|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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