Preventing Mental Health and Substance Use Disorder Discrimination in Dentist Licensure and Credentialing – Resource Toolkit

CREDENTIALING REFORM

Summary

In working with the AMA Advocacy Resource Center staff, the ADA recognizes that credentialing applications are as important to dental providers as licensure applications, and when language on a dental providers' credentialing application is stigmatizing, the dental provider may fear punitive action, and not seek mental or behavioral health care, if needed.

ADA staff met with two credentialing organizations regarding intrusive or potentially stigmatizing questions on credentialing applications. During discussions with dental credentialling organizations, it was discovered that they follow the National Committee for Quality Assurance (NCQA) requirements in drafting credentialling questions.

ADA staff then met with the NCQA regarding the importance of reviewing credentialing applications or questions that may be intrusive to a provider or have the unintentional consequence of preventing a safety sensitive professional from seeking behavioral or mental health support, and/or possibly violate the Americans with Disabilities Act. The NCQA provided ADA staff with their factors that are reviewed in a survey, and ADA staff shared feedback. Staff corresponded with the AMA regarding the NCQA factors, and the mutual ADA/AMA concerns are being addressed by NCQA. The current NCQA Standards[1] for credentialing applications are:

1. Reasons for inability to perform the essential functions of the position.
2. Lack of present illegal drug use.
3. History of loss of license and felony convictions.
4. History of loss or limitation of privileges or disciplinary actions.
5. Current malpractice insurance coverage.
6. Practitioner race, ethnicity and language.
7. Current and signed attestation confirming the correctness and completeness of the application.

NCQA informed the ADA that factor 6 was added for the 2025 standards year for all products including the Health Plan Accreditation (HPA), Managed Behavioral Healthcare Organization Accreditation (MBHO) and Accreditation and Certification in Credentialing and Provider Network (CRPN) – a new product that was released in July 2024, and will be effective for surveys on or after July 1, 2025.

Within these two products, NCQA added a note under the explanation of factor 2: Illegal drug use, to clarify that "practitioners must attest to their lack of *present* illegal drug use; past is *not* required."

Additionally, within the examples section, NCQA also added examples of sufficient and insufficient questions for factor 1 (Inability to perform essential functions questions) and factor 2 (Illegal drug use questions).

NCQA also noted that changes to a new standards year or a new product can be made available by purchasing a copy of the Standards & Guidelines. NCQA publishes corrections and clarifications to existing Standards & Guidelines three times a year, as needed, and posts them online (Policy Updates - NCQA). NCQA reminds

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organizations that policy updates are incorporated into their survey tools but will not be reflected in epublications released prior to the issuance of the update and recommends that organizations review the updates to incorporate into their implementation processes.

The collaborative nature of NCQA working with the ADA and the AMA on this topic has been incredibly helpful and informative. The NCQA is in the process of addressing mutual recommendations including: 1) clarifying that the NCQA does not require credentialing organizations to ask about past illegal drug use; and 2) clarifying what would constitute a “current impairment” that would impact a practitioner’s ability to perform essential functions.

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