For Public Comment
November 28, 2023–January 15, 2024
Comments due 11:59 p.m. ET
January 15

Overview of Proposed Updates to Accreditation Standards and Programs:

Credentialing Accreditation

Credentialing Verification Organizations

Health Plan Accreditation

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2023 Credentialing Programs: *Overview of Proposed Updates*

NCQA's Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For almost 35 years, NCQA has driven improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA's programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans. Today, approximately 176 million Americans are enrolled in an NCQA-Accredited health plan.

The NCQA Advantage

Proposed updates to Credentialing Accreditation aim to align standards with the changing market landscape and stakeholder (states, employers, CMS, consumers) needs and regulatory requirements, and to assist organizations in their pursuit of quality care. The NCQA Accreditation seal is a sign that organizations deliver high-quality care and have strong member protections.

Stakeholders Participating in Public Comment

NCQA shares these updates for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders. NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

Background

NCQA's credentialing standards are a source of best practices for implementing and sustaining high quality across the delivery system. Health plans, health systems, physician groups, commercial CVOs, telehealth companies, other entities with a provider network and more, note the following benefits:

- Standards provide a framework for implementing best practices, to help ensure consistent verification of practitioner credentials through a primary or recognized source.
- Standards help identify areas that need improvement, and align services with what potential contracting organizations want.
- Accreditation demonstrates that an organization has appropriate policies and procedures, which can help reduce the audit burden for medical staff.

Over the past year, NCQA conducted interviews with more than 70 organizations and industry experts to learn about the current state of credentialing, barriers and innovations. NCQA found significant changes in the industry. For example, credentialing is no longer a manual, months-long process: Many organizations use automation to obtain the information. This has an impact on using "recent data" in credentialing decisions.

Based on these findings and research, NCQA recommends updates to the following programs:

- Health Plan Accreditation—the Credentialing category of standards.
- Credentialing Accreditation.
- Credentialing Verification Organization (CVO) Certification.

The updated programs will be released in July 2024, with an effective survey date on or after July 1, 2025.

A Guide to the Updates

This section provides a high-level overview of significant updates proposed for all programs. Tables 2–4 summarize applicable elements for CR Accreditation and Credentialing Certifications, and proposed updates. Marked-up changes for all credentialing updates can be found in the following documents:

- HPA 2025_Proposed Standards Updates
- CR Accreditation and CVO Certification_Proposed Standards Updates

Single Credentialing Program

NCQA recommends consolidating requirements in CR Accreditation and CVO Certification into a single program, with options for individual certifications (e.g., State Licensing Certification) or an overall Credentialing Accreditation. NCQA's current stand-alone credentialing programs have overlapping requirements that can confuse organizations about which to pursue. NCQA proposes that organizations be able to earn Credentialing Certification for the specific credential they verify (e.g., Certification in Credentialing Verification for State Licensure), instead of earning a CVO Certification seal. Credentialing Certifications will have a 3-year status (instead of a 2-year status), with a 3-year look-back period. Credentialing Accreditation will have a 3-year status; organizations that perform below a certain point threshold will earn Provision status; the 2-year status will no longer apply.

Targeted Questions

1. Do you support individual Credentialing Certifications instead of a single CVO Certification program?
2. Will having a single program with Accreditation/Certification options make it easier to understand NCQA's requirements?
3. Do you support the 3-year Credentialing Certification status update?
4. Do you support moving from a 2-year to a 3-year Certification status, with a 3-year look-back period?
5. Do you support removing the 2-year status for Credentialing Accreditation and replacing it with Provision status?
6. How can NCQA help reduce credentialing burden?
7. Please provide any other feedback that will help NCQA improve the value of its programs to patients, organizations, states, CMS and others.

Credentialing Accreditation Interim Survey Option

Organizations new to NCQA can find it challenging to pursue Full Accreditation. The Interim Survey option, which reviews policies and procedures, gives organizations a glidepath to Full Accreditation within 18 months.

Targeted Question

1. *For organizations new to NCQA:* Would your organization benefit from the option to pursue Interim Accreditation status for Credentialing Accreditation?

Standard Updates

NCQA recommends significant updates to existing standards, and the addition of new requirements. Updates will also be incorporated into the Health Plan Accreditation CR category, where applicable:

- **Time frames** for "recent" credentialing information used to make credentialing decisions (CR Accreditation) and when a CVO provides the information to a client. NCQA reviewed file review results for all credentials from 30 organizations to determine appropriate changes based on performance at the 90th percentile.

  Table 1 shows that current verification time limits are much longer than the time frames most organizations use. NCQA proposes shortening the time frames, given advances in technology that enable more efficient verification, to encourage a faster credentialing process.

Table 1. Analysis and Recommendations for Credentialing Verification Time Frames

Credential	Current CVO Verification Limit	CVO Verification Days (90th Percentile)	Certification 2025 Recommendation	CR/HPA NCQA Standard	CR Verification Days (90th Percentile)	CR/HPA 2025 Recommendation
License to Practice ***CRA 4, Element A; CRC 2***	120	54	60 Days	180	73	90 Days
Board Certification ***CRA4, Element D; CRC 5***	120	57	60 Days	180	76	90 Days
Work History ***CRA 4, Element E; CRC 6***	305	74	60 Days	365	74	90 Days
Malpractice History ***CRA 4, Element F; CRC 7***	120	44	60 Days	180	73.7	90 Days
State Licensing Sanctions ***CRA 5, Element G; CRC 8***	120	45	60 Days	180	76	90 Days
Medicare/Medicaid Sanctions ***CRA 4, Element H; CRC 9***	120	43	60 Days	180	82.6	90 Days

- **Information integrity (formerly Systems Controls):** NCQA introduced systems controls requirements in the UM and CR standards in standards year 2020, and introduced system controls monitoring of an organization's systems and delegates in standards year 2022. Requirements resulted from NCQA's investigation of reports that some organizations and delegates were submitting fraudulent, misleading or improper information in preparation for their NCQA Survey, and review of federal and state sanction reports.

  System control requirements are meant to protect the integrity of UM/CR information. Organizations must have policies and procedures in place to protect data from alteration outside prescribed protocols, and must monitor compliance with the policies and procedures. Based on extensive feedback from organizations, surveyors and internal NCQA staff NCQA proposes replacing the current system controls requirements with *CR 3: Credentialing Information Integrity* standards.

- **Ongoing monitoring:** During the 3 years between initial credentialing and recredentialing, organizations monitor practitioners for Medicare and Medicaid sanctions, member complaints and other adverse events. They must act on information quickly to prevent unintended patient incidents or quality issues. Given advances in information availability, NCQA recommends changes to the source and frequency for obtaining information on adverse events.

- **Credentialing Committee:** The committee decides whether a practitioner will be enrolled in the network, based on the credentials compiled during initial verification. NCQA recommends requiring the committee to review and act on information found during ongoing monitoring.

- **Health equity:** NCQA recommends requiring the application for credentialing to include practitioner race, ethnicity and languages spoken. This aligns with expectations in Health Equity Accreditation, and encourages more comprehensive, member-centric provider directories.

- **Other:** NCQA recommends additional changes to the *Explanation*.
  - **Scoring.** NCQA proposes aligning element scoring with Health Plan Accreditation. Status thresholds will be determined when modeling is performed on past performance. Final recommendations will be shared with the Standards Committee in May 2024 after standards are final.

Credentialing 2023: Proposed Standards Updates

Updates Applicable to Credentialing 2023

Refer to:

- CR Accreditation and CVO Certification_Proposed Standards Updates to review the updates outlined below.
- HPA 2025_Proposed Standards Updates (Credentialing Category of standards)

Table 2. Elements Applicable to Credentialing Accreditation and to All Credentialing Certifications

Standard/Element	Notable Updates and Rationale
CR 1: INTERNAL QUALITY IMPROVEMENT	
Element A: Quality Improvement Program Structure	**Recommendation:** Update the Explanation to require defined SMART goals for organizations' QI programs. **Rationale:** Allows organizations to formalize development of goals and be accountable for meeting goals within a time frame, or readjusting them if necessary.
Targeted Question: Do you support the SMART goal updates in the Explanation?	
Element B: Analysis of Quality Activities	**Recommendation:** Update the element stem to require annual analysis of QI activities. **Rationale:** Align with CR Accreditation requirements.
Targeted Question: Do you support annual frequency for this element?	
Element C: Confidentiality Policies and Procedures	*No proposed updates.*
Element E: Confidentiality Policies and Procedures Element F: Personnel Management Element G: Data Recovery and Back-Up	*No proposed updates.*
Targeted Questions • **Should NCQA make any changes to Elements C, E–G?**	
CR 2: Agreement and Collaboration With Clients	

Standard/Element	Notable Updates and Rationale
Element A: Delegation Agreement Element B: Submission of Documents for Oversight Element C: Routine Reporting Element D: Cooperating with Client QI Efforts	*No proposed updates.*
Element E: Medical Records Access	**Recommendation: *Retire this element.*** **Rationale:** Medical records do not apply to CVOs; the intent was to support HEDIS reporting, but that takes place contractually and is a business decision.
Element F: Communication to Practitioners	**Recommendation: *Retire this element.*** **Rationale:** This action is no longer related to credentialing.
Targeted Question: • **Should NCQA make any changes to CR 2, Elements A-D?** • **Do you support retiring CR 2, Elements E and F?**	

<table>
<tr><th>Standard/Element</th><th>Notable Updates and Rationale</th></tr>
<tr><td colspan="2">CR 3: Credentialing Information Integrity (Formerly System Controls)</td></tr>
<tr><td>Element A: Protecting the Integrity of Credentialing Information
Element B: Information Integrity Training
Element C: Audit and Analysis
Element D: Improvement Actions</td><td>Recommendation: NCQA proposes replacing the current system controls requirements with UM/CR “information integrity” requirements. In the proposed requirements, NCQA:
Emphasizes information integrity and defines inappropriate modification and updates.
Monitoring is further defined and limited to inappropriate documentation and updates.
Requires organizations to train staff on documentation policies and procedures and information security.
Moves the must-pass requirement from the policies and procedures to the auditing element, to emphasize implementation.
Standardizes auditing methodology to a single sampling methodology independent of system functionality.
Provides enhanced examples of reports.
Rationale: Feedback from organizations, surveyors and internal NCQA staff review indicates the following challenges with the current system controls requirements:
Policies and procedures elements are must-pass, with “all or nothing” scoring.
Organizations define what modifications are appropriate, potentially resulting in the allowance of inappropriate modifications.
Standards emphasize system capabilities and monitoring requirements varied by system functionality, resulting in confusion.
Organizations must have a process to monitor compliance with all components of system controls policies and procedures (e.g., not writing down passwords) rather than focusing on the most critical components (e.g., inappropriate modifications).
The overall lack of clarity and complexity in the standards lead to different interpretations of the requirements.</td></tr>
<tr><td colspan="2">Targeted Questions:
Do you support replacing the existing UM/CR System Controls requirements with the proposed new CR Information Integrity draft standards?
Do you support NCQA’s specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?
Do you support the inclusion of the training requirement?
Do you support moving the must-pass requirement from the policies and procedures to the auditing element?
Do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?</td></tr>
</table>

Standard/Element	Notable Updates and Rationale
CR 4: Delegation of CR	
Element A: Delegation Agreement	**Recommendation**: For factor 4 explanation update: new delegation agreements implemented on or after July 1, 2025, must address the delegate's credentialing information integrity. If the organization delegates any credentialing functions or activities in the scope of these standards, the delegate protects the integrity of the credentialing information used in the credentialing process. **Rationale:** to align with new Credentialing Information Integrity standards.
Element B: Predelegation Evaluation	*No proposed updates.*
Element C: Review of Delegate's Credentialing Activities	**Recommendation***: Factor 5 explanation update:* NCQA recommends annual audits for inappropriate documentation and inappropriate updates to credentialing information. Corrective action should be taken for each delegate that addresses all inappropriate documentation. **Rationale:** to align with new Credentialing Information Integrity standards.
Element D: Opportunities for Improvement	*No proposed updates.*
Targeted Question: • **Do you support the changes in Elements A and C?** • **Should NCQA make changes to Element A or D?**	

Table 3. Elements Applicable to Credentialing Accreditation Only

Standard/Element	Notable Updates and Rationale
CRA 1: Credentialing Policies	
Element A: Credentialing Guidelines	**Recommendation:** In the Explanation, include locum tenens in the scope of practitioners who need to be credentialed. **Rationale:** These practitioners tend to move across state lines, and often have credentials in multiple states. This is a patient protection measure.

Standard/Element	Notable Updates and Rationale
	Recommendation: In factors 3, 4, require credentialing criteria to be reviewed and approved by the medical director or Credentialing Committee. **Rationale:** Because all decisions are based on the criteria, it's important that criteria are reviewed and approved. **Recommendation:** Update factor 5 to require a process for managing credentialing files that do not meet the organization's established criteria. **Rationale:** This is a hidden expectation in the Explanation. **Recommendation:** Add a new factor 6 that requires organizations to have criteria for reviewing practitioner sanctions, complaints and other adverse events. **Rationale:** The committee reviews flagged initial verification files. Best practices indicate that some sanctions found during ongoing monitoring should also be reviewed. **Recommendation:** Update the factor 7 Explanation to require organizations to consider whether the demographic makeup of the Credentialing Committee reflects the patient population. **Rationale:** This update aligns with expectations in Health Equity Accreditation, and helps provide members with important demographic information about their practitioners. Evidence shows that when individuals are treated by practitioners who match their race/ethnicity, their relationships are enhanced.[1] [1]Cooper 2003; Garcia 2003; Saha 2000; Street 2008. **Recommendation:** In factor 9, require organizations to notify practitioners of credentialing/ recredentialing decisions within 60 days (instead of 90 days). **Rationale:** Enables a faster credentialing process. **Recommendation:** Add a new factor 13 that requires organizations to have a process for documenting information and activities in credentialing files. **Rationale:** This is a hidden expectation in the Explanation.
Targeted Question: Do you support the proposed changes to Element A? If you do not support, please provide specific feedback at the factor level.	

Standard/Element	Notable Updates and Rationale
CRA 2: Credentialing Committee	
Element A: Credentialing Committee	**Recommendation:** Add a new factor 4 that requires organizations' Credentialing Committee to review sanctions, complaints and other adverse events found during ongoing monitoring. **Rationale:** There must be evidence that the organization implemented a policy regarding the role of the Credentialing Committee during ongoing monitoring.
Targeted Question: Do you support requiring the Credentialing Committee to review sanctions, complaints and other adverse events found during ongoing monitoring?	
CRA 3: Credentialing Application and Practitioner Rights	
Element A: Credentialing Application	**Recommendation:** Add a new factor 6 that requires organizations to obtain information on practitioner race, ethnicity and languages spoken. **Rationale:** This update aligns with expectations in Health Equity Accreditation, and helps provide members with important demographic information about their practitioners. Evidence shows that when individuals are treated by practitioners who match their race/ethnicity, their relationships are enhanced.[1] [1]Cooper 2003; Garcia 2003; Saha 2000; Street 2008.
Targeted Question: Do you support collecting practitioners' race, ethnicity and languages spoken in the credentialing application?	
Element B: Practitioner Rights	*No proposed updates.*
Targeted Question: Should NCQA make any changes to Element B?	
CRA 4: Credentialing Verification	**Recommendation:** Verification requirements are currently required as factors. NCQA recommends separating each factor into an element. Organizations must show competence at the element level vs. across several factors in one element. **Rationale:** The current factor level scoring allows organizations to meet the element while not meeting all credentialing verification requirements.
Element A: Verification of Licensure (file review)	**Recommendation:** Currently, organizations can use credentialing data that was verified up to 180 calendar days prior to the credentialing decision. NCQA recommends shortening this time frame to 90 calendar days.

Standard/Element	Notable Updates and Rationale
	Rationale: The original time frame was set when organizations used manual processes to obtain credentials from primary sources. Technological advances and approved primary sources that aggregate data from multiple primary sources have shortened the time it takes to obtain this information. Organizations should not be working with data that are 6 months old, especially since credentials are dynamic in nature (e.g., licensure, sanctions). See Table 1 for information on analysis of verification time frames.
Targeted Question: Do you support shortening the credentialing time frame to 90 calendar days? If not, provide specific feedback.	
Element B: Verification of DEA or CDS (file review)	*No proposed updates.*
Element C: Verification of Education and Training (file review)	**Recommendation:** Require verification of fellowship, if applicable.
Targeted Questions: • **Should NCQA make changes to Element B?** • **Do you support requiring fellowship information, if applicable?**	
Element D: Board Certification Status (file review) Element E: Work History (file review) Element F: Malpractice History (file review) Element G: State Licensing Sanctions and Exclusions (file review) Element H: Medicare/Medicaid Sanctions and Exclusions (file review)	**Recommendation for all elements:** Currently, organizations can use credentialing data that were verified up to 180 calendar days before the credentialing decision; the work history time frame is 305 days. NCQA recommends shortening this time frame to 90 calendar days. **Rationale:** Refer to Element A. **Element H Recommendations:** • Add "exclusions" to the stem. Sanctions do not capture exemptions, which are a higher level of disciplinary action and pose risk to patient safety. • Remove the following from verification sources: – Medicare Exclusion Database. – Federal Employees Health Benefits Plan. • Add SAM.gov • Require organizations with Medicaid lines of business to obtain verification from State Medicaid agencies and one other source.

Standard/Element	Notable Updates and Rationale
Targeted Questions: • **Do you support shortening the verification time frame to 90 calendar days in Elements D-H? If not, provide specific feedback.** • **Do you support proposed changes to Element H? Should NCQA require other sources? Should NCQA require "all" sources instead of "any" sources?**	
CRA 5: Ongoing Monitoring	
Element A: Ongoing Monitoring	**Recommendations:** • *Factor 1:* Add "exclusions" to align with expectations in Element H. • *Factor 2:* Add "expiration" to the list of data collection for state licensure; these credentials can expire and might not be renewed during the 3-year ongoing monitoring period. • Move factor 5 to be a new element. • In the Explanation, require organizations to review information within 10 calendar days of a new alert (currently 30 days). **Rationale:** During the 3 years between initial credentialing and recredentialing, it is critical for patient safety and risk mitigation that organizations perform ongoing monitoring, and act on sanctions.
Targeted Question: Do you support the proposed changes to Element A? If not, please provide specific feedback.	
Element B: Appropriate Interventions	**Recommendation:** Add a new element that requires organizations to report findings to the Credentialing Committee on a quarterly basis and to take action on identified sanctions, complaints or other adverse events from Element A. **Rationale:** Moving this element from a factor to an element creates clearer expectations for this activity and allows separate scoring independent of collecting information (Element A).
Element C: Actions Against Practitioners	*No proposed updates.*
Targeted Questions: • **Do you support a new element for reporting findings to the Credentialing Committee quarterly, and taking action on identified sanctions, complaints or other adverse events (Element A)?** • **Should NCQA make any changes to CRA 5, Element C?**	

Standard/Element	Notable Updates and Rationale
CRA 6: Recredentialing Cycle	
Element A: Recredentialing Cycle Length	*No proposed updates.*
Element A: Review and Approval of Provider Element B: Medical Providers Element C: Behavioral Healthcare Providers Element D: Assessing Medical Providers Element E: Assessing Behavioral Healthcare Providers	
Targeted Question: Should NCQA make any changes to Elements A–E?	

Table 4. Applicable to Credentialing Certifications. Organizations may choose Certification in any of these areas.

Standard/Element	Notable Changes and Rationale
CRC 1: Written Policies and Procedures	
Element A: Policies and Procedures	**Recommendation:** • In factor 2, require that organizations have a process for ensuring that time-sensitive information is no more than 60 calendar days old (currently 120–305 calendar days). • New factor 8: require organizations to have a process for documenting information and activities in credentialing files. **Rationale:** The original time frame was set when organizations used manual processes to obtain credentials from primary sources. Technological advances and approved primary sources that aggregate data from multiple primary sources have shortened the time it takes to obtain this information. Organizations should not be working with data that are 120 days old, especially since credentials are dynamic in nature (e.g., licensure, sanctions). See Table 1 for information on analysis of verification time frames based on file review results.
Element B: Review and Approval by a Governing Body	*No proposed updates.*

Standard/Element	Notable Updates and Rationale
***CRC 2:* Verifying and Reporting Licensure**	
Element A: Verifying Licensure	**Recommendation:** Currently, organizations can verify licensure that is up to 120 days old. NCQA recommends shortening this time frame to 60 calendar days. **Rationale:** See Table 1 for information on analysis of verification time frames
CRC 3: Verifying and Reporting DEA or CDS Certification	
Element A: DEA/CDS Verification (file review)	*No proposed updates.*
CRC 4: Verifying and Reporting Education and Training	
Element A: Verifying Education and Training	*No proposed updates.*
CRC 5: Verifying and Reporting Board Certification Status	
Element A: Verifying Board Certification Status	**Recommendation:** Currently, organizations can send data that are up to 120 days old. NCQA recommends shortening this time frame to 60 calendar days. **Rationale:** See Table 1 for information on analysis of verification time frames.
CRC 6: Verifying and Reporting Work History	
Element A: Verifying Work History	**Recommendation:** Currently, organizations can send data that are up to 120 days old. NCQA recommends shortening this time frame to 60 calendar days. **Rationale:** See Table 1 for information on analysis of verification time frames
CRC 7: Verifying and Reporting Malpractice History	
Element A: Verifying Malpractice History	**Recommendation:** Currently, organizations can send data that are up to 120 days old. NCQA recommends shortening this time frame to 60 calendar days. **Rationale:** See Table 1 for information on analysis of verification time frames
CRC 8: Verifying and Reporting State Licensing Board Sanctions	
Element A: Verifying State Licensing Board Sanctions	**Recommendation:** Currently, organizations can send data that are up to 120 days old. NCQA recommends shortening this time frame to 60 calendar days. **Rationale:** See Table 1 for information on analysis of verification time frames
CRC 9: Verifying and Reporting Medicare/Medicaid Sanctions	

Standard/Element	Notable Updates and Rationale
Element A: Verifying Medicare/Medicare Sanctions	**Recommendation:** Currently, organizations can send data that are up to 120 days old. NCQA recommends shortening this time frame to 60 calendar days. **Rationale:** See Table 1 for information on analysis of verification time frames

Standard/Element	Notable Updates and Rationale
Targeted Questions: • **Do you support shortening the credentialing verification time frame to 60 days for CRC 2, 5-9?** • **Should NCQA make any changes to CRC 1, Element B; or CRC 4, Element A?**	
CRC 10: Processing Application and Attestation (file review)	*No proposed updates.*
CRC 11: Application and Attestation Content	**Recommendation:** Add a new factor 7 that requires organizations to obtain information on practitioner race, ethnicity and languages spoken. **Rationale:** This update aligns with expectations in Health Equity Accreditation, and helps provide members with important demographic information about their practitioners. Evidence shows that when individuals are treated by practitioners who match their race/ethnicity, their relationships are enhanced.[1] [1]Cooper 2003; Garcia 2003; Saha 2000; Street 2008.
Targeted Questions: • **Should NCQA make any changes to CRC 10?** • **Do you support adding factor 7 for obtaining information on practitioner race, ethnicity and languages spoken?**	
CRC 12: Ongoing Monitoring Verification	
Element A: Policies and Procedures	**Recommendation**: Factor 1: Add "exclusions."
Element B: Ongoing Monitoring	***Recommendation:*** • Add "exclusions" to the stem. Sanctions do not capture exemptions, which are a higher level of disciplinary action and pose risk to patient safety. • Remove the following from verification sources: – Medicare Exclusion Database. – Federal Employees Health Benefits Plan. • Add SAM.gov • Require organizations with Medicaid lines of business to obtain verification from State Medicaid agencies and one other source.

Standard/Element	Notable Updates and Rationale
Element C: Collecting Sanction Information	**Recommendation:** Require organizations to add Medicaid exclusions to the information they collect and report on.
Targeted Question: • Do you support proposed changes to Element A? • Element B: Should NCQA require other sources? Should NCQA require "all" sources instead of "any" sources? • Element C: Do you support adding Medicaid exclusions to the types of information that organizations collect and report on?	

[1]https://www.npdb.hrsa.gov/resources/whatIsTheNPDB.jsp
[2]https://www.npdb.hrsa.gov/resources/whatIsTheNPDB.jsp
[3]https://www.npdb.hrsa.gov/resources/whatIsTheNPDB.jsp

Public Comment Instructions

Public Comment Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. NCQA encourages reviewers to provide insights on global issues related to the proposed updates including:

1. Will proposed updates assist your organization in meeting its objectives? If so, how? If not, why not?
2. Are there key expectations not addressed in the proposed requirements?

Documents

Draft standards and explanations for updates can be found in:

- HPA 2025_Proposed Standards Updates
- CR Accreditation and CVO Certification_Proposed Standards Updates

How to Submit Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to http://my.ncqa.org and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select one or more of the following from the drop-down box:
    - **HPA 2025_Proposed Standards Updates**
    - **CR Standards**
    - **CR Accreditation and CVO Certification_Proposed Standards Updates**
        - **Program Status Questions**
        - **Elements Applicable to Credentialing Accreditation and to All Credentialing Certifications**
        - **Elements Applicable to Credentialing Accreditation**
        - **Elements Applicable to Credentialing Certifications**
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
    a. If you choose **Do not support**, include your rationale in the text box.
    b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.
    Note: *There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the "cut and paste" function to copy your comment into the Comments box.*
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments must be entered by 11:59 ET on Monday, January 15

Next Steps

The final Standards and Guidelines for Credentialing 2023 will be released in 2024, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements for all programs will take effect for surveys starting July 1, 2025.