

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: MPCR800			Lead Department: Network Services Business Unit: Credentialing	
Policy/Procedure Title: Delegation of Credentialing and Re-credentialing Activities			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 04/23/2018 Effective Date: 07/01/2018		Next Review Date: 04/08/2027 Last Review Date: 04/08/2026		
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Partnership Advantage	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input checked="" type="checkbox"/> CREDENTIALS	<input type="checkbox"/> PAC
Approval Signature: <i>Mark Netherda, MD</i>			Approval Date: 04/08/2026	

I. RELATED POLICIES:

A. CMP26 – Delegation Oversight and Monitoring

II. IMPACTED DEPTS:

A. Network Services

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To ensure that delegated credentialing and re-credentialing activities meet the Credentialing and Re-credentialing Policies and Procedures of the National Committee for Quality Assurance (NCQA) and Partnership HealthPlan of California (Partnership).

VI. POLICY / PROCEDURE:

Partnership’s Network Services department and the Credentialing Committee Chair have responsibility to perform oversight of the delegated entity's credentialing and re-credentialing activities to ensure full compliance with Partnership policies and to make recommendations for improvement as appropriate.

In accordance with our Delegation Agreement, Partnership is willing to delegate the following National Association for Quality Assessment (NCQA) credentialing responsibilities:

CR 1, Elements A and B: Practitioner Credentialing Guidelines, factors 1 – 12; Practitioner Rights, factors 1-3

CR 2, Element A: Credentialing Committee, factors 1-3;

CR 3, Elements A, B and C: Credentialing Verification, factors 1-6; Sanction Information, factors 1-2; Credentialing Application, factors 1-6

CR 4, Element A: Re-credentialing Cycle Length

CR 5, Element A: Ongoing Monitoring and Interventions, factors 1-5

CR 6, Element A: Notification to Authorities and Practitioner Appeal Rights, factors 1-4,

CR 7, Elements A, B, C, D and E: Review and Approval of Provider, factors 1-3; Medical Providers, factors 1-4; Behavioral Healthcare Providers, factors 1-3; Assessing Medical Providers; Assessing Behavioral Healthcare Providers

Partnership does not delegate CR 9: Delegation of CR.

A. The Network Services department maintains the list of current delegates. Pre-delegation Evaluation:

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1. Partnership will evaluate the potential delegate’s capacity to meet NCQA requirements within the twelve (12) months prior to implementing delegation.
 2. Pre-delegation evaluation will include a review of:
 - a. Credentialing and Re-credentialing Policy and Procedures
 - b. Credentials Committee minutes for the twelve (12) months prior
 - c. An 8/30 methodology audit of credentialing and re-credentialing files against NCQA standards
 - d. Ongoing monitoring of Sanction Reports for the twelve (12) months prior
 - e. Audit Analysis Tool for Information Integrity including Annual Training
 - f. Provider Training materials that include the Medi-Cal Managed Care Program
 3. The potential delegate’s policies and procedures must document:
 - a. Credentialing and re-credentialing criteria
 - b. The credentialing committee review process
 - c. Procedures for appeals and disciplinary actions
 - d. Provisions for personal health information (PHI)
 4. If the time between the pre-delegation evaluation and implementation of delegation exceeds twelve (12) months, another pre-delegation evaluation will be conducted.
 5. If Partnership amends the delegation agreement to include additional credentialing activities less than twelve (12) months prior to the survey date, another pre-delegation evaluation will be conducted.
- B. Delegation Agreement
1. Partnership may enter into a mutually agreed upon written agreement with the entity to perform delegated activities upon completion of a successful pre-delegation evaluation.
 2. The Delegation Agreement clearly outlines the credentialing activities and responsibilities of both Partnership and the delegate.
 3. Partnership must be notified of any sub-delegation agreements entered into after the look back period. Partnership reserves the right to approve all agreements.
 4. Quarterly credentialing and re-credentialing reports must be submitted to Partnership for review by the Credentials Committee.
 5. The delegate must notify Partnership immediately of any concerns regarding a practitioner's credentials. A narrative must be forwarded to Partnership outlining the conclusions, recommendations, actions and follow-up of all credentialing cases of disciplinary action, including denial, suspension, restriction, or termination of Network participation.
 6. The delegate must provide complete credentialing information to Partnership, upon request, for any provider who has an accusation, suspension, restriction, sanction, or termination of any license or privilege.
 - a. If the delegated entity fails to respond within the specified time frame, the Partnership Credentialing staff will work collaboratively with the delegate to set priorities and correct identified problems to obtain information.
 7. Partnership retains the right to approve, suspend, and terminate individual practitioners, providers, and sites, even if the decision making has been delegated per the individual delegation agreement.
 8. The delegate must protect PHI internally and within any organization with which the delegate contracts for clinical or administrative services.
 - a. Policies and procedures describing allowed uses of PHI and the delegate’s safeguards to protect the information from inappropriate use or further disclosure must be in place.
 - b. Upon request, the delegate must provide individuals’ access to their PHI.
 - c. If the delegate identifies any inappropriate uses of PHI, the delegate must notify Partnership’s Privacy Officer immediately.

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d. If the delegation agreement ends or is terminated, the delegate agrees to return, destroy, or continue to protect PHI.

C. Review of Delegate’s Credentialing Activities

1. Partnership will conduct an annual review of the delegates’ credentialing activities through electronic document submission. The review will include:
 - a. A comparison of credentialing policies and procedures against NCQA standards to ensure continued compliance.
 - b. An 8/30 methodology audit of credentialing and re-credentialing files against NCQA standards for each year delegation has been in effect.
 - c. An evaluation of performance against NCQA and DHCS standards for delegation activities, to include:
 - 1) Credentials Committee minutes for the twelve (12) months prior
 - 2) Ongoing monitoring of Sanction Reports for the twelve (12) months prior
 - 3) Listing of providers whose credentials were suspended or resigned while under investigation within the twelve (12) months prior
 - 4) Audit Analysis Tool for Information Integrity including Annual Training Provider Training materials that include the Medi-Cal Managed Care Program6. Additional Delegation Agreements, if appropriate
2. The results of the annual review are reported to the Partnership Credentials Committee. The Committee approves recommendations regarding Corrective Action Plans (CAPs) addressing deficiencies identified through the audit process. If no additional action is required, the Committee makes recommendations regarding continuation of the delegation agreement.
3. The Director, Network Services (or designee) reports recommendations made by the Partnership Credentials Committee to the delegate and works collaboratively with the delegate to develop Corrective Action Plans (CAPs) to address and correct any deficiencies, or opportunities for improvement, that may have been identified through the audit process.
4. The Director, Network Services (or designee) has the responsibility to monitor the status of CAPs and report ongoing progress to the Partnership Credentials Committee.
5. The Partnership Credentials Committee reviews all CAPs for compliance and retains the right to immediately revoke the delegation agreement if the delegate fails to comply with Partnership standards for delegated entities.
6. Partnership will require NCQA certified or accredited delegates to submit the following documentation:
 - a. Quarterly credentialing and re-credentialing activity reports listing the names or files of practitioners or providers processed by the delegate.
 - b. Reports of any actions taken against a practitioner as a result of ongoing monitoring of sanctions reports.
 - c. Other documents as required.
7. Partnership’s Network Services department retains all original audit documentation as verification of the process.
8. After the Credentials Committee has reviewed and approved a Delegate’s Audit Report, quarterly credentialing report, CAP or other monitoring reports, a copy of the report will be submitted to the Partnership Delegation Oversight Review Committee (DORS).

VII. REFERENCES:

- A. NCQA 2026 CR9, Elements A, B, C, & D

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VIII. DISTRIBUTION:

A. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Director, Network Services

X. REVISION DATES:

05/09/2018, 04/10/2019, 04/08/2020, 04/14/2021, 04/13/2022, 04/12/2023, 04/10/2024; 04/09/25;04/08/26

PREVIOUSLY APPLIED TO:

A. MPCR11 (Archived 07/01/2018)

B. MPCR11A (Archived 07/01/2018)