

HEALTH PLAN OF SAN JOAQUIN			
Subject: Delegated Credentialing and Recredentialing			
Department: Medical Management - Utilization			Policy #: QA 25
Applies to:			Scope: QA, UM
Effective Date: 2/1/96	Revised Date: 6/24/08, 10/1/08	Approved by: <i>Signature on File</i> Medical Director	

POLICY

- A. The Health Plan of San Joaquin (HPSJ) may delegate specific credentialing and recredentialing responsibilities to qualified entities. However, responsibility for final acceptance and continuation of provider participation rests with the Peer Review Credentialing Committee (Committee), and the San Joaquin County Health Commission (Commission).
- B. Each delegated credentialing entity will sign a Delegated Credentialing Agreement that includes the responsibilities of both HPSJ and the delegated entity, the evaluation process of the delegated entity's performance, and all other criteria outlined in this policy.
- C. The delegated entity will be responsible for the credentialing and recredentialing activities of all providers requesting participation in HPSJ. This includes, at a minimum, Doctors of Medicine or Osteopathy (MDs/DOs), Podiatrists (DPMs), Optometrists, Chiropractors (DCs), Behavioral Health Practitioners and any other licensed allied provider with whom the delegated entity contracts, or who provides care to HPSJ members.
- D. Delegation will be renewed annually, contingent upon ongoing evaluation of the Delegate's performance and successful completion of delegation audits.
- E. Each Delegated Credentialing Agreement shall include the six NCQA recommended factors to ensure protections for member health information.
- F. Either party may terminate the Delegated Credentialing Agreement without cause, with thirty days prior written notice.
- G. HPSJ follows National Committee for Quality Assurance (NCQA) standards and guidelines for provider credentialing.

PROCEDURE

H. Definitions

1. Delegation: A formal process through which an organization gives another entity the authority to perform certain functions on its behalf. Although the organization can delegate the authority to perform a function, it cannot delegate the responsibility for assuring that the function is performed appropriately.
2. Oversight: The monitoring of a set of activities in order to assess performance.
3. Delegation Audit: An annual evaluation of a delegate's capacity to perform delegated activities using established criteria.

I. The responsibilities of the Delegated Entity include the following:

1. Collection of applications and credentialing and recredentialing data.
2. Primary source verification
3. Ensuring that the protected health information of HPSJ members remains protected. The delegate's credentialing policies and procedures must clearly state the confidentiality of information collected in this process and describe the mechanisms in effect to ensure confidentiality of information collected in this process.
4. Ensuring that information obtained in the credentialing process is kept confidential, while making certain that practitioners can access their own credentialing information.
5. Ongoing review and evaluation of qualifications.
6. Reporting of credentialing and recredentialing decisions.
7. Reporting of providers credentialing, recredentialing and demographic information to HPSJ.
8. Maintaining written policies and procedures for credentialing and recredentialing activities.
9. Responding to HPSJ's Corrective Action Plan (CAP) in a timely manner, if applicable.

J. The responsibilities of HPSJ include the following:

10. Prior to delegation and annually thereafter, conduct a review and audit of the credentialing and recredentialing activities to ensure that the delegated

entity is in accordance with HPSJ's approved policies and procedures and established criteria.

11. Conduct a medical record and facility review prior to initial credentialing and recredentialing of all Primary Care Physicians (PCP's) and Obstetricians/Gynecologists if designated as PCP's.
12. Report the outcome of all audits to the delegated entity to assist in determining provider qualifications, including a CAP if deficiencies are noted.
13. Notify the delegated entity in writing of any changes to HPSJ's Credentialing and Recredentialing Policy and/or outside regulatory requirements that impact the delegated entity's responsibilities.
14. Maintain the authority to approve and to suspend, limit, or terminate the participation of any individual practitioner, who does not meet HPSJ's participation requirements or fails to comply with HPSJ's operating procedures.

K. Delegated activities for Initial Credentialing. All delegated credentialing activities will be performed in accordance with NCQA's verification time limit of 180 days and will include:

1. Obtain an acceptable provider application with signed attestation as to completeness and correctness.
2. Obtain a current attestation statement regarding physical and mental health, chemical dependency/substance abuse, loss of license and/or felony conviction, history of loss or limitation of privileges or disciplinary action, current Malpractice insurance with amount of coverage and work history.
3. Review, evaluate or verify the following credentials through an accepted primary source:
 - a) Hospital privileges must be valid, current, unrestricted and in good standing at a contracted hospital.
 - b) Valid, current unrestricted license for the appropriate scope of medical practice in the State of California.
 - c) Valid, current, unrestricted Drug Enforcement Administration (DEA) certificate, when applicable.
 - d) Board certification or eligibility, as applicable.
 - e) Absence of gaps in work history or Curriculum Vitae that exceed six (6) months.
 - f) Reasons for any inability to perform the essential functions of the position with or without accommodation.
 - g) Current malpractice insurance with a minimum of \$1,000,000 per occurrence/\$3,000,000 aggregate.
 - h) National Practitioner Data Bank (NPDP) query.

- i) History of disciplinary actions affecting applicant's professional license, Drug Enforcement Administration (DEA) certificate or other required certification.
- j) History of denial, suspension, restriction or termination of hospital privileges.
- k) Sanctions by regulatory agencies including Medicare/Medicaid.
- l) Current general (business) insurance with a minimum \$100,000 per occurrence/\$300,000 annual aggregate.
- m) Graduation from a medical/professional school, or a degree in the appropriate medical curriculum, and completion of residency/full training in the physician's practicing specialty in the United States.
- n) Professional liability claims history of the prior five years, including malpractice suits, arbitration and settlements.

L. Delegated Activities for Recredentialing:

- 1. All delegated recredentialing activities will be performed in accordance with NCQA's verification time limit of 180 days and include, at a minimum, the following:
 - a) Review, evaluate and verify items 4.5.3.1 through 4.5.3.12 of the Initial Credentialing activities listed above.
 - b) Review, evaluate and verify professional liability claims history of the prior two years, including malpractice suits, arbitration and settlements.
 - c) Review and evaluation of the following additional items:
 - d) Member complaints and grievances
 - e) Quality Improvement activities
 - f) Utilization Management activities
 - g) Member Satisfaction Survey Data
 - h) Successful completion of the Medical Record and Facility Review for all Primary Care Physicians, Obstetricians/Gynecologists, High Volume Behavioral Health Providers and High Volume Specialists.

M. Sub-Delegation

If a delegated entity sub-delegates any or all of the delegated credentialing or recredentialing functions to a Credentials Verification Organization (CVO), the delegated entity will provide HPSJ with a written description of the delegated activities. The delegated entity will also supply to HPSJ documented oversight of pre-contractual and annual evaluation of the sub-delegated activities in accordance with NCQA standards. HPSJ will also be allowed access to the delegated entity's audit results.

N. Reporting Requirements

1. The delegated entity shall provide a roster of newly approved providers to HPSJ within seven (7) days of approval. The roster must include, at a minimum, the specific data elements outlined below:
 - a) Last Name
 - b) First Name
 - c) Middle Name
 - d) Degree/Title
 - e) Gender
 - f) Provider Practice Address(es)
 - g) Provider phone, fax and e-mail address, if applicable
 - h) Social Security and Tax I.D. Number
 - i) License number with expiration date
 - j) Malpractice Insurance Carrier
 - k) General liability insurance carrier
 - l) Contract type (PCP or Specialty Care Physician,
 - m) Mid-Level, etc.)
 - n) Group/IPA
 - o) Medical/Professional School; Residency/Fellowship
 - p) Information
 - q) Board Status for primary Specialty
 - r) Residency completion status for each Specialty
 - s) DEA Number and expiration date, when applicable
 - t) Copy of W-9 taxpayer identification number and
 - u) Certification
 - v) Medi-Cal Provider billing number
 - w) Certificate numbers as appropriate with expiration
 - x) date(s); e.g. CLIA, CHDP, CPSP
 - y) Language(s) spoken
 - z) Hours of Practice
 - aa) Accepting patient status (open or established
 - bb) patients only)
 - cc) Patient age limits
 - dd) Hospital admitting privileges
 - ee) Line(s) of business (Medi-Cal and/or Healthy
 - ff) Families and/or Healthy Kids and/or Other)
 - gg) Date of Credentialing Committee and/or Peer
 - hh) Review Approval
 - ii) Designation of approval status (meets or does not
 - jj) meet HPSJ's minimum standards)

2. Reporting of Recredentialing Decisions to HPSJ the delegated entity shall provide a roster of recredentialled providers to HPSJ within seven (7) days

of approval. The roster must include, at minimum, the specific data elements outlined below:

- a) Last Name
- b) First Name
- c) Middle Name
- d) Degree/Title
- e) Gender
- f) Provider Practice Address(es)
- g) Provider phone, fax and e-mail address, if applicable
- h) Social Security and Federal Tax ID Numbers
- i) License Number with expiration date
- j) Malpractice Insurance Carrier
- k) General Liability insurance carrier
- l) DEA Number and expiration date, when applicable
- m) Copy of W-9 taxpayer identification number and
- n) Certification
- o) Certification numbers as appropriate with expiration
- p) dates); e.g. CLIA, CHDP, CPSP
- q) Date of Credentialing Committee and/or Peer
- r) Review Committee Approval
- s) Designation of approval status (meets or does not
- t) meet HPSJ's minimum standards)
- u) Contract type (PCP or Specialty Care Physician,
- v) Mid-Level, etc.), if changed from initial contract.
- w) Group/IPA, if changed from initial Group/IPA
- x) Board status for each specialty, only if change in
- y) Status.
- z) Residency completion status for each Specialty,
- aa) only if changed from initial credentialing.
- bb) Medi-Cal Provider billing number, only if changed
- cc) from initial credentialing.
- dd) Language spoken, if changed from initial
- ee) credentialing.
- ff) Hours of Practice, only if changed from initial
- gg) credentialing.
- hh) Accepting patient status (open or established
- ii) patients only), if changed from initial credentialing.
- jj) Patient age limits, if changed from initial
- kk) credentialing.
- ll) Hospital admitting privileges, if changed from
- mm) initial credentialing.
- nn) Line(s) of business (Medi-Cal and/or Healthy
- oo) Families and/or Healthy Kids and/or Other), if changed from initial
- credentialing.

O. Reporting of Subsequent actions or changes in Provider status

The delegated entity shall advise HPSJ within ten days of becoming aware of significant changes in an individual provider's credentialing or recredentialing status, including but not limited to loss of hospital privileges, loss or restriction of any state license, loss or limit of DEA permit, ineligibility or exclusion from any federal program, or disciplinary action taken against a provider. However, changes in demographic information, such as address, phone number or other contact information, need only be reported to HPSJ on a monthly basis. The delegated entity shall advise HPSJ within 30 days of any written notification of termination of participation by any individual provider.

P. Credentialing Decisions

To ensure that a consistent and equitable process is used throughout the HPSJ network, the credentialing and recredentialing policies of the delegated entity will adhere to at least the same criteria, qualification standards and participation terms and conditions set forth in HPSJ's Credentialing Policy and Procedure. The delegated entity's policy and procedures shall include the Provider's right to appeal according to applicable laws.

HPSJ will report all delegated credentialing and recredentialing decisions to its Credentialing/Peer Review Committee, within 30 days receipt of the delegated entity's decisions, for final action. HPSJ retains the right to approve or reject each individual provider and/or provider sites and to terminate, suspend, and/or limit participation of individual providers.

Q. Reporting to Regulatory Agencies

Each delegated entity must file a Section 805 report with the Medical Board of California and a report to the National Practitioner Data Bank within fifteen calendar days after the effective date of an adverse action.

R. Ongoing Oversight and Renewal of Delegation Agreement

1. HPSJ will schedule and conduct oversight audits with the delegated entity on an annual basis. Results of HPSJ's oversight audit(s) shall be reported to the delegated entity in writing, including a corrective action plan if deficiencies are noted. The delegated entity shall implement such corrective action plan within the time period stated and shall permit a re-audit by HPSJ or its agent, if requested.
2. If the delegate fails to adequately perform delegated activities and/or if identified deficiencies in performance are not corrected within the

required time period, HPSJ may, with 30 days written notice, de-delegate or amend the Credentialing Delegation Agreement and assume responsibility for all or part of credentialing functions.

REFERENCE

- A. DHS Contract, Exhibit A, Attachment 4, Delegated Quality Improvement Activities, Delegated Credentialing
- B. National Committee for Quality Assurance (NCQA), Delegation of
- C. Credentialing and Recredentialing Policies
- D. NCQA Surveyor Guidelines

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S. Steely 6/01/02	S.Steely 3/22/05	g. overton 10/1/08			