

**CAMHD QMHP  
PROVIDER CHECKLIST**

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

<b>1</b>	<p><b>ATTESTATION</b></p> <p><input type="checkbox"/> Attestation letter signed by Agency Credentialing Specialist(s) or Authorized Representative(s) attesting to file content</p> <p><input type="checkbox"/> Date: _____ and signature within 180 days of CAMHD review and Approval</p> <ul style="list-style-type: none"> <li>• <b>Original</b> Letter should be submitted and a copy of the letter retained with the Agency</li> </ul>
<b>2</b>	<p><b>BACKGROUND VERIFICATION APPLICATION</b></p> <p><input type="checkbox"/> Health Status Question answered</p> <p style="margin-left: 20px;"><input type="checkbox"/> If negative answer, letters of explanation from provider attached</p> <p style="margin-left: 40px;"><input type="checkbox"/> Letter(s) of support from Agency attached</p> <p style="margin-left: 40px;"><input type="checkbox"/> Addressed in a previous Credentialing submission</p> <p><input type="checkbox"/> Restrictive Action Questions answered</p> <p style="margin-left: 20px;"><input type="checkbox"/> If negative answer, letters of explanation from provider attached</p> <p style="margin-left: 40px;"><input type="checkbox"/> Letter(s) of support from Agency attached</p> <p style="margin-left: 40px;"><input type="checkbox"/> Addressed in a previous Credentialing submission</p> <p><input type="checkbox"/> Provider received "Provider Rights". (Provider Rights should be given to Provider and not re-submitted with this packet)</p> <p><input type="checkbox"/> Date of Affirmation signature: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Signature within 180 days of CAMHD review and approval</p> <p><input type="checkbox"/> All sections of the Application filled out completely</p>
<b>3</b>	<p><b>RESUME (Must be dated by the practitioner)</b></p> <p><input type="checkbox"/> Date Prepared: _____ with month/year format and must be within 180 days of CAMHD review and approval</p>
<b>4</b>	<p><b>HAWAII CRIMINAL JUSTICE CENTER SEARCH</b></p> <p><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>)</p> <p style="margin-left: 20px;"><input type="checkbox"/> If record found, a complete printout, signed &amp; 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 the query</p>

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<b>5</b>	<p><b>NATIONAL SEX OFFENDER SEARCH</b></p> <p><input type="checkbox"/> National Sex Offender Search verification date: _____ and must be within 180 days of CAMHD review and approval</p> <p><input type="checkbox"/> ALL aliases and name combinations searched</p> <p><input type="checkbox"/> ALL US States and Territories included with search results</p> <p><input type="checkbox"/> If record found, a complete printout, signed &amp; dated is present</p> <p style="padding-left: 20px;"><input type="checkbox"/> Letters of explanation from employee and supervisor are present</p> <p><input type="checkbox"/> No records found printout signed &amp; dated by person conducting query</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> page of printout should indicate “no match” if the results contain hits that are not the applicant.</li> <li>• If the printout is multiple pages, “no match” language and date need only be on the 1<sup>st</sup> page.</li> </ul>
<b>6</b>	<p><b>CHILD ABUSE &amp; NEGLECT CHECKS</b></p> <p><input type="checkbox"/> Consent to release information from Child Protective Services submitted</p> <ul style="list-style-type: none"> <li>• DHS Experimental; ITS 1507; or FieldPrint Request</li> </ul> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD approval</p> <ul style="list-style-type: none"> <li>• Verification must be the result of the Consent submitted (Search results should be based on the consent form that is submitted with this file).</li> </ul> <p><input type="checkbox"/> No records found</p> <p><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><input type="checkbox"/> If “A”, possible positive CANs results is selected, letter of explanation from employee are present</p>
<b>7</b>	<p><b>EDUCATION (Must mark one)</b></p> <p><input type="checkbox"/> Date of Verification: _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Received directly from the school; transcripts received sealed and un-opened</li> <li><input type="checkbox"/> Received via telephone or official website verification – no time limit</li> </ul> <p><input type="checkbox"/> Highest Completed Education: _____</p> <p><input type="checkbox"/> Date conferred: _____</p> <p><input type="checkbox"/> <b>Re-Credentialing. No additional education <u>completed</u> since previous credentialing.</b></p>
<b>8</b>	<p><b>NATIONAL PRACTITIONER IDENTIFIER (NPI)</b></p> <ul style="list-style-type: none"> <li>• NPI required for ALL licensed applicants</li> </ul> <p><input type="checkbox"/> NPES printout</p> <ul style="list-style-type: none"> <li>• Pages contain name and dated signature of person conducting the query</li> <li>• Used Entity Type: 1-Individual NOT 2-Organization</li> </ul> <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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<b>9</b>	<p><b>HAWAII LICENSE VERIFICATION/STATUS/COMPLAINTS*</b> * 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>
<b>10</b>	<p><b>HAWAII RICO COMPLAINT HISTORY SEARCH</b></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"> <li>• Use LAST NAME only, no prefix or suffix ie: Mr., Ms., Jr., Sr.</li> </ul> <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>
<b>11</b>	<p><b>OIG MEDICAID/MEDICARE SANCTIONS SEARCH – Required for all applicants</b></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>
<b>12</b>  N/A <input type="checkbox"/>	<p><b>OTHER STATE LICENSES VERIFICATION (if applicable)</b></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"> <li>• Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive</li> </ul> <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"> <li>• Must be present for each state applicant is licensed in. May be on State’s licensure form</li> </ul> <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 face sheets the date the database was queried.</p>
<b>13</b>	<p><b>National Practitioner Data Bank (NPDB) – All items below are required</b></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>
<b>14</b>  N/A <input type="checkbox"/>	<p><b>CONTROLLED SUBSTANCE – STATE (For M.D.’s only)</b></p> <p><input type="checkbox"/> Copy of current certificate attached</p> <p><input type="checkbox"/> Expiration Date: _____</p>
<b>15</b>  N/A <input type="checkbox"/>	<p><b>CONTROLLED SUBSTANCE – DEA (For M.D.’s only)</b></p> <p><input type="checkbox"/> Copy of current certificate attached</p> <p><input type="checkbox"/> Expiration Date: _____</p>

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<p><b>16</b></p> <p><b>N/A</b></p> <p><input type="checkbox"/></p>	<p><b>BOARD ELIGIBILITY / CERTIFICATION IF ALREADY BOARD CERTIFIED:</b></p> <p><b>ABPN Boards:</b></p> <p><input type="checkbox"/> <b>Child / Adolescent Psychiatry</b> Date of Certification: _____</p> <p><input type="checkbox"/> <b>Psychiatry</b> Date of Certification: _____</p> <p><input type="checkbox"/> <b>Other:</b> _____ Date of Certification: _____</p> <p><input type="checkbox"/> Date of Verification: _____ and must be within 180 days of CAMHD approval</p> <p><input type="checkbox"/> Received directly from ABPN or</p> <p><input type="checkbox"/> AOA Physician Master File</p> <p><input type="checkbox"/> AMA Physician Master File</p> <p><input type="checkbox"/> ABMS Official Directory of Board Certified Medical Specialists through the ABMS CertiFACTS Online, the AMBS Certifax service and the online subscription service, <a href="http://www.boardcertifieddocs.com">www.boardcertifieddocs.com</a></p> <p><input type="checkbox"/> <b>IF RECENTLY COMPLETED ACGME TRAINING Attach Copy of Certification from ACGME</b></p>
<p align="center"><i>PRINT NAME OF THE PERSON COMPLETING THE CHECKLIST</i></p> <p><span style="color: red;">x</span></p> <p>-----</p>	

<p><b>FOR OFFICIAL USE ONLY</b></p>	
<p>The undersigned credentialing staff has reviewed all of the submitted copies of primary source documents to ensure that they are in accordance to the established CAMHD QMHP Background Verification Requirements. This file is found to be in compliance with the requirements and is recommended for approval by the CAMHD Credentialing Specialist on _____.</p>	
<p align="center">_____ <b>CAMHD CREDENTIALING STAFF</b></p>	<p align="center">_____ <b>DATE</b></p>
<p align="center"><b>BASED ON THE ABOVE PRIMARY SOURCE VERIFICATIONS THE CAMHD HAS GRANTED THE FOLLOWING DECISION:</b></p> <p><input type="checkbox"/> APPROVED FULL APPROVAL STATUS</p> <p><input type="checkbox"/> DEFERRED – see letter requesting additional information.</p> <p><input type="checkbox"/> DENIED – see letter stating reason for denial.</p>	