1. **Policy Statement**
Santa Clara Family Health Plan (SCFHP) may delegate credentialing and recredentialing responsibilities to qualified entities. SCFHP maintains responsibility for final acceptance and continuation of each practitioner’s participation.

2. **Purpose**
The purpose of this policy is to establish guidelines for the delegation of credentialing and recredentialing activities and to ensure that delegated credentialing and recredentialing activities are performed in accordance with SCFHP’s approved policies and procedures and meet the criteria and standards of the National Committee for Quality Assurance (NCQA), Department of Health Care Services (DHCS), and the Department of Managed Health Care (DMHC).

3. **Definitions**
   A. Delegation means a formal process by which an organization gives another entity the authority to perform certain functions on its behalf.
   B. Oversight means monitoring and directing a set of activities, resulting in desired outcome.
C. Delegation Audit means an annual evaluation of a delegate’s capacity to perform delegated credentialing activities using criteria established by NCQA and outlined in the organization’s approved policies and procedures. The audit findings may warrant a correction action to improve compliance.

D. Primary Source verification means verification by the original source of a specific credential.

4. Procedures
A. The delegated group is responsible for the credentialing activities of all practitioners requesting participation with SCFHP. This includes, but is not limited to: Doctors of Medicine or Osteopathy (MD’s/DO’s), Podiatrists (DPM’s) Chiropractors (DC’s), Behavioral Health Practitioners, Mid-Levels, and any other licensed independent practitioner with whom the delegated entity contracts or who provides care to SCFHP members.

B. Responsibilities of the Delegated Entity include:
1. Collection of applications and credentialing data
2. Primary source verification
3. Ongoing review and evaluation of qualifications
4. Reporting of credentialing and recredentialing decisions
5. Reporting of practitioner’s credentialing and demographic information to SCFHP
6. Maintaining written policies and procedures for credentialing and recredentialing activities

C. Responsibilities of SCFHP include:
1. Prior to delegation, and annually thereafter, the Credentialing Department conducts an audit of credentialing and recredentialing activities to ensure that the Delegated entity is in accordance with SCFHP’s approved policies and procedures and meets the criteria and standards of DHCS, DMHC, and NCQA.
2. The QI Department conducts a Facility Site and Medical Record Review prior to initial credentialing and recredentialing of all Primary Care Physicians and Obstetricians/Gynecologists serving as PCP, reference Facility Site and Medical Record Review Policy QM-FSR-03-01.
3. The Compliance Department reports the outcome of all audits to the delegated entity, as applicable.
4. The Compliance Department notifies the Delegated Entity, in writing, of any changes to SCFHP’s Credentialing and Recredentialing Policy and/or outside regulatory requirements that impact the Delegated Entity’s responsibilities.

5. SCFHP retains final authority to ratify credentialing and recredentialing decisions for each individual practitioner.

6. SCFHP maintains authority to suspend, limit, or terminate the participation of any practitioner who does not meet SCFHP’s participation requirements or fails to comply with SCFHP’s operating procedures.

D. Delegated Activities for Initial Credentialing:
The delegated entity conducts credentialing activities in a non-discriminatory manner and performs in accordance with NCQA’s verification time limit of 180 days and includes the following:

1. Obtains a current verified 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 acceptable amount of coverage and work history, and application completeness and correctness.

2. Reviews, evaluates and verifies the following credentials through an accepted primary source:

   a. Hospital privileges are valid, current, unrestricted and in good standing at SCFHP contracted hospital, or have an SCFHP approved admitting arrangement.
   
   b. Valid, current, unrestricted license to practice in the State of California and DEA certification, if applicable.
   
   c. Board certification status, as applicable.
   
   d. Absence of gaps in work history or Curriculum Vitae that exceeds six (6) months.
   
   e. Reasons for inability to perform the essential functions of the position, with or without accommodation.
   
   f. Current malpractice insurance with a minimum of $1,000,000 occurrence and $3,000,000 aggregate.
   
   g. Professional liability claims history of the prior five years, including malpractice suits, arbitration and settlements.
h. National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports.
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 State and Federal regulatory agencies including Medicare/Medi-Cal.
l. Graduation from a medical/professional school.
m. Highest level of education defined as graduation from medical school or appropriate professional school, residency, specialty training, board certification.

E. **Delegated Activities for Recredentialing:**
The delegated entity ensures recredentialing activities are conducted in a non-discriminatory manner and in accordance with NCQA’s verification time limit of 180 days and includes, at a minimum, the following:

1. Reviews, evaluates and verifies initial credentialing activities identified in 4.D.2.
2. Review and evaluation of the following additional items:
   a. Member complaints and grievances
   b. Quality Improvement activities

F. **Sub-Delegation:**
1. 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 provides SCFHP with the following:
   a. Written description of the delegated activities, and
   b. Documented oversight of pre-contractual and annual evaluation of the sub-delegated activities in accordance with NCQA standards, and
   c. Delegated group’s audit results.
G. The Delegated Entity Reporting Requirements:

1. The delegated group provides a roster of initial and recredentialed practitioners to SCFHP within thirty (30) days of approval. The roster must include at a minimum, the specific data elements outlined below:
   a. Practitioner’s Full Name (Last Name, First Name, Middle Name)
   b. Degree/Title
   c. Gender and date of birth
   d. Address(es) of Practitioner’s practice
   e. Social Security Number
   f. Professional License number and expiration date
   g. Malpractice Insurance Carrier
   h. Contract type (PCP, Specialty Care Physician, Mid-Level, etc.)
   i. Group/IPA
   j. Medical/Professional School; Residency/Fellowship training
   k. Board Status for each Specialty
   l. Residency completion status for each Specialty
   m. DEA Number and expiration date, when applicable
   n. Taxpayer Identification name and number
   o. Medi-Cal Practitioner billing number
   p. Certificate numbers as appropriate with expiration date(s); e.g. CLIA, CHDP
   q. Language(s) spoken
   r. Hours of practice
   s. Panel Status (open or established patients only)
   t. Patient age limits
   u. Hospital admitting privileges or admitting arrangement
   v. Line(s) of business (Medi-Cal, Healthy Families, Healthy Kids, Healthy Workers)
   w. Date of Peer Review and Credentialing Committee Approval
   x. National Practitioner Identifier Number (NPI)
2. The Delegated Entity provides written notification of Subsequent Actions or Changes in Practitioner Status including but not limited to:
   a. The Delegated entity notifies SCFHP within ten (10) days of becoming aware of any changes in an individual practitioner’s credentialing status, including but not limited to changes in demographic information, changes in hospital privileges, loss or restriction of any state license, loss or limit of DEA certificate, ineligibility or exclusion from any federal program or disciplinary action taken against a practitioner.
   b. The Delegated entity provides SCFHP, within 90 days, any written notification of termination of participation by any individual practitioner.

3. Credentialing Decisions:
   a. The Delegated entity adheres to NCQA standards to ensure the same criteria, qualification standards and participation terms and conditions set forth in SCFHP’s Credentialing Policy & Procedure. The Delegate’s policy and procedures include the Practitioner’s right to appeal according to applicable laws.
   b. All delegated credentialing decisions are reported to SCFHP’s Peer Review and Credentialing Committee within 30 days, for final action. SCFHP retains the right to approve or reject each individual practitioner and/or practitioner sites and to terminate, suspend and/or limit participation of individual practitioners.
   c. Reporting to Regulatory Agencies for an Adverse Action: Each delegated entity must file a Section 805 report with the Medical Board of California and a report with the National Practitioner Data Bank within fifteen (15) calendar days after the effective date of an adverse action.

4. Ongoing Oversight and Renewal of Delegation Agreement:
   a. SCFHP conducts oversight audits with the delegated entity on an annual basis. The Delegation Oversight Committee submits written results of to the delegated entity, including a corrective action if deficiencies are
noted. If a Corrective Action is required refer to Compliance’s policy entitled Provider Corrective Plan Policy Process.

b. SCFHP may, per terms of the contract, revoke or amend the Credentialing Delegation Agreement and assume responsibility for all or part of credentialing functions.

5. **Confidentiality of Information**

   In accordance with SCFHP’s Confidentiality policy, and all applicable state and federal laws, any information that is required to be kept confidential, shall be kept confidential.

6. **Record Keeping**

   Each department is responsible for retaining and maintaining documents/drafts/records/paperwork for a minimum of ten (10) years for their own department (refer to policy CP005 Record Retention).