"> In lieu of state license, the Idaho Department of Health & Welfare list of approved facilities must be checked and documented in the file. 		<ul style="list-style-type: none"> Idaho Department of Health & Welfare
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Confirmation of RHC Status with ID Dept of Health and Welfare Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> State of Idaho Rural Health Clinic Listing Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Skilled Nursing Facility	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Department of Health and Welfare
	CLIA Certificate	<ul style="list-style-type: none"> Current copy of CLIA Certificate <ul style="list-style-type: none"> Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> The Joint Commission (TJC) Commission on the Accreditation of Rehabilitation Facilities (CARF) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet
	Post Acute Care Program	<ul style="list-style-type: none"> Facilities in the counties of: Ada, Canyon and Twin Falls only 		<ul style="list-style-type: none"> Facility will comply with all criteria outlined in the PAC Network Adequacy Procedure

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Sleep Disorder Center	State License	<ul style="list-style-type: none"> Current copy of license for the state(s) in which the facility practices, must be current at the time of Participating Provider Committee meeting. <ul style="list-style-type: none"> Licensure must be submitted for all Locations and Services to be credentialed 	180 days	<ul style="list-style-type: none"> Hard Copy from the ID Bd or Pharmacy (Sleep Apnea Supplier DME)
	CLIA Certificate	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	DEA	<ul style="list-style-type: none"> N/A 		<ul style="list-style-type: none"> N/A
	Accreditation/ CMS Certification	<ul style="list-style-type: none"> Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) If neither have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> American Association of Sleep Medicine (AASM) The Joint Commission (TJC) Hard copy of State Survey letter from the ID Department of Health and Welfare Bureau of Facility Standards
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> Facility must complete Action History Questions outlined in the Application Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> Credentialing Application Office of the Inspector General (OIG) System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> Only required for the last five (5) years Facility must complete Action History Questions on applications. Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> Attestation on Application Copies of loss runs from the organization or insurance carrier(s) Individual listings by spreadsheet

**FACILITY CRITERIA FOR
PARTICIPATION GUIDELINE**

	CREDENTIALING ELEMENT	CREDENTIALING REQUIREMENT	TIME FRAME	VERIFICATION SOURCE
Substance Abuse Rehabilitation Facility	State License	<ul style="list-style-type: none"> • N/A <ul style="list-style-type: none"> ○ 		<ul style="list-style-type: none"> • N/A •
	CLIA Certificate	<ul style="list-style-type: none"> • Current copy of CLIA Certificate <ul style="list-style-type: none"> ○ Only applicable if Facility has lab services onsite. ○ Must be submitted for all Locations and must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> • Hard Copy from the Centers for Medicare & Medicaid Services
	DEA	<ul style="list-style-type: none"> • N/A 		<ul style="list-style-type: none"> • N/A
	Accreditation/ State Certification	<ul style="list-style-type: none"> • Current copy of Accreditation or most recent ID Department of Health & Welfare survey – must be within the past 3 years <ul style="list-style-type: none"> ○ The Facility could be accredited by a “deeming” authority, such as the Joint Commission (TJC) ○ If her have been completed in the last 3 years, Network is required to perform site survey prior to credentialing approval. 	180 days	<ul style="list-style-type: none"> • Commission on Accreditation of Rehabilitation Facilities (CARF) • The Joint Commission (TJC)
	Medicare/Medicaid Sanctions	<ul style="list-style-type: none"> • Facility must complete Action History Questions outlined in the Application • Online verifications must be submitted under all names for the Facility, ie. Legal, dba, etc. 	180 days	<ul style="list-style-type: none"> • Credentialing Application • Office of the Inspector General (OIG) • System for Award Management (SAM)
	Malpractice Insurance	<ul style="list-style-type: none"> • Copy of current Malpractice Insurance with limits of liability \$1,000,000 per claim and \$3,000,000 aggregate amount • Must be current at the time of Participating Provider Committee meeting. 	180 days	<ul style="list-style-type: none"> • Attestation on Application • Copy of Insurance Face Sheet
	Malpractice History	<ul style="list-style-type: none"> • Only required for the last five (5) years • Facility must complete Action History Questions on applications. • Explanations must be complete as they relate to dates, incident explanations and results including amount and date of payment. 	180 days	<ul style="list-style-type: none"> • Attestation on Application • Copies of loss runs from the organization or insurance carrier(s) • Individual listings by spreadsheet