**Washington Credentialing Standardization Group  
Shared Delegation Audit Program  
Best Practice Tool for Ongoing Monitoring**

This best practice tool was created by the Washington Credentialing Standardization Group, Shared Delegation Audit Program to assist Medical Groups that have taken on the responsibility of performing ongoing monitoring activities on behalf of a Health Plan.

The following Health Plan accreditation and regulatory requirements regarding ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles must be met:

| Activity | Required by | Acceptable Sources | Timeframe |
| --- | --- | --- | --- |
| Collects and reviews Medicare and Medicaid sanctions | NCQA, CMS, URAC | * [Office of Inspector General, List of Excluded Individuals/Entities](https://oig.hhs.gov/exclusions/exclusions_list.asp) * NPDB Continuous Query * Note: Some Health Plans require checking the Office of Inspector General, List of Excluded Individuals/Entities to meet CMS recommendation. The organization may use a vendor. | within 30 calendar days of its release by the reporting entity |
| Collects and reviews sanctions or limitations on licensure | NCQA, CMS, URAC | * [Washington State Department of Health, News Releases](http://www.doh.wa.gov/Newsroom/2017NewsReleases) * All other state licensing agencies where practitioners provide care to Health Plan members. * NPDB Continuous Query | within 30 calendar days of its release by the reporting entity |
| Collects and reviews complaints | NCQA, CMS | * The organization evaluates the history of complaints for all practitioners at least every six months. | every six months |
| Collects and reviews information from identified adverse events | NCQA, CMS | * The organization monitors for adverse events at least every six months. | every six months |
| Collects and reviews the Medicare Opt Out List | CMS | * [Noridian Medicare Portal, Jurisdiction F, Part B](https://med.noridianmedicare.com/web/jfb/enrollment/opt-out/opt-out-listing) * [Medicare Opt Out Affidavits (data.CMS.gov website)](https://data.cms.gov/dataset/Opt-Out-Affidavits/7yuw-754z) * Note: Some Health Plans require that the Medical Group either review the Medicare Opt Out Affidavits list, or monitor all published Medicare Opt Out Lists. | at least quarterly |
| Collects and reviews Medicare and Medicaid sanctions | CMS | * [System for Award Management](https://www.sam.gov/portal/SAM/?navigationalstate=JBPNS_rO0ABXdcACJqYXZheC5mYWNlcy5wb3J0bGV0YnJpZGdlLlNUQVRFX0lEAAAAAQApdmlldzo3NGM1ZWM1ZS1lMTRiLTRjMjQtYjI4Ny0wNDVjNTNmZTBkODkAB19fRU9GX18*&portal:componentId=9615a076-c195-44d7-9bf4-ff1d3d101e6c&interactionstate=JBPNS_rO0ABXc0ABBfanNmQnJpZGdlVmlld0lkAAAAAQATL2pzZi9uYXZpZ2F0aW9uLmpzcAAHX19FT0ZfXw**&portal:type=action#1) * Note: If the organization choses to use the NPDB Continuous Query, be aware that SAM is not included, and the organization must still query the SAM/LEIE. The organization may use a vendor. | Monthly  For Medicaid lines of business must be run by 15th of the month. |
| Collects and reviews Medicaid State Exclusions | CMS | * For Medicaid lines of business, the Medical Group must review all published Medicaid State Exclusion Lists. The organization may use a vendor. * All states publish a list except for CO, DE, NH, NM, OK, OR, SD, UT, VA, VT, and WI. Visit the WAMSS website here for a list of states that publish a list. * NJ publishes 2 lists (<http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml>; <http://nj.gov/comptroller/divisions/medicaid/disqualified/>) and both must be reviewed. | within 30 calendar days of its release by the reporting entity |

* For all applicable activities, the Medical Group must describe its processes in policies and procedures and produce evidence of ongoing monitoring. The Medical Group must also describe in policies and procedures what interventions it will implement if there is evidence of poor quality that could affect the health and safety of the Medical Group’s patients.
* At a minimum, ongoing monitoring logs must document the following: date of the report (date information was released by the reporting entity); date the Medical Group reviewed the report; findings; and initials of staff member who performed the review.
* If the Medical Group uses the NPDB Continuous Query for ongoing monitoring, proof of annual enrollment must be present in each credentialing file, and the Medical Group must demonstrate that continuous query notifications are viewed within 30 calendar days of a new alert. The Medical Group must document review of each new alert on an ongoing monitoring log.
* The Medical Group must check for sanctions or limitations on licensure in all states that practitioner provides care to the Medical Group’s patients.
* For practitioners who have opted out of Medicare, the Medical Group must check all state lists that practitioner provides care to the Medical Group’s patients.
* Regarding the collection and review of complaints and adverse events, the Medical Group may document ongoing monitoring on a log or submit a report to the Credentialing Committee and document review in meeting minutes.
* If the Medical Group delegated an activity to an NCQA Certified CVO, the Medical Group must state this in policies and procedures. The delegation agreement must describe the delegated activity and the Medical Group must produce evidence of ongoing monitoring.
* If the Medical Group uses a vendor to perform ongoing monitoring, the Medical Group must state this in policies and procedures. The vendor agreement must describe the purchased services, and the Medical Group must produce evidence of ongoing monitoring.
* The following documents are sample ongoing monitoring logs to help you in documenting your activities. Your ongoing monitoring logs must be available during your annual WCSG SDA audit.

**DISCLAIMER: Please review the Credentialing Delegation Agreement and/or Contract with each Health Plan that delegates credentialing activities to your organization. Some Health Plans may delegate additional ongoing monitoring activities and/or have more stringent timeframe requirements. If you have questions, please consult with each Health Plan that delegates to your organization.**

**2017 Ongoing Monitoring Log  
Medicare and Medicaid Sanctions  
OIG/LEIE Database**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Month | Date of Report | Date Reviewed | Findings | Checked by |
| January 2017 | 02/07/17 | 02/15/17 | No matches found. | MP |
| February 2017 |  |  |  |  |
| March 2017 |  |  |  |  |
| April 2017 |  |  |  |  |
| May 2017 |  |  |  |  |
| June 2017 |  |  |  |  |
| July 2017 |  |  |  |  |
| August 2017 |  |  |  |  |
| September 2017 |  |  |  |  |
| October 2017 |  |  |  |  |
| November 2017 |  |  |  |  |
| December 2017 |  |  |  |  |

**2017 Ongoing Monitoring Log  
Sanctions or Limitations on Licensure  
Washington State Department of Health News Releases**

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| --- | --- | --- | --- |
| Date of Report | Date Reviewed | Findings | Checked by |
| 01/06/17 | 01/09/17 | No matches found. | MP |
| 01/18/17 | 01/18/17 | No matches found. | MP |
| 01/19/17 | 01/19/17 | No matches found. | MP |
| 01/20/17 | 01/23/17 | No matches found. | MP |
| 01/26/17 | 01/26/17 | No matches found. | MP |
| 01/27/17 | 01/27/17 | No matches found. | MP |
| 01/30/17 | 01/31/17 | No matches found. | MP |
| 01/30/17 | 01/31/17 | Agreed order for John Doe, MD. Forwarded to Credentialing Committee for review. | MP |
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**2017 Ongoing Monitoring Log  
NPDB Continuous Query**

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| --- | --- | --- | --- |
| Date of Report | Date Reviewed | Findings | Checked by |
| 02/07/17 | 02/15/17 | Medical Malpractice Payment report for John Doe, MD. | MP |
| 02/16/17 | 02/16/17 | Medical Malpractice Payment report for Susan Smith, ARNP. | MP |
| 03/15/17 | 03/15/17 | Adverse Action Report for John Doe, MD. Forwarded to Credentialing Committee for review. | MP |
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**2017 Ongoing Monitoring Log  
Member Complaints**

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| --- | --- | --- | --- |
| Date of Report | Look Back Period | Findings | Checked by |
| 01/10/17 | 07/01/16-12/31/16 | The Credentialing Committee reviewed a report on the history of all complaints for all practitioners during the look back period. No trends were identified. | MP |
| 07/11/17 | 01/01/17-06/30/17 | The Credentialing Committee reviewed a report on the history of all complaints for all practitioners during the look back period. No trends were identified. | MP |
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**2017 Ongoing Monitoring Log  
Adverse Actions**

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| --- | --- | --- | --- |
| Date of Report | Look Back Period | Findings | Checked by |
| 01/10/17 | 07/01/16-12/31/16 | The Credentialing Committee reviewed a report on the history of all adverse actions for all practitioners during the look back period. No trends were identified. | MP |
| 07/11/17 | 01/01/17-06/30/17 | The Credentialing Committee reviewed a report on the history of all adverse actions for all practitioners during the look back period. No trends were identified. | MP |
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**2017 Ongoing Monitoring Log  
Medicare Opt Out List  
Data.CMS.gov Opt Out Affidavits List**

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| --- | --- | --- |
| Date Checked | Findings | Check by |
| 02/15/17 | No matches found. | MP |
| 03/15/17 | No matches found. | MP |
| 04/15/17 | No matches found. | MP |
| 05/15/17 | No matches found. | MP |

**2017 Ongoing Monitoring Log  
Medicare and Medicaid Sanctions  
SAM Database**

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| --- | --- | --- | --- | --- |
| Month | Date of Report | Date Reviewed | Findings | Checked by |
| January 2017 | 02/07/17 | 02/15/17 | No matches found. | MP |
| February 2017 |  |  |  |  |
| March 2017 |  |  |  |  |
| April 2017 |  |  |  |  |
| May 2017 |  |  |  |  |
| June 2017 |  |  |  |  |
| July 2017 |  |  |  |  |
| August 2017 |  |  |  |  |
| September 2017 |  |  |  |  |
| October 2017 |  |  |  |  |
| November 2017 |  |  |  |  |
| December 2017 |  |  |  |  |