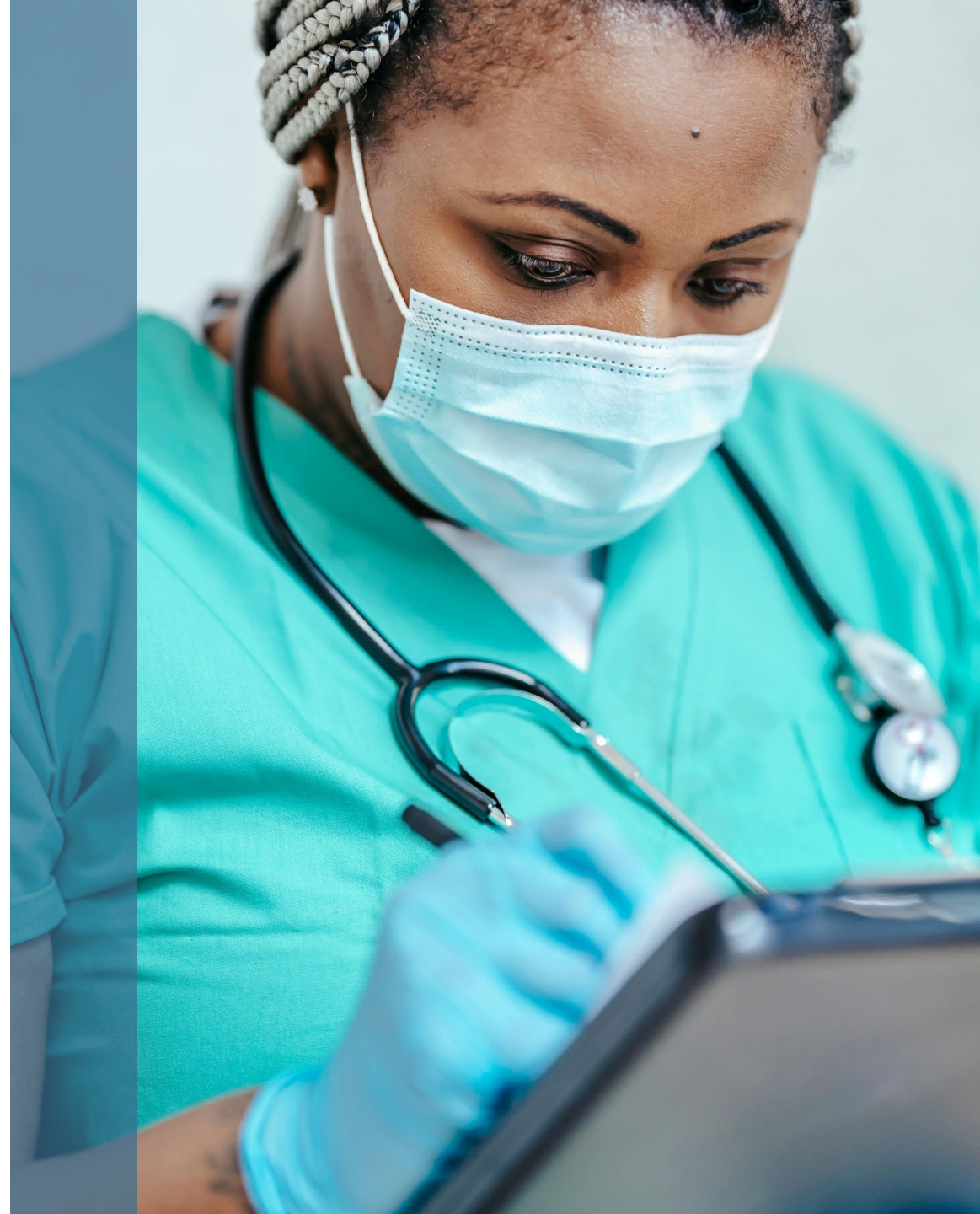




Credentialing Accreditation and Certification & Health Plan Accreditation Updates



Today's Speaker



Tsveta Polhemus, MPP

Assistant Vice President, Evaluation
Programs, Product Management
National Committee for Quality
Assurance

As Assistant Vice President, Product Management, Tsveta Polhemus steers NCQA's Accreditation product management efforts. Her role involves executing strategy and fostering cross-functional collaboration, aligning product roadmaps with the evolving needs of the healthcare market and ensuring high-value solutions for stakeholders.

NCQA's portfolio of payer-focused Evaluation programs include Health Plan Accreditation, Credentialing and Utilization Management. These programs enable healthcare quality improvement and help organizations align with state, federal, employer and other stakeholder needs. Tsveta is responsible for leading teams that develop new products and enhancements to existing NCQA programs.

Tsveta has over 15 years of industry experience, including private sector consulting for the Centers for Medicare & Medicaid Services (CMS), congressional internships and her work at NCQA.

Today's Discussion

1 NCQA Background

2 Single Credentialing Suite Overview

3 Accreditation & Certification

4 Enhancements & Updates Deep Dive

5 Role of AI in Credentialing

6 Q&A

National Committee for Quality Assurance (NCQA)

MISSION

To improve the quality of healthcare



Measure

Assess healthcare quality, promote transparency and guide performance improvement.

HEDIS, Quality Measurement Programs



Accredit

Evaluate organizations against standards for healthcare structures, processes and systems.

Health Plan Accreditation, Credentialing Accreditation & Certification, Health Outcomes Accreditation



Recognize

Highlight providers and practices that deliver high-quality care by meeting performance criteria.

Patient-Centered Specialty Care, Diabetes, Heart/Stroke

National Committee for Quality Assurance (NCQA)

IMPACT *As of 2024*



235 Million People

covered in health
plans that report
HEDIS®



72% of Americans

with health insurance
are covered in an
NCQA-Accredited plan



58,700+ Clinicians

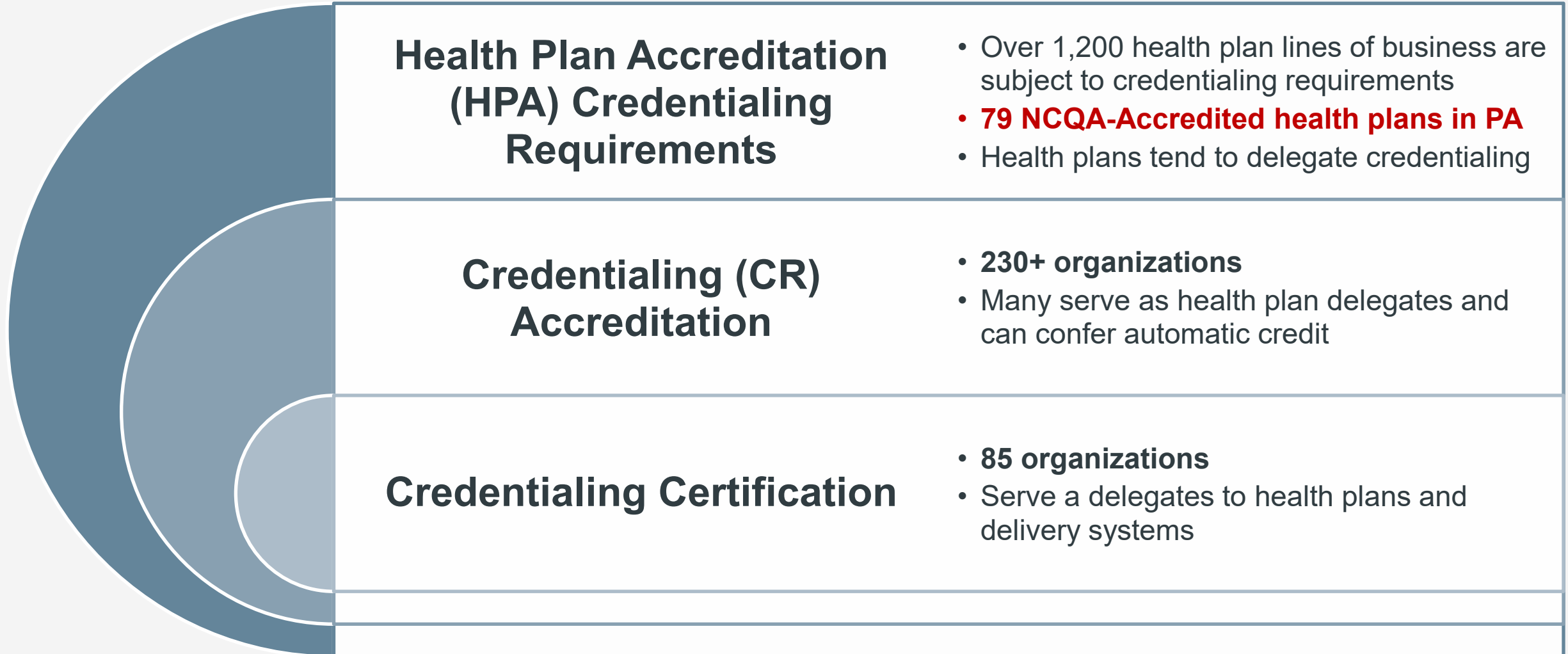
work in an
NCQA-Recognized
medical practice



11,700+ Entities

Accredited, Certified
or Recognized by
NCQA

NCQA's Credentialing Programs Suite



Benefits of Credentialing Program Updates



NEW INTERIM SURVEY OPTION: Provides glidepath for organizations new to NCQA



IMPROVED STANDARDS: Addresses customer abrasion and simplifies scoring



PAYER ALIGNMENT: Enables delegated credentialing and faster provider enrollment



MARKET DIFFERENTIATION: Differentiate and enter payer contracts



BURDEN REDUCTION: Allows organizations to focus on key quality improvement initiatives through reduced audit burden

Credentialing Program Enhancements Snapshot



STANDARDS

- Updated Verification Timeframes
- Race, Ethnicity, Language
- Ongoing Monitoring
- Information Integrity (formerly System Controls)



PROGRAM DESIGN

- Provisional Status for Credentialing Accreditation
- Full Credentialing Certification Status
- Interim Survey for Credentialing Accreditation
- Health Plan Accreditation Scoring Alignment

Informed By Industry Experts & Public Feedback

NCQA Public Comment

NOV 28, 2023 – JAN 15, 2024

NCQA States Webinar

JANUARY 2024

NAMSS Credentialing Webinar

DECEMBER 2023

Additional Feedback

JANUARY 2024



Credentialing Accreditation vs Certification

STANDARD CATEGORY	CREDENTIALING ACCREDITATION	CREDENTIALING CERTIFICATION
Internal Quality Improvement	Yes	Yes
Information Integrity	Yes	Yes
Delegation	Yes	Yes
Policies and procedures	Yes	Yes
Credentialing Committee	Yes	No
Application	Yes	Yes
Practitioner Rights	Yes	No
Credentialing Verification	Yes	Yes – Individual Certifications
Recredentialing	Yes	Yes
Assessment of Organizational Providers	Yes	No

Core Requirements – Apply to All

CR 1: Internal Quality Improvement

Element A: Quality Improvement

Program Structure

Element B: Analysis of Quality Activities

Element C: Action and Follow-Up
on Opportunities

Element D: Confidentiality Policies and Procedures

Element E: Personnel Management

Element F: Data Recovery and Back-Up

CR 2: Credentialing Information Integrity (Formerly System Controls)

Element A: Protecting the Integrity of Credentialing
Information

Element B: Information Integrity Training

Element C: Audit and Analysis

Element D: Improvement Actions

CR 3: Delegation of CR

Element A: Delegation Agreement

Element B: Predelegation Evaluation

Element C: Review of Delegate's Credentialing
Activities

Element D: Opportunities for Improvement

CR 1 Summary

- The organization has the QI infrastructure needed to improve its credentialing process.

CR 2 Summary

- The organization has credentialing information integrity policies and procedures, audits credentialing information for inappropriate documentation and updates and implements corrective actions that address identified information integrity issues.

CR 3 Summary

- The organization remains responsible for credentialing and recredentialing its practitioners, even if it delegates all or part of these activities.

CR Accreditation Only – Aligns with HPA CR Standards

CRA 1: Credentialing Policies

Element A: Credentialing Guidelines

CRA 1 Summary

- The organization has a rigorous process for evaluating and selecting practitioners.

CRA 2: Credentialing Committee

Element A: Credentialing Committee

CRA 2 Summary

- The organization designates a Credentialing Committee that uses a peer-review process to make recommendations regarding credentialing decisions.

CRA 3: Credentialing Application and Practitioner Rights

Element A: Credentialing Application

Element B: Practitioner Rights

CRA 3 Summary

- The organization confirms that practitioners have disclosed information that may adversely affect their ability to provide care and notifies practitioners of their rights.

CRA 4: Credentialing Verification

Element A: Verification of Credentials (file review)

Element B: Sanction Information (file review)

CRA 4 Summary

- The organization conducts timely verification of information to ensure that practitioners have the legal authority and relevant training and experience to provide quality care.

CRA 5: Ongoing Monitoring

Element A: Ongoing Monitoring

Element B: Appropriate Interventions

Element C: Actions Against Practitioners

CRA 5 Summary

- The organization develops and implements policies and procedures for ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles, and takes appropriate action against practitioners when it identifies occurrences of poor quality.

CRA 6: Recredentialing Cycle Length

Element A: Recredentialing Cycle Length

CRA 6 Summary

- The organization formally recredentials its practitioners at least every 36 months.

CRA 7: Assessment of Organizational Providers

Element A: Review and Approval of Provider

Element B: Medical Providers

Element C: Behavioral Healthcare Providers

Element D: Assessing Medical Providers

Element E: Assessing Behavioral Healthcare Providers

CRA 7 Summary

- The organization has written policies and procedures for the initial and ongoing assessment of providers with which it contracts.

Credentialing Certification – Aligns with HPA CR Standards

CRC 1: Written Policies and Procedures Element A: Policies and Procedures Element B: Review and Approval by a Governing Body	CRC 7: Verifying and Reporting Malpractice History Element A: Verifying Malpractice History (file review)
CRC 2: Verifying and Reporting Licensure Element A: Verifying Licensure (file review)	CRC 8: Verifying and Reporting State Licensing Sanctions Element A: Verifying State Licensing Board Sanctions (file review)
CRC 3: Verifying and Reporting DEA or CDS Certification Element A: Verifying DEA or CDS (file review)	CRC 9: Verifying and Reporting Medicare/Medicaid Sanctions Element A: Verifying Medicare/Medicaid Sanctions and Exclusions (file review)
CRC 4: Verifying and Reporting Education and Training Element A: Verifying Education, Training (file review)	CRC 10: Processing Application and Attestation Element A: Processing Application and Attestation (file review)
CRC 5: Verifying and Reporting Board Certification Status Element A: Verifying Board Certification Status (file review)	CRC 11: Application and Attestation Content Element A: Contents of the Application
CRC 6: Verifying and Reporting Work History Element A: Verifying Work History (file review)	CRC 12: Ongoing Monitoring of Sanctions and Exclusions Element A: Discovery and Reporting of Disciplinary Information Element B: Ongoing Monitoring Element C: Collecting Sanction Information

Application Attestation

APPLICABLE PRODUCTS:
CR ACCREDITATION AND CERTIFICATION,
HPA

2025 Standards

- Field to voluntarily collect practitioner race, ethnicity and language required
- The organization does not discriminate or base credentialing decisions on an applicant's race, ethnicity or language, and providing the information is optional



Efficiency
Opportunity

CAQH has a system that allows the practitioner to update application information electronically. NCQA accepts the last attestation date generated by this system as the date when the practitioner signed and dated the application to attest to its completeness and correctness.

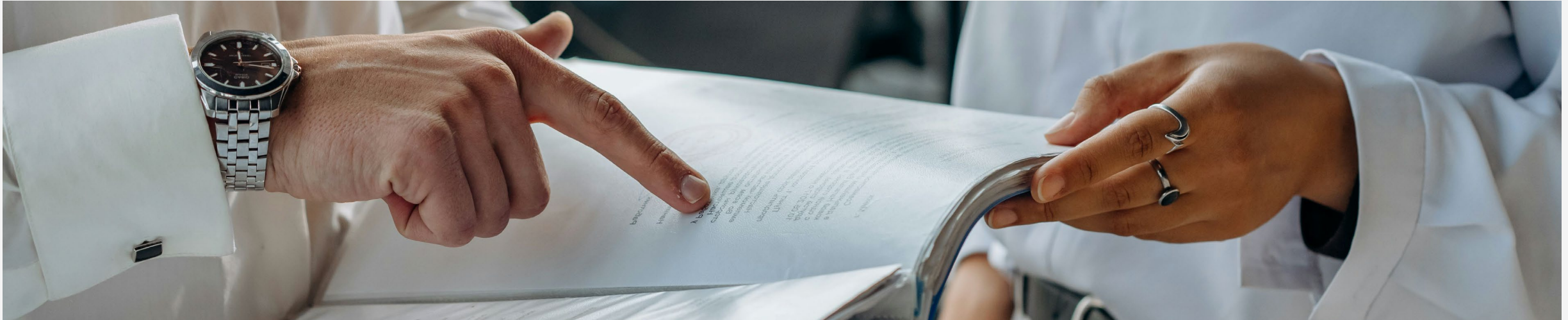
Note: CAQH requires practitioners to update the application every 120 calendar days.

Application Attestation Timeframes

APPLICABLE PRODUCTS:
CR ACCREDITATION AND CERTIFICATION, HPA

2025 Standards

- CR Accreditation/HPA: 180 days
- CR Certification: 120 days



Application

APPLICABLE PRODUCTS: CR ACCREDITATION AND CERTIFICATION, HPA

The application includes a current and signed attestation and addresses:

- | | |
|----|--|
| 1. | Reasons for inability to perform the essential functions of the position. |
| 2. | Lack of present illegal drug use. |
| 3. | History of loss of license and felony convictions. |
| 4. | History of loss or limitation of privileges or disciplinary actions. |
| 5. | Current malpractice insurance coverage. |
| 6. | NEW: Practitioner race, ethnicity and language. |
| 7. | Current and signed attestation confirming the correctness and completeness of the application. |



**Efficiency
Opportunity**

CAQH Universal Provider Datasource (UPD) or CAQH ProView, is an online platform where healthcare providers can submit and maintain their professional information. It's designed to streamline the credentialing process and reduce paperwork by allowing providers to submit their data once to multiple participating health plans.

Credentialing Accreditation Verification Timeframes

APPLICABLE PRODUCTS:
CREDENTIALING ACCREDITATION
AND HEALTH PLAN ACCREDITATION

2025 Standards

- 120 days
- Medicare and Medicaid exclusions required

CREDENTIAL	CR/HPA NCQA STANDARD	EXISTING CUSTOMERS	2025 STANDARDS UPDATE
License to Practice	180 Days	73 Days	120 Days
Board Certification	180 Days	76 Days	120 Days
Work History	365 Days	74 Days	180 Days
Malpractice History	180 Days	73.7 Days	120 Days
State Licensing Sanctions	180 Days	76 Days	120 Days
Medicare/Medicaid Sanctions	180 Days	82.6 Days	120 Days
New: Medicare/Medicaid Exclusions	N/A	N/A	120 Days

Medicare/Medicaid Sanctions Sources: State Medicaid agency, AMA, FSMB, NPDB, SAM.gov

Medicare/Medicaid Exclusions Sources: State Medicaid agency, List of Excluded Individuals and Entities maintained by OIG, NPDB, Medicare Exclusion Database

Verification Timeframes

APPLICABLE PRODUCTS:
CREDENTIALING CERTIFICATION

2025 Standards

- 90 days
- Medicare and Medicaid exclusions required

CREDENTIAL	CVO NCQA STANDARD	EXISTING CUSTOMERS	2025 STANDARDS UPDATE
License to Practice	120 Days	54 Days	90 Days
Board Certification	120 Days	57 Days	90 Days
Work History	305 Days	74 Days	120 Days
Malpractice History	120 Days	44 Days	90 Days
State Licensing Sanctions	120 Days	45 Days	90 Days
Medicare/Medicaid Sanctions	120 Days	43 Days	90 Days
New: Medicare/Medicaid Exclusions	N/A	N/A	90 Days

Medicare/Medicaid Sanctions Sources: State Medicaid agency, AMA, FSMB, NPDB, SAM.gov

Medicare/Medicaid Exclusions Sources: State Medicaid agency, List of Excluded Individuals and Entities maintained by OIG, NPDB, Medicare Exclusion Database

Ongoing Monitoring Interventions

APPLICABLE PRODUCTS:
CR ACCREDITATION, HPA

2025 Standards

Organizations review information from NCQA-approved sources at least every **30 calendar days**

- Report findings credentialing committee or other designated peer-review body
- Review and act on information found during ongoing monitoring



Ongoing Monitoring

APPLICABLE PRODUCTS:
CR ACCREDITATION AND CERTIFICATION, HPA

	The organization implements ongoing monitoring by:
1.	Collecting and reviewing Medicare and Medicaid sanctions.
2.	NEW: Collecting and reviewing Medicare and Medicaid exclusions.
3.	Collecting and reviewing sanctions, limitations and [NEW] expiration on licensure.
4.	Collecting and reviewing complaints.
5.	Collecting and reviewing information from identified adverse events.



Many organizations use the **NPDB Continuous Query** service to conduct ongoing monitoring across several sources. Organizations receive email notifications within 24 hours of report received by the NPDB.

Organizations also work with CVOs who specialize in ongoing monitoring by being able to pull data from multiple sources on an ongoing basis.

Expiration of licensure. The organization documents the license expiration date in the credentialing files or system, and monitors all licenses that will expire within the look-back period.

Credentialing Committee – Ongoing Monitoring

APPLICABLE PRODUCTS:
CREDENTIALING ACCREDITATION,
HPA

Appropriate Interventions

The organization reports the findings from ongoing monitoring to the Credentialing Committee, or other designated peer-review body, and implements interventions as needed.



Information Integrity (formerly System Controls)

APPLICABLE PRODUCTS: CR ACCREDITATION AND CERTIFICATION, HPA

Public Comment Recommendation

Replace System Controls with Information Integrity requirements

Move must-pass requirement to policies and procedures

Adjust look-back period requirements, where appropriate

Allow more frequent audits

Specify inappropriate documentation and updates

Change delegation oversight standards

Information Integrity (formerly System Controls)

APPLICABLE PRODUCTS: CR ACCREDITATION AND CERTIFICATION, HPA

Element A: Protecting The Integrity Of Credentialing Information

The organization has credentialing information integrity policies and procedures that specify:

1. The scope of credentialing information.
2. The staff responsible for performing credentialing activities.
3. The process for documenting updates to credentialing information.
4. Inappropriate documentation and updates.
5. The organization audits CR staff and the process for documenting and reporting identified information integrity issues.

FACTOR 1: SCOPE OF CREDENTIALING INFORMATION:

- The practitioner application and attestation.
- Credentialing documents received from the source or agent.
- Documentation of credentialing activities:
 - Verification dates.
 - Report dates (e.g., sanctions, complaints, identified adverse events).
 - Credentialing decisions.
 - Credentialing decision dates.
 - Signature or initials of the verifier or reviewer.
- Credentialing Committee minutes.
- Documentation of clean file approval, if applicable.
- Credentialing checklist, if used.

FACTOR 4: SCOPE FOR INAPPROPRIATE DOCUMENTATION AND UPDATES:

- Falsifying credentialing dates (e.g., licensure date)
- Creating documents without performing the required activities (e.g., photocopying a prior credential and updating information as new credential).
- Fraudulently altering existing documents (e.g., credentialing minutes)
- Attributing verification or review to an individual who did not perform the activity.
- Updates to information by unauthorized individuals.



Information Integrity (formerly System Controls)

APPLICABLE PRODUCTS:
CR ACCREDITATION AND CERTIFICATION, HPA

Element B: Information Integrity Training

The organization annually trains credentialing staff on:

1. Inappropriate documentation and updates (Element A, factor 4).
2. Organization audits of staff, documenting and reporting information integrity issues (Element A, factor 5).

FACTOR 2

Process for documenting and reporting inappropriate documentation and updates to:

- Organization's designated individual(s) when identified
- NCQA, when the organization identifies fraud and misconduct

Information Integrity (formerly System Controls)

APPLICABLE PRODUCTS:
CR ACCREDITATION AND CERTIFICATION, HPA

Element C: Audit and Analysis

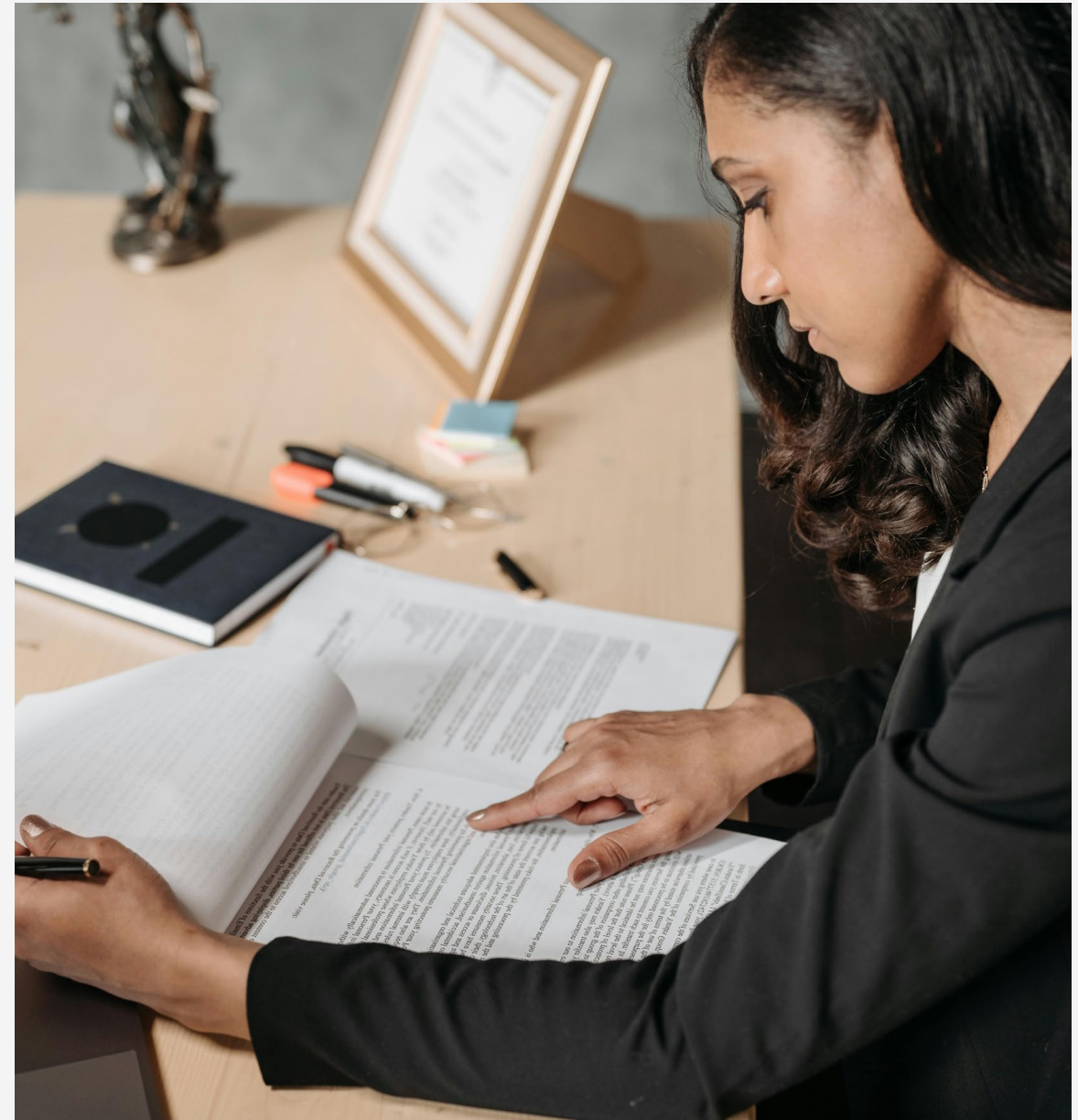
The organization annually:

1. Audits for Inappropriate documentation and updates to credentialing information.
2. Conduct qualitative analysis of inappropriate documentation and updates

FACTOR 1: AUDIT SCOPE

- Falsifying credentialing dates
- Creating documents without performing the required activities
- Fraudulently altering existing documents
- Attributing verification or review to an individual who did not perform the activity
- Updates to information by unauthorized individuals

Organization randomly audits a sample of practitioner files from the audit universe using 5% or 50 files, whichever is less





Information Integrity (formerly System Controls)

APPLICABLE PRODUCTS:
CR ACCREDITATION AND CERTIFICATION, HPA

Element D: Improvement Action

The organization:

1. Implements corrective action to address all inappropriate documentation and updates found in Element C.
2. Conduct an audit of the effectiveness of corrective action (factor 1) on findings 3-6 months after completion of the annual audit in Element C.

FACTOR 2

Organization audits effectiveness of corrective actions (factor 1) on findings within 3–6 months of the annual audit completed for Element C

EXCEPTION

This element is N/A if the organization did not identify any inappropriate documentation and updates, according to the audit and analysis report reviewed for Element C. NCQA assesses whether this conclusion is reasonable, based on results in the organization's audit and analysis report.

CR Accreditation and Certification Statuses and Scoring Redesign

Accreditation and Certification Program

DESIGN UPDATES

CR ACCREDITATION INTERIM SURVEY OPTION

Provides glidepath to Full Accreditation within 18 months for new organizations.

CR ACCREDITATION PROVISIONAL STATUS

Remove 2-year status for Credentialing Accreditation and replace with a Provisional status.

CR CERTIFICATION (NAME AND 3-YEAR STATUS)

Establish new program name.
Update from a 2-year to 3-year Status, with a 3-year look back period.

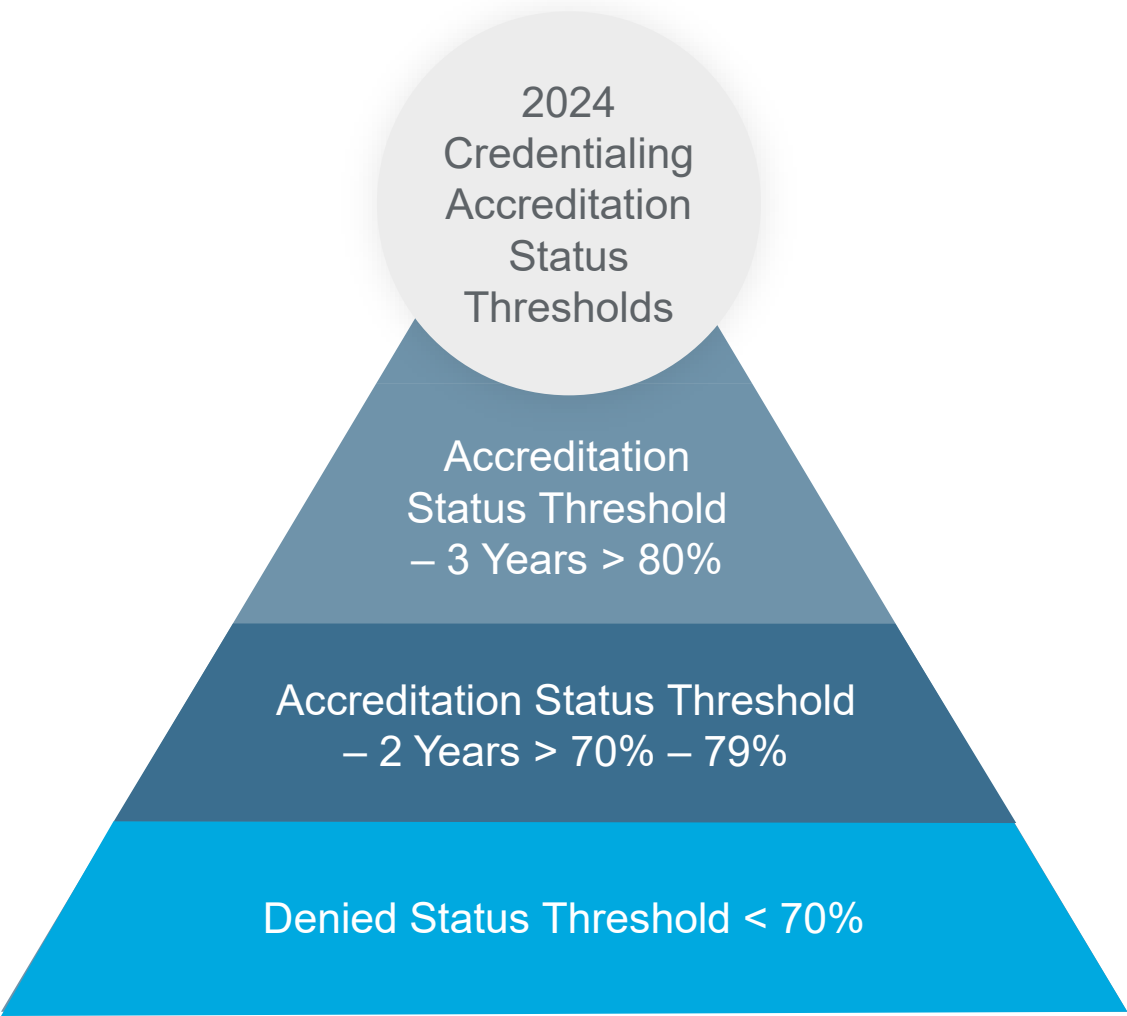
Points

ALIGNMENT WITH HEALTH PLAN ACCREDITATION

Current Scoring				
100%	80%	50%	20%	0%
6-7 factors	5 factors	3-4 factors	1-2 factors	0 factors
Points per element: 0.064 - 16.80				
Total Points: 100				

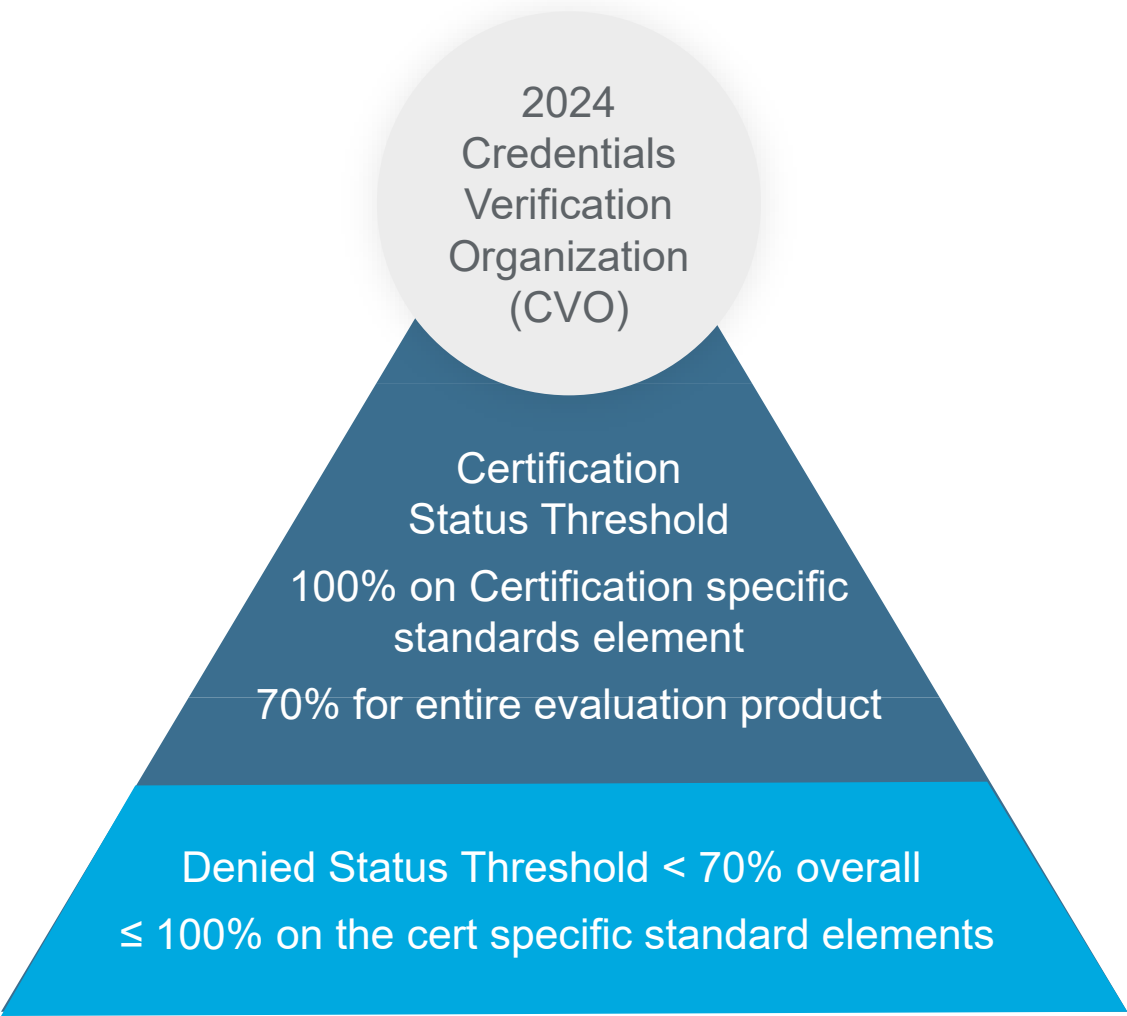
2025 and Beyond Scoring		
Met	Partially Met	Not Met
5-8 factors	3-4 factors	0-2 factors
Points per element: 0.5, 1 or 2		
Total Points: N/A		

CR Accreditation Status Thresholds



2025 Credentialing Accreditation	
Credentialing Accreditation Status	Percentage of Applicable Points Needed
ACCREDITED	80%
PROVISIONAL	55 – 79%
DENIED	Below 55%

CR Certification Status Thresholds



Role of AI in Credentialing

How AI is Changing Credentialing

Industry is shifting from:

- Manual, file-based processes
- Digital, data-driven workflows

Automation and AI accelerate:

- Data collection
- Issue identification
- Ongoing monitoring

AI changes *how* credentialing work is done
Accountability and responsibility do not change



What AI Is Actually Doing Today

AI Is Already Embedded in Many Credentialing Platforms

- Flagging discrepancies across data sources
- Identifying missing, expired or inconsistent credentials
- Comparing documents and primary source data at scale
- Supporting continuous monitoring instead of point-in-time checks

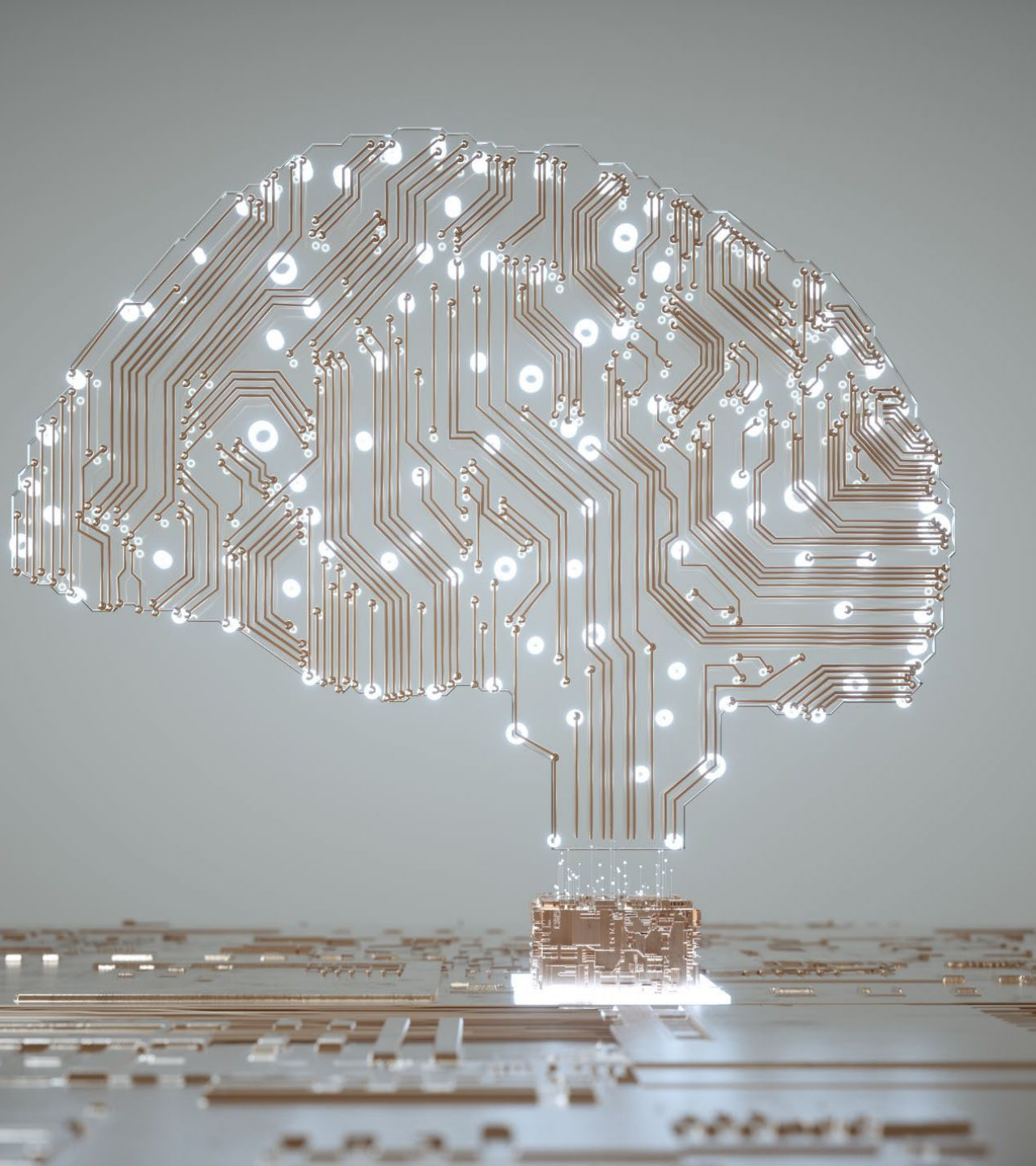
What AI Does Well

- Pattern detection
- Exception identification
- Surfacing issues earlier

What AI Does *Not* Do

- Replace professional judgment
- Approve credentials
- Eliminate audit responsibility





MSPs Role is Evolving

Less Focus On

- Manual data chasing
- Rebuilding files from scratch

More Focus On

- Oversight and quality assurance
- Exception review and escalation
- Governance and documentation
- Audit readiness and defensibility

What MSPs Should Ask

- How is verification performed?
- Where does the data come from?
- How are conflicts resolved?
- Who reviews and approves exceptions?

Announcements & Closing Remarks



Disclaimer

This presentation covers the most significant 2025 standards updates. Organizations are recommended to review the 2025 Standards and Guidelines for Credentialing Accreditation and Certification, which are available in NCQA's Store.

store.ncqa.org



Continue Learning With Us...

Visit NCQA's Credentialing Standards webpage to learn more:

[NCQA's Credentialing Webpage](#)

Watch our recent webinar, *The Power of NCQA's Credentialing Accreditation*:

[View the NCQA Webinar](#)



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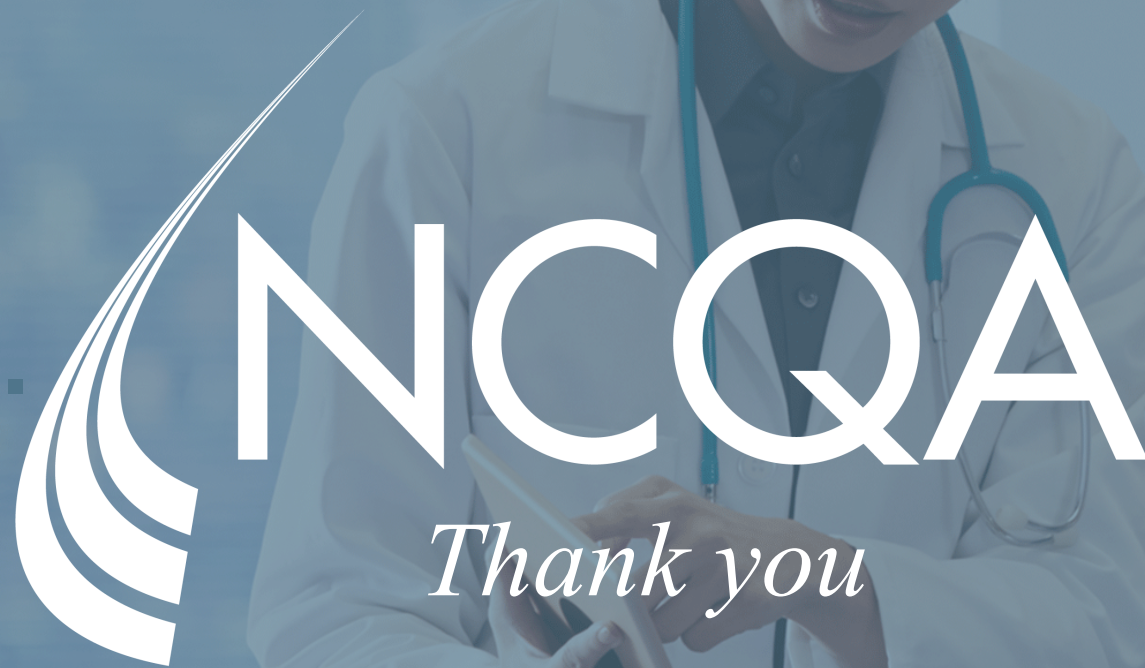
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Thank You.



Thank you