

Frequently Asked Questions about Offering Continuing Medical Education Credits for Providers

This document is intended to answer basic questions for health plans interested in providing continuing medication education credits (CME) to their providers.

Who oversees CMEs and accredits health plans that offer CME credits?

The [Accreditation Council for Continuing Medical Education \(ACCME\)](#) is the main regulator of CMEs. The Council, along with their [accrerator partners which are oftentimes state medical societies](#), grant an organization the authority to provide CME. Organizations approved to provide CME are often referred to as “accredited CME providers.”

Who can become an accredited CME provider?

Health plans cannot typically apply for and become an accredited CME provider. Only certain institutions [are eligible](#) to be accredited CME providers. State medical societies, accredited schools of medicine, national physician member organizations, and national medical specialty societies are all examples of types of eligible institutions.

If my organization is not or cannot be accredited, can it still provide CMEs?

Yes, through a [joint providership](#). ACCME-accredited providers can plan and implement CME activities with non-accredited organizations, as long as the accredited provider demonstrates that the activities are in compliance with ACCME requirements.

How do I know who is an accredited CME provider?

You can find a list of accredited CME providers by state on the [ACCME website](#).

What are some of the requirements for the CME?

- The ACCME’s accreditation statement must appear on all CME activity materials.
- The CME activity must assist physicians in carrying out their professional responsibilities more effectively and efficiently. For example, personal finance cannot be a topic of a CME.
- The CME activities must be independent of commercial interests.
- CME planning and presentations materials must be kept for at least twelve months or throughout the CME provider’s accreditation, whichever is longer.
- Attendance records for participating providers in a CME activity must be kept for six years from the date of the CME activity.
- The clinical content must be validated, evidence-based, and not have risks/dangers that outweigh known benefits.

This is not a comprehensive list of CME requirements. Plans and CME accredited providers will need to ensure they understand and comply with all CME-related requirements.

Some medical license credentialing organizations have additional requirements CMEs must meet to count toward maintaining a medical license. Check with the relevant licensing boards in your state to ensure your CME will be eligible for medical license maintenance for your intended audience.

For more details on CME accreditation requirements, standard, and policies, view [ACCME's requirements and descriptions](#).

ABOUT THIS RESOURCE

This resource is a product of [Improving Access to SBIRT Services for Adolescents](#), a three-year learning collaborative of Medicaid-focused safety net health plans to advance prevention and early intervention for adolescent substance use disorders. The initiative was led by the Center for Health Care Strategies in partnership with the Association for Community Affiliated plans, with funding from the Conrad N. Hilton Foundation. For more information, visit CHCS' *Improving Access to Screening, Brief Intervention, and Referral to Treatment in Primary Care for Adolescents* Resource Center at www.chcs.org/sbirt-resource-center/.

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center committed to improving health care quality for low-income Americans. CHCS works with state and federal agencies, health plans, providers, and community-based organizations to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.