

**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	<ul style="list-style-type: none"> NPDB Continuous Query; or Office of Inspector General, List of Excluded Individuals/Entities Note: Health Plans with Medicare/Medicaid lines of business will require checking the Office of Inspector General, List of Excluded Individuals/Entities directly to meet CMS recommendation. The organization may use a vendor if the vendor is directly checking the list. 	<p>within 30 calendar days of its release by the reporting entity</p> <p>For Medicaid lines of business OIG must be reviewed by 15th of the month.</p>
Collects and reviews sanctions and limitations on licensure	NCQA, CMS, URAC	<ul style="list-style-type: none"> NPDB Continuous Query; or Washington Medical Commission Newsletter (MD/PA) – a quarterly publication; and Washington Medical Commission Press Releases (MD/PA); and Washington State Department of Health, News Releases (all other practitioner types); and All other state licensing agencies where practitioners provide care to Health Plan members. 	within 30 calendar days of its release by the reporting entity
Collects and reviews complaints	NCQA, CMS	<ul style="list-style-type: none"> The organization evaluates the history of all complaints for all practitioners at least every six months. 	every six months
Collects and reviews information from identified adverse events	NCQA, CMS	<ul style="list-style-type: none"> The organization monitors for adverse events at least every six months. 	every six months
Collects and reviews the Medicare Opt Out List	CMS	<ul style="list-style-type: none"> Medicare Opt Out Affidavits (data.CMS.gov website) 	within 30 calendar days of its release by the reporting entity

Activity	Required by	Acceptable Sources	Timeframe
Collects and reviews Medicare and Medicaid sanctions	CMS	<ul style="list-style-type: none"> • System for Award Management • <u>Note:</u> If the organization chooses to use the NPDB Continuous Query, be aware that SAM is not included, and the organization must still query SAM. The organization may use a vendor. 	<p>within 30 calendar days of its release by the reporting entity</p> <p>For Medicaid lines of business must be reviewed by 15th of the month.</p>
Preclusion List	CMS	<ul style="list-style-type: none"> • Preclusion List • <u>Note:</u> Some Health Plans with Medicare lines of business may require checking the Preclusion List. The Health Plan is responsible for sending the Preclusion List to the Medical Group. 	<p>Monthly</p> <p>Within five (5) working days of receipt</p>
Collects and reviews state Medicaid sanctions and exclusions	CMS	<ul style="list-style-type: none"> • Medicaid Provider Termination & Exclusion List(s) <ul style="list-style-type: none"> ○ Washington: https://www.hca.wa.gov/billers-providers/apple-health-medicaid-providers/provider-termination-and-exclusion-list ○ Idaho: http://healthandwelfare.idaho.gov/AboutUs/FraudReportPublicAssistanceFraud/tabid/136/Default.aspx ○ Oregon: https://www.oregon.gov/oha/HSD/OHP/Pages/Provider-Enroll.aspx • <u>Note:</u> Some Health Plans with Medicaid lines of business require delegates to verify that the practitioner is not terminated or excluded in any state that they are practicing. The organization may use a vendor. 	<p>within 30 calendar days of its release by the reporting entity</p>

- 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. Each practitioner with findings must be clearly identified on the log (e.g., Name or NPI number).
- 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 and limitations on licensure in all states 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.

2023 Ongoing Monitoring Log Medicare and Medicaid Sanctions

OIG/LEIE Database

https://oig.hhs.gov/exclusions/exclusions_list.asp

Month	Date of Report	Date Reviewed	Findings*	Checked by
January 2023	02/07/23	02/15/23	No matches found.	MP
February 2023				
March 2023				
April 2023				
May 2023				
June 2023				
July 2023				
August 2023				
September 2023				
October 2023				
November 2023				
December 2023				

2023 Ongoing Monitoring Log

Medicare Opt Out List

<https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/opt-out-affidavits>

Month	Date of Report	Date Checked	Findings	Check by
January 2023	02/01/23	02/15/23	No matches found.	MP
February 2023	03/05/23	03/15/23	No matches found.	MP
March 2023	04/08/23	04/15/23	No matches found.	MP
April 2023	05/02/23	05/15/23	No matches found.	MP
May 2023				
June 2023				
July 2023				
August 2023				
September 2023				
October 2023				
November 2023				
December 2023				

2023 Ongoing Monitoring Log

Medicare and Medicaid Sanctions SAM Database

[SAM.gov](https://www.sam.gov)

Month	Date of Report	Date Reviewed	Findings	Checked by
January 2023	02/07/23	02/15/23	No matches found.	MP
February 2023				
March 2023				
April 2023				
May 2023				
June 2023				
July 2023				
August 2023				
September 2023				
October 2023				
November 2023				
December 2023				

2023 Ongoing Monitoring Log

Preclusion List

Month	Date of Report	Date Reviewed	Findings	Checked by
January 2023	02/07/23	02/15/23	No matches found.	MP
February 2023				
March 2023				
April 2023				
May 2023				
June 2023				
July 2023				
August 2023				
September 2023				
October 2023				
November 2023				
December 2023				

2023 Ongoing Monitoring Log

State Medicaid Sanctions and Exclusions

Month	Date of Report	Date Reviewed	Findings	Checked by
January 2023	02/01/23	02/15/23	No matches found.	MP
February 2023				
March 2023				
April 2023				
May 2023				
June 2023				
July 2023				
August 2023				
September 2023				
October 2023				
November 2023				
December 2023				

Note: Practitioners employed or contracted with [insert your organization name here] practice in Washington State only; and therefore, only the Washington State Medicaid Provider Termination & Exclusion List is checked monthly as part of ongoing monitoring.

Note: Practitioners employed or contracted with [insert your organization name here] practice primarily in Washington State with some in Idaho; and therefore, both the Washington and Idaho State Medicaid Provider Termination & Exclusion Lists are checked monthly as part of ongoing monitoring.