



IPA Medical Management Audit Tool 2010
Credentialing and Recredentialing

IPA: _____ Review Date: _____

Reviewed by: _____

CR 1: Credentialing Policies

The IPA documents have a well-defined credentialing and recredentialing process for evaluating and selecting licensed independent practitioners to provide care to its members. The IPA has a rigorous process to select and evaluate practitioners.

Element A: Practitioner Credentialing Guidelines	0	1	2	N/A
<p>The IPA's credentialing policies and procedures specify: Credentialing standards must apply to all independent practitioners or groups of practitioners who provide care for the organization's members.</p>				
<p>1. Types of practitioners to credential and recredential</p>				
<p>IPAs need to credential the following types of practitioners:</p> <ul style="list-style-type: none"> • Practitioners who have an independent relationship with the organization, e.g., PCP • Practitioners who see members outside the inpatient hospital setting or outside ambulatory freestanding facilities • Practitioners who are hospital-based but who see the IPA's members as a result of their independent relationship with the organization, e.g., anesthesiologists with pain management practices, cardiologists, university faculty that are hospital-based but also have private practices • Dentists who provide care under the IPA's medical benefits, e.g., endodontists, oral surgeons, periodontists • Non-physician practitioners who have an independent relationship with the IPA, as defined above, who provide care under the IPA's medical benefits, e.g., nurse practitioners, nurse midwives, physician assistants, optometrists, physical therapists, occupational therapists, speech/language therapists. <p>IPAs are not required to credential some types of practitioners:</p> <ul style="list-style-type: none"> • Practitioners who do not have an independent relationship with the organization and meet any of the following criteria • Practitioners who practice exclusively within the inpatient setting who provide care for IPA members only as a result of the members being directed to the hospital or another inpatient setting, e.g., pathologist, radiologist, anesthesiologist, neonatologists, ER physicians, hospitalists • Practitioners who practice exclusively within freestanding facilities and who provide care for IPA members only as a result of members being directed to the facility, e.g., mammography centers, urgent care centers, surgi-centers • Dentists who provide primary dental care only under a dental plan or rider • Pharmacists who work for pharmacy benefits management IPA • Covering practitioners, e.g., locum tenens • Practitioners who do not provide care for members in a treatment setting, e.g., board-certified consultants 				
<p>2. The verification sources used The IPA's policies must define the appropriate documentation to verify each criterion. Verification of this information, from primary or NCOA approved sources, is essential to ensure that decisions are based on the most accurate, current and complete information available.</p>				
<p>3. The criteria for credentialing and recredentialing</p>				

Element A: Practitioner Credentialing Guidelines	0	1	2	N/A
<p>The criteria must be designed to assess a practitioner’s ability to deliver care. IEHP Guidelines: Although not required for the NCOA standards, IPAs are still required to verify clinical privileges.</p> <p>The Policies and Procedures must meet all elements for a full score:</p> <ul style="list-style-type: none"> • Primary Source Verification for the following: <ul style="list-style-type: none"> ▪ Current valid license to practice ▪ Status of clinical privileges at the hospital designated by the practitioners as the primary contracted admitting facility ▪ Valid DEA or CDS certificate, as applicable ▪ Education and training of practitioners ▪ Board certification if the practitioner states that he/she is board-certified on the application ▪ Work history (primary source verification not required) ▪ Liability claims history • Completeness of application • Signed attestation by applicant <ul style="list-style-type: none"> ▪ Reasons for any inability to perform the essential functions of the position, with or without accommodation ▪ Lack of present illegal drug use ▪ History of loss of license and felony convictions ▪ History of loss or limitation of privileges or disciplinary activity ▪ Current malpractice insurance coverage ▪ The correctness and completeness of the application • Initial sanction information which includes: <ul style="list-style-type: none"> ▪ Information from NPDB ▪ Information received is included in credentialing files ▪ Appropriate state board queries ▪ Medicare/Medicaid Sanctions • Initial site audits <ul style="list-style-type: none"> ▪ Sets standards for office sites and establishes thresholds for acceptable performance against the standards ▪ The IPA conducts an initial site visit that evaluates the site against the organization standards. ▪ The IPA conducts an initial evaluation of the medical/treatment record-keeping practices at each site to ensure conformity with the organizations standards. ▪ The IPA institutes action for improvements with sites that do not meet established thresholds. ▪ The IPA evaluates the effectiveness of the actions at least every six months until sites with deficiencies meet the threshold. ▪ The IPA follows the same procedures as for an initial site when a primary care practitioner, OB/GYN or high-volume behavioral health practitioner relocates or opens a new site. ▪ The IPA has procedures for detecting deficiencies subsequent to the initial site visit, when the IPA identifies new deficiencies; it re-evaluates the site and institutes actions for improvement. <p>Recredentialing includes all of the above as well as:</p> <ul style="list-style-type: none"> • Sanction information which includes: <ul style="list-style-type: none"> ▪ Information from NPDB ▪ Information received is included in credentialing file ▪ Appropriate state board queries ▪ Medicare/Medicaid sanctions 				
<p>4. The process for making credentialing and recredentialing decisions The IPAs credentialing and recredentialing policies must explicitly define the process used to reach a credentialing decision.</p>				
<p>5. The process for managing credentialing files that meet the IPA's established criteria The IPA policies and procedures must describe the process used to determine and approve clean files.</p>				

Element A: Practitioner Credentialing Guidelines	0	1	2	N/A
<p>6. The process to delegate credentialing and recredentialing The IPA's credentialing policies and procedures must specify the process used to delegate credentialing and recredentialing, including what may be delegated and how the IPA decides to delegate. Does not need to include the complete list of detailed components required in <u>CR 12: Delegation of Credentialing and Recredentialing</u>.</p>				
<p>7. The process used to ensure that credentialing and recredentialing are conducted in a non-discriminatory manner. The IPA's credentialing policies and procedures must describe that the IPA does not make credentialing and recredentialing decisions based solely on an applicant's race, ethnic/national identify, gender, age, sexual orientation or the types of procedures or types of patients in which the practitioner specializes. Not meant to preclude including practitioners who meet certain demographic or specialty needs, e.g., cultural needs of members.</p>				
<p>8. The process for notifying a practitioner about any information obtained during the organization's credentialing process that varies substantially from the information provided to the IPA's practitioner</p>				
<p>9. The process to ensure that practitioners are notified of the credentialing or recredentialing decision within 60 calendar days of the committee's decision The IPA's credentialing policies and procedures must include a time frame for notifying applicants of credentialing decisions, not to exceed 60 calendar days for the committee's decision. IPAs are not required to notify practitioners regarding recredentialing approvals but must have a process for notifying practitioners initial credentialing decisions and recredentialing denial decisions.</p>				
<p>10. The medical director or other designated physician's direct responsibility and participation in the credentialing program The IPA must have a physician (medical director or designated physician) who has overall responsibility for the credentialing process. Credentialing policies and procedures must clearly indicate the physician directly responsible for the credentialing program and must include a description of his or her participation.</p>				
<p>11. The process used to ensure the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law The IPA's credentialing policies and procedures must clearly state the confidential nature of information obtained in the credentialing process. Describe the mechanisms in effect to ensure confidentiality of information collected in this process. Must ensure that information obtained in the credentialing process is kept confidential, while ensuring that practitioners can access their own credentialing information.</p>				
<p>a. Practitioner files are stored in a secure environment.</p>				
<p>b. Use of confidentiality forms for committee and credentialing staff</p>				
<p>c. Electronic security In areas where the credentialing/recredentialing process is paperless, policies and procedures identify who has access to the electronic information.</p>				
COMMENTS:				

Element B: Practitioner Rights	0	1	2	N/A
<p>The IPA's policies and procedures include the following practitioner rights: This standard does not require the IPA to allow a practitioner to review references or recommendations, or other information that is peer-review protected. The types of information about which an IPA would alert practitioners, if there are substantial variations from the practitioner's information, include:</p> <ul style="list-style-type: none"> • Actions on a license • Malpractice claims history • Board-certification decisions 				
<p>2. The right of practitioners to review information The IPA's policies and procedures must state that practitioners are notified of their right to review information obtained by the organization to evaluate their credentialing application.</p>				
<p>3. The right of practitioners to correct erroneous information must clearly state: The IPA must have written policies and procedures for notifying a practitioner in the event that credentialing information obtained from other sources varies substantially from that provided by the practitioner. Not required to reveal the source of information if the information is not obtained to meet IPA credentialing verification requirements or if disclosure is prohibited by law.</p>				
a. The time frame for changes				
b. The format for submitting corrections				
c. The person to whom corrections must be submitted				
d. The documentation of receipt of the corrections				
e. How practitioners are notified of their right to correct erroneous information				
<p>4. The right of practitioners, upon request, to be informed of the status of their credentialing or recredentialing application The IPA's credentialing policies and procedures must state that practitioners have a right, upon request, to be informed of the status of their applications, and describe the process for responding to such requests, including the information the IPA may share with practitioners</p>				
5. Notification of these rights				
COMMENTS:				

CR 2: Credentialing Committee
 The IPA designates a credentialing committee that uses a peer-review process to make recommendations regarding credentialing decisions. The IPA obtains meaningful advice and expertise from participating practitioners in making credentialing decisions.

Element A: Credentialing Committee	0	1	2	N/A
<p>The Credentialing Committee Membership The IPA establishes peer review process by designating a Credentialing Committee that includes representation from a range of participating practitioners.</p>				

Element A: Credentialing Committee	0	1	2	N/A
1. Committee membership that includes representation from a range of participating practitioners, which includes multi-disciplinary representation				
2. A quorum is described. A minimum should be three (3) voting members				
3. Program identifies who has voting rights. Voting members must be practitioners.				
4. Program clearly identifies who has authority to make final credentialing decisions and the relationship to the Governing Body, if applicable.				
5. Meeting frequency that allows for timely review of applications				
6. If minimum criteria are not met, minutes (de-identified acceptable) reflect discussion prior to a decision.				
7. Evidence of the Committee/Review Body meeting as frequently as defined in the policies and procedures The IPA must show proof through committee minutes of frequency of meetings.				
8. Documentation of annual review of the Credentialing Program Description by the Committee The IPA must show proof of annual review of the credentialing program by the Credentials Committee in the committee minutes.				
COMMENTS:				

Element B: Credentialing Committee	0	1	2	N/A
The Credentialing Committee Membership The IPA establishes peer review process by designating a Credentialing Committee that includes representation from a range of participating practitioners.				
1. Credentialing Committee review of credentials for practitioners who do not meet established thresholds The Credentialing Committee must review the practitioner's credentials and give thoughtful consideration to the credentialing elements before making recommendations about a practitioner's ability to deliver care. At a minimum, the committee must receive and review: <ul style="list-style-type: none"> • The credentials of practitioners who do not meet the organization's established criteria • A list of the names of all practitioners who meet the established criteria The committee must document in the minutes the thoughtful consideration of credentials discussed during the committee meeting.				
2. Medical Director or designee review and approval of clean files Review and approval by a medical director or designee and sign-off on a list of the names of all practitioners who meet the established criteria. Practitioners may not provide care to members until the final decision from the Credentialing Committee. The date of the Credentialing Committee meeting or medical directors sign off is used to determine the timeliness of all requirements for credentialing. All credentials must be valid at the time of the committee meeting review. Verification and the final decision must be completed within the specified timeframes. IEHP has the right to make final determination about which practitioners participate within its network.				
COMMENTS:				

CR 3: Initial Credentialing Verification
The IPA verifies credentialing information through primary sources, unless otherwise indicated. The IPA conducts timely verification of information to ensure that practitioners have the legal authority and relevant training and experience to provide quality care.
NOTE: <ul style="list-style-type: none"> • CR 3 through CR 6 is gathered from Credentialing File Audit Tool. Information must be available for review at the time of the audit. Review 5% or 50 files, whichever is less, with a minimum of 10 credentialing files. Complete the Credentialing File Worksheet. • The IPA may use oral, written, and Health Plan approved Internet website data to verify information. Oral and Internet website verification requires a note in the credentialing file that includes the date and is either signed or initialed by the IPA staff who verified each credential. It should also contain the name/title of the person providing the verification, if applicable.
SCORING: The average of each item should be transferred from the Credentialing Worksheet as follows: 2 points = 90% or greater* *100% is required for Element A.1. License Verification for Credentialing. 0 points = 89% or less
Refer to the Credentialing/Rec credentialing Elements and Policies and Procedures for complete details. All document location will be Credentialing Files. Only additional sources will be noted.

Element A: Licensure Verification	0	1	2	N/A
<p>1. The IPA verifies that a current valid license to practice is present and within the prescribed time limits. Verification time limit – 180 days Must confirm that the practitioner holds a valid, current license, which must be in effect at the time of the committee's decision. Verification must come directly from the state licensing agency. If the IPA uses the Internet to verify licensure, the website must be from the appropriate state licensing agency.</p>				
COMMENTS:				

Element B: Initial Primary Source Verification	0	1	2	N/A
<p>The IPA verifies that the following factors are present and within the prescribed time limits: The IPA must document verification from primary or NCQA approved sources of all items listed. May use oral, written, and approved web sites. Oral and Internet verification require a dated and signed note by the person who verified the credentials. All elements must be dated upon receipt of verification. The organization must document the verification of licensure from primary sources. The practitioner's credentialing file must contain sufficient documentation to demonstrate that the credentialing information was present at the time of the credentialing decision. The organization must verify and submit all credentialing decision. The organization must verify and submit all credentials to the Credentials Committee or medical director, as appropriate, for review within the NCQA-specified time limits. Timeframes are determined by counting back from the date of the Credentialing Committee decision. <ul style="list-style-type: none"> • Written verification - use the date of the official document, not the date received. • Internet and electronic verifications - use the date noted by the person who verified the credential(s). Any provider that terminates and later wishes to be reinstated must again be initially credentialed with the review of all credentials by the committee prior to treating members. Not all elements require re-verification, e.g., schooling, residency doesn't change. The IPA determines the requirements for its network and who will use the information obtained during the credentialing process. NCQA only requires the collection and verification of the information prior to making a credentialing decision. The IPA can grant provisional credentialing under limited circumstances provisional credentialing under limited circumstances for practitioners who have completed residency or fellowship requirements within 12 months before credentialing, but only for 60 days. IPAs contracting with a Credentials Verification Organization (CVO) are responsible for ensuring that no time-sensitive credentialing factors are more than 180 calendar days old at the time of the credentialing decision. A summary sheet must be maintained in each practitioner's file that states the factors verified by a CVO.</p>				
<p>1. Hospital Privileges</p>				
<p>2. A valid DEA or CDS certificate, if applicable Verification time limit - none The certificate must be effective at the time of the credentialing decision. Verification can be done with: <ul style="list-style-type: none"> • a copy of the certificate • documented visual inspection of the original certificate • confirmation with the DEA or CDS agency • National Technical Information Service (NTIS) database • American Medical Association (AMA) Physician Master File • Confirmation with the state pharmaceutical licensing agency </p>				

Element B: Initial Primary Source Verification	0	1	2	N/A
3. Education and training including board certification Must verify only the highest level of credentials attained. For physicians the following sources can be utilized:				
a. Board Certification if the practitioner states on the application that he/she is board certified Verification time limit – 180 calendar days If board-certified, ABMS (in publication, CD-ROM or ABMS CertiFacts Online, not ABMS website) or confirmation from the appropriate specialty board Documentation of the expiration date is required.				
b. Education and training Verification time limit – none for education/training and (1) If not board-certified, confirmation from medical school or residency program, which ever is the highest level attained (2) AMA Physician Master File (3) AOA Official Osteopathic Physician Profile Report or Master File (4) Educational Commission for Foreign Medical Graduates (5) An association of schools of the health professions, if the association performs primary source verification (6) State licensing agency, if the agency performs primary source verification There are different requirements for Chiropractors, Podiatrists, Dentists, and non-physician behavioral health care professionals.				
4. History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the practitioner Verification time limit – 180 calendar days Must obtain either written confirmation of the past 5 years of history of malpractice settlements from the malpractice center (except if during the practitioners residency or fellowship) or query NPDB.				
5. Work history Verification time limit – 180 calendar days There is no requirement for verification of work history. Must obtain a minimum of 5 years of work history through the CV or application. Any gaps exceeding 6 months should be reviewed and clarified. Verbal clarification must be documented in the credentialing file. If gap exceeds 1 year, clarify in writing.				
COMMENTS:				

CR 4: Application and Attestation

An applicant completes an application for membership that includes a current and signed attestation regarding the applicant's health status and any history of loss or limitations of licensure or privileges. The IPA requires practitioners to disclose information that may adversely impact practitioner's ability to provide care.

NOTE:

- **CR 3 through CR 6** is gathered from **Credentialing File Audit Tool**. Information must be available for review at the time of the audit. Review 5% or 50 files, whichever is less, with a minimum of 10 credentialing files. Complete the Credentialing File Worksheet.

SCORING:

The average of each item should be transferred from the Credentialing Worksheet as follows:

- 2 points = 90% or greater
- 0 points = 89% or less

Refer to the Credentialing/Rec credentialing Elements and Policies and Procedures for complete details. All document location will be Credentialing Files. Only additional sources will be noted.

Element A: Contents of the Application	0	1	2	N/A
<p>The application includes a current and signed attestation and addresses: To count any elements as present, the practitioner must sign and date the application and any relevant addenda. It may not be older than 180 calendar days at the time of the credentialing decision. Receipt of the attestation is not required before the IPA conducts other credentialing verification and queries. If the attestation exceeds 180 calendar days and the IPA updates it, the practitioner must attest only that the information on the application remains correct and complete.</p>				
1. Reasons for any inability to perform the essential functions of the position, with or without accommodation				
2. Lack of present illegal drug use				
3. History of loss of license and felony convictions				
4. History of loss or limitation of privileges or disciplinary activity A history of all past and present issues regarding loss or limitations of clinical privileges at all facilities or organizations with which the practitioner has had privileges				
5. Current malpractice insurance coverage A copy of the insurance face sheet that includes the dates and amount of current malpractice coverage				
6. The correctness and completeness of the application An attestation indicates that the applicant personally attests to the correctness and completeness of the application at the time he/she applied to the IPA.				
COMMENTS:				

CR 5: Initial Sanction Information

There is documentation that before making a credentialing decision the IPA has received information on sanctions. The IPA verifies whether there has been any sanction activity that might impact a practitioner's ability to provide safe and appropriate care to members.

Element A: Sanctions	0	1	2	N/A
<p>In a review of credentialing files, two factors are present and within 180 calendar day time limit. Scoring for this element is based on a review of a sample of credentialing files.</p>				

Element A: Sanctions	0	1	2	N/A
<p>1. State sanctions, restrictions on licensure and/or limitations on scope of practice</p> <p>Review of information on sanctions, restrictions on licensure and limitations on scope of practice must cover the most recent 5-year period available through the data source. If the practitioner was licensed in more than one state during the 5-year period, the query must include all states in which he/she worked.</p> <p>For physicians verification must come from one of the following source:</p> <ul style="list-style-type: none"> • NPDB • FSMB • HIPDB • The appropriate state agency(ies) <p>Chiropractors, dentists, podiatrists and non-physician behavioral health care professionals are verified from different sources.</p>				
<p>2. Medicare and Medicaid sanctions</p> <p>Review of Medicare and Medicaid sanctions must cover the most recent 3-year period available through the data sources.</p> <p>Must verify a practitioner's Medicare and Medicaid status from a query of one of the following:</p> <ul style="list-style-type: none"> • NPDB • FSMB • HIPDB • Excludes individuals and entities, available over the Internet • Medicare and Medicaid Sanctions and Reinstatement Report, distributed to federally contracted organizations • Federal Employees Health Benefits Plan department record • AMA Physician Master File • State Medicaid agency or intermediary and the Medicare intermediary <p>The query for Medicare and Medicaid sanctions is not required for dentists.</p>				
COMMENTS:				

CR 7: Recredentialing Verification

The IPA formally recredentials its practitioners at least every 36 months through information verified from primary sources, unless otherwise indicated. The IPA identifies any changes that may have occurred since the last credentialing process that may affect the care provided to members.

NOTE:

- **CR 7 through 9** is gathered from the **Recredentialing File Audit Tool**. Information must be available for review at the time of the audit. Review 5% or 50 files, whichever is less, with a minimum of 10 recredentialing files. Complete the Recredentialing File Worksheet.
- The IPA may use oral, written, and Health Plan approved Internet website data to verify information. Oral and Internet website verification requires a not in the credentialing file that includes the date and is either signed or initiated by the IPA staff person who verified each credential. It should also contain the name/title of the person providing the verification, if applicable.

SCORING:

The average of each item should be transferred from the Recredentialing Worksheet as follows:
 2 points = 90% or greater* *100% is required for Element A.1. License Verification for Recredentialing.

CR 7: Recredentialing Verification

0 point = 89% or less

Refer to the Credentialing/Recredentialing Elements and Policies and Procedures for complete details. All document location will be Recredentialing Files. Only additional sources will be noted.

NOTE: QISMC citations apply to Medicare + Choice plans. Criteria citing only QISMC citations are scored N/A if review does not include a Medicare + Choice plan.

Element A: Licensure Verification	0	1	2	N/A
1. The IPA verifies that a current, valid license to practice is present and within the prescribed time limits (180 calendar days). If IPA uses the Internet to verify licensure, the website must be from the appropriate state licensing agency.				
COMMENTS:				

Element B: Recredentialing Verification	0	1	2	N/A
The IPA verifies the following factors within the prescribed time limits: For specific guidelines on appropriate sources and time frames for verifying credentials, see <u>CR 3: Initial Primary Source Verification</u> and <u>CR 4: Application and Attestation</u> . The organization must document the verification of licensure from primary sources. The practitioner's credentialing file must contain sufficient documentation to demonstrate that the credentialing information was present at the time of the credentialing decision. The organization must verify and submit all credentials to the Credentials Committee or medical director, as appropriate, for review within the NCQA-specified time limits.				
1. Hospital privileges				
2. A valid DEA or CDS certificate, as applicable Verification time limit – NONE The certificate must be effective at the time of the credentialing decision. Verification can be done with: <ul style="list-style-type: none"> • a copy of the certificate • documented visual inspection of the original certificate • confirmation with the DEA or CDS agency • National Technician Information Service (NTIS) database • American Medical Associate (AMA) Physician Master File Confirmation with the state pharmaceutical licensing agency 				
3. Board certification, if the practitioner states that he/she is board certified Verification time limit – 180 calendar days The IPA must verify board certification at recredentialing if a practitioner acquires an additional board certification since the last credentialing. Further verification of education and training is not required, but board certification must be verified if it has expired since the last credentialing.				
4. History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the practitioners Verification time limit – 180 calendar days The IPA must obtain confirmation of the past five years of history of malpractice settlements from the malpractice carrier or query the NPDB. Do not need to include hospital insurance policy from a residency or fellowship.				

Element B: Recredentialing Verification	0	1	2	N/A
COMMENTS:				

Element C: Contents of the Application	0	1	2	N/A
<p>An applicant completes an application for membership that includes a current and signed attestation with the following factors:</p> <p>Verification time limit – 180 calendar days For specific guidelines on appropriate sources and time frames for verifying credentials, see CR 3: Initial Primary Source Verification and CR 4: Application and Attestation.</p>				
1. Reasons for any inability to perform the essential functions of the position, with or without accommodation				
2. Lack of present illegal drug use				
3. History of loss of license and felony convictions				
4. History of loss or limitation of privileges or disciplinary activity				
5. Current malpractice insurance coverage				
6. Correctness and completeness of the application				
COMMENTS:				

Element D: Recredentialing Sanction Information	0	1	2	N/A
<p>In review of recredentialing files, two elements are present and within the 180 calendar day time limit:</p> <p>Review is based on a sample of recredentialing files to verify that the IPA received requested information about an applicant before the credentialing body's decision. The IPA should ensure queries cover the period since the last credentialing or recredentialing decision. All information must be no more than 180 calendar days old at the time of the credentialing decision. See CR 5: Initial Sanction Information for standards.</p>				
1. State sanctions, restrictions on licensure and/or limitations on scope of practice				
2. Medicare and Medicaid sanctions				
COMMENTS:				

CR 8: Recredentialing Cycle Length

The IPA formally recredentials its practitioners at least every 36 months.

Element A: Recredentialing Cycle Length	0	1	2	N/A
1. The length of the recredentialing cycle is within the required 36-month frame.				
COMMENTS:				

CR 9: Ongoing Monitoring of Sanctions, Complaints and Quality Issues

The IPA 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. The IPA 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	0	1	2	N/A
The IPA implements ongoing monitoring and takes appropriate interventions by:				
To assess implementation, documentation of how the IPA reviews data sources, investigates complaints and considers the finding in its evaluation of practitioners will be reviewed. Documentation may include a checklist, a log or an initialed dated report.				
1. Collecting and reviewing Medicare and Medicaid sanctions				
2. Collecting and reviewing sanctions or limitations on licensure				
3. Collecting and reviewing complaints				
4. Collecting and reviewing information from identified adverse events				
5. The IPA implements appropriate interventions when it identifies instances of poor quality.				
When an IPA discovers sanction information, complaints or adverse events on a practitioner, it must determine if there is evidence of poor quality issues that could affect the health and safety of its members. Depending on the nature of the adverse circumstances, the IPA must implement actions based on its policies and procedures.				
COMMENTS:				

Element B: Written Policy and Procedures (IEHP Element)

Element B: Written Policy and Procedures (IEHP Element)	0	1	2	N/A
The IPA has written policies and procedures that address the ongoing monitoring of:				
The IPA must develop policies and procedures for monitoring sanctions and information and practitioner-specific complaint data. The IPA must use the approved sources of sanction information listed in <u>CR 5: Initial Sanction Information</u> .				
Entities reporting sanction information have different schedules and methods for documenting information. Therefore, the IPA must determine the publication schedule or release dates applicable to its service area. The IPA is responsible for reviewing the information within 30 calendar days of its release. If there is no schedule, the IPA must query for this information at least every 6 months.				

Element B: Written Policy and Procedures (IEHP Element)	0	1	2	N/A
The policies and procedures must address the full range of actions that depend on the nature of the adverse circumstances.				
1. Medicare and Medicaid sanctions				
2. State sanctions or limitations on licensure				
3. Complaints The IPA must have mechanisms in place to investigate practitioner-specific member complaints upon receipt of a complaint. Both the specific complaint and the practitioner's history of issues must be evaluated.				
COMMENTS:				

CR 10: Notification to Authorities and Practitioner Appeal Rights
When an IPA has taken action against a practitioner for quality reasons, it offers the practitioner a formal appeal process and reports the action to the appropriate authorities. The IPA uses objective evidence and patient care considerations to decide on the means of altering a practitioner's relationship with the IPA if that practitioner does not meet the IPA's quality standards.

Element A: Actions Against Practitioners	0	1	2	N/A
The IPA has written policies and procedures for: Policies and procedures state how the IPA reviews participation of practitioners whose conduct could adversely affect member's health or welfare. Must at a minimum, meet the requirements of the Health Care Quality Improvement Act of 1986.				
1. The range of actions available to the IPA Should also specify the range of actions that may be taken to improve practitioner performance before termination.				
2. Procedures for reporting to authorities In cases where the IPA decides to suspend or terminate a physician's contract, there must be procedures for notifying the appropriate authorities of the action.				
3. A well-defined appeal process Must give the practitioner the right to appeal and must define the steps of the appeal process				
4. Making the appeal process known to practitioners Must also include a process for notifying an affected practitioner of any action and reasons to suspend or terminate his or her participation status.				
COMMENTS:				

Element B: Reporting to Appropriate Authorities	0	1	2	N/A
There is documentation that the IPA reports practitioner suspension or termination to the appropriate authorities.				
COMMENTS:				

Element C: Practitioner Appeal Process	0	1	2	N/A
1. Appeal process/actions to be taken: The IPA has an appeal process for instances in which it chooses to alter the conditions of a practitioner's participation based on issues of quality of care and/or service. The IPA informs practitioners of the appeal process.				
a. Written notification that a professional review action has brought against the practitioner, reasons for the action and a summary of appeal rights and process				
b. Allow practitioners to request a hearing and a specific time period for submitting request				
c. Allow at least 30 days after notification for practitioner to request hearing				
d. Allow practitioner to be represented by an attorney or another person of the practitioner's choice				
e. Appoint hearing officer or panel of individuals appointed by organization to review appeal				
f. Provide written notification of appeal decision that contains specific reasons for decision				
2. Evidence that the practitioner has been notified of his right to appeal				
3. Review documentation of the appeal process				
COMMENTS: 				

CR 11: Assessment of Organizational Providers
<p>The IPA has written policies and procedures for the initial and ongoing assessment of providers with which it intends to contract. The IPA evaluates the quality of providers with which it contracts.</p> <p>The IPA has written policies and procedures for the initial and ongoing assessment of organizational providers with which it contracts. Providers include laboratories, home health agencies, outpatient rehabilitations and free-standing surgical centers. Also included are behavioral health facilities providing mental health or substance abuse services to inpatient, residential or ambulatory settings.</p> <p>SCORING: 0-2 based on random pull of files; a minimum of two files in each category, Element B 1-4; one accredited, if applicable. Documents must be available at the time of the audit.</p>

Element A: Review and Approval of Provider	0	1	2	N/A
<p>The IPA's policy for assessing health care delivery providers specifies that it: NCQA does not prescribe a time frame for gathering data for the assessment of IPA providers. NCQA does not require the IPA providers to provide documentation that the IPA provider has appropriately credentialed its individual practitioners.</p>				
1. Confirms that the provider is in good standing with state and federal regulatory bodies Before contracting with a provider, the IPA must verify: <ul style="list-style-type: none"> • That the providers specified in the requirement met all state and federal licensing and regulatory requirements • Whether a recognized accrediting body has approved the provider 				

Element A: Review and Approval of Provider	0	1	2	N/A
<p>2. Confirms that the provider has been reviewed and approved by an accrediting body The policy must state which bodies it accepts. Verification from primary sources for either licensure or accreditation is not required, but can obtain licensure information directly from the provider. IPAs that contract only with accredited facilities must have a written policy stating that they do not contract with non-accredited facilities.</p>				
<p>3. Conducts an onsite quality assessment, if there is no accreditation status If a provider has not been accredited, the IPA must conduct an onsite quality assessment. Must develop a selection process and assessment criteria for each type of non-accredited provider with which it contracts. Must ensure that the provider credentials its practitioners. Accreditation does not necessarily preclude an on-site quality assessment. The IPA can use both in the decision-making process. CMS, state review or certification do not service as accreditation of an institution. However, in the case of non-accredited institutions, the IPA may substitute a CMS or state review in lieu of the required site visit. In this case, the IPA must verify that the review has been done and meets IPA standards. Must obtain the report from the institution.</p>				
<p>4. Confirms that the provider continues to be in good standing with state and federal regulatory bodies and, if applicable, is reviewed and approved by an accrediting body at least every 3 years. After the initial assessment, the IPA must confirm, at least every 3 years, that the provider continues to be in good standing with state and federal regulatory bodies and, if applicable, is reviewed and approved by an accrediting body.</p>				
COMMENTS:				

Element B: Medical Providers	0	1	2	N/A
<p>The IPA includes at least the following medical providers: The IPA must assess laboratories, home health agencies, out-patient rehabilitation and free standing surgical centers with which it contracts, regardless of the number of members treated at the facilities.</p>				
1. Laboratories				
2. Home health agencies				
3. Rehabilitation Facilities (PT, OT and SLT)				
<p>4. Free standing surgical centers Includes stand-alone abortion clinics and multi-specialty outpatient surgical centers.</p>				
COMMENTS:				

Element C: Mental Health and Substance Abuse Services				
The IPA includes behavioral health facilities providing mental health or substance abuse services in the following settings: inpatient, residential and ambulatory.				
COMMENTS:				

Element D: Assessing Medical Care Providers	0	1	2	N/A
The IPA has documentation of assessment of contracted medical health care delivery providers. Review of the tracking mechanism that the IPA uses to ensure that it has met these requirements. Must maintain a checklist, spreadsheet or other records of assessing providers.				
COMMENTS:				

Element E: Assessing Behavioral Health Care Providers				
The IPA has documentation of assessment of contracted behavioral health care delivery.				
COMMENTS:				

CR 12: Delegation of Credentialing and Recredentialing
 If the IPA delegates any credentialing and recredentialing activities, there is evidence of oversight of the delegated activity. The IPA is accountable for credentialing and recredentialing its practitioners, even if it delegates all or part of these activities. The IPA can utilize an NCQA accredited CVO only.

Element A: Written Delegation Agreement	0	1	2	N/A
The written delegation document: There must be a written description of all delegated credentialing for all delegated medical groups and behavioral health practitioners.				
1. Is mutually agreed upon There must be evidence that the document has been agreed to by the IPA and the delegate, usually a signature and a date on an agreement, letter, meeting minutes or other form of communication. A generic policy statement about the content of delegate arrangements does not meet this standard.				
2. A valid DEA or CDS certificate, as applicable The mutually agreed upon document must include responsibilities of the IPA and its delegate in terms specific to their relationship. Allocated responsibilities between the two parties include: <ul style="list-style-type: none"> • Collection of data • Exchange of information • Form and content of meetings • Initiation of improvements 				

Element A: Written Delegation Agreement	0	1	2	N/A
<p>3. Describes the delegated activities At a minimum, must state which entity is responsible for:</p> <ul style="list-style-type: none"> • Accepting application along with reapplication and attestation • Collecting all data elements form NCOA-approved sources • Conducting site visits and medical record-keeping review • Making decisions on initial credentialing • Collecting and evaluating performance information for recredentialing • Making decisions on recredentialing <p>To ensure that a consistent and equitable process is used through its network, the IPA's credentialing and recredentialing policies require a delegated entity to adhere to at least the same criteria as the IPA.</p>				
<p>4. Requires at least semi-annual reporting to the IPA Must specify the content and frequency of reporting to the IPA. Reporting must occur at least twice a year. At a minimum, the delegate must report on its progress in conducting credentialing and recredentialing activities and on activities carried out to improve performance.</p>				
<p>5. Describes the process by which the IPA evaluates the delegated entity's performance. Must clearly state the process for evaluating delegate performance.</p>				
<p>6. Describes the remedies, including revocation of the delegation, available to the IPA if the delegated entity does not fulfill its obligations. There must be an explicit statement of consequences if a delegate fails to meet the terms of the agreement, such as corrective action plans, additional audits by the IPA, to revocation of the agreement. At a minimum, there must be language about the circumstances that would cause the revocation of the delegation agreement.</p>				
COMMENTS:				

Element B: Provisions for Protected Health Information	0	1	2	N/A
<p>If the delegation arrangement includes the use of protected health information by the delegate, the delegation document also includes the following provisions: When delegates have access to the IPA's protected health information (PHI) on members or practitioners, or create such information in the course of their work, the mutually agreed upon document must ensure that the information will remain protected. HIPAA regulations define a covered entity as a health plan, health care clearinghouse or health care provider that transmits any health information by electronic means in connection with an electronic health care transaction. If the delegation agreement does not include the use of PHI in any form, an affirmative statement to that fact in the delegation agreement is sufficient, but is not required.</p>				
1. A list of the allowed uses of protected health information				
2. A description of delegate safeguards to protect the information from inappropriate use or further disclosure				
3. A stipulation that the delegate will ensure that sub-delegates have similar safeguards				
4. A stipulation that the delegate will provide individuals with access to their protected health information				
5. A stipulation that the delegate will inform the IPA if inappropriate uses of the information occur				

Element B: Provisions for Protected Health Information	0	1	2	N/A
6. A stipulation that the delegate will ensure protected health information is returned, destroyed or protected if the delegation agreement ends				
COMMENTS:				

Element C: Right to Approve and to Terminate	0	1	2	N/A
The IPA retains the right, based on quality issues, to approve, suspend and terminate individual practitioners, providers and sites in situations where it has delegated decision-making. This right is reflected in the delegation documents.				
The IPA must document that it has retained the right to approve and terminate individual practitioners, providers and sites in situations where it has delegated decision-making.				
COMMENTS:				

Element D: Pre-Delegation Evaluation	0	1	2	N/A
For delegation agreements that have been in effect for less than 12 months, the IPA evaluated delegate capacity before delegation began.				
For delegated arrangements that have been in effect for less than 12 months, the IPA must have documentation, dated before delegation began, showing that it evaluated the entity <u>before</u> implementing the delegation.				
The IPA must have a systematic method for conducting this evaluation, especially if more than one delegation agreement is in effect. Usually, the evaluation involves a site visit (or exchange of documents or meetings) and a written review of the delegate's understanding of the standards and the delegated tasks, staffing capabilities and performance record.				
The IPA must evaluate the delegate for compatibility of its credentialing system and schedule with the IPA's system.				
If a potential delegate is NCQA-certified or NCQA-accredited, there is no need to assess its ability to meet NCQA standards.				
COMMENTS:				

Element E: Annual File Audit	0	1	2	N/A
For delegation arrangements in effect for 12 months or longer, the IPA has audited files against NCQA standards for each year that the delegation has been in effect.				
If a delegate is not NCQA-certified or NCQA-accredited, the annual evaluation must be based on the contents of the mutually agreed upon delegation document and the appropriate NCQA standards.				
Audit to include either 5% or 50 of its practitioner files, whichever is less, to ensure that information is appropriately verified. At a minimum, 10 credentialing and 10 recredentialing files.				
There must be yearly documentation of substantive evaluation and action plans needed.				

Element E: Annual File Audit	0	1	2	N/A
For NCQA accredited and NCQA certified entities, the audit is not required of the elements for which they are accredited or certified.				
COMMENTS:				

Element F: Annual Evaluation	0	1	2	N/A
<p>For delegation arrangements that have been in effect for more than 12 months, the IPA has performed an annual substantive evaluation of delegated activities against delegated NCQA standards and IPA expectations.</p> <p>There must be evidence that the IPA has conducted annual evaluations of all delegates and any corrective action plans as applicable.</p> <p>If a delegate is not NCQA-certified or NCQA-accredited, the annual evaluation must be based on the contents of the mutually agreed upon delegation document and the appropriate NCQA standards.</p> <p>If a delegate has received certification from NCQA under the CVO Certification Program, the IPA does not need to conduct an audit of the delegate's operating procedures or review verified data for any credentialing elements for which it has achieved certification. The IPA must conduct oversight for delegated functions not included in the scope of the delegate's certification.</p> <p>This element does not apply to arrangements in effect for less than 12 months.</p>				
COMMENTS:				

Element G: Reporting	0	1	2	N/A
<p>For delegation arrangements in effect for 12 months or longer, the IPA evaluated regular reports, as specified in Element A.</p> <p>Review of the IPA's evaluation of regular reports is used for this element. Each report must show evidence of substantive evaluation, through review and analysis of the reports, by the IPA each time. Evaluation should occur on the same basis as reporting semi-annually.</p> <p>This element does not apply to delegation arrangements in effect for less than 12 months.</p> <p>For NCQA-accredited or certified delegates the only required reporting are the names and/or files of the practitioners processed by the delegate.</p>				
COMMENTS:				

Element H: Opportunities for Improvement	0	1	2	N/A
<p>For delegation arrangements that have been in effect for more than 12 months, at least once in each of the past 2 years that delegation has been in effect, the IPA has identified and followed up on opportunities for improvement, if applicable.</p> <p>If the delegation has been in effect for 12 months or more, the IPA must have acted on identified opportunities, if any, at least once in each of the past 2 years that delegation has been in effect.</p> <p>This element does not apply to delegation arrangements in effect for less than 12 months or for cases where no problems were identified.</p>				
<p>COMMENTS:</p>				