

2022 CMH Credentialing Personnel File Review					
<b>Member CMHSP:</b>			<b>Date of Review:</b>		
<b>Directions:</b> Please complete each column with information for each personnel file selected for review and upload completed tool to LRE SharePoint. LRE staff will verify information provided using actual personnel files when conducting QA visit.			<b>Reviewer:</b>		
	<b>Staff 1</b>	<b>Staff 2</b>	<b>Staff 3</b>	<b>Staff 4</b>	<b>Staff 5</b>
<b>Name:</b>					
<b>Title:</b>					
<b>Date of hire:</b>					
<b>Initial Application – Indicate date of completion of initial credentialing – could be expiration date, date of signature, or date verified</b>					
<b>1.1 Complete Application</b> 1.1a. Education ( 1.1b. 5-year work history (any gaps include explanation)					
<b>1.2 Required Attestations:</b> Lack of present illegal drug use					
<b>1.3 Required Attestations:</b> Any history of loss of license and/or felony convictions					
<b>1.4 Required Attestations:</b> Any history of loss or limitation of privileges or disciplinary action.					
<b>1.5 Required Attestations:</b> Attestation by the applicant of the correctness and completeness of the application.					
<b>1.6 Primary Source Verification</b> 1.6.a. State Licensure or certification.					
1.6.b. Board certification, or highest level of credentials attained, if applicable, or completion of any required					

internships/residency programs or other postgraduate training.					
1.6.c. Documentation of graduation from an accredited school.					
1.6.d. Verification of most recent Criminal Background Check (indicate type/date) (ICHAT)					
1.6.e. Criminal Background Check initial and every two years. (type/date of initial and full 2 years only if NOT most recent)					
1.6.f. Prior convictions identified (Y/N and indicate convictions) If yes- is rationale included?					
1.6.g NPDB/HIDBP query or in lieu of query all of the following must be verified:					
1.6.g.i. Minimum 5-year history of professional liability claims resulting in judgement or settlement.(date/result of inquiry, i.e. clear or rationale or notes)					
1.6.g.ii. Disciplinary status with regulatory board or agency (date/result of inquiry, i.e. clear or rationale or notes)					
1.6.g.iii. Medicare/Medicaid Sanctions (date/result of inquiry, i.e. clear or rationale or notes)					
1.6.h. If the individual practitioner undergoing credentialing is a physician, the physician profile information obtained from the American Medical Association or American Osteopathic Association					

may be used to satisfy the primary source requirements for licensure, board certification, and graduation from an accredited school.					
1.6.i. Initial Sanction Checks- Office of Inspector General (OIG), System for Award Management (SAM), and Michigan Sanctioned Provider List. (service used/frequency)					
1.6.j. Evidence of monthly Sanction Checks completed. If service is used, which service? (service used/frequency)					
1.6.k. Performance Appraisal presented annually (dates of last two)					
1.6.l. Education/Internship/Residency (Physicians, NP, PA, etc.)					
<b>1.7 Measures of Current Clinical Competency in Areas of Work/Privilege.</b> Could include: <ul style="list-style-type: none"> <li>• MCBAP certifications,</li> <li>• trainings,</li> <li>• Professional Enhancements,</li> <li>• Performance Evaluations,</li> <li>• professional reference feedback</li> </ul>					
<b>1.8 Proof of Liability Coverage</b> (if applicable); (carrier, \$\$ limits, exp date)					
<b>1.9 MCBAP Credential</b> (or dev plan submitted within 30 days of hire). (Cred/exp date)					
<b>1.10 Credentialing approved by qualified credentialed practitioner and/or credentialing committee. (date of approval)</b>					
<b>1.11 If employee was granted temporary privileges, ensure all verification was</b>					

completed as required by initial credentialing					
<b>1.12 An individual practitioner that is denied credentialing shall be informed of the reasons for the adverse credentialing decision in writing by the PIHP.</b>					
<b>Re-credentialing at least every two years – indicate date of completion of re-credentialing—could be expiration date, date of signature or date verified. LIDS SECTION ID# 102</b>					
<b>2.1 Complete Application</b> (Education, work Experience, attestation, etc.)					
2.1a Attestation by the applicant of the correctness and completeness of the appropriate attestations)application. Complete application (signed, dated,					
<b>2.2 Up-date of Information Obtained During Initial Credentialing</b>					
2.2a Licensure					
2.2b Criminal Background Check (indicate type/date					
2.2c Prior convictions identified (Y/N and indicate convictions)					
2.2d Medicaid/Medicare Sanctions (indicate type/frequency					
2.2e NPDB/HIDBP query or in lieu of query all of the following must be verified: Minimum 5-year history of professional liability claims resulting in judgement or settlement. <b>(date, outcome)</b>					
2.2f NPDB/HIDBP query or in lieu of query all of the following must be verified: Disciplinary status with regulatory board or agency;					

2.2g NPDB/HIDBP query or in lieu of query all of the following must be verified: i. Medicare/Medicaid Sanctions (OIG, SAM, MI Sanctioned Provider List)					
2.2h Evidence of monthly Sanction Checks completed. (service, frequency)					
<b>2.3 Measures of Current Clinical Competency in Areas of Work/Privilege. Could include:</b> <ul style="list-style-type: none"> <li>• QI/Performance Monitoring</li> <li>• Performance Evaluation</li> <li>• Peer Review</li> <li>• Review for Member concerns (grievance and appeal, complaints, and appeals information)</li> <li>• Quality Issues</li> </ul>					
<b>2.4 Proof of Liability Coverage</b> (if applicable); (carrier, \$\$ limits, exp date)					
<b>2.5 MCBAP Credential</b> (if applicable) (Cred/exp date)					
<b>2.6 Re-credentialing approved by qualified credentialed practitioner and/or credentialing committee</b>					
<b>Staff Credentialing Findings</b>					
<b>Strengths/Findings/Recommendations:</b>					