

Delegated Credentialing-Strategies for Implementation and Compliance



Presenters:

- Kathy A. Remlinger, CPMSM Director, Provider Services and Credentialing
- Melissa Sandy, Lead Credentialing Specialist & Quality Control



Delegated Credentialing how it started

- 1997- Hershey Medical Center Contracting included delegation language (physician focused)
- Some agreements included fees for credentialing activities
- Collaboration with Enrollment and Quality Management
- Audits included site visit, medical record reviews (2001); and patient complaints
- Policy evolution – Delegated Credentialing/Site Review/Quality Monitoring



Delegated Credentialing

....how it works

- Contracts initiated – need Contract Management
 - Contracts initiated for reimbursement rates; delegation of credentialing is proposed for consideration
 - Delegation may not be feasible as determined by provider numbers
 - Standard delegation language is defined and includes details of items such as, but not limited to provider types; credentialing checklist, verification requirements, timeline for notification to payors, effective dates**; termination clauses; potential fees for credentialing activities; and enrollment spreadsheet data elements
 - **Effective Dates: contracts were historically created to accept our provider start dates rather than start dates approved by payors
- Delegation auditing – at least annually; requests for or by NCQA



Delegated Credentialing.... how it is supported

- First and foremost – a partnership with Enrollment is crucial
 - Dependent on structure of credentialing and enrollment within organization
- Continued support from Contract Management
- Establishing communication with the delegated payor contacts (responsible for audits)
- Secure sharing of data (how it has evolved)
- Policy Compliance:
 - Delegated credentialing policy
 - Other supporting policies; bylaws



Delegated Credentialing.... how it is supported

- Credentialing and Enrollment work in parallel through the entire process
- Shared communications, documentation (e.g. provider profiles; DocFinity) and database
- Collection of credentialing, privileging and enrollment supporting documentation collected at front end of application process
- Annual Audit – historical and current state



Delegation Audits how we comply



**Delegation Audits.....
how we comply**

Annual Delegated AUDIT FAIR Timeline



December | Planning & Readiness **Audit Governance established**

- Payor audit contacts confirmed
- Secure Audit fair folder created (Microsoft Teams)
- Semi-Annual delegated credentialing report finalized, including Provider enrollment roster.



January | File Selection & Validation **Audit Scope defined**

- Prior-year credentialing roster generated
- Audit Fair notification distributed to all delegated payors, outlining NCQA aligned review methodology and documentation standards
- Payors select audit samples (40 Initial / 40 Recredentialing files)
- Selected files reviewed, validated, and approved for audit submission



February | Audit Fair Launch **Controlled access enabled**

- Approved files and supporting documentation uploaded to the secure audit Folder
- Payor access validated via test link
- Formal notification issued confirming Audit Fair Opening



Delegation Audits how we comply

Annual Delegated AUDIT FAIR Timeline Continued...



February-May | Audit Execution

Ongoing compliance oversight

- Delegated Audit Fair Conducted
- Real-Time payor collaboration and audit support provided
- Findings tracked and addressed in accordance with NCQA requirements

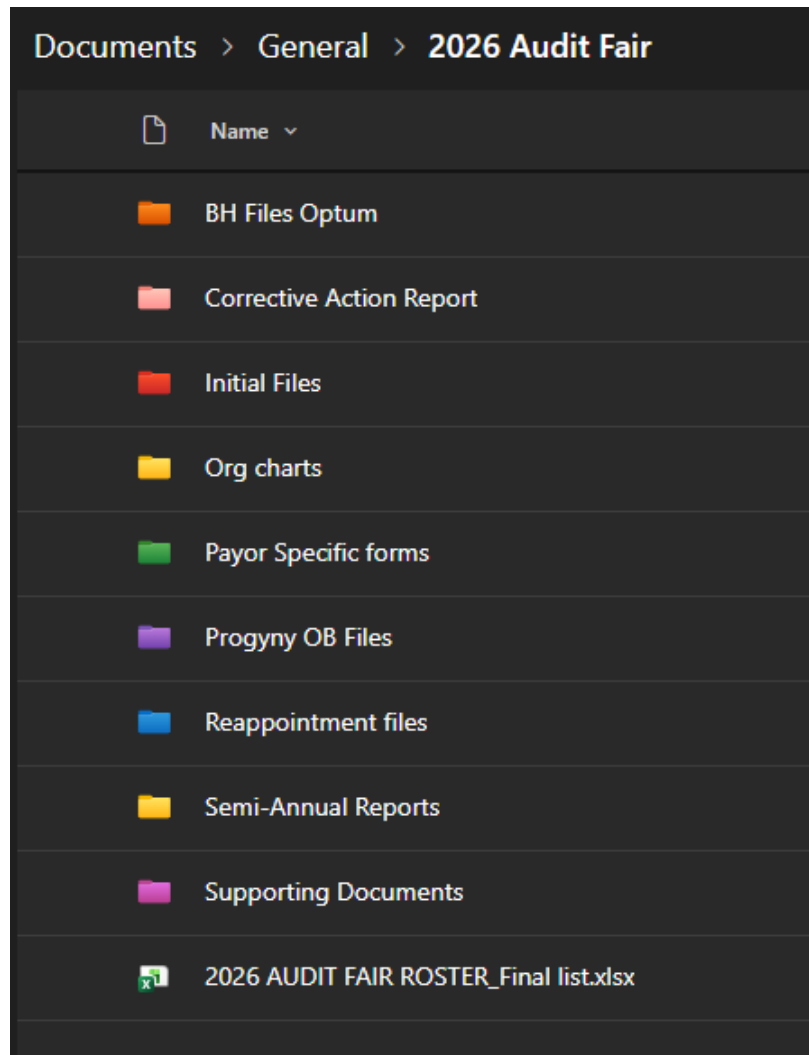


Audit Fair Duration

Ongoing compliance oversight

The audit fair runs from the 3rd Monday in February through the 2nd Friday in May





Secure File set up

- **Selected files**
 - Initial
 - Reappointment
 - Special (*OB/Behavioral Health*)
- **Organization charts**
 - Physician Services
 - Chief operating officer leadership
- **Payor specific forms**
 - Assessment tool
- **Semi-Annual reports**
(*Sent during the year but included in the audit fair documents*)
- **Supporting Documents**
 - Bylaws
 - Meeting Minutes
 - Policies & Procedures
 - Sanction monitoring
 - Joint commission accreditation



Delegation Audits

.....how we comply

Supporting Documents

Documents > General > 2026 Audit Fair > Supporting Documents

 Name ▾

 ByLaws

 Credentialing Committee Minutes and Membership

 Credentialing Information integrity audit and Analysis tool

 Policies & Procedures

 Sanction Monitoring

 TJC Accreditation

 MSHMC-PPE Policy.pdf

 PSHealth Credentialing Fair Notice to Payors-February 2024.docx

Governing Documents

(NCQA: CR1-Organizational structure & Authority)
Bylaws from each Penn State health entity Committee

Committee Oversight

(NCQA: CR 1, CR 6- Committee oversight; Delegated monitoring)
Credentialing committee meeting minutes (3 Months) and committee membership and attendance logs.

Information Integrity & Quality Controls

(NCQA: CR 3, CR 7- Information integrity; audit controls)
- Analysis spreadsheet, staff training materials, and sign-in documentation

Policies & Procedures

(NCQA: CR 2, CR 4, CR 5-Delegation agreements; credentialing processes)
Quality monitoring and improvement policy, Provider Services & Credentialing policy and application, Delegated Credentialing procedures and attachments, and the physician Medicare Opt-Out Provision.

Sanction Monitoring

(NCQA: CR 8- Ongoing monitoring & exclusions)
- Continuous documentation (12-Month period)

Accreditation Status

(NCQA: CR 6- Delegated entity oversight)
TJC Accreditation letters and/or certificates for each entity.



Standardization of Payor-Specific forms



- Improves consistency
- Enhances NCQA Compliance
- Reduces Administrative Burden
- Strengthens Audit readiness
- Decreases Risk of Errors



Delegate name: Penn State Health			
Delegates Email: kremlinger@pennstatehealth.psu.edu, msandy@pennstatehealth.psu.edu			
Delegates Phone #: Kathy Remlinger- 717-531-7180, Melissa Sandy- 717-531-7999			
Reporting Period: January 1st- June 30th July 1st- December 31st			
Does PSH credential mid-level providers? Yes ☒ No ☐			
Are PSH initial application processed with 180 days? Yes ☒ No ☐			
How often does PSH recredential providers? Every 2 years			
Activity Report			
	Primary Care (MD/DO)	Specialty Providers (MD/DO/DDS/DPH/PLD/P- NP)	Advanced Practice providers (CRNP, PA-C, CNS)
Total # of Initial			
Total # of Recreds:			
Total # of Resignations:			
Quality of care issues Only			
	Primary Care (MD/DO)	Specialty Providers	Advanced Practice providers
Total# of	0	0	0
Total # of Terminations:	0	0	0
New Sanctions Identified			
	Primary Care (MD/DO)	Specialty Providers	Advanced Practice providers
Total# of new	0	0	0
(If sanctions)	Source:	Action taken:	
Ongoing Sanction Monitoring			
Monthly Sanction monitoring is conducted by CVO (CNS, DNP/PharmD, GSA/ELPS, NP, PIC, ONAP, OPT-OUT)			
Date and staff member reviewing License sanction report by licensing entity.		Penn State health CVO	
Date and staff member reviewing Medicare and Medicaid Sanction		Penn State health CVO	
Total # of Practitioners in network identified as having new sanctions for State license and Medicare/Medicaid in		0	
Organization Activity			
Has PSH been under investigation by a regulatory body?	Yes	No ☒	
Does PSH have any third party delegation?	Yes	No ☒	
Any new Improvement Activities? (If yes, see comments below)	Yes	No ☒	
Comments			
N/A			
The undersigned hereby attest that the above information is truthful, accurate and complete.			
Printed Name	Kathy Remlinger, CPMSM / Melissa Sandy		
Date/Time	12/31/2024		

Semi-Annual Report



Audit Results & Corrective Action plan process



Audit results are documented in the Penn State Health Payor Audit Tracking report and maintained within the annual delegated audit secure folder.

When a Corrective Action Plan (CAP) is required:

- Legal consultation is initiated, as appropriate
- Required corrections are implemented and validated
- The completed corrective action plan and supporting documentation are submitted to all payors
- Corrective materials are also uploaded to the secure audit folder to ensure transparency for payors with audits still in progress.



Corrective Action



Corrective Action Report

To: All Payors

From: Penn State Health Credentialing Department

Date: March 19, 2026

Subject: Remediation of Recredentialing Application Documentation Findings

I. Statement of Finding

During the review of the Penn State Health recredentialing process, it was noted that the applications lacked specific, separate data fields for **Race, Ethnicity, and Language**. Additionally, it was identified that the mandatory **Non-Discrimination Statement** was not present on the recredentialing forms, though required for both initial and reappointment phases.

II. Corrective Action Plan (CAP) & Implementation

In response to these findings, the Credentialing Team has executed the following systemic updates to ensure full alignment with regulatory and accreditation standards:

- **Data Field Integration:** The recredentialing application has been structurally modified to include distinct, mandatory fields for **Race, Ethnicity, and Language**. This ensures granular data collection for provider profiling and compliance reporting.
- **Compliance Language Update:** The formal **Non-Discrimination Statement** has been permanently integrated into the recredentialing template. This ensures consistent legal and ethical disclosure across all stages of the provider's lifecycle with PSH (Initial and Reappointment).
- **Quality Assurance Review:** All digital and paper templates have been audited to confirm these updates are live and active within our credentialing system.

III. Evidence of Resolution

Attached to this report, please find the **updated Reappointment Application** reflecting the aforementioned changes. These updates were finalized and moved into production as of 3/19/2026.



PROFESSIONAL CLINICAL STAFF **REAPPOINTMENT** APPLICATION

For the Period: July 1, 2026, to July 1, 2028

Listed below are the Penn State Health entities for which you hold a current staff membership/privilege. Completion and submission of this form will signify your intent to renew your appointment to the listed entities, as well as comply with all regulatory requirements (e.g. CMS, TJC, NQQA), organizational bylaws, policies and procedures.

Current PSH Entity(s) *Blank dates mean the credentialing may be "in process" for that Entity	Entity Category	Original Cred Date	Entity Cred Start Date	Entity Recred DUE Date
Holy Spirit Medical Center	Active Staff	3/19/2024		3/1/2026

*Unless otherwise requested (resignation of employment-see last page), your staff membership/privileges will automatically expire at the end of the current appointment period.

Please review the information contained in the application for accuracy, make any necessary corrections, answer all questions and sign the documents where indicated. Please submit documentation to support your reappointment application and privileges, where instructed.

Please complete and return by **Friday, March 20th** to Credentialing@pennstatehealth.psu.edu

Provider Name: Date of Birth: NPI:	
Primary Employment Entity: Additional Employment Entity:	
Specialty(s):	
Home Address:	
Home Phone:	
Primary E-Mail Address:	
Current Primary Supervisor(s) (for Advanced Practice Only)	

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3/2026 Reappt App Non-Employed

PSH does not discriminate against or base credentialing decisions on the applicant's race, ethnicity or language. The following responses are optional.	
Race:	Ethnicity:
Sign or Foreign Language:	



Credentialing and Quality Control how we assess



Credentialing and Quality Control how we assess

- Internal quality control measures and checklists
- Continuous review of initial files and percentage of reappointment files
- Engage staff in auditing process

More to come.....LUNCH & LEARN
Coming Soon.....



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