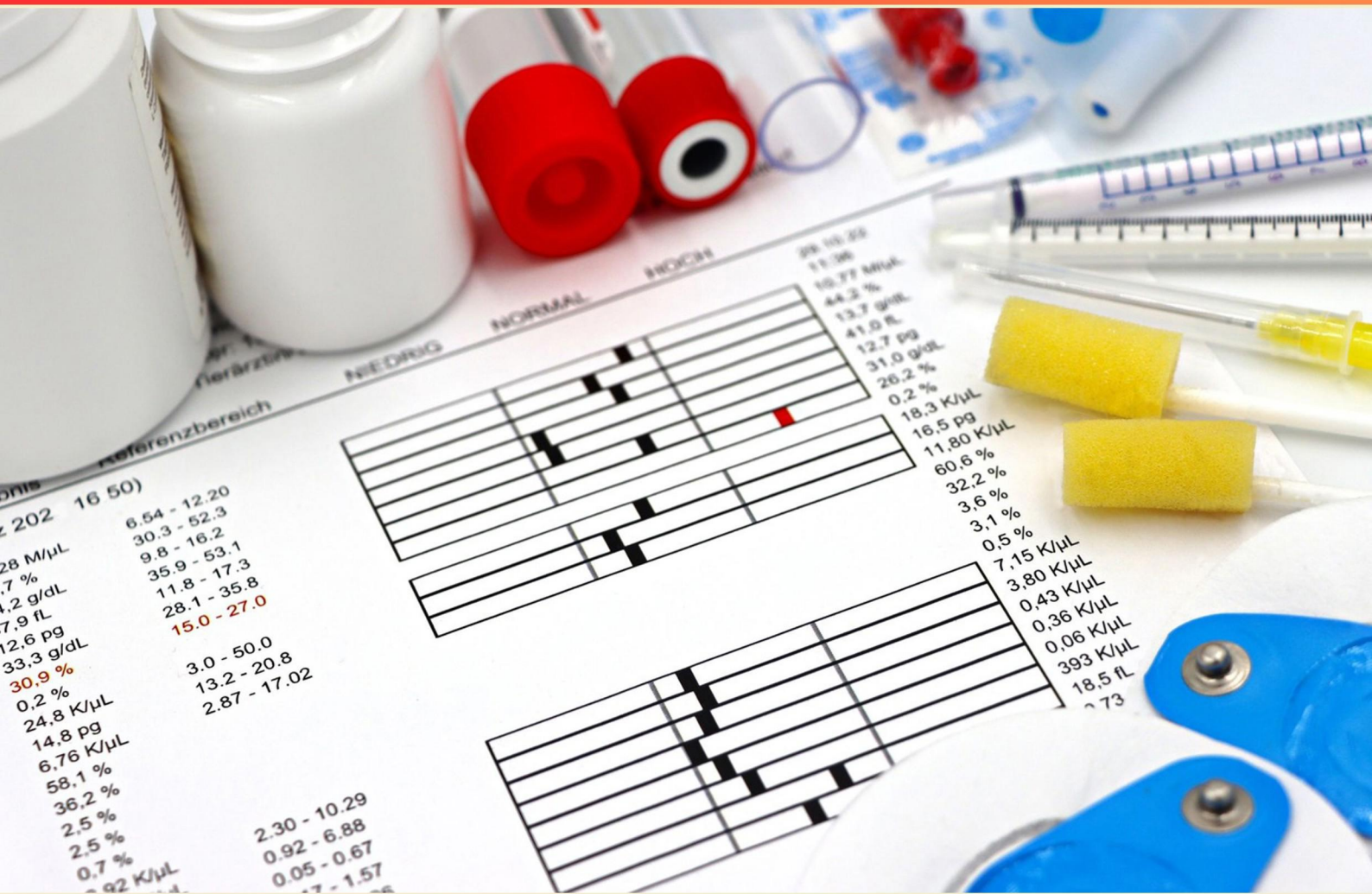


NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

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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. What is NCQA's expectation regarding discrimination in credentialing decisions?**
 - A. It should be based on language
 - B. It should prioritize Medicaid patients
 - C. It should be based on age
 - D. It should be non-discriminatory
- 2. What does interoperability require for NCQA programs?**
 - A. Ability to exchange standardized health information across systems and settings.
 - B. Ability to export data only to a single vendor.
 - C. Only within hospital information systems.
 - D. No standardized data exchange.
- 3. A patient care plan typically includes which elements?**
 - A. Financial budgets and stock options.
 - B. Current medications only.
 - C. Hospital discharge instructions only.
 - D. Goals, treatment plans, and follow-up.
- 4. What is the verification time limit for education according to NCQA?**
 - A. Prior to the credentialing decision
 - B. During credentialing process
 - C. After credentialing decision
 - D. At licensure renewal
- 5. Is NCQA verification of clinical privileges required?**
 - A. Yes, verification is always required
 - B. Not required
 - C. Only required for initial credentialing
 - D. Required for certain specialties

- 6. What is the primary purpose of NCQA accreditation and recognition programs?**
- A. To provide financial incentives to increase profitability.
 - B. To certify that organizations meet nationally recognized standards for quality improvement, patient-centered care, and data-driven performance reporting.
 - C. To rate providers based on patient satisfaction alone.
 - D. To revoke accreditation for minor noncompliance.
- 7. What is required for provisional credentialing per NCQA?**
- A. PSV license only
 - B. Complete application and signed attestation only
 - C. Malpractice confirmation only
 - D. All three items: PSV license; malpractice history or NPDB query; complete application and signed attestation
- 8. CINBAD is used to verify sanctions for which profession?**
- A. Chiropractors
 - B. Physicians
 - C. Podiatrists
 - D. Oral surgeons
- 9. What is the purpose of measurement dashboards in PCMH?**
- A. To generate annual summary reports for leadership.
 - B. To visualize performance, monitor progress, and guide improvement work.
 - C. To store patient health records securely.
 - D. To select which measures to discontinue.
- 10. What is a Quality Improvement (QI) project in NCQA terms?**
- A. A one-time chart review with no follow-up.
 - B. A systematic, time-bound effort to improve a particular care process or outcome using structured methods such as PDSA.
 - C. An annual training session.
 - D. A financial cost-saving initiative without care process focus.

Answers

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

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Explanations

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1. What is NCQA's expectation regarding discrimination in credentialing decisions?

- A. It should be based on language
- B. It should prioritize Medicaid patients
- C. It should be based on age
- D. It should be non-discriminatory**

NCQA expects credentialing decisions to be non-discriminatory and based on objective, relevant qualifications. In practice, this means evaluating a provider's licensure, board certification, clinical competence, adherence to practice standards, and appropriate background checks, applying these criteria consistently to all applicants. Making decisions based on language proficiency, age, or patient payer status would introduce bias and unfairly exclude qualified clinicians, which is not consistent with fair, quality-focused credentialing. Emphasizing a fair, non-discriminatory process ensures equity for providers and supports safe, accessible patient care.

2. What does interoperability require for NCQA programs?

- A. Ability to exchange standardized health information across systems and settings.
- B. Ability to export data only to a single vendor.**
- C. Only within hospital information systems.
- D. No standardized data exchange.

Interoperability in NCQA programs means the ability for standardized health information to move smoothly between different systems and care settings. This requires using common data standards and formats (such as HL7/FHIR, CCD/CCDA, LOINC, SNOMED CT) so data can be collected, compared, and aggregated no matter which vendor or platform is used. When information can be exchanged across diverse systems, NCQA measures can be calculated consistently, care can be coordinated across the continuum, and quality improvement efforts can be more effective. Exporting data only to a single vendor restricts data flow and creates vendor lock-in, which undermines true interoperability. Keeping data exchange limited to within hospital information systems is too narrow, and claiming there is no standardized data exchange is the opposite of what interoperability requires.

3. A patient care plan typically includes which elements?

- A. Financial budgets and stock options.
- B. Current medications only.
- C. Hospital discharge instructions only.
- D. Goals, treatment plans, and follow-up.**

A patient care plan is a roadmap for care that sets clear goals for the patient's health, outlines the specific treatments and actions needed to reach those goals, and specifies how progress will be monitored and when follow-up will occur. This combination ensures care is coordinated, measurable, and adjustable as the patient's condition changes. Financial budgets and stock options are not part of clinical care planning. Focusing only on current medications misses the broader aims and the plan for ongoing management. Discharge instructions matter, but they represent just one piece of the ongoing care plan, not its entirety.

4. What is the verification time limit for education according to NCQA?

A. Prior to the credentialing decision

B. During credentialing process

C. After credentialing decision

D. At licensure renewal

Education verification must be completed before the credentialing decision is made. This ensures that the degrees and institutions cited by the applicant are legitimate, that the dates and credentials match official records, and that the decision is based on confirmed information from reliable sources. Verifying education ahead of the decision prevents approving someone on unverified or potentially inaccurate claims and keeps the credentialing process defensible and aligned with patient-safety goals. If verification happened only after a decision or only at licensure renewal, the decision could be based on incomplete or unverified evidence, which undermines the integrity of the process.

5. Is NCQA verification of clinical privileges required?

A. Yes, verification is always required

B. Not required

C. Only required for initial credentialing

D. Required for certain specialties

NCQA credentialing standards focus on confirming that a clinician is legally able to practice and meets professional qualifications. This means verifying current licensure, board certification where applicable, any sanctions, malpractice insurance, and references. Verification of clinical privileges is determined by the hospital or facility where the clinician holds privileges and can vary by setting, and NCQA does not require this as part of its credentialing verification. So, while privileging information may be used in a provider's overall risk management, it is not a NCQA-mandated verification item.

6. What is the primary purpose of NCQA accreditation and recognition programs?

A. To provide financial incentives to increase profitability.

B. To certify that organizations meet nationally recognized standards for quality improvement, patient-centered care, and data-driven performance reporting.

C. To rate providers based on patient satisfaction alone.

D. To revoke accreditation for minor noncompliance.

NCQA accreditation and recognition programs are designed to certify that an organization meets nationally recognized standards for quality improvement, patient-centered care, and data-driven performance reporting. This means the organization has established systematic processes to continually improve care, coordinate services, involve patients in their care, and collect and use reliable data to monitor outcomes. Achieving accreditation signals to patients, purchasers, and payers that the organization is committed to quality and transparency, using evidence-based practices and validated measures to drive improvement. It is not about providing financial incentives, nor is it a rating based on patient satisfaction alone, and accreditation isn't simply a punitive tool to revoke for minor issues; rather, it's a credential that reflects ongoing commitment to quality and may be withdrawn if standards aren't met.

7. What is required for provisional credentialing per NCQA?

- A. PSV license only
- B. Complete application and signed attestation only
- C. Malpractice confirmation only
- D. All three items: PSV license; malpractice history or NPDB query; complete application and signed attestation**

For provisional credentialing, NCQA requires a combination of verification and documentation to establish licensure eligibility, safety history, and accuracy of the application. Verifying the license through a primary source confirms the provider is legally authorized to practice in the relevant jurisdiction. Checking malpractice history, either via a direct history or an NPDB query, assesses risk and ensures there are no unresolved or disqualifying actions. Completing the application with a signed attestation guarantees that the information provided is complete, truthful, and that the provider agrees to the verification process and disclosure requirements. Each piece addresses a different aspect of credentialing—licensure status, safety/quality risk, and data integrity—so all three are required for provisional credentialing.

8. CINBAD is used to verify sanctions for which profession?

- A. Chiropractors**
- B. Physicians
- C. Podiatrists
- D. Oral surgeons

Sanctions verification is a credentialing step to ensure clinicians aren't excluded or under disciplinary action. CINBAD is the database that NCQA (and many plans) use to check for sanctions specifically for chiropractors. It aggregates sanction data from licensing boards and other government sources, making it the go to source to confirm whether a chiropractor has any active sanctions. While other provider types may be checked through different data sources (like the NPDB or state boards), this item points to CINBAD as the primary sanctions verify source for chiropractors.

9. What is the purpose of measurement dashboards in PCMH?

- A. To generate annual summary reports for leadership.
- B. To visualize performance, monitor progress, and guide improvement work.
- C. To store patient health records securely.**
- D. To select which measures to discontinue.

The purpose of measurement dashboards in a PCMH is to visualize performance, monitor progress, and guide improvement work. Dashboards bring together key quality measures and show how current results compare to targets and how trends are evolving over time. This real-time or near-real-time visibility helps care teams quickly spot where care processes are falling short, test small changes using improvement methods, and watch whether those changes move the metrics in the right direction. They're about ongoing insight and action, not just storing records or producing annual summaries. Storing patient health records securely is the job of the EHR and data-security systems, not dashboards. Generating annual summary reports is a possible output dashboards can feed, but their main value is providing continuous, actionable visibility for day-to-day improvement. Deciding which measures to discontinue isn't the primary function of dashboards either; they display measures and trends to inform such governance decisions, rather than make them on their own.

10. What is a Quality Improvement (QI) project in NCQA terms?

- A. A one-time chart review with no follow-up.
- B. A systematic, time-bound effort to improve a particular care process or outcome using structured methods such as PDSA.**
- C. An annual training session.
- D. A financial cost-saving initiative without care process focus.

A Quality Improvement project in NCQA terms is a systematic, time-bound effort to improve a specific care process or outcome, guided by structured improvement methods such as Plan-Do-Study-Act (PDSA). The focus is on testing changes on a small scale, collecting data to measure impact, and iterating based on what the data show, all within a defined aim and timeframe. This differentiates it from a one-time chart review with no follow-up, an annual training session, or a cost-saving effort that doesn't center on care processes. For example, a QI project might test a reminder system to improve follow-up after a visit, track the effect on timely follow-up rates, and adjust the approach based on monthly data. This combination of a defined goal, iterative testing, and data-driven decision-making is what NCQA considers a QI project.

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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:

<https://ncqa.examzify.com>

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

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