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

March 31, 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
			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**
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**
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.	**CL**	**3/31/25**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			Refer to *Section 5: Notifying NCQA of Reportable Events* in the Policies and Procedures for details.		
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**
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**
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**
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.	**CL**	**3/31/25**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			• FSMB. • NPDB. • SAM.gov.		
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**
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**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
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**
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**