Credentialing, the process of checking the credentials of health care practitioners and facilities, protects consumers from fraud by ensuring that practitioners and facilities have the proper qualifications to deliver health care services. Many stakeholders share responsibility for credentialing, and most states and the federal government have laws that affect how credentialing is performed. Accredited plans use NCQA’s credentialing standards when contracting with practitioners and facilities.

Unfortunately, fraud is not something that only happens in the movies. Last year, an airline pilot posing as a cardiologist fooled hospitals, universities and the American Medical Association into giving him large speaking fees.¹ In California, two unqualified people posed as a dermatologist and a naturopathic provider, resulting in patient harm.² The process of credentialing, which verifies the training, qualifications and practice history of a practitioner, protects consumers from being duped. It also protects consumers from practitioners that have had sanctions levied against their licenses.

**NCQA’s Credentialing Standards**

NCQA-Accredited health plans credential practitioners to whom they direct members through a provider directory or by other means.³ The credentialing process verifies a practitioner’s claimed qualifications against primary sources. Health plans verify with a state or designated certification body that a practitioner is licensed to practice medicine. Plans also verify a practitioner’s Drug Enforcement Agency or Controlled Dangerous Substances certificate, education and training (including board certification), work history and history of professional liability claims.

Accredited health plans determine if health care practitioners have sanctions or restrictions on their medical licenses. These “adverse actions” due to dangerous behavior are logged in the National Practitioner Data Bank (NPDB), a database that health plans check during the credentialing process.⁴ A plan that does not use the NPDB can consult directly with the appropriate state agencies and medical boards. This helps protect consumers from practitioners who hold a license but may have harmed patients.

¹ [http://www.nbcnews.com/id/40630166/#.Um6wXhCpDmg](http://www.nbcnews.com/id/40630166/#.Um6wXhCpDmg)
³ NCQA requires plans to credential all practitioners with whom they have an “independent relationship,” such as primary care physicians, non-hospital-based specialists and behavioral healthcare providers, among others. Plans also credential practitioners at Federally Qualified Health Centers and other “Essential Community Providers” if the plan directs its members to see them.
⁴ The NPBD is operated by the Health Resources and Services Administration [http://www.npdb-hipdb.hrsa.gov/](http://www.npdb-hipdb.hrsa.gov/)

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Health plans assess whether facilities are accredited by a national accrediting organization such as the Joint Commission; if they are not, plans must perform a site visit every three years. Practitioners who furnish care at a facility (such as a hospital) and only interact with members as a result of their role at the facility are credentialed by the facility. Plans assess the facility’s process for credentialing the practitioners who work there. The policy and procedure must address the facility’s process to credential practitioners that work there.

Take an example of an anesthesiologist. If he or she practices at a hospital and only consults on surgeries, an NCQA Accredited health plan would be required to have a policy ensuring the hospital has credentialed the practitioner. If the anesthesiologist consults on surgeries, practices at a separate pain clinic and is listed on the health plan’s provider directory, the health plan would need to credential the physician.

Recredentialing
NCQA asks accredited health plans to recredential practitioners every three years, although many do it more frequently. Recredentialing lets plans know if the status of a practitioner’s license has changed. The process is very similar to the original credentialing process, however plans do not need to re-verify a practitioner’s education, training and work history. In addition, accredited plans monitor provider sanctions and complaints between recredentialing cycles, so they can act on quality and safety issues that arise.

Credentialing Policy Issues
Laws governing credentialing are typically crafted at the state level. Some states have made efforts to streamline the process: a proposed bill in New Mexico would identify a single entity to perform credentialing functions for all state managed-care plans. In Massachusetts, stakeholders worked together to develop an organization that serves as the data repository for practitioner credentialing information, allowing managed care plans and others to tap one database, instead of several. Policymakers have developed proposals at the federal level to develop a voluntary national medical licensing system and national data repository for credentialing information. NCQA supports efforts to reduce burden on practitioners and managed care plans and works with policymakers to ensure coordination with NCQA’s Accreditation standards.

Credentialing and Scope of Practice
Credentialing does not limit or expand a practitioner’s license. “Scope of practice” is a separate issue that is typically decided by states. For example, whether nurse practitioners and physician assistants may manage their own practice and panel of patients is not dictated by credentialing requirements, nor is the ability to prescribe medications. Credentialing ensures that a practitioner’s license is legitimate and in good standing.