

CPCS CREDENTIALING AND PRIVILEGING PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which accreditation requires all verifications to be dated?**
 - A. Utilization Review Accreditation Commission (URAC)
 - B. National Committee for Quality Assurance (NCQA)
 - C. Healthcare Facilities Accreditation Program (HFAP)
 - D. Det Norske Veritas (DNV)
- 2. Which NPDB query source category includes agencies or contractors administering federal health care programs?**
 - A. Hospitals
 - B. Private practice groups
 - C. Agencies or contractors administering federal health care programs
 - D. Public health departments
- 3. What is the primary purpose of Policies in an organization?**
 - A. To address internal matters subject to frequent change
 - B. To establish legal compliance
 - C. To create marketing guidelines
 - D. To set administrative salaries
- 4. Which statement describes a Medicare-related benefit of accreditation?**
 - A. It improves branding but offers no survey benefits
 - B. It reduces staffing requirements
 - C. It ensures universal access to care
 - D. Allows Medicare to enter into an agreement with any state to survey hospitals accredited
- 5. In credentialing terms, which term designates any individual permitted by law and by the hospital to provide patient care services without direction or supervision?**
 - A. Resident
 - B. LIP
 - C. Attending Physician
 - D. Nurse Practitioner

- 6. What best defines core criteria in credentialing?**
- A. Education, training, current competence, health status, and licensure
 - B. External criteria set by accrediting organizations
 - C. Board certification and geographic distance
 - D. Patient safety concerns
- 7. Credentialing is described as required for all licensed practitioners (physicians and non-physicians) by which organization?**
- A. URAC
 - B. NCQA
 - C. TJC
 - D. HFAP
- 8. NCQA uses what date on PSV letter or report to determine compliance?**
- A. The date on PSV report
 - B. The date on PSV letter
 - C. The date of the credentialing decision
 - D. The date the verification was received
- 9. Which accrediting organization indicates requirements for PSV in Medical Staff Bylaws?**
- A. Health Facilities Accreditation Program (HFAP)
 - B. Det Norske Veritas (DNV)
 - C. Utilization Review Accreditation Commission (URAC)
 - D. Accreditation Association for Ambulatory Health Care (AAAHC)
- 10. Which accreditation requires all verifications to be dated?**
- A. Utilization Review Accreditation Commission (URAC)
 - B. National Committee for Quality Assurance (NCQA)
 - C. Healthcare Facilities Accreditation Program (HFAP)
 - D. Det Norske Veritas (DNV)

Answers

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1. B
2. C
3. A
4. D
5. B
6. A
7. B
8. A
9. A
10. B

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Explanations

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1. Which accreditation requires all verifications to be dated?

- A. Utilization Review Accreditation Commission (URAC)
- B. National Committee for Quality Assurance (NCQA)**
- C. Healthcare Facilities Accreditation Program (HFAP)
- D. Det Norske Veritas (DNV)

The essential point is ensuring a precise audit trail for credentialing by dating every verification. When a verification is dated, you know exactly when that check was performed, which is crucial for determining whether the information is current and acceptable for privileging decisions. NCQA requires that all verifications have dates so the organization can prove the evidence was checked within appropriate timeframes and is up-to-date for re-credentialing. This dating supports ongoing credential surveillance, helps prevent relying on outdated credentials, and provides a clear timeline for audits and quality reviews. It also makes it easier to manage re-verification intervals, such as rechecking licenses or board certification before renewals or reappointments. In practice, this means every item—licensure, board certification, education, training, work history, and background checks—should include the date the verification was completed. The dated verification becomes part of a traceable record showing when the information was last verified and when next verification is due, which is why NCQA emphasizes this requirement.

2. Which NPDB query source category includes agencies or contractors administering federal health care programs?

- A. Hospitals
- B. Private practice groups
- C. Agencies or contractors administering federal health care programs**
- D. Public health departments

Understanding NPDB query source categories helps credentialing staff know where information comes from. The category for agencies or contractors administering federal health care programs is specifically designed for entities that run or contract federal programs like Medicare and Medicaid. These federal program administrators submit NPDB reports about actions affecting practitioners within those programs, so this category is the one that encompasses those agencies or contractors themselves. Hospitals, private practice groups, and public health departments are separate sources tied to clinical or public health settings, not the federal program administrators.

3. What is the primary purpose of Policies in an organization?

- A. To address internal matters subject to frequent change**
- B. To establish legal compliance
- C. To create marketing guidelines
- D. To set administrative salaries

Policies provide the broad rules and guiding principles that govern how an organization operates, offering a framework for decision-making and consistent action. They are designed to be flexible so the organization can adapt as priorities, risks, or external conditions change. That flexibility is why the primary purpose is to address internal matters subject to frequent change: when needs evolve, policies can be updated to reflect new directions without overhauling every procedure or system. While policies support staying within legal requirements and may cover areas like marketing or salaries, those are specific domains, and the main function of policies is to establish the overarching, adaptable framework for internal governance and behavior.

4. Which statement describes a Medicare-related benefit of accreditation?

- A. It improves branding but offers no survey benefits
- B. It reduces staffing requirements
- C. It ensures universal access to care
- D. Allows Medicare to enter into an agreement with any state to survey hospitals accredited**

Medicare recognizes certain accrediting bodies to conduct surveys and grant deemed status to hospitals. This means a hospital can meet Medicare survey requirements by being accredited, and Medicare can rely on those accreditation surveys instead of doing its own separate survey. The statement about Medicare entering into an agreement with a state to survey hospitals that are accredited captures this arrangement: Medicare can formalize an agreement with a state survey entity to survey and oversee hospitals that have accreditation, aligning Medicare participation with the accrediting body's standards. This is the Medicare-related benefit because it streamlines oversight and reduces duplicative surveying, ensuring hospitals are held to consistent, high standards without multiple separate inspections. Accreditation can improve quality and safety, but it does not automatically guarantee universal access or reduce staffing needs, and branding improvements aren't the Medicare-focused benefit described here.

5. In credentialing terms, which term designates any individual permitted by law and by the hospital to provide patient care services without direction or supervision?

- A. Resident
- B. LIP**
- C. Attending Physician
- D. Nurse Practitioner

The concept being tested is who is authorized to provide patient care without direct supervision under credentialing rules. A licensed independent practitioner is someone who, by state law and hospital policy, has the authority to deliver patient care without direction or supervision. This designation typically covers professionals who can practice autonomously, such as physicians with full licensure and, in some settings, certain advanced practice clinicians who have independent practice rights. Residency status involves training under supervision, so residents are not eligible for independent practice without oversight. An attending physician is the senior clinician who often leads patient care and may supervise others, but the term is about the role and scope of practice rather than the blanket ability to practice independently. A nurse practitioner may have independent practice in some states, but not universally; the question's phrasing points to the broader credentialing term that encompasses those who can practice without supervision as permitted by law and hospital policy.

6. What best defines core criteria in credentialing?

- A. Education, training, current competence, health status, and licensure**
- B. External criteria set by accrediting organizations
- C. Board certification and geographic distance
- D. Patient safety concerns

In credentialing, the essential elements used to determine eligibility for privileges are education, training, current competence, health status, and licensure. Education and training confirm the individual has the necessary knowledge and hands on skills for their field. Current competence ensures they can perform their duties safely and effectively at the present time, often through ongoing practice standards and performance evaluations. Health status checks assess fitness to practice to protect patients, and licensure verifies legal authority to practice in the clinician's jurisdiction. Together, these components establish a solid, ongoing baseline for who is allowed to provide care. External criteria set by accrediting organizations describe the broader framework rather than the specific readiness for privileges. Board certification and geographic distance aren't universal requirements for core credentialing, and patient safety concerns, while vital, reflect outcomes and risk considerations rather than the defined set of core eligibility criteria.

7. Credentialing is described as required for all licensed practitioners (physicians and non-physicians) by which organization?

- A. URAC
- B. NCQA**
- C. TJC
- D. HFAP

Credentialing is the process of systematically verifying a practitioner's qualifications before they're allowed to provide care within a network. The National Committee for Quality Assurance (NCQA) sets standards that require credentialing for all licensed practitioners—physicians and non-physicians alike—so that every provider in an accredited plan meets consistent baseline qualifications. This cross-provider verification includes licensure, education, training, board certification where applicable, sanctions, and ongoing monitoring through recredentialing. Other organizations do credentialing in related contexts, but NCQA's framework is the one most associated with requiring this level of universal credentialing across an entire provider network, which is why it's the best answer here.

8. NCQA uses what date on PSV letter or report to determine compliance?

- A. The date on PSV report**
- B. The date on PSV letter
- C. The date of the credentialing decision
- D. The date the verification was received

The key idea is understanding how verification currency is determined. NCQA uses the date on the PSV report because that date marks when the verification from the primary sources was actually obtained and the data were current at that moment. The PSV letter's date is administrative and may come after the verification was completed, so it doesn't reliably reflect how fresh the information is. The credentialing decision date is simply the outcome of the process, not a measure of how recent the verifications are. The date the verification was received can be influenced by processing or mailing times and doesn't indicate the verification's currency. So, the date on the PSV report is the standard reference NCQA uses to determine compliance.

9. Which accrediting organization indicates requirements for PSV in Medical Staff Bylaws?

- A. Health Facilities Accreditation Program (HFAP)**
- B. Det Norske Veritas (DNV)
- C. Utilization Review Accreditation Commission (URAC)
- D. Accreditation Association for Ambulatory Health Care (AAAHC)

Primary Source Verification (PSV) is the process of confirming credentials directly with the issuing sources, such as licensing boards, medical schools, specialty boards, and previous employers, before or during credentialing and privilege decisions. Accrediting bodies shape how this verification is embedded in the medical staff governance, including what must be documented in Medical Staff Bylaws. This accrediting organization sets standards that specifically require Medical Staff Bylaws to outline PSV procedures, ensuring that credentialing data are verified against primary sources and re-verified at appropriate intervals (for example at reappointment or when privileges change). Because its standards explicitly tie PSV requirements to the Medical Staff Bylaws, it is the organization that indicates these PSV requirements most directly. Other accrediting bodies address credentialing and governance in different areas or with different emphasis, rather than explicitly mandating PSV language within Medical Staff Bylaws, which is why the first organization is the best fit for this requirement.

10. Which accreditation requires all verifications to be dated?

- A. Utilization Review Accreditation Commission (URAC)
- B. National Committee for Quality Assurance (NCQA)**
- C. Healthcare Facilities Accreditation Program (HFAP)
- D. Det Norske Veritas (DNV)

In credentialing, keeping verification records with dates is essential for auditability and timeliness. The National Committee for Quality Assurance (NCQA) requires that every verification item in the credentialing file is dated—showing exactly when each item was checked and by whom. This explicit dating ensures the information used to make credentialing decisions is current and verifiable, and it supports proper re-credentialing timelines. Verifications cover items like licensure, board certification, malpractice insurance, sanctions, and work history. By dating each verification, the file provides a clear, auditable trail of when the data was obtained, which is crucial if questions arise later about the currency of the information or when a re-credentialing decision was made. While other accrediting bodies also require documentation of verifications, NCQA's standards place a clear, explicit emphasis on dating every verification, making it the best fit for this requirement. In practice, dating helps ensure that decisions reflect information as of a specific date and facilitates timely updates when re-verification is due.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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