

Intro to
Credentialing -
Beyond the Basics


2024 WAMSS Annual Conference

Carrienne Dockter, CPCS, CPMSM

NCQA & Joint
Commission
Similarities

Only 4 verifications are
required by both
accrediting agencies:

- License to practice
- Education & Training
- Malpractice Claims History
- Sanctions against licenses



WHAT? There's only 4
common requirements?

License to Practice

- NCQA – verification of license in the state(s) in which the practitioner will treat members
- Joint Commission – all active and previous licenses

Education & Training

- NCQA – highest level of training completed at time of decision, up to Residency
- Joint Commission – all relevant training completed, from professional school forward

Malpractice Claims History

- NCQA – most recent 5-year period
- Joint Commission – since first licensed, excluding Residency

Sanctions Against Licensure

- NCQA – the most recent 5-year period
- Joint Commission – since first licensed

All these verifications confirm a practitioner is qualified to perform the services/privileges they have applied for

So why do we do all these other verifications? What's the point?



Hospitals and Clinics allow practitioners to *deliver* patient care, so they incur a higher level of risk

Health Plans *direct* patient care to specific groups or practitioners, thus a lower risk level

NCQA requires verification Board Certification & Work History

Joint Commission views these as ways to establish current competency

Board Certification


- NCQA – verify any board certification disclosed on the application, and recognized by your organization
- Joint Commission – as required by privileges, can be used to establish current competency

Work History

- NCQA – documentation of the most recent 5-year period, since application attestation date
- Joint Commission – as defined in bylaws, to establish current competency

Other ways to establish current competency

- Evidence of CME hours
- Hospital affiliation verification
- Peer references



OK, I know I do more. What about the rest of the file?

Health Plans must also determine if a practitioner is *eligible* to participate

- This is done through verification sanction, exclusion, and enrollment verifications
- These verifications are not about competence
- They vary by the line of business they apply to

Medicare/Medicaid Sanctions

- NCQA – verify the most recent 5-year period
- Verify via:
 - OIG's List of Excluded Individuals and Entities
 - NPDB Report
 - Applies to Medicaid, Medicare, and Exchange products

SAM Exclusions

- NCQA – Silent on requirement
- Verify via:
 - SAM website
 - Applies to Medicaid, Medicare, and Exchange products
 - *NOT* available via NPDB reports

State Medicaid Sanctions

- NCQA – Silent on requirement
- Verify via:
 - Each state publishes a list of exclusions/sanctions/ debarments
 - *NOT* available via NPDB reports
 - Applies to Medicaid and some Exchange products
 - Expectations can vary by Health Plan

Medicare Exclusions

- NCQA – Silent on requirement, unless health plan is Medicare deemed
- Verify via:
 - Medicare Opt Opt Affidavit list
 - Applies to Medicare products
 - Is voluntary, not disciplinary
 - *NOT* available via NPDB reports

Other Medicare Actions

- NCQA – Silent on requirement, unless health plan is Medicare deemed
- Verify via:
 - CMS Preclusion list
 - Applies to Medicare products
 - Is disciplinary, but not an exclusion
 - *NOT* available via NPDB reports
 - List is not publicly available

Now I understand!
Both accrediting
agencies require
verification of
qualifications and
skill set, and either
gauge current
competency or
confirm eligibility





Questions?
