Delegation Oversight Audit Tool 2025
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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 AND IMPROVEMENT (QI) & NETWORK MANAGEMENT (NET) (Look back period of 07/2024 to 06/2025)
✓		Annual Program Description (no submission required; description was submitted February 2025)
✓		Annual Work Plan (no submission required; plan was submitted February 2025
✓		Annual Program Evaluation
✓		Quality Improvement (QI) Committee meeting minutes and confidentiality statements for all committee attendees 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

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DESKTOP	VIRTUAL	QUALITY MANAGEMENT AND IMPROVEMENT (QI) & NETWORK MANAGEMENT (NET) (Look back period of 07/2024 to 06/2025)
✓		Supportive documentation or materials such as studies, audits, and surveys completed during the reporting period

DESKTOP	VIRTUAL	UTILIZATION MANAGEMENT (Look back period of 07/2024 to 06/2025)
✓		Annual UM Program Description (no submission required; description was submitted February 2025)
✓		Annual Work Plan (no submission required; plan was submitted February 2025)
✓		Annual UM Program Evaluation
✓		Policies and Procedures outlined in the DOA Audit Tool
✓		Policies and Procedures of Denial System Controls and/or UM Information Integrity standards
✓		Policies and Procedures of Denial System Controls and/or UM Information Integrity oversight (auditing) standards
✓		Committee meeting minutes and confidentiality statements for all committee attendees from last twelve (12) months for: • Board of Directors • Utilization Management Committee
✓		Subcommittee Meeting Minutes
✓		Annual Inter-rater Reliability Audit
✓		HICE Quarterly Health Plan Reports for the last twelve (12) months; (no submission required; plans are received quarterly)
✓		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/Dismissals and Approvals; (conducted via webinar)
	✓	UM File selections will be provided 90 minutes prior to your scheduled audit.
✓		Completed Request for UM Criteria Log
✓		Utilization Management statistics from the last twelve (12) months;

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DESKTOP	VIRTUAL	UTILIZATION MANAGEMENT (Look back period of 07/2024 to 06/2025)
✓		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 (Doctor of Medicine (MD)/ Doctor of Osteopathic Medicine (DO)) and Employees (Registered Nurse (RN), Licensed Vocational Nurse (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 and/or In Person	VIRTUAL	CARE MANAGEMENT (Look back period of 07/2024 to 06/2025)
✓		Program Plan and Description and CM applicable policies and procedures. • Sections should be mapped to the appropriate document name, page, and section. This may be completed in person based on IPA availability for DOA on-site review. • IPA mapping should still be completed prior to DOA visit and submitted to PS DO.
✓		Provide thirty (30) case samples for review of ICT members Model of Care annual training completion. • Samples must include ICT Members first/last name and date of completion

DESKTOP[1]	VIRTUAL	CREDENTIALING (Look back period of 07/2024 to 06/2025)
✓		Credentialing Policies and Procedures

[1] Desktop Audit – Audit documents are submitted at least four (4) weeks prior to the scheduled audit date for review.

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DESKTOP [1]	VIRTUAL	CREDENTIALING (Look back period of 07/2024 to 06/2025)
✓		Notification of Practitioner's Rights (Notification sample)
✓		Credentialing System Controls Reports
✓		Four (4) sets of approved Committee Meeting Minutes, one (1) set from each quarter) (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.

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DESKTOP [1]	VIRTUAL	CREDENTIALING (Look back period of 07/2024 to 06/2025)

✓	✓	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 the essential functions of the position.
		  ○ Lack of present illegal drug use.
		  ○ History of loss of license and felony convictions.
		  ○ History of loss or limitation of privileges or disciplinary actions.
		  ○ Current malpractice insurance coverage.
		  ○ Current and signed attestation confirming the correctness and completeness of the application.
		• Malpractice Insurance
		
		Must Pass Element applies to:
		• Practitioners in the scope of credentialing as defined in Policy and Procedures.
		• The decision date to the verification date to assess timeliness of verification.

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DESKTOP [1]	VIRTUAL	CREDENTIALING (Look back period of 07/2024 to 06/2025)

✓	✓	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 the essential functions of the position.
		  ○ Lack of present illegal drug use.
		  ○ History of loss of license or felony convictions.
		  ○ History of loss or limitation of privileges or disciplinary actions.
		  ○ Current malpractice insurance coverage.
		  ○ Current and signed attestation confirming the correctness and completeness of the application.
		• Malpractice Insurance
		• Recredentialing Cycle Length
		
		Must Pass Element applies to:
		Each file contains the Credentialing Committee decision date. The 36-month recredentialing cycle begins on the date of the previous credentialing decision. The 36-month cycle to the month, not to the day

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DESKTOP [1]	VIRTUAL	CREDENTIALING (Look back period of 07/2024 to 06/2025)
✓	✓	Credentialing and Recredentialing Files must also show evidence of: • Hospital Affiliations or Admitting privileges at a participating hospital. • Review of Medicare Opt-Out • Review of Performance Monitoring (Recredentialing files only) • Review of OIG Exclusions • Review of Medi-Cal Suspended & Ineligible List Must Pass Element applies to Practitioners in the scope of credentialing as defined in Policy and Procedures. The decision date to the verification date to assess timeliness of verification.
		Credentialing File selections will be provided 2 weeks prior to your scheduled audit.
✓		Evidence of Ongoing Monitoring of Medicaid Sanctions review: • Medi-Cal Suspended & Ineligible List • OIG Exclusions List
✓		Evidence of Ongoing Monitoring of Medicare review: Medicare Opt-Out
✓		Evidence of Ongoing Monitoring of SSA Death Master File: Applicable to Delegates who do not provide IEHP with their practitioner SSNs, to conduct the Death Master Review.
✓		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 an appealed decision

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DESKTOP [1]	VIRTUAL	CREDENTIALING (Look back period of 07/2024 to 06/2025)
✓		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 (IEHP requirement) • 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
✓		Evidence of Review of Delegate Credentialing Activities. If a health plan audit is used for this review, IEHP will review: • NCQA Health Plan Audit; • Evidence it was reviewed via Committee Minutes, email approval, or other indications of acceptance; • Health Plan audits with opportunities for improvement, where the organization reviewed the corrective action plan (CAP) from the delegated entity and reviews to see if the audit and CAP were reviewed and approved (i.e., Committee minutes, email approval or other method indicating acceptance of review of the CAP.)

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DESKTOP [1]	VIRTUAL	CREDENTIALING (Look back period of 07/2024 to 06/2025)
✓		Evidence of Credentialing System Controls Oversight: • Identifying all modifications to credentialing and recredentialing information that did not meet the PO's policies and procedures for modifications. • Analyzing all instances of modifications that did not meet the organization's policies and procedures for modifications. • Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters.
✓	✓	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, which includes a review of: • Current and previous year's survey/spreadsheet/credentialing attestation/logs; • Identified qualifying physicians is provided to the department responsible for authorizing standing referrals. • Distribution of findings must be communicated within thirty (30) calendar days from the completion of the screening/survey assessment.

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

DESKTOP	ON-SITE	HIPAA SECURITY
✓		Submit all policies listed in the HIPAA Security Evidence request

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DESKTOP	ON-SITE	SECURITY ASSESSMENT TOOL
✓		Complete the attached Security Assessment Tool

DESKTOP	ON-SITE	ATTESTATION FOR REQUIREMENTS OF SB- 107
✓		Complete Requirements of SB- 107 Attestation Form

DESKTOP	ON-SITE	ECONOMIC PROFILING POLICY AND PROCEDURE AUDIT TOOL
✓		Complete the attached Economic Profiling Policy and Procedure Audit Tool

DESKTOP	ON-SITE	COMPLIANCE
✓		Transgender, Gender Diverse or Intersex (TGI) Inclusive Care Act training • Training logs for all training of staff to include hire dates and training dates.