

	POLICY AND PROCEDURES		
	POLICY NUMBER:		CHLAMG-CI-1014
	ORIGINAL DATE: 11/1/2018	REVISED:	EFFECTIVE: 12/26/2018
DEPARTMENT: Compliance	APPROVED BY: Carl Grushkin, MD and Chief Compliance Officer		
POLICY TITLE: Delegated Credentialing Review and Oversight			

PURPOSE:

To provide for an oversight and annual review of Children’s Hospital Los Angeles’ (CHLA) responsibilities under its delegated credentialing agreement with Children’s Hospital Medical Group (CHLAMG).

DEFINITIONS: None

SCOPE: This policy provides for CHLAMG oversight and an annual evaluation of the credentialing responsibilities it has delegated under a delegated credentialing agreement to ensure compliance with that agreement.

POLICY:

CHLAMG has responsibility to perform oversight of CHLA’s credentialing and recredentialing activities pursuant to its delegated oversight agreement to ensure compliance with payer policies and to make recommendations for improvement as appropriate.

PROCEDURE:

1. The delegation arrangement between CHLAMG and CHLA includes the use of protected health information (PHI). PHI may be used for the purposes of treatment, payment and health care operations (TPO). CHLA must protect PHI internally and within any organization with which it contracts for clinical or administrative services. If CHLA identifies any inappropriate uses of PHI, CHLA will notify the CHLAMG Director of Compliance immediately. If the delegation agreement is terminated for any reason, CHLA will ensure that PHI is returned, destroyed, or protected.
2. CHLAMG will designate a responsible party to annually review CHLA’s credentialing and recredentialing policies and procedures for consistency with NCQA guidelines.
3. CHLAMG will conduct an annual review of:
 - a. Minutes of CHLA’s Credentials Committee to verify critical review of the practitioner’s credentials;
 - b. A sample of CHLAMG practitioners’ credentialing and recredentialing files. Such sample will be either five percent (5%) or fifty (50) files, whichever is less. A minimum of ten (10) initial credentialing files and ten (10) recredentialing files will be audited. See Attachment.
4. CHLAMG’s Executive Compliance Committee will review the results of the audit. If deficiencies are found, CHLAMG will work with CHLA on a plan for improvement with specified timeframes and actions to resolve the deficiencies. If the deficiencies are not corrected, CHLAMG reserves the right to terminate the delegated credentialing agreement.

POLICY OWNER: CHLAMG Compliance Director

Approved by CHLAMG Executive Compliance Committee on December 26, 2018