MSHN

Mid-State Health Network

MSHN –Individual Practitioner Credentialing Review Tool	
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:
Credentialing Application Date								
Date of Last Credentialing Decision (Recredentialing only)								
Initial Credentialing File Review								
Application Elements								
1 Application includes education								
2. Application includes 5-year work history								
3. If there are gaps in professional work history, explanation is provided								
4. Attestation- Lack of present illegal drug use								
5. Attestation - Any history of loss of license								
6. Attestation- Any history of felony convictions								
7. Attestation- History of loss or limitation of privileges or disciplinary action.								
8. Attestation- Ability to perform duties of job with or without accommodation.								

9. Attestation- Correctness and completeness of the application.								
Primary Source Verification (PSV) Completion and Timeliness								
10. State License *Verification within 180 days before decision*								
11. Board certification (MCBAP, AMA, etc.), or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training *Verification within 180 days before decision*								
12. Graduation from an accredited school (If licensed, LARA PSV will meet this PSV).								
13. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the AMA or AOA may be used to satisfy the primary source requirements of 8, 9, and 10 above. *Verification within 180 days before decision*								
14. NPDB/HIPDB query or, in lieu of the query, verified all of the following: -Minimum 5-year history of professional liability claims resulting in judgement or settlement. *(confirmation from insurance company (email/letter)* -Disciplinary status with regulatory board or agency. (*LARA screenshot)* -Medicare/Medicaid sanctions. *(Federal OIG, MDHHS Sanctioned Providers, SAM.gov)* *Verification within 180 days before decision* ***NPDB queries are not available in the CRM and will need to be verified directly with the CMH.*								
15.Criminal Background Check (indicate source/date)								

16. National Sex Offender Registry Check (indicate source/date)								
17.State Sex Offender Registry Check (indicate source/date)								
16. If CBC check includes history, there is evidence the organization has reviewed to ensure history does not disqualify the provider.								
17. Proof of Liability Coverage (if applicable)								
Credentialing Decision								
18. Credentialing approved by qualified credentialed practitioner and/or credentialing committee								
19. Credentialing decision was made within 90 days of receiving application.								
20. Evidence of credentialing decision letter (If adverse decision, letter must include appeal information)								
21. If employee was granted temporary/provisional credentialing, verify all elements for initial credentialing were completed AND there was no gap between temp/prov expiration and full credentialing approval. ***The temporary credential file will need to be obtained directly from CMH. It will not be in CRM.*								
Re-Credentialing File Review								
Application/Attestations								
1. Attestation- Lack of present illegal drug use								
2. Attestation- Any history of loss of license								
3. Attestation- Any history of felony convictions								
4. Attestation -								

MSHN
Mid-State Health Network

Any history of loss or limitation of privileges or disciplinary action.								
5. Attestation- Ability to perform duties of job with or without accommodation.								
6. Attestation- Correctness and completeness of the application.								
Primary Source Verification Completion and Timeliness								
7. State licensure *(screenshot/print out from LARA – verification within 180 days before decision*)								
8. Board Certification if applicable.								
9. The PIHP completed a NPDB/HIPDB query, or in lieu of the query, verified all of the following: -Minimum 5-year history of professional liability claims resulting in judgement or settlement. *(Letter from insurance company confirming and must be within 180 days before credentialing decision).* -Disciplinary status with regulatory board or agency.*(LARA screenshot/print out – verification within 180 days before decision*) -Medicare/Medicaid sanctions. *(Federal OIG, MDHHS Sanctioned providers, SAM.gov – verification within 180 days before decision* ***NPDB queries are not uploaded to the CRM and will need to be verified directly with the CMH.*								
10. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the AMA or AOA may be used to satisfy the primary source requirements of 7,8, and 9 above. *– verification within 180 days before decision*								
11. Evidence of current liability insurance at time of credentialing								

12. Criminal Background Check (indicate source/date)								
13. If CBC check includes history, ensure history does not disqualify the provider								
14. National Sex Offender Registry Check (indicate source/date)								
15. State Sex Offender Registry Check (indicate source/date)								
Ongoing Monitoring and intervention if appropriate, of provider sanctions, complaints, and quality issues								
12. Medicare/Medicaid Sanctions Monthly (sample 3 months)								
13. State Sanctions or limitations on licensure, registration or certification *(NPDB continuous query or mid-cycle license/certification checks*)								
14. Mid-cycle license and certification expirations *(expirations that occur between credentialing activities)*								
15. Member Concerns which include appeals and grievances (complaints) information. *(verify reviewed and used in the decision-making process-usually on checklist)*								
16. Quality Issues *(verify reviewed and used in the decision making process usually on checklist)*								
17. Mid-Cycle liability insurance expirations. *(expirations that occur between credentialing activities)*								
Recredentialing Decision								
20. Credentialing approved by qualified credentialed practitioner and/or credentialing committee.								
21. Evidence that member concerns/quality issues were reviewed. *verify reviewed and used in the decision-making process, usually located on checklist)*								

22. Recredentialing was completed timely within 3 years of the initial or last credentialing decision.								
23. If the credentialing was denied, the provider was given written notice of the credentialing decision, and the appeal process was included in the letter.								

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