

MPCR400 – Attachment B.9
Stand-Alone Birth Centers
Initial Credentialing & Re-Cred Checklist

Facility Name:		
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	Source: Medi-Cal.gov			NA				
Application								
W-9 (required for Initial Credentialing only)								
DHCS License	Source: DHCS							
Liability Insurance <i>Coverage of at least 1m & 3m – Y or N</i>								
Commission for the Accreditation of Birth Centers	Source: CABC							
Facility Site Review (score \geq 80%) –initial only								
Sanctions <input type="checkbox"/> Medi-Cal S&I Date: _____ Reports <input type="checkbox"/> Data.CMS.gov Date: _____ With Sources	<input type="checkbox"/> OIG Date: _____ <input type="checkbox"/> SAM Date: _____			NA				
NPI Verification (NPPES Printout)	Source: NPPES			NA				
Transfer Agreement with a Local Hospital								
Consulting OB-GYN Provider Agreement								
Directory Verification (Re-Cred Only)				NA				
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
Post Audit	Supervisor Signature: _____				Date: _____			

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: _____