

n00329

Delegation and Oversight Policy and Procedure

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

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

Procedure Detail:

- I. Credentialing/Recredentialing
 - A. NHP/NHIC 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 and training 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 as applicable
 7. Collects licensure sanction information from NCQA approved sources
 8. Collects Medicare and Medicaid sanction information from NCQA approved sources.
 9. Collects and evaluates ongoing monitoring information
 10. Makes credentialing decisions
 11. Practitioner and Provider Input
 12. Credentials Committee Meeting minutes
 - B. Initial Screening of Delegation Proposal
 1. If a decision to pursue delegation is made by the Credentialing Committee, the Network Health Credentialing Department will request current documents 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 source
 - 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 and most current recredentialing date and specialty.
 - g. Review of quarterly credentialing system audit reports
2. 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, state, federal and NCQA credentialing/recredentialing standards. This is to be documented on the NHP/NHIC Credentialing Delegation Audit Tool.
 3. 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, 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 Credentials Committee (CC) will review and make a recommendation as to whether or not NH will further pursue delegation.
- C. On-Site Visit
1. An on-site visit may be conducted to ensure that the entity is implementing their credentialing and recredentialing program as described in the documents sent to NHP/NHIC.
 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. 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 8 credentialing files and 8 recredentialing files. If fewer than 8 practitioners were credentialed or recredentialled within the look-back period, the organization must audit the universe of files rather than a sample or,
 - 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.
 3. File audit results are documented on a Credentialing/Rec credentialing NHP/NHIC Credentialing Delegation Audit Tool.
- 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 Credentialing Delegation Audit Tool. All NHP/NHIC, state, federal and NCQA standards will be reviewed and a determination will be made for each standard on whether the entity:

- a. Met compliance, i.e. meets NHP/NHIC, state, federal and NCQA standards, no CAP is required; or
- b. Has not met compliance, i.e. does not meet NHP/NHIC, state, federal and NCQA standards, CAP is required
- c. If the entity is fully compliant with all NHP/NHIC, 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 a delegation decision.
- d. If any NHP/NHIC, state, federal or NCQA standard is determined is not met, NHP/NHIC 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/recredentialing functions may not be delegated. When a response is received, the audit results and the entity's response to the CAP is 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/recredentialing functions:
 - a. Delegation of all credentialing/recredentialing 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 delegated entity's credentialing and recredentialing program within 180 calendar days of the delegation decision, or other mutually agreed upon timeframe. At that time, NHP/NHIC 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 may terminate the Delegation Agreement
 - iii. Be a partial delegate. NHP/NHIC retains specific credentialing/recredentialing activities.
 - iv. Delegation denied.
 - c. NHP/NHIC 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 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 which entity, NHP/NHIC 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 and training information from NCQA approved sources. iv. Collects history of liability claims information from NCQA approved sources
 - d. Conducts site visits and medical record keeping review as applicable or when a complaint is filed
 - e. Collects licensure sanction information from NCQA approved sources
 - f. Collects Medicare and Medicaid sanction information from NCQA approved sources
 - g. Collects and evaluates ongoing monitoring information
 - h. Makes credentialing/recredentialing decisions
 - i. Delegated Entity provides as least twice a year reporting on activities carried out to improve performance.
 - j. Collect and review quarterly ECHO 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 end
 - v. The Delegation Agreement must identify how NHP/NHIC will evaluate the delegated entity's performance, and also specify the remedies available to NHP/NHIC, 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 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. Information on each practitioner must include, but is not limited to:
 - i. Complete name
 - ii. Title
 - iii. Specialty

- vii. Because NHP/NHIC is ultimately accountable for Credentialing/Rec credentialing its practitioners, NHP/NHIC retains the right to approve, suspend, or terminate individual practitioners/providers in situations where NHP/NHIC 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. Reports must be supplied to NHP/NHIC at least twice a year, to 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 immediately, or as determined in the Delegation Agreement, of all practitioner/provider sanctions by the state licensing agency, Medicare and/or Medicaid. NHP/NHIC reserves the right to terminate any practitioner/provider who is sanctioned by the state, Medicare, or Medicaid. NHP/NHIC also reserves the right to terminate any practitioner/provider that the NHP/NHIC Peer Review Committee determines and documents as providing substandard care to NHP/NHIC members.
- I. Annual On-Site Visit
 - 1. If the delegated entity is an NCQA-certified or NCQA-accredited organization, NHP/NHIC is not required to conduct an onsite annual evaluation of the delegated entity's Credentialing/Rec credentialing program, however, NHP/NHIC reserves the right to conduct an evaluation at any time upon reasonable notice. NHP/NHIC is required to annually verify continued NCQA certification or accreditation.
 - 2. The Credentialing Department will schedule a virtual audit or an onsite 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:
 - i. Complete name
 - ii. Title
 - iii. Specialty
 - iv. Credential date
 - v. Recredential date
 - b. Current Credentialing and Recredentialing Policies and Procedures
 - c. Current Bylaws, Policies, Rules and Regulations, if applicable to the credentialing/rec credentialing 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.
 - 3. NHP/NHIC will use one of the following two auditing methods:
 - a. 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 8 credentialing files and 8 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

- 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.

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 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 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/reccredentialing.
 - 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 within the timeframe(s) specified in the CAP.
 - ii. Undergo reassessment of delegated entity's Credentialing and Recredentialing program within 180 calendar days of the (CC's) decision or other mutually agreed upon timeframe. At that time NHP/NHIC 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 may terminate the Delegation Agreement.
 - c. Do not continue delegation
 - d. NHP/NHIC will notify delegated entity in writing within 30 calendar days of the CC decision. Organizations who are rejected may reapply for delegated credentialing/reccredentialing in one year.

Definitions:

None

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

Related Documents:

None

Origination Date: 02/13/2006	Approval Date: 02/02/2023	Next Review Date: 02/02/2024
Regulatory Body: NCQA, CMS	Approving Committee: Credentialing Committee	Policy Entity: NHP, NHIC, NHAS
Policy Owner: Jennifer Delebreau	Department of Ownership: Credentialing	Revision Number: 2
Revision Reason: 01/15/19 – n00329 was retired on 6/13/17 at QMC and was updated and reinstated by the Credentialing Committee on 1/24/19. 1/14/20 – Annual Review 01/07/2021-Grammatical and spelling corrections. 1/6/2022 – Annual review 2/2/2023 – Annual review, approved by Credentialing Committee on 2/02/2023.		