

**CAMHD MHP
PROVIDER CHECKLIST**

PROVIDER'S CURRENT LEGAL NAME:		
<input type="checkbox"/> INITIAL	<input type="checkbox"/> RE-CREDENTIAL	EXP:
PROVIDER AGENCY NAME:		
PROVIDER AGENCY CODE:	IDENTIFY WHICH ISLAND THE CREDENTIALING FILE WILL BE HOUSED:	
JOB TITLE/POSITION:	<input type="checkbox"/> Big Island <input type="checkbox"/> Kauai <input type="checkbox"/> Maui <input type="checkbox"/> Oahu	
PROVIDER NPI # (REQUIRED):	<input type="checkbox"/> <i>If Pending, please indicate</i>	

1	ATTESTATION <input type="checkbox"/> Attestation letter signed by Agency Credentialing Specialist(s) or Authorized Representative(s) attesting to file content <input type="checkbox"/> Date: _____ and signature within 180 days of CAMHD review and Approval <ul style="list-style-type: none"> • Original Letter should be submitted and a copy of the letter retained with the Agency
2	BACKGROUND VERIFICATION APPLICATION <input type="checkbox"/> All alias names identified in the application <input type="checkbox"/> Health Status Question answered <input type="checkbox"/> If negative answer, letters of explanation from provider attached <ul style="list-style-type: none"> <input type="checkbox"/> Letter(s) of support from Agency attached <input type="checkbox"/> Addressed in a previous Credentialing submission <input type="checkbox"/> All Restrictive Action Questions answered <input type="checkbox"/> If negative answer, letters of explanation from provider attached <ul style="list-style-type: none"> <input type="checkbox"/> Letter(s) of support from Agency attached <input type="checkbox"/> Addressed in a previous Credentialing submission <input type="checkbox"/> Provider received "Provider Rights". (Provider Rights should be given to Provider and not re-submitted with this packet) <input type="checkbox"/> Date of Affirmation signature: _____ <input type="checkbox"/> Signature within 180 days of CAMHD review and approval <input type="checkbox"/> All sections of the Application filled out completely
3	RESUME (Must be dated by the practitioner) <input type="checkbox"/> Date Prepared: _____ with month/year format and must be within 180 days of CAMHD review and approval
4	HAWAII CRIMINAL JUSTICE CENTER SEARCH <input type="checkbox"/> ECRIM OR FBI Fingerprinting - Adult Criminal Convictions verification date: _____ and must be within 180 days of CAMHD review and approval (<i>eCrim: Search for current legal name only</i>) <input type="checkbox"/> If record found, a complete printout, signed & dated is present <ul style="list-style-type: none"> <input type="checkbox"/> Letters of explanation from employee and supervisor are present <input type="checkbox"/> No records found printout dated by person conducting query

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5	<p>NATIONAL SEX OFFENDER SEARCH</p> <p><input type="checkbox"/> National Sex Offender Search verification date: _____ and must be within 180 days of CAMHD review and approval</p> <p style="margin-left: 20px;"><input type="checkbox"/> ALL aliases and name combinations searched</p> <p style="margin-left: 20px;"><input type="checkbox"/> ALL US States and Territories included with search results</p> <p style="margin-left: 20px;"><input type="checkbox"/> If record found, a complete printout, signed & dated is present</p> <p style="margin-left: 40px;"><input type="checkbox"/> Letters of explanation from employee and supervisor are present</p> <p><input type="checkbox"/> No records found printout dated by person conducting query</p> <ul style="list-style-type: none"> • 1st page of printout should indicate “no match” if the results contain hits that are not the applicant. • If the printout is multiple pages, “no match” language and date need only be on the 1st page.
6	<p>CHILD ABUSE & NEGLECT CHECKS</p> <p><input type="checkbox"/> Consent to release information from Child Protective Services submitted</p> <ul style="list-style-type: none"> • DHS Experimental; or FieldPrint Request <p><input type="checkbox"/> Request form includes all alias names</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD approval</p> <ul style="list-style-type: none"> • Verification must be the result of the Consent submitted (Search results should be based on the consent form that is submitted with this file). <p><input type="checkbox"/> No records found</p> <p style="margin-left: 20px;"><input type="checkbox"/> If record found, letters of explanation from employee and supervisor are present</p> <p><input type="checkbox"/> CA/N Disclosure submitted</p> <p style="margin-left: 20px;"><input type="checkbox"/> If “A”, possible positive CANs results is selected, letter of explanation from employee are present</p>
7	<p>EDUCATION (<i>Must mark one</i>)</p> <p><input type="checkbox"/> Date of Verification: _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Received directly from the school; transcripts received sealed and un-opened <input type="checkbox"/> Received via telephone or official website verification – no time limit <input type="checkbox"/> Highest Completed Education: _____ <input type="checkbox"/> Date conferred: _____ <p><input type="checkbox"/> Re-Credentialing. No additional education <u>completed</u> since previous credentialing.</p>
8	<p>NATIONAL PRACTITIONER IDENTIFIER (NPI)</p> <ul style="list-style-type: none"> • NPI required for ALL MHP applicants <p><input type="checkbox"/> NPPES printout</p> <ul style="list-style-type: none"> • Pages contain name and dated signature of person conducting the query • Used Entity Type: 1-Individual NOT 2-Organization <p><input type="checkbox"/> Name on NPI mirrors the MOST CURRENT name of the applicant</p> <p><input type="checkbox"/> Taxonomy Identifies closely related scope of work and indicates Hawaii or null State</p>

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<p>9</p> <p>N/A</p> <p><input type="checkbox"/></p>	<p>HAWAII LICENSE VERIFICATION/STATUS/COMPLAINTS*</p> <p>* Submit a copy of any license the applicant has (ex. RN, LPN, LSW, etc...) relative to their position/job.</p> <p><input type="checkbox"/> If CSAC, verify CSAC certificate with ADAD. (If applicable)</p> <p><input type="checkbox"/> Hawaii Professional and Vocational Licensing (PVL) Search</p> <p><input type="checkbox"/> Date of Verification (printout present): _____</p> <p><input type="checkbox"/> All Verifications are within 180 days of CAMHD review and approval and all pages contain the date the database was queried.</p>
<p>10</p> <p>N/A</p> <p><input type="checkbox"/></p>	<p>HAWAII RICO COMPLAINT HISTORY SEARCH</p> <p><input type="checkbox"/> Date of Verification (printout present): _____</p> <p><input type="checkbox"/> Run both Archived and Current Searches on all aliases</p> <ul style="list-style-type: none"> • Use LAST NAME only, no prefix or suffix ie: Mr., Ms., Jr., Sr. <p><input type="checkbox"/> All Verifications are within 180 days of CAMHD review and approval and all pages contain the date the database was queried.</p>
<p>11</p>	<p>OIG MEDICAID/MEDICARE SANCTIONS SEARCH – Required for all applicants</p> <p><input type="checkbox"/> Date of Verification (printout present): _____</p> <p><input type="checkbox"/> ALL aliases searched</p> <p><input type="checkbox"/> All Verifications are within 180 days of CAMHD review and approval and all pages contain the date the database was queried.</p>
<p>12</p> <p>N/A</p> <p><input type="checkbox"/></p>	<p>OTHER STATE LICENSES VERIFICATION (if applicable)</p> <p><input type="checkbox"/> Name of State(s): _____</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval</p> <ul style="list-style-type: none"> • Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <p><input type="checkbox"/> Expiration / Cancellation date: _____</p> <p><input type="checkbox"/> Prior complaints verified, printout present (see section 9 for requirements)</p> <ul style="list-style-type: none"> • Must be present for each state applicant is licensed in. May be on State’s licensure form <p><input type="checkbox"/> Medicaid/Medicare Sanctions Search (If the search was previously run for section 11, duplication of search is not needed)</p> <p><input type="checkbox"/> All Verifications are within 180 days of CAMHD review and approval</p> <p><input type="checkbox"/> All pages contain the date the database was queried.</p>
<p>13</p> <p>N/A</p> <p><input type="checkbox"/></p>	<p>National Practitioner Data Bank (NPDB) – All items below are required</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD review and approval</p> <p><input type="checkbox"/> Received directly from the NPDB website</p> <p><input type="checkbox"/> Queried as a designated agent of CAMHD</p> <p><input type="checkbox"/> Run as a Continuous Query</p> <p><input checked="" type="checkbox"/> If record found, letters of explanation from employee and supervisor are present</p>
<p align="center">PRINT NAME OF THE PERSON COMPLETING THE CHECKLIST</p> <p>X</p> <p>-----</p>	