



**Inland Empire Health Plan
Delegation Oversight Audit Tool 2022
Audit Preparation Instructions
Medi-Cal (NCQA Certified Organizations)**

Listed below are the items required for your Delegation Oversight Audit (DOA). We have identified when they should be available, by Department.

All Desktop documents are due by the date specified in the Delegation Oversight Audit Notice.

DESKTOP	VIRTUAL	DELEGATION OVERSIGHT
✓		Biographical Information
✓		Sub-Contracted Service by Facility/Agency
✓		All sections of the DOA tool documented with road mapping instructions for each element (see sample roadmap)
✓		Organizational chart(s) to include; CM, UM, Compliance and Credentialing
✓		Current job descriptions as relevant to the audit
✓		Delegation Agreements with any sub-delegated provider
✓		Ownership and Control Documentation (submitted annually)

DESKTOP	VIRTUAL	QUALITY MANAGEMENT
✓		Program, Plan and Description (no submission required; report was submitted February 2022)
✓		Quality Improvement (QI) Committee meeting minutes from the auditing period that identify the following occurred during the meeting
✓		- Recommendation of policy
✓		- Review and evaluation of QI activities
✓		Practitioner participation in the QI program through planning, design, implementation or review
✓		Identification and follow up of needed actions
✓		Annual Work Plan
✓		Annual Program Evaluation
✓		Notification of Termination policy and evidence that Members were notified of practitioner termination
✓		Supportive documentation or materials such as studies, audits and surveys completed during the reporting period
✓		Semi-Annual Reports for Health Plan for the last twelve (12) months;
✓		Standards of Medical Care Access Policy and Procedure
✓		



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DESKTOP	VIRTUAL	QUALITY MANAGEMENT
		Evidence of meeting Continued Access to Care requirements, as outlined in the Delegation Agreement.

DESKTOP	VIRTUAL	MEMBER EXPERIENCE (ME)
		Evidence of meeting ME requirements, as outlined in the Delegation Agreement.

DESKTOP	VIRTUAL	NETWORK MANAGEMENT (NET)
✓		Assessment of Physician Directory Accuracy Report 2022 (Kaiser & ASH)
		Evidence of meeting NET requirements, as outlined in the Delegation Agreement.

DESKTOP	VIRTUAL	POPULATION HEALTH MANAGEMENT (PHM)
		Evidence of meeting PHM requirements, as outlined in the Delegation Agreement.

DESKTOP	VIRTUAL	UTILIZATION MANAGEMENT
✓		Program, Plan and Description
✓		Annual Work Plan
✓		Annual Program Evaluation
✓		Policies and Procedures
✓		Committee meeting minutes from last twelve (12) months for:
✓		- Board of Directors
✓		- Utilization Management Committee
✓		Subcommittee Meeting Minutes
✓		Annual Inter-rater Reliability (IRR) Audit
✓		Semi-Annual Health Plan Reports for the last twelve (12) months;
✓		Two (2) examples that demonstrate the use of Board-Certified consultants to assist with determinations
✓		Criteria for Length of Stay and Medical Necessity used during the past two (2) years



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DESKTOP	VIRTUAL	UTILIZATION MANAGEMENT
✓		(Fifteen (15) referral files to include Denials, Modifications, Cancellations and Approvals; (conducted via live Webinar)
✓		Submission of request for UM Criteria Log
✓		Referral Universe
✓		Utilization Management statistics from the last twelve (12) months;
✓		Evidence that the Affirmative Statement has been distributed to providers and employees who make UM decisions;
✓		Evidence, other than via a denial letter, that the providers have been notified that they may contact a physician reviewer to discuss denial decisions;
✓		Provider communications from last twelve (12) months
✓		Evidence of current license for Providers (Doctor of Medicine (MD)/ Doctor of Osteopathic Medicine (DO) and Employees (RN, LVN) who make UM Decisions
✓		Copies of most recent referral inventory reporting used to manage turnaround time requirements for processing of IEHP referrals.
✓		Copies of most recent mailroom policies
		Evidence of meeting Denial System Controls requirements, as outlined in the Delegation Agreement.

DESKTOP	VIRTUAL	CARE MANAGEMENT
✓		Program Plan and Description and CM applicable policies and procedures (Desk Review)*
	✓	Ten (10) SPD CM and/or Care Coordination files;
	✓	Five (5) sample cases of Carve Out/ Waiver Programs
	✓	Five (5) sample cases of California Children’s Services (CCS) identified from previously submitted logs:
	✓	Five (5) sample cases with documentation of coordination of care with county mental health clinics for Members receiving specialty mental health services



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DESKTOP AUDIT ¹	VIRTUAL AUDIT ²	CREDENTIALING
✓		Credentialing Policies and Procedures
		Evidence of meeting Credentialing requirements, as outlined in the Delegation Agreement.
✓		Committee Meeting Minutes (i.e. Credentialing Committee, Quality Management Committee, Peer Review Committee), which include the following: <ul style="list-style-type: none"> • Committee Date • Committee discussions for Practitioners who do not meet the organizations criteria • Attendees of voting members and their specialties to show range of practitioners
✓		Credentialing Pull list of all practitioners credentialed and recredentialed within the designated look-back period. Applicable to: <ul style="list-style-type: none"> • Kaiser • American Specialty Health Plan (ASH) • MDLIVE
✓		Evidence of NCQA Certification/Accreditation for Credentialing. <ul style="list-style-type: none"> • Organizations certified/accredited by NCQA will receive auto-credit for the elements they are certified/accredited.
✓		Committee Structure. If an MSO is contracted with multiple organizations, has one set of policies and all of the organizations use the same Credentials Committee, then only one (1) file sample across all contracts organization will be used and apply the same score for CR 3 and CR 4 elements.

¹ Desktop Audit – Audit documents are submitted at least two (2) weeks prior to the scheduled audit date for review.

² Virtual Audit –For all documents not submitted at least (2) weeks prior to the scheduled audit data, the Delegate will be responsible for attending and be ready to present documentation via the virtual audit (i.e. Webex, Microsoft Teams, or Zoom), on the scheduled audit day. Audit findings and results are reviewed with the delegate on the day of the scheduled Virtual Audit.



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	✓	<p>Credentialing Files in the order they are listed: Forty (40) files selected for Delegate must include evidence of:</p> <ul style="list-style-type: none"> • Current and valid license to practice • DEA/CDS or appropriate arrangements • Education and Training • Board Certification status • Work History • Malpractice Claims History • State Sanctions, restrictions on licensure and limitations on scope of practice • Medicare and Medicaid Sanctions • Application and Attestation with questions specific to: <ul style="list-style-type: none"> ○ Reasons for inability to perform the essential functions of the position. ○ Lack of present illegal drug use. ○ History of loss of license and felony convictions ○ History of loss or limitation of privileges or disciplinary actions. ○ Current malpractice insurance coverage ○ Current and signed attestation confirming the correctness and completeness of the application. • Malpractice Insurance <p>Elements above are eligible for Auto-credit via NCQA Accreditation/Certification</p>
	✓	<p>Recredentialing Files in the order they are listed: Forty (40) files selected for Delegate must include evidence of:</p> <ul style="list-style-type: none"> • Current and valid license to practice • DEA/CDS or appropriate arrangements • Board Certification status • Malpractice Claims History • State Sanctions, restrictions on licensure and limitations on scope of practice • Medicare and Medicaid Sanctions



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		<ul style="list-style-type: none"> • Application and Attestation with questions specific to: <ul style="list-style-type: none"> ○ Reasons for Inability to Perform ○ Lack of present illegal drug use ○ History of loss of license or felony convictions ○ Current Malpractice Insurance coverage ○ Current and signed attestation confirming the correctness and completeness of the application. • Malpractice Insurance • Recredentialing Cycle Length <p>Elements above are eligible for Auto-credit via NCQA Accreditation/Certification</p>
	✓	<p>Credentialing and Recredentialing Files must also show evidence of:</p> <ul style="list-style-type: none"> • Hospital Affiliations or Admitting privileges at a participating hospital • Review of Performance Monitoring (Recredentialing files only) • Review of OIG Exclusions • Review of Medi-Cal Suspended & Ineligible List <p>These elements are not subject for Auto-credit via NCQA Accreditation</p>
✓		<p>Evidence of Ongoing Monitoring of Medicaid Sanctions review:</p> <ul style="list-style-type: none"> • Medi-Cal Suspended & Ineligible List • OIG Exclusions List <p>These elements are not subject for Auto-credit via NCQA Accreditation</p>
✓		<p>Evidence of Ongoing Monitoring of Medicare Sanctions review:</p> <ul style="list-style-type: none"> • OIG Exclusions List
✓		<p>Evidence of Ongoing Monitoring of sanctions and limitations on licensure review</p>



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✓		Practitioner file(s) for those who were suspended and/or terminated due to quality of care
✓		Practitioner files that have an appealed a decision
✓		Healthcare Delivery Organizational Provider Assessments via Spreadsheet/Log or Provider file, to include the following provider types: <ul style="list-style-type: none"> • Hospitals • Home Health Agencies • Skilled Nursing Facilities • Free-standing Surgical Centers • Clinical Laboratories Not Applicable to: <ul style="list-style-type: none"> • MDLive • American Specialty Health Plan (ASH)
✓		Delegation Agreement(s) for all sub-delegate arrangements, to include but not limited to: <ul style="list-style-type: none"> • MSO • CVO • PO • BH
✓		Human Immunodeficiency Virus (HIV/AIDS) Annual Identification Process Not Applicable to: <ul style="list-style-type: none"> • MDLive • American Specialty Health Plan (ASH)

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IEHP monitors IPA performance as it relates to their implementation of Compliance activities through the Compliance Program Effectiveness Delegation Oversight Audits. For 2022, IEHP will conduct verification audits of repeat findings resulting from the 2021 Delegation Oversight Compliance & FWA Audits.

Listed below are the items that may be required for the 2022 Delegation Oversight Compliance & FWA Validation Audit. IPAs will receive specific instructions included in IEHP’s audit notice.



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The IPA will be responsible for clearly displaying all policies and documented evidence during the Validation Audit webinar and for ensuring appropriate personnel are present and available during the Validation Audit Webinar

DESKTOP	VIRTUAL	COMPLIANCE AND FRAUD, WASTE AND ABUSE PROGRAM
✓		<p>Employee and Governing Body Universe A list of all current employees, temporary employees, volunteers/interns, and Governing Body Members who have a role or performed job duties related to IEHP’s lines of business. This includes anyone with administrative responsibilities in managing the IPA in any capacity, including but not limited to, UM, claims, Case Management, compliance staff, Medical Directors, and anyone with clinical decision-making authority. The list must be submitted in Microsoft Excel format, and include columns for the following:</p> <ol style="list-style-type: none"> 1. Individual Last Name 2. Individual First Name 3. Employee Identification Number 4. Name of Department Individual is assigned to 5. Individual’s Position Title 6. Date of Hire or Start 7. Date Access to PHI and/or PII was Obtained 8. Name of Entity the Individual is Employed, Contracted, or a Governing Body Member of <p>The Employee and Governing Body Universe is due two (2) weeks prior to the scheduled Validation Audit Webinar. Refer to <i>Employee and Governing Body Universe Template</i>.</p>
✓		<p>Audit and Monitoring Universe A list of all audits and monitoring activities the IPA conducted (activities performed by the IPA) of its delegated functions, including those started or completed during the audit period or a copy of the IPA’s Audit and Monitoring Plan(s) for the audit period. This includes all auditing and monitoring activities of operational areas which support and administer the health plan function the IPA is delegated to perform. The list must be submitted in the Microsoft Excel format, and include columns for the following:</p> <ol style="list-style-type: none"> 1. Activity Name 2. Description of Activity 3. Activity Type 4. Department/Area being Reviewed



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		<ol style="list-style-type: none"> 5. Activity Start Date 6. Activity Completion Date 7. Identified Deficiencies 8. Corrective Actions <p>The Auditing and Monitoring Universe is due within two (2) weeks prior to the scheduled Validation Audit Webinar. Refer to the <i>Audit & Monitoring Universe Template</i>.</p>
✓		<p>Downstream Entity/Subcontractor Universe A list of all Downstream Entities/Subcontractors (individuals and entities) contracted with the IPA and/or MSO during the audit period, contracted to provide health and/or administrative services to IEHP or our Members as part of the services the IPA performs on IEHP’s behalf. The list must be submitted in the Microsoft Excel format, and include columns for the following:</p> <ol style="list-style-type: none"> 1. Downstream Entity/Subcontractor Name 2. Description of Services Provided 3. Department Area/Responsible to Oversee Downstream Entity/Subcontractor 4. Contract Start 5. Contract End Dates (if applicable) 6. List and Description of all Oversight Activities <p>The Downstream Entity/Subcontractor Universe is due within two (2) weeks prior to the scheduled Validation Audit Webinar. Refer to the <i>Downstream Entity/Subcontractors Universe</i>.</p>
	✓	<p>Compliance Policies and Procedures IPA to present the Compliance policies and procedures that were updated according to the IPA’s corrective action plan developed in response to the 2021 Delegation Oversight Audit.</p>
	✓	<p>Fraud, Waste, and Abuse (FWA) Policies and Procedures IPA to present the FWA policies and procedures that were updated according to the IPA’s corrective action plan developed in response to the 2021 Delegation Oversight Audit.</p>
	✓	<p>Standards/Code of Conduct IPA to present the Code of Conduct that was updated according to the IPA’s corrective action plan developed in response to the 2021 Delegation Oversight Audit.</p>



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	✓	<p>Compliance Training Materials IPA to present the Compliance Training materials that were updated according to the IPA’s corrective action plan developed in response to the 2021 Delegation Oversight Audit.</p>
	✓	<p>Fraud, Waste, and Abuse Training Materials IPA to present the FWA Training materials that were updated according to the IPA’s corrective action plan developed in response to the 2021 Delegation Oversight Audit.</p>
	✓	<p>Compliance Committee Meeting minutes IPA to present the committee minutes needed according to the IPA’s corrective action plan developed in response to the 2021 Delegation Oversight Audit.</p>
	✓	<p>Evidence of Regulatory Exclusion Checks A sample of ten (10) individuals will be selected from the Employee and Governing Body Universe. Sample selections will be provided to the IPA no less than two (2) business days prior to the scheduled Validation Audit Webinar.</p> <p>IPA will be responsible to present the following evidence for the individual sample selections:</p> <ol style="list-style-type: none"> 1. Pre-hire (as applicable to the individual) exclusion check of the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), General Services Administration (GSA) System for Award Management (SAM), and the Medi-Cal Suspended & Ineligible Provider List (S&I). 2. Monthly exclusion checks conducted of the OIG LEIE, GSA SAM, and Medi-Cal S&I. Sample month selections will be communicated to the IPA no less than two (2) business days prior to the scheduled Validation Audit Webinar.
	✓	<p>Evidence of Completion of Compliance Program, FWA Training, and Distribution of Standards of Conduct A sample of ten (10) individuals will be selected from the Employee and Governing Body Universe.</p> <p>IPA will be responsible to present the following evidence for the individual sample selections:</p> <ol style="list-style-type: none"> 1. Evidence Compliance Program Training was completed within ninety (90) days of hire/start; 2. Evidence FWA Training was completed within ninety (90) days of hire/start;



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		<ol style="list-style-type: none"> 3. Evidence the IPA’s Standards/Code of Conduct was distributed to the individual within ninety (90) days of hire/start; 4. Evidence Compliance Program Training was completed annually during the audit period; 5. Evidence FWA Training was completed annually during the audit period; 6. Evidence the IPA’s Standards/Code of Conduct was distributed annually within the audit period.
	✓	<p>Audit and Monitoring Activities A sample of five (5) audit and/or monitoring activities will be selected from the IPA’s Audit and Monitoring Universe, or from the IPA’s Audit and/or Monitoring Plans submitted in lieu of the Universe.</p> <p>IPA will be responsible to present the following evidence of oversight activities for the sample selection:</p> <ol style="list-style-type: none"> 1. Results of the activities/ Findings Reports; 2. Evidence outcomes were reported to an oversight body, senior leadership, and/or the IPA’s Governing Body, and corrective actions were developed and implemented, as applicable.
	✓	<p>Audit and Monitoring of Downstream Entities/Subcontractors A sample of three (3) Downstream Entities/Subcontractors will be selected from the Downstream Entity/Subcontractor Universe.</p> <p>IPA will be responsible to present evidence of the following:</p> <ol style="list-style-type: none"> 1. Documentation audit and/or monitoring oversight activities occurred; 2. Evidence oversight activity outcomes were reported to an oversight body, senior leadership, and/or the IPA’s Governing Body, and corrective actions, as applicable.

IEHP monitors IPA performance as it relates to their implementation of HIPAA Privacy & Security requirements through the HIPAA Privacy Delegation Oversight Audits. For 2022, IEHP will conduct verification audits of repeat findings from the 2021 Delegation Oversight HIPAA Privacy Audits. Listed below are the items that may be required for the 2022 Delegation Oversight HIPAA Privacy Validation Audit. IPAs will receive specific instructions included in IEHP’s audit notice. The IPA will be responsible for clearly displaying all policies and documented evidence during the Validation Audit Webinar and for ensuring appropriate personnel are present and available during the Validation Audit Webinar.



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DESKTOP	VIRTUAL	HIPAA PRIVACY PROGRAM
✓		<p>Employee and Governing Body Universe A list of all current employees, temporary employees, volunteers/interns, and Governing Body Members who have a role or performed job duties related to IEHP’s lines of business. This includes anyone with administrative responsibilities in managing the IPA in any capacity, including but not limited to, UM, claims, Case Management, compliance staff, Medical Directors, and anyone with clinical decision-making authority. The list must be submitted in Microsoft Excel format, and include columns for the following:</p> <ol style="list-style-type: none"> 9. Individual Last Name 10. Individual First Name 11. Employee Identification Number 12. Name of Department Individual is assigned to 13. Individual’s Position Title 14. Date of Hire or Start 15. Date Access to PHI and/or PII was Obtained 16. Name of Entity the Individual is Employed, Contracted, or a Governing Body Member of <p>The Employee and Governing Body Universe is due two (2) weeks prior to the scheduled Validation Audit Webinar. Refer to <i>Employee and Governing Body Universe Template</i>.</p> <p><i>NOTE:</i> <i>If this universe was submitted in response to the Compliance & FWA Audit, an additional submission is not needed.</i></p>
✓		<p>Privacy Incident Universe A list of suspected privacy incidents impacting IEHP lines of business, including reports such as but not limited to, hotline reports, walk-ins, online reports, incidents reported to regulators, and/or investigation outcomes. Include incidents that were received and/or closed during the audit period. The list must be submitted in Microsoft Excel format, and include columns for the following:</p> <ol style="list-style-type: none"> 1. Brief Description of the Suspected Incident/Breach 2. Date Incident was Reported/Received by the IPA 3. Incident Confirmed as a Breach? (Yes/No) 4. Date Report/Incident was Resolved



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		The Privacy Incidents Universe is due within two (2) weeks prior to the scheduled Validation Audit Webinar. Refer to the <i>Privacy Incidents Universe Template</i> .
	✓	HIPAA Privacy Policies and Procedures IPA to present the HIPAA Privacy policies and procedures that were updated according to the IPA’s corrective action plan developed in response to the 2021 Delegation Oversight Audit.
	✓	HIPPA Privacy Training Materials IPA to present the HIPAA Privacy Training materials that were updated according to the IPA’s corrective action plan developed in response to the 2021 Delegation Oversight Audit.
	✓	Evidence of Completion of HIPAA Privacy Training and Confidentiality Statement A sample of ten (10) individuals will be selected from the Employee and Governing Body Universe. IPA will be responsible to present the following evidence for the individual sample selections: <ol style="list-style-type: none"> 1. Evidence HIPAA Privacy Training was completed prior to obtaining access to PHI and/or PII; 2. Evidence the Confidentiality Statement was completed prior to obtaining access to PHI and/or PII; 3. Evidence HIPAA Privacy Training was completed annually during the audit period; 4. Evidence the Confidentiality Statement was completed annually within the audit period.
	✓	Evidence of Privacy Incidents A sample of five (5) privacy incidents will be selected from the Privacy Incident Universe. IPA will be responsible to present the following evidence for the sample selection: <ol style="list-style-type: none"> 3. Date incident was reported to the Privacy/Compliance Officer; 4. Completion of a Breach Risk Assessment for issue/investigation; 5. Notification sent to IEHP of discovery of a suspected breach; and 6. Corrective actions taken, if applicable.



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DESKTOP	VIRTUAL	IT SECURITY
✓		The name of the medical management system(s) used for the utilization management, care management, and claims functions.

DESKTOP	VIRTUAL	APPEALS (KAISER ONLY)
✓		Policy Review
✓		File Review Fifteen (15) Files; (conducted via live Webinar)

DESKTOP	VIRTUAL	PROVIDER DIRECTORY
✓		Report during the lookback period of the annual audit of identified/reported inaccuracies and the timeframe of the correction. (Applies to Kaiser Permanente, , and American Specialty Health (ASH))