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Owner:	<i>Ricarda Pope-King: Provider Network Administrator</i>
Policy Area:	<i>Credentialing</i>
References:	<i>NCQA CR 1</i>

Credentialing Procedures Delegated to All Accredited Providers

PROCEDURE PURPOSE

To provide guidelines for Accredited Providers who are delegated the ability to credential and re-credential their licensed practitioners in accordance with the DWIHN Credentialing/Recredentialing Policy.

EXPECTED OUTCOME

The Provider's Credentialing/Recredentialing files meet the standards set forth in the DWIHN Credentialing/Re-credentialing Policy and Procedures at 95%.

PROCEDURE

1. Delegation

- a. DWIHN hereby delegates the authority and responsibility for credentialing and re-credentialing of service provider practitioners to Delegatee for the term of the current Service Provider Agreement.
- b. DWIHN retains absolute authority and accountability for exercising decisions on the qualifications of Delegatee practitioners as it relates to DWIHN's acceptability of participation for providing services to DWIHN members.
- c. DWIHN retains all other credentialing functions not specified in this agreement as the delegate's responsibility.
- d. DWIHN reserves the right to terminate the delegation agreement upon written notice in its sole discretion.

2. Delegatee Obligations

- a. Delegatee shall perform credentials verification services and other related services as specified in the Delegatee's Credentialing/Re-Credentialing Policy which is based on DWIHN's policy. Such services include, but are not limited to, gathering practitioner credentialing application and documents, completing primary source verification, credentialing committee approval/denial of requested credentials and presentation of reports to DWIHN.
- b. Delegatee agrees to assume responsibility for ensuring that their credentialing and re-credentialing practices are performed in accordance with DWIHN's Credentialing/Recredentialing policies, procedures, standards in Provider Manual, monitoring, reporting and requests for corrective action,

- as amended from time to time.
- c. Delegatee shall ensure that all subcontractors meet the applicable credentialing requirements and provide related reports as requested by DWIHN.
 - d. Delegatee shall comply with all applicable state and federal laws and regulations. Delegatee shall maintain any and all licenses, certificates, registration or permits required to perform credentialing and re-credentialing services.
 - e. Periodically, but at least semi-annually, Delegatee shall provide DWIHN Credentialing Department with a list of credentialed and re-credentialed practitioners , including, but not limited to:
 1. List of practitioners credentialed or re-credentialed with name, title, specialty, license type, licensure status, initial/re-credentialing status, and other additional information as may be required, per DWIHN Delegated Credentialing Policy, which is incorporated herein by reference.
 2. Copy of Credentialing Committee Meeting Minutes.
 3. Other reporting documents as requested.
 - f. Delegatee will analyze information submitted with the initial credentialing or re-credentialing application as well as information obtained during the verification and monitoring processes. To the extent neither prohibited by law nor violative of applicable privilege Delegatee shall provide notice to DWIHN of, and shall provide all information requested by DWIHN regarding, the nature, circumstances, and disposition of any actions, sanctions, or investigations which in any manner implicate its credentials, or its employees or subcontractors' credentials. Such notices shall be provided to DWIHN within five (5) business days of the date that Delegatee acquires knowledge of the occurrence of an event requiring notice.
 - g. Delegatee shall initially credential, and up to two years thereafter, re-credential all service provider's practitioners, in accordance with credentialing and re-credentialing policies and procedures approved by DWIHN and which meet accreditation standards and requirements including, but not limited to NCQA standards.
 - h. Annually, Delegatee shall provide a copy of its credentialing and re-credentialing policies and procedures to DWIHN for consideration. Notwithstanding the foregoing, any revisions to the NCQA standards shall be deemed to be a mandated amendment to this Agreement.
 - i. Delegatee is responsible for the following activities:
 1. Decision making regarding credentialing and re-credentialing of practitioners (see the practitioners requiring credentialing per the DWIHN Credentialing/Rec credentialing Policy.
 2. Credentialing licensed practitioners prior to the practitioner providing a service. Practitioners that are not credentialed can not provide services to DWIHN beneficiaries.
 3. Receive and process the DWIHN-approved Credentialing Applications from their practitioners.
 4. Ensure that all documentation in a practitioner's credentialing file is current.
 5. **Review for sanctions and limitations on licensure** at the exclusion databases as delineated in the DWIHN Credentialing/Rec credentialing Policy to include but not limited to checking the exclusion databases - Office of Inspector General and System for Award Management, National Practitioners Database, if applicable.
 6. Conduct primary source verification of education – National Student Clearinghouse or letter and transcript from the school attended it must have a raised seal and include the envelop in the file.

7. Present clean files to the Providers Credentialing Committee.
 8. Delegatee's Medical Director or their physician designee must approve all files and all decisions of the Credentialing Committee.
 9. Minutes of the Provider's Credentialing Committee must be maintained.
 10. If there are unclean files/or any adverse decisions the Delegatee will follow their policy which complies with the DWIHN Standards. Whenever an adverse credentialing decision is rendered the practitioner must receive written notice and be informed of the appeal process.
 11. Conduct Credentialing Committee Meetings following the standards in the DWIHN Credentialing/Recredentialing Policy and of the Delegatee's accreditation body's standards.
 12. Organize and Maintain credentialing files following the DWIHN Procedure. Credentialing files must be kept in a secure area to protect practitioner information.
 13. At least bi-annually the providers will submit a report to the DWIHN Credentialing Unit. See Section 2 E above.
 14. As a part of a Quality Improvement Plan, Delegatee will monitor the timeliness and effectiveness of the credentialing functions.
3. Revocation of Delegated Responsibilities. Consistent with 42 CFR 438.230, to the extent that DWIHN has delegated any of its decision-making responsibilities to Delegatee pursuant to this Agreement, DWIHN may revoke any delegation made hereunder, and/or impose other sanctions, as described in sections 3 and 15 of the Agreement. DWIHN retains the sole right to approve, suspend, and terminate individual practitioners, providers, and sites in situations where it has delegated decision-making.
 4. Oversight Responsibilities DWIHN is responsible for oversight regarding delegated credentialing and re-credentialing decisions. Delegatee acknowledges that it is DWIHN's responsibility to monitor Delegatee's compliance with its credentialing policies and Delegatee agrees to cooperate with DWIHN's monitoring of such compliance in accordance with the policies
 5. Performance Monitoring/Evaluation
 - a. Evaluation. DWIHN will conduct an annual evaluation and audit of all delegates in accordance with DWIHN's Credentialing Policy. The evaluation and audit will include a review of applicable credentialing and quality assurance policies and procedures related to the delegated function.
 1. The Delegatee's credentialing files will be made available electronically or print versions delivered to DWIHN Credentialing Committee for review.
 - b. Results of DWIHN oversight audit shall be reported to the DWIHN Credentialing Committee in writing including any corrective action plans, time period for correcting such deficiencies or re-audit, if necessary.
 - c. If the Delegatee does not implement corrective plan, or does not improve its performance, or its performance is deemed inadequate by DWIHN, DWIHN may implement additional methods to improve performance such as joint meetings, on-site audits until deficiencies are resolved. *In addition to those remedies or sanctions provided under Section 12 and 15 of the Agreement, DWIHN may impose additional actions to revoke, terminate or amend the delegation agreement as necessary.*
 6. No Assignment of Delegated Services. Notwithstanding anything to the contrary, Service Provider may not assign any credentialing or re-credentialing rights or duties under this Agreement without the prior written consent of DWIHN, which may be withheld in the sole discretion of DWIHN. Any such attempted assignment or delegation without the prior written consent of DWIHN shall be null and void. If any sub-

delegation of credentialing or re-credentialing occurs, the same responsibilities lie with the sub-delegate with respect to protected health information.

7. Protected Health Information. Delegatee agrees to take every reasonable precaution through the implementation of stringent confidentiality and security policies to protect any information specific to a practitioner which may be deemed protected health information (PHI) by the Centers for Medicaid and Medicare Services (CMS) and under the Health Information Privacy and Accountability Act (HIPAA). In the event that an inappropriate disclosure of PHI occurs, Delegatee will notify Client in writing immediately upon discovery.
8. Insurance. Delegatee shall obtain and maintain errors and omissions insurance with limits of one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) in the aggregate. This insurance shall apply only to obligations of Delegatee as provided under this Agreement.
9. Certification and Compliance. Delegatee shall maintain its accreditation with the appropriate accreditation body. Delegatee shall maintain its policies, procedures and processes in compliance with the standards and recommendations of NCQA, the Joint Commission Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA) or American Accreditation Healthcare Commission (URAC); and applicable provisions of law and rules and regulations governmental authorities relating to credentialing and credentials verification organizations.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Ricarda Pope King, MA/Provider Network Administrator
Department:	Credentialing Unit
Frequency of monitoring:	At Least Annually
Reporting provided to:	Quality Improvement Steering Committee
Comments: This procedure is linked to Credentialing/Recredentialing Policy	

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Smith: Project Manager, PMP	02/2021
Gail Parker	02/2021
Ricarda Pope-King	02/2021