

Shared Delegation Audit Program Guidelines

Washington Credentialing Standardization Group

Shared Delegation Audit Program

Purpose

To develop and maintain a standardized delegated credentialing audit program to minimize redundancy and reduce Credentialing/Medical Staff Office administrative time associated with delegated credentialing activities.

Background

The Washington Credentialing Standardization Group (WCSG) Shared Delegation Audit (SDA) Program was established in 2001 as a sub-group of the WCSG. The SDA Program is a voluntary organization which is comprised of professionals from various organizations (typically Health Plans) that delegate credentialing to Medical Groups primarily in Washington State and throughout the Pacific Northwest.

The SDA Program applies to existing delegated arrangements only. The SDA Program does not apply to pre-assessment/initial assessment audits.

The SDA Program applies to the delegation oversight of practitioner credentialing. The SDA Program does not apply to the delegation oversight of Organizational Provider credentialing (CR 7).

Participation

Participation is strictly voluntary and at the discretion of each Health Plan and Medical Group.

Health Plan Participation

Health Plans with knowledge of National Committee for Quality Assurance's (NCQA), Utilization Review Accreditation Commission (URAC) and Centers for Medicare and Medicaid Services (CMS) credentialing standards and who delegate to Medical Groups participating in the SDA Program may participate if they assume the responsibilities outlined below.

- Keep up to date with current NCQA, URAC and CMS standards. This means annually purchasing current NCQA standards and regularly reviewing the NCQA website at www.ncqa.org. CMS Credentialing standards are found in Chapter 6 of the Medicare Managed Care Manual found at the following link: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html> Purchase of URAC standards is not a requirement. URAC credentialing standards are found at: www.urac.org
- Keep up-to-day with your current Health Plan's requirements. As requirements change, inform the team of those changes, and how compliance will be determined (i.e., documentation in file vs. checklist, policy requirement, etc.) Notification of changes to the team of requirements should also include effective date for team to start auditing.
- Keep the Medical Groups your Health Plan delegates to informed of your Plan's requirements.

- Proportional participation in annual audits as a team lead and/or team auditor. Health Plans must participate in the audit process over the course of the year to receive the audit results.
- Participation in SDA Program Process meetings.
- Participate in the annual review and update of the standardized audit tool to maintain compliance with NCQA, URAC and CMS standards.

Medical Group Participation

Medical Groups delegated by at least two participating Health Plans may participate in the SDA Program if they assume the responsibilities outlined below.

- Keep up to date with current NCQA, URAC and CMS standards. Ways to do this include annually purchasing current NCQA standards; regularly reviewing the NCQA website at www.ncqa.org; and, working closely with a Health Plan representative to confirm compliance with NCQA standards. URAC credentialing standards are found at the following link: www.uran.org, CMS Credentialing standards are found in Chapter 6 of the Medicare Managed Care Manual found at the following link: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html>
- 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. The SDA Program benefits both the Medical Groups and the Health Plans. Medical Groups should fully understand and feel comfortable with the findings before auditors end exit interview.

A Medical Group's participation in the SDA Program does not alleviate any other contractual obligation a Medical Group may have with each Health Plan, such as participating in NCQA, URAC, CMS or other regulatory or quality improvement audits.

Process Overview

SDA Program members annually (to not exceed 12 months) perform delegated credentialing audits for each participating Medical Group. Annual audits will be performed by an SDA Program audit team. The annual audit team is typically comprised of two to four participating Health Plan representatives with a team lead who will coordinate annual audit date and time 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 delegated credentialing 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 subdelegation, and other relevant documentation. The file review will include a review of 5%, 10% or 50 practitioner files, whichever is less, with a minimum of 10 credentialing files and 10 recredentialing files. (Note: at least 10 initial credentialing and 10 recredentialing files must be provider types NCQA would review and must be applicable for each criterion.) Additionally, the file review will also include review for compliance with specific individual Health Plan requirements. The NCQA 8/30 rule may also be used for the file selection. If auditing for a health plan that is URAC accredited, a minimum of 10 initials and 10 recredentialing files must be reviewed.

During the annual 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 of policy and procedure and other related documentation review and file audit findings with Medical Group. All deficiencies will be discussed with Medical Group prior to the conclusion of the audit.

Annual audit findings are compiled by SDA audit team lead and distributed to all applicable participating Health Plans.

A corrective action follow-up or compliance audit may be identified when there are significant findings, or overall score is not passing. In the case of an additional audit, delegated health plans for that Medical Group will meet to discuss the findings and make arrangements for the additional audit. If all health plans are in agreement for a team audit, the lead will reach out to offer this to the Medical Group. If not all health plans are in agreement for a team audit, the lead will explain to the Medical Group which health plans will participate. It is up to the health plan that chooses to not participate in the team audit to reach out to the Medical Group to make their own arrangements.

At least one of the auditors from the annual audit must participate on the additional audit team. There is not a limit to how many Health Plans can participate in the additional audit. The lead will compile all non-compliant findings and prepare the audit tools to capture only these items. The lead will provide written notification to the Medical Group of the additional audit within 15 calendar days prior, unless a shorter timeframe is required by a regulator.

Additional audit findings are compiled by the 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 Health Plan.

What is not included as part of the SDA Program

Participating Health Plans are responsible for reviewing, scoring and making a final determination of the audit results based upon the 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.

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.

Sharing of SDA Program information

In the event a new Health Plan to the team requests previous audit tools for a Medical Group their Health Plan has delegation with, the following must be completed:

- The new Health Plan contacts one of the SDA Program Co-Chairs and informs them of the request for audit tools from the previous year for the Medical Group.
- The Co-Chair confirms that the new Health Plan team member has signed an SDA Program Participation Agreement form. If the new member has not signed a Participation Agreement form, this must be completed before moving on. Under no circumstances will information from previous audits be shared with a team member who has not signed a Participation Agreement.
- The Co-Chair contacts the Medical Group in question and asks for permission to release the previous audit tools to the new Health Plan. If permission is not given by the Medical Group, audit tools will not be shared. Under no circumstances may audit tools be shared with the new Health Plan without Medical Group approval.
- Once permission is given by the Medical Group, the Co-Chair contacts the Audit Team Lead for the previous audit and asks that the tools from that previous audit be shared with the new Health Plan. The Co-Chair should include the e-mail authorization from the Medical Group so that the Audit Team Lead has confirmation that permission has been given.
- The Audit Team lead will forward to the new Health Plan the completed WCAT, and FRW to the new Health Plan.

This process is only applicable to new Health Plans to the team whose organization has had delegation in place with the Medical Group in question for more than 12 months. This process is not acceptable in lieu of the new Health Plan completing a pre assessment audit.

An example of an acceptable circumstance to share information as described above is Health Plan A joins the SDA Program on June 1, 2010. Health Plan A has had delegation in place with Medical Group B since October of 2009. Medical Group B gives permission for the February 2010 SDA Program tools to be shared with Health Plan A.

Other information

Health Plans and/or Medical Groups interested in joining the SDA Program can contact Michelle Pittman at Michelle.M.Pittman@kp.org for more information.

The WCSG has created the Washington Standardized Delegated Practitioner Standardized Delegate Report Template that most Health Plans will accept. This can be downloaded from the WAMSS web site at <http://www.wamss.org/resources/>.

The Shared Delegation Audit group is looking at other requirements that can be streamlined in the future.

Last updated 02/08/24