|  |
| --- |
| **Delegated Group Name** |

**HEALTH PLAN NAME**

|  |  |
| --- | --- |
| **Type of Assessment:** | **Person(s) Conducting the Assessment:** |
| **Pre-Delegation**  **Annual Audit**  **Shared Annual Audit**  **Compliance Audit** |  |
|  | **Staff Interviewed:** |
|  |  |

**Credentialing Activities/Responsibilities Delegated (Y/N)?**

Credentialing/Recredentialing Application Mailing/Receipt N/A

Primary Source Verification of Required Data N/A

Making Credentialing Decisions N/A

Ongoing Monitoring Data Collection and Review N/A

Handling Appeals/Fair Hearings on Decisions/Proposed Actions N/A

Reporting Decisions/Actions to NPDB/State Boards N/A

Organizational Provider (Facility) Credentialing N/A

Oversight of Sub-delegated Credentialing Activities N/A

Practitioner Office Site Quality N/A

**Reviewed And Approved By:**

|  |
| --- |
|  |

## (Chairperson, Credentialing Committee) Date

**Delegation with no Corrective Action**

**Delegation with Corrective Action**

**Denied Delegation**

**Pre-Assessment or Original Oversight Date:**

**Current Oversight Date:**

**Next Oversight Date:**

**OVERALL SCORES AND COMMENTS PER STANDARD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standard** | | **Points Possible**  **No Delegation** | **Points Possible**  **Delegation** | **Points**  **Received** |
| **CR 1** *Credentialing Policies* | | **0.46** | **0.41** |  |
| **CR 2** *Credentialing Committee* | | **0.35** | **0.32** |  |
| **CR 3**  *Credentialing Verification* | | **3.28** | **2.96** |  |
| CR 4 *Recredentialing Cycle Length* | | **0.43** | **0.39** |  |
| **CR 5** *Ongoing Monitoring and Interventions* | | **1.39** | **1.25** |  |
| CR 6 *Notification to Authorities and Practitioner Appeal Rights* | | **0.14** | **0.12** |  |
| **CR 7** *Assessment of Organizational Providers* | | **0.95** | **0.85** |  |
| **CR 8** *Delegation of CR* | | **0.00** | **0.70** |  |
| **Additional Elements Score** *Plan specific criteria beyond NCQA* | |  |  |  |
| **TOTAL SCORE** | **%** |  |  |  |

**Compliance Rating:  Fully Met  Not Met**

**Fully Met** = 90% or greater compliance

**Not Met** = Less than 90% compliance

| Standard | **Strengths / Concerns / Comments** |
| --- | --- |
| Credentialing Policies |  |
| Credentialing Committee/Minutes \* |  |
| Credentialing Verification |  |
| Recredentialing Cycle Length |  |
| Ongoing Monitoring and Interventions |  |
| Notification to Authorities & Practitioner Appeal Rights |  |
| Assessment of Organizational Providers |  |
| Delegation of CR |  |
| Additional Health Plan Elements |  |

**\* Note: Credentialing Committee/Minutes is a required WCSG Shared Delegation Audit Team field.CORRECTIVE ACTION / RECOMMENDATION SUMMARY**

|  |  |  |
| --- | --- | --- |
| Standard | **Open Corrective Action Items From Previous XXXX Audit** | Due Date |
|  |  |  |
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| --- | --- | --- |
| Standard | **Corrective Action Items \*** | Due Date |
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| **Recommendations** |
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| --- | --- |
| **Action Items For Health Plan** | **Due Date** |
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| **Notes** |
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**\* Note: Corrective Action Items for audited Group is a required WCSG Shared Delegation Audit Team field.GENERAL AUDIT INFORMATION**

**Types of Practitioners:**

* Group credentials and recredentials the following practitioner types:

ARNPs  Dentists (DDS/DMD)  Optometrists (OD)  Podiatrists (DPM)

Acupuncturists (Lac)  Dieticians (RD)  PA/PA-C  RN First Assistants

Audiologists (CCC-A)  Massage Therapists (LMP/LMP)  Pharmacists  Speech Language Pathologists

Chiropractors (DC)  Naturopaths (ND)  Physicians (MD/DO)  Surgical Assistants

CRNAs  Occupational Therapists (OT)  Physical Therapist (PT)  Other:

Behavioral Health Practitioners:

ARNPs  Chemical Dependency Counselors  Master’s Level Therapists, including LICSW, LASW, LMFT

Psychologists (PhD/PsyD)  Psychiatrists (MD/DO)  Registered Counselors  Licensed Mental Health Counselors

Other:

Women’s Health Practitioners:

Certified Nurse Midwives  Licensed Midwives  Women’s Healthcare Specialist ARNPs  Other:

**Recredentialing Cycle:**  24-month or  36-month

**Policies and Procedures**

* Last Revision/Reviewed Date?       Annual Revision/Reviewed?  Yes  No

**Medicare Contracts with Any WCSG Plans?**  Yes  No

**File Review**

* Group uses WPA or OPCA Application for initial credentialing?  Yes  No
* Group uses WPA or OPCA Attestation Questions for initial and recredentialing?  Yes  No
* Group submits clean files to Medical Director for review/approval in place of committee review?  Yes  No
* Medical Director uses electronic signature when approving clean files?  Yes  No  N/A
* Group uses the DOH to verify education/training?  Yes  No
* Group annually obtains written confirmation from DOH that it performs PSV?  Yes  No  N/A
* File Selection Methodology used:       (10% or 50 files whichever is less with a minimum of 10 initial and 10 recredentialing files or 8/30 + 2 with a minimum of 10 for URAC requirements)

**Practitioner Office Site Quality**

* Are group sites accredited? (NA if CR 7 not delegated)  Yes, by : \_\_\_\_\_\_  No  N/A
* Is there a policy that defines the compliant threshold for doing a site visit?  Yes  No
* Have there been complaints about physical access/appearance that met/exceeded threshold?  Yes  No
* Did the organization do site visits?  Yes  No  N/A
* Was any corrective action necessary?  Yes  No  N/A
* Have follow-up site visits been performed?  Yes  No  N/A

**Notification to Authorities and Practitioner Appeal Rights**

* Have the conditions of a practitioner’s participation been altered based on issues of quality of care or service?

Yes  No

* Has the organization reported a practitioner’s suspension or termination to the appropriate authorities?

Yes  No  N/A

**Delegation of CR**

* Group subdelegates credentialing activities?  Yes, CVO  Yes, Other        No
* Name of Delegated Entity:
* Effective Date:       NCQA Certified/Accredited?  Yes  No

**Organizational**

* Group supplies Malpractice coverage for all practitioners?  Yes  No
* Group has DEA Coverage Plan?  Yes  No
* Group has Admitting Coverage Arrangement?  Yes  No

**CR 1 Credentialing Policies**

The organization has a well-defined credentialing and recredentialing process for evaluating and selecting licensed independent practitioners to provide care to its members.

Intent: The organization has a rigorous process to select and evaluate practitioners.

| **Element A: Practitioner Credentialing Guidelines** | **Reference Page/Section** | **Points** |
| --- | --- | --- |
| The organization’s credentialing policies & procedures specify:   1. The types of practitioners to credential & recredential 2. The verification sources used 3. The criteria for credentialing & recredentialing 4. The process used for making credentialing & recredentialing decisions 5. The process for managing credentialing files that meet the organization’s established criteria 6. The process for delegating credentialing or recredentialing 7. The process (which includes a statement, preventing, monitoring at least annually) for ensuring that credentialing & recredentialing are conducted in a nondiscriminatory manner 8. The process for notifying practitioners if information obtained during the organization’s credentialing process varies substantially from the information they provided to the organization 9. The process for ensuring that practitioners are notified of the credentialing & recredentialing decision within 60 calendar days of the credentialing committee’s decision 10. The medical director or other designated physician’s direct responsibility and participation in the credentialing program 11. The process used for ensuring the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law 12. The process for ensuring that listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, board certification and specialty. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element A Scoring** | | **No Delegation** | **Delegation** |
| **100%** | The organization meets all 12 factors | **0.27 points** | **0.24 points** |
| **80%** | The organization meets 8-11 factors | **0.22 points** | **0.19 points** |
| **50%** | The organization meets 5-7 factors | **0.14 points** | **0.12 points** |
| **20%** | The organization meets 3-4 factors | **0.05 points** | **0.05 points** |
| **0%** | The organization meets 0-2 factors | **0.00 points** | **0.00 points** |

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| --- | --- | --- |
| **Element B: Practitioner Rights** | **Reference Page/Section** | **Points** |
| The organization notifies practitioners about their right to:   1. Review information submitted to support their credentialing application 2. Correct erroneous information 3. Receive the status of their credentialing or recredentialing application, upon request. |  |  |

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| --- | --- | --- | --- | --- |
| **Element B Scoring** | | | **No Delegation** | **Delegation** |
| **100%** | The organization meets all 3 factors | **0.19 points** | **0.17 points** |
| **80%** | The organization meets 2 factors | **0.15 points** | **0.14 points** |
| **50%** | No scoring option | **0.10 points** | **0.09 points** |
| **20%** | The organization meets 1 factor | **0.04 points** | **0.03 points** |
| **0%** | The organization meets no factors | **0.00 points** | **0.00 points** |

|  |  |
| --- | --- |
| **CR 1 SCORE *(Element A + Element B)*** |  |

| **CR 1 Element** | **Comments** |
| --- | --- |
| **A** |  |
| **B** |  |

**CR 2 Credentialing Committee**

**The organization designates a Credentialing Committee that uses a peer-review process to make recommendations regarding credentialing decisions.**

**Intent: That the organization obtains meaningful advice and expertise from participating practitioners when it makes credentialing decisions.**

|  |  |  |
| --- | --- | --- |
| **Element A: Credentialing Committee** | **Reference Document** | **Points** |
| The organization’s Credentialing Committee.   1. Uses participating practitioners to provide advice and expertise for credentialing decisions. 2. Reviews credentials for practitioners who do not meet established thresholds. 3. Ensures that files that meet established criteria are reviewed and approved by a medical director or designated physician. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Element A Scoring** | | | **No Delegation** | **Delegation** |
| **100%** | The organization meets all 3 factors. | **0.35 points** | **0.32 points** |
| **80%** | The organization meets 2 factors. | **0.28 points** | **0.26 points** |
| **50%** | No scoring option | **0.18 points** | **0.16 points** |
| **20%** | The organization meets 1 factor | **0.07 points** | **0.06 points** |
| **0%** | The organization meets no factors | **0.00 points** | **0.00 points** |

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| --- | --- |
| **CR 2 SCORE *(Element A)*** |  |

| **CR 2 Element** | **Comments** |
| --- | --- |
| **A** |  |

**CR 3 Credentialing Verification**

**The organization verifies credentialing information through primary sources, unless otherwise indicated.**

**Intent: The organization conducts timely verification of information to ensure that practitioners have the legal authority and relevant training and experience to provide quality care.**

|  |  |
| --- | --- |
| **Element A: Verification of Credentials** | **Points** |
| 1. A current and valid license to practice 2. A valid DEA or CDS certificate, if applicable 3. Education and training as specified in the explanation (highest of the following three levels obtained: Board Certification; Residency; Graduation from medical or professional school) 4. Board certification status, if applicable 5. Work history 6. A history of professional liability claims that resulted in settlement or judgment paid on behalf of the practitioner |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element A Scoring** | | **No Delegation** | **Delegation** |
| **100%** | High (90-100%) on file review all 6 factors | **0.72 points** | **0.65 points** |
| **80%** | The organization receives high (90%-100%) on file review for 4-5 factors and medium (60-89%) on file review for remaining 1-2 factors | **0.58 points** | **0.52 points** |
| **50%** | At least medium (60-89%) on file review for all 6 factors | **0.36 points** | **0.33 points** |
| **20%** | Low (0-59%) on file review for 1-3 factors | **0.14 points** | **0.13 points** |
| **0%** | Low (0-59%) on file review for 4 or more factors | **0.00 points** | **0.00 points** |

|  |  |
| --- | --- |
| **Element RA: Verification of Recredentialing** | **Points** |
| 1. A current and valid license to practice  2. A valid DEA or CDS certificate, if applicable  3. Education and training **NA for recredentialing**  4. Board certification status, if applicable  5. Work history **NA for recredentialing**  6. A history of professional liability claims that resulted in settlement or judgment paid on behalf of the practitioner |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element RA Scoring** | | **No Delegation** | **Delegation** |
| **100%** | High (90-100%) on file review all 4 factors | **0.72 points** | **0.65 points** |
| **80%** | The organization receives high (90%-100%) on file review for 2-3 factors and medium (60-89%) on file review for remaining 1-2 factors | **0.58 points** | **0.52 points** |
| **50%** | At least medium (60-89%) on file review for all 4 factors | **0.36 points** | **0.33 points** |
| **20%** | Low (0-59%) on file review for 1-2 factors | **0.14 points** | **0.13 points** |
| **0%** | Low (0-59%) on file review for 3 or more factors | **0.00 points** | **0.00 points** |

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| **Element B: Sanction Information** | **Points** |
| The organization verifies the following sanction information for initial credentialing:   1. State sanctions, restrictions on licensure and/or limitations on scope of practice *(minimum of most recent five year period)* 2. Medicare and Medicaid sanctions |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element B Scoring** | | **No Delegation** | **Delegation** |
| **100%** | High (90-100%) on file review for both factors | **0.65 points** | **0.59 points** |
| **80%** | High (90-100%) on file review for 1 factor, Medium (60-89%) on 1 factor | **0.52 points** | **0.47 points** |
| **50%** | Medium (60-89%) for both factors | **0.33 points** | **0.30 points** |
| **20%** | Low (0-59%) on file review for 1 factor | **0.13 points** | **0.12 points** |
| **0%** | Low (0-59%) for both factors | **0.00 points** | **0.00 points** |

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| --- | --- |
| **Element RB: Sanction Information** | **Points** |
| The organization verifies the following sanction information for re credentialing:   1. 1. State sanctions, restrictions on licensure and/or limitations on scope of practice *(minimum of most recent five year* 2. *period)* 3. 2. Medicare and Medicaid sanctions |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element RB Scoring** | | **No Delegation** | **Delegation** |
| **100%** | High (90-100%) on file review for both factors | **0.65 points** | **0.59 points** |
| **80%** | High (90-100%) on file review for 1 factor, Medium (60-89%) on 1 factor | **0.52 points** | **0.47 points** |
| **50%** | Medium (60-89%) for both factors | **0.33 points** | **0.30 points** |
| **20%** | Low (0-59%) on file review for 1 factor | **0.13 points** | **0.12 points** |
| **0%** | Low (0-59%) for both factors | **0.00 points** | **0.00 points** |

|  |  |
| --- | --- |
| **Element C: Credentialing Application** | **Points** |
| Applications for credentialing include the following:  1. Reasons for inability to perform the essential functions of the position  2. Lack of present illegal drug use   1. 3. History of loss of license and felony convictions 2. 4. History of loss or limitation of privileges or disciplinary actions 3. 5. Current malpractice insurance coverage 4. 6. Current and signed attestation confirming the correctness and completeness of the application |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element C Scoring** | | **No Delegation** | **Delegation** |
| **100%** | High (90-100%) on file review for all 6 factors | **0.27 points** | **0.24 points** |
| **80%** | High (90-100%) on file review for 4 or 5 factors and medium (60-89%) on file review for the remaining 1-2 factors | **0.22 points** | **0.19 points** |
| **50%** | At least medium (60-89%) on file review for all 6 factors | **0.14 points** | **0.12 points** |
| **20%** | Low (0-59%) on file review for 1-3 factors | **0.05 points** | **0.05 points** |
| **0%** | Low (0-59%) on file review for 4 or more factors | **0.00 points** | **0.00 points** |

|  |  |
| --- | --- |
| **Element RC: Recredentialing Application** | **Points** |
| Applications for credentialing include the following:   1. 1. Reasons for inability to perform the essential functions of the position 2. 2. Lack of present illegal drug use 3. 3. History of loss of license and felony convictions, since the previous decision 4. 4. History of loss or limitation of privileges or disciplinary actions, since the previous decision 5. 5. Current malpractice insurance coverage   6. Current and signed attestation confirming the correctness and completeness of the application |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element RC Scoring** | | **No Delegation** | **Delegation** |
| **100%** | High (90-100%) on file review for all 6 factors | **0.27 points** | **0.24 points** |
| **80%** | High (90-100%) on file review for 4 or 5 factors and medium (60-89%) on file review for the remaining 1-2 factors | **0.22 points** | **0.19 points** |
| **50%** | At least medium (60-89%) on file review for all 6 factors | **0.14 points** | **0.12 points** |
| **20%** | Low (0-59%) on file review for 1-3 factors | **0.05 points** | **0.05 points** |
| **0%** | Low (0-59%) on file review for 4 or more factors | **0.00 points** | **0.00 points** |

|  |  |
| --- | --- |
| **CR 3 SCORE *(Element A + Element B + Element C)*** |  |

| **CR 3 Element** | **Comments** |
| --- | --- |
| **A** |  |
| **B** |  |
| **C** |  |

**CR 4 Recredentialing Cycle Length**

The organization formally recredentials its practitioners at least every 36 months.

**Intent: The organization conducts timely recredentialing.**

|  |  |
| --- | --- |
| **Element A: Recredentialing Cycle Length** | **Points** |
| The length of the recredentialing cycle is within the required 36-month time frame. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element A Scoring** | | **No Delegation** | **Delegation** |
| **100%** | High (90-100%) on file review | **0.43 points** | **0.39 points** |
| **80%** | No scoring option | **0.34 points** | **0.31 points** |
| **50%** | Medium (60-89%) on file review | **0.22 points** | **0.20 points** |
| **20%** | No scoring option | **0.09 points** | **0.08 points** |
| **0%** | Low (0-59%) on file review | **0.00 points** | **0.00 points** |

|  |  |
| --- | --- |
| **CR 4 SCORE *(Element A)*** |  |

| **CR 4 Element** | **Comments** |
| --- | --- |
| **A** |  |

**CR 5 Ongoing Monitoring and Interventions**

**The organization develops and implements policies and procedures for ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles and takes appropriate action against practitioners when it identifies occurrences of poor quality.**

**Intent: The organization identifies and, when appropriate, acts on important quality and safety issues in a timely manner during the interval between formal credentialing.**

| **Element A: Ongoing Monitoring and Interventions** | **Reference Page/Section** | **Points** |
| --- | --- | --- |
| The organization implements ongoing monitoring and takes appropriate interventions by:   1. Collecting and reviewing Medicare and Medicaid sanctions *(within 30 calendar days of release of information)* 2. Collecting and reviewing sanctions or limitations on licensure *(within 30 calendar days of release of information)* 3. Collecting and reviewing complaints *(at least every six months)* 4. Collecting and reviewing information from identified adverse events *(at least every six months)* 5. Implementing appropriate interventions when it identifies instances of poor quality related to factors 1-4. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element A Scoring** | | **No Delegation** | **Delegation** |
| **100%** | The organization meets all 5 factors | **1.39 points** | **1.25 points** |
| **80%** | The organization meets 4 factors | **1.11 points** | **1.00 points** |
| **50%** | The organization meets 3 factors | **0.70 points** | **0.63 points** |
| **20%** | The organization meets 2 factors | **0.28 points** | **0.25 points** |
| **0%** | The organization meet 0-1 factors | **0.00 points** | **0.00 points** |

|  |  |
| --- | --- |
| **CR 5 SCORE *(Element A)*** |  |

| **CR 5 Element** | **Comments** |
| --- | --- |
| **A, Factor 1** |  |
| **A, Factor 2** |  |
| **A, Factor 3** |  |
| **A, Factor 4** |  |
| **A, Factor 5** |  |

**\*Note:** For each factor, describe reports reviewed and indicate if copies were provided by the delegate or if reports were reviewed onsite. If monitoring is performed by another department, make note of who is responsible for the activity.

**CR 6 Notification to Authorities and Practitioner Appeal Rights**

**An organization that has taken action against a practitioner for quality reasons reports the action to the appropriate authorities and offers the practitioner a formal appeal process.**

**Intent: The organization uses objective evidence and patient-care considerations when deciding on a course of action for dealing with a practitioner who does not meet its quality standards.**

|  |  |  |
| --- | --- | --- |
| **Element A: Actions Against Practitioners** | **Reference Page/Section** | **Points** |
| The organization has policies & procedures for:   1. The range of actions available to the organization 2. Reporting to authorities  * Includes description of when and how reporting occurs to authorities * Describes specific reportable incidences * Describes what entities will be reported to and how reports will be made * Describes what is expected of staff and accountabilities (names not required)  1. A well-defined appeal process 2. Making the appeal process known to practitioners. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element A Scoring** | | **No Delegation** | **Delegation** |
| **100%** | The organization meets all 4 factors | **0.14 points** | **0.12 points** |
| **80%** | No scoring option | **0.11 points** | **0.10 points** |
| **50%** | The organization meets 3 factors | **0.07 points** | **0.06 points** |
| **20%** | No scoring option | **0.03 points** | **0.02 points** |
| **0%** | The organization meets 0-2 factors | **0.00 points** | **0.00 points** |

|  |  |
| --- | --- |
| **CR 6 SCORE *(Element A)*** |  |

| **CR 6 Element** | **Comments** |
| --- | --- |
| **A** |  |

**CR 7 Assessment of Organizational Providers ✓ Not Applicable**

**The organization has written policies and procedures for the initial and ongoing assessment of providers with which it contracts.**

**Intent: The organization evaluates the quality of providers with which it contracts.**

|  |  |  |
| --- | --- | --- |
| **Element A: Review and Approval of Provider** | **Reference Page/Section** | **Points** |
| The organization’s policy for assessing health care delivery providers specifies that before it contracts with a provider, and for at least every three years thereafter, it:   1. Confirms that the provider is in good standing with state and federal regulatory bodies 2. Confirms that the provider has been reviewed and approved by an accrediting body 3. Conducts an onsite quality assessment if the provider is not accredited. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element A Scoring** | | **No Delegation** | **Delegation** |
| **100%** | The organization meets all 3 factors | **0.27 points** | **0.25 points** |
| **80%** | The organization meets 2 factors | **0.22 points** | **0.20 points** |
| **50%** | The organization meets 1 factors | **0.14 points** | **0.13 points** |
| **20%** | No scoring option | **0.05 points** | **0.05 points** |
| **0%** | The organization meets 0 factors | **0.00 points** | **0.00 points** |

|  |  |  |
| --- | --- | --- |
| **Element B: Medical Providers** | **Reference Page/Section** | **Points** |
| The organization includes at least the following medical providers in its assessment:   1. Hospitals\* critical factor: score cannot exceed 20% if critical factors are not met 2. Home health agencies 3. Skilled nursing facilities 4. Free-standing surgical centers |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element B Scoring** | | **No Delegation** | **Delegation** |
| **100%** | The organization meets all 4 factors | **0.17 points** | **0.15 points** |
| **80%** | The organization meets all 3 factors | **0.14 points** | **0.12 points** |
| **50%** | The organization meets 2 factor | **0.09 points** | **0.08 points** |
| **20%** | The organization meets 1 factor | **0.03 points** | **0.03 points** |
| **0%** | The organization meets 0 factors | **0.00 points** | **0.00 points** |

|  |  |  |
| --- | --- | --- |
| **Element C: Behavioral Healthcare Providers** | **Reference Page/Section** | **Points** |
| The organization includes behavioral healthcare facilities providing mental health or substance abuse service in the following settings:   1. Inpatient 2. Residential 3. Ambulatory |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Element C Scoring** | | **No Delegation** | **Delegation** |
| **100%** | The organization meets all 3 factors | **0.17 points** | **0.15 points** |
| **80%** | No scoring option | **0.14 points** | **0.12 points** |
| **50%** | The organization meets 1-2 factors | **0.09 points** | **0.08 points** |
| **20%** | No scoring option | **0.03 points** | **0.03 points** |
| **0%** | The organization meets no factors | **0.00 points** | **0.00 points** |

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| **Element D: Assessing Medical Providers** | **Reference Document** | **Points** |
| The organization assesses contracted medical health care providers against the requirements and within the timeframe in Element A. |  |  |

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| **Element D Scoring** | | **No Delegation** | **Delegation** |
| **100%** | The organization meets the requirement | **0.17 points** | **0.15 points** |
| **80%** | No scoring option | **0.14 points** | **0.12 points** |
| **50%** | No scoring option | **0.09 points** | **0.08 points** |
| **20%** | No scoring option | **0.03 points** | **0.03 points** |
| **0%** | The organization does not meet the requirement | **0.00 points** | **0.00 points** |

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| **Element E: Assessing Behavioral Healthcare Providers** | **Reference Document** | **Points** |
| The organization assesses contracted behavioral healthcare providers against Element A requirements and time frame. |  |  |

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| **Element E Scoring** | | **No Delegation** | **Delegation** |
| **100%** | The organization meets the requirement | **0.17 points** | **0.15 points** |
| **80%** | No scoring option | **0.14 points** | **0.12 points** |
| **50%** | No scoring option | **0.09 points** | **0.08 points** |
| **20%** | No scoring option | **0.03 points** | **0.03 points** |
| **0%** | The organization does not meet the requirement | **0.00 points** | **0.00 points** |

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| **CR 7 SCORE *(Element A + Element B + Element C + Element D + Element E)*** |  |

| **CR 7 Element** | **Comments** |
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| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |
| **E** |  |

##### CR 8 Delegation of CR

**If the organization delegates any NCQA-required credentialing activities, there is evidence of oversight of the delegated activities.**

**Intent: The organization remains responsible for credentialing and recredentialing its practitioners, even if it delegates all or part of these activities.**

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| **Element A: Delegation Agreement** | **Reference Page/Section** | **Points** |
| The written delegation agreement:   1. Is mutually agreed upon, and in place prior to delegation of activities 2. Describes the delegated activities and the responsibilities of the organization and the delegated entity 3. Requires at least semiannual reporting of the delegated entity to the organization 4. Describes the process by which the organization evaluates the delegated entity’s performance 5. Specifies that the organization retains the right to approve, suspend and terminate individual practitioners, providers and sites, even if the organization delegates decision making 6. Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement |  |  |

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| **Element A Scoring** | | |
| **100%** | The organization meets all 6 factors | **0.17 points** |
| **80%** | The organization meets 5 factors | **0.14 points** |
| **50%** | The organization meets 3-4 factors | **0.09 Points** |
| **20%** | The organization meets 1-2 factors | **0.03 points** |
| **0%** | The organization meets no factors | **0.00 points** |

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| **Element B: Provision for PHI** | **Reference Page/Section** | **Points** |
| If the delegation arrangement includes the use of protected health information (PHI) by the delegate, the delegation document also includes the following provisions:   1. The allowed uses of PHI 2. A description of delegate safeguards to protect the information from inappropriate use or further disclosure 3. A stipulation that the delegate ensures that subdelegates have similar safeguards 4. A stipulation that the delegate provides individuals with access to their PHI 5. A stipulation that the delegate informs the organization if inappropriate uses of the information occur 6. A stipulation that the delegate ensures that PHI is returned, destroyed or protected if the delegation agreement ends. |  |  |

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| **Element B Scoring** | | |
| **100%** | The organization meets all 6 factors | **0.11 points** |
| **80%** | The organization meets 4-5 factors | **0.09 Points** |
| **50%** | The organization meets 2-3 factors | **0.06 points** |
| **20%** | The organization meets 1 factor | **0.02 points** |
| **0%** | The organization meets no factors | **0.00 points** |

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| **Element C: Predelegation Evaluation** | **Reference Document** | **Points** |
| For new delegation agreements initiated in the look-back period, the organization evaluated delegate’s capacity to meet NCQA requirements before delegation began. |  |  |

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| **Element C Scoring** | | |
| **100%** | The organization evaluated delegate capacity before delegation began *(Note: Pre-assessment may still be needed for CMS and/or state requirements)* | **0.07 points** |
| **80%** | No scoring option | **0.06 points** |
| **50%** | The organization evaluated delegate capacity after delegation began | **0.04 points** |
| **20%** | No scoring option | **0.01 points** |
| **0%** | The organization did not evaluate delegate capacity | **0.00 points** |

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| **Element D: Review of Delegate’s Credentialing Activities** | **Reference Document** | **Points** |
| For delegation arrangements in effect for 12 months or longer, the organization;   1. Annually reviews its delegate’s credentialing policies and procedures 2. Annually audits credentialing and recredentialing files against NCQA standards for each year that delegation has been in effect. 3. Annually evaluates delegate performance against NCQA standards for delegated activities. 4. Semiannually evaluates regular reports, as specified in Element A. |  |  |

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| **Element D Scoring** | | |
| **100%** | The organization meets all 4 factors | **0.28 points** |
| **80%** | The organization meets 3 factors | **0.22 points** |
| **50%** | The organization meets 2 factors | **0.14 Points** |
| **20%** | The organization meets 1 factor | **0.06 Points** |
| **0%** | The organization meets no factors | **0.00 points** |

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| **Element E: Opportunities for Improvement** | **Reference Document** | **Points** |
| For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years, the organization identified and followed up on opportunities for improvement if applicable |  |  |

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| **Element E Scoring** | | |
| **100%** | At least once in each of the past 2 years that the delegation arrangement has been in effect, the organization has acted on identified problems , if any (*for CMS and/or state requirements)* | **0.07 points** |
| **80%** | No scoring option | **0.06 points** |
| **50%** | The organization took inappropriate or weak action, or has acted only in the past year | **0.04 points** |
| **20%** | No scoring option | **0.01 points** |
| **0%** | The organization has taken no action on identified problems | **0.00 points** |

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| **CR 8 SCORE *(Element A + Element B + Element C + Element D + Element E)*** |  |

| **CR 8 Element** | **Comments** |
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| **B** |  |
| **C** |  |
| **D** |  |
| **E** |  |

**Additional Elements Required by Health Plan:**

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| **Element A. Initial Credentialing File Review** | **Points** |
| 1. Medicare Opt Out lists or Affidavit – Noridian website 2. OIG website - Medicare/Medicaid sanctions 3. SAM website verification for Medicare/Medicaid sanctions 4. Admitting privileges or coverage arrangement stated on application 5. Verification of malpractice coverage via facesheet or carrier 6. PSV of fellowship via board certification or fellowship program 7. Date the Release of Information is signed (MM/DD/YY) 8. Letter in file advising practitioner of committee decision (MM/DD/YY) 9. All attestation questions answered 10. DEA Coverage plan in file documenting covering practitioner name or DEA # 11. Social Security Administration and Death Master File 12. National Plan and Provider Enumeration System (NPPES) - NPI 13. PSV of Temporary WA License. BC-MD/DO, BG-PA-C, N3-NP, N2-RN |  |

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| **Element A Scoring** | | **Points** |
| **100%** | High (90-100%) for all factors | **0.40 points** |
| **80%** | High (90-100%) for all but 1 factor, Medium (60-89%) for 1 factor | **0.32 points** |
| **50%** | High (90-100%) for all but 2-3 factors, Medium (60-89%) for other factors | **0.20 points** |
| **20%** | Medium (60-89%) for most factors, Low (0-59%) for no more than 1 factor | **0.16 points** |
| **0%** | Low (0-59%) for all or most factors | **0.00 points** |

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| **Element B. Recredentialing File Review** | **Points** |
| 1. Medicare Opt Out Lists or Affidavit – Noridian website 2. OIG website - Medicare/Medicaid sanctions 3. SAM website verification for Medicare/Medicaid sanctions 4. Admitting privileges or coverage arrangement stated on application 5. Verification of malpractice coverage via facesheet or carrier 6. Performance monitoring 7. Date the Release of Information is signed (MM/DD/YY) 8. Letter in file advising practitioner of committee decision (MM/DD/YY) 9. All attestation questions answered 10. DEA Coverage plan in file documenting covering practitioner name or DEA # 11. Social Security Administration and Death Master File 12. National Plan and Provider Enumeration System (NPPES) – NPI |  |

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| **Element B Scoring** | | **Points** |
| **100%** | High (90-100%) for all factors | **0.40 points** |
| **80%** | High (90-100%) for all but 1 factor, Medium (60-89%) for other factors | **0.32 points** |
| **50%** | High (90-100%) for all but 2-3 factors, Medium (60-89%) for other factors | **0.20 points** |
| **20%** | Medium (60-89%) for most factors, Low (0-59%) for no more than 1 factor | **0.16 points** |
| **0%** | Low (0-59%) for all or most factors | **0.00 points** |

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| **Element C. Credentialing Policy** | **Points** |
| 1. Policy states committee meeting frequency 2. Policy covers checking the Medicare opt out list, SAM, and OIG websites 3. If delegate is contracted for Medicare, there is a policy statement prohibiting contracting with practitioners who Opt Out of Medicare 4. Policy statement requiring majority of Hearing Panel providers be a peer of the appealing practitioner 5. Policy states primary admitting privileges are verified 6. Policy states current malpractice is verified with carrier or facesheet 7. Policy states that practitioners must be notified of committee decision within 10 days of decision 8. Policy states that verification of board certification occurs as required by plan 9. Policy provides the definition of a “clean file” 10. Policy states that all files (including clean files) approved for initial credentialing and recredentialing pass through Committee process for final determination 11. Policy covers validation of NPI at Initial and Recredentialing 12. Policy covers information management (information systems, data integrity, storage/maintenance/destruction, interoperability) 13. Policy covers business continuity (program operations, information systems, and testing) 14. Policy covers information confidentiality and security (information systems, assessments, prevention, detection) |  |

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| **Element C Scoring** | | **Points** |
| **100%** | Policy covers all factors | **0.20 points** |
| **80%** | Policy covers all but 1 factor | **0.16 points** |
| **50%** | Policy covers half the factors | **0.10 points** |
| **20%** | Policy covers 1 factor | **0.08 points** |
| **0%** | Policy covers 0 factors | **0.00 points** |

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| **Element D.: Practitioner Office Site Quality - Performance Standards and Thresholds** | **Points** |
| The organization is contracted for Medicare/Medicaid and sets site performance standards and thresholds for:   1. Physical accessibility 2. Physical appearance 3. Adequacy of waiting and examining room space 4. Adequacy of medical/treatment record keeping |  |

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| **Element D Scoring** | | **Points** |
| **100%** | The organization meets all 4 factors | **0.20 points** |
| **80%** | The organization meets 3 factors | **0.16 points** |
| **50%** | The organization meets 2 factors | **0.10 points** |
| **20%** | The organization meets 1 factor | **0.08 points** |
| **0%** | The organization meets no factors | **0.00 points** |

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| **Element E.: Practitioner Office Site Quality - Site visits and Ongoing Monitoring** | **Points** |
| The organization is contracted for Medicare/Medicaid and implements appropriate interventions by:   1. Continually monitoring member complaints for all practitioner sites 2. Conducting site visits of offices within 60 calendar days of determining that the complaint threshold was met 3. Instituting actions to improve offices that do not meet site standards and thresholds in Element A 4. Evaluating the effectiveness of the actions at least every 6 months, until deficient offices meet the site standards and thresholds 5. Documenting follow up visits for offices that had subsequent deficiencies. |  |

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| **Element E Scoring** | | **Points** |
| **100%** | The organization meets all 5 factors | **0.20 points** |
| **80%** | The organization meets 3 -4 factors | **0.16 points** |
| **50%** | The organization meets 2 factors | **0.10 points** |
| **20%** | The organization meets 1 factor | **0.08 points** |
| **0%** | The organization meets no factors | **0.00 points** |

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| **Element F. Ongoing Monitoring of all Medicare Part B Opt Out Lists or Affidavit** | **Points** |
| Delegate is contracted for Medicare and monitors the opt out list within 30 days of its quarterly release |  |

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| **Element F Scoring** | | **Points** |
| **100%** | Documented review of the last 4 quarters | **0.20 points** |
| **80%** | Documented review of 3 of the last 4 quarters | **0.16 points** |
| **50%** | Documented review of 2 of the last 4 quarters | **0.10 points** |
| **20%** | Documented review of 1 of the last 4 quarters | **0.08 points** |
| **0%** | Documented review of 0 of the last 4 quarters | **0.00 points** |

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| **Element G. Ongoing Monitoring of System for Award Management List** | **Points** |
| Delegate is contracted for Medicare and monitors the SAM list monthly by the 15th of each month |  |

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| **Element G Scoring** | | **Points** |
| **100%** | Documented review of all reports for 4 quarters | **0.20 points** |
| **80%** | Documented review of all reports for 3 quarters; documented review reports for 4 quarters | **0.16 points** |
| **50%** | Documented review of 1 report for 4 quarters and review of 2 reports for 2 quarters; documented review of 2 reports for 4 quarters | **0.10 points** |
| **20%** | Documented review of all reports for 2 quarters; documented review of 2 reports for 2 quarters | **0.08 points** |
| **0%** | Documented review of 0 reports for 0 quarters | **0.00 points** |

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| **Element H. Ongoing Monitoring of Social Security Administration Death Master File** | **Points** |
| Delegate is contracted for Medicare/Medicaid Apple Health Plan and checks the SSADMF within 30 days of update |  |

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| **Element H Scoring** | | **Points** |
| **100%** | Documented review of all reports for 4 quarters | **0.20 points** |
| **80%** | Documented review of all reports for 3 quarters; documented review reports for 4 quarters | **0.16 points** |
| **50%** | Documented review of 1 report for 4 quarters and review of 2 reports for 2 quarters; documented review of 2 reports for 4 quarters | **0.10 points** |
| **20%** | Documented review of all reports for 2 quarters; documented review of 2 reports for 2 quarters | **0.08 points** |
| **0%** | Documented review of 0 reports for 0 quarters | **0.00 points** |

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| **Element I. Medicaid State Exclusion Lists Ongoing Monitoring** | **Points** |
| 1. Evidence of review within 30 days of release from the source of all published state Medicaid exclusion lists |  |

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| **Element I Scoring** | | **Points** |
| **100%** | Documented review of all reports for 4 quarters | **0.20 points** |
| **80%** | Documented review of all reports for 3 quarters; Documented review of 3 reports for 4 quarters; | **0.16 points** |
| **50%** | Documented review of 2 reports for 4 quarters and review of 2 reports for 2 quarters; Documented review of 2 reports for 4 quarters | **0.10 points** |
| **20%** | Documented review of all reports of 2 quarters; Documented review of 2 reports for 2 quarters | **0.08 points** |
| **0%** | Documented review of 0reports for 0 quarters | **0.00 points** |

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| **Additional SCORE *(Element A + Element B + Element C + Element D + Element E + Element F + Element G + Element H + Element I)*** |  |

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| **Additional Element** | **Comments** |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |
| **E** |  |
| **F** |  |
| **G** |  |
| **H** |  |
| **I** |  |

**\*Note:** For factors F-I, describe reports reviewed and indicate if copies were provided by the delegate or if reports were reviewed onsite. If monitoring is performed by another department, make note of who is responsible for the activity.