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| --- | --- | --- |
| Provider Name:  | Service Unit: | Area: |
| **DOCUMENTS / TASKS** | **Compliant/****Completed?**  | **# NC** | **Comments** |
| **Workflow** |
| Alarms (appointment, life support, board certification, DEA/CDS/DPS, insurance, NPDB, and state license) | Choose an item. |  |  |
| **Summary** |
| Photo of the provider | Choose an item. |  |  |
| **Demographic** |
| First Name | Choose an item. |  |  |
| Last Name | Choose an item. |  |  |
| Degree | Choose an item. |  |  |
| Salutation | Choose an item. |  |  |
| Birth Date | Choose an item. |  |  |
| SSN | Choose an item. |  |  |
| Field of Licensure | Choose an item. |  |  |
| Cell Phone | Choose an item. |  |  |
| Email Address | Choose an item. |  |  |
| **Cycles** |
| Aiva Cycle selected | Choose an item. |  |  |
| **Appointment** |
| Application Sent | Choose an item. |  |  |
| Application Submitted | Choose an item. |  |  |
| Application Received | Choose an item. |  |  |
| Application Type – populated as “Credentialing by Proxy” | Choose an item. |  |  |
| Application Status – populated as “Schedule One” | Choose an item. |  |  |
| Application Processed | Choose an item. |  |  |
| MEC Approval | Choose an item. |  |  |
| Board Approval | Choose an item. |  |  |
| Initial Appointment | Choose an item. |  |  |
| Last Appointment | Choose an item. |  |  |
| Next Appointment | Choose an item. |  |  |
| Credentialing Complete Checkbox Checked | Choose an item. |  |  |
| Status – populated as “Associate (Consultant/Courtesy)” | Choose an item. |  |  |
| Category – populated as “Credentialing by Proxy” | Choose an item. |  |  |
| Dept. 1 | Choose an item. |  |  |
| Physical Location | Choose an item. |  |  |
| Staff Type | Choose an item. |  |  |
| Corporate Status | Choose an item. |  |  |
| On Staff Checkbox | Choose an item. |  |  |
| Dates are in chronological order and make sense | Choose an item. |  |  |
| **License/Credentials** |
| DEA/CDS/DPS PSV (unless DS completes, per agreement) | Choose an item. |  |  |
| Active State Licenses PSV (unless DS completes, per agreement) | Choose an item. |  |  |
| Inactive State License PSV (unless DS completes, per agreement) | Choose an item. |  |  |
| All License Types are correct | Choose an item. |  |  |
| All License/registration fields completed | Choose an item. |  |  |
| Documents 3 unverifiable attempts, if unable to obtain PSV (name, date of request, and verification methods) | Choose an item. |  |  |
| No duplicate entries | Choose an item. |  |  |
| **Files** |
| CBP Intake Form completed | Choose an item. |  |  |
| Privileges requested by applicant or included in agreement | Choose an item. |  |  |
| Professional Practice Questions Complete | Choose an item. |  |  |
| OMB-approved IHS Conditions of Participation & Release Form used | Choose an item. |  |  |
| IHS Conditions of Participation & Release Form signed by the applicant | Choose an item. |  |  |
| CBP written agreement | Choose an item. |  |  |
| Distant site compliance with Medicare CoP (accreditation award letter, policies/procedures related to CBP, etc.) | Choose an item. |  |  |
| Schedule 1 Roster signed & dated by both entities | Choose an item. |  |  |
| Decision letter from originating site | Choose an item. |  |  |
| Explanations for negative answers/red flags documented | Choose an item. |  |  |
| File Type names are correct | Choose an item. |  |  |
| **Verification Log** |
| SAM/GSA Verification | Choose an item. |  |  |
| Medicare Opt-out Verification | Choose an item. |  |  |
| NPI Verification | Choose an item. |  |  |
| NPDB Query | Choose an item. |  |  |
| OIG Verification  | Choose an item. |  |  |
| **Jump To 🡪 View Privileges** |
| Privileges listed | Choose an item. |  |  |
| Privileges do not include services at the OS that is not approved at the DS | Choose an item. |  |  |
| Provider meets all privilege criteria | Choose an item. |  |  |
| Privileges decision documented | Choose an item. |  |  |
| **VComm** |
| Medical staff membership and/or privileges decision is documented | Choose an item. |  |  |
| Recommendations and approvals in VComm include the title and role of the signatory in the outcome | Choose an item. |  |  |
| Reviewer Name & Date Completed: |

**# NC** – Number non-compliant/not complete