

Contra Costa Health Plan				
Title/Subject: Delegation Oversight Process				
Department: Quality Management			Policy #: QM14.301	
Effective Date: 10/22/96	Quality Council Approval Dates: 3/26/2015, 12/10/2015, 4/27/2017, 8/22/2019, 6/8/2021, 10/11/2022	BIM Approval Dates: 5/8/2006, 11/27/2006, 11/1/2010, 6/25/2012	Recent Revision Dates: 4/19/2017, 3/5/2018, 2/4/2019, 8/2/2019, 6/4/2021, 2/2/2022, 4/28/2022	
Applies to:			Regulatory/Accreditation:	
	Medi-Cal	Yes	DHCS	Yes
	Medicare	No	DMHC	Yes
	Behavioral Health Care	Yes	NCQA	Yes
	Commercial - Employees	No	CMS	Yes

POLICY

Contra Costa Health Plan (CCHP) is responsible for assuring that quality care and service are administered to CCHP members when services are delegated to contracted providers. CCHP may fully or partially delegate care and service to its contracted providers.

Delegation or Memorandums of Understanding (MOU) arrangements are part of CCHP's contracting process. Before initiating these agreements, contracting entities must demonstrate that they have the capacity and the capability to reliably deliver the services that will be delegated. CCHP will conduct a predelegation audit. The predelegation process, will be used to determine the entities' ability to perform the delegated functions, prior to implementing a contract, delegation agreement or MOU with them. Current National Committee for Quality Assurance (NCQA) accreditation status will be considered when reviewing specific entities for inclusion in our network.

CCHP monitors delegates' performance through quarterly or semi-annual reporting and annual on-site and/or virtual audits. The frequency of oversight audits may be more often and focused, if issues are identified as part of a Corrective Action Plan. Since 2015, NCQA no longer requires CCHP to perform delegation audits on contracted entities that hold current NCQA accreditation for those activities: Kaiser (all delegated functions) and the University of California San Francisco (for credentialing/recredentialing). Currently the California Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) do not give any delegation oversight relief for NCQA accreditation status.

CCHP's precontractual and oversight audit tools are based on those from NCQA with the addition of both state and federal requirements.

PROCEDURE

I. CCHP may fully or partially delegate any of the following functions to its contracted providers:

Delegated Activities		
▪ Quality Improvement	▪ Credentialing	▪ Appeals and Grievances
▪ Utilization Management	▪ Claims Processing	▪ Network Management
▪ Health Education	▪ Disenrollment	▪ Member Rights & Responsibilities
▪ Cultural Linguistics	▪ Marketing	▪ Population Health Management

II. CCHP delegates the following functions to its contracted providers.

Oversight Functions	Kaiser	CCRMC	CFMG	PBM	UCSF	JMPN	CCBH	SHC
Quality Improvement:	Yes ¹	No	No	No	No	No	No	No
• QM Program, Work Plan, Annual Evaluation and Required Reports	Yes	No	No	No	No	No	No	No
• HEDIS	Data Provision	No	No	NA	No	No	No	No
• Member Satisfaction	Yes	No	No	NA	No	No	No	No
• Access / Timeliness Monitoring	Yes	No	No	NA	No	No	No	No
• Population Health Management	Yes	No	No	NA	No	No	No	No
• Clinical Practice Guidelines	Yes	No	No	NA	No	No	No	No
• Complex Case Management	Yes	No	No	No	No	No	No	No
• Service Improvements	Yes	No	No	NA	No	No	No	No
Utilization Management:	Yes ¹	No	No	No	No	No	Yes	No
• UM Program, Work Plan, Annual Evaluation and Required Reports	Yes	No	No	No	No	No	Yes	No
• UM Criteria	Yes	No	No	No	No	No	Yes	No
• UM Denials	Yes	No	No	No	No	No	Yes	No
• NEMT & NMT (Transportation)	Yes	No	No	No	No	No	No	No
Claims Processing	Yes ¹	No	No	Yes	No	No	No	No
Credentialing	Yes ¹	Yes	Yes	Yes	Yes ¹	Yes	No	Yes
Culture & Linguistics	Yes	No	No	No	No	No	No	No
Disenrollment	No	No	No	No	No	No	No	No
Grievances & Appeals	Yes	No	No	No	No	No	No	No
Health Education	Yes	No ²	No	No	No	No	No	No
Marketing	No	No	No	No	No	No	No	No
Member Rights & Responsibilities	Yes ¹	No	No	No	No	No	No	No
Network Management	Yes ¹	No	No	No	No	No	No	No

Oversight Functions	Kaiser	CCRMC	CFMG	PBM	UCSF	JMPN	CCBH	SHC	
Provider Orientations	Yes	No	No	No	Yes	No	No	Yes	
Facility Site Reviews	Yes ¹	No	No	No	No	No	No	No	
Key to the abbreviations:									
Kaiser	Kaiser Foundation Health Plan								
CCRMC	Contra Costa Regional Medical Center and Health Centers								
CFMG	Children's First Medical Group								
PBM	Contracted Pharmacy Benefit Management Company								
UCSF	University of California, San Francisco Medical Center								
JMPN	John Muir Physician Network								
CCBH	Contra Costa Behavioral Health								
SHC	Stanford Health Care, University Healthcare Alliance, Lucille Packard Medical Group								
Partial Delegation	Details are specified on delegation audit tools.								
¹ Does not require auditing because of their NCQA accreditation, but must still approve their QM and UM programs annually and review data on a regular basis. For DHCS, CCHP reviews activities we are accountable for that are not covered by NCQA Accreditation.									
² Dedelegated on 1/11/2021									

III. CCHP monitors delegated functions/activities via routine reporting. Information is reviewed by the Chief Medical Officer, Quality Director or designee and is reported to the appropriate committees Quality Council, Peer Review and Credentialing Committee or other committees, as appropriate.

IV. Audit Tools: Those used in precontractual, annual or targeted/focused oversight are based on a combination of NCQA standards and DHCS and DMHC regulatory requirements. Facility Site Reviews are conducted using the DHCS tools. Each CCHP department will determine the appropriate means of evaluating performance and reporting their results.

V. Ongoing Reviews: routine reporting is reviewed by the Chief Medical Officer; Quality Director; Director of Provider Relations, Contracts and Credentialing (e.g. credentialing/recredentialing); and/or the Director of Member Services, Marketing & Public Relations (e.g. appeals, grievances and disputes).

Several CCHP staff members are involved in reviewing appropriate information according to their subject matter expertise.

- a. The CCHP staff member contacts the designated staff member at the delegated organization to arrange audit activities.
- b. Information is requested prior to the visit to review documents prior to the on-site or virtual visit. Information not requested or provided prior to the visit, will be reviewed during the on-site or virtual audit. Requests may include but is not limited to the following documents:
 1. Program Description, Work Plan, and Annual Evaluation,
 2. Policies and Procedures,
 3. Required reports, and
 4. Lists for delegated file reviews: Credentialed and Recredentialed providers, Behavioral Health UM decisions, appeals and grievances, chronic case management, and sterilizations.
- c. File Reviews: CCHP requests, reviews and randomly selects the files to be pulled and reviewed on-site or virtually. The NCQA 8/30 rule is used for these reviews, unless a more targeted list is required as a result of a previous corrective action plan.

- VI.** Upon completion of the audit, the subject matter expert or their director will contact the contracted delegated provider informing them of the results.
- VII.** If opportunities for improvement have been identified from the audit, a Corrective Action Plan (CAP) will be developed and forwarded to the delegated provider. CAPs are required for all first time and repeat findings. The CAP will include the following:
- a. Audit findings,
 - b. Specific areas of deficiency,
 - c. Action needed to correct the deficiency,
 - d. Due date(s) and
 - e. Frequency and timing of re-audits, if necessary.

Re-audit of the CAP findings and response is scheduled according to the severity of the problem/issue(s).

- VIII.** Corrective Action Plan items are expected to be resolved within 60 days of communication of the audit results, unless otherwise indicated by the severity of the issue. If the delegated provider does not meet the 60 day goal, CAP items are reviewed with the delegate every 30 days until deficiencies are resolved.
- IX.** Serious deficiencies will be reviewed in Quality Council and/or the Peer Review and Credentialing Committee and could result in limiting the entity's membership/provider panel, revocation of some of the delegated responsibilities, financial sanctions, or termination of the contractual agreement.
- X.** Audit/report findings and Corrective Action Plans (or their summaries) are reported to the CCHP Chief Medical Officer and the appropriate committee: Quality Council, Peer Review and Credentialing Committee, or other committees, as appropriate.

Delegation Oversight Process Policy PM14.301 History

Quality Management

Title: Delegation Oversight Process

Origin Date:	10/22/96	Author:	P. Landrum, RN, QM Director
Revised:	03/25/98; 8/10/99	Author:	P. Landrum, RN, QM Director
Reviewed:	04/13/00	Reviewed by:	QM Dept., P. Landrum, RN, S. Pillow, RN
Revised:	10/04/01	Author:	P. Landrum, RN, QM Director
Revised:	01/14/02	Author:	S. Pillow, RN, QM Manager
Revised:	07/29/03	Author:	P. Landrum, RN, QM Director
Revised:	9/26/05, 01/23/06, 5/28/20016	Author:	E. Lent-Wunderlich, RN, Clinical Operations Officer BIM (Benefit Interpretation Committee)
Approved:	05/8/2006	Author:	E. Lent-Wunderlich, RN, Clinical Operations Officer BIM (Benefit Interpretation Committee)
Revised:	11/21/06	Author:	E. Lent-Wunderlich, RN, Clinical Operations Officer BIM (Benefit Interpretation Committee)
Approved:	11/27/06	Author:	Kevin Drury, QM Director BIM (Benefit Interpretation Committee)
Revised:	9/29/2010	Author:	Kevin Drury, QM Director BIM (Benefit Interpretation Committee)
Approved:	11/1/2010	Author:	Kevin Drury, QM Director BIM (Benefit Interpretation Committee)
Revised:	6/25/2012	Author:	Kevin Drury, QM Director BIM (Benefit Interpretation Committee)
Approved:	6/25/2012	Author:	Kevin Drury, QM Director BIM (Benefit Interpretation Committee)
Reviewed:	1/22/2013, 4/2/2014	Author:	Kevin Drury, QM Director
Revised:	3/12/2015	Author:	Kevin Drury, QM Director Quality Council
Approved:	3/26/2015	Author:	Kevin Drury, QM Director Quality Council
Approved:	12/10/2015	Author:	Kevin Drury, QM Director Quality Council
Revised:	1/24/2017	Author:	Kevin Drury, Quality Director Quality Council
Approved:	2/23/2017	Author:	Kevin Drury, Quality Director Quality Council
Revised:	4/19/2017	Author:	Kevin Drury, Quality Director Quality Council
Approved:	4/27/2017	Author:	Kevin Drury, Quality Director Quality Council
Revised:	3/5/2018	Author:	Kevin Drury, Quality Director Clinical Leadership Group
Approved:	3/8/2018	Author:	Kevin Drury, Quality Director Clinical Leadership Group
Revised:	2/4/2019	Author:	Kevin Drury, Quality Director Clinical Leadership Group
Approved:	2/7/2019	Author:	Kevin Drury, Quality Director Quality Council
Revised:	6/26/2019, 8/2/2019	Author:	Kevin Drury, Quality Director Quality Council
Approved:	8/22/2019	Author:	Kevin Drury, Quality Director Quality Council
Reviewed:	8/11/2020	Author:	Kevin Drury, Quality Director Quality Council
Revised:	6/1/2021	Author:	Elizabeth Price, RN, MPH Quality Council
Approved:	6/8/2021	Author:	Elizabeth Price, RN, MPH Quality Council

Applies to:

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|-----------------------------------|--|--|
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Medicare | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> BHC | <input type="checkbox"/> State Sponsored | <input checked="" type="checkbox"/> All <input type="checkbox"/> N/A |

Regulatory/Accreditation:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> DMHC: | <input checked="" type="checkbox"/> CMS: | <input checked="" type="checkbox"/> DHCS: |
| <input type="checkbox"/> Other Reg. References: | <input checked="" type="checkbox"/> NCQA: | <input type="checkbox"/> N/A |

Departments:

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|---|--|---|
| <input checked="" type="checkbox"/> Health Education/Cultural Linguistics | <input checked="" type="checkbox"/> Pharmacy | <input checked="" type="checkbox"/> Contracting Department (PR) |
| <input checked="" type="checkbox"/> Claims | <input checked="" type="checkbox"/> Member Services | <input checked="" type="checkbox"/> Credentialing |
| <input checked="" type="checkbox"/> Provider Affairs | <input checked="" type="checkbox"/> Quality Management | <input checked="" type="checkbox"/> Utilization Management |
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