1. **Policy Statement**

Santa Clara Family Health Plan (SCFHP) conducts credentialing oversight audits of the SCFHP delegated entities and of the Credentialing Department.

2. **Purpose**

The purpose of this policy is to outline the review of applicable credentialing policies, processes, and records conducted by SCFHP’s Credentialing Department and Delegated groups in compliance with federal and state laws.

3. **Definitions**

   A. SCFHP means Santa Clara Family Health Plan
   
   B. QI means Quality Improvement

4. **Procedures**

   **External Audit of SCFHP Delegated Entities**

   A. The Credentialing Department conducts annual credentialing delegation oversight audits of all applicable delegated entities.
   
   B. The Credentialing Department notifies the delegated entity at least thirty (30) calendar days in advance of the audit.
C. The Compliance Department informs the delegated entity in writing at least ten (10) business days prior to the scheduled audit of what materials are needed for review.

D. The Credentialing Department reviews the following documents during the delegation oversight audit which include but is not limited to the following:
   1. Credentialing Committee meeting minutes for the twelve (12) month audit period.
   4. A selected list of initial credentialing, recredentialing, and peer review files of PCPs and Specialists.
   5. Ongoing monitoring for the audit period, as applicable.

E. The Compliance Department sends a written report of the results of SCFHP’s oversight audit(s), including a corrective action if deficiencies are identified. The Delegated Entity implements the corrective action within the time period stated. The Credentialing Department conducts a re-audit, if deemed applicable.

F. If the Delegated Entity fails to adequately perform delegated activities and/or if identified deficiencies in performance are not corrected within the required time frame period, SCFHP may, per the terms of the contract, revoke or amend the Credentialing Delegation Agreement and assume responsibility for all or part of credentialing functions.

G. The Credentialing Department presents the results of all audits to the Delegation Oversight, Credentialing, and QI Committees.

Internal Audit of the SCFHP Credentialing Department:

A. Monthly, the Credentialing Department randomly audits five (5) Independent Network credentialing files.

B. Annually, the Chief Medical Officer/Medical Director and Credentialing Manager review the Credentialing Department’s policies and procedures and revise, if necessary. New and Revised policies are submitted to the Peer Review and Credentialing and Quality Improvement Committees for review and approval.
C. The Compliance Department may conduct an annual internal audit.
   1. Results of any internal audit are reviewed by the COO and Chief Medical Officer/Medical Director.
   2. The Credentials Department implements any correction action.

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

6. **Recordkeeping**
   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).