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PAYER TOOLKIT

Provider Data Management, Credentialing & Compliance

A strategic resource kit for health plans modernizing provider operations

Introduction

In today's rapidly evolving healthcare environment, provider data accuracy, efficient credentialing, and regulatory compliance are no longer back-office tasks for Payers. They are strategic differentiators that drive operational performance, cost control, and member trust. Payers must move beyond siloed systems and manual workflows to meet regulatory expectations, improve operational agility, and deliver a seamless member experience.

The articles in this collection range from deep dives into credentialing modernization to strategic recommendations for optimizing payer workflows are designed to help you assess your current state, identify priorities, and chart a path toward a future-ready provider operations infrastructure.

INSIDE THIS TOOLKIT, YOU'LL DISCOVER HOW MODERN PROVIDER DATA PRACTICES CAN:

- Improve credentialing efficiency and accelerate provider onboarding
- Support compliance with evolving standards such as NCQA updates, the No Surprises Act, and the REAL Health Providers Act
- Reduce administrative burden and operational risk
- Strengthen confidence in data accuracy across applications and systems

What You'll Learn

- The role of accurate provider data in compliance and operational efficiency
- Why credentialing and provider data management must be connected
- How regulatory pressures are reshaping payer operating models
- Best practices and strategic recommendations for optimizing credentialing systems

Whether you're focused on improving data governance, preparing for new compliance requirements, or exploring how technology can drive measurable outcomes, this toolkit will help you move forward with confidence and clarity.

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NSA Checklist for Payers
What Payers Need To Know

The No Surprises Act (NSA) introduces significant new regulatory requirements that will increase the administrative burden on payer organizations. As payers work to comply with these complex provisions, including the need for transparent billing practices and timely dispute resolution, they face heightened pressure to maintain precise and up-to-date provider data.

Inaccurate or outdated information can lead to costly penalties, member dissatisfaction, and strained provider relationships. To navigate these challenges effectively, payers must prioritize robust provider data management solutions that can ensure accuracy, streamline operations, and mitigate compliance risks under the NSA.

See below for a list of non-negotiables when evaluating provider data management solutions

Data Accuracy and Verification

LOOK FOR:

- ☐ **Automated Verification Processes:** Ensure the solution offers automated and frequent verification of provider information, reducing manual errors and ensuring up-to-date data.
- ☐ **Data Integrity Monitoring:** Look for tools that continuously monitor and flag discrepancies in provider data, allowing for quick corrections before they impact compliance.

Centralize Provider Data & Contracting

LOOK FOR:

- ☐ **Streamlined Contract Management:** Centralizing contracting information allows for easier management and tracking of provider agreements, ensuring that all contracts are up-to-date and compliant with NSA requirements. This reduces the risk of overlooked contract renewals or inconsistencies in terms.
- ☐ **Improved Data Consistency:** By housing provider data and contracting details in one centralized system, the risk of discrepancies between different systems is minimized. This ensures consistent information across all platforms, aiding in accurate reporting and compliance while optimizing cycle time.

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Integration Capabilities

LOOK FOR:

- ☐ **Seamless Integration with Existing Systems:** The solution should easily integrate with your current systems, including credentialing, billing, and member services, to ensure consistent and accurate provider data across platforms.
- ☐ **Interoperability with Third-Party Systems:** Evaluate the ability of the solution to communicate with third-party platforms and regulatory databases, ensuring compliance with both federal and state NSA requirements.

Real-Time Data Updates

LOOK FOR:

- ☐ **Frequent and Automated Updates:** The solution should support real-time updates of provider data, ensuring that any changes are promptly reflected across all systems and directories.
- ☐ **Member Accessibility:** Ensure the solution provides timely updates to provider directories and claims accessible to members, reducing the risk of outdated information leading to compliance issues.

Compliance Reporting & Audit Trails

LOOK FOR:

- ☐ **Comprehensive Audit Trails:** The solution must provide detailed records of all data updates, changes, and verification processes, including the ability to capture the reason for change to ensure transparency and readiness for audits.
- ☐ **Customizable Compliance Reports:** Look for features that allow the generation of customized reports demonstrating compliance with NSA requirements, particularly concerning accurate provider data management.

Scalability & Future-Proofing

LOOK FOR:

- ☐ **Scalability to Meet Growing Needs**: Assess whether the solution can scale with your organization's growth and increasing data management demands without compromising performance.
- ☐ **Adaptability to Regulatory Changes:** Ensure the solution is flexible and can adapt to future changes in NSA regulations or additional compliance requirements, reducing the need for significant future investments.

Learn more about
our Payer solutions

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REAL Health Providers Act Compliance Checklist: What Payers Need To Know

The REAL Health Providers Act (RHP Act) is set to introduce transformative changes in how healthcare providers are credentialed, verified, and presented to members. As payers navigate these impending regulatory requirements, one thing is clear: the need for accurate, real-time, and compliant provider data management (PDM) has never been more critical. For organizations looking to remain competitive, avoid compliance pitfalls, and deliver a superior member experience, investing in a robust PDM solution is no longer optional—it's essential.

REAL Health Providers Act Provision	Impact on Payers	How symplr Can Help
Mandatory Real-Time Provider Directory Updates Payers must update provider directories within 48 hours of receiving new information.	Increased operational pressure to ensure timely updates. Risk of non-compliance penalties if updates are delayed.	symplr's Provider Data Management solution automates data collection and updates, ensuring directories reflect real-time changes.
Enhanced Provider Data Accuracy Requirements Annual analysis and reporting of directory accuracy; CMS will publish accuracy scores.	Need for systematic data validation processes. Potential reputational risk from publicly available accuracy scores.	symplr offers tools for continuous data validation and reporting, aiding in maintaining high accuracy standards.
Comprehensive Credentialing Standards Standardized processes for verifying provider credentials.	Necessity to overhaul existing credentialing workflows. Increased administrative burden to meet new standards.	symplr provides credentialing solutions that streamline verification processes, ensuring compliance with standardized requirements.
Member-Centric Provider Accessibility Directories must be user-friendly with detailed provider profiles.	Requirement to enhance directory interfaces and content. Need to ensure accessibility and comprehensiveness for members.	symplr's Directory solution enables the creation of intuitive, comprehensive provider directories that meet member needs.

Get more resources for REAL Health Providers Act

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2026 NCQA Standards
Why Payers Should Act Now

The National Committee for Quality Assurance (NCQA) has rolled out significant updates to its credentialing and provider data management (PDM) standards, effective July 1, 2025. These changes mark a pivotal moment for health plans, managed care organizations (MCOs), and provider network managers. With updated timelines, consolidated credentialing programs, and stricter verification requirements, these new standards demand proactive planning to avoid compliance risks and ensure operational efficiency.

New NCQA standards/requirements

1

CONSOLIDATION OF CREDENTIALING PROGRAMS

NCQA has combined its credentialing accreditation and Certified Verification Organization (CVO) certification into a single, streamlined program. While this simplifies the overall accreditation process, it also requires organizations to ensure stronger alignment between their policies and procedures.

2

REVISED VERIFICATION TIMELINES

NCQA has significantly shortened credentialing verification timeframes:

- Licensure verifications have been reduced from 180 days to 120 days.
- Work history verifications have been reduced from 365 days to 120 days.

Organizations must adjust their internal processes to meet these accelerated timelines and maintain compliance

3

NEW INTERIM SURVEY OPTION

NCQA now allows organizations to undergo an interim survey to review policies and procedures, offering 18 months to address gaps before full accreditation. This provides a grace period but requires thorough preparation to avoid non-compliance.

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4

PROVIDER DEMOGRAPHIC DATA UPDATES

Organizations must collect race, ethnicity, and language data on credentialing applications. These fields must be optional but available for providers to complete.

5

STRICTER SANCTIONS MONITORING REQUIREMENTS

Organizations must gather exclusion information for Medicaid from all state sources and ensure compliance with Medicare's exclusion database requirements.

The impact on payers

The NCQA updates underscore the increasing complexity of maintaining compliance in a rapidly evolving regulatory environment. For payer organizations, these changes pose several challenges:

- **Tightened timelines:** Reduced verification windows necessitate faster data collection, validation, and reporting. Manual processes simply cannot keep pace.
- **Increased data complexity:** Collecting and maintaining diverse provider data—including optional fields for race, ethnicity, and language—requires robust systems and standardized processes.
- **Operational burdens:** The interim survey option provides a safety net but demands meticulous preparation and ongoing oversight to address gaps.
- **Compliance risks:** Failure to meet these standards can result in accreditation delays, penalties, and damage to payer reputation.

To navigate these challenges effectively, payers must leverage advanced tools and technologies designed to streamline credentialing and PDM processes.

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How credentialing and PDM software can help

The Credentialing and PDM software solutions give payers a strategic advantage in aligning their organizations with the 2026 NCQA standards. Here's how:

1 AUTOMATING CREDENTIALING WORKFLOWS

Software solutions automate primary source verification, licensure tracking, and work history validations. By streamlining these workflows, payers can meet reduced verification timelines without overburdening their teams.

Functional benefit: Automated alerts and workflows ensure no critical deadlines are missed.

Emotional benefit: Teams feel confident and less stressed, knowing compliance is managed proactively.

2 CENTRALIZING PROVIDER DATA

Modern PDM platforms consolidate provider data into a single source of truth. This eliminates silos, reduces discrepancies, and ensures data accuracy across all systems.

Functional benefit: Real-time updates improve data integrity and reduce errors.

Emotional benefit: Stakeholders trust the system to provide accurate and up-to-date information.

3 ENHANCING COMPLIANCE MANAGEMENT

With built-in compliance tools, software solutions can monitor sanctions, track licensure expirations, and generate audit-ready reports. These capabilities mitigate the risk of penalties and accreditation delays.

Functional benefit: Automated compliance checks simplify adherence to NCQA standards.

Emotional benefit: Leadership gains peace of mind knowing regulatory risks are minimized.

4 SUPPORTING INTERIM SURVEY PREPARATION

An NCQA-certified credentialing software simplifies the documentation and policy tracking required for interim surveys. This allows payers to identify gaps and address them proactively.

Functional benefit: omprehensive dashboards provide visibility into policy compliance.

Emotional benefit: Teams feel empowered to tackle gaps with clarity and precision.

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The cost of waiting

Delaying preparation for the NCQA updates can lead to:

- **Increased operational costs:** Inefficient workflows and last-minute fixes drive up administrative expenses.
- **Reputational risks:** Compliance failures can erode trust with members and providers.
- **Missed opportunities:** Early adopters of credentialing and PDM technology gain a competitive edge through operational efficiency and enhanced member satisfaction.

Getting ahead of the curve

To stay ahead, payers should:

- **Conduct a gap analysis:** Evaluate current credentialing processes and identify areas requiring improvement.
- **Invest in technology:** Adopt credentialing and PDM software to streamline workflows and ensure compliance.
- **Train teams:** Ensure staff understand the new standards and how to leverage technology effectively.
- **Engage partners:** Work with trusted vendors and CVOs to ensure alignment with NCQA standards.

The NCQA updates present both challenges and opportunities for payers. By acting now, organizations can not only ensure compliance but also optimize operations, reduce costs, and enhance provider and member satisfaction. Credentialing and PDM software solutions offer the tools needed to succeed in this evolving landscape.

Position your organization for success

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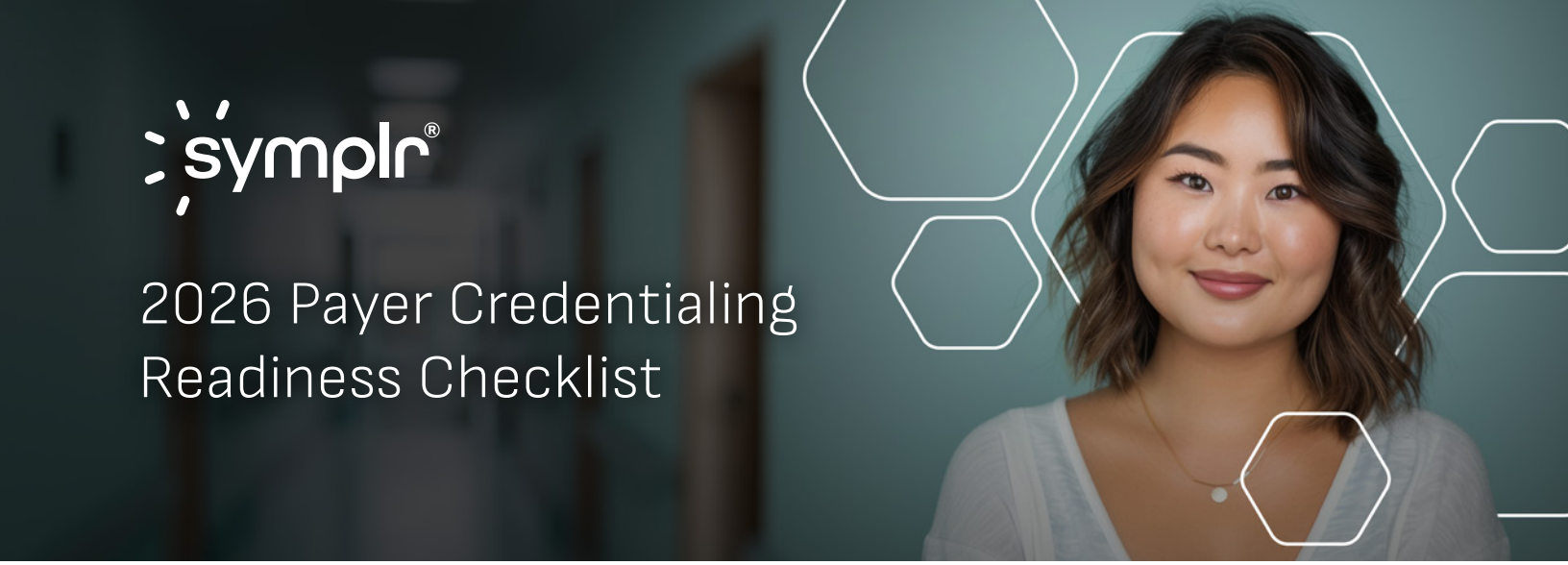

2026 Payer Credentialing Readiness Checklist

Use this checklist to assess whether your payer credentialing and provider data management approach is ready for 2026 regulatory and operational demands.

Provider Data Accuracy and Validation

CONFIRM THAT YOUR ORGANIZATION CAN:

- ☐ Validate provider data in real time across credentialing workflows
- ☐ Maintain a single, trusted provider record used by credentialing, enrollment, and network teams
- ☐ Reduce manual data entry and reconciliation during credentialing reviews
- ☐ Detect and resolve data discrepancies before they delay credentialing decisions

Credentialing Workflow Modernization

ENSURE YOUR CREDENTIALING OPERATIONS SUPPORT:

- ☐ Automated verification of provider credentials and attributes
- ☐ Standardized credentialing workflows across lines of business
- ☐ Faster application processing and reduced rework
- ☐ Clear visibility into credentialing status and exceptions

System Integration and Interoperability

ASSESS WHETHER YOUR SYSTEMS ENABLE:

- ☐ Seamless data sharing between credentialing, provider lifecycle management, and enrollment platforms
- ☐ Real time interoperability across internal and external systems
- ☐ Elimination of credentialing and provider data silos
- ☐ Consistent provider data across operational and consumer facing tools

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Regulatory Compliance and Audit Readiness

VERIFY READINESS TO SUPPORT:

- ◯ NCQA credentialing and provider data standards
- ◯ No Surprises Act requirements for accurate provider directories
- ◯ CMS and state level credentialing timelines and verification rules
- ◯ Automated audit trails and documentation for compliance reviews

Operational Efficiency and Business Impact

EVALUATE WHETHER MODERNIZATION DELIVERS:

- ◯ Reduced provider onboarding and network activation times
- ◯ Lower administrative burden for credentialing teams
- ◯ Improved provider satisfaction through faster onboarding
- ◯ More accurate provider information for members and downstream systems

2026 Readiness and Future Proofing

CONFIRM YOUR ORGANIZATION IS POSITIONED TO:

- ◯ Scale credentialing operations as provider networks grow
- ◯ Support intelligent automation and data driven decision making
- ◯ Maintain regulatory readiness as requirements evolve
- ◯ Build a connected, enterprise wide provider data foundation

Final Check

If gaps exist in multiple areas above, your credentialing and provider data management strategy may be limiting efficiency, increasing compliance risk, and slowing provider onboarding.

Modernizing credentialing with accurate, real time provider data is critical to competing and complying in 2026 and beyond. and mitigate compliance risks under the NSA.

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