

NCQA Corrections, Clarifications and Policy Changes to the 2025 CR-PN Standards and Guidelines

November 17, 2025

This document includes the corrections, clarifications and policy changes to the 2025 Credentialing and Provider Network standards and guidelines. NCQA has identified the appropriate page number in the publication and the standard/element head and subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

- A **correction (CO)** is a change made to rectify an error in the standards and guidelines.
- A **clarification (CL)** is additional information that explains an existing requirement.
- A **policy change (PC)** is a modification of an existing requirement.
- A **regulatory change (RC)** is a new requirement or a modification of an existing requirement to align with federal regulations.

An organization undergoing a survey under the 2025 standards and guidelines must implement corrections and policy changes within 90 calendar days of the IRT release date, unless otherwise specified. The 90-calendar-day advance notice does not apply to clarifications or FAQs, because they are not changes to existing requirements.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
7	Overview	Other NCQA Programs	Add “Health Outcomes” and “Community-Focused Care” as Accreditation programs under Other NCQA Programs .	CL	11/17/25
12	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Accreditation	Add the following as a new subsection: Other Eligibility Considerations NCQA Accredits entities whose operations range from within a single state to across the United States. To determine the entity to be Accredited, NCQA considers the centralization of CR functions assessed by the Accreditation standards. If functions are decentralized, with distinct policies and procedures for different units, NCQA may determine that more than one organization is eligible for Accreditation. Corporations and their departments that perform centralized CR functions for affiliated entities that share common ownership or control (e.g., health plans, behavioral healthcare organizations) are eligible for CR Accreditation and are subject to enhanced file review as described under File review universe.	CL	11/17/25
37	Policies and Procedures—Section 3: The Survey Process	File review universe	Revise the Note in the second paragraph to read: Note: For corporations or their departments that conduct centralized CR functions for their affiliated entities, NCQA requires an enhanced file review with a minimum review of 75 files across applicable file review requirements. NCQA runs a random selection of 90 Initial Credentialing files and 90 Recredentialing files for the enhanced CR file review.	CL	11/17/25
75	CR 3, Element C	Explanation—Factor 5	Add the following as the sixth paragraph: The organization or delegate may audit more frequently using either methodology above. All audits must cumulatively cover the 12-month look-back period.	CL	11/17/25

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97	CRA 3, Element A	Scope of review	Add the following as the second paragraph: <i>For factor 6:</i> • Credentialing decisions made before July 1, 2025, will not be scored on this factor. • Credentialing decisions made on or after July 1, 2025, will be scored on this factor. However, the full 6-month look-back period will not be enforced until January 1, 2026, which is when the full 6-month window is reached.	CL	11/17/25
107	CRA 4, Element A	Explanation—Related information	Add the following as the first paragraph: <i>Compact licensure agreements (factor 1):</i> A licensure compact arrangement between states is acceptable if the practitioner's licensure was primary source verified in the practitioner's home state. NCQA reviews the compact agreement for evidence that the state (or states) accepts the home state's license in lieu of state licensure.	CL	11/17/25
109	CRA 4, Element B	Explanation—Factors 2 and 3	Revise the sources for Medicaid sanctions (factor 2) and exclusions (factor 3) to read: Factor 2: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from any of the following sources: • State Medicaid agency. • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. Factor 3: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from any of the following sources: • State Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB.	PC	11/17/25
112	CRA 5, Element A	Explanation—Factors 1 and 2	Revise the sources for Medicaid sanctions (factor 1) and exclusions (factor 2) to read: Factor 1: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information any of the following sources: • State Medicaid agency. • AMA Physician Master File. • FSMB.	PC	11/17/25

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			• NPDB. • SAM.gov. Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from any of the following sources: • State Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB.		
134	CRC 2, Element A	Explanation	Add Related information subhead and text that reads: Related information <i>Compact licensure agreements:</i> A licensure compact arrangement between states is acceptable if the practitioner's licensure was primary source verified in the practitioner's home state. NCQA reviews the compact agreement for evidence that the state (or states) accepts the home state's license in lieu of state licensure.	CL	11/17/25
149	CRC 9, Element A	Explanation— Factors 1 and 2	Revise the sources for Medicaid sanctions (factor 1) and exclusions (factor 2) to read: Factor 1: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from any of the following-sources: • State Medicaid agency. • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from any of the following-sources: • State Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB.	PC	11/17/25
152	CRC 10, Element A	Scope of review	Add the following as the second paragraph: For factor 6: • Credentialing applications processed before July 1, 2025, will not be scored on this factor.	CL	11/17/25

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			Credentialing applications processed on or after July 1, 2025, will be scored on this factor. However, the full 6-month look-back period will not be enforced until January 1, 2026, which is when the full 6-month window is reached.		
156	CRC 11, Element A	Scope of review	Add the following as the second paragraph: For factor 6: - Credentialing applications processed before July 1, 2025, will not be scored on this factor. - Credentialing applications processed on or after July 1, 2025, will be scored on this factor. However, the full 6-month look-back period will not be enforced until January 1, 2026, which is when the full 6-month window is reached.	CL	11/17/25
159	CRC 12, Element A	Look-back period	Revise the look-back period for Renewal Surveys to read: <i>For Renewal Surveys:</i> 24 months; 6 months for the exclusion component of factor 2.	CO	11/17/25
160	CRC 12, Element B	Explanation— Factors 1 and 2	Revise the sources for Medicaid sanctions (factor 1) and exclusions (factor 2) to read: Factor 1: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from any of the following sources: - State Medicaid agency. - AMA Physician Master File. - FSMB. - NPDB. - SAM.gov. Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from any of the following-sources: - State Medicaid agency. - List of Excluded Individuals and Entities maintained by OIG and available over the internet. - NPDB.	PC	11/17/25
163	CRC 12, Element C	Explanation— Factors 1 and 2	Revise the sources for Medicaid sanctions (factor 1) and exclusions (factor 2) to read: Factor 1: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from any of the following sources: - State Medicaid agency. - AMA Physician Master File.	PC	11/17/25

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			• FSMB. • NPDB. • SAM.gov. Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from any of the following sources: • State Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB.		

PREVIOUSLY POSTED UPDATES

17	Policies and Procedures— Section 2: Accreditation Scoring and Status Requirements	Follow-Up Survey	Replace the last sentence of the third paragraph with: The effective date of the Accreditation status received following a Follow-up Survey is the completion date of that Follow-up Survey, and is not dated retroactively to the completion of the previous Full Survey. The expiration date of the Accreditation status will be calculated based on the completion date of the Full Survey that precipitated the Follow-Up Survey.	CL	7/28/25
17	Policies and Procedures— Section 2: Accreditation Scoring and Status Requirements	Resurvey	Replace the last sentence of the third paragraph with: The effective date of the updated Accreditation status received following a Resurvey is based on the completion date of that Resurvey, and is not dated retroactively to the completion of the previous Full Survey. The expiration date of the Accreditation status will be calculated based on the completion date of the Full Survey that precipitated the Resurvey.	CL	7/28/25
17	Policies and Procedures— Section 2: The Accreditation Process	Resurvey	Replaced “above 55%” with “greater than or equal to 55%” in the first and second paragraphs under <i>Resurvey</i> .	CL	11/18/24
19	Policies and Procedures— Section 2: Accreditation Scoring and Status Requirements	Corrective Action Plan Survey	Replace the last sentence of the seventh paragraph with: The effective date of the updated Accreditation status received following a CAP Survey is based on the completion date of that CAP Survey, and is not dated retroactively to the completion of the previous Full Survey. The expiration date of the Accreditation status will be calculated based on the completion date of the Full Survey that precipitated the CAP Survey.	CL	7/28/25

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	Policies and Procedures— Section 2: Accreditation Scoring and Status Requirements	Accreditation/ Certification Survey Types	Add the following new section between “Resurvey” and “Expedited Survey”: Add-On (applies to Initial Survey and Renewal Survey Options) An Add-On Survey is required when an organization wants to add a new Evaluation Option specific CR Certification to its existing CR Certification(s) or add Provider Network (PN)	CL	7/28/25
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			Accreditation to an existing CR Accreditation during the 3-year Certification period. For example, an organization with existing CR Certification for Work History can undergo an Add-On Survey if it wants to earn CR Certification for Education and Training before the Work History’s next Full Survey. The look-back period for an Add-On Survey is 6 months for Initial and Renewal Evaluation Options. The total survey score for the Add-On option is derived from the most recent Full and Add-On Surveys. The expiration date of the Certification status for the new Evaluation Option through an Add-On Survey aligns with the current Certification earned during the most recent Full Survey. The new Evaluation Option must be included in the organization’s next survey; it may not go through another Add-On Survey. Add-on Evaluation Option NCQA reviews the add-on option under the standards in effect at the time of the Certified organization’s most recent Full Survey. For example, if an organization earns its CR Certification for Work History under the CR Certification 2026 standards and wants to add CR Certification for Education and Training in August 2027, the Education and Training option is surveyed against the CR Certification 2026 standards. During the application process, the organization identifies areas where the add-on option is managed differently and where it is managed the same as currently Certified options. During the Add-On Survey, NCQA reviews documentation to assess the performance against the CR Core Standards where functions are managed differently or were not previously in scope of review for the new Evaluation Option. Additionally, NCQA reviews the Evaluation Option specific standards. NCQA identifies the elements that will be scored for the add-on option using the performance score levels assigned to the previous Certification decision. NCQA evaluates add-on option performance as outlined below. Scoring , NCQA uses the following criteria to calculate the Certification score for the new Evaluation Option: Element scores from the most recent Full Survey Certification decision, where NCQA agrees that functions are performed the same. Element scores for elements in the Core CR standards re-assessed during the Add-On Survey. Element scores from the applicable Evaluation Option CRC standard.		

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Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
30	Policies and Procedures— Section 2: The Accreditation Process	Responsible Use of Artificial Intelligence	Revise the “Responsible Use of Artificial Intelligence” text to read: NCQA supports the use of technological advancements that improve the quality and equity of health care operations and delivery. Artificial intelligence may be useful in this regard, but there are risks to consider and mitigate. Many AI frameworks have been established to address these risks. NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework may be helpful. The Coalition for Health AI is also a useful resource NCQA may consider use of AI in determining Accreditation/Certification status, even though current NCQA standards do not specifically address AI. For example, with regard to utilization management, NCQA standards require appropriately licensed professionals (not AI) to make medical necessity denial decisions. Other activities that require human decision making, and where AI is used, may be an area for NCQA to consider.	CL	3/31/25
34	Policies and Procedures— Section 3: The Survey Process	File review universe	Add the following text to the end of the last sentence of the <i>Note</i> : (i.e., a single legal entity conducts functions centrally and on behalf of local applicable accreditable entities).	CL	11/18/24
51	CR 1, Element B	Explanation— Factor 4	Remove the factor 4 explanation.	CO	3/31/25
56	CR 2, Element A	Explanation— Factor 1	Add “if applicable” under the third and fourth subbullet under the third bullet of the factor 1 explanation to read: The organization’s policies and procedures specify protection of each of the following types of credentialing information: • Credentialing decisions, if applicable. • Credentialing decision dates, if applicable.	CL	7/28/25
56	CR 2, Element A	Explanation— Factor 5	Revise the second bullet of the factor 5 explanation to clarify the language regarding fraud and misconduct to read: • NCQA, when the organization identifies fraud and misconduct. – Self-identification of systemic issues affecting 5% or more of eligible credentialing/recredentialing files; for example, falsifying verification dates. Refer to <i>Section 5: Notifying NCQA of Reportable Events</i> in the Policies and Procedures for details.	CL	3/31/25

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58	CR 2, Element B	Explanation—Factor 2	Revise the fourth bullet under factor 2 to read: • NCQA, when the organization identifies fraud and misconduct, as identified in Element A, factor 4.	CL	3/31/25
72	CR 3, Element C	Element stem	Revise the factor 5 text to read: Annually audits each delegate's credentialing files for inappropriate documentation and inappropriate updates to credentialing information.	CO	11/18/24
87	CRA 1, Element A	Look-back period	Revise the look-back period for Initial Surveys and Renewal Surveys to read: <i>For Initial Surveys:</i> 6 months; prior to the survey date for factors 6, 9, 13 and the verification of fellowship component of factor 12. <i>For Renewal Surveys:</i> 24 months; prior to the survey date for factors 6, 9, 13 and the verification of fellowship component of factor 12.	CO	7/28/25
87	CRA 1, Element A	Look-back Period	Revise the look-back period for Initial and Renewal Surveys to read: <i>For Initial Surveys:</i> 6 months; prior to the survey date for factor 6 and the verification of fellowship component of factor 12. <i>For Renewal Surveys:</i> 24 months; prior to the survey date for factor 6 and the verification of fellowship component of factor 12.	CO	3/31/25
87	CRA 1, Element A	Look-Back Period	Replace “For First Surveys” with “For Initial Surveys” in the look-back period.	CO	3/31/25
88	CRA 1, Element A	Explanation—Factor 1	Replace “certified nurse midwife” with “physician assistant” in the last bullet to read: • Other medical practitioners who may be within the scope of credentialing (e.g., physician assistant).	CO	11/18/24
93	CRA 2, Element A	Look-Back Period	Replace “For First Surveys” with “For Initial Surveys” in the look-back period.	CO	3/31/25
97	CRA 3, Element A	Look-Back Period	Replace “For First Surveys” with “For Initial Surveys” in the look-back period.	CO	3/31/25
98	CRA 3, Element A	Explanation—Factor 6	Replace “ethnicity or language” with “ethnicity and language” in the first paragraph of the factor 6 explanation to read: The organization's application includes fields to enter race, ethnicity and language, and a statement that the organization does not discriminate or base credentialing decisions on an applicant's race, ethnicity and language, and that providing the information is optional.	CO	3/31/25
100	CRA 3, Element B	Look-Back Period	Replace “For First Surveys” with “For Initial Surveys” in the look-back period.	CO	3/31/25

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106	CRA 4, Element A	Explanation—Factor 5	Replace “120 calendar days” with “180 calendar days” in the explanation to read: <i>Verification time limit: 180 calendar days.</i> Note: <i>The 180-calendar-day verification time limit applies to files processed by the organization or its delegate(s) on or after July 1, 2025. Files processed before July 1, 2025, are scored against the previous verification time limit requirement of 365 calendar days.</i>	CO	11/18/24
108	CRA 4, Element B	Explanation	Add the following as the third paragraph under the explanation: The organization verifies sanction and exclusion information (from factors 1-3) for all product lines.	CL	11/18/24
109	CRA 4, Element B	Explanation—Factor 2	Replace the current factor 2 explanation with the following text: Factor 2: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. The organization obtains Medicare sanction information from the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	11/18/24
109	CRA 4, Element B	Explanation—Factor 2	Revise the second paragraph of the factor 2 explanation to read: The organization obtains Medicare sanction information from any of the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	3/31/25

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109	CRA 4, Element B	Explanation—Factor 3	Replace the current text of the factor 3 explanation with the following text: Factor 3: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from each of the following sources: • The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet.	CL	11/18/24
109	CRA 4, Element B	Explanation—Factor 3	Add NPDB as an acceptable source for Medicare/Medicaid exclusions. Factor 3: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from the State Medicaid agency and from one of the following additional sources: • List of Excluded Individuals and Entities maintained by OIG and available over the internet, or • NPDB. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB.	CO	3/31/25
110	CRA 4, Element B	Exceptions	Remove the second paragraph, which reads: Factors 2 and 3 are NA for commercial and Exchange product line	CL	11/18/24
111	CRA 5, Element A	Summary of Changes	Revise the summary of changes to read: • Add SAM.gov as an acceptable source for verification of Medicare/Medicaid sanctions.	CO	3/31/25
112	CRA 5, Element A	Scope of Review	Revise the scope of review to read: NCQA reviews the organization's policies and procedures and reports that demonstrate the organization collected and reviewed applicable information. For factors 1-3, if the organization uses a monitoring service, NCQA also reviews the organization's evidence of the subscription with the service.	CO	3/31/25

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112	CRA 5, Element A	Explanation	Add the following as the third paragraph under the explanation: The organization verifies sanction and exclusion information (from factors 1-3) for all product lines.	CL	11/18/24
112	CRA 5, Element A	Explanation— Factor 1	Replace the current factor 1 explanation with the following text: Factor 1: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. The organization obtains Medicare sanction information from the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	11/18/24
112	CRA 5, Element A	Explanation— Factor 1	Revise the second paragraph of the factor 1 explanation to read: The organization obtains Medicare sanction information from any of the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	3/31/25
112	CRA 5, Element A	Explanation— Factor 2	Add NPDB as an acceptable source for Medicare/Medicaid exclusions. Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from the State Medicaid agency and from one of the following additional sources:	CO	3/31/25

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112	CRA 5, Element A	Explanation—Factor 2	Replace the current factor 2 explanation with the following text: Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from each of the following sources: • The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet.	CL	11/18/24
113	CRA 5, Element A	Explanation—Factor 5	Revise the factor 5 explanation to clarify the time frame for adverse events. The organization monitors for adverse events: • Before July 1, 2025: At least every 6 months. • On or after July 1, 2025: At least monthly.	CL	3/31/25
113	CRA 5, Element A	Explanation—Time frame for reviewing sanction, exclusions, limitations and expiration information	Revise the first bullet to read: At least every 30 calendar days, or	CL	7/28/25
114	CRA 5, Element B	Look-back period	Revise the look-back period for Renewal Surveys to read : <i>For Renewal Surveys:</i> 24 months; 6 months for the reporting findings component.	CO	7/28/25
114	CRA 5, Element B	Scope of review	Revise the second and third paragraph under the scope of review to read: If there were findings from Element A in which the organization needs to address, NCQA also reviews credentialing committee or other designated peer-review body meeting minutes and reports. • NCQA reviews up to three sets of credentialing committee or other designated peer-review body meeting minutes within the look-back period. If three sets of meeting minutes are not available, NCQA reviews all meeting minutes that are available from within the look-back period. • NCQA reviews reports demonstrating the organization took action, as appropriate, to address quality and safety issues throughout the look-back period.	CL	7/28/25

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120	CRA 7, Element A	Explanation—Factor 1	Replace “CR” with “CRA” under <i>Related information</i> to read: Related information <i>Time frame.</i> NCQA does not prescribe a time frame for gathering data to use for assessing organizational providers (e.g., the 120-calendar-day rule, applied against the verification of credentials of individual practitioners, is NA). <i>Telemedicine organizations.</i> If telemedicine practitioners are credentialed under CRA 1–CRA 6, organizations are not required to also assess the telemedicine organization under CRA 7, but if telemedicine practitioners are not credentialed under CRA 1–CRA 6, the telemedicine organization must be assessed under CRA 7.	CO	3/31/25
127	CRC 1, Element A	Summary of Changes	Replace “factor 13” with “factor 8” in the summary of changes to read: • Moved “Appropriate documentation” requirements from “Related information” to be the new factor 8.	CO	3/31/25
128	CRC 1, Element A	Explanation	Replace “90 calendar days” with “120 calendar days” for <i>Work history</i> .	CO	3/31/25
128	CRC 1, Element A	Look-back period	Revise the look-back period for Renewal Surveys to be prior to the survey date for factor 8.	CO	7/28/25
132	CRC 1, Element B	Summary of Changes	Remove the text that reads, “Add a requirement to the related information section for organization’s policies and procedures to specify verification of fellowship if delegated by clients and the client communicates practitioner fellowship” from the summary of changes.	CO	11/18/24
133	CRC 2, Element A	Look-Back Period	Revise the look-back period for Renewal Surveys from 36 months to 24 months.	CO	3/31/25
135	CRC 3, Element A	Look-Back Period	Revise the look-back period for Renewal Surveys from 36 months to 24 months.	CO	3/31/25
137	CRC 4, Element A	Look-Back Period	Revise the look-back period for Renewal Surveys from 36 months to 24 months.	CO	3/31/25
140	CRC 5, Element A	Look-Back Period	Revise the look-back period for Renewal Surveys from 36 months to 24 months.	CO	3/31/25
142	CRC 6, Element A	Look-Back Period	Revise the look-back period for Renewal Surveys from 36 months to 24 months.	CO	3/31/25

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143	CRC 6, Element A	Work history	Replace “365 calendar days” with “305 calendar days” in the second sentence of the Note to read: Note: <i>The 120-calendar-day verification time limit applies to files processed by the organization or its delegate(s) on or after July 1, 2025. Files processed before July 1, 2025, are scored against the previous verification time limit requirement of 305 calendar days.</i>	CO	7/28/25
143	CRC 6, Element A	Explanation— Work history	Replace “90 calendar days” with “120 calendar days” in the explanation to read: <i>Verification time limit: 120 calendar days.</i> Note: <i>The 120-calendar-day verification time limit applies to files processed by the organization or its delegate(s) on or after July 1, 2025. Files processed before July 1, 2025, are scored against the previous verification time limit requirement of 365 calendar days.</i>	CL	11/18/24
144	CRC 7, Element A	Look-Back Period	Revise the look-back period for Renewal Surveys from 36 months to 24 months.	CO	3/31/25
146	CRC 8, Element A	Look-Back Period	Revise the look-back period for Renewal Surveys from 36 months to 24 months.	CO	3/31/25
148	CRC 9, Element A	Summary of Change	Remove the following summary of change: Add an exception for commercial and Exchange product lines.	CO	11/18/24
149	CRC 9, Element A	Look-Back Period	Revise the look-back period for Renewal Surveys from “36 months, 6 months for factor 2” to “24 months, 6 months for factor 2.”	CO	3/31/25
149	CRC 9, Element A	Explanation	Add the following as the third paragraph of the explanation: The organization verifies sanction and exclusion information (from factors 1 and 2) for all product lines.	CL	11/18/24
149	CRC 9, Element A	Explanation— Factor 1	Replace the current factor 1 explanation with the following text: Factor 1: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	11/18/24

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			The organization obtains Medicare sanction information from the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.		
149	CRC 9, Element A	Explanation— Factor 1	Revise the second paragraph of the factor 1 explanation to read: The organization obtains Medicare sanction information from any of the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	3/31/25
149	CRC 9, Element A	Explanation—Factor 2	Replace the current factor 2 explanation with the following text: Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from each of the following sources: • The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet.	CL	11/18/24

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149	CRC 9, Element A	Explanation—Factor 2	Add NPDB as an acceptable source for Medicare/Medicaid exclusions. Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from the State Medicaid agency and from one of the following additional sources: • List of Excluded Individuals and Entities maintained by OIG and available over the internet, <i>or</i> • NPDB. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB.	CO	3/31/25
152	CRC 10, Element A	Look-Back Period	Revise the look-back period for Renewal Surveys from “36 months, 6 months for factor 6” to “24 months, 6 months for factor 6.”	CO	3/31/25
153	CRC 10, Element A	Explanation—Factor 6	Replace “ethnicity or language” with “ethnicity and language” in the first paragraph of the factor 6 explanation to read: The organization’s application includes fields to enter race, ethnicity and language, and a statement that the organization does not discriminate or base credentialing decisions on an applicant’s race, ethnicity and language, and that providing the information is optional.	CO	3/31/25
158	CRC 11, Element A	Explanation	Add the following subhead and text after the last paragraph of the explanation: Related information <i>Use of other applications.</i> The organization may use a state application or an application from another entity if it meets the factors in this element.	CL	7/28/25
158	CRC 11, Element A	Explanation—Factor 6	Replace “ethnicity or language” with “ethnicity and language” in the first paragraph of the factor 6 explanation to read: The organization’s application includes fields to enter race, ethnicity and language, and a statement that the organization does not discriminate or base credentialing decisions on an applicant’s race, ethnicity and language, and that providing the information is optional.	CO	3/31/25

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Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
160	CRC 12, Element B	Explanation	Add the following as the third paragraph of the explanation: The organization verifies sanction and exclusion information (from factors 1-3) for all product lines.	CL	11/18/24
160	CRC 12, Element B	Explanation—Factor 1	Replace the current factor 1 explanation with the following text: Factor 1: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. The organization obtains Medicare sanction information from the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	11/18/24
161	CRC 12, Element B	Explanation—Factor 2	Replace the current factor 2 explanation with the following text: Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from each of the following sources: • The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet.	CL	11/18/24

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161	CRC 12, Element B	Explanation— Factor 1	Revise the second paragraph of the factor 1 explanation to read: The organization obtains Medicare sanction information from any of the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	3/31/25
161	CRC 12, Element B	Explanation—Factor 2	Add NPDB as an acceptable source for Medicare/Medicaid exclusions. Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from the State Medicaid agency and from one of the following additional sources: • List of Excluded Individuals and Entities maintained by OIG and available over the internet, <i>or</i> • NPDB. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB.	CO	3/31/25
163	CRC 12, Element C	Explanation	Replace the first bullet to read: • At least every 30 calendar days, <i>or</i>	CL	7/28/25
163	CRC 12, Element C	Explanation	Add the following as the fourth paragraph of the explanation: The organization verifies sanction and exclusion information (from factors 1-3) for all product lines.	CL	11/18/24
163	CRC 12, Element C	Explanation—Factor 1	Replace the current factor 1 explanation with the following text: Factor 1: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources: • AMA Physician Master File.	CL	11/18/24

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			• FSMB. • NPDB. • SAM.gov. The organization obtains Medicare sanction information from the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.		
163	CRC 12, Element C	Explanation— Factor 1	Revise the second paragraph of the factor 1 explanation to read: The organization obtains Medicare sanction information from any of the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	3/31/25
163	CRC 12, Element C	Explanation—Factor 2	Replace the current factor 2 explanation with the following text: Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from each of the following sources: • The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet.	CL	11/18/24

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163	CRC 12, Element C	Explanation— Factor 1	Revise the second paragraph of the factor 1 explanation to read: The organization obtains Medicare sanction information from any of the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	CL	3/31/25
152	CRC 10, Element A	Explanation— Processing of application and attestation	Replace “90-calendar day” with “120-calendar day” in the <i>Note</i> under <i>Processing of application and attestation</i>.	CO	11/18/24
	Appendix 3		Revise the text under Automatic credit to read: The organization receives full credit for meeting a standard, element or portion thereof, based on the delegate’s NCQA status. Credit is given for factor components that were included in the scope of an NCQA-Accredited/Certified delegate’s survey. Refer to Tables 1–4 for elements and factors eligible for automatic credit and additional eligibility criteria.	CL	7/28/25