

☒ OK To Use

AUDIT NAME

FY 26 NMRE: Staff Credentialing Audit (on site)

PASSING %

☐ Consumer linked to this audit☒ Staff Audit

SECTIONS

Section

SECTIONS

Section

NUMBERTITLE

1 Initial Practitioner Credentialing

SECTION QUESTIONS

Questions

SECTION QUESTIONS

Questions

1	Staff has a written application that is completed, signed and dated by the provider and attests to the required elements within MDHHS/PIHP standard timeframes	Mixed	N/A
2	Application contains attestation for lack of present illegal drug use	Mixed	N/A
3	Application contains attestation for any history of loss of license and/or felony convictions	Mixed	N/A
4	Application contains attestation for any history of loss or limitation of privileges or disciplinary action	Mixed	N/A
5	Application contains attestation by the applicant of the correctness and completeness of the application	Mixed	N/A
6	CMHSP conducted an evaluation of the provider's work history for the prior five years	Mixed	N/A
7	CMHSP conducted a criminal history verification	Mixed	N/A
8	The CMHSP conducted a primary source verification for the staff's licensure of certification, or if not available, transcripts	Mixed	N/A
9	The CMHSP conducted a primary source verification for the staff's board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training	Mixed	N/A

10	The CMHSP conducted a primary source verification for an official transcript of graduation from an accredited school and/or LARA license, and/or via the National Student Clearinghouse	Mixed	N/A
11	The CMHSP conducted a primary source verification of National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/ HIPDB query, the following was verified: i. Historical checks of criminal convictions related to the delivery of a health care item or service. ii. Historical checks of civil judgments related to the delivery of a health care item or service. iii. Disciplinary status with regulatory board or agency. iv. Medicare/Medicaid sanctions and/or exclusions as described in (B) Credentialing Standards (2) (b).	Mixed	N/A
12	Verification provider is not listed on OIG Exclusions list	Mixed	N/A
13	Verification provider is not listed on System for Award Management Exclusions list	Mixed	N/A
14	Verification provider is not listed on Michigan Sanctioned Provider list	Mixed	N/A
15	If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements.	Mixed	N/A
16	The CMHSP completed credentialing within 90 calendar days of application submission. (start time begins when the CMH received a completed signed and dated credentialing application, and completion time is when written communication was sent to the individual practitioner notifying them of the CMHs decision)	Mixed	N/A
17	The staff was informed in writing of the CMHSP decision within 30 days of the decision to approve or deny credentialing	Mixed	N/A
18	If provider was provisionally credentialed, temporary or provisional credentialing did not exceed 150 days	Mixed	N/A

19	If provider was provisionally credentialed, the PIHP must have up to 31 days from receipt of a complete application, accompanied by the minimum documents identified below, to render a decision regarding temporary or provisional credentialing by reviewing the following: 1. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements: a. Lack of present illegal drug use. b. History of loss of license, registration, certification, and/or felony convictions. c. Any history of loss or limitation of privileges or disciplinary action. d. Attestation by the applicant of the correctness and completeness of the application.	Mixed	N/A
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NUMBER TITLE

2 Recredentialing Practitioner Credentialing

SECTION QUESTIONS			
Questions			

SECTION QUESTIONS			
Questions			
1	Staff has a written application that is completed, signed and dated by the provider and attests to the required elements within MDHHS/PIHP standard timeframes	Mixed	N/A
2	Application contains attestation for lack of present illegal drug use	Mixed	N/A
3	Application contains attestation for any history of loss of license and/or felony convictions	Mixed	N/A
4	Application contains attestation for any history of loss or limitation of privileges or disciplinary action	Mixed	N/A
5	CMHSP conducted a criminal history verification	Mixed	N/A
6	The CMHSP conducted a primary source verification for the staff's licensure of certification, or if not available, transcripts	Mixed	N/A
7	The CMHSP conducted a primary source verification for the staff's board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training	Mixed	N/A

8	The CMHSP conducted a primary source verification for an official transcript of graduation from an accredited school and/or LARA license, and/or via the National Student Clearinghouse	Mixed	N/A
9	The CMHSP conducted a primary source verification of National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/ HIPDB query, the following was verified: i. Historical checks of criminal convictions related to the delivery of a health care item or service.	Mixed	N/A
10	Verification provider is not listed on OIG Exclusions list	Mixed	N/A
11	Verification provider is not listed on System for Award Management Exclusions list	Mixed	N/A
12	Verification provider is not listed on Michigan Sanctioned Provider list	Mixed	N/A
13	If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements.	Mixed	N/A
14	The CMHSP completed credentialing within 90 calendar days of application submission. (start time begins when the CMH received a completed signed and dated credentialing application, and completion time is when written communication was sent to the individual practitioner notifying them of the CMHs decision)	Mixed	N/A
15	The staff was informed in writing of the CMHSP decision within 30 days of the decision to approve or deny credentialing	Mixed	N/A
16	Provider was credentialed within three years of previous credentialing	Mixed	N/A
17	The CMHSP considered beneficiary concerns which include appeals and grievances (complaints) information	Mixed	N/A