Listed below are the items required for your Delegation Oversight Audit (DOA). We have identified when they should be available, by Department.

All Desktop documents are due by the date specified in the Delegation Oversight Letter.

| **DESKTOP** | **VIRTUAL** | **DELEGATION OVERSIGHT** |
| --- | --- | --- |
| 🗸 |  | Biographical Information |
| 🗸 |  | Sub-Contracted Service by Facility/Agency |
| 🗸 |  | **All sections** of the DOA tool documented with **road mapping** instructions for each element (see sample roadmap) |
| 🗸 |  | Organizational chart(s) to include;  CM, UM, Compliance and Credentialing |
| 🗸 |  | Current job descriptions as relevant to the audit |
| 🗸 |  | Delegation Agreements with any sub-delegated provider |
| 🗸 |  | Ownership and Control Documentation (submitted annually) |

| **DESKTOP** | **VIRTUAL** | **QUALITY MANAGEMENT (Look back period of 07/2021 to 06/2022)** |
| --- | --- | --- |
| 🗸 |  | Program, Plan and Description (no submission required; reports were submitted February 2022) |
| 🗸 |  | Quality Improvement Committee meeting minutes from the auditing period that identify the following occurred during the meeting |
| 🗸 |  | * Recommendation of policy decisions |
| 🗸 |  | * Review and evaluation of QI activities |
| 🗸 |  | * Practitioner participation in the QI program through planning, design, implementation or review |
| 🗸 |  | * Identification and follow up of needed actions |
| 🗸 |  | Notification of Termination policy and evidence that members were notified of practitioner termination |
| 🗸 |  | Continued Access to Practitioners policy and evidence that the delegate followed policy requirements |
| 🗸 |  | Supportive documentation or materials such as studies, audits, and surveys completed during the reporting period |

| **DESKTOP** | **VIRTUAL** | **UTILIZATION MANAGEMENT (Look back period of 07/2021 to 06/2022)** |
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| 🗸 |  | Program, Plan and Description ( |

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| --- | --- | --- |
| 🗸 |  | Annual Work Plan |
| 🗸 |  | Annual Program Evaluation |
| 🗸 |  | Policies and Procedures |
|  |  | Policies and Procedures of Denial System Controls standards. |
|  |  | Policies and Procedures of Denial System Controls Oversight standards. |
| 🗸 |  | Committee meeting minutes from last twelve (12) months for: -Board of Directors -Utilization Management Committee |
| 🗸 |  |  |
| 🗸 |  |  |
| 🗸 |  | Subcommittee Meeting Minutes |
| 🗸 |  | Annual Inter-rater Reliability Audit |
| 🗸 |  | Semi-Annual Health Plan Reports for the last twelve (12) months; |
| 🗸 |  | Two (2) examples that demonstrate the use of Board Certified consultants to assist with determinations |
| 🗸 |  | Criteria for Length of Stay and Medical Necessity used during the past two (2) years |
| 🗸 |  | Fifteen (15) referral files to include Denials, Modifications, Cancellations and Approvals; (conducted via webinar) |
|  |  | Submission of request for UM Criteria Log |
| 🗸 |  | Utilization Management statistics from the last twelve (12) months; |
| 🗸 |  | Evidence that the Affirmative Statement has been distributed to providers and employees who make UM decisions; |
| 🗸 |  | Evidence, other than via a denial letter, that the providers have been notified that they may contact a physician reviewer to discuss denial decisions; |
| 🗸 |  | Provider communications from last twelve (12) months |
| 🗸 |  | Evidence of current license for Providers (MD/DO) and Employees (RN, LVN) who make UM Decisions |
| 🗸 |  | Copies of most recent referral inventory reporting used to manage turnaround time requirements for processing of IEHP referrals. |
| 🗸 |  | Copies of most recent mailroom policies |

| **DESKTOP** | **VIRTUAL** | **CARE MANAGEMENT (Look back period of 07/2021 to 06/2022)** |
| --- | --- | --- |
| 🗸 |  | Program Plan and Description and CM applicable policies and procedures if different from UM; **(Desk Review) \*** |
|  | 🗸 | 10) CM files; |
|  | 🗸 | Five (5) sample cases with documentation of coordination of care with county mental health clinics for Member receiving specialty mental health services. |
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| **DESKTOP** | **VIRTUAL** | **CREDENTIALING**  **(Look back period of 07/2021 to 06/2022)** | |
| --- | --- | --- | --- |
| 🗸 |  | | Credentialing Policies and Procedures |
| 🗸 |  | | Policies and Procedures of Credentialing System Controls standards. |
| 🗸 |  | | Policies and Procedures of Credentialing System Controls Oversight standards. |
| 🗸 |  | | Committee Meeting Minutes (i.e. Credentialing Committee, Quality Management Committee, Peer Review Committee), which include the following:   * Committee Date * Committee discussions for Practitioners who do not meet the organizations criteria * Attendees of voting members and their specialties to show range of practitioners. |
| 🗸 |  | | Committee Structure. If an MSO is contracted with multiple organizations, has one set of policies and all of the organizations use the same Credentials Committee, then only one (1) file sample across all contracts organization will be used and apply the same score for CR 3 and CR 4 elements. |
|  | 🗸 | | Credentialing Files in the order they are listed: Forty (40) files selected for Delegate must include evidence of:   * Current and valid license to practice * DEA/CDS or appropriate arrangements * Education and Training * Board Certification status * Work History * Malpractice Claims History * State Sanctions, restrictions on licensure and limitations on scope of practice * Medicare and Medicaid Sanctions * Application and Attestation with questions specific to:   + Reasons for Inability to Perform   + Lack of present illegal drug use   + History of loss of license or felony convictions   + Current Malpractice Insurance coverage   + Current and signed attestation confirming the correctness and completeness of the application. * Malpractice Insurance |
|  | 🗸 | | Recredentialing Files in the order they are listed: Forty (40) files selected for Delegate must include evidence of:   * Current and valid license to practice * DEA/CDS or appropriate arrangements * Board Certification status * Malpractice Claims History * State Sanctions, restrictions on licensure and limitations on scope of practice * Medicare and Medicaid Sanctions * Application and Attestation with questions specific to:   + Reasons for Inability to Perform   + Lack of present illegal drug use   + History of loss of license or felony convictions   + Current Malpractice Insurance coverage   + Current and signed attestation confirming the correctness and completeness of the application. * Malpractice Insurance * Recredentialing Cycle Length |
|  | 🗸 | | Credentialing and Recredentialing Files must also show evidence of:   * Hospital Affiliations or Admitting privileges at a participating hospital * Monitoring Physicians who have Opted Out * Review of Performance Monitoring (Recredentialing files only) * Review of OIG Exclusions   Review of Medi-Cal Suspended & Ineligible List |
| 🗸 |  | | Evidence of Ongoing Monitoring of Medicaid Sanctions review:   * Medi-Cal Suspended & Ineligible List * OIG Exclusions List |
| 🗸 |  | | Evidence of Ongoing Monitoring of Medicare Sanctions review:   * OIG Exclusions List * Medicare Opt-Out * Preclusions List |
| 🗸 |  | | Evidence of Ongoing Monitoring of sanctions and limitations on licensure review |
| 🗸 |  | | Practitioner file(s) for those who were suspended and/or terminated due to quality of care |
| 🗸 |  | | Practitioner files that have appealed a decision |
| 🗸 |  | | Healthcare Delivery Organizational Provider Assessments via Spreadsheet/Log or Provider file, to include the following provider types:   * Hospitals * Home Health Agencies * Skilled Nursing Facilities * Free-standing Surgical Centers * Clinical Laboratories * Hospices * Comprehensive Outpatient Rehabilitation Facilities * Outpatient Physical Therapy * Speech Pathology Providers * Ambulatory Surgery Centers * Providers of end-stage renal disease services * Providers of outpatient diabetes self-management training * Portable X-ray Suppliers * Rural Health Clinics * Federally Qualified Health Center |
| 🗸 |  | | Delegation Agreement(s) for all sub-delegate arrangements, to include but not limited to:   * MSO * CVO * PO * BH |
| 🗸 |  | | Human Immunodeficiency Virus (HIV/AIDS) Annual Identification Process |

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| **DESKTOP** | **ON-SITE** | **IT SECURITY** |
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| 🗸 |  | The name of the medical management system(s) used for the utilization management, care management, and claims functions. |

| **DESKTOP** | **ON-SITE** | **PROVIDER DIRECTORY** |
| --- | --- | --- |
| 🗸 |  | Report during the lookback period of the annual audit of identified/reported inaccuracies and the timeframe of the correction. (Applies to Kaiser Permanente and American Specialty Health (ASH)) |