

NCQA Corrections, Clarifications and Policy Changes to the 2025 HPA Standards and Guidelines

November 17, 2025

This document includes the corrections, clarifications and policy changes to the 2025 Health Plan Accreditation standards and guidelines. NCQA has identified the appropriate page number in the publication 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 Health Plan Accreditation 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; nor does it apply to regulatory changes, because they align with federal regulations.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
49	Policies and Procedures— Section 3: The Survey Process	Artificial Intelligence Disclosure	<p>Add the following as a new section at the end of Section 3 of the <i>Policies and Procedures</i>:</p> <p>Artificial Intelligence Disclosure</p> <p>NCQA is committed to the responsible and transparent use of AI in health care and in our operations. To support accuracy, efficiency and quality, NCQA has implemented AI in the evaluation process.</p> <p>How NCQA Will Use AI</p> <p>AI technology will be used only to support surveyors by recognizing survey evidence, identifying trends and helping to ensure NCQA standards are met. The technology will be embedded in survey tools to evaluate submitted documents for evidence of compliance. AI technology will not identify issues, generate scores or perform any other aspect of the survey process. NCQA surveyors will verify evidence of compliance during document review, and will make preliminary scoring determinations. The Review Oversight Committee (ROC) will be responsible for issuing final Accreditation decisions.</p> <p>Organizations will continue to submit documentation in NCQA's survey tool, and will be responsible for highlighting and bookmarking documents to direct surveyors to evidence. Organizations will continue to have the right to review and comment on preliminary survey results before the survey report is sent to the ROC for the final decision.</p> <p>NCQA will continuously monitor feedback on the technology to improve its effectiveness and the user experience.</p>	CL	11/17/25

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50	Policies and Procedures— Section 3: The Survey Process	Artificial Intelligence Disclosure	<p>How NCQA Will Protect Data</p> <p>Organizations must only submit de-identified information. NCQA will not request, collect or store an organization’s PHI in the survey tool. AI will search submitted documentation for evidence of compliance. Surveyors may review quoted sections and provide feedback on AI suggestions to document compliance and improve the technology. AI technology does not interpret or summarize evidence, and documentation in the survey tool will not be modified.</p> <p>All submitted documentation shall be considered confidential between the organization and NCQA, and will be used only in accordance with the applicable Agreement for the NCQA Survey and the Policies and Procedures for the NCQA Survey, and will not be released except on (i) prior written authorization from the organization, or (ii) as required by law, provided NCQA shall give prompt notice of such requirement for the organization to have the opportunity to seek a protective order or other appropriate remedy.</p> <p>NCQA’s online survey system, the Interactive Review Tool (IRT), is safeguarded as part of NCQA’s certified ISO 27001 Information Security Management System (ISMS). ISO 27001 controls are a set of policies, processes and technologies designed to manage information security risks. Our ISMS incorporates these controls to protect the confidentiality, integrity and availability of both NCQA’s data and our customers’ data.</p> <p>For questions or feedback on NCQA’s use of AI in the evaluation process, contact Customer Support at 888-275-7585, or submit a question in the “My Questions” section at My NCQA.</p>		
376	UM 13, Element C	Explanation— Factor 5	<p>Add the following as the fifth paragraph:</p> <p>The organization or delegate may audit more frequently, using either methodology. All audits must cumulatively cover the 12-month look-back period.</p>	CL	11/17/25
401	CR 3, Element A	Explanation— Related information	<p>Add the following as the first paragraph:</p> <p><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.</p>	CL	11/17/25

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404	CR 3, Element B	Explanation—Factors 2 and 3	<p>Revise the sources for Medicaid sanctions (factor 2) and exclusions (factor 3) to read:</p> <p>Factor 2: Sources for Medicare/Medicaid sanctions</p> <p>The organization obtains Medicaid sanction information from any of the following-sources:</p> <ul style="list-style-type: none"> • State Medicaid agency. • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. <p>Factor 3: Sources for Medicare/Medicaid exclusions</p> <p>The organization obtains Medicaid exclusion information from any of the following sources:</p> <ul style="list-style-type: none"> • State Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB. 	PC	11/17/25
405	CR 3, Element C	Scope of review—Documentation	<p>Add the following as the second paragraph:</p> <p><i>For factor 6:</i></p> <ul style="list-style-type: none"> • 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
412	CR 5, Element A	Explanation—Factors 1 and 2	<p>Revise the sources for Medicaid sanctions (factor 1) and exclusions (factor 2) to read:</p> <p>Factor 1: Sources for Medicare/Medicaid sanctions</p> <p>The organization obtains Medicaid sanction information from any of the following sources:</p> <ul style="list-style-type: none"> • State Medicaid agency. • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. <p>Factor 2: Sources for Medicare/Medicaid exclusions</p> <p>The organization obtains Medicaid exclusion information from any of the following sources:</p> <ul style="list-style-type: none"> • State Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. 	PC	11/17/25

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			• NPDB.		
447	CR 9, Element C	Explanation—Factor 5	Add the following as the sixth paragraph: The organization or delegate may audit more frequently, using either methodology. All audits must cumulatively cover the 12-month look-back period.	CL	11/17/25
518	LTSS 1, Element D	Scope of Review	Revise the first paragraph of the scope of review to read: <i>For All Surveys:</i> NCQA reviews the organization’s documented process for collecting individual’s demographic data and identifying threshold languages, and reviews reports or materials demonstrating that the organization collects these data and identifies threshold languages.	CL	11/17/25
521	LTSS 1, Element D	Explanation—Factor 2	Add the following as the second sentence of the first paragraph: Threshold languages are all languages other than English spoken by 5% of the population or by 1,000 individuals, whichever is less.	CL	11/17/25
617	MED 8, Element E	Explanation	Revise the first subhead to read: Distribution of notice to members	CL	11/17/25
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8	Overview	Notable Changes to 2025	Add the following language to the beginning of this section: Modifications to Scoring for NCQA Accreditation Surveys Due to recent executive orders, and in accordance with the guidance NCQA issued on April 30, 2025, the following requirements will be scored NA for all surveys on or before February 12, 2025 through June 30, 2026. • QI 1, Element E. • PHM 1, Element A, factor 6. • PHM 3, Element A, factor 6. • LTSS 1, Element A, factor 6.	PC	7/28/25
8	Overview	How Organizations Are Scored	Add the following note to the end of the subbullet under the first bullet to read: Note: <i>Organizations will still be surveyed and scored on all applicable QI standards and elements for 2025. If an organization scores poorly in the QI category (e.g., scores “Not Met”; receives “0” or minimal points across the entire category), the Review Oversight Committee (ROC) makes the final determination of Accreditation status.</i>	CL	3/31/25

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29	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
30	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
30	Policies and Procedures— Section 2: Accreditation Scoring and Status Requirements	CAP 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
30	Policies and Procedures— Section 2: Accreditation Scoring and Status Requirements	Table 3: Scoring ranges for Accreditation statuses	Revise the Provisional with a Health Plan Rating, if applicable , row to read: Greater than or equal to 55% but below 80% of applicable points in any category of standards (QI, PHM, NET, UM, CR, ME) or Not receiving a score of Met in 3 or more must-pass elements	CL	11/18/24
30	Policies and Procedures— Section 2: Accreditation Scoring and Status Requirements	Table 3: Scoring ranges for Accreditation statuses	Revise the fourth row in Table 3 to read: Denied with a Health Plan Rating, if applicable Scores below 80% of applicable points in any category of standards (QI*, PHM, NET, UM, CR, ME) Scores below 55% of applicable points in any category of standards (QI*, PHM, NET, UM, CR, ME)	CL	11/18/24

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40	Policies and Procedures— Section 2: Accreditation Scoring and Status Requirements	Responsible Use of Artificial Intelligence	<p>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.</p> <p>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.</p> <p>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.</p>	CL	3/31/25
92	QI 1, Element E	Exceptions	<p>Add an exception that reads: This element is NA for all surveys through June 30, 2026.</p>	PC	7/28/25
97	QI 3, Elements A and D	Scope of review	<p>Add the following as the first and second sentence of the scope of review: NCQA reviews and scores this element for each product line brought forward for Accreditation. The score for the element is the average across all measures.</p>	CL	7/28/25
97	QI 3, Element A	Scope of review— Documentation	<p>Revise the first and second bullets to read:</p> <ul style="list-style-type: none"> • <i>For Interim Surveys:</i> NCQA reviews the organization’s annual plan to collect data on the exchange of information between medical practitioners, between medical and behavioral health practitioners and across settings, or reviews the organization’s audited IDSS report or Health Plan Ratings scoresheet, if it reports the required measures as outlined in the “Related information.” <p><i>For First Surveys:</i> NCQA reviews the organization’s exchange of information regarding continuity and coordination of care, or reviews the organization’s audited IDSS report or Health Plan Ratings scoresheet, if it reports the required measures as outlined in the “Related information.”</p>	PC	3/31/25

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98	QI 3, Element A	Explanation	<p>Add the following as a new sub-section at the end of the Explanation section:</p> <p>Related information</p> <p>For organizations coming through Interim or First Survey that report HEDIS, CAHPS and/or QRS measures, proof of reporting the required continuity and coordination of care measures may be used to demonstrate exchange of information for this element.</p> <p>If an organization coming through Interim or First Survey demonstrates it reports all required HEDIS, CAHPS and/or QRS measures (listed in Elements B and D) and has a valid reported rate (i.e., a numerical value) for at least 50% of the required measures (i.e., 5 of the 10 required commercial or Medicaid measures, 6 of the 12 for Medicare and 4 of the 8 for Exchange), then Element A is scored “Met.”</p> <p>Organizations may demonstrate the reporting of the required measures through the most recent audited IDSS report or the most recent Health Plan Ratings scoresheet for each product line brought forward for Accreditation.</p>	PC	3/31/25
98	QI 3, Element A	Exceptions	<p>Add an exception for factor 2 that reads:</p> <p>Factor 2 is NA if all purchasers of the organization’s services carve out or exclude behavioral healthcare.</p>	CL	11/18/24
103	QI 3, Element B	Examples	<p>Revise the last two rows in the Example 2 table to read:</p> <p>Total = 32</p> <p>Average (32/9) = 3.555</p>	CO	3/31/25
104	QI 3, Element D	Scope of Review—Documentation	<p>Revise this section to read:</p> <p>NCQA will review a documented improvement plan.</p> <p>NCQA also reviews reports as evidence the organization reported the required measures to CMS.</p> <p>Organizations are scored “Met” if the improvement plan contains all components specified in the Explanation and reports indicate all required measures were reported to CMS, as applicable. If a required component is missing from the improvement plan or the organization did not report all required measures to CMS, the organization is scored “Not Met.”</p>	CL	3/31/25

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105	QI 3, Element D	Explanation— Improvement Plans	Revise this section to read: At a minimum, the organization’s improvement plan must: <ul style="list-style-type: none"> • Identify at least one required measure for improvement. • Document all actions the organization plans to take, or has already taken, to improve the measure’s rating. <ul style="list-style-type: none"> – If the organization identifies more than one measure for improvement, all actions the organization plans to take, or has taken, must be documented for each measure. – If the organization chooses to address more than one measure in the improvement plan, one single action may be used to address all measures, if appropriate (i.e., if it clearly applies to all measures). – Choosing to report a previously unreported measure is not sufficient as the only action. • Specify how the organization will monitor progress, and how frequently. • Identify the parties responsible for performing improvement plan tasks (e.g., staff, department, committee). 	CL	3/31/25
117	PHM 1, Element A	Exceptions	Add an exception for factor 6 that reads: Factor 6 is NA for all surveys through June 30, 2026.	PC	7/28/25
139	PHM 3, Element A	Exceptions	Add an exception for factor 6 that reads: Factor 6 is NA for all surveys through June 30, 2026.	PC	7/28/25
150	PHM 5, Element B	Explanation— Factor 3	Revise the factor 3 explanation to read: The complex case management system includes prompts and reminders for next steps or follow-up care.	CL	7/28/25
150	PHM 5, Element B	Examples	Add examples for factor 3 that read: The complex case management system includes prompts and reminders for: <ul style="list-style-type: none"> • Scheduled activities. Actions to be taken.	CL	7/28/25
174	PHM 7, Element C	Explanation— Factor 2	Replace the link for the “8/30 methodology” with “ https://www.ncqa.org/wp-content/uploads/2018/07/20180110_830_Procedure.pdf .”	CL	3/31/25
218	NET 5, Element F	Examples	Remove “Quality Check” from the factor 4 examples.	CL	11/18/24

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349	UM 12, Element A	Explanation—Factor 5	<p>Revise the second subbullet of the second bullet of the factor 5 explanation to clarify the language regarding fraud and misconduct to read:</p> <ul style="list-style-type: none"> • NCQA, when the organization identifies fraud and misconduct. <ul style="list-style-type: none"> – Self-identification of systemic issues affecting 5% or more of eligible UM files; for example, falsifying of UM request receipt dates or appeal notification dates. Refer to <i>Section 5: Notifying NCQA of Reportable Events</i> in the Policies and Procedures for details. 	CL	3/31/25
352	UM 12, Element B	Explanation—Factor 5	<p>Revise the second subbullet under the second bullet to read:</p> <ul style="list-style-type: none"> – Self-identification of systemic issues affecting 5% or more of eligible UM files; for example, falsifying of UM request receipt dates or appeal notification dates. Refer to <i>Section 5: Notifying NCQA of Reportable Events</i> in the Policies and Procedures for details. 	CL	7/28/25
352	UM 12, Element C	Explanation—Factor 2	<p>Revise the second subbullet of the second bullet under factor 2 to read:</p> <p>NCQA, when the organization identifies fraud and misconduct, as identified in Element A, factor 4.</p>	CL	3/31/25
354	UM 12, Element D	Related information	<p>Replace the second paragraph with the following language:</p> <p>If the organization’s system automatically records receipt and decision notification dates, and does not permit changes under any circumstances, the organization may, in lieu of completing a full audit and analysis report, generate, review and submit a complete system log showing there were no changes to dates during the look-back period. The organization may audit using the NCQA 5% or 50 files methodology. The organization audit and analysis report includes the following:</p> <ul style="list-style-type: none"> • Evidence that the organization’s UM system automatically records receipt and decision notification dates, and does not permit changes under any circumstances. • The report date. • The title of the individual(s) who conducted the audit/review. • Auditing/review period. • File universe. • Sampling methodology, if applicable. • System generated log showing there were no changes to dates. 	CL	11/18/24

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			A separate analysis is not required if no dates were changed. If the audit reveals dates were changed, an analysis is required.		
361	UM 12, Element F	Related information	<p>Replace the second paragraph with the following language: If the organization's system automatically records receipt and decision notification dates, and does not permit changes under any circumstances, the organization may, in lieu of completing a full audit and analysis report, generate, review and submit a complete system log showing there were no changes to dates during the look-back period. The organization may audit using the NCQA 5% or 50 files methodology. The organization audit and analysis report includes the following:</p> <ul style="list-style-type: none"> • Evidence that the organization's UM system automatically records receipt and decision notification dates, and does not permit changes under any circumstances. • The report date. • The title of the individual(s) who conducted the audit/review. • Auditing/review period. • File universe. • Sampling methodology, if applicable. • System generated log showing there were no changes to dates. <p>A separate analysis is not required if no dates were changed. If the audit reveals dates were changed, an analysis is required.</p>	CL	11/18/24
385	CR 1, Element A	Look-Back Period	<p>Revise the look-back period for First and Renewal Surveys to read:</p> <p><i>For First Surveys:</i> 6 months; prior to the survey date for factor 6 and the verification of fellowship component of factor 12.</p> <p><i>For Renewal Surveys:</i> 24 months; prior to the survey date for factor 6 and the verification of fellowship component of factor 12.</p>	CO	3/31/25
385	CR 1, Element A	Look-back period	<p>Revise the look-back period for First Surveys and Renewal Surveys to read:</p> <p><i>For First Surveys:</i> 6 months; prior to the survey date for factors 6, 9,13 and the verification of fellowship component of factor 12.</p> <p><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.</p>	CO	7/28/25

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386	CR 1, Element A	Explanation— Factor 1	Replace “certified nurse midwife” with “physician assistant” in the last bullet to read: <ul style="list-style-type: none"> • Other medical practitioners who may be within the scope of credentialing (e.g., physician assistant). 	CO	11/18/24
400	CR 3, 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
403	CR 3, 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
404	CR 3, 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: <ul style="list-style-type: none"> • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. The organization obtains Medicare sanction information from the following sources: <ul style="list-style-type: none"> • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. 	CL	11/18/24
404	CR 3, 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: <ul style="list-style-type: none"> • AMA Physician Master File. • FSMB. 	CL	3/31/25

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404	CR 3, Element B	Explanation—Factor 3	<p>Replace the current factor 3 explanation with the following text:</p> <p>Factor 3: Sources for Medicare/Medicaid exclusions</p> <p>The organization obtains Medicaid exclusion information from each of the following sources:</p> <ul style="list-style-type: none"> • The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. <p>The organization obtains Medicare exclusion information from any of the following sources:</p> <ul style="list-style-type: none"> • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. 	CL	11/18/24
404	CR 3, Element B	Explanation—Factor 3	<p>Add NPDB as an acceptable source for Medicare/Medicaid exclusions:</p> <p>Factor 3: Sources for Medicare/Medicaid exclusions</p> <p>The organization obtains Medicaid exclusion information from the State Medicaid agency <i>and</i> from one of the following additional sources:</p> <ul style="list-style-type: none"> • List of Excluded Individuals and Entities, maintained by OIG and available over the internet), <i>or</i> • NPDB. <p>The organization obtains Medicare exclusion information from any of the following sources:</p> <ul style="list-style-type: none"> • Medicare Exclusion Database. • List of Excluded Individuals and Entities, maintained by OIG and available over the internet). • NPDB. 	CO	3/31/25
404	CR 3, Element B	Exceptions	<p>Remove the second exception, which reads:</p> <p>Factors 2 and 3 are NA for commercial and Exchange product line.</p>	CO	11/18/24
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407	CR 3, Element C	Explanation— Factor 6	Replace “ethnicity or language” with “ethnicity and language” in the first paragraph of the factor 6 explanation to read: <ul style="list-style-type: none"> 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
411	CR 5, Element A	Summary of Changes	Revise the summary of changes to read: <ul style="list-style-type: none"> Added SAM.gov as an acceptable source for verification of Medicare/Medicaid sanctions. 	CO	3/31/25
412	CR 5, Element A	Scope of Review	Revise the scope of review under documentation to read: <ul style="list-style-type: none"> 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. 	CL	3/31/25
412	CR 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
412	CR 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: <ul style="list-style-type: none"> AMA Physician Master File. FSMB. NPDB. SAM.gov. The organization obtains Medicare sanction information from the following sources: <ul style="list-style-type: none"> AMA Physician Master File. FSMB. NPDB. SAM.gov. 	CL	11/18/24

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412	CR 5, Element A	Explanation— Factor 1	<p>Revise the second paragraph of the factor 1 explanation to read: The organization obtains Medicare sanction information from any of the following sources:</p> <ul style="list-style-type: none"> • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. 	CL	3/31/25
412	CR 5, Element A	Explanation— Factor 2	<p>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:</p> <ul style="list-style-type: none"> • The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. <p>The organization obtains Medicare exclusion information from any of the following sources:</p> <ul style="list-style-type: none"> • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. 	CL	11/18/24
412	CR 5, Element A	Explanation— Factor 2	<p>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:</p> <ul style="list-style-type: none"> • List of Excluded Individuals and Entities maintained by OIG and available over the internet), <i>or</i> • NPDB. <p>The organization obtains Medicare exclusion information from any of the following sources:</p> <ul style="list-style-type: none"> • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet). 	CO	3/31/25

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413	CR 5, Element A	Explanation— Time frame for reviewing sanction, exclusions, limitations and expiration information	Revise the first bullet to read: <ul style="list-style-type: none"> • At least every 30 calendar days, <i>or</i> 	CL	7/28/25
414	CR 5, Element B	Scope of Review	Revise the second and third paragraph under Documentation to read: If there were findings from Element A which the organization needs to address, NCQA also reviews credentialing committee or other designated peer-review body meeting minutes and reports. <ul style="list-style-type: none"> • 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
414	CR 5, Element B	Look-back Period	Revise the look-back period for Renewal Surveys to read: For Renewal Surveys: 24 months; 6 months for the reporting findings component.	CO	7/28/25
414	CR 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: <ul style="list-style-type: none"> • Before July 1, 2025: At least every 6 months. • On or after July 1, 2025: At least monthly. 	CL	3/31/25
428	CR 8, Element A	Explanation— Factor 5	Revise the second subbullet of the second bullet of the factor 5 explanation to clarify the language regarding fraud and misconduct to read: <ul style="list-style-type: none"> • NCQA, when the organization identifies fraud and misconduct. <ul style="list-style-type: none"> – Self-identification of systemic issues affecting 5% or more of eligible credentialing/ recredentialing files; for example, falsifying of 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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429	CR 8, Element B	Explanation— Factor 2	Revise the second subbullet of the second 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
492	ME 7, Element B	Scope of Review	Revise the paragraph under <i>Product lines</i> to read: This element applies to Interim Surveys, First Surveys and Renewal Surveys for the commercial, Exchange and Medicaid product lines.	CO	3/31/25
514	LTSS 1, Element A	Exceptions	Add an exception for factor 6 that reads: Factor 6 is NA for all surveys through June 30, 2026.	PC	7/28/25
532	LTSS 1, Element H	Look-Back Period	Revise the look-back period for Renewal Surveys to read: <i>For Renewal Surveys:</i> 12 months	CO	3/31/25
551	LTSS 2, Element A	Scope of Review	Revise the scope of review to read: <i>For Renewal Surveys:</i> NCQA reviews the organization's most recent annual data collection and evaluation report that it collects and analyzes member complaints.	CO	3/31/25
572	LTSS 3, Element B	Scope of Review	Revise the second sentence of the scope of review to read: NCQA also reviews evidence that the organization takes action to mitigate risk.	CL	7/28/25
1-9	Appendix 1	Element Points for 2025	Change Partially Met scoring for CR 5, Element B, to NA.	CO	3/31/25
1-12	Appendix 1	LTSS Distinction Points	Change Partially Met scoring for LTSS 1, Element D, to NA.	CO	3/31/25
2-9	Appendix 2	Delegating to NCQA-Accredited/Certified or NCQA-Recognized Organizations	Add the following as the last sentence to the end of the first bullet: The organization is required to include all eligible files in the file universe, but is not required to produce the files as evidence.	CL	11/18/24

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2-24	Appendix 2	Automatic Credit for Delegating to an NCQA-Accredited MBHO, NCQA-Accredited UM, NCQA-Accredited CR or PN or NCQA-Certified CR or CVO	Revise footnote 19 to read: For CR Certified delegates, automatic credit is available for factors 1-3.	CL	7/28/25