

Facility Credentialing Checklist

❖ *Please note that this checklist is NOT in addition to the checklist on the first page of the Uniform Facility Credentialing Application, it is being included as an aid to ensure all necessary documentation is submitted and the credentialing/recredentialing process is not delayed.*

- COMPLETED** and **SIGNED** Minnesota Uniform Facility Credentialing Application
- Active state DOH/DHS license (Section 4)
 - * *If not state licensed indicate why on the form*
- Participation in Medicare/Medicaid program (Section 5)
 - * *If not participating in CMS indicate why on the form*
- Certification of accreditation (Section 6)



If the facility **IS** accredited no further documentation is needed.

If the facility is **NOT** accredited please also include the next item.

- An on-site licensing/certification survey by either DOH/DHS or CMS within the past 36 months (Section 7)
 - * *If deficiencies were identified also include the Plan of Correction (POC)/Corrective Action Plan (CAP) and a letter from the state accepting the POC/CAP or the Post-Certification Revisit (PCR) letter stating the facility was found to be in compliance.*

Because of the COVID-19 pandemic our team is currently working remotely and does not have regular access to items sent to us via mail. Applications and documentation should be submitted to HealthPartners in either of the following ways:

Secure Email: facilitycredentialing@healthpartners.com

Secure Fax: 952-853-8735