

LICENSED ORGANIZATION CREDENTIALING CHECKLIST

ORGANIZATION NAME:	
CONTACT NAME:	
ORGANIZATION ADDRESS:	
ORGANIZATION PHONE #:	
EMAIL ADDRESS:	

Date Provider Network Application Completed:	
Credentialing Completed by Another CMH <input type="checkbox"/>	
W9 <input type="checkbox"/>	
Certificate of Insurance <input type="checkbox"/>	
Licensures for All Locations <input type="checkbox"/>	
Licensure Date(s):	
Accreditation Certificate/Letter <input type="checkbox"/>	

License Verification(s): (LARA)	
NPI Number: (npiregistry.cms.hhs.gov)	
Federal ID (EIN):	

Accreditation Type:	
Accreditation Dates:	

MEDICAID/MEDICARE FRAUD:

OIG Verification Date:	
SAM Verification Date:	
MDHHS Sanctioned Prov Date:	

HCBS/Heightened Scrutiny: (Site Review)

HCBS Provisional Approval Date:	
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Program/Home Site Name:	
Address:	
Phone #:	
License #:	
Licensure Date:	
# of Beds:	
Certified:	MI <input type="checkbox"/> DD <input type="checkbox"/>
Program/Home Site Name:	
Address:	
Phone #:	
License #:	
Licensure Date:	
# of Beds:	
Certified:	MI <input type="checkbox"/> DD <input type="checkbox"/>

RE-CREDENTIALING: (Summarize - Past 2 Years)

All:	
Administrative Effectiveness	
Quality Manager: Performance Indicators (as applicable)	
Recip Rights Manager: Grievances & Appeals:	
Corp Comp Officer: HIPAA Security/Privacy/RR Confidentiality Violations	
Recip Rights Manager: Substantiated RR Complaints	
Quality Manager: Adverse Clinical Events	
Corp Comp Officer: Corporate Compliance Findings/Issues:	
Quality Manager: Medicaid Event Verification	
Quality Manager: Site Review Date Overall %:	
Finance Manager: Financial Statements:	
Contracts Manager; Licensing Report(s):	

Rating Scale:

Excellent = 4 Good = 3 Fair = 2 Poor = 1

Excellent = 4 Good = 3 Fair = 2 Poor = 1

Excellent = 5 Good = 4 Fair = 3 Poor = 2

Excellent = 5 Good = 4 Fair = 3 Poor = 2

Excellent = 6 Good = 5 Fair = 4 Poor = 3

Excellent = 6 Good = 5 Fair = 4 Poor = 3

Excellent = 6 Good = 5 Fair = 4 Poor = 3

Excellent = 6 Good = 5 Fair = 4 Poor = 3

Enter Site Review Overall Percentage

Board Approval Date:	
Date Reviewed by Committee:	

Approved Pended Denied

Packet Prepared by:
