CREDENTIALING SYSTEM CONTROLS AUDIT REPORT

National Committee for Quality Assurance (NCQA) requires the Health Plan to monitor its delegates to ensure appropriate oversight of credentialing system security controls was completed, at least annually.

Instructions: Complete the information below with all applicable information. All sections must be completed. If you conduct audits more frequently than annually, the Credentialing System Controls Report should be a summary of the multiple audits that were conducted during the look back period.

Additional Evidence:

- If requested, you will be required to provide evidence of the audit(s) you conducted.
- If noncompliant modifications were identified: Complete the "Noncompliant Modifications Report".

Delegate Name:				Verisys			
Delegate Person/ Title who conducted Audit:			Jennifer Gillespie, CHC, CHPC, CPCS, CPMSM, CCSFP				
Date(s) of Audit completed:				7/15/2022			
Time period of Audit:				7/1/2021-7/1/2022			
Audit included:	Electronic File	25	Paper Files			🗖 Both	
Audit Frequency:	Monthly		y 🗆	Semi-Annually	Annually	Other(explain)	

TYPE(s) OF CREDENTIALING SYSTEM Select the appropriate box(s) that applies to the type of credentialing system that your organization uses.						
	 Advanced system controls capabilities: Automatically records dates <u>and</u> prevents changes that do not meet the policy - <i>monitoring is not required</i>. <u>Note, if selected</u>: Your policy needs to describe how the functionality of the system ensures compliance and provide evidence or documentation of the advanced system control capabilities. (e.g., screen prints, etc). 					
OR						
\boxtimes	2. Credentialing System: Choose a., b., or c.					
	 a) The credentialing system can identify all noncompliant modifications. (Sampling is not allowed and all noncompliant modifications must be reviewed) 					
	 b) The credentialing system is not able to identify any modifications and/or paper files are used. (Sampling is allowed) 					
X	 c) The credentialing system can identify all modifications. (Sampling is allowed) 					

AUDIT MET	HOD	OLOGY	,							
Sampling: The audit of 5% or 50 files (minimum of 10/10) must contain files with modifications. If the original file sample										
did not include files that contained modifications, you must continue to pull files from the entire universe in the look back										
period (since last audit) until the minimum sampling size of files with modifications has been reached. Those files with										
modifications are then reviewed to determine if the modifications made are compliant or noncompliant.										
Modifications: Applies to credentialing information in elements CR 2 through CR 5.										
This section										
must be		Total Fi	ile Universe in look back period							
completed to			· · · · · · · · · · · · · · · · · · ·							
its entirety.										
	Sele	ct the ap	propriate au	dit method used:						
			5% or 50 files (min of 10 initial cred /10 recred) methodology was utilized							
				initial files reviewed recred files reviewed with						
				with modifications		modifications				
		\boxtimes	All files with modifications reviewed (no sampling utilized)							
			71 Number of files reviewed with modifications							
		Total file universe reviewed, no files with modifications were identified								
	_									
	Number (#) or percent (%) of Files with modifications that <u>did not meet</u>									
		your criteria:								
	 If noncompliant modifications were identified: Complete the "Noncompliant Modifications 									
	<i>Report"</i> report.									

CREDENTIALING SYSTEM CONTROLS AUDIT RESULTS

- An audit of all modifications to the credentialing system/files has been completed and all the modifications were deemed compliant based off our policies, procedures, and delegation agreement.
- An audit was completed of the entire universe and no modifications were identified based off our policies, procedures, and delegation agreement
- An audit of all modifications to the credentialing system/files has been completed and **noncompliant** modifications were identified based off our policies, procedures, and delegation agreement. *The report of all noncompliant modifications is attached.*

Name:

lif Selene

Date: _20230109_____

Signature of Person Completing the Report I attest the above information is truthful, accurate and complete to the best of my ability