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

November 17, 2025

This document includes the corrections, clarifications and policy changes to the 2025 MBHO standards and guidelines. NCQA has identified the appropriate page number in 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
270	UM 12, Element C	Explanation—Factor 5	Add the following as the fifth 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**
296	CR 3, Element A	Explanation—Related information	Add the following as the first paragraph: *Compact licensure agreements (factor 1):* 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**
NA	CR 3, Element B	Scoring Set Up	***This change applies to Product Builder Only:*** Revised the scoring to work for scoring Low on all three factors.	**CL**	**11/17/25**
298	CR 3, 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.	**PC**	**11/17/25**

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			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.		
300	CR 3, Element C	Scope of review	Add the following as the second paragraph: *For factor 6:* • 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**
307	CR 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 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**

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339	CR 9, Element C	Explanation—Factor 5	Add the following as the sixth paragraph of the explanation: 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**
PREVIOUSLY POSTED UPDATES					
			Corrected the footers to reference 2025, not 2024. ***Note:*** *This is an update to the e-publication only. The language is correct in IRT.*	**CO**	**3/31/25**
1	Overview	Notable Changes for 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 F.	**PC**	**7/28/25**
16	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Resurvey	Replace the second 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: 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**
21	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**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
28	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	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**
57	QI 1, Element F	Exceptions	Add an exception that reads: This element is NA for all surveys through June 30, 2026.	**PC**	**7/28/25**
103	QI 8, Element F	Explanation—Factor 3	Revise the factor 3 explanation for to read: The complex case management system includes prompts and reminders for next steps or follow-up care.	**CL**	**7/28/25**
103	QI 8, Element F	Examples	Add examples for factor 3 that read: The complex case management system includes prompts and reminders for: • Scheduled activities. • Actions to be taken.	**CL**	**7/28/25**
245	UM 11, 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: • NCQA, when the organization identifies fraud and misconduct. – 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 *Section 5: Notifying NCQA of Reportable Events* in the Policies and Procedures for details.	**CL**	**3/31/25**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
246	UM 11, Element C	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**
247	UM 11, Element B	Explanation— Factor 5	Revise the second subbullet under the second bullet to read: – 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 *Section 5: Notifying NCQA of Reportable Events* in the Policies and Procedures for details.	**CL**	**7/28/25**
281	CR 1, Element A	Look-back period	Revise the look-back period for Initial Surveys and Renewal Surveys to read: *For Initial Surveys*: 6 months; prior to the survey date for factors 6, 9, 13 and the verification of fellowship component of factor 12. *For Renewal Surveys*: 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**
281	CR 1, Element A	Look-Back Period	Revise the look-back period for Initial and Renewal Surveys to read: *For Initial Surveys:* 6 months; prior to the survey date for factor 6 and the verification of fellowship component of factor 12. *For Renewal Surveys:* 24 months; prior to the survey date for factor 6 and the verification of fellowship component of factor 12.	**CO**	**3/31/25**
308	CR 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**
309	CR 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.	**CL**	**7/28/25**

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			• 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.		
309	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**
433	LTSS 3, Element B	Scope of review	Revise the second sentence in the scope of review to read: NCQA also reviews evidence that the organization takes action to mitigate risk.	**CL**	**7/28/25**
465	CR 1, Element A	Element Stem	Revise the factor 5 language to read: The process for managing credentialing files that meet and do not meet the organization's established criteria. ***Note:*** *This is an update to the e-publication only. The language is correct in IRT.*	**CO**	**3/31/25**
465	CR 1, Element A	Element Stem	Add a new factor 6 that reads: The criteria for practitioner sanctions, complaints and other adverse events found during ongoing monitoring that need to be reviewed by the Credentialing Committee or other designated peer-review body. ***Note:*** *This is an update to the e-publication only. The language is correct in IRT.*	**CO**	**3/31/25**
465	CR 1, Element A	Element Stem	Replace “60” with “30” in factor 9 so the factor now reads: The process for notifying practitioners of the credentialing and recredentialing decision within 30 calendar days of the Credentialing Committee's decision. ***Note:*** *This is an update to the e-publication only. The language is correct in IRT.*	**CO**	**3/31/25**
465	CR 1, Element A	Element Stem	Move “Appropriate documentation requirements” to be the new factor 13, to read: The process for documenting information and activities in credentialing files. ***Note:*** *This is an update to the e-publication only. The language is correct in IRT.*	**CO**	**3/31/25**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
299	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: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	**CL**	**3/31/25**
299	CR 3, 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**
302	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: 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**
307	CR 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**
307	CR 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: • 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**
308	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: • Before July 1, 2025: At least every 6 months. • On or after July 1, 2025: At least monthly.	**CO**	**3/31/25**

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320	CR 8, Element A	Explanation—Factor 5	Revise the second subbullet for 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 *Section 5: Notifying NCQA of Reportable Events* in the Policies and Procedures for details.	**CL**	**3/31/25**
321	CR 8, Element B	Explanation—Factor 2	Revise the second subbullet for 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**