



NCQA's 2025 Credentialing Standard Changes

Carol Delage, MS

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Objectives

- Understand changes NCQA made to 2025 credentialing standards
- Identify changes your organization will need to make to comply with new or modified requirements
- Trouble shoot and problem solve implementation challenges

Overview 2025 Changes



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Types of Changes

- Policy and procedure requirement updates
- Practitioner application additions
- Primary source verification modifications
- Ongoing monitoring additions
- Evolution of system controls requirements

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Effective Date of Changes

- All changes discussed in this presentation became effective on July 1, 2025
 - Means organizations are expected to be compliant with changes as of this date
 - If not compliant by 7/1/25, can have negative scoring impact on health plan clients and/or provider organization credentialing survey

P&P Updates





P&P Updates

Policies & procedures (P & Ps) must include:

1. Criteria for Credentialing Committee review of practitioner sanctions, complaints and adverse events identified through ongoing monitoring activities [CR 1A factor 6]
 - Policies must define types of sanctions, complaints and adverse events reviewed by committee
 - Also, must define process to report information to committee at ***next meeting*** after issue identified

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P&P Updates, Cont.

2. Notify practitioners of cred and recred decision within 30 calendar days of decision (used to be 60 calendar days) [CR 1A factor 9]
 - Can use shorter timeframe than 30 days if desired
 - Policies must define notification timeframe used by organization

Application Changes





Application Additions

- Practitioner applications must include questions about practitioner's race, ethnicity and language capabilities [CR 3A factor 6]
 - Each topic must be assessed individually
 - CAQH application includes compliant questions
- Application must state responses to questions are optional and information will not be used to discriminate against practitioner

PSV Updates





PSV Changes

Files credentialed or recredentialed **on** or **after** July 1, 2025 must:

- Complete primary source verification no later than 120 days prior to decision (rather than 180-day limit in effect prior to 7/1/2025) [CR 4A factors 1-6 and CR 4B factors 1-3]
 - Files with decisions prior to 7/1/25 will be evaluated using historical requirements

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PSV Changes, cont.

Files credentialed or recredentialed **on** or **after** July 1, 2025 must:

- Document whether practitioners are excluded from Medicare and Medicaid programs [CR 4B factor 3]
 - This is in addition to historically required assessment of presence or absence of sanctions by these programs
 - Exclusion from Medicare and Medicaid must be documented separately in file
 - File documentation includes source used, verification date, person doing verification and query results, i.e., included or excluded

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PSV Changes, cont.

Files credentialed or recredentialed *on* or *after* July 1, 2025 must:

- Document whether practitioners are excluded from Medicare and Medicaid programs [CR 4B factor 3]
 - Medicaid sources include **BOTH** State Medicaid agency AND one of the following: NPDB or OIG LIEE
 - Medicare sources include either Medicare Exclusion list OR OIG LIEE

Ongoing Monitoring Changes



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Ongoing Monitoring Change

Types of changes in ongoing monitoring:

1. Monthly monitoring of Medicaid and Medicare exclusions
2. Change to sources for Medicaid sanctions monitoring
3. Change to sources for Medicare sanctions monitoring
4. Monthly check to ensure expired licenses are renewed timely

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Implementation Plan

Implementation of these changes will require the following:

1. Updated policies and procedures to address these changes, AND
2. Incorporate the changes into your ongoing monitoring activities, AND
3. Demonstrate compliance using reports

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Types of Changes

- Change one: Monthly monitoring must include exclusions from Medicare and Medicaid programs (in addition to sanctions by those programs) [CR5A factor 2]
 - Monthly query to determine whether **any** practitioner in network has been excluded from Medicare or Medicaid since last monitoring check
 - Query required whether organization participates in Medicare or Medicaid or not

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Types of Changes, cont.

Medicare and Medicaid exclusions sources:

- Medicaid sources include **BOTH** State Medicaid agency AND one of the following: NPDB or OIG LIEE
 - If State Medicaid Agency does not supply exclusions information separately from sanctions information, must obtain confirmation of that in writing from agency
 - If agency won't provide written confirmation, must submit documentation of attempts to obtain it
- Medicare sources include **either** Medicare Exclusion list OR OIG LIEE

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Types of Changes, cont.

- Change two: Medicaid sanctions ongoing monitoring sources revision [CR 5A factor 1]
 - Must check **BOTH** State Medicaid agency **AND** one of the following: AMA Master File, FSMB, NPDB or SAM.gov
- Change three: Medicare sanctions ongoing monitoring sources revision [CR 5A factor 1]
 - Can use ANY of the following: AMA Master File, FSMB, NPDB or SAM.gov

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Types of Changes, cont.

- Change four: Monthly check for any practitioner whose license expired that month to confirm license was renewed timely [CR 5A factor 3]
 - Each practitioner file must document licensure expiration date to support regular queries
 - After verification of timely renewal, new expiration date needs to be documented in each practitioner's file to support future queries
 - Monthly report must show whether license renewed for any licenses expiring in that month

System Controls Evolution



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Information Integrity

System controls requirements now called Information Integrity [CR 1].

Revisions include:

- P&P requirement changes
- New staff training requirements
- Annual audit and follow-up requirement revisions

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Transition to Updates

- Former term “modification” replaced with term “updates”
- Updates means changes to information in paper and/or electronic credentialing file ***either*** during file processing before committee review ***OR*** after committee review
 - Some types of updates are appropriate. Other types of updates are inappropriate and not allowed by NCQA
 - NCQA specified minimum types of inappropriate updates in 2025 standards revision

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Appropriate Updates

Examples of appropriate updates in credentialing file:

- Correction of data entry errors – both changes & deletions, including typographic errors
- Deletion of documentation of primary source verification activity and entry of new information because system does not allow correction of errors
- Updates to verifications of expired credentials (includes system automatic updates)
- Practitioner correction of inaccurate information initially submitted

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Inappropriate Updates

NCQA specified following **minimal** types of inappropriate updates [CR 1A factor 4]:

- Falsifying credentialing dates in file
- Creation of credentialing documents without performing activity reflected in document
- Fraudulently altering existing credentialing documents
- Attributing verification or review to an individual who did not perform that activity
- Updates to information by unauthorized individual

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P&P Update Changes

Existing P&Ps will need revision

- P&Ps identify scope of credentialing information protected by policy [CR 1A factor 1]
- At a minimum, policy must indicate following information is protected:
 - Practitioner application and attestation
 - Credentialing documents received from primary source or it's agent
 - Credentialing Committee minutes
 - Continued on next slide



P&P Update Changes, cont.

- At a minimum, policy must indicate following information is protected, cont.:
 - Documentation of credentialing activities including:
 - Verification dates
 - Report dates (includes ongoing monitoring reports)
 - Credentialing decisions
 - Credentialing decision dates
 - Signature or initials or verifier or reviewer
 - Documentation of clean file approval, if applicable
 - Credentialing checklist, if applicable

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P&P Update Changes, cont.

- P&Ps must identify **titles** of staff who are [CR 1A factor 2]:
 - Responsible for documenting credentialing activities
 - Authorized to modify (edit, update or delete) credentialing information
 - Responsible for oversight of credentialing information integrity functions, including auditing
- Use of department name, i.e., credentialing staff is NOT sufficient

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P&P Update Changes, cont.

- P&Ps must describe process for documenting following when updates (appropriate AND inappropriate) are made to credentialing information [CR 1A factor 3]:
 - When (both date and time) information was updated
 - What information was updated
 - Why the information was updated
 - Staff who updated the information

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P&P Update Changes, cont.

- Typically, electronic systems automatically track each data entry made in the record, including when, how and who made the change
 - Systems do not automatically track reason for the change, that must be done manually
 - Explain whether system retains documentation of original and updated info, OR if original info is overwritten when it is updated

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P&P Update Changes, cont.

- If using manual checklist (including an Excel or Word file), must explain how record on checklist :
 - What changed,
 - When it was changed
 - Who made the change
 - Reason why change made

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P&P Update Changes, cont.

Following types of inappropriate updates must be listed in policy [CR 1A factor 4]:

- Falsifying credentialing dates in file
- Creation of credentialing documents without performing activity reflected in document
- Fraudulently altering existing credentialing documents
- Attributing verification or review to an individual who did not perform that activity
- Updates to information by unauthorized individual

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P&P Update Changes, cont.

- P&Ps must describe compliance monitoring process [CR 1A factor 5]
 - Specify monitoring occurs at least annually (every 12 months)
 - Audit methodology does not need to be defined in policy
 - Process for documenting and reporting inappropriate documentation and updates to organization's designated individuals and NCQA if organization identifies fraud and/or misconduct



Training Requirements

Annually (every 12 months)
organization trains credentialing
staff on: [CR 1B factors 1 & 2]

- Inappropriate documentation and updates outlined in CR 1A factor 4
- Process for organization to audit staff documentation and reporting of information integrity issues
- Consequences for inappropriate documentation and updates

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Training Req., cont.

Training evidence consists of:

1. Copy of staff training materials
2. Evidence organization conducted the required training at appropriate intervals, such as attendance report

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Audit and Analysis

Organization annually (every 12 months) [CR 1C factors 1 &2]:

- Audits for inappropriate documentation and updates
 - Audit report must be submitted even if no inappropriate documentation and updates were found
 - If audit more frequently than annually, must use 5% or 50 files for each audit and all audits must cumulatively cover the entire look-back period
- Conducts qualitative analysis of inappropriate documentation and updates

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Audit and Analysis, cont.

- Audit must determine whether following inappropriate documentation and updates are present:
 - Falsifying credentialing dates
 - Creating documents without performing the required activities
 - Fraudulently altering existing documents
 - Attributing verification or review to individual who did not perform activity
 - Updates to information by unauthorized individuals

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Audit and Analysis, cont.

- Audit universe includes practitioner files for **all** initial credentialing and recredentialing decisions made or due during the look-back period, whether the file has updates or not
- Must randomly select a sample from audit universe using 5% or 50 files, whichever is less
 - May choose to audit more files than NCQA requires
 - Sample must include at least 10 cred and 10 recred files. If less than 10 in either category, then all in that category must be audited
- Audit must include all cred info related to selected practitioner file, *including* minutes and ongoing monitoring reports

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Audit and Analysis, cont.

Audit and analysis report must include:

- Report date
- Title of individuals who conducted audit
- The 5% or 50 files auditing methodology including audit period, file audit universe size, audit sample size and selection method
- Audit log (may be attachment), including file identifier which links to practitioner and type of credentialing information audited
- Findings for each file, including rationale for inappropriate documentation
- Number or percentage and total inappropriate documentation and updates by type of credentialing information

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Audit and Analysis, cont.

Annually must conduct qualitative analysis of each instance of inappropriate documentation and update identified in audit to determine cause

- Report must include titles of credentialing staff involved in analysis and cause of each inappropriate documentation

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Improvement Actions

Organizations [CR 1D, factors 1 & 2]:

- Implement corrective action to address all inappropriate documentation and updates identified in audit process
- Conduct follow-up audits to determine effectiveness of corrective action within 3-6 months after completion of the audit
 - Follow-up audit universe includes all practitioner files for decisions made within 3-6 months after previous audit

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Improvement Actions, cont.

- Audit reports must include:
 - Dates of actions taken or planned
 - Description of actions taken to address causes of inappropriate documentation
 - Annual training may not be the only corrective action
 - Titles of staff responsible for implementing corrective action

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Improvement Actions, cont.

- Follow-up action report must include documented conclusion about whether data demonstrate that actions resulted in no additional inappropriate documentation due to that cause
- If follow-up audit shows actions not effective, then audit report must document additional qualitative analysis to understand cause(s) driving inappropriate documentation

Moving Ahead



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Summary

- Largest set of changes to NCQA's CR requirements in many years
- Timeframe to complete PSV & notify practitioner of decision shorter than past
- New requirements to determine whether practitioner excluded from Medicare & Medicaid across continuum
- New requirement to verify license expiration monthly
- Evolved information integrity requirements to focus on inappropriate documentation

Questions

