

**MPCR400 – Attachment B.3**  
**Non-Physician Clinician (Mid-level) Initial Credentialing Checklist**

**Meeting Date:** \_\_\_\_\_

Provider Name:	<input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CNS <input type="checkbox"/> CNM <input type="checkbox"/> NM <input type="checkbox"/> LM		
Cred Specialist:	Auditor:	Audit Date:	
■ Application Received Date: _____		Employed by: <input type="checkbox"/> PCP <input type="checkbox"/> OB/GYN <input type="checkbox"/> Specialist	
Refer to Policies CR 300 & CR 400			

Document Title	No document may be older than 180 days.	Date Verified or NA	Verified by:	Document Expiration Date	Audit v
<b>Medi-Cal Enrollment Verification</b> - by NPI <span style="float: right;">Source: Medi-Cal.gov</span>				NA	
<b>Hire Date</b> _____				NA	
<b>License Verification</b> (If NP or CNM– you will need RN verification also. If PA –PA verification only) Secondary License Actions? <b>Y</b> or <b>N</b> <span style="float: right;">Source: CA DCA Breeze</span> <b>Per SB137 if middle name is on Breeze, it must be added to Intelli.</b> CR 3A Factor 1					
<b>Nursys e-Notify (NP, CNM &amp; Lactation Spec)</b> Any clinician who requires a RN license Verification					
<b>DEA/CDS Certificate – or waiver</b> <span style="float: right;">CR 3A Factor 2</span>					
<b>Board Certification (CNM, NP and Lactation ONLY) or PA Certification</b> <span style="float: right;">Source: <input type="checkbox"/> AMCB   <input type="checkbox"/> ANCC   <input type="checkbox"/> AANP   <input type="checkbox"/> NCCPA</span>					
<b>Work History -CV GAP Y or N</b> <i>Must contain current 5 year work History- more than 6 month gap requires a verbal explanation/ More than 12 month gap requires written explanation from provider</i> <b>Notes:</b> _____				NA	
<b>Attestation Questions</b> (Application/Med. Director) <span style="float: right;">Signature Date: _____</span> ■ Adverse Answer - <b>Y</b> or <b>N</b> <i>if yes, what question</i> _____ ■ CR 3C Factors 1, 2, 3, 4, 6 <span style="float: right;">Source: CPPA <input type="checkbox"/> CAQH <input type="checkbox"/> Other <input type="checkbox"/></span>					
<b>File Release</b> (Malpractice History) <span style="float: right;">Application Signature Date: _____</span> <i>Provider name on bottom of every page of app? Y or N</i>					
<b>Hospital Privileges</b> (CRNA only) <i>Hospitalist, Admitting Agreement, Group Coverage or Transfer Agreement</i>					
<b>Certificate of Professional Liability Insurance</b> <span style="float: right;">CR 3C Factor 5</span> ■ Coverage of at least 1m & 3m – <b>Y</b> or <b>N</b> <input type="checkbox"/> 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					
<b>NPDB</b> (cannot be pulled/sourced until all info is entered into Intelli) ■ Adverse Actions – <b>Y</b> or <b>N</b> <span style="float: right;">Source: NPDB-HIPDB</span> CR 3A Factor 6   CR 3B Factor 1   CR 3B Factor 2				NA	
<b>Site Audit – C1 ONLY</b> Required for PCPs and OBGYN					
<b>Sanction Reports</b> With Sources	<input type="checkbox"/> Medi-Cal S&I   Date: _____ <input type="checkbox"/> Data.CMS.gov   Date: _____	<input type="checkbox"/> OIG   Date: _____ <input type="checkbox"/> SAM   Date: _____		NA	
<b>NPI Verification</b> (NPPES Printout) <span style="float: right;">Source: NPPES</span>				NA	
<b>CCS</b>				NA	
<b>Supervising Physician Agreement</b> (not required for CRNA Supervising Physician must be credentialed with PHC. *Consulting MD information required if working independently or at a free-standing birthing center. ***PA - Physician Assistants must have a Practicing Agreement supplied by group				NA	

**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: \_\_\_\_\_