

Required and Optional Licenses, Certificates and Documents by Provider Type

PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
ACUPUNCTURIST	C1	<ul style="list-style-type: none"> • HI BOARD OF ACUPUNCTURE 	NONE	<ul style="list-style-type: none"> • HI BOARD OF ACUPUNCTURE • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • GENERAL EXCISE TAX LICENSE • CMS APPROVAL LETTER • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
ADULT DAY HEALTH	27	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • AUTOMOBILE LIABILITY • HI BOARD OF NURSING • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • AUTOMOBILE LIABILITY • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • HI BOARD OF NURSING • PROFESSIONAL LIABILITY

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
ADULT FOSTER CARE (CCFFH & Individual E-ARCH)	50	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> HI BOARD OF NURSING PROFESSIONAL LIABILITY C.N.A. LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK COMMERCIAL GENERAL LIABILITY GENERAL EXCISE TAX LICENSE NURSE AID LICENSE/CERTIFICATE W9-TAX FORM 	<ul style="list-style-type: none"> HI BOARD OF NURSING PROFESSIONAL LIABILITY C.N.A. LICENSE/CERTIFICATE
AMBULATORY SURGICAL CENTER	43	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE 	<ul style="list-style-type: none"> CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) 	<ul style="list-style-type: none"> CMS APPROVAL LETTER DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE W9-TAX FORM 	<ul style="list-style-type: none"> CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) GENERAL EXCISE TAX LICENSE
ASSISTED LIVING CENTER-UNITS ONLY	<p>Med-QUEST does not use this provider type.</p> <p>If you are an E-ARCH provider, you will enroll as Adult Foster Care if you are an individual or as Assisted Living Home/HCBS if you are an agency/facility.</p>				

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ASSISTED LIVING HOME/HCBS (Used for E-ARCH Agencies/Facilities only)	36	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> HI BOARD OF NURSING HI BOARD OF SOCIAL WORKERS C.N.A. License/Certificate 	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE COMMERCIAL GENERAL LIABILITY FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> HI BOARD OF NURSING HI BOARD OF SOCIAL WORKERS CMS APPROVAL LETTER PROFESSIONAL LIABILITY GENERAL EXCISE TAX LICENSE C.N.A. License/Certificate
AUDIOLOGIST	62	<ul style="list-style-type: none"> HI BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY 	NONE	<ul style="list-style-type: none"> HI BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> CMS APPROVAL LETTER GENERAL EXCISE TAX LICENSE W9-TAX FORM [Optional for Rendering/Service Only Providers]

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
BEHAVIORAL/ MENTAL HEALTH COUNSELOR	51	<ul style="list-style-type: none"> • HI BOARD OF MENTAL HEALTH COUNSELOR 	NONE	<ul style="list-style-type: none"> • HI BOARD OF MENTAL HEALTH COUNSELOR • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • COMMERCIAL GENERAL LIABILITY • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
BOARD CERTIFIED BEHAVIOR ANALYST	BC	<ul style="list-style-type: none"> • HI BOARD OF BEHAVIOR ANALYST 	NONE	<ul style="list-style-type: none"> • HI BOARD OF BEHAVIOR ANALYST • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
BOARDING HOME	56	NONE	NONE	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • GENERAL EXCISE TAX LICENSE

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
CASE MANAGEMENT SERVICES	34	<ul style="list-style-type: none"> H&CB CASE MANAGEMENT AGENCY COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> AUTOMOBILE LIABILITY PROFESSIONAL LIABILITY HI BOARD OF NURSING HI BOARD OF SOCIAL WORKERS 	<ul style="list-style-type: none"> H&CB CASE MANAGEMENT AGENCY COMMERCIAL GENERAL LIABILITY FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> AUTOMOBILE LIABILITY HI BOARD OF NURSING HI BOARD OF SOCIAL WORKERS PROFESSIONAL LIABILITY GENERAL EXCISE TAX LICENSE
CERTIFIED MARRIAGE/FAMILY THRAPST (CMFT)	86	<ul style="list-style-type: none"> HI BOARD OF MARRIAGE AND FAMILY THERAPISTS PROGRAM 	NONE	<ul style="list-style-type: none"> HI BOARD OF MARRIAGE AND FAMILY THERAPISTS PROGRAM IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> CMS APPROVAL LETTER GENERAL EXCISE TAX LICENSE W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
CERTIFIED NURSE-MIDWIFE	<p>Medicaid only enrolls Certified Nurse-Midwives with an APRN license.</p> <p>The provider type to select in HOKU is 'Registered Nurse Practitioner' with a specialty of RN Midwife when starting a new application.</p>				
CERTIFIED REGISTERED NURSE ANESTHETIST	<p>Medicaid does not cover Certified Registered Nurse Anesthetist. This provider type will only qualify for Medicare crossovers and a CMS Medicare number is required.</p> <p>The provider type to select in HOKU is 'QMB Only' when starting a new application.</p>				

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CHIROPRACTOR	16	<ul style="list-style-type: none"> • HI BOARD OF CHIROPRACTIC EXAMINERS 	NONE	<ul style="list-style-type: none"> • HI BOARD OF CHIROPRACTIC EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
CLINIC	05	NONE	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • DRUG ENFORCEMENT AGENCY • HI BOARD OF PHARMACY 	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • DRUG ENFORCEMENT AGENCY • GENERAL EXCISE TAX LICENSE • HI BOARD OF PHARMACY

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COMMUNITY/ RURAL HEALTH CENTER	29	NONE	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF PHARMACY 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • W9-TAX FORM 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF PHARMACY • GENERAL EXCISE TAX LICENSE
COMMUNITY SERVICE AGENCY	A3	NONE	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • PROFESSIONAL LIABILITY • AUITOMOBILE LIABILTY • H&CB CASE MANAGEMENT AGENCY • HI BOARD OF NURSING • HI BOARD OF SOCIAL WORK 	<ul style="list-style-type: none"> • W9-TAX FORM • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • PROFESSIONAL LIABILITY • AUITOMOBILE LIABILTY • H&CB CASE MANAGEMENT AGENCY • HI BOARD OF NURSING • HI BOARD OF SOCIAL WORK • GENERAL EXCISE TAX

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DD/ID	H1	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • HI BOARD OF NURSING (RN or APRN) 	<ul style="list-style-type: none"> • DD/ID APPROVAL LETTER with RATE SCHEDULE • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • COMMERCIAL GENERAL LIABILITY • W9-TAX FORM 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • C.N.A. LICENSE • HI BOARD OF NURSING (RN or APRN) • NURSE AIDE LICENSE/CERTIFICATE • GENERAL EXCISE TAX LICENSE
DENTIST	07	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS • EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT PROVIDER AGREEMENT ATTACHMENT – APPENDIX K • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

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DENTIST - ENDODONTIST	D1	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) (CLIA • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINER 	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS • CERTIFICATE OF ENDODONTICS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]

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DENTIST - ORAL SURGEON	D3	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS • CERTIFICATE OF ORAL SURGERY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]

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DENTIST - PEDODONTIST	D2	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINE 	<ul style="list-style-type: none"> • HI BOARD OF DENTAL EXAMINERS • CERTIFICATE OF PEDIATRIC DENTISTRY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF MEDICAL EXAMINERS • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
DETOX CENTER	64	NONE	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE

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DHS MHS PROVIDER	80	NONE	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • HI BOARD OF PSYCH • HI BOARD OF SOCIAL WORKERS • MENTAL HEALTH COUNSELOR 	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • HI BOARD OF MEDICAL EXAMINERS • HI BOARD OF PSYCH • HI BOARD OF SOCIAL WORKERS • MENTAL HEALTH COUNSELOR
DIALYSIS CLINIC	41	NONE	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) 	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • CMS APPROVAL LETTER • W9-TAX FORM 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • GENERAL EXCISE TAX LICENSE

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DME SUPPLIER	30	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE 	<ul style="list-style-type: none"> AUTOMOBILE LIABILITY COMMERCIAL GENERAL LIABILITY PROFESSIONAL LIABILITY DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION HI BOARD OF PHARMACY 	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> CMS APPROVAL LETTER AUTOMOBILE LIABILITY COMMERCIAL GENERAL LIABILITY PROFESSIONAL LIABILITY DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION HI BOARD OF PHARMACY GENERAL EXCISE TAX LICENSE

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DO-PHYSICIAN OSTEOPATH	31	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • BOARD CERTIFICATION • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • CURRICULUM VITAE • EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT PROVIDER AGREEMENT ATTACHMENT – DHS 1139 APPENDIX K • PSYCHIATRY/ PSYCHOLOGY CREDENTIALING ATTACHMENT – DHS 1139 APPENDIX L • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
DRUG AND ALCOHOL REHAB	63	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	NONE	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE

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EMERGENCY TRANSPORTATION	06	NONE	NONE	<ul style="list-style-type: none"> • W9-TAX FORM • FEDERAL AVIATION ADMINISTRATION LICENSE [For Air Transportation] • AMBULANCE SERVICE LICENSE [For Ground Transportation] 	<ul style="list-style-type: none"> • GENERAL EXCISE TAX LICENSE • PUC LICENSE
EVS/NON-SERVICE PROVIDER (MCO and MQD Contractors)	99	NONE	NONE	<ul style="list-style-type: none"> • W9-TAX FORM 	
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	C2	NONE	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • HEALTH RESOURCES & SERVICES ADMINISTRATION/NOTICE OF GRANT AWARD • W9-TAX FORM 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • GENERAL EXCISE TAX LICENSE
GROUP-BILLER PAYMENT ID	01	NONE	NONE	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • GENERAL EXCISE TAX LICENSE

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HOME DELIVERED MEALS	70	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • PROFESSIONAL LIABILITY • AUTOMOBILE LIABILITY • GENERAL EXCISE TAX LICENSE
HOME HEALTH AGENCY	23	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • H&CB CASE MANAGEMENT AGENCY • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • COMMERCIAL GENERAL LIABILITY • HOME HEALTH SERVICES ATTACHMENT – DHS 1139 APPENDIX N • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • HI BOARD OF NURSING • H&CB CASE MANAGEMENT AGENCY • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE
HOSPICE	35	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • CMS APPROVAL LETTER • W9-TAX FORM 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • GENERAL EXCISE TAX LICENSE

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
HOSPITAL	02	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION HI BOARD OF PHARMACY 	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE CMS APPROVAL LETTER ACUTE HOSPITAL FORM ATTACHMENT – DHS 1139 APPENDIX O W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY GENERAL EXCISE TAX LICENSE CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) HCFA HI STATE SURVEY AGENCY LETTER DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION HI BOARD OF PHARMACY
HOTELS	55	NONE	NONE	<ul style="list-style-type: none"> FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY GENERAL EXCISE TAX LICENSE
INTERPRETER SERVICES	95	NONE	NONE	<ul style="list-style-type: none"> W9-TAX FORM 	<ul style="list-style-type: none"> GENERAL EXCISE TAX LICENSE
LABORATORY	04	<ul style="list-style-type: none"> CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) 	NONE	<ul style="list-style-type: none"> CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) W9-TAX FORM 	<ul style="list-style-type: none"> CMS APPROVAL LETTER GENERAL EXCISE TAX LICENSE

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PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
MASSAGE THERAPIST	21	<ul style="list-style-type: none"> • HI BOARD OF MASSAGE THERAPY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF MASSAGE THERAPY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
MD-PHYSICIAN	08	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF DENTAL EXAMINERS 	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • BOARD CERTIFICATION (REQUIRED IF ADDING A SPECIALTY) • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • HI BOARD OF DENTAL EXAMINERS • PSYCHIATRY/ PSYCHOLOGY CREDENTIALING ATTACHMENT – DHS 1139 APPENDIX L • EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT PROVIDER AGREEMENT – APPENDIX K • CURRICULUM VITAE • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
MENTAL HEALTH CLINIC	52	NONE	NONE	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • GENERAL EXCISE TAX LICENSE
MENTAL HEALTH REHABILITATION	77	NONE	NONE	<ul style="list-style-type: none"> • MRO APPROVAL LETTER • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE
MHS SOCIAL WORKER (LICENSED CLINICAL SOCIAL WORKER)	75	<ul style="list-style-type: none"> • HI BOARD OF SOCIAL WORKERS (LCSW) 	NONE	<ul style="list-style-type: none"> • HI BOARD OF SOCIAL WORKERS (LCSW) • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Service Only Providers]
NON-EMERGENCY TRANSPORTATION PROVIDERS	28	<ul style="list-style-type: none"> • AUTOMOBILE LIABILITY • PUBLIC UTILITIES COMMISSION LICENSE (FOR OAHU PROVIDERS) 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • AUTOMOBILE LIABILITY • PUBLIC UTILITIES COMMISSION LICENSE (FOR OAHU PROVIDERS) • NON-EMERGENCY GROUND TRANSPORTATION-TAXI CABS ATTACHMENT – DHS 1139 APPENDIX M • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • GENERAL EXCISE TAX LICENSE

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PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
NURSE (PRIVATE-RN/LPN)	46	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • HI BOARD OF NURSING 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • W9-TAX FORM • HI BOARD OF NURSING 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • HI BOARD OF NURSING • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE
NURSING HOME	22	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • HI BOARD OF PHARMACY • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE • NURSING FACILITY FORM ATTACHMENT – DHS 1139 APPENDIX P • W9-TAX FORM 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • HI BOARD OF PHARMACY • PROFESSIONAL LIABILITY • INTERMEDIATE CARE FACILITY FOR THE DEVELOPMENTALLY DISABLED/INTELLECTUALLY DISABLED INDIVIDUALS (ICF-DD/ID) ATTACHMENT – DHS 1139 APPENDIX Q • GENERAL EXCISE TAX LICENSE
NUTRITIONIST	MQD does not enroll Nutritionists.				

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PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
OCCUPATIONAL THERAPIST	13	<ul style="list-style-type: none"> • HI BOARD OF OCCUPATIONAL THERAPY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF OCCUPATIONAL THERAPY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
OPTOMETRIST	69	<ul style="list-style-type: none"> • HI BOARD OF EXAMINERS IN OPTOMETRY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF EXAMINERS IN OPTOMETRY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
OUT OF STATE	Z1	OUT OF STATE LICENSE	DRUG ENFORCEMENT AGENCY	OUT OF STATE LICENSE	<ul style="list-style-type: none"> • DRUG ENFORCEMENT AGENCY • OUT OF STATE LICENSE • CMS APPROVAL LETTER • COMMERCIAL GENERAL LIABILITY • CURRICULUM VITAE • PSYCHIATRY/ PSYCHOLOGY CREDENTIALING ATTACHMENT – DHS 1139 APPENDIX L • HI BOARD OF PHARMACY • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • ACUTE HOSPITAL ATTACHMENT – DHS 1139 APPENDIX O

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
OUT OF STATE-continued	Z1	OUT OF STATE LICENSE	DRUG ENFORCEMENT AGENCY	OUT OF STATE LICENSE	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • FEDERAL AVIATION ADMINISTRATION LICENSE • AMBULANCE SERVICE LICENSE • W9-TAX FORM
OUT OF STATE DME PROVIDER	OD	DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE	COMMERCIAL GENERAL LIABILITY	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • CMS APPROVAL LETTER • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK • W9-TAX FORM 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • GENERAL EXCISE TAX LICENSE

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
PERSONAL CARE ATTENDANT	24	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> HI BOARD OF NURSING PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE COMMERCIAL GENERAL LIABILITY FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> HI BOARD OF NURSING PROFESSIONAL LIABILITY GENERAL EXCISE TAX LICENSE
PHARMACY	03	<ul style="list-style-type: none"> HI BOARD OF PHARMACY (PHY for In State, PMP for Out of State) 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> HI BOARD OF PHARMACY (PHY for In State, PMP for Out of State) W9-TAX FORM NCPDP 	<ul style="list-style-type: none"> CMS APPROVAL LETTER COMMERCIAL GENERAL LIABILITY DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION GENERAL EXCISE TAX LICENSE
PHYSICAL THERAPIST	14	<ul style="list-style-type: none"> HI BOARD OF PHYSICAL THERAPY 	NONE	<ul style="list-style-type: none"> HI BOARD OF PHYSICAL THERAPY IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> CMS APPROVAL LETTER GENERAL EXCISE TAX LICENSE W9-TAX FORM [Optional for Rendering/Service Only Providers]

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
PHYSICIANS ASSISTANT	<p>Medicaid does not cover Physician Assistant. This provider type will only qualify for Medicare crossovers and a CMS Medicare number is required.</p> <p>The provider type to select in HOKU is 'QMB Only' when starting a new application.</p>				
PODIATRIST	10	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS 	<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DRUG ENFORCEMENT AGENCY • NARCOTIC ENFORCEMENT DIVISION • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
PSYCHOLOGIST	11	<ul style="list-style-type: none"> • HI BOARD OF PSYCHOLOGY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF PSYCHOLOGY • PSYCHIATRY/PSYCHOLOGY CREDENTIALING ATTACHMENT – DHS 1139 APPENDIX L • CURRICULUM VITAE • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
QMB ONLY PROVIDER	90	NONE	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • HI BOARD OF NURSING (Required for non-Rx APRN or RN) • HI BOARD OF NURSING 	<ul style="list-style-type: none"> • HI DCCA License (for practicing non-Rx APRN or RN and Physician Assistants) • W9-TAX FORM [Required for Facilities, Agencies or Organizations and Individual Sole Proprietors] • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] 	<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS (Required for (Physicians Assistant • HI BOARD OF NURSING • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
REGISTERED DIETICIAN	47	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> CMS APPROVAL LETTER COMMERCIAL GENERAL LIABILITY PROFESSIONAL LIABILITY GENERAL EXCISE TAX LICENSE W9-TAX FORM
REGISTERED NURSE PRACTITIONER (APRN)	19	<ul style="list-style-type: none"> HI BOARD OF NURSING 	<ul style="list-style-type: none"> DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION 	<ul style="list-style-type: none"> HI BOARD OF NURSING IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> CMS APPROVAL LETTER DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT PROVIDER AGREEMENT ATTACHMENT – DHS 1139 APPENDIX K GENERAL EXCISE TAX LICENSE W9-TAX FORM [Optional for Rendering/Service Only Providers]

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
RESIDENTIAL TREATMENT FACILITY	57	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	NONE	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY GENERAL EXCISE TAX LICENSE
RESPIRE (ADULT DAY CARE)	A7	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY HI BOARD OF NURSING PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY HI BOARD OF NURSING PROFESSIONAL LIABILITY GENERAL EXCISE TAX LICENSE
SPECIALIZED SERVICES	S1	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY 	NONE	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY DD/ID APPROVAL LETTER FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK W9-TAX FORM 	<ul style="list-style-type: none"> GENERAL EXCISE TAX LICENSE

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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
SPEECH/HEARING THERAPIST	15	<ul style="list-style-type: none"> • HI BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY 	NONE	<ul style="list-style-type: none"> • HI BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY • IRS EIN/TIN LETTER [Required for Individual Sole Proprietors using an EIN/TIN] • W9-TAX FORM [Required for Individual Sole Proprietors Providers] 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
VISION CENTER	79	<ul style="list-style-type: none"> • HI BOARD OF DISPENSING OPTICIANS 	NONE	<ul style="list-style-type: none"> • HI BOARD OF DISPENSING OPTICIANS • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE

END

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