

A Comprehensive Guide to NCQA Credentialing Programs

An in-depth look at NCQA's Credentialing Accreditation and
Certification Programs.



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Section 1: Program Overview

CREDENTIALING ACCREDITATION

Credentialing organizations provide the full scope of credentialing services covered in the standards and guidelines, including:

- Initial verification of practitioners’ credentials through a primary source, through a recognized source or through a contracted agent of the primary source.
- A designated Credentialing Committee that reviews practitioner credentials and makes recommendations based on established criteria.
- Monthly monitoring practitioner sanctions, license expiration, complaints and quality issues between recredentialing cycles.
- Takes action.

Organizations have the opportunity to demonstrate the quality of their programs to employers, regulatory agencies and health plans, many of which may insist on NCQA Accreditation. For NCQA-Accredited Credentialing organizations contracting with organizations that have (or are seeking) NCQA Accreditation, the Accreditation process is facilitated with automatic credit for certain activities performed by the organization, which can significantly reduce requirements for oversight, minimizing the burden for all parties.

CREDENTIALING CERTIFICATION

Credentialing Verification Organizations (CVOs) verify practitioners’ credentials—their academic, licensing and clinical practice history—through a primary source, through a recognized source or through a contracted agent of the primary source. They then report the information to their clients. CVOs have systems in place to protect the confidentiality and integrity of the credentialing information they collect, and have a process for updating the information when appropriate. The NCQA CVO to Credentialing program evaluates verification operations and the processes CVOs use to continuously improve services provided to clients.

The NCQA Credentialing Certification program offers the following 11 credentialing evaluation products. All are required for NCQA-Accredited health plans, behavioral healthcare organizations (BHO) and for organizations with NCQA Accreditation in Credentialing, which are typically CVO clients.

1. License to Practice.	6. Malpractice Claims History.	10. Application and Attestation Content.
2. DEA or CDS Certification.	7. State Licensing Board Sanctions.	11. Ongoing Monitoring of Sanctions.
3. Education and Training.	8. Medicare/Medicaid Sanctions.	
4. Board Certification Status.	9. Practitioner Application Processing.	
5. Work History.		

The NCQA Credentialing Accreditation program evaluates organizations on key credentialing functions. Program requirements assess key aspects of Credentialing operations, focusing on consumer protection and improvements in customer service; for example:

1. Improving operations through an internal QI process.
2. Ensuring appropriate agreements and collaboration with clients.
3. Protecting credentialing information.
4. Ensuring that well-defined policies are in place for evaluating and selecting practitioners and for protecting data from unauthorized modification.
5. Ensuring a peer-review process for making credentialing decisions.
6. Verifying credentials at time of initial credentialing and recredentialing.
7. Ongoing monitoring of sanctions and complaints.



ORGANIZATION TYPE	GOAL	OUTCOME
Health Plans	<ul style="list-style-type: none"> Minimize the likelihood that a provider does not meet credentialing criteria Have a sufficient network of quality providers with appropriate credentials and designations 	<ul style="list-style-type: none"> Share correct and accurate data about clinical network with members Comply with state and federal regulations, NCQA requirements and other
Physician & Medical Groups	<ul style="list-style-type: none"> Minimizes amount of time and information needed to join a network and begin seeing patients 	<ul style="list-style-type: none"> Reduce administrative burden and maximize time with patients
CVOs	<ul style="list-style-type: none"> Make the credentialing process more efficient for customers Make credentials easily transferrable for providers across payers and systems 	<ul style="list-style-type: none"> Minimize the time it takes to validate credentials on behalf of their customers Prove that the data they offer to customers can be trusted
Employers	<ul style="list-style-type: none"> Ensure employee safety and quality care 	<ul style="list-style-type: none"> Ensure that Medicare and Medicaid funds are used for credentialed providers
State Agencies	<ul style="list-style-type: none"> Reduce administrative burden so that providers do not have to undergo multiple credentialing processes Ensure that Medicare and Medicaid funds are only used for credentialed providers 	<ul style="list-style-type: none"> Abide by federal credentialing requirements in administration and oversight of health plans and other stakeholders

Section 2: What is Credentialing Accreditation

WHAT IS CREDENTIALING ACCREDITATION

Credentialing is the process by which we evaluate the academic qualifications and clinical practice history of a provider, in a way that ensures the overall welfare of a safe healthcare system. It is mandatory that a healthcare organization establish their qualifications of their licensed medical professionals through the evaluation of their background, legitimacy, and permissibility as a healthcare provider.

NCQA Credentialing Accreditation evaluates the operations of organizations providing full-scope credentialing services, which includes verifying practitioner credentials, recredentialing and credentialing committee review of practitioners.

An organization that is NCQA Accredited is better positioned to receive a delegation agreement with a health plan faster, which means their providers will get enrolled faster.

FEATURES

- Deliver efficient and effective services
- Elevate your organizations' reputation
- More closely align with state requirements
- Expand revenue streams
- Secure new contracts
- Competitive advantage
- Preferred partner for payer contracts

Section 3: What is Credentialing Certification

WHAT IS CREDENTIALING CERTIFICATION

Credentialing Certification is designed for organizations that work on behalf of healthcare organizations to service the process to fulfill credentialing requirement duties. Some healthcare organizations take this approach to ensure the process's accuracy and efficiency and outsource the management of the credentialing process. Further, this function's importance allows the healthcare organization to enroll in health plans ultimately to be compensated. **NCQA Credentialing Certification** helps improve verification operations and protects consumers by ensuring a consistent, effective, and truly diligent verification process. Our standards help CVOs (Credentials Verification Organizations) first, identify gaps for improvement and then align their services with those that are desired by the contracting healthcare organizations.

FEATURES

- Deliver efficient and effective services
- Elevate your organizations' reputation
- More closely align with state requirements
- Expand revenue streams
- Secure new contracts

Section 4: Credentialing Accreditation and Certification Stauses and Scoring

Each element will be scored as 'Met', 'Partially Met, or 'Not Met.'

Met	Partially Met	Not Met
5 - 8 Factors	3 - 4 Factors	0 - 2 factors

Organizations can earn up to 0.5, 1 or 2 points per element.

CREDENTIALING ACCREDITATION STATUSES

2025 Credentialing Accreditaion	
CREDENTIAL ACCREDITATION STATUS	PERCENTAGE OF APPLICABLE POINTS NEEDED
ACCREDITED	80%
PROVISIONAL	55-79%
DENIED	BELOW 55%

Accredited Status

- Full Accreditation with a 3-year status.

Interim Survey Option

- Provides glidepath to Full Accreditation within 18 months for a new organization.

Provisional Status

- Organizations that receive Provisional Status will be resurveyed within twelve months on the elements that they scored below the 'Met' threshold.

CREDENTIALING CERTIFICATION

2025 Credentialing Certification Status

CORE ELEMENTS

+

APPLICABLE CERTIFICATION OPTION(S)

To earn 1 or up to 11 Certification Statuses, organizations must earn 70% of core elements and the applicable certification option

- 3-year status survey cycle to align with other NCQA programs.

Section 5: Standard and Element Crosswalk

UNDERSTANDING THE DIFFERENCE BETWEEN CREDENTIALING ACCREDITATION AND CREDENTIALING CERTIFICATION PROGRAMS

Our Credentialing Accreditation and Credentialing Certification programs provide the framework for evaluating the provider history, legitimacy, and permissibility as a healthcare provider, to at the end of the day, drive improved patient outcomes and experiences.

NCQA Credentialing Programs

Credentialing Accreditation and Credentialing Certification Comparison



STANDARD CATEGORY	CREDENTIALING ACCREDITATION	CREDENTIALING CERTIFICATION
Internal Quality Improvement	✓	✓
Information Integrity	✓	✓
Delegation	✓	✓
Policies and procedures	✓	✓
Application	✓	✓
Credentialing Verification	✓	✓ - Individual Certifications
Recredentialing	✓	✓
Credentialing Committee	✓	✗
Practitioner Rights	✓	✗
Assessment of Organizational Providers	✓	✗

Verification Timeframes

NCQA has designed the time frame for completing reviews to allow organizations to access and work with more current data and get practitioners enrolled into networks faster.

CURRENT AND TIMELY DATA	CREDENTIALING ACCREDITATION	CREDENTIALING CERTIFICATION
License to Practice	180 Days	90 Days
Board Certification	120 Days	90 Days
Work History	180 Days	120 Days
Malpractice History	120 Days	90 Days
State Licensing Sanctions	120 Days	90 Days
Medicare/Medicaid Sanctions	120 Days	90 Days
Credentialing Application Attestation	180 Days	120 Days
Medicare/Medicaid Exclusions	120 Days	90 Days

Section 6: Benefits of Credentialing Accreditation and Credentialing Certification

IMPROVE EFFICIENCY AND ACCURACY

- **Speed up enrollment time.** Get new practitioners credentialed and working more easily and quickly.
- **Reduce burden.** Accreditation demonstrates that your organization has appropriate policies and procedures, which can help reduce the audit burden for medical staff.
- **Process improvement.** Standards help identify areas that need improvement and align services with what potential contracting organizations want.

EXPAND REVENUE STREAMS AND SECURE CONTRACTS

- **Improve contracting.** NCQA standards help you build a framework for implementing best practices to demonstrate your commitment to continuous quality.
- **Align with health plans.** Plans that delegate credentialing activities to NCQA-Accredited organizations can receive automatic credit on their Accreditation Survey. Accredited organizations are attractive contracting partners.
- **Boost your reputation.** NCQA is the largest accreditor of health plans. NCQA Accreditation is widely known as the gold standard in the industry. Earning Accreditation can help you stand out in a competitive space and enlarge your potential client base.
- **Align with state requirements.** Adopting industry best practices improves the likelihood that your organization's operations are in alignment.
- **Elevate your organization's reputation.** Demonstrate the quality of your organization's programs to employers, regulatory agencies, health plans and Behavioral Health Organizations (BHO).

Section 7: Delegation for Credentialing

Delegation occurs when an organization gives another entity the authority to perform an activity that the organization would otherwise perform to meet a requirement in the NCQA standards and guidelines (e.g., credentialing).

When delegation exists, NCQA holds the delegating organization responsible for delegated NCQA activities, and requires the organization to oversee that the delegate performs the activities in accordance with NCQA requirements.

NCQA evaluates delegation in two ways:

1. Directly evaluates delegate performance in conducting the delegated functions.
2. Evaluates whether the organization conducts the required delegate oversight.

Delegation: Keys to Success



Regardless the type of delegate, there are a few simple keys to success that can help lead to a positive delegation experience:

- Ensure that the delegate capacity to perform is evaluated before signing the delegation agreement.
- Ensure that the delegation agreement clearly identifies the responsibilities of both delegate and health plan, complies with current NCQA requirements and is signed and dated.
- Agree on responsibilities and identify subdelegates.
- Designate the internal staff and/or committee responsible for delegation oversight.
- Determine reporting requirements and meet with the delegate regularly.
- Ensure that reports from the delegate are scheduled and analyzed regularly.
- Schedule a date to perform the formal annual assessment and ensure that the delegate receives timely feedback.
- Implement timely corrective actions and reassess, as necessary.

CVOs

Health plan, BHO or Credentialing clients seeking NCQA Accreditation (or that have NCQA Accreditation) that delegate to an NCQA-Certified CVO are relieved of formal oversight review for all evaluation products (elements) for which the CVO has earned Certification. This means that for NCQA-Certified CVOs and their clients:

1. There is no requirement for the client to perform a predelegation evaluation of the CVO.
2. There is no requirement for the client to receive and review semiannual reports from the CVO.
3. There is no requirement for the client to annually evaluate the CVO's performance against NCQA standards.
4. There is no requirement for the client to conduct an annual audit of CVO credentialing files.
5. Clients receive automatic credit for verifications completed by the CVO.

Note: NCQA assesses the client for timeliness of the credentialing decision.

Waiving the requirement for performing these activities reduces burden and cost on CVOs and their clients. NCQA offers the same form of relief for other types of CVO clients if they are eligible for an NCQA Accreditation or Certification program that includes credentialing verification activities.

SUBDELEGATION

When a delegate subdelegates to a third entity, either the delegate or the organization oversees the subdelegate's work. The delegation agreement between the organization and the delegate specifies the entity responsible for overseeing subdelegates. If the delegate oversees the subdelegate, the delegate must report to the organization regarding the subdelegate's performance. NCQA confirms that oversight of the subdelegate is performed according to its standards. The organization is responsible for oversight of all activities performed by the delegate and subdelegate on its behalf.

AUTOMATIC CREDIT

When an organization delegates defined activities to an entity or subdelegate that is NCQA-Accredited/ Certified, the organization undergoing review benefits from NCQA's prior review of the delegate, as follows:

1. **Oversight relief.** The organization is not required to perform certain oversight activities and receives full credit for the activities in its survey.
2. **Automatic credit.** The organization receives full credit for meeting a standard, element or portion thereof, based on the delegate's NCQA status.

Section 8: Optimizing Delegation

Finding the right partner is a critical component of a successful delegation relationship. It's useful to consider these criteria when evaluating a potential delegate:

1. Is the entity NCQA Accredited/Certified for the function being delegated?
 - If so, it's likely that the function will be performed to NCQA specifications.
2. If the entity is not NCQA Accredited/Certified, will it work with you to achieve Accreditation/Certification?
 - If so, can it earn Accreditation within a timeline that meets your needs? Do you have resources to help it meet NCQA requirements?
3. Is the entity capable of performing the function?
 - Does it have established systems and processes, and enough staff to handle the scope of delegation? If there are gaps in capability, will the entity work to achieve the level of capability needed?
4. Do your incentives align?
 - Can you work with the entity to achieve common goals?
5. Can the partnership evolve?
 - Can you and the entity work together as strong partners?

Partner With NCQA Accredited/Certified Delegates

Partnering with a delegate that has current NCQA Accreditation/Certification status can reduce your oversight burden and result in receiving automatic credit during your NCQA Survey.

When a health plan delegates activities to an entity or uses a wholly owned subsidiary/family company, subdelegate or vendor that is NCQA Accredited/Certified, the plan receives the benefit of NCQA's previous review of the delegate/vendor.

Corporate Families

Corporate families represent a unique relationship between organizations that perform activities on each other's behalf within the purview of NCQA standards.

To determine if a corporate family relationship exists, NCQA ascertains if the organization being reviewed shares common ownership or control with the organization performing the activity. The concepts of common ownership and control are based on two models:

1. **For-profit model:** The parent organization controls its wholly owned subsidiaries.
2. **Not-for-profit model:** The not-for-profit organization controls related organizations through a membership agreement or other governance structure. The concept of "control" in the not-for-profit model is akin to the "wholly owned" concept in the for-profit model.

If an organization that shares common ownership or control with the organization under review also performs activities required by NCQA:

1. NCQA evaluates a written acknowledgment or an official document from the organization specifying where another corporate family member performs functions evaluated by NCQA requirements.
2. NCQA evaluates documentation (including procedural or structural components of the standards and guidelines) from the corporate family member that performs the activity.
3. NCQA does not evaluate or require documentation of oversight of the affiliated organization.
4. If the corporate family member that performs the activities is NCQA Accredited, NCQA Certified or NCQA Recognized, the organization under review may be eligible to receive automatic credit for specified activities.

If the entity performing the activities is affiliated with a corporate family, but is not wholly owned or controlled by the same entity that owns or controls the organization under review, NCQA considers this to be delegation and all requirements contained in this appendix, including oversight, apply.

Delegating to NCQA-Accredited/Certified or NCQA-Recognized Organizations

When an organization delegates defined activities to an entity or uses a wholly owned family member, subdelegate or vendor that is NCQA Accredited/Certified or NCQA Recognized, the organization under review benefits from NCQA's previous review of the delegate/vendor, as follows:

1. **Oversight relief.** The organization is not required to perform certain oversight activities and receives full credit for the activities in its survey.
2. **Automatic credit.** The organization receives full credit for meeting an element or a portion thereof, based on the delegate/vendor's NCQA status.



GET STARTED TODAY

START YOUR CREDENTIALING ACCREDITATION AND CERTIFICATION JOURNEY:

Step 1: Learn the Process

Step 2: Contact an NCQA Representative

Step 3: Get Education and Training

Step 4: Purchase the Standards and Guidelines

Step 5: Purchase the Survey Tool

GET STARTED TODAY

Find out how Credentialing Accreditation or Certification can support your contracting relationships.

VISIT: www.ncqa.org/programs/health-plans/credentialing/.



National Committee for Quality Assurance

1100 13th St. NW, Third Floor
Washington, D.C. 20005

ncqa.org