NCQA Corrections, Clarifications and Policy Changes to the 2024 CVO Standards and Guidelines

November 18, 2024

This document includes the corrections, clarifications and policy changes to the 2024 Credentialing Verification Organization standards and guidelines. NCQA has identified the appropriate page number in the publication 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 2024 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
57	CVO 3, Element B	Related Information	Add a *Related information* subhead and text that reads: **Related information** *Sampling methodology for auditing.* Sampling is allowed for organizations that use auditing as the monitoring method in Element C. The organization must use the "5% or 50 files" audit method: Randomly select 5% of files or 50 files (whichever is less) from each applicable file type to review against requirements. At a minimum, the sample must include at least 10 credentialing files and 10 recredentialing files. If fewer than 10 practitioners were credentialed/recredentialed since the last annual audit, the organization audits the universe of files rather than a sample. The file universe includes all files, with or without modifications. The audited sample must include only files with modifications (compliant or noncompliant with the organization's policies and procedures). Once the sample size is calculated, the organization determines how to select the sample. NCQA does not prescribe a method for selecting the sample. If the organization: • *Can identify files with modifications,* it may select a random sample from a universe that contains modified files. • *Cannot identify files with modifications,* it may select a random sample from the entire file universe. The organization continues to pull files from the entire universe until 5% or 50 files in the sample have modifications.	**CL**	**11/18/24**

NCQA Corrections, Clarifications and Policy Changes to the 2024 CVO Standards and Guidelines

November 18, 2024

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
9	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Certification	Revise the seventh bullet under "Organization must meet the following criteria:" to read: Operates without discrimination based on gender, sexual orientation, race, creed or national origin.	**CL**	**3/25/24**
14	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Option to decline Certification status	Revise the section head from "Option to decline Certification status" to "Option to decline Certification status (applicable only to Introductory Initial Survey Evaluation Option)"; revise the text to read: Organizations surveyed under the Introductory Initial Survey Evaluation Option may select one of the following options: 1. Accept the resulting Certification status. 2. Decline the resulting Certification status (without penalty and undergo an Introductory Follow-Up Survey within 12 months of receipt of the final survey report). If an organization has reason to believe that the scoring of any standard does not accurately reflect its survey performance, the organization may request Reconsideration. If the organization decides to request Reconsideration, it must do so before sending notice to NCQA of a decision to decline its status. Refer to *Reconsideration.* The organization may accept or decline the resulting Reconsideration status decision. If the organization decides to decline the status, it must undergo an Introductory Follow-Up Survey within 12 months. Organizations have 30 calendar days from receipt of the results to reply to NCQA with their decision to accept, decline or request Reconsideration of the resulting status.	**CL**	**7/29/2024**
15	Policies and Procedures—Section 2: The Certification Process	Certification Surveys—Introductory Follow-Up Survey	Replace "effective date" with "expiration date" in the third paragraph to read: The expiration date of the Certification status is the same date specified in the Introductory Initial Survey decision that precipitated the Follow-Up Survey.	**CL**	**3/25/24**
23	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Other Information NCQA May Consider	Add the following new section head and text between "Other Information NCQA May Consider" and "Notification to Regulatory Agencies." **Responsible Use of Artificial Intelligence** 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. The White House also issued an executive order with broad guiding	**CL**	**7/29/24**

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
			principles, and specific health care industry roles, for the Department of Health and Human Services. NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework, a key reference in the executive order, 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.		
26	Policies and Procedures—Section 3: The Survey Process	Offsite review	Revise the section to read: The organization must submit a complete survey tool (including self-assessed scores and supporting evidence) to NCQA on the scheduled survey start date (submission date). The survey team conducts an initial review of all information and evidence submitted, and documents findings and questions in the survey tool. During a survey conference call with the survey team, the organization has the opportunity to address surveyor questions and initial findings. The organization may also submit additional supporting evidence, if needed to resolve outstanding issues. Any additional supporting evidence must be submitted by the due date for submitting responses to the survey team's outstanding questions and initial findings. The organization may not introduce new evidence after this point in the survey process. The organization should not attach documents to the survey tool that contain protected health information (PHI) or other personal identifiable information (PII), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations. If original documentation contains PHI or PII, the organization must de-identify the information prior to submission. Refer to "de-identify" in *Appendix 4: Glossary*. All documentation provided to NCQA during the survey process must be in English, or with English translation.	**CL**	**7/29/24**
26	Policies and Procedures—Section 3: The Survey Process	Documents dated after submission	Revise the section to read: The organization may only submit information that existed at the time of the original survey submission; it may not introduce information that did not exist at the time of the original survey submission.	**CL**	**7/29/24**

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
			Evidence submitted in response to the survey team's initial questions and findings must have existed at survey submission. The organization may not alter or update evidence to address an issue, but may bookmark or highlight this information.		
26	Policies and Procedures—Section 3: The Survey Process	Onsite review	Revise the section to read: The onsite review date is usually scheduled for 7 weeks after submission of the survey tool. The onsite review is primarily a file review, but might also require review of additional information, staff interviews or system queries. The onsite survey can be conducted either in person or virtually, depending on the organization's preferences and ability to present files electronically. The onsite review must be conducted in English, and all records or files that are part of the review must be provided in English, or with English translation.	**CL**	**7/29/24**
27	Policies and Procedures—Section 3: The Survey Process	Comments about errors or omissions	Revise the section to read: NCQA gives the organization access to preliminary survey results in the IRT for review and comment. The organization has 10 calendar days to submit comments regarding factual errors or omissions before the survey report is sent to the Review Oversight Committee (ROC) for the final status decision. The organization comment process is not an opportunity to introduce new supporting evidence that was not included in the survey submission or provided in response to initial survey team issues. NCQA only considers comments and supporting evidence that are related to factual errors or omissions in the preliminary report and based on information and evidence presented during the survey.	**CL**	**7/29/24**
29	Policies and Procedures—Section 3: The Survey Process	Materials not accepted during Reconsideration	Revise the section to read: To protect the integrity of the Accreditation process, NCQA does not accept materials during Reconsideration that did not exist at the time of the original completed survey tool submission. The organization may not submit—and the Reconsideration Committee does not consider—documentation that represents actions taken by the organization after it submitted the survey tool. The organization may not introduce new or additional supporting evidence that was not available during the survey (i.e., with original submission of evidence, or in response to the survey team's questions and initial findings).	**CL**	**7/29/24**