

**MPCR400 – Attachment B.2
PHYSICIAN Re-Credentialing Checklist**

Meeting Date:

Provider Name:		PCP Specialist - Type:			
Cred Specialist:	Auditor:		Audit Date:		
Application Received Date:			Refer to Policies CR 300 & CR 400		
Document Title No document may be older than 180 days. CPPA		Date of Verification or NA	Verified by:	Document Expiration Date	Audit v
Confirm Specialty Exists at site (under C1)				NA	
Medi-Cal Enrollment Verification -by NPI Source: Medi-Cal.gov				NA	
License Verification CR 3A FACTOR 1 Source: CA DCA Breeze Secondary License Actions? Y or N Per SB137 if middle name is on Breeze, it must be added to Intelli.					
DEA/CDS Certificate Suboxone Y or N (PCP ONLY, If so, confirm form is behind DEA cert and board Cert and DEA screens are filled out) CR 3A Factor 2 Source: DEA CSA					
Board Certification CR 3A FACTOR 3 & 4 If PCP: <input type="checkbox"/> Family Med <input type="checkbox"/> Internal Med <input type="checkbox"/> Pediatrics Source: ABMS or <input type="checkbox"/> AOA If no BC confirm AMA or residency letter at initial					
Attestation Questions (Application/Med. Director) Signature Date: Adverse Answer - Y or N if yes, what question *check last cycle CR 3C FACTORS 1,2,3,4 & 6 Source: CPPA CAQH <input type="checkbox"/> Other <input type="checkbox"/>					
File Release (Malpractice History) Application Signature Date: Provider name on bottom of every page of app? Y or N					
Hospital Privileges Hospitalist, Admitting Agreement, Group Coverage or Transfer Agreement					
Certificate of Professional Liability Insurance CR 3C FACTOR 5 Coverage of at least 1m & 3m – Y or N If No, specify coverage: _____ Provider name on COI <input type="checkbox"/> Provider name on an attached Roster <input type="checkbox"/> Policy info on Application <input type="checkbox"/> Provider covered by a TORT					
NPDB (cannot be pulled/sourced until all info is entered into Intelli) Adverse Actions –Y or N Source: NPDB-HIPDB CR 3A FACTOR 6 CR 3B FACTORS 1 & 2				NA	
Sanction Reports With Sources	<input type="checkbox"/> Medi-Cal S&I Date:	<input type="checkbox"/> OIG Date:			
	<input type="checkbox"/> Data.CMS.gov Date:	<input type="checkbox"/> SAM Date:			
NPI Verification (NPPES Printout) Source: NPPES				NA	
CCS				NA	
Copy of Profile Sheet (If no changes, copy of profile sheet stating no change, date of meeting and initials. If change, profile sheet with initials and date of meeting and before printed directory page).					
Previous Credentialing Decision Date					
Executed Contract (C1s only-verify additional sub-specialties if applicable)					

Reviewer Attestation:
 I attest that I have reviewed this provider's credentialing application, supporting documents and primary source verifications (electronic and/or hard copy) in accordance with adopted standards/internal policies/procedures and that the information is current, correct and complete to the best of my knowledge.

Signature _____ Date: _____