

n00329

Delegation and Oversight Policy and Procedure

Values

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Abstract Purpose:

The Delegation and Oversight Policy and Procedure is designed to define the process and oversight criteria by which NHP/NHIC/NH TPA/NHAS delegates or sub-delegates the managed care responsibilities of Credentialing/Recredentialing.

Policy Detail:

The Delegation and Oversight Policy and Procedure is designed to define the process and oversight criteria by which NHP/NHIC/NH TPA/NHAS delegates or sub-delegates the managed care responsibilities of Credentialing/Recredentialing.

Procedure Detail:

- I. Credentialing/Recredentialing:
 - A. NHP/NHIC/NH TPA/NHAS may delegate any Credentialing/Recredentialing activities, including but not limited to:
 1. Accepts Applications, Reapplications, and Attestation.
 2. Collects licensure, DEA, and CDS information from NCQA-approved sources.
 3. Collects education, training, and board certification information from NCQA-approved sources.
 4. Collects work history information from NCQA-approved sources.
 5. Collects history of liability claims information from NCQA-approved sources.
 6. Conducts site visits and medical record keeping review as applicable or when a complaint is filed.
 7. Collects Race, Ethnicity, and Languages Spoken and other applicable health equity requirements.
 8. Collects Cultural Competency Annual Training attestations.
 9. Collects licensure sanction information from NCQA-approved sources.
 10. Collects Medicare and Medicaid sanction information from NCQA-approved sources.
 11. Collects and evaluates ongoing monitoring information.
 12. Makes credentialing/recredentialing decisions.
 13. Practitioner and Provider Input.
 14. Credentials Committee Meeting minutes.

15. Delegated Entity provides at least twice a year reporting on activities carried out to improve performance.
 16. For surveys starting on or after July 1, 2027, delegation agreements must address all Utilization Management (UM) Information Integrity Requirements required by NCQA. Reference the Utilization Management Information Integrity Desk Level Procedure referenced at the end of this policy.
 17. Collect and review ongoing Credentialing system audit reports.
- B. Initial Screening of Delegation Proposal/Pre-Delegation:
1. If a decision to pursue delegation is made by the Contracting department of NHP/NHIC/NH TPA/NHAS, the Network Health Credentialing Department will request current documents within 12 months prior to implementing the delegation from the entity, including but not limited to:
 - a. Practitioner/Provider Credentialing and Recredentialing Applications
 - b. Credentialing and Recredentialing Policies and Procedures, including documentation of primary sources used to verify information from approved NCQA sources
 - c. Bylaws, Rules, and Regulations, if applicable to the credentialing/recredentialing process
 - d. List of Credentials Committee members to include members, titles, and specialties, and the chairperson of the Committee
 - e. Minutes from three Credentials Committee (CC) meetings
 - f. A complete provider roster to include initial credentialing date, most current recredentialing date, and specialty.
 - g. Review of ongoing credentialing system audit reports
 - h. Most recent Credentialing Integrity Reviews and Audits
 - i. Staffing
 - j. Applicable documentation reflecting accreditation, if applicable
 2. File audit results are documented on a Credentialing/Recredentialing NHP/NHIC/NH TPA/NHAS Credentialing Delegation Audit Tool.
 3. Once the Credentialing Department is in receipt of all of the above requested documents, they will review the documents to assess compliance with NHP/NHIC/NH TPA/NHAS, state, federal, and NCQA credentialing/recredentialing standards. This is to be documented on the NHP/NHIC/NH TPA/NHAS Credentialing Delegation Audit Tool.
 4. If the documents comply, an on-site visit to the entity, if applicable, may be scheduled by the Credentialing Department or a representative of the Contracting Department, within 30 calendar days of review of the requested documents. If the documents are not in compliance with all NHP/NHIC/NH TPA/NHAS, state, federal, and NCQA credentialing/recredentialing standards, the Credentialing Department will send the audit results, outlining the deficiencies, and a proposed corrective action plan (CAP) to the entity. The entity will be given 30 calendar days to respond to the CAP. If a response is not received within 30 calendar days, the credentialing/recredentialing functions may not be delegated. When a response is received, the

NHP/NHIC/NH TPA/NHAS Credentials Committee (CC) will review and make a recommendation as to whether or not NH will further pursue delegation.

C. Pre-Delegation On-Site Visit:

1. An on-site visit may be conducted to ensure that the entity is implementing its credentialing and recredentialing program as described in the documents sent to NHP/NHIC/NH TPA/NHAS.
2. At a minimum, the following information will be reviewed at the onsite visit, if applicable. The organization will use one of the following two auditing methods:
 - a. 5% or 50 of its files, whichever is less, to ensure that information is verified appropriately. At a minimum, the sample includes at least 10 credentialing files and 10 recredentialing files. If fewer than 10 practitioners were credentialed or recredentialed since the last annual audit, the organization audits the universe of files rather than a sample.
 - b. The organization may use the NCQA “8/30 methodology” available at <http://www.ncqa.org/updates> to review delegate files for credentialing and recredentialing.

D. Scoring the Review:

1. The reviewer(s) will document the entity's assessment and on-site visit results as applicable on the NHP/NHIC/NH TPA/NHAS Credentialing Delegation Audit Tool. All NHP/NHIC/NH TPA/NHAS, state, federal, and NCQA standards will be reviewed, and a determination will be made for each standard on whether the entity:
 - a. If the entity is fully compliant with all NHP/NHIC/NH TPA/NHAS, state, federal, and NCQA standards, the results of the audit, along with the reviewer(s) recommendation, will be forwarded to (CC) for review and recommendation for final delegation decision.
 - b. If any NHP/NHIC/NH TPA/NHAS, state, federal, or NCQA standard is determined not met, NHP/NHIC/NH TPA/NHAS will forward the audit results with a proposed CAP to the potential delegated entity. Any actions already agreed upon by the entity as a result of the document review will be included in the CAP. The entity will be given 30 calendar days upon receipt to respond to the CAP. If a response is not received within 30 calendar days, the credentialing/rec credentialing functions may not be delegated. When a response is received, the audit results and the entity's response to the CAP are forwarded to the (CC) for a delegation decision.

E. Initial Decision:

1. The results and analysis are presented to the (CC) for evaluation and determination. The (CC) will issue one of the following decisions regarding delegation of credentialing/rec credentialing functions:
 - a. Delegation of all credentialing/rec credentialing activities as recommended; no CAP required.
 - b. Delegation with implementation of CAP. The delegated entity agrees to:

- i. Implement the agreed-upon CAP within the timeframe(s) specified in the corrective action plan.
- ii. Undergo reassessment of effectiveness of corrective actions on findings for each delegate within 3-6 months of the annual audit completion or other mutually agreed-upon timeframe. At that time, NHP/NHIC/NH TPA/NHAS will conduct another on-site visit as applicable. The results of the follow-up on-site assessment will be presented to the CC for review and decision as applicable. If the delegated entity is still deficient, NHP/NHIC/NH TPA/NHAS may terminate the Delegation Agreement.
- iii. Be a partial delegate. NHP/NHIC/NH TPA/NHAS retains specific credentialing/recredentialing activities.
- iv. Delegation denied. NHP/NHIC/NH TPA/NHAS will notify the delegated entity in writing within 30 calendar days of the (CC) decision. Organizations who are rejected may reapply for delegated credentialing/recredentialing in one year or as appropriate.

F. Delegation Agreement:

1. NHP/NHIC/NH TPA/NHAS will send the approved delegated entity a Delegation Agreement which includes details of the terms of the delegated activities, the reporting requirements of the delegate, and the term of the agreement. At a minimum, the Delegation Agreement must clearly delineate that delegated activities are mutually agreed upon on or before delegation begins, in a dated, binding document or in communication between NHP/NHIC/NH TPA/NHAS and the delegated entity. The effective date specified in the Delegation Agreement is the mutually agreed-upon effective date. The effective date may be before or after signature data on the agreement. The Delegation Agreement must clearly delineate which entity, NHP/NHIC/NH TPA/NHAS or the delegated entity, performs each of the activities, including but not limited to:
 - a. Accepts applications, reapplications, and attestation.
 - b. Collects licensure, DEA, and CDS information from NCQA-approved sources.
 - c. Collects education, training, and board certification information from NCQA-approved sources.
 - d. Collects history of liability claims information from NCQA-approved sources.
 - e. Conducts site visits and medical record keeping review as applicable or when a complaint is filed.
 - f. Collects licensure sanction information from NCQA-approved sources.
 - g. Collects work history information from NCQA-approved sources.
 - h. Collects Race, Ethnicity, and Languages Spoken.
 - i. Collects Cultural Competency Annual Training attestations.
 - j. Practitioner and Provider Input
 - k. Credentials Committee Meeting minutes

- l. Collects Medicare and Medicaid sanction information from NCQA-approved sources.
 - m. Collects and evaluates ongoing monitoring information.
 - n. Makes credentialing/recredentialing decisions.
 - o. Delegated Entity provides at least twice a year reporting on activities carried out to improve performance.
 - p. For surveys starting on or after July 1, 2027, delegation agreements must address all Utilization Management (UM) Information Integrity Requirements required by NCQA. Reference the Utilization Management Information Integrity Desk Level Procedure referenced at the end of this policy.
 - q. Collect and review ongoing Credentialing system audit reports.
2. If the delegation arrangement includes the use of protected health information (PHI), the Delegation Agreement must include a:
- a. Business Associate Agreement
 - b. List of allowed uses of PHI
 - c. Description of delegate safeguards to protect PHI from inappropriate use or disclosure;
 - d. Stipulation that the delegate:
 - i. Ensures that sub-delegates have similar safeguards.
 - ii. Provides individuals with access to their PHI.
 - iii. Informs the organization if inappropriate uses of information occur.
 - iv. Ensures PHI is returned, destroyed, or protected if the Delegation Agreement ends.
 - v. The Delegation Agreement must identify how NHP/NHIC/NH TPA/NHAS will evaluate the delegated entity's performance, and also specify the remedies available to NHP/NHIC/NH TPA/NHAS, including revocation of the delegation, if the delegated entity does not fulfill its obligations. The delegated entity will return the signed Delegation Agreement within 90 calendar days. NHP/NHIC/NH TPA/NHAS will send a copy of the Delegation Agreement signed by both parties to the delegated entity.
 - vi. Along with the Delegation Agreement, the delegated entity must submit a list of all practitioners/providers as applicable who meet credentialing/recredentialing standards for participation in NHP/NHIC/NH TPA/NHAS. Information on each practitioner must include, but is not limited to:
 - a) Complete name
 - b) Provider Name
 - c) Title
 - d) NPI
 - e) Specialty(s)
 - f) Date of Birth
 - g) Gender at Birth
 - h) Gender Identity

- i) Sexual Orientation
 - j) Pronouns
 - k) Languages spoken by provider
 - l) Sign Language
 - m) Braille
 - n) Race
 - o) Ethnicity
 - p) Does group have access to skilled medical interpreters?
 - q) Cultural Competency Training
- vii. Because NHP/NHIC/NH TPA/NHAS is ultimately accountable for Credentialing/Recredentialing its practitioners, NHP/NHIC/NH TPA/NHAS retains the right to approve, suspend, or terminate individual practitioners, providers, and sites in situations where NHP/NHIC/NH TPA/NHAS has delegated decision-making.

G. Reporting Requirements:

1. The Delegation Agreement will specify the content and frequency of reports the delegated entity must submit to NHP/NHIC/NH TPA/NHAS. Reports must be supplied to NHP/NHIC/NH TPA/NHAS at least twice a year, and the report should list how and to whom information is reported (i.e., joint meetings, or to appropriate committees or individuals in the organization and will include activities carried out to improve performance, which will be reviewed by the Credentials Committee and reported to the QMC as applicable.

H. Concurrent Monitoring:

1. The delegated entity must monitor and inform NHP/NHIC/NH TPA/NHAS immediately, or as determined in the Delegation Agreement, of all practitioner/provider sanctions by the state licensing agency, Medicare, Medicaid, or the National Practitioner Databank (NPDB). NHP/NHIC/NH TPA/NHAS reserves the right to terminate any practitioner/provider who is sanctioned by the state, Medicare, or Medicaid. NHP/NHIC/NH TPA/NHAS also reserves the right to terminate any practitioner/provider that the NHP/NHIC/NH TPA/NHAS Peer Review Committee determines and documents as providing substandard care to NHP/NHIC/NH TPA/NHAS members.
2. The delegated entity will maintain and safeguard the information used in the initial credentialing and recredentialing process against inappropriate documentation and updates known as credentialing information integrity. If the delegated entity delegates any credentialing functions or activities covered in the scope of these standards, the delegate protects the integrity of the credentialing information used in the credentialing process. The delegation agreement specifies that the following documentation and updates to credentialing information are inappropriate:
 - a. Falsifying credentialing dates (e.g., licensure date, credentialing decision date, staff verifier date, ongoing monitoring dates).
 - b. Creating documents without performing the required activities.

- c. Fraudulently altering existing documents (e.g., credentialing minutes, clean file reports, ongoing monitoring reports).
- d. Attributing verification or review to an individual who did not perform the activity.
- e. Updates to information by unauthorized individuals.

I. Annual On-Site Visit:

1. If the delegated entity is an NCQA-certified or NCQA-accredited organization, NHP/NHIC/NH TPA/NHAS is not required to conduct an on-site annual evaluation of the delegated entity's Credentialing/Recredentialing program, however, NHP/NHIC/NH TPA/NHAS reserves the right to conduct an evaluation at any time upon reasonable notice. NHP/NHIC/NH TPA/NHAS is required to annually verify continued NCQA certification or accreditation.
2. The Credentialing Department will schedule a virtual audit or an on-site visit with the delegated entity annually. The scheduled date is to be confirmed via e-mail correspondence to the delegated entity, along with a request for the following documents. Those documents are, but are not limited to:
 - a. List of practitioners/providers who fall within the scope of delegation to include:
 - 1 Complete name
 - 2 Title
 - 3 Specialty
 - 4 Credential date
 - 5 Recredential date
 - b. Current Credentialing and Recredentialing Policies and Procedures
 - c. Current Bylaws, Policies, Rules, and Regulations, if applicable to the credentialing/recredentialing process
 - d. Current list of Credentials Committee members to include titles and specialties of members and designation of chairperson of the Committee.
 - e. Minutes from three Credentials Committee meetings.
 - f. Most recent Credentialing Integrity Reviews and Audits
3. Annually audits delegates' credentialing files for inappropriate documentation and inappropriate updates to credentialing information.
 - a. If delegated delegates any credentialing activities covered in the scope of these standards, the delegate, or the delegate annually audits (as applicable), the delegate's credentialing files for inappropriate documentation and updates to:
 - i. The application and attestation.
 - ii. Credentialing documents received from the source or agent.
 - iii. Documentation of completion of credentialing activities:
 - iv. Verification dates.
 - v. Report dates.
 - vi. Credentialing decision dates.
 - vii. Signature or initials of the verifier or reviewer.
 - viii. Credentialing checklist, if used.

4. Inappropriate documentation and inappropriate updates. The following are inappropriate documentation and updates:
 - a. Falsifying credentialing dates (e.g., licensure dates, credentialing decision dates, staff verifier dates, ongoing monitoring dates).
 - b. Creating documents without performing the required activities.
 - c. Fraudulently altering existing documents (e.g., credentialing minutes, clean file reports, ongoing monitoring reports).
5. Attributing verification or review to an individual who did not perform the activity.
 - a. Updates to information by unauthorized individuals.
 - b. Note: The organization may use the same file sample for factors 2 and 5.
6. For each delegate, the audit universe includes practitioner files processed by the delegate for all initial credentialing decisions made and recredentialing decisions made or due to be made within the lookback period.
7. If the delegate conducts the annual audit, it audits each delegate using one of the following methods:
 - a. 5% or 50 files, whichever is less.
 - i. The sample includes at least 10 credentialing files and 10 recredentialing files. If fewer than 10 practitioners were credentialed or recredentialed since the last annual audit, the organization audits the universe of files.
 - b. The NCQA “8/30 methodology” available at <https://www.ncqa.org/programs/health-plans/policyaccreditation-andcertification/>
 - c. Either methodology is allowed, for consistency with other delegation oversight requirements for annual file audits.
 - d. A delegate that conducts the annual audit has two audit options.
 - i. **Option 1:** Audit each client using one method:
 - a) The “5% or 50 files” method, **or**
 - b) The NCQA “8/30” method.
 - ii. **Option 2:** Conducts one audit across all clients if the delegate uses the same staff, policies and procedures, and CR system for all clients. In this case:
 - a) The delegate must demonstrate that the same staff, policies, procedures, and CR system are used for all clients.
 - b) The audit universe includes practitioner files processed for its clients by the delegate for all initial credentialing decisions made and recredentialing decisions made or due to be made within the look-back period.
 - c) The delegate must audit using the “5% or 50 files” method.
 - e. NHP/NHIC/NH TPA/NHAS may choose to audit more practitioner files than NCQA specifies.
 - i. The delegate provides an auditing and analysis report for each delegate that includes:

- a) The date of the report.
 - b) The title of staff who conducted the audit.
 - c) The audit methodology: 5% or 50 files or the 8/30 methodology, as applicable.
 - d) Audit period
 - e) Audit universe size (Audit universe is described above).
 - f) Audit sample size.
 - g) File identifier (individual practitioner).
 - h) Type of credentialing information audited (e.g., licensure).
 - i) Findings for each file.
 - j) Conclusion, if inappropriate documentation and updates occur (Element A, factor 2).
 - k) Number or percentage and total inappropriate documentation and updates by type of credentialing information.
- f. The delegate must provide a completed audit report even if no inappropriate findings were found.
 - g. NHP/NHIC/NH TPA/NHAS uses the delegate's audit results. The delegate it must provide evidence (e.g., report, meeting minutes) that it reviewed and evaluated the delegate's findings.
 - h. NHP/NHIC/NH TPA/NHAS will use one of the following two auditing methods:
 - i. The organization may audit either 5 percent or 50 of its practitioner files, whichever is less, to ensure that information is appropriately verified. At a minimum, the sample must include at least 10 credentialing files and 10 recredentialing files. If fewer than 8 practitioners were credentialed or recredentialed within the look-back period, the organization must audit the universe of files rather than a sample or
 - ii. The organization may use the NCQA "8/30 methodology" available at <http://www.ncqa.org/updates> to review delegate files for credentialing and recredentialing.

J. Continuation Decision

1. Results of the audit and on-site review, if applicable, will be scored and documented on a Credentialing Delegation Audit Tool. If any standard is determined as partially met or non-met NHP/NHIC/NH TPA/NHAS will forward the audit results with a proposed CAP to the delegated entity. The delegated entity will be given 30 calendar days, or as determined in the Delegation Agreement, to respond to the CAP. If a response is not received within the 30 calendar-day time period, NHP/NHIC/NH TPA/NHAS may terminate the Delegation Agreement. If a response is received, the audit results and the entity's response to the CAP will be presented to the (CC) for evaluation and determination.

2. The (CC) will issue one of the following decisions regarding the continued delegation of credentialing/recredentialing.
 - a. Continue delegation of all credentialing/ recredentialing activities as outlined in the Delegation Agreement; no corrective action plan required.
 - b. Continue delegation with implementation of CAP. The delegated entity agrees to:
 - i. Implement the agreed-upon CAP to include identified issues related to inappropriate documentation or inappropriate updates found within the timeframe(s) specified in the CAP. The corrective action plan identifies staff (by title) who are responsible for implementing corrective actions. NHP/NHIC/NH TPA/NHAS reviews (e.g., reports, meeting minutes) and approves corrective action plans that are developed and implemented by its delegate.
 - a) NHP/NHIC/NH TPA/NHAS will then conduct an audit of the effectiveness of corrective actions on the findings for each delegate 3–6 months after completion of the annual audit.
 - b) For each delegate, the audit universe includes practitioner files processed by the delegate for all initial credentialing decisions made and for recredentialing decisions made or due to be made 3–6 months after the annual audit.
 - c) NHP/NHIC/NH TPA/NHAS conducts a qualitative analysis, if it identifies integrity issues during the follow-up audit.
 - ii. Undergo reassessment of delegated entity's Credentialing and Recredentialing program within 120 calendar days of the (CC's) decision or other mutually agreed upon timeframe. At that time, NHP/NHIC/NH TPA/NHAS, at the direction of (CC) may conduct an on-site visit. The results of the follow-up or on-site visit assessment will be presented to the CC for review and decision. If the delegated entity is still deficient, NHP/NHIC/NH TPA/NHAS may terminate the Delegation Agreement.
 - iii. Do not continue delegation.
 3. NHP/NHIC/NH TPA/NHAS will notify delegated entity in writing within 30 calendar days of the CC decision. Organizations who are rejected may reapply for delegated credentialing/recredentialing in one year.
- K. Semi-Annual Audits:
1. NHP/NHIC/NH TPA/NHAS will evaluate regular reports as defined above.

Regulatory Citations:

42 C.F.R. 422.503, 42 C.F.R. 422.504(h-i), 42 C.F.R. 423.504, 42 C.F.R. 423.505(b) (10) (h-i), 45 C.F.R. 155.20, 45 C.F.R. 156.340

Related Policies:

[n05019 – Delegation Oversight Policy and Procedure](#) [n00198 – Credentialing Process](#)

Utilization Management Information Integrity Desk Level Procedure

Origination Date: 02/13/2006	Approval Date: 9/3/2026	Next Review Date: 9/3/2027
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Policy Owner: Andrea Albright	Department of Ownership: Credentialing	Revision Number: 9
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