

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

March 30, 2026

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
296	CR 3, Element A	Explanation—Factor 6: Malpractice history	Revise the note under the Factor 6 explanation to read: Note: <i>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 180 calendar days.</i>	CO	3/30/26
PREVIOUSLY POSTED UPDATES					
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
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. <ul style="list-style-type: none"> • 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

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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
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
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: <ul style="list-style-type: none"> • Scheduled activities. • Actions to be taken. 	CL	7/28/25
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 <i>Section 5: Notifying NCQA of Reportable Events</i> in the Policies and Procedures for details.	CL	7/28/25
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

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281	CR 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
296	CR 3, 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
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: <ul style="list-style-type: none"> • State Medicaid agency. • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. 	PC	11/17/25
300	CR 3, Element C	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
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

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309	CR 5, Element B	Scope of review	<p>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.</p> <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
307	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 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 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
309	CR 5, Element B	Look-back period	<p>Revise the look-back period for Renewal Surveys to read: For Renewal Surveys: 24 months; 6 months for the reporting findings component.</p>	CO	7/28/25

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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
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