**Delegated Credentialing and Recredentialing Policies and Procedures**

**Additional Requirements for Plan to Plan**

Plan to plan best practices:

1. When a plan (delegatee) is a subdelegate for another plan (delegator), the delegator plan has the right to use or refuse to use any of the delegatee's providers, but may not ask the delegatee to remove the provider from the delegatee's own network.
2. Termination of a delegatee provider should be communicated to the delegator in a mutually agreed upon time frame and format (similar to adds), however, if the termination is immediate due to patient harm, then the delegatee should inform the delegator within 24 hours.
3. It is advised that operations staff from both parties be involved in the delegation agreement process.
4. Most plan to plan delegation requires strict ongoing monitoring of sanctions, etc.
5. A delegatee will be expected to comply with all Federal, CMS and state required directory accuracy requirements.

Examples include but not limited to:

* + CMS – Medicare Advantage quarterly outreach
  + Consolidated Appropriations Act
  + California SB137