

**Delegated Group Name**

**HEALTH PLAN NAME**

**Type of Assessment:**

- Pre-Delegation\*
- Annual Audit
- Shared Annual
- Compliance Audit
- Virtual  Onsite

**Person(s) Conducting the Assessment:**

**Staff Interviewed:**

**Credentialing Activities/Responsibilities**

- Credentialing/Recredentialing Application Mailing/Receipt
- Primary Source Verification of Required Data
- Making Credentialing Decisions
- Ongoing Monitoring Data Collection and Review
- Handling Appeals/Fair Hearings on Decisions/Proposed Actions
- Reporting Decisions/Actions to NPDB/State Boards
- Organizational Provider (Facility) Credentialing
- Oversight of Sub-Delegated Credentialing Activities
- Practitioner Office Site Quality

**Delegated (Y/N)?**

- N/A
- N/A
- N/A
- N/A
- N/A
- N/A
- N/A
- N/A
- 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:**

\*Pre-Delegation assessments are not part of the WCSG SDA program.

WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025

OVERALL SCORES AND COMMENTS PER STANDARD

Standards	Points Possible	Annual Audit or Compliance Audit	Points Received
	Pre-Delegation		
<i>CR 1: Credentialing Policies</i>	4.00	4.00	
<i>CR 2: Credentialing Committee</i>	1.00	1.00	
<i>CR 3: Credentialing Verification</i>	3.00	3.00	
<i>CR 4: Recredentialing Cycle Length</i>	NA	1.00	
<i>CR 5: Ongoing Monitoring and Interventions</i>	2.00	2.00	
<i>CR 6: Notification to Authorities and Practitioner Appeal Rights</i>	1.00	1.00	
<i>CR 7: Assessment of Organizational Providers</i>	NA	NA	
<i>CR 8: Delegation of CR</i>	4.00	4.00	
<b>TOTAL NCQA SCORE</b>	%		

<b>Additional Elements Score</b> <i>(plan specific criteria beyond NCQA)</i>			
<b>TOTAL COMBINED SCORE</b>	%		

**Compliance Rating:**       **Fully Met**                       **Not Met**

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

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

Standard	Strengths / Concerns / Comments
Credentialing Policies	
Credentialing Committee/Minutes*	Include dates of committee minutes reviewed
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.**

**Note: The must-pass threshold for all must-pass elements is “Met.”**

**If an organization does not score “Met” in any must-pass element:**

**– The Delegate may be required submit a Corrective Action Plan (CAP) to the Health Plan.**

**WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025**  
**CORRECTIVE ACTION / RECOMMENDATION SUMMARY**

Standard	Open Corrective Action Items from Previous <b>XXXX</b> Audit	Due Date

Standard	Corrective Action Items*	Due Date

Recommendations

Action Items for Health Plan	Due Date

Notes

**\*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:
 

<input type="checkbox"/> ARNPs	<input type="checkbox"/> Oral Surgeons/Dentists (DDS/DMD)	<input type="checkbox"/> Optometrists (OD)	<input type="checkbox"/> Podiatrists (DPM)
<input type="checkbox"/> Acupuncturists (Lac)	<input type="checkbox"/> Dieticians (RD)	<input type="checkbox"/> PA/PA-C	<input type="checkbox"/> RN First Assistants
<input type="checkbox"/> Audiologists (CCC-A)	<input type="checkbox"/> Genetic Counselor	<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Speech Language Pathologists
<input type="checkbox"/> Chiropractors (DC)	<input type="checkbox"/> Massage Therapists (LMP/LMP)	<input type="checkbox"/> Physicians (MD/DO)	<input type="checkbox"/> Surgical Assistants
<input type="checkbox"/> CRNAs	<input type="checkbox"/> Naturopaths (ND)	<input type="checkbox"/> Physical Therapist (PT)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Certified Diabetic Educator	<input type="checkbox"/> Occupational Therapists (OT)		
- Behavioral Health Practitioners:
 

<input type="checkbox"/> ARNPs	<input type="checkbox"/> Chemical Dependency Counselors	<input type="checkbox"/> LICSW	<input type="checkbox"/> LCSW	<input type="checkbox"/> LASW	<input type="checkbox"/> LMFT
<input type="checkbox"/> Psychologists (PhD/PsyD)	<input type="checkbox"/> Psychiatrists (MD/DO)	<input type="checkbox"/> Registered Counselors	<input type="checkbox"/> Licensed Mental Health Counselors		
<input type="checkbox"/> Other: _____					
- Women's Health Practitioners:
 

<input type="checkbox"/> Certified Nurse Midwives	<input type="checkbox"/> Licensed Midwives	<input type="checkbox"/> Women's Healthcare Specialist ARNPs	<input type="checkbox"/> 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

**Credentialing System Controls:**

- What is the system(s) used to maintain credentialing data? \_\_\_\_\_
- Can the system identify modifications?  Yes  No
- Can the system identify all noncompliant modifications?  Yes  No
- What frequency does the group perform oversight of Credentialing System Controls? \_\_\_\_\_

**File Review:**

- Group uses WPA Application for initial credentialing?  Yes  No  Other \_\_\_\_\_
- Group uses WPA Attestation Questions for initial and recredentialing?  Yes  No  Other \_\_\_\_\_
- Group submits clean files to Medical Director for review/approval in place of committee review?  Yes  No
- How does the Medical Director document review/approval?  handwritten  electronic  report with a signature  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 Review Look-Back Period: mm/yy – mm/yy
- Total number of initials and recredentialing files completed within look-back period: \_\_\_\_\_
- File Selection Methodology used: \_\_\_\_\_ (5%, 10% or 8/30)

**Practitioner Office Site Quality:**

- 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 sub-delegates 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	Page/Section	Points
The organization specifies: <ol style="list-style-type: none"> <li>1. The types of practitioners it credentials and recredentials</li> <li>2. The verification sources it uses</li> <li>3. The criteria for credentialing and recredentialing</li> <li>4. The process for making credentialing and recredentialing decisions</li> <li>5. The process for managing credentialing files that meet the organization’s established criteria</li> <li>6. The process (which includes a statement, preventing, monitoring at least annually) for requiring that credentialing and recredentialing are conducted in a nondiscriminatory manner</li> <li>7. The process for notifying practitioners if information obtained during the organization’s credentialing process varies substantially from the information they provided to the organization</li> <li>8. The process for notifying practitioners of the credentialing decisions and recredentialing denials within 60 calendar days of the credentialing committee’s decision</li> <li>9. The medical director or other designated physician’s direct responsibility and participation in the credentialing program</li> <li>10. The process for securing the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law</li> <li>11. The process for confirming that listings in practitioner directories and other materials for members are consistent with credentialing data, including education, training, board certification and specialty</li> </ol>		

Element A Scoring *		Points
<b>Met</b>	The organization meets 9-11 factors	<b>1.00 points</b>
<b>Partially Met</b>	The organization meets 5-8 factors	<b>0.50 points</b>
<b>Not Met</b>	The organization meets 0-4 factors	<b>0.00 points</b>

Element B: Practitioner Rights	Page/Section/Materials	Points
The organization notifies practitioners about their right to: <ol style="list-style-type: none"> <li>1. Review information submitted to support their credentialing application</li> <li>2. Correct erroneous information</li> <li>3. Receive the status of their credentialing or recredentialing application, upon request.</li> </ol>		

Element B Scoring*		Points
<b>Met</b>	The organization meets 2-3 factors	<b>1.00 points</b>
<b>Partially Met</b>	No scoring option	<b>NA</b>
<b>Not Met</b>	The organization meets 0-1 factors	<b>0.00 points</b>

**WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025**

<b>Element C: Credentialing System Controls - MUST-PASS ELEMENT</b>	<b>Page/Section</b>	<b>Points</b>
<p>The organization's credentialing process describes:</p> <ol style="list-style-type: none"> <li>1. How primary source verification information is received, stored, reviewed, tracked and dated</li> <li>2. How modified information is tracked and dated from its initial verification                             <ul style="list-style-type: none"> <li>• When the information was modified</li> <li>• How the information was modified</li> <li>• Staff who made the modification</li> <li>• Why the information was modified</li> </ul> </li> <li>3. Titles or roles of staff who are authorized to review, modify and delete information, and circumstances when modification or deletion is appropriate.                             <ul style="list-style-type: none"> <li>• All staff titles or roles authorized to access, modify and delete information.                                     <ul style="list-style-type: none"> <li>– Policies and procedures state if no staff are authorized to modify dates under any circumstances.</li> </ul> </li> <li>• Circumstances when modification or deletion of information is appropriate.</li> </ul> </li> <li>4. The security controls in place to protect the information from unauthorized modification.                             <ul style="list-style-type: none"> <li>• Limiting physical access to the operating environment that houses credentialing information, to protect the accuracy of information gathered from primary sources and NCQA-approved sources.</li> <li>• Preventing unauthorized access, changes to and release of credentialing information.</li> <li>• Password-protecting electronic systems, including user requirements to:                                     <ul style="list-style-type: none"> <li>– Use strong passwords.</li> <li>– Discourage staff from writing down passwords.</li> <li>– User IDs and passwords unique to each user.</li> <li>– Change passwords when requested by staff or if passwords are compromised</li> <li>– Disabling or removing passwords of employees who leave the organization and alerting appropriate staff who oversee computer security.</li> </ul> </li> </ul> </li> <li>5. How the organization monitors its compliance with the policies and procedures in factors 1–4 at least annually and takes appropriate action when applicable                             <ul style="list-style-type: none"> <li>• Monitoring compliance with policies and procedures for factors 1-4</li> <li>• Analyzing modifications that do not meet the organization's established policy and taking actions, when applicable</li> </ul> <p>The description includes:</p> <ul style="list-style-type: none"> <li>• The method used to monitor compliance with the organization's policies and procedures described in factors 1-4                                     <ul style="list-style-type: none"> <li>– If the organization conducts auditing as the method for monitoring:   <ul style="list-style-type: none"> <li>▪ All noncompliant modifications must be reviewed if the organization's system can identify noncompliant modifications</li> <li>▪ Sampling is allowed only if the organization does not use a credentialing system that can identify all noncompliant modifications.</li> </ul> </li> </ul> </li> <li>• The staff titles or roles responsible for oversight of the monitoring process</li> <li>• The organization's process for taking actions if it identifies modifications that do not meet its established policy, including:                                     <ul style="list-style-type: none"> <li>– A quarterly monitoring process to assess the effectiveness of its actions on all findings until it demonstrates improvement for one finding over at least three consecutive quarters</li> <li>– The staff roles or department responsible for the actions</li> <li>– The process for documenting and reporting modifications that do not meet established policy.</li> </ul> </li> <li>• The organization's policies and procedures must include a description of the monitoring process outlined above, regardless of system functionality.</li> </ul> </li> </ol>		

CR 1, Element C, Factor 1 applies to verification source information from credentialing and recredentialing cycles, covered in CR 3, Elements A-C.  
 CR 1, Element C, Factor 2 applies to modified credentialing verification information from initial credentialing and recredentialing cycles, covered in CR 3, elements A-C.  
 CR 1, Element C, Factors 3-4 apply to all information associated with credentialing/recredentialing of practitioners, covered in CR 2-CR 5.  
 CR 1, Element C, Factor 5 requires a monitoring process that covers compliance with all policies and procedures described in factors 1-4.

<b>Element C Scoring</b>		<b>Points</b>
<b>Met</b>	The organization meets all 5 factors	<b>1.00 points</b>
<b>Partially Met</b>	No Scoring Option	<b>NA</b>
<b>Not Met</b>	The organization meet 0-4 factors	<b>0.00 points</b>

**WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025**

<b>Element D: Credentialing System Controls Oversight</b>	<b>Report(s)</b>	<b>Points</b>
At least annually, the organization demonstrates that it monitors compliance with its CR controls, as described in Element C, factor 5, by: <ol style="list-style-type: none"> <li>1. Identifying all modifications to credentialing and recredentialing information that did not meet the organization's policies and procedures for modifications</li> <li>2. Analyzing all instances of modifications that did not meet the organization's policies and procedures for modifications. If the organization uses sampling, it reviews all noncompliant modifications in the sample. The organization's analysis report includes the number or percentage of noncompliant files.</li> <li>3. Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters                             <ul style="list-style-type: none"> <li>• The organization must continue to monitor until it demonstrates improvement of at least one finding over three consecutive quarters</li> <li>• If the organization did not demonstrate improvement of at least one finding during the look-back period, it submits all quarterly monitoring reports demonstrating ongoing monitoring</li> </ul> </li> </ol>		

For CR 1, Element D, the organization submits evidence that it identified, analyzed and acted only on modifications to credentialing/recredentialing information (CR 2-CR 5) that did not meet the organization's policies and procedures.

<b>Element D Scoring</b>		<b>Points</b>
<b>Met</b>	The organization meets 3 factors	<b>1.00 points</b>
<b>Partially Met</b>	No Scoring Option	<b>NA</b>
<b>Not Met</b>	The organization meet 0-2 factors	<b>0.00 points</b>

<b>CR 1 SCORE (Element A + Element B + Element C + Element D)</b>	
---	--

CR 1 Element	Comments
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	

### CR 2 Credentialing Committee

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

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

<b>Element A: Credentialing Committee</b>	<b>Page/Section/Reports</b>	<b>Points</b>
The organization's Credentialing Committee*. <ol style="list-style-type: none"> <li>1. Uses participating practitioners to provide advice and expertise for credentialing decisions.</li> <li>2. Reviews credentials for practitioners who do not meet established thresholds.</li> <li>3. Ensures that files that meet established criteria are reviewed and approved by a medical director or designated physician or Credentialing Committee.</li> </ol>		

<b>Element A Scoring</b>		<b>Points</b>
<b>Met</b>	The organization meets 2-3 factors.	<b>1.00 points</b>
<b>Partially Met</b>	No scoring option	<b>NA</b>
<b>Not Met</b>	The organization meets 0-1 factors	<b>0.00 points</b>

<b>CR 2 SCORE (Element A)</b>	
-------------------------------	--

CR 2 Element	Comments
<b>A</b>	Include dates of committee minutes reviewed

\* NCQA requires review of Credentialing Committee minutes from at least three different meetings for each year of the look-back period.

**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.

<b>Element A: Verification of Credentials – MUST-PASS ELEMENT</b>	<b>Points</b>
The organization verifies that the following are within the prescribed time limits: 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; completion of 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	

<b>Element A Scoring</b>		<b>Points</b>
<b>Met</b>	High (90-100%) on file review for at least 4 factors and medium (60-89%) on file review for any remaining factors	<b>0.50 points</b>
<b>Partially met</b>	High (90-100%) or medium (60-89%) on file review for 6 factors	<b>0.25 points</b>
<b>Not met</b>	Low (0-59%) on file review for any factor	<b>0.00 points</b>

<b>Element RA: Verification of Recredentialing – MUST-PASS ELEMENT</b>	<b>Points</b>
The organization verifies that the following are within the prescribed time limits: 1. A current and valid license to practice 2. A valid DEA or CDS certificate, if applicable 3. Education and training <b>N/A for recredentialing</b> 4. Board certification status, if applicable 5. Work history <b>N/A for recredentialing</b> 6. A history of professional liability claims that resulted in settlement or judgment paid on behalf of the practitioner	

<b>Element RA Scoring</b>		<b>Points</b>
<b>Met</b>	High (90-100%) on file review for at least 4 factors and medium (60-89%) on file review for any remaining factors	<b>0.50 points</b>
<b>Partially Met</b>	High (90-100%) or medium (60-89%) on file review for 6 factors	<b>0.25 points</b>
<b>Not Met</b>	Low (0-59%) on file review for any factor	<b>0.00 points</b>

<b>Element B: Sanction Information – MUST-PASS ELEMENT</b>	<b>Points</b>
The organization verifies the following sanction information for initial credentialing: 1. State sanctions, restrictions on licensure and limitations on scope of practice in all states where the practitioner provides or has provided care to members for the most recent 5-year period available ( <i>minimum of most recent five-year period</i> ) 2. Medicare and Medicaid sanctions	

<b>Element B Scoring</b>		<b>Points</b>
<b>Met</b>	High (90-100%) on file review for at least 1 factor and medium (60-89%) on file review for any remaining factor	<b>0.50 points</b>
<b>Partially Met</b>	Medium (60-89%) on file review for 2 factors	<b>0.25 points</b>
<b>Not Met</b>	Low (0-59%) on file review for any factor	<b>0.00 points</b>

<b>Element RB: Sanction Information – MUST-PASS ELEMENT</b>	<b>Points</b>
The organization verifies the following sanction information for recredentialing: 1. State sanctions, restrictions on licensure and limitations on scope of practice in all states where the practitioner provides or has provided care to members for the most recent 5-year period available ( <i>minimum of most recent five-year period</i> ) 2. Medicare and Medicaid sanctions	

<b>Element RB Scoring</b>		<b>Points</b>
<b>Met</b>	High (90-100%) on file review for at least 1 factor and medium (60-89%) on file review for any remaining factor	<b>0.50 points</b>
<b>Partially Met</b>	Medium (60-89%) on file review for 2 factors	<b>0.25 points</b>
<b>Not Met</b>	Low (0-59%) on file review for any factor	<b>0.00 points</b>



**WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025**

<b>Element C: Credentialing Application – MUST-PASS ELEMENT</b>	<b>Points</b>
<ol style="list-style-type: none"> <li>Applications for credentialing include the following:</li> <li>Reasons for inability to perform the essential functions of the position</li> <li>Lack of present illegal drug use</li> <li>History of loss of license and felony convictions</li> <li>History of loss or limitation of privileges or disciplinary actions</li> <li>Current malpractice insurance coverage (Evidence of a face sheet must be from the carrier, and must include the practice name and a roster of all individuals in the practice who are covered under the policy. For federal tort coverage, a roster of all practitioners is not required.)</li> <li>Current and signed attestation confirming the correctness and completeness of the application</li> </ol>	

Element C Scoring		Points
<b>Met</b>	High (90-100%) on file review for at least 4 factors and medium (60-89%) on file review for any remaining factors	<b>0.50 points</b>
<b>Partially Met</b>	High (90-100%) or medium (60-89%) on file review for 6 factors	<b>0.25 points</b>
<b>Not Met</b>	Low (0-59%) on file review for any factor	<b>0.00 points</b>

<b>Element RC: Recredentialing Application – MUST PASS-ELEMENT</b>	<b>Points</b>
<ol style="list-style-type: none"> <li>Applications for recredentialing include the following:</li> <li>Reasons for inability to perform the essential functions of the position</li> <li>Lack of present illegal drug use</li> <li>History of loss of license and felony convictions, since the previous decision</li> <li>History of loss or limitation of privileges or disciplinary actions, since the previous decision</li> <li>Current malpractice insurance coverage (Evidence of a face sheet must be from the carrier, and must include the practice name and a roster of all individuals in the practice who are covered under the policy. For federal tort coverage, a roster of all practitioners is not required.)</li> <li>Current and signed attestation confirming the correctness and completeness of the application</li> </ol>	

Element RC Scoring		Points
<b>Met</b>	High (90-100%) on file review for at least 4 factors and medium (60-89%) on file review for any remaining factors	<b>0.50 points</b>
<b>Partially Met</b>	High (90-100%) or medium (60-89%) on file review for 6 factors	<b>0.25 points</b>
<b>Not Met</b>	Low (0-59%) on file review for any factor	<b>0.00 points</b>

<b>CR 3 SCORE (Element A + Element B + Element C)</b>	
---	--

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.

<b>Element A: Recredentialing Cycle Length – MUST-PASS ELEMENT</b>	<b>Points</b>
The length of the recredentialing cycle is within the required 36-month time frame.	

Element A Scoring*		Points
<b>Met</b>	High (90-100%) on file review	<b>1.00 points</b>
<b>Partially Met</b>	Medium (60-89%) on file review	<b>0.50 points</b>
<b>Not Met</b>	Low (0-59%) on file review	<b>0.00 points</b>

<b>CR 4 SCORE (Element A)</b>	
-------------------------------	--

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	Page/Section/Reports	Points
The organization implements ongoing monitoring and takes appropriate interventions by: <ol style="list-style-type: none"> <li>Collecting and reviewing Medicare and Medicaid sanctions (<i>within 30 calendar days of release of information</i>)</li> <li>Collecting and reviewing sanctions and limitations on licensure (<i>within 30 calendar days of release of information</i>)</li> <li>Collecting and reviewing all complaints (<i>at least every six months</i>)</li> <li>Collecting and reviewing information from identified adverse events (<i>at least every six months</i>)</li> <li>Implementing appropriate interventions when it identifies instances of poor quality related to factors 1-4.</li> </ol>		

Element A Scoring		Points
<b>Met</b>	The organization meets 4-5 factors	<b>2.00 points</b>
<b>Partially met</b>	The organization meets 3 factors	<b>1.00 points</b>
<b>Not Met</b>	The organization meet 0-2 factors	<b>0.00 points</b>

<b>CR 5 SCORE (Element A)</b>	
-------------------------------	--

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. 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	Page/Section	Points
The organization has policies & procedures for: <ol style="list-style-type: none"> <li>The range of actions available to the organization                             <ul style="list-style-type: none"> <li>Specify that the organization reviews participation of practitioners whose conduct could adversely affect members' health or welfare.</li> <li>Specify the range of actions that may be taken to improve practitioner performance before termination.</li> <li>Specify that the organization reports its actions to the appropriate authorities.</li> </ul> </li> <li>Making the appeal process known to practitioners.</li> </ol>		

Element A Scoring*		Points
<b>Met</b>	The organization meets 2 factors	<b>1.00 points</b>
<b>Partially Met</b>	The organization meets 1 factor	<b>0.50 points</b>
<b>Not Met</b>	The organization meets 0 factors	<b>0.00 points</b>

<b>CR 6 SCORE (Element A)</b>	
-------------------------------	--

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.

<b>Element A: Review and Approval of Provider</b>	<b>Page/Section</b>	<b>Points</b>
The organization's policy for assessing health care delivery providers specifies that before it contracts with a provider, and for at least every 36 months thereafter, it: <ol style="list-style-type: none"> <li>Confirms that the provider is in good standing with state and federal regulatory bodies</li> <li>Confirms that the provider has been reviewed and approved by an accrediting body</li> <li>Conducts an onsite quality assessment if the provider is not accredited.</li> </ol>		

<b>Element A Scoring*</b>		<b>Points</b>
<b>Met</b>	The organization meets 2-3 factors	<b>1.00 points</b>
<b>Partially Met</b>	The organization meets 1 factor	<b>0.50 points</b>
<b>Not Met</b>	The organization meets 0 factors	<b>0.00 points</b>

<b>Element B: Medical Providers</b>	<b>Page/Section</b>	<b>Points</b>
The organization includes at least the following medical providers in its assessment: <ol style="list-style-type: none"> <li>Hospitals (critical factor: Score cannot exceed Partially Met if one critical factor is scored "no.")</li> <li>Home health agencies</li> <li>Skilled nursing facilities</li> <li>Free-standing surgical centers</li> </ol>		

<b>Element B Scoring*</b>		<b>Points</b>
<b>Met</b>	The organization meets 3-4 factors	<b>1.00 points</b>
<b>Partially Met</b>	The organization meets 2 factors	<b>0.50 points</b>
<b>Not Met</b>	The organization meets 0-1 factors	<b>0.00 points</b>

<b>Element C: Behavioral Healthcare Providers</b>	<b>Page/Section</b>	<b>Points</b>
The organization includes behavioral healthcare facilities providing mental health or substance abuse services in the following settings: <ol style="list-style-type: none"> <li>Inpatient</li> <li>Residential</li> <li>Ambulatory</li> </ol>		

<b>Element C Scoring *</b>		<b>Points</b>
<b>Met</b>	The organization meets all 3 factors	<b>1.00 points</b>
<b>Partially Met</b>	The organization meets 1-2 factors	<b>0.50 points</b>
<b>Not Met</b>	The organization meets 0 factors	<b>0.00 points</b>

<b>Element D: Assessing Medical Providers</b>	<b>Report</b>	<b>Points</b>
The organization assesses contracted medical health care providers against the requirements and within the timeframe in Element A.		

<b>Element D Scoring</b>		<b>Points</b>
<b>Met</b>	The organization meets the requirement	<b>1.00 points</b>
<b>Partially Met*</b>	No scoring option	<b>NA</b>
<b>Not Met</b>	The organization does not meet the requirement	<b>0.00 points</b>

<b>Element E: Assessing Behavioral Healthcare Providers</b>	<b>Report</b>	<b>Points</b>
The organization assesses contracted behavioral healthcare providers against the requirements and within the time frame in Element A.		

<b>Element E Scoring</b>		<b>Points</b>
<b>Met</b>	The organization meets the requirement	<b>1.00 points</b>
<b>Partially Met*</b>	No scoring option	<b>NA</b>
<b>Not Met</b>	The organization does not meet the requirement	<b>0.00 points</b>

<b>CR 7 SCORE (Element A + Element B + Element C + Element D + Element E)</b>	
---	--

**WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025**

<b>CR 7 Element</b>	<b>Comments</b>
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	
<b>E</b>	

**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.**

<b>Element A: Delegation Agreement</b>	<b>Materials</b>	<b>Points</b>
The written delegation agreement: <ol style="list-style-type: none"> <li>Is mutually agreed upon, and in place prior to delegation of activities</li> <li>Describes the delegated activities and the responsibilities of the organization and the delegated entity – if the delegate subdelegates an activity, the delegation agreement must specify which organization is responsible for oversight of the subdelegate.</li> <li>Requires at least semiannual reporting of the delegated entity to the organization                             <ul style="list-style-type: none"> <li>That reporting is at least semiannual.</li> <li>What information is reported by the delegate about delegated activities.</li> <li>How, and to whom, information is reported (i.e., joint meetings or to appropriate committees or individuals in the organization).</li> </ul> </li> <li>Describes the process by which the organization evaluates the delegated entity’s performance. If the organization contracts with delegates that store, create, modify or use credentialing data on the organization’s behalf, the delegation agreement specifies*:                             <ul style="list-style-type: none"> <li>The delegate credentialing system security controls in place to protect data from unauthorized modification as outlined in CR 1, Element C (Credentialing System Controls), factor 4.</li> <li>The delegate monitors its credentialing system security controls at least annually, as required in CR 8, Element C, factor 5.</li> <li>The organization monitors the delegate’s credentialing system security controls at least annually, as required in CR 8, Element C, factor 5.</li> </ul> </li> <li>Specifies that the organization retains the right to approve, suspend and terminate individual practitioners, providers and sites, even if the organization delegates decision making</li> <li>Describes the remedies available to the organization if the delegated entity does not fulfill its obligations, including revocation of the delegation agreement</li> </ol>		

Effective July 1, 2024, all delegation agreements must include credentialing system controls.

<b>Element A Scoring</b>		<b>Points</b>
<b>Met</b>	The organization meets 5-6 factors	<b>1.00 points</b>
<b>Partially Met</b>	The organization meets 3-4 factors	<b>0.50 Points</b>
<b>Not Met</b>	The organization meets 0-2 factors	<b>0.00 points</b>

<b>Element B: Predelegation Evaluation</b>	<b>Report(s)</b>	<b>Points</b>
For new delegation agreements initiated in the look-back period, the organization evaluated delegate’s capacity to meet NCQA requirements before delegation began.		

<b>Element B Scoring</b>		<b>Points</b>
<b>Met</b>	The organization evaluated delegate capacity before delegation began ( <i>Note: Pre-assessment may still be needed for CMS and/or state requirements</i> )	<b>1.00 points</b>
<b>Partially Met</b>	The organization evaluated delegate capacity after delegation began	<b>0.50 points</b>
<b>Not Met</b>	The organization did not evaluate delegate capacity	<b>0.00 points</b>

**WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025**

<b>Element C: Review of Delegate’s Credentialing Activities</b>	<b>Report(s)</b>	<b>Points</b>
<p>For delegation arrangements in effect for 12 months or longer, the organization:</p> <ol style="list-style-type: none"> <li>1. Annually reviews its delegate’s credentialing policies and procedures.</li> <li>2. Annually audits credentialing and recredentialing files against NCQA standards for each year that delegation has been in effect.</li> <li>3. Annually evaluates delegate performance against NCQA standards for delegated activities.</li> <li>4. Semiannually evaluates regular reports, as specified in Element A.</li> <li>5. At least annually, the organization monitors the delegate’s credentialing system security controls to ensure that the delegate monitors its compliance with the delegation agreement or with the delegate’s policies and procedures*. The organization’s process for monitoring system security controls covers delegates that store, create, modify or use credentialing or recredentialing data on its behalf. If the organization contracts with such delegates, it has a process for:               <ul style="list-style-type: none"> <li>• Monitoring the delegate’s credentialing system security controls in place to protect data from unauthorized modification, as outlined in CR 1, Element C, factor 4, at least annually.</li> <li>• Ensuring that the delegate monitors, at least annually, that it follows the delegation agreement or its own policies and procedures.</li> </ul> </li> <li>6. At least annually, the organization acts on all findings from factor 5 for each delegate and implements a quarterly monitoring process until each delegate demonstrates improvement for one finding over three consecutive quarters.               <ul style="list-style-type: none"> <li>• The organization monitors delegate until there is demonstrated improvement of at least one finding over three consecutive quarters.</li> <li>• If a delegate does not demonstrate improvement of at least one finding during the look-back period, it submits all quarterly monitoring reports demonstrating ongoing monitoring.</li> </ul> </li> </ol>		

The organization is not required to conduct an audit if it determines that the delegate adequately monitored and reported noncompliant modifications, but must provide documentation (a report, meeting minutes or other evidence) that it reviewed and agreed with the delegate’s findings. If the organization determines that the delegate did not adequately monitor noncompliant modifications, it must conduct its own audit of the delegate’s system controls.

<b>Element C Scoring</b>		<b>Points</b>
<b>Met</b>	The organization meets 5-6 factors	<b>1.00 points</b>
<b>Partially Met</b>	The organization meets 3-4 factors	<b>0.50 Points</b>
<b>Not Met</b>	The organization meets 0-2 factors	<b>0.00 points</b>

<b>Element D: Opportunities for Improvement</b>	<b>Page/Section/Report(s)</b>	<b>Points</b>
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		

<b>Element D Scoring</b>		<b>Points</b>
<b>Met</b>	The organization has acted on identified problems, if any, at least once in each of the past 2 years that the delegation arrangement has been in effect	<b>1.00 points</b>
<b>Partially Met</b>	The organization took inappropriate or weak action, or has acted only in the past year	<b>0.50 points</b>
<b>Not Met</b>	The organization has not acted on identified problems	<b>0.00 points</b>

<b>CR 8 SCORE (Element A + Element B + Element C + Element D)</b>	
---	--

<b>CR 8 Element</b>	<b>Comments</b>
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	

**Additional Elements Required by Health Plan:**

<b>Element A. Initial Credentialing File Review</b>	<b>Points</b>
<ol style="list-style-type: none"> <li>1. Medicare Opt Out list CMS.gov Affidavits</li> <li>2. OIG website - Medicare/Medicaid sanctions</li> <li>3. SAM website verification for Medicare/Medicaid sanctions</li> <li>4. Admitting privileges or coverage arrangement stated on application</li> <li>5. Verification of malpractice coverage via face sheet or carrier</li> <li>6. PSV of fellowship via board certification or fellowship program</li> <li>7. Date the Release of Information is signed (MM/DD/YY)</li> <li>8. Letter in file advising practitioner of committee decision (MM/DD/YY)</li> <li>9. All attestation questions answered</li> <li>10. Social Security Administration and Death Master File</li> <li>11. National Plan and Provider Enumeration System (NPPES) – NPI</li> <li>12. Medicaid Provider Termination &amp; Exclusion List(s)</li> <li>13. CMS’ Medicare Preclusion List</li> <li>14. PSV of Temporary WA License. BC-MD/DO, BG-PA-C, N3-NP, N2-RN</li> </ol>	

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

<b>Element B. Recredentialing File Review</b>	<b>Points</b>
<ol style="list-style-type: none"> <li>1. Medicare Opt Out List CMS.gov Affidavits</li> <li>2. OIG website - Medicare/Medicaid sanctions</li> <li>3. SAM website verification for Medicare/Medicaid sanctions</li> <li>4. Admitting privileges or coverage arrangement stated on application</li> <li>5. Verification of malpractice coverage via face sheet or carrier</li> <li>6. Performance monitoring</li> <li>7. Date the Release of Information is signed (MM/DD/YY)</li> <li>8. Letter in file advising practitioner of committee decision (MM/DD/YY)</li> <li>9. All attestation questions answered</li> <li>10. Social Security Administration and Death Master File</li> <li>11. National Plan and Provider Enumeration System (NPPES) – NPI</li> <li>12. Medicaid Provider Termination &amp; Exclusion List(s)</li> <li>13. CMS’ Medicare Preclusion List</li> </ol>	

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

**WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025**

<b>Element C. Credentialing Policy</b>	<b>Page/Section</b>	<b>Points</b>
<ol style="list-style-type: none"> <li>1. Policy states committee meeting frequency</li> <li>2. Policy covers checking the Medicare opt out list CMS.gov Affidavits, SAM, and OIG websites (for Medicaid plans OIG and SAM reviewed by the 15<sup>th</sup> of the month)</li> <li>3. If delegate is contracted for Medicare and they allow providers to opt out, there is a policy statement that the organization/physician/practitioner will not submit a claim for any services furnished to a Medicare beneficiary during opt out period</li> <li>4. Policy covers checking Medicaid Provider Termination &amp; Exclusion List(s)</li> <li>5. Policy covers checking CMS' Medicare Preclusion List</li> <li>6. Policy covers checking the SSA DMF</li> <li>7. Policy covers the process for delegating credentialing or recredentialing</li> <li>8. Policy covers the process for reporting to authorities</li> <li>9. Policy covers a well-defined appeal process</li> <li>10. Policy statement requiring majority of Hearing Panel providers be a peer of the appealing practitioner</li> <li>11. Policy states primary admitting privileges are verified</li> <li>12. Policy states current malpractice is verified with carrier or face sheet</li> <li>13. Policy states that Performance Monitoring data is considered at recredentialing</li> <li>14. Policy states that practitioners must be notified of committee decision within 10 days of decision</li> <li>15. Policy states that verification of board certification occurs as required by plan</li> <li>16. Policy provides the definition of a "clean file"</li> <li>17. Policy states that all files (including clean files) approved for initial credentialing and recredentialing pass through Committee process for final determination</li> <li>18. Policy covers validation of NPI at Initial and Recredentialing</li> <li>19. Policy covers the process for practitioner termination and reinstatement</li> </ol>		

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

<b>Element D. Practitioner Office Site Quality - Performance Standards and Thresholds</b>	<b>Page/Section/ Document</b>	<b>Points</b>
<p>The organization is contracted for Medicare/Medicaid and sets site performance standards and thresholds for:</p> <ol style="list-style-type: none"> <li>1. Physical accessibility</li> <li>2. Physical appearance</li> <li>3. Adequacy of waiting and examining room space</li> <li>4. Adequacy of medical/treatment record keeping</li> </ol>		

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

<b>Element E. Practitioner Office Site Quality - Site visits and Ongoing Monitoring</b>	<b>Page/Section</b>	<b>Points</b>
<p>The organization is contracted for Medicare/Medicaid and implements appropriate interventions by:</p> <ol style="list-style-type: none"> <li>1. Continually monitoring member complaints for all practitioner sites</li> <li>2. Conducting site visits of offices within 60 calendar days of determining that the complaint threshold was met</li> <li>3. Instituting actions to improve offices that do not meet site standards and thresholds in Element A</li> <li>4. Evaluating the effectiveness of the actions at least every 6 months, until deficient offices meet the site standards and thresholds</li> <li>5. Documenting follow up visits for offices that had subsequent deficiencies</li> </ol>		

**WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025**

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

<b>Element F. Ongoing Monitoring of Medicare Opt Out List CMS.gov Affidavits list</b>	<b>Points</b>
Delegate is contracted for Medicare and monitors the opt out list within 30 days of its monthly release	

<b>Element F Scoring</b>		<b>Points</b>
<b>100%</b>	Documented evidence of 12 monthly reviews	<b>0.20 points</b>
<b>80%</b>	Documented evidence of 9-11 monthly reviews	<b>0.16 points</b>
<b>50%</b>	Documented evidence of 5-8 monthly reviews	<b>0.10 points</b>
<b>20%</b>	Documented evidence of 1-4 monthly reviews	<b>0.08 points</b>
<b>0%</b>	Documented evidence of 0 monthly reviews	<b>0.00 points</b>

<b>Element G. Ongoing Monitoring of OIG Exclusions Database</b>	<b>Points</b>
Delegate is contracted for Medicare/Medicaid and monitors the OIG list within 30 days of its monthly release (for Medicaid plans OIG reviewed by the 15 <sup>th</sup> of the month)	

<b>Element G Scoring</b>		<b>Points</b>
<b>100%</b>	Documented evidence of 12 monthly reviews	<b>0.20 points</b>
<b>80%</b>	Documented evidence of 9-11 monthly reviews	<b>0.16 points</b>
<b>50%</b>	Documented evidence of 5-8 monthly reviews	<b>0.10 points</b>
<b>20%</b>	Documented evidence of 1-4 monthly reviews	<b>0.08 points</b>
<b>0%</b>	Documented evidence of 0 monthly reviews	<b>0.00 points</b>

<b>Element H. Ongoing Monitoring of System for Award Management List</b>	<b>Points</b>
Delegate is contracted for Medicare/Medicaid and monitors the SAM list within 30 days of its monthly release (for Medicaid plans SAM reviewed by the 15 <sup>th</sup> of the month)	

<b>Element H Scoring</b>		<b>Points</b>
<b>100%</b>	Documented evidence of 12 monthly reviews	<b>0.20 points</b>
<b>80%</b>	Documented evidence of 9-11 monthly reviews	<b>0.16 points</b>
<b>50%</b>	Documented evidence of 5-8 monthly reviews	<b>0.10 points</b>
<b>20%</b>	Documented evidence of 1-4 monthly reviews	<b>0.08 points</b>
<b>0%</b>	Documented evidence of 0 monthly reviews	<b>0.00 points</b>

<b>Element I. Ongoing Monitoring of Medicaid Provider Termination &amp; Exclusion List(s)</b>	<b>Points</b>
Delegate is contracted for Medicaid and monitors monthly all applicable state lists	

<b>Element I Scoring</b>		<b>Points</b>
<b>100%</b>	Documented evidence of 12 monthly reviews	<b>0.20 points</b>
<b>80%</b>	Documented evidence of 9-11 monthly reviews	<b>0.16 points</b>
<b>50%</b>	Documented evidence of 5-8 monthly reviews	<b>0.10 points</b>
<b>20%</b>	Documented evidence of 1-4 monthly reviews	<b>0.08 points</b>
<b>0%</b>	Documented evidence of 0 monthly reviews	<b>0.00 points</b>

<b>Element J. Ongoing Monitoring of CMS' Medicare Preclusion List</b>	<b>Points</b>
Delegate is contracted for Medicare and monitors the Preclusion List monthly	

<b>Element J Scoring</b>		<b>Points</b>
<b>100%</b>	Documented evidence of 12 monthly reviews	<b>0.20 points</b>
<b>80%</b>	Documented evidence of 9-11 monthly reviews	<b>0.16 points</b>
<b>50%</b>	Documented evidence of 5-8 monthly reviews	<b>0.10 points</b>
<b>20%</b>	Documented evidence of 1-4 monthly reviews	<b>0.08 points</b>
<b>0%</b>	Documented evidence of 0 monthly reviews	<b>0.00 points</b>

<b>Additional SCORE (Element A + Element B + Element C + Element D + Element E + Element F + Element G + Element H + Element I + Element J)</b>	
---	--



WASHINGTON STANDARDIZED CREDENTIALING AUDIT TOOL 2024/2025

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

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