



**Inland Empire Health Plan
2018 IPA Delegation Oversight Audit Tool
Sub-Contracted Facility/Agency Services and Delegated Functions**

This form is to be completed for all ancillary services where the IPA has established a contract directly with a facility or agency.

- Directions:
1. Mark yes or no (Y or N) for each **Service** listed where your IPA has established a contract.
 2. In the **CONTRACTED FACILITY/AGENCY** list the name of each contracting facility or agency.
 3. In the **ACCREDITED BY** column, indicate if the facility or agency is accredited and by whom
 4. In the **DELEGATED FUNCTION** column mark X in each row where your IPA has delegated any functions.

ANCILLARY SERVICE REVIEW							
Services	Y	N	Contracted Facility/Agency	Accredited by	Date Accreditation Expiration	Delegated Function	Date License Expiration
1. Alcohol/ Substance Abuse							
2. Home Health Agency							
3. DME, Orthotics, Prosthesis							
4. Mental Health							
5. Short-term Rehabilitation; P.T./O.T.							
6. Short-term Rehabilitation; Speech							
7. Hospice							
8. Infusion Center							
9. Renal Dialysis							
10. Family Planning							
11. Chiropractor							
12. Skilled Nursing Facilities							
13. Tertiary Care Facility							
14. X-ray							
15. Ultrasound MRI/CT							
16. Laboratory							
17. Surgi-Centers							
18. Urgent Care Centers							
19. Transportation (ambulance, ambi-vans)							

Note: The Delegated Credentialing function is evaluated separately