



DELEGATED CREDENTIALING POLICY AND PROCEDURE

In this document, CCC is referenced in place of CCC and CHA.

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Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Terms not defined in the DEFINITIONS section of this document may be found in the CCC Glossary.

1 PURPOSE

- 1.1 The purpose of this policy is to ensure a consistent method for credentialing providers or contracted employees of facilities who provide mental health and/or substance use disorder treatment to CHA members.
- 1.2 This policy serves to ensure that Cascade Health Alliance (CHA) only engages with delegated entities who abide by the ethical guidelines of each of their provider’s respective licensing and/or certification board, professional organization, and/or State law, and credentials their providers or contracted employees according to CHA’s Credentialing Policies.

2 SCOPE

- 2.1 This policy applies to all Behavioral Health and Substance Use Disorder Programs as delegated entities with whom CHA has a Delegation Agreement or whose Contract specifies a Delegation Agreement for purposes of credentialing licensed and/or certified providers or contracted employees.

3 POLICY STATEMENT

- 3.1 This policy demonstrates CHA’s obligation and commitment to ensuring that its members receive services provided by properly licensed and/or certified providers who meet the minimum standards of their respective field of practice.
- 3.2 The CHA Quality Management Committee is responsible for ensuring the integrity of the credentialing process of its delegated entities.
- 3.3 CHA reserves the right to sever delegation agreements with delegated entities who fail to follow CHA’s Credentialing Policy and/or fail to timely complete any Corrective Action Plans and/or fail to demonstrate sustained improvement.

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4 PROCEDURE

- 4.1 Delegated Entities will be credentialed and re-credentialed following the *Facility Credentialing PP09002.03*.
- 4.2 Delegated Entities will warrant and maintain that all employed and/or contracted providers/staff listed above are credentialed and maintain credentialing status in accordance with *Compliance Plan PP02001, Fraud, Waste and Abuse Policy PP02002, Credentialing Policy PP09002*, this policy, and any State of Oregon regulations related to each provider/contracted staffs' credentials, certification, and/or license.
- 4.3 Delegated Entities will provide a full list of all employed and/or contracted providers/staff every six months, to include their designated credentials; and shall give CHA a minimum of 45 days' notice before the date on which any licensed and/or certified provider or contracted employee will cease to provide services to CHA members.
- 4.4 Delegated Entities will update CHA within 30 days of hiring or credentialing a new licensed and/or certified provider or contracted employee, including the individual's designated credentials, who will be providing services to CHA members.

5 RESPONSIBILITIES

Compliance, Monitoring and Review

- 5.1 The Delegated Entity will:
 - 5.1.1 Ensure that the following staff positions are credentialed:
 - 5.1.1.1 Licensed Mental Health Practitioner (LMHP);
 - 5.1.1.2 Qualified Mental Health Practitioner (QMHP);
 - 5.1.1.3 Children's Emergency Safety Intervention Specialist (CESIS);
 - 5.1.1.4 Certified Alcohol and Drug Counselor (CADC);
 - 5.1.1.5 Qualified Mental Health Associate (QMHA);
 - 5.1.1.6 Family and Peer Support Specialists (PSS);
 - 5.1.1.7 Licensed Medical Practitioners (LMP) and all other health care practitioners, as outlined in OAR 409-045-0025 (14)
 - 5.1.1.8 Traditional Health Workers, including Peer Support Specialists, Community Health Workers, Peer Wellness Specialists, and Patient Health Navigators (OAR Chapter 410, Division 180).
 - 5.1.2 Maintain current and valid contracts, employment agreements or other employer/employee relationships with all of the above staff positions.
 - 5.1.3 Require all employed and/or contracted providers/staff listed above to maintain current credentials, certifications, and/or licenses.
 - 5.1.4 Update CHA within 30 days of hiring or credentialing a new licensed and/or certified provider or contracted employee, including the individual's designated credentials, who will be providing services to CHA members.
 - 5.1.5 A Delegated Entity that is delegated to credential its providers, contracted employees, and/or direct care staff will follow the standard guidelines for its discipline to align with this policy.
 - 5.1.6 QMHAs (Qualified Mental Health Associate) and QMHPs (Qualified Mental Health Professional) must meet the definitions and standards as defined by the Oregon Health Authority and must provide

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services under the supervision of a LMP (licensed Medical Practitioner) or LMHP (Licensed Mental Health Practitioner) as defined by the Oregon Health Authority.

5.1.7 For those staff or contracted employees who do not meet either QMHA or QMHP designations, the Delegated Entity must document and demonstrate that the individual's education, experience, competence, and supervision are adequate to permit the person to perform his or her specific assigned duties.

5.1.7.1 Ensure that Traditional Health Care Workers as listed above meet all requirements contained within OAR 410-180-0326 regarding background checks and certification.

5.2 The Credentialing Specialist will:

5.2.1 Maintain all documentation provided by the Delegated Entity in accordance with CHA's *Credentialing Policy PP09002*.

5.2.2 Conduct annual audits of the Delegated Entity's credentialing files to include 5 percent or 50, whichever is less.

5.2.3 Issue a formal report summarizing the audit findings within 30 days of the audit.

5.2.4 Monitor any Corrective Action Plans resulting from the audit findings.

5.2.5 Report non-compliance with the Corrective Action Plan to the Director of Quality Management.

5.3 The Director of Quality Management will:

5.3.1 Review all documentation provided by the Delegated Entity before recommending approval or denial to the Medical Director.

5.3.2 Assist the Credentialing Specialist in conducting annual audits of Delegated Entities.

5.3.3 Review auditing reports prior to their dissemination to the Delegated Entity.

5.3.4 Notify the Compliance Officer of any Delegated Entity's non-compliance with any Corrective Action Plans pursuant to an audit of the Entity's credentialing files.

5.4 The Medical Director will:

5.4.1 Review and approve clean facility credentialing files as complete and credentialed, upon presentation from the Credentialing Specialist or the Director for Quality Management.

5.4.2 Review all unclean files and provide recommendation for QMC review.

5.5 The Quality Management Committee will:

5.5.1 Serve as the Delegation Oversight Committee for purposes of oversight and review of files credentialed by the Delegated Entity.

5.5.2 Review and advise on audit reports and Corrective Action Plans of Delegated Entities.

Reporting

5.6 The Delegated Entity will report any Adverse Events or Critical Incidents involving a CHA member within 24 hours or one business day to the CHA Quality Management Department via secure email to QualityManagement@cascaedcomp.com or fax to the attention of the Director of Quality Management at 541-885-9858.

Records Management

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- 5.7 Team Members must maintain all records relevant to administering this policy and procedure in a recognized CCC record management system.
- 5.8 The Delegated Entity must maintain all Entity records in accordance with this policy.

6 DEFINITIONS

Terms and Definitions

- 6.1 **Adverse Event:** An injury, physical or emotional, that occurs to a member while a member is receiving health care services from a provider, contracted employee or direct care staff of a Delegated Entity.
- 6.2 **CADC:** Certified Alcohol Drug Counselor who meets all of the requirements of The Addiction Counselor Certification Board of Oregon.
- 6.3 **Children's Emergency Safety Intervention Specialist (CESIS):** A Qualified Mental Health Professional (QMHP) licensed to order, monitor, and evaluate the use of seclusion and restraint in accredited and certified facilities providing intensive mental health treatment services to individuals less than 21 years of age.
- 6.4 **Clinical Supervision:** Oversight by a qualified clinical supervisor of addictions and mental health services and supports, including ongoing evaluation and improvement of the effectiveness of those services and supports.
- 6.5 **Clinical Supervisor:** An individual qualified to oversee and evaluate addictions or mental health services and supports.
- 6.6 **Corrective Action Plan:** A plan for improvement following an audit of a Delegated Entity's credentialing files and policies to eliminate causes of non-compliance.
- 6.7 **Critical Incident:** Any actual or alleged event or situation (i.e. allegation of abuse involving a CHA member) that creates or created a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a member.
- 6.8 **Delegation Agreement:** A written agreement between CHA and the Delegated Entity that delegates the responsibility of credentialing and re-credentialing healthcare practitioners (including licensed and/or certified providers, contracted employees, traditional healthcare workers, and direct care staff) to the Delegated Entity on behalf of CHA.
- 6.9 **Delegated Entity:** An organization or facility assigned the responsibility of credentialing its licensed and/or certified providers, contracted employees, traditional healthcare workers, and direct care staff through a Delegation Agreement or Contract containing a Delegation Agreement with CHA.
- 6.10 **Emergency Safety Intervention (ESI):** The use of seclusion or personal restraint as an immediate response to an unanticipated threat of violence or injury to an individual or others.
- 6.11 **Family Support Specialist:** An individual who meets qualification criteria under OAR chapter 410 division 180 and provides peer delivered services to a family member who has experience parenting a child who is a current or former consumer of mental health or addiction treatment or is facing or has faced difficulties in accessing education, health, and wellness services due to a mental health or behavioral health barrier.
- 6.12 **Health Care Practitioner:** An individual authorized to practice a profession related to the provision of health care services in this state for which the individual must be credentialed. This may include, but is not limited to, individuals listed under OAR 409-045-0025 (14).
- 6.13 **Peer Support Specialist:** A qualified individual providing peer-delivered services to an individual or family member with similar life experience under the supervision of a qualified clinical supervisor and a qualified

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peer delivered services supervisor. A peer support specialist shall be certified by the Oregon Health Authority's Office of Equity and Inclusion as required by OAR 410-180-0300.

- 6.14 **Qualified Mental Health Associate:** Shall meet the qualifications as stipulated in OAR 309-022-0125 and/or OAR 309-019-0125.
- 6.15 **Qualified Mental Health Professional:** Shall meet the qualifications as stipulated in OAR 309-022-0125 and/or OAR 309-019-0125.

7 RELATED LEGISLATION AND DOCUMENTS

- 7.1 [42 Code of Federal Regulations § 438.12](#)
- 7.2 [42 Code of Federal Regulations § 438.214](#)
- 7.3 [42 Code of Federal Regulations § 455.400-455.470](#) (excluding 455.460)
- 7.4 [Oregon Administrative Rule 409-045-0025 through Oregon Administrative Rule 409-045-0135](#)
- 7.5 [Oregon Administrative Rule 410-120-1395](#)
- 7.6 [Oregon Administrative Rule 410-130-0610](#)
- 7.7 [Oregon Administrative Rule 410-141-3120](#)
- 7.8 [Oregon Administrative Rule 410-141-3269](#)
- 7.9 Oregon Health Plan, Health Plan Services Contract #143110-11
- 7.10 [Oregon Revised Statute 41.675](#)
- 7.11 Oregon Administrative Rule Chapter 410 Division 180 Traditional Health Workers

8 FEEDBACK

- 8.1 CCC Team Members may provide feedback about this document by emailing QualityManagement@casadecomp.com

9 APPROVAL AND REVIEW DETAILS

Approval and Review	Details
Advisory Committee to Approval	Quality Management Committee
Committee Review Dates	09/06/2019, 10/04/2018; 08/01/2019
Approval Dates	10/04/2018; 08/01/2019

10 APPENDICES

- 10.1 APPENDIX 1: *Pre-Delegation Review PP09001.01*
- 10.2 APPENDIX 2: *Assessment and Delegation of Contracted Business Functions PP09001.02*
- 10.3 APPENDIX 3: *Monitoring of Delegated Credentialing Entities; and Monitoring Tool PP09001.03*
- 10.4 APPENDIX 4: *Corrective Action Plans for Delegated Credentialing Entities PP09001.04*
- 10.5 APPENDIX 5: *Pre-Delegation Matrix PP09001.05*

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PRE-DELEGATION REVIEW

1. ASSUMPTIONS:

- 1.1 Cascade Health Alliance (CHA) will evaluate the prospective subcontractor's ability to perform the activities to be delegated before any new delegation contracting decision is finalized.
- 1.2 A standard Readiness Assessment Tool will be utilized for the pre-delegation review.

2. DEFINITIONS:

- 2.1 **Delegate:** an entity or organization that is contractually responsible for conducting assigned CHA credentialing functions.

3. REFERENCES: The following publications are sources for this appendix.

- 3.1 42 Code of Federal Regulations (CFR) § 438.230
- 3.2 Oregon Health Plan, Health Services Contract #143110-11

4. ROLES AND RESPONSIBILITIES:

- 4.1 The Quality Management Committee will have oversight of those facilities who have been delegated credentialing functions on behalf of Cascade Health Alliance.
- 4.2 The Director of Quality Management will complete the readiness assessment tool when determining delegated responsibilities and use as the basis of recommendation to the Quality Management Committee
- 4.3 The Provider Network Manager is responsible for drafting delegation agreements between Cascade Health Alliance and the delegated entity.

5. EXECUTION:

- 5.1 CHA is accountable for and must oversee functions and responsibilities that are delegated to each contractor or sub-contractor, per CFR §438.230 (b).
- 5.2 The Pre-Delegation Review process will include:
 - 5.2.1 Site visit
 - 5.2.2 Documentation review, including policies and procedures pertaining to the credentialing process
 - 5.2.3 Credentialing file audit
- 5.3 CHA uses the Readiness Assessment Tool during pre-delegation review for the following:
 - 5.3.1 Each prospective contractor or subcontractor must demonstrate the following organizational capacity requirements, as the item applies to the delegated functions:
 - 5.3.1.1 Maintain licensing and/or certification by the state as required.
 - 5.3.1.2 Maintain written Credentialing policies and procedures covering adherence to its contract with Cascade Health Alliance, relevant Oregon Administrative Rules, and its delegated responsibilities on behalf of Cascade Health Alliance.
 - 5.3.1.3 Have an adequate data system and staffing to participate in required data reporting: e.g., data on the number of providers employed, credentials of those providers, license verifications, verification of supervision hours, verification of

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background checks for Traditional Health Workers, effective system for tracking complaints and grievances, etc., and ongoing management data to monitor performance of delegated duties.

- 5.3.1.4 Maintenance of an internal quality management/quality improvement process and documentation of minutes for CHA review.
- 5.3.1.5 Demonstration of a management team responsive to feedback from CHA, allied providers, and service recipients.
- 5.3.1.6 Training and supervision with staff that reflect CHA's mission and goals as well as adherence with contract and regulations.
- 5.3.1.7 Ongoing support for client rights, from provision of information on client rights to responsive action when feedback suggests there may be problems in this area.
- 5.3.2 Each prospective contractor or subcontractor must demonstrate the following clinical/staffing capacity requirements, as the item applies to the delegated functions:
 - 5.3.2.1 Availability of qualified staff to assume all delegated functions.
 - 5.3.2.2 Case management staff must show an understanding of State guidelines and familiarity with best practices.
 - 5.3.2.3 Hiring of clinical staff includes verification of licensure or certification, review of any loss of licensure or felony convictions, reference checks, background checks, and ability to conduct NPDB, OIG, and SAM monitoring.
 - 5.3.2.4 Competence in implementing delegated functions, as seen in concurrent and retrospective reviews of service authorizations, provider decisions regarding ongoing care, care coordination with allied providers, supervisory feedback to staff, and response to grievances.
 - 5.3.2.5 Effective use of training so that staff understand relevant clinical procedures, CHA policies, and expected practice.
 - 5.3.2.6 Openness to CHA feedback on delegated functions and capacity to make changes in practice when requested.
 - 5.3.2.7 Documentation of decision making.
 - 5.3.2.8 Effective medical records practices.
 - 5.3.2.9 Timely communication with CHA regarding delegated decisions.
 - 5.3.2.10 Participation in any training and feedback from CHA regarding delegated functions.
- 5.3.3 Each prospective contractor or subcontractor must demonstrate the following quality improvement processes/quality management requirements, as the item applies to the delegated functions:
 - 5.3.3.1 Implement and document a quality management/quality improvement process.
 - 5.3.3.2 Participate in CHA's policies and procedures for grievances and fair hearings; provide relevant information to CHA members at entry to services and participate actively in the resolution of CHA member grievances.
 - 5.3.3.3 Contractors are given feedback on quality issues by CHA's Quality Management Team.

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5.3.3.4 Contractors respond appropriately and in a timely way to Quality Management Team recommendations for improvement.

5.3.4 Each prospective contractor or subcontractor must demonstrate the following HIPPA and Medicaid compliance requirements, as the item applies to the delegated functions:

5.3.4.1 Compliance with HIPAA standards.

5.3.4.2 Signed HIPAA Business Associates Agreement with CHA.

5.3.4.3 Effective medical records practices.

6. REPORTING AND RECORD KEEPING:

6.1 The Credentialing Specialist will maintain all records associated with determination of delegation readiness within the prospective entity's credentialing file.

7. MONITORING AND REVIEW:

7.1 CHA must review contracted organizations against the current year list of delegated activities per the delegated activities review audit conducted annually.

7.2 Upon signing the contract CHA must provide written documentation of the clinical and administrative functions that are delegated to the contractor indicated.

7.2.1 The administrative review will consist of CHA Quality Management staff working with contracted provider staff to gather policies and procedures and review activities to verify compliance with the contract and delegation agreement.

7.2.2 The credentialing review will consist of CHA Quality Management staff auditing credentialing charts with contractor Credentialing and/or Quality Improvement (QI)/Quality Assurance (QA) staff to ensure the files adhere to CHA credentialing policies, procedures, and Federal and State mandates.

7.3 Once the review is complete, CHA will send the contractor an official report within 30 days of the audit that identifies the contractor's strengths, recommendations, and findings. Findings that result in corrective action plans (CAP) and/or refunds must be formally addressed with a written response and corrective action plan within 45 days of receipt of the audit report.

7.4 If the contractor disagrees with CHA's findings, an additional review may be requested in writing, stating the justification for the disagreement of the findings.

7.5 CHA's Quality Management Committee will review the request in accordance with the *Fair Hearing Policy PP09003*, and provide a written response within 30 days. The Quality Management Committee's decision will be final.

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ASSESSMENT AND DELEGATION OF CONTRACTED CREDENTIALING FUNCTIONS

1. ASSUMPTIONS:

- 1.1 Before any new delegation and delegated contracting decision is finalized, CHA will evaluate the prospective sub-contractor's ability to perform the activities to be delegated, per *Pre-Delegation Review PP09001.01*.
- 1.2 A formalized delegation agreement, part of the contract, is in place with any organization or entity that provides delegated Cascade Health Alliance (CHA) functions.
- 1.3 The contract, including the delegated agreement, between CHA and the delegated contractor, must:
 - 1.3.1 Specify activities and report responsibilities designated to the subcontractor.
 - 1.3.2 Provide for revoking delegation or imposing sanctions if the subcontractor's performance is not in compliance with CHA Credentialing policies, and the subcontractor has demonstrated consistent inability or unwillingness to be in compliance with CHA Credentialing policies.
- 1.4 All delegated contractors comply with CHA Credentialing Policies and monitoring activities.
- 1.5 Signed CHA HIPAA Business Associates Agreement if applicable.
- 1.6 CHA maintains a sub-contractual delegation relationship for Credentialing functions for Behavioral Health and Substance Use Disorder providers.
- 1.7 CHA audits delegated credentialing functions on an annual basis.

2. DEFINITIONS:

- 2.1 **Audit:** a formal review to ensure that delegated entities/sub-contractors are in compliance with CHA Credentialing policies, and applicable laws and regulations.
- 2.2 **Corrective Action Plan (CAP):** a written document in response to an audit outlining the steps a non-compliant or partially compliant Delegated Entity will implement in order to become compliant with CHA policies, procedures and/or state and federal laws.
- 2.3 **Delegate:** an entity or organization that is contractually responsible for conducting credentialing functions on behalf of CHA.

3. REFERENCES: The following publications are sources for this appendix.

- 3.1 42 Code of Federal Regulations (CFR) § 438.230
- 3.2 Oregon Health Plan, Health Services Contract #143110-11

4. ROLES AND RESPONSIBILITIES:

- 4.1 The Quality Management Committee serves as the Delegation Oversight body as it pertains to delegated credentialing functions.
 - 4.1.1 The QMC reviews prospective delegates based on the pre-delegation assessment tool and makes recommendations based on that review.
 - 4.1.2 The QMC reviews auditing reports of delegated entities and makes recommendations as necessary.

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- 4.2 The CHA Quality Management Department will perform annual audits of all delegated entities and provide formal, written reports of those audits.
- 4.3 The CHA Quality Management Department will provide technical assistance to delegated entities to assist them in maintaining compliance with CHA Credentialing policies, federal and state laws and regulations as they pertain to the credentialing process.
- 4.4 Delegated Entity will follow all CHA Credentialing policies, federal and state laws and regulations; comply with audit requests and subsequent corrective action plans pursuant to any audit findings.

5. EXECUTION:

- 5.1 The assessment process is designed to:
 - 5.1.1 Assure the delegated entity's credentialing process and documentation of that process follows CHA policies, and federal and state laws and regulations.
 - 5.1.2 Identify areas of training and/or technical assistance needed by the delegated entity and identify areas of correction for which the delegated entity may be required to provide a response to CHA.
- 5.2 CHA's Quality Management team will conduct annual credentialing audits of all delegated entities.
- 5.3 Delegated entities will be notified in writing by the CHA Credentialing Specialist 40-45 days in advance of an audit to schedule dates for the review.
- 5.4 CHA will randomly select the names of 5% or 50 (whichever is less) of credentialed providers to review.
- 5.5 Five business days prior to the onsite audit date, CHA's Director of Quality Management will notify the delegated entity of the names of those providers who will be reviewed.
- 5.6 The list of selected staff may include all or any of the following:
 - 5.6.1 New staff who have been credentialed in the most recent 120 days prior to the audit.
 - 5.6.2 Staff who have been re-credentialed in the most recent three-year look-back period.
 - 5.6.3 Staff who are no longer employed by the delegated entity and have left the organization in the most recent three-year look-back period.
- 5.7 Identification methods for determining failure to follow CHA policy and procedures, and/or state and federal law, and/or breach of contract, may include but are not limited to:
 - 5.7.1 Credentialing File Audit
 - 5.7.1.1 CHA will follow all applicable Federal and State laws regarding credentialing.
 - 5.7.1.2 If CHA suspects Fraud, Waste or Abuse in credentialing documentation, CHA will follow its internal *Compliance Policy PP02001*.
 - 5.7.2 Administrative Audit
 - 5.7.2.1 CHA will review the delegated entity's policies and procedures as outlined in CHA's credentialing policies.
 - 5.7.2.2 CHA will stop individual providers from billing Medicaid for provided services if it is found that providers working at contracted agencies have not met the credentialing standards as stipulated in CHA's Credentialing Policies.

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5.8 When a Delegated Entity or sub-contractor fails to meet expectations based on audit findings, it will submit a Corrective Action Plan to CHA in response to the audit findings.

5.8.1 Corrective Action Plans must bring the delegated entity into compliance with CHA Credentialing Policies.

5.8.2 Sustained improvement must be demonstrated upon subsequent reviews.

6. REPORTING AND RECORD KEEPING:

6.1 Audit reports and delegated entity corrective action plans will be kept in the entity's credentialing file for the duration of the relationship between CHA and the delegated entity.

6.2 Appeals and Hearing

6.2.1 The Delegated Entity may appeal an audit finding according to the CHA Fair Hearing Policy. The decision made by the Quality Management Committee upon appeal shall be final.

6.2.1.1 Requests for hearings, including supporting documentation, and outcome will be kept in the delegated entity's credentialing file for the duration of the relationship between CHA and the delegated entity.

7. MONITORING AND REVIEW:

7.1 CHA will use the Delegation and Assessment Tool to confirm the delegated entity's fitness to continue to perform the delegated activities on behalf of CHA at the time of contract renewal.

7.2 This appendix will be reviewed annually and/or when any major policy changes take place.

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**Delegated
Credentialing Audit Task List**

Clinic/Facility:		Date:	
Policies	Documented	Compliant - CHA Policy	
Credentialing			
Restraint Seclusion			
Non-Discrimination			
Cultural Competency			
Supervision of Staff			
Documentation	Documented	CHA Reviewed	
Supervision Verification			
Restraint/Seclusion Staff Training			
Restraint/Seclusion Data			
Restraint/Seclusion Records (if applicable)	Documented	Oversight Body Reviewed	Compliant (Facility Policies, CMS, OAR)
1.			
2.			
3.			
4.			
5.			
Staff Credentialing Files	Current	Credentialing/HR File?	
Provider:			
License Verification			
Credential Designation (QMHP/QMHA/LMHP/LMP)			
Education Primary Source Verification			
Supervision Verification			
National Practitioners Databank (NPDB)			
Office of Inspector General (OIG)			
System for Award Management (SAM)			
Background Check Verification			
Peer References Verification			
Provider:			
License Verification			
Credential Designation (QMHP/QMHA/LMHP/LMP)			
Education Primary Source Verification			
Supervision Verification			
National Practitioners Databank (NPDB)			
Office of Inspector General (OIG)			
System for Award Management (SAM)			
Background Check Verification			
Peer References Verification			
Provider:			
License Verification			
Credential Designation (QMHP/QMHA/LMHP/LMP)			
Education Primary Source Verification			
Supervision Verification			
National Practitioners Databank (NPDB)			

**Delegated
Credentialing Audit Task List**

Office of Inspector General (OIG)		
System for Award Management (SAM)		
Background Check Verification		
Peer References Verification		
Provider:		
License Verification		
Credential Designation (QMHP/QMHA/LMHP/LMP)		
Education Primary Source Verification		
Supervision Verification		
National Practitioners Databank (NPDB)		
Office of Inspector General (OIG)		
System for Award Management (SAM)		
Background Check Verification		
Peer References Verification		
Provider:		
License Verification		
Credential Designation (QMHP/QMHA/LMHP/LMP)		
Education Primary Source Verification		
Supervision Verification		
National Practitioners Databank (NPDB)		
Office of Inspector General (OIG)		
System for Award Management (SAM)		
Background Check Verification		
Peer References Verification		

AUDIT FINDINGS



Date

Audit Date	
Audited Entity	
Audited Process(es)	

Scoring Guide

Overall Rating Determination:

- **Substantially Compliant** – overall score greater than 90% and no high-risk findings
- **Partially Compliant** – overall score between 75% - 90% OR overall score greater than 90% with high risk findings
- **Non-Compliant** – overall score less than 75%

Categories Assigned to Audit Findings:

Category 1: High Risk – Immediate Corrective Action Required	Any systemic deficiency that is so severe that it requires immediate correction. Such deficiencies would be limited to situations where the identified deficiency directly violated a contractual stipulation or posed an immediate threat to the health and/or safety of a CHA member or violates a member’s rights (for example, failure to perform OIG/SAM verifications upon hire and monthly thereafter, or failure to provide prescribed medication to a member)
Category 2: Moderate Risk – Corrective Action Required	A systemic deficiency that must be corrected, but the correction can wait until the audit report is issued. While these deficiencies may affect members, they are not of a nature that immediately affects a member’s health and/or safety, nor violates a member’s rights (for example, non-existent or inadequate policies and procedures, systems, internal controls, training, operations, or staffing).
Category 3: Low Risk - Observations	Conditions of non-compliance that are not systemic, or represent an isolated issue or concern (for example, an issue or concern with one specific employee or a singular case that was misidentified).

AUDIT FINDINGS



Finding	Regulatory Requirement	Recommendation	Remediation Plan	Date to be Completed

AUDIT RESULTS



Date

Audit Date	
Audit Classification	
Audit Location	
Audited Process(es)	
Auditors	
Attachments	

The following elements were reviewed (11):

Policy (5):

- Restraint/Seclusion
- Non-Discrimination
- Cultural Competency
- General Credentialing
- Supervision of Clinical Staff

Restraint and/or Seclusion (5):

- Restraint/Seclusion Log Review
- Restraint/Seclusion Episodes reviewed to verify they were conducted according to the facility's policies and documented process
- Restraint/Seclusion Episodes reviewed to verify they were conducted according to CFRs and Oregon Administrative Rules
- Evidence that Restraint/Seclusion episodes were reviewed by the facility's oversight body to ensure patient safety and compliance with regulatory requirements and facility policy
- Evidence of staff training to ensure patient safety during Restraint/Seclusion episodes

Cultural Competency (1):

- Evidence of annual staff training in cultural competency

Staff Credentialing Files (9 per file reviewed): Completeness and verification of the following items

- NPDB
- Primary Source Verification of Education
- OIG (Office of the Inspector General) Checks
- Peer Reference Verification
- SAM (System for Award Management) Checks
- Background Check Verification
- License Verification
- Supervision Verification
- Credential Designation Letter

AUDIT RESULTS



Results of the audit and corrective action plan will be tracked within the Quality Management Department to ensure compliance with CHA's contract with the OHA, and XX's Delegation Agreement, and will not be reported to external entities.

Documents Reviewed:

Documentation/Policy/Training Review - Overall Rating: XX%				
Rating	# of Elements Tested		Weight Applied	Weighted Score
Substantially Compliant		x	1	
Partially Compliant		x	.5	
Non-Compliant		x	0	
Total Elements Tested			Weighted Total	
Weighted Score				
<hr/>				
Total Elements Tested		/11=.XX%		XX%

Provider Files Reviewed	
•	•

Credentialing File Review - Overall Rating: XX%				
Rating	# of Files		Weight Applied	Weighted Score
Substantially Compliant (90%+)		x	1	
Partially Compliant (75%-90%)		x	.5	
Non-Compliant (<75%)		x	0	
Total Elements Tested			Weighted Total	
Weighted Score				
<hr/>				
Total Elements Tested				XX%

AUDIT RESULTS



General Comments:

Please review the attached Audit Findings Summary Report and provide CHA with a Plan of Correction within 45 days of receipt of this report. CHA is available to provide technical assistance to **XX**, if necessary, to bring **XX** into compliance with CHA Credentialing Policies.

CORRECTIVE ACTION PLANS FOR DELEGATED CREDENTIALING ENTITIES

1. ASSUMPTIONS:

- 1.1 Delegated Entities submit Corrective Action Plans (CAP) to CHA pursuant to findings of non-compliance or partial compliance noted during credentialing audits performed by CHA
- 1.2 Cascade Health Alliance (CHA) monitors corrective action plans to ensure that the delegated entity is brought into compliance and sustains improvement upon subsequent review.
- 1.3 All CAPs must be submitted to CHA within the time frame stipulated in the formal audit report.

2. DEFINITIONS:

- 2.1 **Corrective Action Plan (CAP):** a written document in response to an audit outlining the steps a non-compliant or partially compliant Delegated Entity will implement in order to become compliant with CHA credentialing policies, procedures and/or state and federal laws.
- 2.2 **Delegation:** a formal process by which CHA delegates another entity or sub-contractor the authority to perform specific managed care administrative functions on its behalf.
- 2.3 **Entities/Sub-contractors:** the contracted entity or single provider who holds a contract with CHA and/or Cascade Comprehensive Care (CCC).
- 2.4 **Condition:** finding fact
- 2.5 **Criteria:** CFR or OAR or contract clause citation
- 2.6 **Cause:** result of non-compliance; impact on member
- 2.7 **Effect:** effect on the member

3. ROLES AND RESPONSIBILITIES:

- 3.1 The Quality Management Committee serves as the Delegation Oversight body as it pertains to delegated credentialing functions.
 - 3.1.1 The QMC reviews prospective delegates based on the pre-delegation assessment tool and makes recommendations based on that review.
 - 3.1.2 The QMC reviews auditing reports of delegated entities and makes recommendations as necessary.
- 3.2 The CHA Quality Management Department will perform annual audits of all delegated entities and provide formal, written reports of those audits.
- 3.3 The CHA Quality Management Department will provide technical assistance to delegated entities to assist them in maintaining compliance with CHA Credentialing policies, federal and state laws and regulations as they pertain to the credentialing process.
- 3.4 Delegated Entity will follow all CHA Credentialing policies, federal and state laws and regulations; comply with audit requests and subsequent corrective action plans pursuant to any audit findings.

4. EXECUTION:

- 4.1 When an entity/sub-contractor fails to meet expectations based on audit findings, the following process will occur:

Confidentiality Statement

This Corrective Actions Plans for Delegated Credentialing Entities along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information



Cascade Health Alliance, LLC



cascade comprehensive care, inc.

- 4.1.1 A formal audit report will be sent to the delegated entity outlining areas of strength, non-compliance, partial compliance and/or repeat deficiencies, and general recommendations within 30 days of the on-site audit. Findings of non-compliance, partial compliance, and/or repeat deficiencies will be categorized as follows:
- 4.1.1.1 Immediate Corrective Action Required: Any systemic deficiency that is so severe that it requires immediate correction. Such deficiencies would be limited to situations where the identified deficiency directly violated a contractual stipulation or posed an immediate threat to the health and/or safety of a CHA member or violates a member's rights (for example, failure to perform OIG/SAM verifications upon hire and monthly thereafter; failure to provide prescribed medication to a member).
 - 4.1.1.2 Corrective Action Required: A systemic deficiency that must be corrected, but the correction can wait until the audit report is issued. While these deficiencies may affect enrollees, they are not of a nature that immediately affects a member's health and/or safety, nor violates a member's rights (for example, non-existent or inadequate policies and procedures, systems, internal controls, training, operations or staffing).
 - 4.1.1.3 Observations: Conditions of non-compliance that are not systemic, or represent an isolated issue or concern (for example, an issue or concern with one specific employee or a singular case that was misidentified).
- 4.1.2 The delegated entity will respond within 45 days of receipt of the audit report outlining its Corrective Action Plan to bring the provider into compliance with the non-compliant and partially compliant items, and including the provider's plans for sustained improvement.
- 4.1.3 The Director of Quality Management regularly reports audit findings and CAP Compliance efforts to the Chief Operating Officer, Medical Director, and the Quality Management Committee.
- 4.1.4 Non-compliance or failure to complete Corrective Action Plans and sustain improvement efforts upon subsequent review will be reported to the Chief Operating Officer, Medical Director and Quality Management Committee. Recommendation for actions may include:
- 4.1.4.1 Require timely compliance with standards, with an accompanying monitoring plan.
 - 4.1.4.2 Otherwise modify a delegated entities status/contract.
 - 4.1.4.3 Sever the delegation agreement.
- 4.1.5 A recommendation for termination of delegated entities/contractor's status would be made by the Quality Management Committee to the Chief Operating Officer and Provider Network Management Committee for further review and final decision. The COO will coordinate recommendations and actions with the CCC Board. Any termination process will follow the terms of the contract between CHA/CCC and the delegated entity.

5. MONITORING AND REVIEW:

- 5.1 The Quality Management team will monitor all Corrective Action Plans until full compliance is achieved or the actions noted above become unnecessary.
- 5.2 This document will be reviewed annually or when major policy changes are made.

Confidentiality Statement

This Corrective Actions Plans for Delegated Credentialing Entities along with all attachments hereto shall be considered Cascade Comprehensive Care's (CCC) Proprietary/Confidential Information

Cascade Health Alliance
Pre-Delegation Readiness Assessment Tool

Reviewer(s):

Date of Review:

SITE VISIT	C	NC	M	N	W	Notes/Comments
Facility's size is sufficient to meet the needs of residents or members					1	
Facility is safe with no visible, significant structural concerns					3	
Facility has a management team responsive to feedback from CHA, allied providers, and service recipients					2	
Facility has an adequate data system and staffing to effectively and meaningfully participate in required data reporting					2	
Facility has enough staff to assume all delegated functions					2	
Facility has enough qualified clinical staff to provide services to members safely and effectively according to the member's treatment plan					3	
Documentation Review	C	NC	M	N	W	Notes/Comments
Verification of license and/or certification from the State of Oregon					3	
Facility has written credentialing policies and procedures in alignment with CHA's credentialing policies and procedures					2	
Facility has a written process for screening staff according to federal and state rules and regulations (i.e. OIG/SAM checks, NPDB, background checks, license verification)					3	
Facility has a designated credentialing committee and written process for reviewing, approving and credentialing staff members					3	
Facility has a written policy and process for responding to member complaints and/or grievances					3	
Facility has a written policy and process to ensure members are notified of their rights per CHA policies					3	
Facility has written policies and systems in place to ensure compliance with HIPAA and other rules and/or regulations relating to member privacy					3	

Facility has an internal quality management/quality improvement process and documentation of minutes available for CHA review					2	
Facility has a documented process for reviewing the use of restraint and/or seclusion, if applicable; meeting minutes are documented					3	
Evidence of continued training in the use of restraint and/or seclusion, if applicable					3	
Facility has a policy and process for ensuring background checks are performed on THWs and documented, certification is verified; THWs are included in the credentialing process					3	
Facility has a policy and process for ensuring CHA is notified within 24 hours of any adverse event involving a CHA member					3	
Facility has a Non-Discrimination Policy					3	
Facility has a policy and process for providing supervision of the clinical staff					2	
Evidence of supervision of the clinical staff according to the facility's supervision policy					2	
Facility has a Cultural Competency policy					3	
Evidence of continued training in Cultural Competency of the staff team					3	
Chart Audit	C	NC	M	N	W	Notes/Comments
Audit credentialing files (5% or 50 whichever is less) for compliance (use Delegated Credentialing Audit Task List - Delegated.Credentialing.PP09001.03 for each file)					3	

Criteria:

C = Compliant

NC = Non-Compliant

M = Missing

N = Not Applicable

W = Weight

Scoring

24 Elements: 48 points (3's) + 14 points (2's) + 1 (1's) = 63 points total

Substantially Compliant: 57 points or above

Partially Compliant: 47 - 56 points
Non-Compliant: 46 points or less
Weights
1: Deliverable is desirable but not essential upon contract execution
2: Deliverable is not essential for the execution of the delegation agreement and does not directly impact member safety, rights, or benefits; must be established within 180 days of the execution of the agreement.
3: Deliverable has direct impact on the safety of members or the member's rights or ability to utilize a benefit; essential to be fully established and functional upon execution of the delegation agreement.
Compliance Standards
Less than 75%: Potential subcontractor is found substantially non-compliant. Systemic deficiencies exist that have the potential to severely impact member safety, rights, or execution of benefits. CHA will not proceed with the delegation agreement until the potential subcontractor achieves substantial compliance with the required elements of the proposed delegation agreement.
75% - 90%: Potential subcontractor is in partial compliance with the required elements of the delegation agreement; must be in substantial compliance with the proposed agreement within 90 days in order to move forward with the execution of the delegation agreement.
90% +: Potential subcontractor is in substantial compliance with the required elements of the delegation agreement; proceed with the execution of the delegation agreement.