MPCR400 – Attachment B.4 Non-Physician Clinician (Mid-level) Re-Credentialing Checklist

Meeting Date:							
Provider Na							
Cred Specia	d Specialist: Auditor:			Audit Date:			
Application Received Date:			Employed by: PCP OB/GYN Specialist				
Refer to Policies CR 300 & CR 400				0			
Document Title No document may be older than 180 days. Image: Comparison of the second seco				Date Verified or NA	Verified by:	Document Expiration Date	Audit V
Medi-Cal Enrollment Verification - by NPI Source: Medi-Cal.gov						NA	
License Verification (If NP or CNM- you will need RN verification also. If PA -PA verification only)Secondary License Actions?Y or NSource: CA DCA BreezePer SB137 if middle name is on Breeze, it must be added to Intelli.CR 3A Factor 1							
Nursys e-Notify (NP, CNM & Lactation Spec) Any clinician who requires a RN license Verification							
DEA/CDS Certificate - or waiver CR 3A Factor 2							
Board Certification (CNM, NP and Lactation ONLY) or PA Certification Source: AMCB ANCC AANP NCCPA							
Attestation Questions (Application/Med. Director) Signature Date:							
Adverse Answer - Y or N if yes, what question *check last cycle							
Source: CPPA CAQH Other CR 3C Factors 1, 2, 3, 4, 6							
File Release (Malpractice History) Application Signature Date:							
Hospital Privileges (CRNA only) 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 N • Provider name on COI • Provider name on an attached Roster • Policy info on Application • Provider covered by a TORT							
NPDB (cannot be pulled/sourced until all info is entered into Intelli)						NA	
 Adverse Actions – Y or N HIPDB 							
	actor 6 CR 3B Factor 1 CR 3B Fa	ictor 2					
Sanction	Medi-Cal S&I Date:		□ OIG Date:			NA	
Reports With Sources	Data.CMS.gov Date:		□ SAM Date:				
NPI Verification (NPPES Printout) Source: NPPES						NA	
CCS							
Supervising Physician Agreement (not required for CRNA) Supervising Physician must be credentialed with PHC. ***PA - Physician Assistants must have a Practicing Agreement supplied by group						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).						NA	
Previous Credentialing Decision Date							
Reviewer Attestation:					l		

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_____