

Directions: Please complete each column with information for each personnel file selected for review and upload completed tool to Box. MSHN staff will verify information provided in this document using actual personnel files when conducting QA visit.

MSHN –Credentialing Personnel File Review	
Provider: Click or tap here to enter text.	Date of Review: Click or tap to enter a date.
Reviewer: Click or tap here to enter text.	

Utilize columns to identify Staff Initials/Title/Date of Hire	Staff 1:	Staff 2:	Staff 3:	Staff 4:	Staff 5:	Staff 6:	Staff 7:	Staff 8:
Initial Application - Indicate date of completion of initial credentialing - could be expiration date, date of signature, or date verified								
Complete Application <ul style="list-style-type: none"> Education 5-year work history (any gaps include explanation) All required attestations 								
Primary Source Verification <ul style="list-style-type: none"> State Licensure Criminal Background Check (indicate type/date) (ICHAT) Prior convictions identified (Y/N and indicate convictions) *If yes- is rationale included? Medicaid/Medicare Sanctions (indicate type/frequency) NPDB/HIPDB query or, in lieu of query, all of the following must be verified: <ul style="list-style-type: none"> i. Minimum 5-year history of professional liability claims resulting in judgement or settlement ii. Disciplinary status with regulatory board or agency; and iii. Medicare/Medicaid Sanctions 								



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• Education/Internship/Residency (Physicians, NP, PA, ETC).								
Measures of Current Clinical Competency in Areas of Work/Privilege. Could include (MCBAP certs, trainings, Professional Enhancements, Performance Evaluations, professional reference feedback)								
Proof of Liability Coverage (if applicable)								
MCBAP Credential (or dev plan submitted within 30 days of hire)								
Credentialing approved by qualified credentialed practitioner and/or credentialing committee								
If employee was granted temporary privileges, verify all verification was completed as required by initial credentialing and that a MSHN Temporary privileging form was submitted and is in file if applicable.								
Re-Credentialing - Indicate date of completion of re-credentialing - could be expiration date, date of signature, or date verified								
Complete Application (Education, work Experience, attestation, etc.)								
Primary Source Verification Updates								
• Licensure								
• Criminal Background Check (indicate type/date)								
• Prior convictions identified (Y/N and indicate convictions)								
• Medicaid/Medicare Sanctions (indicate type/frequency)								
• NPDB/HIPDB query or, in lieu of query, all of the following must be verified: iv. Minimum 5-year history of professional liability claims resulting in judgement or settlement								



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v. Disciplinary status with regulatory board or agency; and • Medicare/Medicaid Sanctions								
Measures of Current Clinical Competency in Areas of Work/Privilege. Could include: • QI/Performance Monitoring, • Performance Evaluation • Peer Review								
• Review for Member concerns (grievance and appeal, complaints, and appeals information) • Quality Issues								
Proof of Liability Coverage (if applicable)								
MCBAP Credential								
Credentialing approved by qualified credentialed practitioner and/or credentialing committee								

<p>Staff Credentialing Findings and Corrective Action</p> <p>Strengths:</p> <p>Findings:</p> <p>Recommendations:</p>
