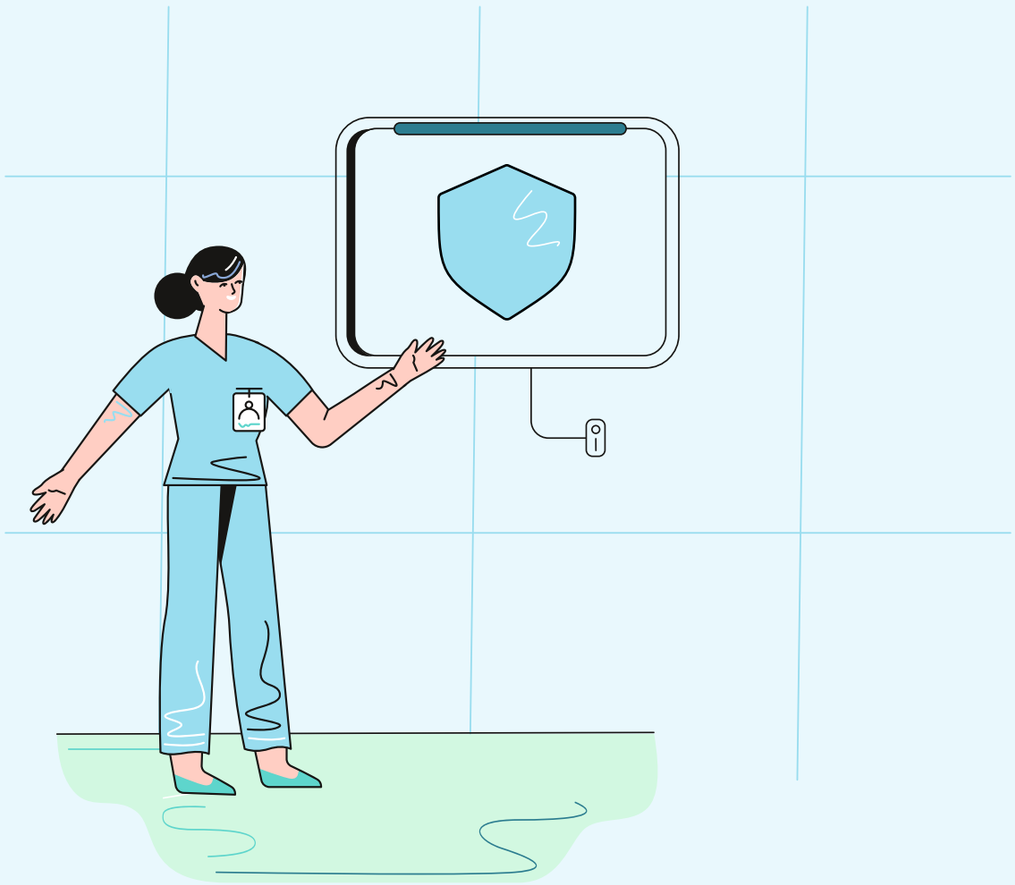
What you need to know regarding 2025 NCQA changes

Starting July 1, 2025, the NCQA is implementing stricter standards for practitioner credentialing and ongoing monitoring. Below, we outline the important updates you need to know and how Medallion is helping your organization remain compliant.

Medallion



It's important to note that NCQA no longer uses the term CVO Certification, and has replaced that language with **Credentialing Certification**. Now, **NCQA's Credentialing Certification program** – formerly Credentialing Verification Organization (CVO) Certification – evaluates verification operations and processes organizations use to continuously improve services provided to clients. Certified organizations conduct verification of practitioners' credentials through the primary source, through an NCQA-recognized source or through a contracted agent of the primary source, and report the information to their clients. They have systems in place to protect the confidentiality and integrity of the credentialing information they collect, and have a process for updating credentialing information when appropriate. ***Medallion is an NCQA Credentialing Certified organization.***

A **Credentialing-Accredited organization** provides the full scope of credentialing services in the standards and guidelines, including verification of practitioner credentials through the primary source, an NCQA-recognized source or a contracted agent of the primary source, a designated credentialing committee that reviews practitioner credentials and makes recommendations, and monitoring practitioner sanctions and exclusions, complaints and quality issues between recredentialing cycles.

Please note the key acronyms:

CRC	Credentialing Certification Standards
CRA	Credentialing Accreditation Standard
CR	Credentialing Core Standards

NCQA element	What is changing?	How is this change met?
Shorter timeframes for credentialing verifications CRC 1 Element A, Factors 1-7	Attestations now need to be completed within **120 days** instead of 305 days. Organizations must notify providers of credentialing committee decisions within **30 days**, instead of 60. Verifications of license to practice, professional liability claims settlement history, state sanctions, Medicare, and Medicaid sanctions must now be completed within **90 days**, down from 120.	Our attestation expiration windows will now align with the new 120-day requirement. PSV expiration dates will be shortened to 90 days.
Race, ethnicity & language data CRA 3 Element A, Factor 6 CRC 10 Element A, Factor 6 CRC 11 Element A, Factor 6	Credentialing organizations are now required to offer providers the option to share their race, ethnicity, and preferred language. Applications must also include a statement that the organization does not discriminate or base credentialing decisions on an applicant's race, ethnicity, or language, and providing the information is optional.	Provider profiles and the credentialing packet will include fields for race, ethnicity, and language, but completing these fields is entirely optional. Non-discrimination language will be included in all credentialing documentation.
Fellowship verification for public-facing materials CRA 1 Element A, Factor 12	If your organization (or your clients) publicly share provider fellowship details, such as in directories, newsletters, or through member services, NCQA now requires that you verify those fellowships.	If you need to meet this requirement, we can collect fellowship information during the provider onboarding process as part of their profile. If your organization decides to share that fellowship information publicly, we will ensure it is verified and included in the credentialing file. *Please be aware that a passthrough fee may apply for the fellowship verification, depending on where the training took place.*
Locum tenens now included in credentialing scope CRA 1 Element A	If your organization utilizes locum tenens, you are required to include those practitioners in your credentialing process. Provisional credentialing is required if these practitioners work less than 60 calendar days. Full credentialing is required if these practitioners work 60 calendar days or more.	If your organization works with locum tenens practitioners, you'll need to decide how you'd like us to handle their credentialing: • **Provisional credentialing** provides a quicker path, allowing locum tenens providers to start practicing temporarily while full credentialing is being completed • **Full credentialing** follows the standard and comprehensive process from the beginning, which is ideal if you expect longer-term or recurring engagements with these providers

NCQA element	What is changing?	How is this change met?
Protecting the integrity of credentialing info CR 2 Element A, All Factors	New requirements focus on credentialing info integrity, ensuring that the data used in credentialing and recredentialing processes is accurate, secure, and free from unauthorized changes.	We have updated our internal System Controls Audit to fully comply with the new CR 2 standards. Our platform already features built-in safeguards, access controls, and audit trails to ensure the integrity of every credentialing file.
Sanction/Exclusion check requirements for Medicaid/ Medicare CRA 4 Element B, Factor 2 CRC 9 Element A, Factor 2	For Medicaid, organizations must obtain sanction info from both the State Medicaid agency and one additional approved source: • AMA Physician Master File • FSMB • NPDB • SAM.gov For Medicare and Medicaid, verification of sanction info must come from at least one of the following sources, depending on the applicable product line: • FEHB Program department record (OPM OIG) • AMA Physician Master File • FSMB • NPDB • SAM.gov	We verify Medicare and Medicaid sanctions through SAM and OIG verification sources, which are included in every credentialing file we complete.
Required sources for Medicare/ Medicaid exclusions CRA 4 Element B, Factor 3 CRC 9 Element A, Factor 3	For Medicaid, exclusion information must be obtained from the State Medicaid agency and one of the following sources: • OIG's List of Excluded Individuals and Entities (LEIE) • NPDB For Medicare, exclusion information must be obtained from at least one of the following sources: • OIG's LEIE • Medicare Exclusion Database • NPDB	We complete all Medicare and Medicaid exclusion checks through required sources as part of the credentialing file.

NCQA element	What is changing?	How is this change met?
Ongoing monitoring for Medicare/ Medicaid exclusions CRA 5 Element A, Factor 2 CRC 12 Element A, Factor 2	For Medicaid, exclusion information must be obtained from the State Medicaid agency and one of the following sources: • OIG's List of Excluded Individuals and Entities (LEIE) • NPDB For Medicare, exclusion information must be obtained from at least one of the following sources: • OIG's LEIE • Medicare Exclusion Database • NPDB	As part of its ongoing monitoring services, we perform Medicaid exclusion checks using NCQA-approved sources.
Monitoring license expiration and sanctions CRA 5 Element A, Factors 1-3 CRC 12 Element A, Factors 1-3	Organizations must regularly review and respond to sanctions, exclusions, limitations, and license expiration data from approved sources. Info from monitoring services must be reviewed: • At least monthly, or • Within 30 calendar days of a new alert, if using a continuous monitoring service	As part of our ongoing monitoring service, we track license expiration dates by pulling data directly from state board PSV sites. Expiration dates are tracked within the platform, with built-in alerts and reporting.

About Medallion

Medallion is the leading provider network management platform that unites provider operations and empowers end-to-end automation workflows for credentialing, enrollment, and monitoring. We free healthcare teams to focus on what matters by enabling healthcare organizations to quickly and accurately manage and grow their provider networks with our AI-powered automation technology. By automating burdensome administration workflows, we enable operations teams to better manage their provider networks, deliver superior care, speed up revenue paths, and elevate provider satisfaction levels.

Recognized as No. 3 on Inc. Magazine's 2024 Fastest-Growing Private Companies in the Pacific Region and a Glassdoor Best Places to Work in 2024, Medallion is paving the future of provider network management. To learn more, visit Medallon.co, or join the conversation on LinkedIn.