

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

November 17, 2025

This document includes the corrections, clarifications and policy changes to the 2025 Utilization Management-Credentialing-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
5	Overview	Other NCQA Programs	Replace “Health Equity” with “Health Outcomes” and replace “Health Equity Plus” with “Community-Focused Care” as Accreditation programs.	CL	11/17/25
25	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 UM 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 files for the enhanced UM file review.	CL	11/17/25
189	UM 13, 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
PREVIOUSLY POSTED UPDATES					
12	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

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PREVIOUSLY POSTED UPDATES					
14	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	CAP Survey	Replace the last sentence of the sixth 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
22	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
164	UM 12, Element A	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 <i>Section 5: Notifying NCQA of Reportable Events</i> in the Policies and Procedures for details.	CL	7/28/25
166	UM 12, 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 <i>Section 5: Notifying NCQA of Reportable Events</i> in the Policies and Procedures for details.	CL	7/28/25
166	UM 12, Element B	Exceptions	Add the following as an exception: This element is NA for organizations that do not handle appeals.	CO	7/28/25
167	UM 12, Element C	Exceptions	Add the following as an exception: This element is NA for organizations that do not handle appeals.	CO	7/28/25

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176	UM 12, Element F	Exceptions	Add the following as an exception: This element is NA for organizations that do not handle appeals.	CO	7/28/25
179	UM 12, Element G	Exceptions	Add the following as an exception: This element is NA for organizations that do not handle appeals.	CO	7/28/25
1-3	Appendix 1	Element Points for 2025	Revise the point value for UM 12, Element C to 0.44 for surveys with delegation.	CO	7/28/25