

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 		<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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • 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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • COMMERCIAL GENERAL LIABILITY • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) • 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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PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		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 	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) • 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
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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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
ASSISTED LIVING HOME/HCBS (Used for E-ARCH Agencies/Facilities only)	36	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> HI BOARD OF NURSING HI BOARD OF SOCIAL WORKERS 	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') COMMERCIAL GENERAL LIABILITY FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) 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
AUDIOLOGIST	62	<ul style="list-style-type: none"> HI BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY 		<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"> MENTAL HEALTH COUNSELOR 		<ul style="list-style-type: none"> 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 		<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			<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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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 (TEMPORARILY WAIVED DURING COVID PHE) 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 THERAPIST (CMFT)	86	<ul style="list-style-type: none"> MARRIAGE AND FAMILY THERAPISTS PROGRAM 		<ul style="list-style-type: none"> 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/Service 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 		<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/Service Only Providers]
CLINIC	05		<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • 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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • DRUG ENFORCEMENT AGENCY • GENERAL EXCISE TAX LICENSE • HI BOARD OF PHARMACY

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COMMUNITY/ RURAL HEALTH CENTER	29		<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 [This is currently missing in HOKU, please upload the NED as 'Miscellaneous'] • HI BOARD OF PHARMACY • GENERAL EXCISE TAX LICENSE
COMMUNITY SERVICE AGENCY	A3		<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 (TEMPORARILY WAIVED DURING COVID PHE) 	<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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		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
DD/ID	H1	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • HI BOARD OF NURSING (RN or APRN) 	<ul style="list-style-type: none"> • DD/ID APPROVAL LETTER • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) • COMMERCIAL GENERAL LIABILITY • W9-TAX FORM 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • 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/Serviceing 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 [This is currently missing in HOKU, please upload NED as 'Miscellaneous'] • 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 [This is currently missing in HOKU, please upload NED as 'Miscellaneous'] • 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 [This is currently missing in HOKU, please upload NED as 'Miscellaneous'] • HI BOARD OF MEDICAL EXAMINERS • GENERAL EXCISE TAX LICENSE • W9-TAX FORM [Optional for Rendering/Serviceing Only Providers]
DETOX CENTER	64		<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') 	<ul style="list-style-type: none"> • W9-TAX FORM 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE

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DHS MHS PROVIDER	80		<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		<ul style="list-style-type: none"> • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) 	<ul style="list-style-type: none"> • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE [This is currently missing in HOKU, please upload DOH/OHCA as 'Miscellaneous'] • 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 (TEMPORARILY WAIVED DURING COVID PHE) • 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/Serviceing Only Providers]
DRUG AND ALCOHOL REHAB	63	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') 		<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • GENERAL EXCISE TAX LICENSE

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EMERGENCY TRANSPORTATION	06			<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			<ul style="list-style-type: none"> • W9-TAX FORM 	
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	C2		<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-PAYMENT ID	01			<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 (TEMPORARILY WAIVED DURING COVID PHE) • 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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • 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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • COMMERCIAL GENERAL LIABILITY • HOME HEALTH SERVICES ATTACHMENT – DHS 1139 APPENDIX N • FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) • W9-TAX FORM 	<ul style="list-style-type: none"> • CMS APPROVAL LETTER • HI BOARD OF NURSING • H&CB CASE MANAGEMENT AGENCY [This is currently missing in HOKU, please upload H&CB CMA as 'Miscellaneous'] • PROFESSIONAL LIABILITY • GENERAL EXCISE TAX LICENSE
HOSPICE	35	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> • DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • CMS APPROVAL LETTER • 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
HOSPITAL	02	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') 	<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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') CMS APPROVAL LETTER ACUTE HOSPITAL FORM ATTACHMENT – DHS 1139 APPENDIX O GENERAL EXCISE TAX LICENSE W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) HCFA HI STATE SURVEY AGENCY LETTER DRUG ENFORCEMENT AGENCY NARCOTIC ENFORCEMENT DIVISION HI BOARD OF PHARMACY
HOTELS	55			<ul style="list-style-type: none"> FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) W9-TAX FORM 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY GENERAL EXCISE TAX LICENSE
INTERPRETER SERVICES	95			<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) 		<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 		<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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PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		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/Serviceing Only Providers]

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PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
MENTAL HEALTH CLINIC	52			<ul style="list-style-type: none"> • W9-TAX FORM • GENERAL EXCISE TAX LICENSE 	
MENTAL HEALTH REHABILITATION	77			<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) 		<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 (TEMPORARILY WAIVED DURING COVID PHE) • 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 	<ul style="list-style-type: none"> • HI BOARD OF NURSING • PROFESSIONAL LIABILITY 	<ul style="list-style-type: none"> • COMMERCIAL GENERAL LIABILITY • W9-TAX FORM 	<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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') 	<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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') • 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 		<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 		<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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OUT OF STATE	Z1		<ul style="list-style-type: none"> • DRUG ENFORCEMENT AGENCY 		<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 [This is currently missing in HOKU, please upload HBP as ‘Miscellaneous’] • CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA) [This is currently missing in HOKU, please upload CLIA as ‘Miscellaneous’] • ACUTE HOSPITAL ATTACHMENT – DHS 1139 APPENDIX O [This is currently missing in HOKU, please upload Appendix O as ‘Miscellaneous’] • DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE [This is currently missing in HOKU, please upload
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PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
					DOH/OHCA as 'Miscellaneous'] <ul style="list-style-type: none"> FEDERAL AVIATION ADMINISTRATION LICENSE [This is currently missing in HOKU, please upload FAAL as 'Miscellaneous'] AMBULANCE SERVICE LICENSE [This is currently missing in HOKU, please upload ASL as 'Miscellaneous'] W9-TAX FORM
OUT OF STATE DME PROVIDER	OD	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE 	<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY 	<ul style="list-style-type: none"> DEPT OF HEALTH, OFFICE OF HEALTHCARE ASSURANCE CMS APPROVAL LETTER FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) 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
PERSONAL CARE ATTENDANT	24	<ul style="list-style-type: none"> DEPARTMENT OF HEALTH LICENSE/CERTIFICATE (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') 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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') COMMERCIAL GENERAL LIABILITY FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) 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 	<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 W9-TAX FORM 	<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 		<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/Serviceing 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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PROVIDER NAME	PROVIDER TYPE	LICENSES/CERTIFICATES		UPLOADED/ATTACHED DOCUMENTS	
		REQUIRED	OPTIONAL	REQUIRED	OPTIONAL
PSYCHOLOGIST	11	<ul style="list-style-type: none"> • HI BOARD OF PSYCHOLOGY 		<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		<ul style="list-style-type: none"> • HI BOARD OF MEDICAL EXAMINERS • HI BOARD OF NURSING 	<ul style="list-style-type: none"> • 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 • 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	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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') [This is currently missing in HOKU, please upload DOH/OHCA as 'Miscellaneous'] FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) 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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') 	<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 (ADD UNDER 'HCFA HI STATE SURVEY AGENCY') 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 		<ul style="list-style-type: none"> COMMERCIAL GENERAL LIABILITY DD/ID APPROVAL LETTER FINGERPRINT-BASED CRIMINAL BACKGROUND CHECK (TEMPORARILY WAIVED DURING COVID PHE) 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 		<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]
VISION CENTER	79	<ul style="list-style-type: none"> • HI BOARD OF DISPENSING OPTICIANS 		<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

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