Verifiable

eBook

What You Need to Know About NCQA Credentialing Standards in 2025 and Beyond

Updates to NCQA guidelines go into effect *July 1, 2025.* **Is your organization prepared?**

New standards will make achieving compliance more challenging, especially if you still handle credentialing manually. But there's still plenty of time to take action; implementing the right tools and technology now not only positions your organization for achieving compliance in 2025, but offers a new way forward for streamlined and reliable credentialing and network monitoring for years to come.

In this ebook, we'll highlight what changes you can expect in 2025, break down NCQA credentialing standards, and outline how your organization can prepare.

Table of Contents

01 How NCQA Credentialing Guidelines are Changing in 2025

Considered the gold standard for healthcare quality, the National Committee for Quality Assurance (NCQA) sets and regularly updates the standards and framework used to assess and validate the qualifications of practitioners to ensure safe and effective care delivery.

2025 updates to NCQA guidelines include changes to primary source verification timeframes, new language concerning social demographic data collection, updates to ongoing monitoring requirements, and more.

Below are the two key updates that will likely have the biggest impact on credentialing teams.

Reduced Verification Timelines

Certified and accredited organizations are required to verify a practitioner's licensure, board certification, work history, malpractice record, state licensing sanctions, and Medicare/ Medicaid sanctions. According to previous guidelines, once these verifications are completed, certified credentialing organizations must make a final decision on a practitioner within 120 days. For accredited health plans, this decision must be made within 180 days.

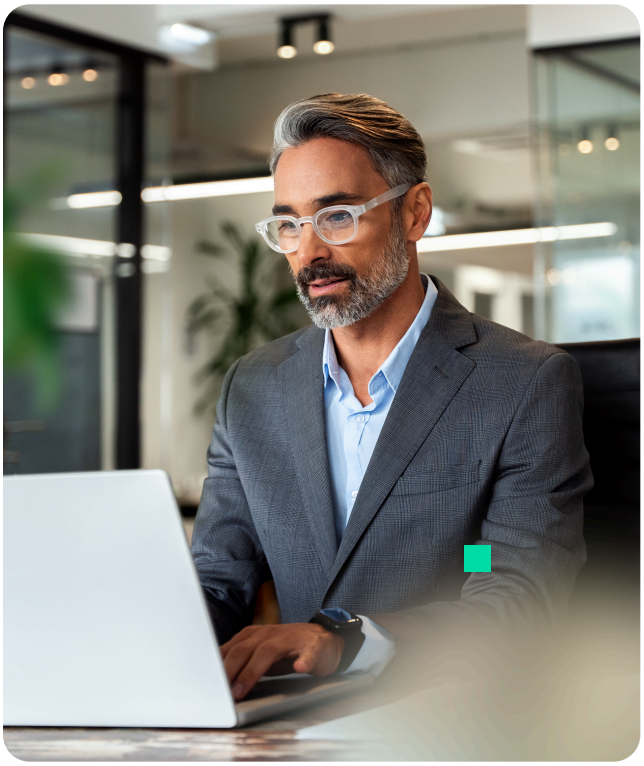
On July 1, 2025, both of those timeframes will decrease:

Certified credentialing organizations must make a **final decision** on a practitioner **within**

90 days

Accredited health plans must make a **final decision** on a practitioner **within**

120 days



Ongoing Monitoring

New requirements define how practitioners must be monitored between credentialing events impacts both certified and accredited organizations:

- SAM and Medicare/Medicaid Exclusion monitoring frequency must now be completed at least every month, with each monitoring event taking place no more than 30 days apart.
- Organizations must now both monitor licensure expirations and re-verify at license expiration to remain compliant. Within the 2-3 year re-recredentialing period, an expiration typically occurs.

Previously, there wasn't specific language outlining monitoring requirements for either of the above; SAM and Medicare/Medicaid exclusion monitoring was considered a best practice, and only sanctions and limitations (not expirations) monitoring was mandatory. These changes will push organizations to adopt new solutions that manage expirations at a high volume.

Credentialing Information Integrity

Previous language surrounding credentialing information integrity was vague (previously referred to as "Systems Control"), but that's changing now: the onus is firmly on organizations to take a more proactive approach to systems controls, marking a shift from what was previously a more audit-based approach.

- New guidance requires systems to track all changes and perform audits accordingly
- All organizations must now have strong reporting and analytics in place
- Organizations should review and update their policies, procedures, and training programs to align with the new standards before the effective date

Provider Demographic Information

In an effort to improve health equity and promote more personalized patient care, organizations are now tasked with:

- Capturing relevant demographic (including gender and ethnicity) information to align patients with specific providers

02 NCQA Credentialing Standards and Recommendations: Explained

Verify Credentials Using Primary Sources

NCQA requires you to verify the following credentials using a primary source:

- License to practice
- Drug Enforcement Administration (DEA) or Controlled Dangerous Substances (CDS) certification
- Education and training
- Work history
- Professional liability & claims settlement history
- State sanctions
- Medicare and Medicaid sanctions
- Application with attestation

Primary sources are issuing agencies or governing bodies that hold the original source of information, including but not limited to:

- State licensing boards
- Medical Boards like (AMA, AOA, ABMS, ABIM)
- National Provider Identifier (NPI) registry
- Drug Enforcement Administration (DEA) license
- Social Security Administration's Death Master File (DMF)
- OIG (Office of Inspector General)
- OFAC (Office of Foreign Assets Control)
- National Practitioner Data Bank (NPDB)
- National Student Clearinghouse (NSC)
- Military Personnel Record
- SAM (System for Award Management)
- State Certifications List of Excluded Individuals/Entities
- Medicaid Sanctions list
- Medicare Opt-Out list
- Medicare Preclusion list
- Medical Malpractice loss runs report

Meet Outlined Credentialing and Recredentialing Window

NCQA requires organizations to re-credential their providers a minimum of once every three years. A 34- or 35-month re-credentialing cycle to ensure compliance is recommended.

Document Credentialing Decisions

For health plans: set organization-specific standards for evaluating providers and decision-making processes. Work with your compliance team to create clear-cut criteria for denying providers so that you have transparent, measurable standards that can help you avoid accusations of discrimination.

Form Credentialing Committees

Establish clear guidelines for what provider applications can be sent to a credentialing committee for privileging. Designate a director or qualified practitioner to review and approve applications for forwarding to the credentialing committee.

Detail Delegation Credentialing Agreements

NCQA requires organizations that delegate their credentialing to have formal agreements that clearly outline the partner's scope of work. Delegating your credentialing to an NCQA-certified CVO or gaining accreditation so that health plans can delegate to your in-house credentialing team speeds up and simplifies the credentialing process.

Document Non-Discrimination Policies

For health networks/plans: NCQA requires clear documentation of your organization's non-discrimination policies (e.g., sex, race, age, etc) and proof that you don't exclude providers with Medicaid or Medicare users. If you work with a CVO, forward provider applications to a credentialing committee; you must also inform applicants about the committee's decision and provide pathways for appeals (if required).

Notify Practitioners About Discrepancies

Establish a process for notifying providers in case the information in their application forms differs from what's contained in the primary source. Work to identify these issues within 30 days of the provider submitting the application (note: this may require software tools if you are working across a large number of applications).

Notify Practitioners About Final Decisions

Establish a process for informing the provider about final credentialing decisions and maintain clear appeal processes in case of denial.

Communicate the final decision to the provider within 60 calendar days of the credentialing committee's decision.

Assign a Lead Practitioner for Your Credentialing Efforts

Organizations are required to assign a physician or comparable provider to lead their credentialing efforts. Moreover, the credentialing committee should include providers with diverse professional expertise.

Maintain Confidentiality

The organization and their CVO must ensure the privacy and confidentiality of all provider information. Only authorized persons should be able to access and query primary sources.

Update Provider Information

Health plans are responsible for consistently updating information about all providers within their networks. This information must be consistent with credentialing data, such as the provider's education, training, certifications, etc.

03 Preparing Your Organization

New guidelines require your organization to modernize your approach, which can be challenging if you still rely on manual, outdated processes.

But making these necessary changes brings more than just compliance and maintaining audit-readiness. Organizations with an advanced credentialing solution can expand their provider networks more efficiently, maintain accurate provider data, and help providers see patients sooner.

Whether you manage operations in-house, partner with a Credential Verification Organization (CVO), or opt for a hybrid option, it's crucial to clearly define your needs for a credentialing solution.

Here are key factors to consider when selecting the right option for your organization:

NCQA Certification and Compliance

Ensure that your CVO is NCQA-certified or that the chosen software facilitates compliance by meeting the latest regulations.

How Verifiable Solves:

Our proprietary software provides built-in NCQA compliance with routine monitoring, making sure your organization is always audit-ready.

Contracted and Average Turnaround Times

Verify that your selected CVO commits to specific turnaround times that align with new NCQA standards, or that your current software enables your in-house team to easily meet these requirements.

How Verifiable Solves:

Humana Dental, a major dental insurance provider with a network of over 100,000 clinicians, reduced credentialing turnaround times by 98% using Verifiable.

Automated and Continuous Network Monitoring

New requirements for SAM, Medicare/Medicaid exclusion monitoring, and re-verification at licensure expiration underscore the importance of automating network monitoring in order to build compliance programs at scale. Request demos to understand the level of automation, self-serve reporting quality, and how easily you can integrate additional workflows, such as provider enrollment and ongoing network monitoring.

How Verifiable Solves:

By automating complex and repetitive tasks, Verifiable enables easy tracking and verification of multiple data sources to mitigate risk. Licenses are automatically monitored on a 30-day cadence, with planned increases in frequency as expiration dates approach to capture the renewal and bring it back into the platform, even if not reflected on the source level. Sanctions and exclusions are monitored daily so organizations have time to review and resolve issues within a 30-day window.

Verifiable Makes Achieving Compliance Simple

Are you confident in your organization's ability to reach compliance? Verifiable's NCQA-certified credentialing and network monitoring services provide set-it-and-forget-it compliance for total peace of mind.

Start Your Compliance Journey

Verifiable