

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

March 30, 2026

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 |
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| 52 | CR 1, Element C | Exceptions | Remove the second bullet that reads: <ul style="list-style-type: none"> • If the organization is not seeking NCQA Accreditation in Credentialing or Provider Network. | CO | 3/30/26 |
| 54 | CR 1, Element F | Scope of review | Revise the section to read: NCQA reviews the organization's policies and procedures that are in place throughout the look-back period. <i>For factors 2 and 3</i> , NCQA also reviews reports or materials demonstrating the organization's security mechanisms for protecting and recovering credentials data. If the organization outsources data recovery and backup, NCQA reviews an executed contract describing the contracted entity's security mechanisms for data protection and recovery. | CL | 3/30/26 |
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| 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. | CL | 11/17/25 |

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| | | | 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. | | |
| 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 |
| 97 | CRA 3, Element A | Scope of review | Add the following as the second paragraph: <i>For factor 6:</i> <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 |
| 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • State Medicaid agency. | PC | 11/17/25 |

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| | | | <ul style="list-style-type: none"> • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB. | | |
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| 112 | CRA 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 any of the following sources:</p> <ul style="list-style-type: none"> • State Medicaid agency. • AMA Physician Master File. • FSMB. | PC | 11/17/25 |
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| | | | <ul style="list-style-type: none"> • 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. • NPDB. | | |
| 134 | CRC 2, Element A | Explanation | <p>Add Related information subhead and text that reads:</p> <p>Related information</p> <p><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.</p> | CL | 11/17/25 |
| 149 | CRC 9, 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. | PC | 11/17/25 |

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| | | | <ul style="list-style-type: none"> • 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. • NPDB. | | |
| 152 | CRC 10, Element A | Scope of review | <p>Add the following as the second paragraph:</p> <p>For factor 6:</p> <ul style="list-style-type: none"> • 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 |
| 156 | CRC 11, Element A | Scope of review | <p>Add the following as the second paragraph:</p> <p>For factor 6:</p> <ul style="list-style-type: none"> • 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 | <p>Revise the look-back period for Renewal Surveys to read:</p> <p><i>For Renewal Surveys:</i> 24 months; 6 months for the exclusion component of factor 2.</p> | CO | 11/17/25 |
| 160 | CRC 12, Element B | 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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| | | | <ul style="list-style-type: none"> • NPDB. | | |
| 163 | CRC 12, Element C | 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. • NPDB. | PC | 11/17/25 |

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| 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 |
| | 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. | | |

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| | | | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> | | |
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| 30 | Policies and Procedures— Section 2: The Accreditation Process | 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,</p> | CL | 3/31/25 |

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| | | | 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. | | |
| 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: <ul style="list-style-type: none"> • 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: <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 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: <ul style="list-style-type: none"> • 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: | CO | 11/18/24 |

Key = CO—Correction, CL—Clarification, PC—Policy Change, RC—Regulatory Change

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| | | | Annually audits each delegate’s credentialing files for inappropriate documentation and inappropriate updates to credentialing information. | | |
| 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: <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 |
| 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 |
| 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:</i> 180 calendar days. 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 |

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| Page | Standard/Element | Head/Subhead | Update | Type of Update | IRT Release Date |
| 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: <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 |
| 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: <ul style="list-style-type: none"> • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. | CL | 3/31/25 |

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| Page | Standard/Element | Head/Subhead | Update | Type of Update | IRT Release Date |
| 109 | CRA 4, Element B | Explanation— Factor 3 | <p>Replace the current text of the 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 |
| 109 | CRA 4, 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 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. • NPDB. | CO | 3/31/25 |
| 110 | CRA 4, Element B | Exceptions | <p>Remove the second paragraph, which reads:</p> <p>Factors 2 and 3 are NA for commercial and Exchange product line</p> | CL | 11/18/24 |
| 111 | CRA 5, Element A | Summary of Changes | <p>Revise the summary of changes to read:</p> <ul style="list-style-type: none"> • 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 | <p>Revise the scope of review to read:</p> <p>NCQA reviews the organization's policies and procedures and reports that demonstrate the organization collected and reviewed applicable information.</p> <p>For factors 1-3, if the organization uses a monitoring service, NCQA also reviews the organization's evidence of the subscription with the service.</p> | 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: <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 |
| 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <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 |
| 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: <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 |
| 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, <i>or</i> | 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: 24 months; 6 months for the reporting findings component.</i> | 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. <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. | CL | 7/28/25 |

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| | | | <ul style="list-style-type: none"> NCQA reviews reports demonstrating the organization took action, as appropriate, to address quality and safety issues throughout the look-back period. | | |
| 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: <ul style="list-style-type: none"> 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: <i>Note: 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> <i>Note: 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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <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 |

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| 149 | CRC 9, Element A | Explanation—Factor 2 | <p>Add NPDB as an acceptable source for Medicare/Medicaid exclusions.</p> <p>Factor 2: Sources for Medicare/Medicaid exclusions</p> <p>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. • 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 | <p>Replace “ethnicity or language” with “ethnicity and language” in the first paragraph of the factor 6 explanation to read:</p> <p>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.</p> | CO | 3/31/25 |
| 158 | CRC 11, Element A | Explanation | <p>Add the following subhead and text after the last paragraph of the explanation:</p> <p>Related information</p> <p><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.</p> | CL | 7/28/25 |
| 158 | CRC 11, Element A | Explanation—Factor 6 | <p>Replace “ethnicity or language” with “ethnicity and language” in the first paragraph of the factor 6 explanation to read:</p> <p>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.</p> | CO | 3/31/25 |

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| 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: <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 |
| 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: <ul style="list-style-type: none"> • 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: <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 |

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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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <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 |
| 163 | CRC 12, Element C | Explanation | Replace the first bullet to read: <ul style="list-style-type: none"> • At least every 30 calendar days, or | 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: <ul style="list-style-type: none"> • AMA Physician Master File. | CL | 11/18/24 |

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| | | | <ul style="list-style-type: none"> • FSMB. • NPDB. • SAM.gov. <p>The organization obtains Medicare sanction information from the following sources:</p> <ul style="list-style-type: none"> • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. | | |
| 163 | CRC 12, Element C | Explanation— Factor 1 | <p>Revise the second paragraph of the factor 1 explanation to read:</p> <p>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 |
| 163 | CRC 12, Element C | Explanation—Factor 2 | <p>Replace the current factor 2 explanation with the following text:</p> <p>Factor 2: 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 |

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| Page | Standard/Element | Head/Subhead | Update | Type of Update | IRT Release Date |
| 163 | CRC 12, Element C | Explanation—Factor 2 | <p>Add NPDB as an acceptable source for Medicare/Medicaid exclusions.</p> <p>Factor 2: Sources for Medicare/Medicaid exclusions</p> <p>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, or • 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 |
| 163 | CRC 12, Element C | Explanation— Factor 1 | <p>Revise the second paragraph of the factor 1 explanation to read:</p> <p>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 |
| 152 | CRC 10, Element A | Explanation— Processing of application and attestation | <p>Replace “90-calendar day” with “120-calendar day” in the <i>Note</i> under <i>Processing of application and attestation</i>.</p> | CO | 11/18/24 |
| | Appendix 3 | | <p>Revise the text under Automatic credit to read:</p> <p>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.</p> | CL | 7/28/25 |