


2019  
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Conference 

## DELEGATED CREDENTIALING

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## AGENDA

- Definitions
- 2020 NCQA Updates/Changes
- 2020 ICE Credentialing Audit Tool/ Audit Process/  
Training Tool
- Educational Reminders/ Review of Standards-  
Informational
- Acronyms- for reference

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## DEFINITIONS

- Annual Audit:** A health plan must conduct an audit at least every 12 months; 2-month grace period allowed (14 months).
- Delegation:** A formal process by which the organization gives another entity the authority to perform certain functions on its behalf.
- Documented Process:** Policies and procedures, flow charts, tools and other mechanisms that describe the methodology used to complete a task.

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NCQA Health Plan (HP) scoring changed:

- There are only three options for scoring.
  - ❖ Met
  - ❖ Partially Met
  - ❖ Not Met
- ICE auditor will be reviewing the evidence and indicating whether it was compliant or not. Each HP scores according to their own thresholds.

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CR 1 Element C – Credentialing System Controls  
(applies to paper and electronic)

- Factor 1 - How primary source verification information is received, reviewed, tracked, dated and stored
- Factor 2 - How modified information is tracked and dated from its initial verification

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CR 1 Element C – Credentialing System Controls  
(applies to paper and electronic)

- Factor 3 - Staff who is authorized to review, modify and delete information, and circumstances modifications or deletion is appropriate.
- Factor 4 - The security controls in place to protect the information from unauthorized modification.
- Factor 5 - How the organization audits the processes and procedures in factors 1- 4

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**CR 3 Element C Factor 5 – Current Malpractice Coverage**

- Future malpractice coverage is acceptable with the effective and expiration dates.
- Malpractice insurance coverage may also be a face sheet or a federal tort letter. It must include the insurance effective and expiration dates.

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**CR 3 – Clarification on Appropriate Documentation**

- If the verification is from a report, NCQA uses the date generated by the source when the information is retrieved.
- If the source does not generate a date, NCQA uses the date noted by the organization staff who verified the credentials.
- The individual who verified the credentials must also sign or initial the verification.

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**CR 3 – Clarification on Appropriate Documentation**

- Use of web crawlers.
  - ❖ The organization may use web crawlers to verify credentialing information from approved sources.
  - ❖ The organization shows evidence that the web crawler collects information only from approved sources.

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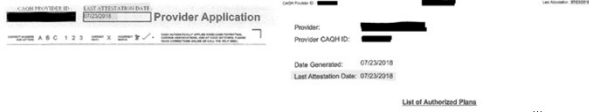
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**CR 3 Factor 6 - Correctness and completeness of application**

- **CAQH.** NCQA accepts the last attestation date generated by the system as the date when the practitioner signed and dated the application.



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**Practitioner Office Site Quality (Medicare/Medicare)**

- Added "Accessibility to Equipment" to A1.
  - ❖ Standards and thresholds for providing accessible equipment for members with physical or mental disabilities.
  - ❖ This includes scales and exam tables and equipment for treatment and diagnosis.

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**CR 8 Element A Factor 1 – Mutually agreed upon Delegation Agreement**

- NCQA considers the effective date specified in the delegation agreement as the mutually agreed-upon effective date.
- NCQA may accept other evidence for the effective date of the mutually agreed-upon effective date.

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## 2020 ICE Credentialing Audit Tools Audit Process & Training Tool Updates

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## 2020 ICE UPDATES

Audit Tools

- Due to the NCQA scoring changes, ICE California and Northwest audit tools for 2020 were changed to mirror the ICE Mid-Atlantic audit tool.
- The tool reflects the data collected by the Auditor, but does not assign overall scores.

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Delegation of Credentialing ICE CA Shared Audit Tool	
<b>Provider Organization (PO) Audit Demographics</b>	
PO Name	Audit Address
PO's MSO	City/State/Zip
PO's Contact Name	PO's Contact Email
PO's Contact Phone Number	PO's Medical Director
Medical Director's Email	PO's NCGA Certification Type
PO's NCGA Certification Type	NCQA Expiration Date
MSO's NCGA Certification Type	NCQA Expiration Date
Secondary or additional PO names	
<b>Health Plan Audit Demographics</b>	
Name of Plan Auditor	
Name of Plan Performing Audit	
Auditor Email	
Auditor Phone	

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In sections that are not applicable, indicate in the Comments section Column E, the justification for N/A.

**CR 1. Credentialing Policies**  
 [Auditors must review CR 1 for all Certified or Accredited Organizations]  
 The organization has a well-defined credentialing and recertification process for evaluating and selecting licensed independent practitioners to provide care to members.  
 Document Location: Credentialing & Recertification Program, Policy and Procedure Manual and Medical Staff Bylaws, Rules and Regulation

Criteria	NCA	Compliance 10 10/10/10 Or Not Met	Policy Reference Name Page Section	Comments
<b>A. Practitioner Credentialing Guidelines:</b>	CR 1 A 1-11	N/A		
1. The types of practitioners & credentials and recertification (List provider types covered in scope, i.e. MD, DO, DDS, LCSW, PhD, etc. in Comments)		-		
2. The verification sources it uses.		-		
3. The criteria for credentialing and recertification.		-		
4. The process for making credentialing and recertification decisions.		-		
5. The process for managing credentialing files that meet the organization's established criteria.		-		
6. The process for ensuring that credentialing and recertification are conducted in a non-discriminatory manner.		-		

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**Audit Process**

- Scoring
  - ❖ ICE auditor will be reviewing the evidence and indicating whether it was compliant or not.
  - ❖ Each HP scores according to their own thresholds.
- Review of OP's.
  - ❖ ICE auditor will either accept the PO's completed spreadsheet or will select 10 cred / 10 reced files for review.

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**CR 1. Credentialing Policies**  
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1. The types of practitioners & credentials and recertification (List provider types covered in scope, i.e. MD, DO, DDS, LCSW, PhD, etc. in Comments)		1	Credentialing Policy Page 7 Section 3.5	
2. The verification sources it uses.		0	Credentialing Policy Page 7 Section 3.5	Policy did not include the verification source for board verification.
3. The criteria for credentialing and recertification.		-		
4. The process for making credentialing and recertification decisions.		-		

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## 2020 ICE UPDATES

Training Tool

- Added an introduction
- Added definitions
- Explained the audit process

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## EDUCATIONAL REMINDERS

CR 5 - Ongoing Monitoring

- Policy element as well as evidence of ongoing monitoring.
  - ❖ Medicare/Medicaid Sanctions, Sanctions and limitations on licensure (monthly), Investigating complaints and adverse events (every six months).
- Evidence may look like:
  - ❖ Ongoing monitoring logs, Spreadsheets, Tracking tools, committee minutes

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## EDUCATIONAL REMINDERS

CR 2 – Credentialing Committee

- Policies describe the medical director or other physician's responsibility and participation in the credentialing process.
- Meetings are to take place real time, virtual meetings (i.e. through video or web conference with audio) but not through email.
  - ❖ Exception: the Medical Director is able to sign off on clean files via email.

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## EDUCATIONAL REMINDERS

CR 3 Element A Factor 1 – Verification of Medical License

- The PO verifies the medical license from the state licensing/certification agency or its authorized website
- Work History
  - ❖ Review of 5 year work history and gap review. Gap review of 6 months require explanation. Any gap review greater than 1 year require written explanation from provider.

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## Q&A

Does anyone have any questions?

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## ACRONYMS

- California Department of Insurance (CDI)
- Centers for Medicare & Medicaid Services (CMS)
- Department of Health Care Services (DHCS) Medi-Cal
- Department of Managed Health Care (DMHC)
- National Committee for Quality Assurance (NCQA)
- Organizational Providers (OPs) aka Health Delivery Organization(HDOs) aka Facilities
- Provider Organization (PO)

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1. While completing initial credentialing of provider, the address on their DEA was in a different state. The practitioner had supplied a notice they will not write scripts until their new DEA with the appropriate state is received. Is this acceptable to put the file through with this documentation?

- a. Yes
- b. No

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2. NCQA required a minimum of most recent five year work history reviewed at initial credentialing. If the practitioner has fewer than five years of work history, the time frame starts at the initial licensure date.

- a. True
- b. False

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3. It's appropriate for the credentialing specialist to query the AMA at the time of recredentialing to verify the physicians medical license

- a. True
- b. False

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4. NCQA accepts a checklist if the checklist includes each of the following for each verification:

- a. The source used
- b. The date of verification
- c. The signature or initials of the person who verified the information
- d. The expiration date and report date, if applicable.
- e. All of the above

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5. The timeframe between credentialing cycles cannot exceed 36 months from the previous credentialing committee date.

- a. True
- b. False

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6. If an organization delegates any NCQA-required credentialing activities, there needs to be written delegation agreement that: (select all that apply)

- a. Mutually agreed upon
- b. Describes the delegated activities and responsibilities of both parties
- c. Requires at least semiannual reporting by the delegated entity to the organization

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d. Describes the process by which the organization evaluates the delegated performance

e. Specifies that the organization retains the right to approve, suspend and terminate individual practitioners, providers and sites, even if the organization delegates decision making.

f. Describes the remedies available to the organization if the delegate entity does not fulfill its obligations, including revocation of the delegation agreement.

g. All of the above

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7. As an auditor, the delegate provides a checklist with initials and sources. The file documents are included and the reviewer has dated them, but did not initial. Is this a compliant file?

a. compliant

b. non-compliant

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8. NCQA accepts the practitioner's attestation signature through fax, digital, scanned or photocopied. Signature stamps are not acceptable (unless there is a physical impairment)

a. True

b. False

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9. As an auditor, a checklist is provided with all required items that are dated and initialed by the reviewer. The checklist does not have expiration dates. The actual documents are not included in the file. How would the license element be scored?

- a. compliant
- b. non-compliant

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10. Is everyone ready to end this session?

- a. Yes
- b. No

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**SESSION ENDED** 2019  
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**THANK YOU!**

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