Organizational Provider Credentialing/Recredentialing Checklist

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| **Applicant Name:** | **Type of Application:  Initial  Recredentialing** | |
| **Credentialing Designee:** | | |
| **Application Process Dates** | **⌧ or NA** |  |
|  |  | Application sent to Provider |
|  |  | Application returned to Credentialing Designee |
|  |  | Application verified as complete, signed, dated |
|  |  | If incomplete, returned to Provider |
|  |  | Application resubmitted |
|  |  | Application verified as complete, signed, dated |
|  |  |  |
| **PSV Verification Dates** | **⌧ or NA** |  |
|  |  | State License (LARA) #:  Expiration Date: |
|  |  | Accreditation Expiration: |
|  |  | General Commercial/Professional Liability Policy |
|  |  | No Sanction per OIG |
|  |  | No Sanction per SAM |
|  |  | No Sanction per MDHHS |
|  |  |  |
| **Decision Process Dates** | **⌧ or NA** |  |
|  |  | Clean file signed by designee |
|  |  | File submitted to credentialing committee |
|  |  | Committee decision rendered |
|  |  | Applicant notified of decision |
|  |  | Recredentialing date established (within two years) |
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