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NCQA delegated credentialing updated standards: What's changed and what's at stake today

What NCQA expects from delegated entities

- **Delegation oversight is more structured and evidence based.** Health plans retain full accountability for delegated credentialing and must conduct pre-delegation assessments, annual audits, performance monitoring, and corrective action tracking. To maintain compliance with the National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA), payers are applying these requirements with greater consistency and rigor.
- **Primary source verification (PSV) must be complete, current, and sequenced correctly.** NCQA requires defined verification elements within specified timeframes and prior to credentialing decisions. Files that appear substantively complete but lack correct timing or documentation are generating citations.
- **Organizations must be able to demonstrate governance and decision authority.** The NCQA standards evaluate credentialing committee structure, decision-making authority, practitioner protections, and quality management infrastructure. Informal practices or undocumented delegation of authority no longer withstand review.
- **Ongoing monitoring and audit readiness are required.** Core expectations include continuous licensure, sanctions, and exclusion monitoring; internal file audits; and documented corrective action processes. Static policies without operational proof are insufficient.

What this means for provider organizations

- **Delegated credentialing is a governance issue, not just an operational one.** Citations can trigger corrective action plans, increased payer oversight, or loss of delegated status, affecting onboarding timelines and reimbursement.
- **Time to revenue is directly tied to compliance discipline.** Delegated models are designed to reduce duplication and accelerate enrollment. Audit findings undermine these gains and can delay network participation decisions.
- **Clear differentiation between medical staff and payer credentialing is essential.** Medical staff credentialing supports privileging under bylaws, while delegated credentialing supports payer participation decisions. Blurring these processes is a common source of compliance gaps.
- **Documentation standards are the new fault line.** If the file does not provide clear evidence of verification dates, committee decisions, practitioner communications, or monitoring activities, NCQA will treat them as noncompliant.
- **Resource sufficiency matters.** Delegation increases organizational accountability, infrastructure requirements, and exposure to audit risk. Under-resourced programs are more likely to fall short under formal review.

What provider organizations need to do now

- **Reassess against current NCQA survey-year standards.** Conduct a focused gap analysis using payer-specific delegation tools and current NCQA requirements, not prior interpretations. Validate governance, PSV timeliness, decision sequencing, practitioner rights, and monitoring controls.
- **Audit a statistically meaningful sample of files.** Test whether operations consistently align with written policy. Confirm that verification elements are complete, within required timeframes, and documented prior to committee decision.
- **Strengthen credentialing governance.** Clarify committee authority, quorum requirements, documentation of rationale, and independence of credentialing decisions. Ensure these elements are consistently reflected in meeting minutes and files.
- **Formalize ongoing monitoring and corrective action processes.** Implement reliable licensure and sanctions monitoring with clear audit trails and documented follow-up. Track trends and report performance metrics to leadership.
- **Align credentialing, enrollment, compliance, and IT functions.** Clean data, system integration, and clear ownership of delegated responsibilities reduce audit exposure and support sustained performance.

Are you ready?

We can help. Contact us to learn more about how to strengthen your delegated credentialing program, reduce audit risk, and protect revenue performance while maintaining compliance with evolving NCQA standards.

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