

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:

- A. Credentialing/Recredentialing
 - 1. NHP/NHIC may delegate any Credentialing/Recredentialing 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
 - d. Collects work history information from NCQA approved sources
 - e. Collects history of liability claims information from NCQA approved sources
 - f. Conducts Site Visits as applicable
 - g. Collects licensure sanction information from NCQA approved sources
 - h. Collects Medicare and Medicaid sanction information from NCQA approved sources.
 - i. Collects and evaluates ongoing monitoring information
 - j. Makes credentialing decisions
 - k. Practitioner and Provider Input
 - l. Credentials Committee Meeting minutes
 - 2. Initial Screening of Delegation Proposal
 - a. 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:
 - i. Practitioner/Provider Credentialing and Recredentialing Applications

- ii. Credentialing and Recredentialing Policies and Procedures including documentation of primary sources used to verify information from approved NCQA source
 - iii. Bylaws, Rules, and Regulations, if applicable to the credentialing/recredentialing process
 - iv. List of Credentials Committee members to include members, titles, and specialties, and the chairperson of the Committee
 - v. Minutes from three Credentials Committee (CC) meetings
 - vi. A complete provider roster to include initial credentialing date and most current recredentialing date and specialty.
 - vii. Review of quarterly credentialing system audit reports
- b. 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.
 - c. 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.
3. On-Site Visit
- a. 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.
 - b. 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:
 - 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 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,
 - 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.
 - c. File audit results are documented on a Credentialing/Rec credentialing NHP/NHIC Credentialing Delegation Audit Tool.
4. Scoring the Review
- a. 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:

- i. Met compliance, i.e. meets NHP/NHIC, state, federal and NCQA standards, no CAP is required; or
- ii. Has not met compliance, i.e. does not meet NHP/NHIC, state, federal and NCQA standards, CAP is required
- iii. 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.
- iv. 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.

5. Initial Decision

- a. 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:
 - i. Delegation of all credentialing/recredentialing activities as recommended; no CAP required.
 - ii. Delegation with implementation of CAP. The delegated entity agrees to:
 - a. implement the agreed upon CAP within the timeframe(s) specified in the corrective action plan
 - b. 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
 - c. Be a partial delegate. NHP/NHIC retains specific credentialing/recredentialing activities.
 - d. Delegation denied.
 - iii. 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.

6. Delegation Agreement

- a. 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:

- i. Accepts applications, reapplications and attestation
 - ii. Collects licensure, DEA and CDS information from NCQA approved sources
 - iii. Collects education and training information from NCQA approved sources.
 - iv. Collects history of liability claims information from NCQA approved sources
 - v. Conducts site visits and medical record keeping review as applicable or when a complaint is filed
 - vi. Collects licensure sanction information from NCQA approved sources
 - vii. Collects Medicare and Medicaid sanction information from NCQA approved sources
 - viii. Collects and evaluates ongoing monitoring information
 - ix. Makes credentialing/recredentialing decisions
 - x. Delegated Entity provides as least twice a year reporting on activities carried out to improve performance.
 - xi. Collect and review quarterly ECHO Credentialing system audit reports
- b. If the delegation arrangement includes the use of protected health information (PHI), the Delegation Agreement must include a:
- i. Business Associate Agreement
 - ii. list of allowed uses of PHI
 - iii. description of delegate safeguards to protect PHI from inappropriate use or disclosure;
 - iv. stipulation that the delegate:
 - a. ensures that sub-delegates have similar safeguards
 - b. provides individuals with access to their PHI
 - c. informs the organization if inappropriate uses of information occur
 - d. ensures PHI is returned, destroyed or protected if the Delegation Agreement end
 - e. 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.
 - f. 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

- g. 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.

7. Reporting Requirements

- a. 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.

8. Concurrent Monitoring

- a. 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.

9. Annual On-Site Visit

- a. 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.
- b. 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:
- i. List of practitioners/providers who fall within the scope of delegation to include:
 - a. Complete name
 - b. Title
 - c. Specialty
 - d. Credential date
 - e. Recredential date
 - ii. Current Credentialing and Recredentialing Policies and Procedures
 - iii. Current Bylaws, Policies, Rules and Regulations, if applicable to the credentialing/rec credentialing process
 - iv. Current list of Credentials Committee members to include titles and specialties of members and designation of chairperson of the Committee
 - v. Minutes from three Credentials Committee meetings.
- c. NHP/NHIC 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 8 credentialing files and 8 rec credentialing 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.

10. Continuation Decision

- a. 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.
- b. The (CC) will issue one of the following decisions regarding the continued delegation of credentialing/reccredentialing.
 - i. Continue delegation of all credentialing/ recredentialing activities as outlined in the Delegation Agreement; no corrective action plan required. ii. Continue delegation with implementation of CAP. The delegated entity agrees to:
 - a. Implement the agreed upon CAP within the timeframe(s) specified in the CAP.
 - b. 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.
 - ii. Do not continue delegation.
 - iii. 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

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