MSHN
Mid-State Health Network

Directions: Please complete each column with information for each personnel file selected for review and upload completed tool and documentation to Box. MSHN staff will review to ensure all required information is included in credentialing packets such as dates of documents, primary source documents, and ensure there is no lapse between credentialing dates.

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 Credentialing								
Complete Application and file include: • Education • 5-year work history (any gaps include explanation) • All required attestations								
Primary Source Verification								
• State Licensure *(Source, PSV Date)*								
• Criminal Background Check *(indicate type/date) (ICHAT)*								
• Prior convictions identified (Y/N and indicate convictions) **If yes- is rationale included? (See MSHN Compliance Excluded Provider Policy)*								
• Medicaid/Medicare Sanctions *(indicate type)*								
• NPDB/HIPDB query or, in lieu of query, all of the following must be verified: 1. Minimum 5-year history of professional liability claims resulting in judgement or settlement 2. Disciplinary status with regulatory board or agency; and 3. Medicare/Medicaid Sanctions								

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• Education/Internship/Residency (Physicians, NP, PA, ETC). Evidence may include: 1. *Original Transcripts to provider* 2. *National Student Clearinghouse* 3. *LARA License* 4. *Other (verify)*								
Measures of Current Clinical Competency in Areas of Work/Privilege. *(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								
Complete Application (attestation)								
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)*								

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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								

Staff Credentialing Findings and Corrective Action
Strengths: Findings: Recommendations:

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