

(Month Date, Year)

(Delegate Contact Name  
Street Address  
City, State, Zip)

RE: DELEGATED CREDENTIALING ANNUAL AUDIT CONFIRMATION

Dear (Delegate Contact Name):

This letter will confirm that your annual delegated credentialing audit has been scheduled for **(Month Date, Year @ Time, and will be performed on-site/virtual)**. The WCSG Shared Delegation Audit team will perform the review from (Time) and will meet with you and your team to go over the audit results from (Time). A meeting invite will follow.

Please forward electronic copies of the documents listed below on **(Month Date, Year)** to all the health plans that delegate credentialing to **(Group Name)** and participate in the WCSG Shared Delegation Audit program. These health plans are **(Health Plan names)**. If you have any updates to the contracted health plans, please let us know.

- Current Credentialing program/plan description, Bylaws and/or policies and procedures (current program/plan description and/or policies and procedures should meet current NCQA standards which took effect in July). Please note that if the Credentialing System Controls Policy is a stand-alone policy, or addressed in another Department's Policy, please include with your submission.
- Using the provided audit roster template, please provide a current list of all practitioners:
  - Including their name, specialty, title (degree), group name, address city, address state, provider designation (PCP, Specialist), initial credentialing committee decision date and most recent recredentialing committee decision date. Please include terminated practitioners that were credentialed or recredentialed since last audit.
  - Exclude terminated practitioner that had a termination date since last audit due to administrative reasons (i.e., failure to submit requested information).
  - Exclude the following practitioner types: Anesthesiologists (including CRNAs), Emergency Medicine, Hospitalists, Neonatologists, Pathologists, Radiologists, and Locum Tenens providers.
- Current list of the Credentialing Committee/Board members, including their name, title, and specialty.
- At least three sets of Credentialing Committee meeting minutes, with each copy of minutes from a different quarter within the last 12 months. Include documentation of annual policy/procedure review. Redacted minutes are acceptable.
- Copies of sub-delegation agreement(s) currently in effect and oversight result(s) of sub-delegates for the past 12 months, as applicable. Reports must include your annual oversight of the sub-delegate's credentialing system controls, as well as annually identifying, analyzing, and acting on unauthorized credentialing and recredentialing data modifications. For more information, please review the current NCQA Health Plan Accreditation Credentialing Standards.
- Send evidence of at least annual oversight of CR1, Element C, factor 5, including oversight of unauthorized modifications, as described in your policies and procedures. You may use the attached WCSG SDA Credentialing System Controls Oversight Report template. For more information, please review the current NCQA Health Plan Accreditation Credentialing Standards.

- Copies of most current ongoing monitoring logs, or appropriate documentation for the past 12 months:
  - State license sanction log
  - Office of the Inspector General sanction/exclusion log
  - Semi-annual review of complaints
  - Semi-annual review of adverse events
  - Medicare Opt-Out CMS.gov Affidavits List
  - SAM sanction/exclusion log
  - Preclusion List log
  - Medicaid Provider Termination & Exclusion List(s)
  
- Answers to the Pre-Audit Questions on pages 3-5 of this letter.

If you choose to send the requested documents prior to the due date, please be aware that the list of practitioners and ongoing monitoring logs should not be sent more than 30 days prior to the scheduled audit.

Sincerely,

WCSG SDA Audit Team Lead

Shared Delegation Audit Team Members:

Attachments:   Att Q WCSG SDA Audit Roster Template  
                  Att P Credentialing System Controls Oversight Report

(Group Name)  
Annual Delegated Credentialing Audit  
(Month Date, Year)

**Pre-Audit Questions**

**Please complete this document and submit by the due date.**

| Question   | Response  |
|--|---|
| 1. Is your organization NCQA Accredited and/or Certified?<br>➤ <b><u>Please provide a copy of the certificate received from NCQA.</u></b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 2. Does your organization review Policies and Procedures annually?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 3. When was the last time your organization revised the Policies and Procedures?   | _____   |
| 4. How does your organization notify practitioners of their rights (CR 1 Element B)? For example: cover letter, bylaws, etc.<br>➤ <b><u>Please provide a copy of the source used to notify practitioners of their rights.</u></b>  | _____   |
| 5. How many PCP's are on your roster?<br>How many Specialists are on your roster?<br>How many Allied Health Practitioners are on your roster?  | _____<br>_____<br>_____   |
| 6. Does your delegation with any of the participating plans include Medicare lines of business?<br>Does your delegation with any of the participating plans include Medicaid lines of business?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 7. Does your organization allow for practitioners to Opt-Out of Medicare?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. Does your organization use CAQH?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 9. Does your organization use an electronic, online application for initial and/or recredentialing (other than CAQH)?<br>If yes, please describe: _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 10. Does your organization use the WPA Application for initial credentialing?<br>➤ If no, please describe what is used.  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____   |
| 11. Does your organization use the WPA Attestation Questions for initial credentialing?<br>➤ If no, please describe what is used.  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____   |
| 12. Does your organization use the WPA Attestation Questions for recredentialing?<br>➤ If no, please describe what is used.  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____   |
| 13. What is your recredentialing cycle (e.g., 24-month or 36-month)?   | _____   |
| 14. Do you use an external entity/credentialing database to store your credentialing data?<br>➤ If yes, what is the name of the external entity/credentialing database?<br>➤ Can the system identify modifications?<br>➤ Can the system identify all noncompliant modifications? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

| Question   | Response   |
|--|--|
| 15. Does your organization have an Inpatient Coverage Plan if the provider does not have Hospital Privileges?<br>➤ <b><u>If yes, please provide a copy of the Inpatient Coverage Plan.</u></b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 16. Does your organization have its own Malpractice Coverage for their providers?<br>➤ <b><u>If yes, please provide a copy of the Malpractice Coverage and include a roster of all individuals in the practice who are covered under the policy.</u></b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 17. Does your organization have a DEA Coverage Plan for practitioners in the event they need one (i.e., registered to an out of state address, fee paid certificate paid for by another organization, practicing in a specialty that would otherwise require one, etc.)?<br>➤ <b><u>If yes, please provide a copy of the DEA Coverage plan.</u></b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 18. Does your organization submit “clean files” to the Medical Director for review/approval?<br>➤ How does the Medical Director document review/approval?<br>➤ Does your organization submit all credentialing and recredentialing files to the Credentialing Committee for review/approval?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 19. How does your organization maintain credentialing files (e.g., hardcopy paper files only, electronic credentialing files only)?  | _____  |
| 20. During a WCSG SDA file audit, in what format will credentialing files be made available to the audit team (e.g., paper files, electronic)?   | _____  |
| 21. Office Site Visits:<br>➤ Have there been complaints about physical access/appearance that met/exceeded threshold?<br>➤ Has your organization conducted site visits of offices that meet/exceeded threshold?<br>➤ Was any corrective action necessary?<br>➤ Has your organization evaluated the effectiveness of the actions at least every 6 months?<br>➤ Has your organization documented follow-up visits for those sites that had subsequent deficiencies?<br>➤ <b><u>If yes to any of the above, please make documentation available during audit.</u></b> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 22. How frequently does your Credentialing Committee meet?<br>➤ <i>For example, monthly, bi-monthly, quarterly</i><br>In what capacity does your Credentialing Committee meet?<br>➤ <i>For example, in person, conference call, web conference</i>   | _____<br>_____   |
| 23. Does your organization use the state licensing agency to verify education/training?<br>➤ <b><u>If yes, please provide a copy of the current written confirmation from the state licensing agency that it performs primary source verification.</u></b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

| Question   | Response  |
|--|---|
| <p>24. Does your organization use the National Student Clearinghouse's DegreeVerify as a verification source for education?</p> <ul style="list-style-type: none"> <li>➤ If yes, please be aware that the NSC is not a NCQA recognized source. The verification can be accepted if there is documentation in the file at time of the credentialing decision of a contractual relationship between the school and NSC. A list of schools can be found on the NSC website.</li> </ul>  | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <p>25. Are there provider types on your organization's roster that are not credentialed?</p> <ul style="list-style-type: none"> <li>➤ <b><u>If yes, please list the type of provider:</u></b> _____</li> </ul>   | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <p>26. Does your organization share a TIN with non-delegated providers (Hospitalists, Physical Therapists, etc.) that are not reported on your roster?</p> <ul style="list-style-type: none"> <li>➤ <b><u>If yes, please list TINs.</u></b> _____</li> </ul>   | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <p>27. Since last year's audit, has your organization altered the conditions of a practitioner's participation based on quality of care and/or service?</p> <ul style="list-style-type: none"> <li>➤ <b><u>If yes, make file(s) available during audit.</u></b></li> </ul>   | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <p>28. Since last year's audit, has your organization reported a practitioner's suspension or termination to the appropriate authorities?</p> <ul style="list-style-type: none"> <li>➤ <b><u>If yes, make file(s) available during audit.</u></b></li> </ul>   | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <p>29. Does your organization collect and make available performance monitoring data at recredentialing? This is a CMS requirement for Medicare. CMS requires that performance data such as member complaints/grievances and quality activities be considered as part of the recredentialing process. Please describe how performance monitoring data is documented in the credentialing file at time of the recredentialing decision. _____</p> <ul style="list-style-type: none"> <li>➤ <b><u>If data is not kept permanently in the credentials file, report(s) must be made available during the audit for all files selected.</u></b></li> </ul>  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <p>30. Does your organization screen the Social Security Administration Limited Access Death Master File?</p> <ul style="list-style-type: none"> <li>➤ <b><u>If yes, what vendor are you using?</u></b> _____</li> </ul>   | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <p>31. Are you using a vendor or software program for ongoing monitoring?</p> <ul style="list-style-type: none"> <li>➤ <b><u>What is the name of the vendor?</u></b> _____</li> </ul>  | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| <p>32. Does your organization sub-delegate any credentialing activities?</p> <ul style="list-style-type: none"> <li>➤ <b><u>If yes, what is the name of the sub-delegate?</u></b> _____</li> <li>➤ <b><u>Please provide a copy of the delegation agreement.</u></b> _____ <ul style="list-style-type: none"> <li>◆ Is the sub-delegate another medical group, CVO or other? _____</li> <li>◆ What is the effective date of the sub-delegation arrangement? _____</li> <li>◆ What activities are sub-delegated (e.g., processing applications, PSV, decision-making)? _____</li> <li>◆ Do you sub-delegate these activities for initial credentialing, recredentialing or both? _____</li> <li>◆ Is the sub-delegate NCQA certified? <b><u>(If yes, please submit a copy of the sub-delegate's NCQA Certificate</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>◆ Does the sub-delegate submit regular credentialing activity reports? <b><u>(If yes, submit documentation)</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> </li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No                              |

| Question | Response |
|----------|----------|
|----------|----------|

- ◆ Did you perform at least annual review of the sub-delegate’s credentialing activities (e.g., policies and procedures, and audit of credentialing and recredentialing files? **(If yes, submit documentation.)**

 Yes  No
- ◆ Did you perform at least annual monitoring of your sub-delegate to ensure compliance with credentialing system controls?
 
 Yes  No

# Washington Credentialing Standardization Group Shared Delegation Audit Program

## Medical Group Participation Expectations

As a lead representative of a Medical Group that voluntarily participates in the WCSG SDA program, I have read the Program Guidelines and understand there are certain responsibilities, such as:

- Keep up to date with current NCQA, URAC and CMS standards.
- Be familiar with the delegated credentialing agreements Medical Group has in place with each participating Health Plan.
- At the annual audit, discuss the results with the audit team. Medical Groups should fully understand and feel comfortable with the findings before auditors leave.

I understand the WCSG SDA Process and what is included and not included.

- SDA Program members annually perform delegated credentialing audits for each participating Medical Group.
- The annual audit team is typically comprised of two to four participating Health Plan representatives with a team lead who will coordinate annual audit, and is responsible for the completion of the final SDA audit report.
- The Medical Group's credentialing program will be reviewed for compliance with NCQA, URAC and CMS standards.
- An annual audit includes a review of the Medical Group's policies and procedures, evidence of monitoring credentialing system security controls, credentialing and recredentialing files, evidence of ongoing monitoring, credentialing committee minutes, oversight of any sub-delegation, and other relevant documentation.
- During the audit, the audit team lead will request the Medical Group sign the SDA Authorization form. The form includes a list of SDA Program participating Health Plans whom the Medical Group grants authorization/permission to share audit results with.
- At the conclusion of the annual audit, the audit team will discuss results. All deficiencies will be discussed with Medical Group.
- Annual audit findings are compiled by SDA audit team lead and distributed to all applicable participating Health Plans.
- Participating Health Plans are responsible for reviewing, scoring and making a final determination of the audit results based upon their individual Health Plan's policies and procedures and delegation arrangement with Medical Group.
- Committee review and determination for any audit performed by the SDA Program audit team is the responsibility of each Health Plan. Notification to Medical Group of committee decision is the responsibility of each Health Plan, and the timeframe for notification will vary depending on each Health Plan's process. Questions or concerns regarding timeliness of notification should be directed to the specific Health Plan.
- Participating individual Health Plans may request additional information or schedule additional audits to ensure that the Medical Group is meeting the Health Plan's specific criteria. In the event of an additional audit, Health Plans reserve the right to perform an on-site audit.
- Following the audit, the Medical Group will receive a request to complete a survey about the audit process. The Medical Group is encouraged to respond and provide feedback.

If the audit is performed on-site, I will plan for adequate audit space that will accommodate all auditors and their equipment. I will ensure that the space is quiet and provides privacy. If files will be made available via a laptop or computer, I will ensure that there is adequate equipment for all audit team members.