

# 2026 Healthcare Background Screening Blueprint

Complete NPDB, OIG, SAM,  
and State Licensure Verification  
Guide for 2026

Independent Analysis of Federal Database  
Verification Requirements

Published by GCheck | Projected forward from 2024-2025 requirements

Regulatory Evolution Disclaimer: This document projects forward based on 2024-2025 requirements. Regulatory developments may alter obligations. Regulatory guidance continues to evolve—consult current regulations and legal counsel before implementing credentialing policies.



# Table of Contents

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<b>02</b>	Executive Summary
<b>04</b>	The 2026 Healthcare Screening Landscape
<b>06</b>	The Four Core Verification Databases
<b>11</b>	Regulatory Framework
<b>14</b>	Operational Implementation
<b>17</b>	Consequences of Screening Failures
<b>19</b>	Building a Compliant Screening Program
<b>25</b>	State Licensure Verification Reference
<b>27</b>	Compliance Self-Assessment
<b>29</b>	Resources and Next Steps

# Executive Summary

Healthcare organizations in 2026 operate at the intersection of workforce shortages and intensifying federal compliance oversight. This tension demands systematic attention to background screening and credential verification requirements.

## Scope of This Whitepaper

This whitepaper addresses healthcare-specific credentialing databases (NPDB, OIG LEIE, SAM, state licensure boards) and primary source verification. These credentialing activities are generally distinct from consumer reports regulated under the Fair Credit Reporting Act (FCRA).

**! Important:** If your organization also obtains traditional background check information through consumer reporting agencies (e.g., criminal records, credit reports, employment verification services), separate FCRA compliance obligations apply, including written authorization, disclosure, and adverse action procedures. Consult legal counsel regarding FCRA applicability to your complete screening program.

## The Four-Database Healthcare Credentialing Framework

Healthcare employers participating in federal reimbursement programs verify practitioners and employees against four distinct systems:

Database	Maintained By	Primary Purpose	Access Method
<b>National Practitioner Data Bank (NPDB)</b>	U.S. DHHS	Medical malpractice payments, adverse peer review actions, licensure actions	Querying entity registration; per-query fees
<b>OIG List of Excluded Individuals/Entities (LEIE)</b>	HHS Office of Inspector General	Federal healthcare program exclusions	Public access via OIG.HHS.gov
<b>System for Award Management (SAM)</b>	U.S. General Services Administration	Federal contracting and program exclusions	Public access via SAM.gov
<b>State Professional Licensure Boards</b>	Individual state authorities	Active license status, disciplinary history	Varies by state (50+ systems)

## The Continuous Monitoring Evolution

Based on CMS survey practice and interpretive guidance, verification is increasingly expected to reflect current status throughout the credentialing cycle, not merely at initial credentialing. While specific regulations do not prescribe continuous monitoring frequency, CMS surveyors have cited credentialing deficiencies where facilities lacked mechanisms to detect mid-cycle licensure actions or exclusions. This affects hospital credentialing under 42 CFR §482.12 and extends to other facility types through parallel regulations

### Document Purpose

This whitepaper provides independent analysis of federal database verification requirements as of early 2026, examining regulatory obligations, operational workflows, state verification systems, and compliance infrastructure necessary to maintain Medicare and Medicaid participation eligibility.

 **Key Context:** Healthcare facilities face simultaneous pressure to accelerate hiring while maintaining verification rigor. Audit patterns indicate screening gaps create exposure to Medicare payment suspension, civil monetary penalties, and loss of accreditation status.

NEXT SECTION

## The 2026 Healthcare Screening Landscape



## SECTION 1

# The 2026 Healthcare Screening Landscape

## 1.1 Staffing Crisis and Compliance Pressure

Healthcare workforce shortages continue affecting facility operations in 2026. Nursing, physician specialties, and allied health roles remain difficult to fill, creating urgency to complete hiring rapidly. Simultaneously, federal oversight agencies maintain verification standards requiring comprehensive database checks and primary source credential confirmation.

### Compliance Vulnerability Factors

Organizations experiencing screening gaps typically exhibit:

- › High hiring volume overwhelming manual verification processes
- › Multi-state operations requiring navigation of varying state licensure systems
- › Decentralized credentialing without standardized procedures
- › Point-in-time verification approaches without ongoing monitoring

- › Incomplete verification documentation
- › Technology limitations requiring manual database queries across multiple systems

These factors create environments where excluded individuals may gain employment or credentialed practitioners may continue working after adverse licensure actions.

## 1.2 Regulatory Enforcement Trends

### CMS Conditions of Participation Enforcement

Medicare certification surveys regularly examine credentialing documentation. Deficiencies contribute to Condition-level findings that may trigger immediate jeopardy determinations or termination timelines when patient safety is affected.

### Joint Commission Survey Findings

Standards addressing human resources and medical staff include specific requirements for licensure verification, exclusion status checks, and primary source confirmation. Credentialing deficiencies often emerge during tracer methodology when surveyors discover missing or outdated exclusion checks, inability to document primary source verification, and gaps in continuous monitoring.

## State Medical Board Audits

State boards have increased facility audits examining employer verification of licensure status, with several states implementing random audit programs requiring employers to demonstrate primary source verification and continuous monitoring systems.

## 1.3 Continuous Monitoring Evolution

The evolution from point-in-time verification to continuous monitoring represents a significant compliance development.

Aspect	Point-in-Time Model	Continuous Monitoring Model
<b>Verification Timing</b>	At hire and recredentialing only	Ongoing throughout employment
<b>OIG/SAM Checks</b>	At hire; sometimes at recredentialing	Monthly (widely adopted best practice)
<b>Licensure Verification</b>	At hire and recredentialing (2-3 years)	Regular intervals (monthly to quarterly)
<b>Alert Response</b>	No mid-cycle discovery mechanism	Immediate notification protocols
<b>Documentation</b>	Initial and renewal records	Continuous audit trail



## CMS Interpretation Evolution

While 42 CFR §482.12(a)(1) requires hospitals to "verify that physicians are currently licensed," CMS survey practice increasingly interprets this to require mechanisms ensuring current status is known, not merely verified at credentialing/recredentialing. Organizations should consult Medicare Administrative Contractors and CMS regional offices for current interpretive guidance applicable to their facility type.

[NEXT SECTION](#)

## The Four Core Verification Databases



# The Four Core Verification Databases

## 2.1 National Practitioner Data Bank (NPDB)

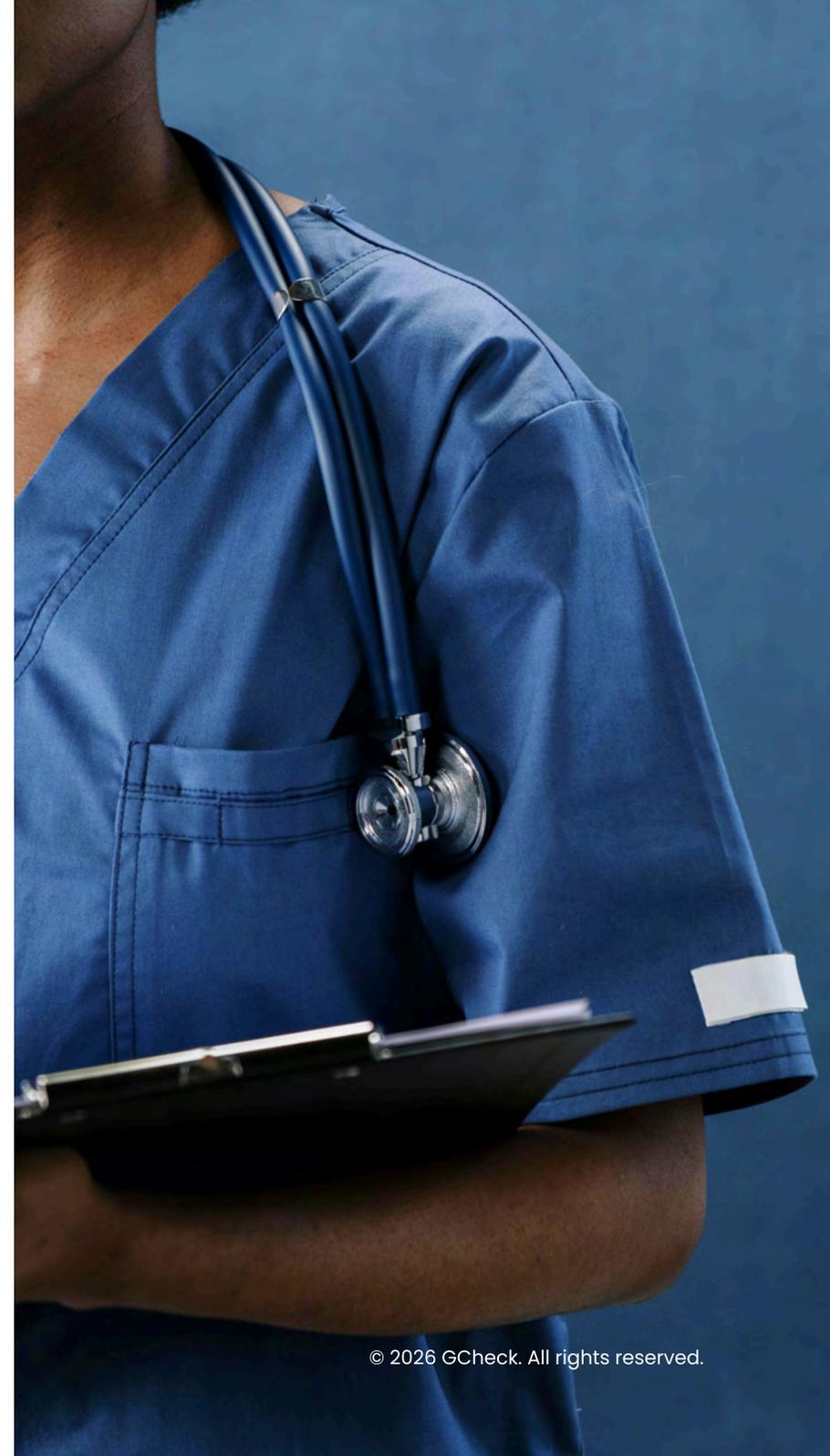
Established by the Health Care Quality Improvement Act of 1986, the NPDB serves as a centralized repository for adverse information related to healthcare practitioners.

### What It Contains

- › High hiring volume overwhelming manual verification processes
- › Multi-state operations requiring navigation of varying state licensure systems
- › Decentralized credentialing without standardized procedures
- › Point-in-time verification approaches without ongoing monitoring

### Who Must Query

- › **Hospitals:** Must query at initial medical staff appointment and every two years thereafter
- › **Other healthcare entities** with formal peer review granting clinical privileges: Must query at initial privileging and every two years
- › **Healthcare entities** may query regarding employees (permissive)



## Access Requirements

Organizations must register as eligible entities, designate authorized agents, and establish accounts. Each query incurs a fee.

## Confidentiality Requirements

**NPDB reports are confidential under 42 U.S.C. § 11137(b).** Unauthorized disclosure is prohibited and may result in civil monetary penalties. Limit access to personnel with authorized need.

## Common Compliance Gaps

- ⚠ Registration delays preventing timely queries
- ⚠ Two-year recredentialing timing drift
- ⚠ Documentation of query results in credentialing files
- ⚠ Response protocols when reports are returned

## 2.2 OIG List of Excluded Individuals/Entities (LEIE)

The HHS Office of Inspector General maintains the LEIE identifying persons and organizations excluded from Federal healthcare program participation.

## What It Contains

Exclusions result from:

### Mandatory exclusions

Convictions of Medicare/Medicaid fraud, patient abuse, felony healthcare fraud, felony controlled substance violations

### Permissive exclusions

Misdemeanor healthcare fraud, patient abuse, licensure revocations, provision of unnecessary services, health education loan defaults

## Who Must Check

Any entity participating in Federal healthcare programs is expected to ensure excluded individuals are not employed in positions where services are billed to Federal programs. This extends beyond clinical practitioners to administrative staff, billing personnel, and any employee affecting Federal healthcare program services.

## When to Check

OIG guidance indicates that monthly checks represent reasonable due diligence to detect newly added exclusions. Checking only at hire creates exposure during the period before the employee's addition to the LEIE. While no specific regulation mandates monthly frequency, this has become widely adopted best practice.

## Access and Consequences

The LEIE is publicly accessible at no cost through [OIG.HHS.gov](https://www.OIG.HHS.gov) with online search interface and downloadable database files.

Employing excluded individuals creates:

### Payment Denial

Federal programs will not reimburse for any services furnished, ordered, or prescribed by excluded individuals

### Civil Monetary Penalties

Up to \$10,000 per day per excluded individual, plus treble damages

### Knowledge Standard

Federal programs will not reimburse for any services furnished, ordered, or prescribed by excluded individuals

## 2.3 System for Award Management (SAM) Exclusions

SAM consolidates Federal procurement and assistance systems, including the Excluded Parties List System. [SAM.gov](https://www.SAM.gov) contains entities excluded from receiving Federal contracts or certain Federal financial assistance.

## Overlap vs. Uniqueness

While healthcare exclusions imposed by OIG appear in both LEIE and SAM, SAM contains additional exclusions from other Federal agencies and procurement-related exclusions not in LEIE. Therefore, checking only one database creates coverage gaps.

Healthcare organizations receiving Federal funds should verify SAM status. Monthly monitoring is widely adopted best practice. [SAM.gov](https://www.SAM.gov) provides free public access.

## 2.4 State Professional Licensure Verification

State licensure verification represents the most operationally complex aspect of healthcare credentialing due to decentralized regulation.

### Complexity: 50 States + D.C. + Territories

Each state maintains independent licensure boards for physicians, nurses, and allied health professionals—creating 50+ distinct verification systems with unique:

- Access methods (online portals, written verification forms, phone verification)
- Response timeframes (instant online to weeks for written responses)
- Fee structures (free online to per-verification fees)
- Information disclosure levels

## License Types Requiring Verification

All practitioners in licensed roles require verification:

### Clinical

Physicians, NPs, RNs, LPNs, PAs, physical therapists, occupational therapists, speech-language pathologists, respiratory therapists, pharmacists, psychologists, clinical social workers, licensed counselors

### Non-Clinical

Healthcare/nursing home administrators (where state licensure applies)

## Primary Source Verification Requirements

Primary source verification means obtaining confirmation directly from the credential-issuing entity.

### Accepted methods:

- ✓ Direct query of state board online verification system
- ✓ Written verification response from the licensure board
- ✓ Phone verification documented with board representative name and date
- ✓ Electronic verification systems certified by the state board

### NOT primary source:

- ✗ License cards or certificates presented by applicants
- ✗ Copies of licenses
- ✗ Unverified third-party databases not officially connected to the board

## Compact License Considerations

**Nurse Licensure Compact (NLC):** Allows RNs and LPNs/LVNs to hold one multi-state license with privilege to practice in other compact states. Verification requirements:

- Verify license with home state (state of residency)
- Confirm compact privilege status in state of practice
- Monitor both home state and practice state actions

**Interstate Medical Licensure Compact (IMLC):** Creates expedited pathway for physicians to obtain licenses in multiple states. Unlike NLC, physicians still obtain individual state licenses. Verification remains state-by-state.

## Continuous Monitoring Challenges

### Volume

Large systems may credential thousands of practitioners across dozens of license types and multiple states

### Manual Processes

Most state boards lack automated alert services for license expiration or disciplinary actions

### State System Variability

Lack of standardization means navigating 50+ different interfaces

## Update Frequency Considerations

Different databases have different monitoring frequency expectations:

### OIG/SAM

Monthly monitoring represents widely adopted best practice

### NPDB

Two-year mandatory minimum for hospitals

### State licensure

Typically monthly to quarterly based on organizational risk assessment

### NEXT SECTION

## Regulatory Framework



## 2.5 Database Integration Challenges

### No Unified System

No Federal system consolidates NPDB, OIG LEIE, SAM, and state licensure information. Organizations must access each independently with unique credentials, interfaces, and documentation outputs.

### Technology and Human Resource Requirements

Continuous monitoring requires:

- › Credentialing software to maintain practitioner databases
- › Mechanisms to systematically query each database
- › Alert systems to flag additions or status changes
- › Documentation repositories maintaining audit trails
- › Personnel to execute queries, investigate alerts, conduct follow-up verification, document activities, and respond to verification failures

## SECTION 3

# Regulatory Framework

## 3.1 CMS Conditions of Participation

### Core Regulation: 42 CFR §482.12

For hospitals, §482.12 governs medical staff requirements, requiring verification that medical staff members are currently licensed and have appropriate training and experience.

### Parallel Regulations for Other Facility Types:

**Critical Access Hospitals** 42 CFR §485.616

**Long-Term Care Facilities** 42 CFR §483.70

**Home Health Agencies** 42 CFR §484.80

**Hospice** 42 CFR §418.116

**Ambulatory Surgical Centers** 42 CFR §416.41



## Consequences of Non-Compliance:

- ⚠ **Immediate Jeopardy Determinations:** When credentialing failures create imminent patient safety risk, requiring correction within 23 days or facing termination
- ⚠ **Condition-Level Deficiencies:** Significant gaps trigger termination timelines if not corrected
- ⚠ **Termination of Medicare Agreement:** Ends Federal reimbursement

## 3.2 Joint Commission Standards

Human Resources (HR) and Medical Staff (MS) Standards address verification of licensure, education, training, and competence, including:

- Primary source verification of current licensure
- Checking relevant registries (NPDB, OIG, SAM)
- Recredentialing at defined intervals
- Continuous monitoring of licensure and exclusion status

Surveys employ tracer methodology examining individual practitioner files. Common deficiencies involve outdated exclusion checks, lack of primary source verification, missing documentation, and absence of continuous monitoring protocols.

## 3.3 State-Specific Requirements

States may require:

- Specific background check components beyond Federal minimums (e.g., state-mandated caregiver background checks, state criminal history repositories, fingerprint-based checks for certain healthcare positions)
- Fingerprinting and criminal background checks through state systems
- Checks against state-specific exclusion lists (separate from Federal systems)
- Enhanced verification for specific facility types



**Note:** Many states impose healthcare-specific criminal background check requirements separate from the federal databases discussed in this whitepaper. These state-mandated checks may have specific timing, scope, and reporting requirements. Organizations must identify and comply with all applicable state-specific healthcare screening mandates beyond the four databases addressed here.



## 3.4 False Claims Act and Civil Monetary Penalties

### False Claims Act Exposure (31 U.S.C. §§ 3729–3733)

Claims submitted for services involving excluded individuals may constitute false claims. The Act defines "knowing" to include actual knowledge, deliberate ignorance, or reckless disregard—failure to implement reasonable verification processes may satisfy this standard.

### Technology and Human Resource Requirements

**⚠️ Penalties:** Treble damages plus civil penalties per false claim

### Civil Monetary Penalties Law (42 U.S.C. § 1320a–7a)

Specifically addresses employment of excluded individuals, authorizing penalties up to \$10,000 per item/service furnished by an excluded individual, plus treble damages.

[NEXT SECTION](#)

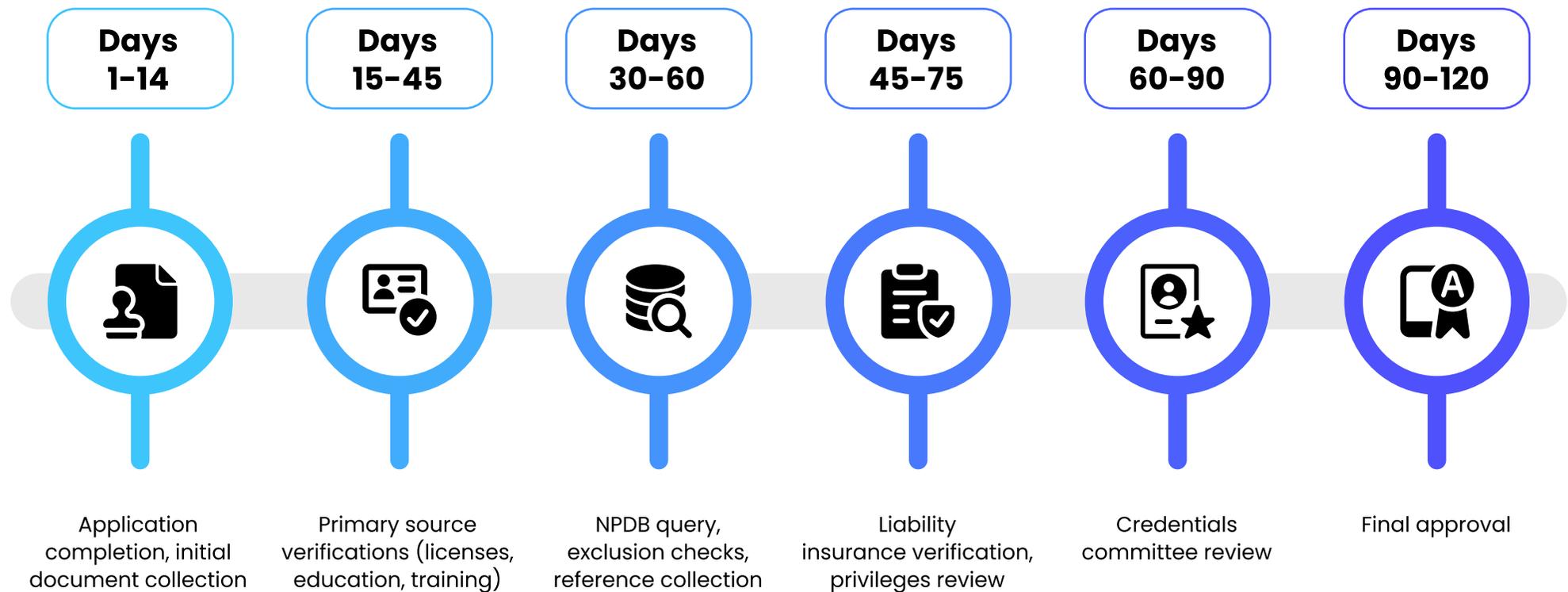
Operational Implementation



# Operational Implementation

## 4.1 Standard Credentialing Timeline

Complete credentialing typically requires 90-120 days:



- ⚠️ **Common Bottlenecks:** Incomplete applications, slow primary source responses, out-of-state license verifications requiring written requests, NPDB registration delays, committee meeting schedules.
- ✅ **Best Practice Note:** While healthcare credentialing databases may not require individual authorization, best practice includes providing notice to applicants about credentialing verification processes in application materials.

## 4.2 Continuous Monitoring Workflow

### Frequency Determination Factors:

- Regulatory expectations (monthly OIG/SAM checks widely adopted as best practice)
- Practitioner population size
- State licensure expiration patterns
- Technology automation capabilities
- Resource availability

### Alert Management

Continuous monitoring generates alerts requiring investigation. Alert protocols should define:

- ⚠️ Who receives alerts and investigation timeframes
- ⚠️ Documentation requirements
- ⚠️ Escalation procedures

- ⚠️ Action thresholds for suspension or termination
- ⚠️ **Confidentiality in Alert Response:** Limit disclosure of credentialing alerts and investigation findings to personnel with legitimate need to know. Avoid unnecessary disclosure of sensitive information (reasons for exclusion, nature of disciplinary actions, malpractice details). Consult legal counsel before disclosing credentialing issues to outside parties.

### Resource Allocation

Requires sustained commitment for personnel time, technology costs, training, and quality oversight.

## 4.3 Multi-Facility and Telehealth Considerations

### Multi-State Licensure Tracking

Practitioners working across state lines require licenses in each practice state (unless practicing under compact privileges), creating monitoring obligations across multiple state boards for single practitioners.

**State laws regarding telehealth practice location and associated credentialing requirements vary significantly.** Determine whether telehealth practitioners are considered to be practicing in the state where the patient is located, where the practitioner is located, or both, as this affects licensure and verification obligations.

## Temporary Staff

Locum tenens physicians, travel nurses, and temporary staffing require the same verification rigor as permanent staff despite compressed timeframes.

## Interstate Compact Privileges

Require monitoring of home state license status, compact privilege status in practice states, and state declarations affecting compact participation.

**NEXT SECTION**

## Consequences Of Screening Failures



## SECTION 5

# Consequences Of Screening Failures

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## 5.1 Financial Consequences

### Medicare/Medicaid Payment Suspension

Federal healthcare programs will deny payment for any services furnished, ordered, or prescribed by excluded individuals during the exclusion period.

### Retroactive Repayment Demands

CMS or Medicaid programs may demand repayment for claims involving excluded individuals during employment. Lookback extends to the date exclusion began or hire date if hired while excluded.

### Civil Monetary Penalties

Beyond repayment: penalties up to \$10,000 per item/service, plus treble damages, when excluded individuals are knowingly employed.



**⚠ Note on Knowledge Standard:** Good faith reliance on systematic verification procedures with appropriate frequency may support reasonable reliance defenses. Consult legal counsel regarding documentation standards that demonstrate reasonable diligence.

## 5.2 Accreditation and Certification Risks

**Joint Commission Actions:** Requirements for Evidence of Standards Compliance, Conditional Accreditation, or revocation in severe cases. Loss of Joint Commission accreditation affects deemed status for Medicare certification.

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Requirements for Evidence of Standards Compliance, Conditional Accreditation, or revocation in severe cases. Loss of Joint Commission accreditation affects deemed status for Medicare certification.

### CMS Certification Termination

Condition-level deficiencies trigger 23-day (immediate jeopardy) or 90-day termination timelines. Termination from Medicare ends Federal reimbursement.

## 5.3 Patient Safety and Operational Impact

Screening failures create patient safety exposure by failing to exclude individuals lacking current valid licensure, having disciplinary history indicating safety concerns, or having committed healthcare fraud or patient abuse.

### Operational disruption from mid-employment discovery:

- ⚠ Immediate suspension creating schedule gaps
- ⚠ Patient notification requirements (consult legal counsel)
- ⚠ Staff morale effects
- ⚠ Resource diversion to remediation and retrospective audits

**NEXT SECTION**

## Building A Compliant Screening Program



## SECTION 6

# Building A Compliant Screening Program

## 6.1 Policy and Procedure Foundation

### Essential Policy Elements:

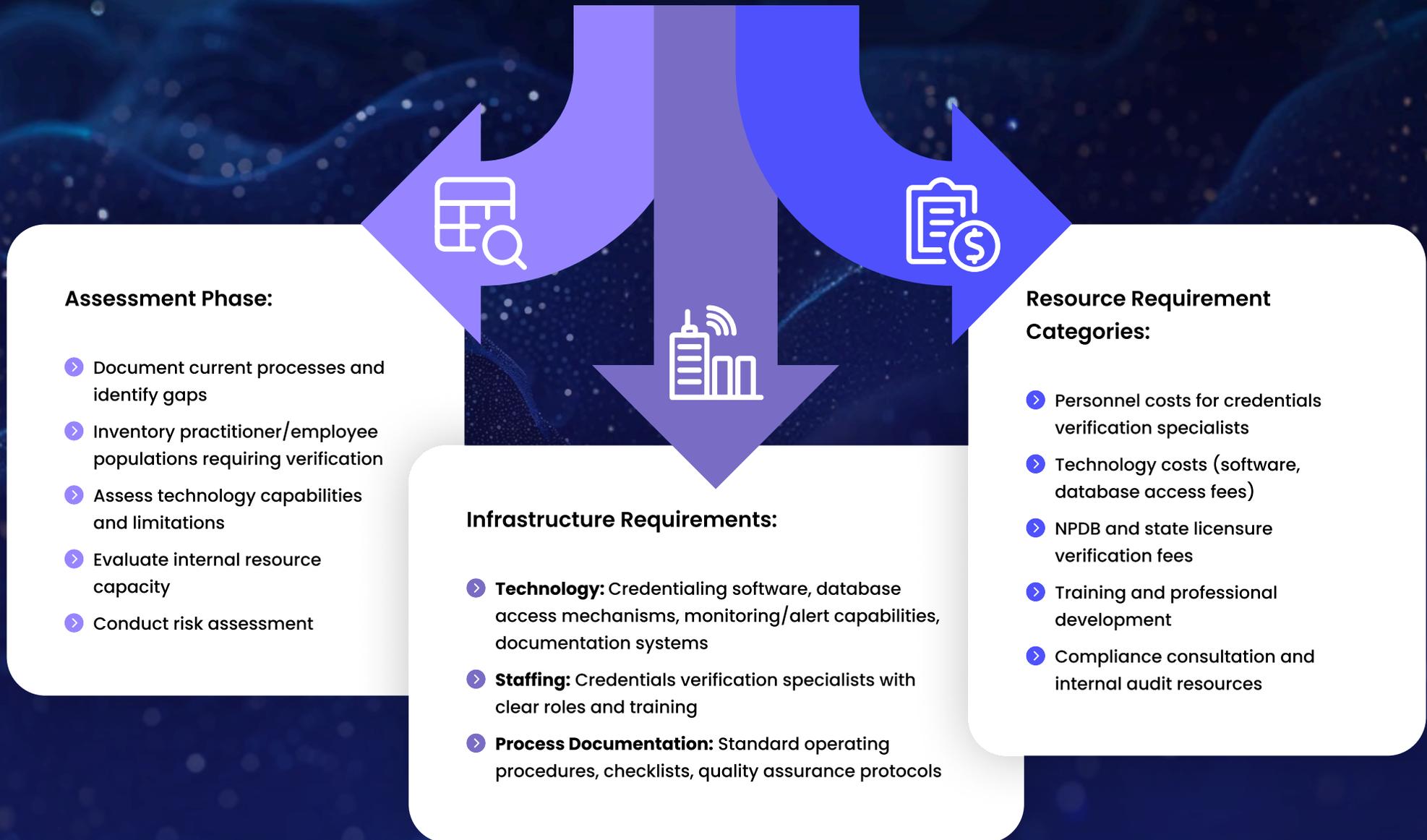
- ▶ **Scope:** Positions requiring screening; practitioner categories; temporary/contract staff inclusion
- ▶ **Pre-Employment/Pre-Appointment Verification:** NPDB query requirements; OIG LEIE and SAM exclusion checks; state licensure verification methods; primary source standards
- ▶ **Continuous Monitoring:** Databases monitored; check frequencies; responsible positions; alert response protocols; documentation requirements
- ▶ **Action Protocols:** Immediate response when exclusions discovered; investigation procedures; suspension/termination procedures
- ▶ **Documentation and Record Retention:** Required documentation for each verification; credentialing file organization; retention periods
- ▶ **Compliance Auditing:** Internal audit frequency and scope; responsible parties; corrective action protocols

## Governance Structure

Clear responsibility assignment across medical staff leadership, human resources, compliance department, credentials verification specialists, and legal counsel.



## 6.2 Implementation Considerations



## 6.3 Vendor Evaluation Framework

Organizations commonly consider external assistance when internal expertise or capacity is limited, multi-state operations create complexity, or continuous monitoring automation is not achievable with existing systems.

### Capabilities to Evaluate:

#### Database Access and Coverage

Direct NPDB access; OIG, SAM, and state licensure capabilities; all-state coverage; update frequency

#### Healthcare Expertise

Understanding of regulatory requirements; experience with CMS and Joint Commission mandates

#### Monitoring Infrastructure

Automated continuous monitoring; alert generation; frequency options

#### Integration

Ability to integrate with facility systems; data exchange formats

#### Documentation Support

Verification output format; audit-ready documentation; record retention

### Due Diligence Question Categories:

- › Compliance and quality (accreditations, quality assurance, accuracy guarantees)
- › Technology and security (data security, system uptime, disaster recovery)
- › Service and support (implementation timeline, customer support, training)
- › References and experience (healthcare client references, organization types served)
- › **Data Protection Requirements:**
  - › Require written agreement addressing data security, confidentiality, breach notification, and liability
  - › If vendor handles PHI, obtain Business Associate Agreement (HIPAA)
  - › Specify data retention and destruction obligations
  - › Require compliance with applicable state data security and privacy laws
  - › Verify vendor maintains appropriate cybersecurity insurance
  - › Require notification if vendor experiences data breach
  - › Limit vendor's use of data to specified credentialing purposes

## Critical FCRA Consideration for Vendor Services:

Determine whether third-party verification vendors meet the definition of Consumer Reporting Agencies (CRAs) under FCRA (15 U.S.C. § 1681a(f)). The determination is fact-specific and depends on whether the vendor:

- ⚠ Merely facilitates your direct access to databases, OR
- ⚠ Assembles, evaluates, or reports information bearing on eligibility

Generally, services that only provide access to NPDB, state licensure boards, OIG, and SAM for your own queries do NOT create CRA relationships. However, if a vendor assembles information from multiple sources and provides consolidated reports used for employment decisions, CRA status may apply, triggering FCRA obligations including:

- Written authorization from applicant/employee
- Clear disclosure that consumer report may be obtained
- Adverse action procedures if information influences employment decisions

⚠ Before engaging verification vendors, obtain legal advice regarding FCRA applicability based on the specific services and workflow involved.

## 6.4 Quality Assurance and Audit Readiness

### Performance Metrics to Track:

- ✓ Time to complete initial verification
- ✓ Percentage of verifications completed before start date
- ✓ Continuous monitoring coverage rate
- ✓ Alert response time
- ✓ Documentation completion rate
- ✓ Recredentialing completion within cycle

### Documentation Standards

Audit-ready credentialing files contain:

- ✓ Completed application with attestations
- ✓ Primary source verification documentation for all licenses
- ✓ NPDB query results with date
- ✓ OIG, SAM exclusion check documentation with dates
- ✓ Continuous monitoring documentation throughout employment
- ✓ Committee review and approval documentation
- ✓ Recredentialing documentation at defined intervals

## Internal Audit Protocols:

- › File audits reviewing documentation standards
- › Process audits observing verification procedures
- › Database audits verifying monitoring coverage and frequency
- › Retrospective audits examining verification timing

## 6.5 Data Security, Privacy, and Confidentiality Requirements

Credentialing information contains sensitive data requiring robust protection:

### Confidentiality Obligations:

- › **NPDB reports are confidential under 42 U.S.C. § 11137(b).**  
Unauthorized disclosure is prohibited and may result in civil monetary penalties. Limit access to personnel with authorized need.
- › State licensure disciplinary information may be subject to state confidentiality provisions
- › Information about practitioner exclusions, malpractice history, and disciplinary actions should be maintained confidentially and disclosed only to those with legitimate need to know

### Data Security Requirements:

#### Physical Security

Store credentialing files in secured areas with restricted access

#### Electronic Security

Encrypt credentialing databases; implement role-based access controls; maintain audit logs of access

#### Access Limitation

Grant access only to credentialing personnel, medical staff leadership, and others with defined need

#### Vendor Security

Require third-party credentialing service providers to maintain equivalent security measures via written agreement

### Sensitive Identifier Protection:

- ✓ Minimize collection, use, and display of Social Security Numbers in compliance with state SSN protection laws
- ✓ Truncate SSNs on documents where full SSN is not necessary
- ✓ Comply with state laws requiring reasonable security measures for personal information

### Retention and Disposal:

- › Establish written retention policies consistent with CMS requirements, accreditation standards, medical staff bylaws, and state law (typically 5-10 years minimum)

- After retention periods expire, securely destroy records containing sensitive information (cross-cut shredding for paper; certified electronic destruction for digital records)
- NPDB reports must be destroyed when no longer needed for authorized credentialing purposes

### State Privacy Law Compliance:

- State consumer privacy laws (e.g., California Consumer Privacy Act, Virginia Consumer Data Protection Act) may grant practitioners certain rights regarding credentialing information
- Determine applicability of state privacy laws and implement required privacy notices and response procedures

### HIPAA Considerations:

Credentialing information about healthcare providers' qualifications generally is not Protected Health Information (PHI) under HIPAA when used for employment or peer review purposes. However, if credentialing processes involve reviewing practitioner health information (e.g., ability to perform essential functions, accommodation documentation), such information may be subject to HIPAA or ADA confidentiality requirements. Consult legal counsel regarding proper handling.



[NEXT SECTION](#)

## State Licensure Verification Reference



## SECTION 7

# State Licensure Verification Reference

State verification requirements vary significantly. Key considerations for states with substantial healthcare employment:

State	Primary Verification Source	Access Method	NLC Status	Notable Requirements
<b>California</b>	Medical Board of CA; CA Board of Registered Nursing	Online portals; some written requests	Non-compact	Requires all license verification; extensive disciplinary information public. California Labor Code § 432.7 restricts use of certain arrest and conviction records; consult legal counsel regarding intersection of federal credentialing requirements and California employment screening restrictions.
<b>Texas</b>	TX Medical Board; TX Board of Nursing	Online verification	Compact	Online verification available for most license types
<b>Florida</b>	FL Dept of Health	Online system	Non-compact	Centralized verification for multiple professions
<b>New York</b>	NY Education Dept Office of Professions	Online system	Non-compact	Centralized verification; includes physician profiles
<b>Pennsylvania</b>	State licensure boards by profession	Varies; online for many	Compact	Professional-specific approaches

## Key State Considerations

### California

Second-largest healthcare workforce; non-compact requiring individual CA licenses for nurses; primary source verification required; extensive online verification available but some require written requests.

### New York

Office of Professions centralizes many healthcare licenses; online verification available; non-compact requiring individual licenses.

### Florida

Large healthcare employment; centralized Department of Health verification; non-compact for nursing requiring FL licensure.

### Texas

Largest healthcare workforce; compact state facilitating multi-state practice; accessible online verification systems.

**NEXT SECTION**

**Compliance  
Self-assessment**

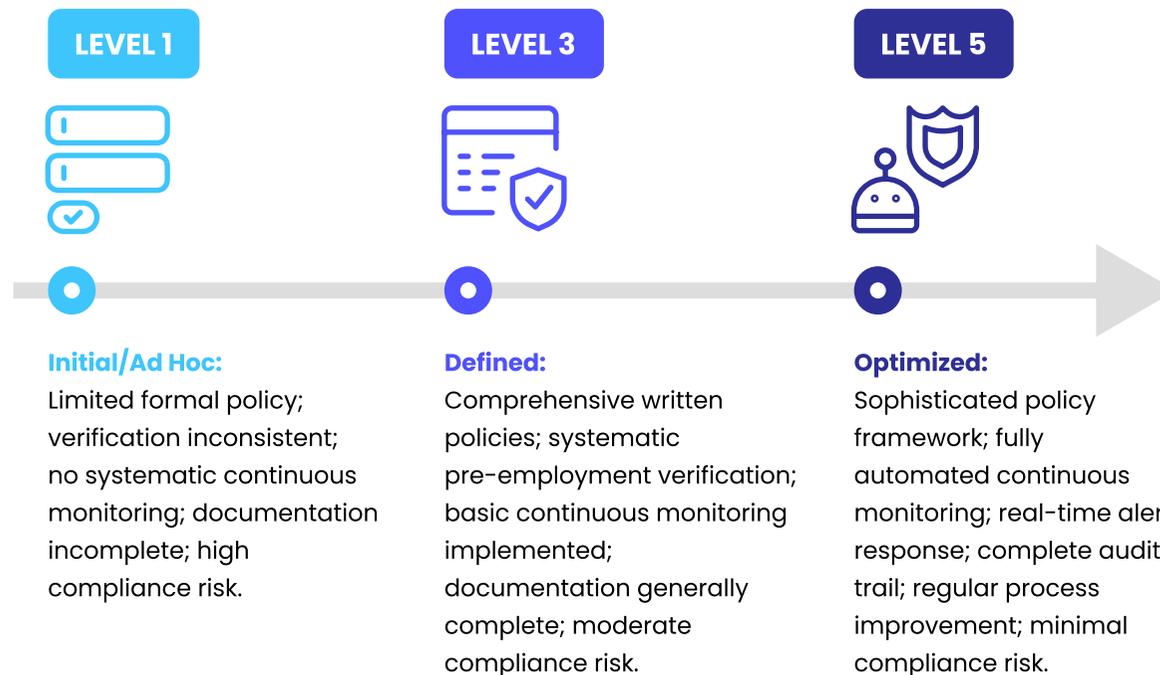


Multi-state employers should prioritize establishing efficient verification relationships in states with highest practitioner concentration.

# Compliance Self-assessment

## 8.1 Screening Program Maturity Assessment

Organizations can assess screening program development across maturity levels:



## 8.2 Red Flag Indicators

Critical gaps requiring immediate attention:

- ▶ No systematic OIG/SAM exclusion checks occurring monthly
- ▶ Unable to document primary source verification of licensure
- ▶ Hiring occurring before verification completion
- ▶ No NPDB queries for medical staff in hospitals
- ▶ Credentialing files missing required documentation
- ▶ No continuous monitoring between initial credentialing and recredentialing
- ▶ No written policies governing verification requirements
- ▶ Multi-state practitioners not verified in all practice states
- ▶ Inadequate data security for credentialing information
- ▶ No retention/disposal policies for credentialing records

## 8.3 Requirements by Organization Type

Organization Type	NPDB	OIG/SAM	State License	Primary Considerations
<b>Hospitals</b>	Mandatory for medical staff	Required for all workforce	Required primary source verification	42 CFR §482.12; Joint Commission standards; continuous monitoring
<b>Physician Practices</b>	Permissive	Required if Federal program participation	Required primary source verification	State medical board verification; exclusion monitoring essential
<b>Nursing Homes</b>	Permissive	Required	Required primary source verification	42 CFR §483.70; state survey focus; state-specific background check mandates
<b>Home Health</b>	Permissive	Required	Required primary source verification	Decentralized workforce increases tracking complexity; state-specific requirements



LAST SECTION

Resources  
and Next Steps



## SECTION 9

# Resources and Next Steps

## 9.1 Regulatory Reference Resources

### Federal Databases:

#### National Practitioner Data Bank

 [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov)

#### OIG List of Excluded Individuals/Entities

 [oig.hhs.gov/exclusions](http://oig.hhs.gov/exclusions)

#### System for Award Management

 [sam.gov](http://sam.gov)

### Regulatory Texts:

- 42 CFR Part 482 (Hospital Conditions of Participation)
- 42 CFR Part 483 (Long-Term Care Facility Requirements)
- Code of Federal Regulations: [ecfr.gov](http://ecfr.gov)

## 9.2 Action Planning Framework

### Immediate (30 days):

- ✓ Implement monthly OIG/SAM exclusion monitoring if not currently occurring
- ✓ Conduct exclusion checks on entire current workforce
- ✓ Document current verification processes and identify regulatory gaps
- ✓ Review credentialing policy against current requirements
- ✓ Assess data security measures for credentialing information

### Near-Term (90 days):

- ✓ Revise policies to address identified gaps
- ✓ Establish continuous monitoring processes for all databases
- ✓ Implement primary source verification protocols for state licensure
- ✓ Conduct training for staff responsible for verification activities
- ✓ Develop documentation standards and audit trail requirements

- ✓ Establish data retention and secure disposal procedures
- ✓ Implement enhanced security measures for sensitive credentialing data

### Ongoing:

- ✓ Execute systematic continuous monitoring
- ✓ Conduct internal audits at defined intervals
- ✓ Monitor regulatory developments requiring policy updates
- ✓ Refine processes based on audit findings
- ✓ Review and update data security measures

## 9.3 Specialized Assistance Considerations

Organizations commonly engage external expertise when internal credentialing expertise is limited, verification volume exceeds internal capacity, multi-state operations create complexity, or continuous monitoring automation capabilities don't exist in current systems.

### Categories of external assistance:

- Verification service providers offering database access and monitoring
- Credentialing consultation for policy development
- Technology vendors providing credentialing software
- Compliance consultants for gap analysis
- Legal counsel for regulatory interpretation and FCRA applicability determination

### Due Diligence Approach:

- Define specific needs and scope
- Request information about healthcare specialization
- Assess capabilities against requirement gaps
- Verify references from similar organizations
- Evaluate technology, security, and integration capabilities
- Review contract terms and service level commitments
- **Determine FCRA applicability based on vendor services and workflow**
- **Ensure data protection agreements address security, confidentiality, and breach notification**

## 9.4 Staying Current

Monitor regulatory developments through:

- Federal Register (CMS proposed and final rules)
- OIG Resources (Work Plans, fraud alerts, compliance guidance)
- Accreditation Updates (Joint Commission standard revisions)
- Professional Associations (credentialing and compliance education)
- State Regulatory Monitoring (medical board newsletters)
- Medicare Administrative Contractors (interpretive guidance)
- CMS Regional Offices (survey practice updates)

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# End of Document

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## About



GCheck provides employment background screening services including criminal background checks, social media screening, employment and education verification, motor vehicle records, professional license verification, drug screening coordination, and continuous monitoring programs.

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