

MPCR400 – Attachment B.7
Facility Provider
Initial Credentialing & Re-Cred Checklist

Credentialing Meeting Date:

| | | |
|--|----------------|-----------------------------------|
| Facility Name: | Provider Type: | |
| Cred Specialist: | Auditor: | Audit Date: |
| <ul style="list-style-type: none"> ▪ Application Received Date: ▪ Place a Copy of the Application Loose in Chart | | Refer to Policies CR 700 & CR 400 |

| Document Title | No document may be older than 180 days. | Date of Verification or NA | Verified by: | Document Expiration Date | Audit v | | | |
|---|---|----------------------------|----------------------------------|--------------------------|--|---------------------------------------|---------------------------|---------------------|
| Medi-Cal Verification <i>(primary source or DHCS approval letter)</i> Source: | | | | | | | | |
| Application | | | | | | | | |
| W-9 <i>(required for Initial Credentialing only)</i> | | | | | | | | |
| Business License or DHCS License Source: DHCS | | | | | | | | |
| Liability Insurance <i>Coverage of at least 1m & 3m – Y or N</i> | | | | | | | | |
| Accreditation Accrediting agency/Source: | | | | | | | | |
| Facility Site Review (if not accredited) Date of FSR: _____ | | | | | | | | |
| Sanctions <input type="checkbox"/> Medi-Cal S&I Date: _____ <input type="checkbox"/> Data.CMS.gov Date: _____ Reports <input type="checkbox"/> SAM Date: _____ With Sources | | | | | | | | |
| NPI Verification <i>(NPPES Printout)</i> Source: NPPES | | | | | | | | |
| All dates added to Grid – Current Meeting date/Send ReCred App | | | | | | | | |
| Intelli Audit | | | | | | | | |
| PHC # (re-Cred) | Facility & Corporate Address Match App | TIN# matches W-9 or App | Medi-Cal & Medicare# Matches App | NPI# Matches App | JCAHO Cert Status & Exp Date Match App | Insurance Policy # & Limits Match App | Facility Type Matches App | Directories updated |
| | | | | | | | | |

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: _____