

Provisional Credentialing Framework for Payer Networks

Timely provider credentialing is a critical driver of network adequacy and member access to care. Prolonged credentialing timelines delay the ability of otherwise qualified providers to deliver covered services, contribute to avoidable access gaps, and disrupt continuity of care, particularly in high-demand and underserved specialties.

Across markets, health plans and providers continue to report credentialing turnaround times that frequently extend several weeks or longer after submission of a clean application, often due to administrative backlogs, third-party verification delays, or downstream contracting and enrollment dependencies. These delays can result in newly hired or relocating providers remaining unavailable to plan members despite meeting all substantive participation criteria.

The standard for credentialing should be rapid, complete credentialing, with determinations issued as quickly as operationally feasible. As an operational objective, health plans should strive to complete credentialing reviews within one (1) week of receipt of a clean and complete application whenever possible. Accelerated credentialing promotes timely access, reduces provider abrasion, and supports stable network growth.

Recognizing that this standard cannot always be met due to external or administrative constraints, provisional credentialing is intended solely as an interim solution. Provisional participation allows qualified providers to begin seeing members while the plan completes remaining credentialing steps, thereby mitigating access disruptions without compromising patient safety or accreditation compliance.

This framework is designed to support health plans in using provisional credentialing deliberately and responsibly—while continuing to prioritize rapid, end-to-end credentialing as the preferred and ultimate objective.

OVERVIEW

This framework is directed to health plans, insurers, and managed care organizations as operational guidance for implementing provisional (or conditional) credentialing within provider networks. It is intended to support payer objectives related to network adequacy, operational efficiency, provider participation, and member access to care, while maintaining compliance with accreditation standards and patient-safety requirements.

Scope and Applicability

This framework, developed by the ADA, applies to payer entities that perform or oversee provider credentialing functions.

Provisional participation may occur only after execution of a provider participation agreement. Final credentialing approval remains pending during the provisional period.

Payer Authority and Accountability

Payers retain responsibility for:

- Establishing credentialing policies and timelines;
- Ensuring compliance with applicable state, federal, and accreditation requirements;
- Monitoring delegated credentialing entities; and
- Maintaining network adequacy and timely provider onboarding.

Use of provisional credentialing is a payer-administered tool to mitigate operational delays and access gaps and does not diminish ultimate responsibility for full credentialing determinations.

1. Purpose of Provisional Credentialing

Provisional credentialing is intended to:

- Accelerate provider onboarding without compromising patient safety;
- Reduce network gaps caused by administrative backlogs;
- Support continuity of care for members;
- Improve provider experience and participation rates; and
- Prevent downstream payment disputes associated with delayed credentialing.

Provisional credentialing is not a substitute for full credentialing and should be used as a defined, time-limited operational pathway when minimum criteria are met.

2. Minimum Credentialing Safeguards

Payers may grant provisional participation once the following safeguards are completed and documented:

- Primary-source verification of an active, unrestricted professional license;
- Verification of DEA registration or signed DEA waiver, if applicable;
- Confirmation of professional liability coverage meeting plan standards;
- Completion of a National Practitioner Data Bank (NPDB) query; and
- Receipt of a signed provider attestation affirming the accuracy and completeness of submitted information.
- Execution of a fully signed provider participation agreement, including applicable reimbursement and claims provisions;

These elements align with national accreditation standards and are intended to ensure patient safety during the provisional period.

3. Eligibility and Operational Trigger

Payers should grant provisional participation upon receipt of a clean and complete application, as defined in published payer credentialing policies. At a minimum, eligibility should include:

- No active exclusions, sanctions, or disqualifying disciplinary actions;
- Compliance with payer participation criteria and applicable program requirements; and
- Submission of all required documentation within established timelines.

Payers should maintain clear, objective definitions of a “complete application” and avoid discretionary or unpublished requirements that delay onboarding.

4. Provisional Participation Period

Provisional credentialing should:

- Be limited to a defined period not to exceed sixty (60) calendar days;
- Begin on a documented effective date communicated to the provider; and
- End automatically upon issuance of a final approval or denial.

For Medicaid managed care plans, provisional participation may begin once core state credentialing requirements are satisfied, even as federal enrollment or risk-based screenings continue, provided minimum safety checks are complete.

5. Network and Claims Treatment During Provisional Status

During provisional participation, payers should treat the provider as participating for purposes of:

- Rendering covered services to members;
- Providers should not be included in public-facing provider directories until full credentialing approval is completed. Provisional participation is intended solely to permit the rendering of covered services and claims payment without conferring directory listing status.
- Provisional participation should not be relied upon to meet network adequacy or directory accuracy requirements.
- Claims submission and payment.

Any limitations applied during provisional status must be clinically justified, narrowly tailored, and disclosed to the provider in writing prior to the effective date.

6. Payment Practices and Financial Protections

Claims for services rendered during provisional participation should be paid at the applicable participating provider rate.

Payers should not retroactively deny, adjust, or recoup payments solely due to credentialing status if services were rendered during an approved provisional period, except in cases of fraud or material misrepresentation. This practice reduces administrative rework and supports provider trust and network stability.

7. Completion of Full Credentialing

Payers should complete full credentialing review within the provisional period and issue a written determination.

If credentialing is denied, the payer should ensure that:

- The decision is communicated in writing;
- The rationale is specific, objective, and documented; and
- The decision applies prospectively only.

Payments for services rendered during the provisional period should remain unaffected absent fraud or material misrepresentation.

8. Transparency and Operational Standards

Payers should maintain transparent credentialing operations by:

- Acknowledging receipt of applications within established timeframes;
- Promptly identifying and communicating deficiencies;
- Providing status updates upon reasonable provider inquiry; and
- Publishing credentialing timelines and requirements in provider-facing materials.

Clear operational standards reduce provider abrasion and support predictable onboarding.

9. Delegated Credentialing Oversight

When credentialing functions are delegated, payers remain accountable for:

- Credentialing timelines and outcomes;
- Appropriate use of provisional participation;
- Payment accuracy and due process protections; and
- Oversight, auditing, and corrective action for delegated entities.

Delegation does not transfer regulatory or operational accountability away from the payer.

10. Alignment With Accreditation and Compliance Requirements

This framework is designed to operate in alignment with recognized accreditation standards, including those issued by NCQA. Payers should implement provisional credentialing in a manner that supports compliance while advancing access, efficiency, and network performance.

For CMS-regulated programs, including Medicare Advantage and applicable Medicaid managed care arrangements, the effective date of initial credentialing is defined as the date of Credentialing Committee approval. Provisional participation does not alter CMS requirements related to effective dating of initial credentialing decisions.

CLOSING GUIDANCE FOR PAYERS

When operationalized effectively, provisional credentialing serves as a strategy to balance rigorous credentialing standards with timely network participation. Clear safeguards, defined timelines, and transparent payment practices allow payers to improve provider onboarding, strengthen networks, and enhance member access without compromising quality or compliance.