

Delegated Credentialing Audit Checklist

All Things Credentialing · Your one-stop shop for credentialing, privileging & enrollment

For organizations that delegate credentialing to a provider group, IPA, health system or CVO. Align scoring and sample sizes with your accreditor's current standards and your delegation agreement.

GENERAL TEMPLATE — NOT LEGAL ADVICE. This document is a generic starting point from All Things Credentialing. It is not tied to any specific accreditor's standards, state law or payer contract. Adapt it to your bylaws, policies, current accreditation standards and applicable law, and have it reviewed by your compliance team or counsel before use.

Delegate name	
Audit type (pre-delegation / annual / focused)	
Audit date(s)	
Auditor(s)	
Look-back period	
File sample size and method	

1. Delegation agreement

Element	Evidence reviewed	Met / Partial / Not met	Notes
☐ Signed, current agreement			
☐ Delegated activities clearly described			
☐ Reporting frequency and content defined			
☐ Process for evaluating performance described			
☐ Remedies, including revocation, described			

2. Policies & procedures

Element	Evidence reviewed	Met / Partial / Not met	Notes
☐ Credentialing and recredentialing policies current and approved			
☐ Verification sources and time limits defined			
☐ Nondiscrimination safeguards			

☐ Practitioner rights (review, correct, status) addressed			
☐ Confidentiality of credentialing information			
☐ Ongoing monitoring of sanctions/exclusions defined			

3. Committee & oversight

Element	Evidence reviewed	Met / Partial / Not met	Notes
☐ Credentialing committee structure and minutes			
☐ Decision-making documented			
☐ Reports to delegating organization submitted on time			

4. File review (record results per file in the table below)

Element	Evidence reviewed	Met / Partial / Not met	Notes
☐ Initial credentialing files			
☐ Recredentialing files and cycle timeliness			
☐ Exclusion / sanction monitoring evidence			

5. Findings & follow-up

Element	Evidence reviewed	Met / Partial / Not met	Notes
☐ Deficiencies documented			
☐ Corrective action plan requested with due dates			
☐ Follow-up audit scheduled			
☐ Results reported to delegating committee			

File review tally

File #	Init/Recred	License	DEA	Education / Board	NPDB	Exclusions	Timely?
1							
2							

3							
4							
5							
6							
7							
8							
9							
10							

Review & sign-off

Role	Name / signature	Date
Auditor		
Delegation oversight manager		
Credentialing committee		