

NCQA Corrections, Clarifications and Policy Changes to the 2009 OC-CR Standards and Guidelines July 27, 2009

This document contains the corrections, clarifications and policy changes to the *Standards and Guidelines*. Customers who purchased *2009 OC-CR Standards and Guidelines* must incorporate these updates into their publication and implement the updates in their organization's processes. This document lists current updates first, then lists previous updates.

- A **correction** is a change made to an error in *Standards and Guidelines*
- A **clarification** is additional information that clarifies an existing standard or requirement
- A **policy change** is notification of a revised requirement.

Strikethrough text indicates the item has been updated or is obsolete. NCOA identifies the appropriate page number, standard, element and head or subhead for each item. Unless otherwise denoted by "NA" (not applicable), these requirements must be met by organizations undergoing surveys under the *2009 OC-CR Standards and Guidelines*.

Page	Standard/ Element	Head/Subhead	Issue/Resolution	Type of Update	Posting Date
3	Overview	Standards and Guidelines—Data source	Replace definition of "materials" with: Prepared content that the organization provides to its members and practitioners, including written and electronic communication; Web sites; scripts; brochures; reviews and clinical guidelines; contracts or agreements with practitioners, delegates and vendors.	CL	7/27/09
32	CR 1, Element A	Explanation—Appropriate documentation	Delete the last sentence in first paragraph, which reads: Pencils are not an acceptable writing instrument for documentation.	CO	7/27/09
33	CR 1, Element A	Explanation—Delegation	Add the following as the second paragraph: If the organization serves as a delegate for a health plan that is coming forward for MA Deeming Survey, it may be required to meet additional CMS requirements.	CL	7/27/09
33	CR 1, Element A	Explanation— Nondiscriminatory credentialing and recredentialing	Delete the word "solely" in the first bullet.	CL	7/27/09
48	CR 3, Element B	Explanation—Malpractice history	Add "or HIPDB" immediately following "NPDB" in the first sentence.	CL	7/27/09
50	CR 4, Element A	Explanation—History of actions against applicant	Delete the second paragraph, which reads: An application must contain a history of loss of license and felony convictions and a history of all past and present issues regarding loss or limitation of clinical privileges at all facilities or organizations where the practitioner has had privileges.	CO	7/27/09
63	CR 7, Element A	Summary of changes	Delete the following: <ul style="list-style-type: none"> • Added requirement for verification of expired board certification (Element B). 	CL	7/27/09
72	CR 10, Element A, factor 3	Explanation—Site visits for unaccredited facilities	Revise the last paragraph to read: The organization must obtain the report from the institution to verify that the review was performed and that the report meets its standards; however, a letter from CMS or the state indicating that the facility was reviewed and passed inspection is acceptable in lieu of the survey report if the organization reviewed and approved CMS or state criteria as meeting its standards.	CL	7/27/09

**NCQA Corrections, Clarifications and Policy Changes to the 2009 OC-CR Standards and Guidelines
July 27, 2009**

Page	Standard/ Element	Head/Subhead	Issue/Resolution	Type of Update	Posting Date
79	CR 11, Element A	Explanation—Specific responsibilities	Remove "medical record keeping" in the third bulleted item.	CO	7/27/09
82	CR 11, Element D	Look-back period	Revise the look-period to read: <i>For Initial and Renewal Surveys:</i> NCQA looks for evidence of completion of the required activities within the 12 months prior to the survey date.	CO	7/27/09
82	CR 11, Element D	Explanation	Add as the last sentence before the exception: If the organization amends the delegation agreement to include additional activities less than 12 months prior to the survey date, a predelegation evaluation must be performed for the additional activities.	CL	7/27/09
83	CR 11, Element E	Explanation	Revise the two bullets to read: The organization must use one of the following two auditing methods. <ul style="list-style-type: none"> • The organization may audit either 5 percent or 50 of the delegates' practitioner files, whichever is less, and with a maximum of 50 files, to ensure that information is appropriately verified; however if fewer than 10 practitioners were credentialed or recredentialed within the look-back period, the organization must audit the universe of files rather than a sample. At a minimum, the sample must include at least 10 credentialing files and 10 recredentialing files. • The organization may use the NCQA 8/30 methodology available at http://www.ncqa.org/tabid/125/Default.aspx to review delegate files for credentialing and recredentialing. 	CL	7/27/09
2-3	Appendix 2	What Is Delegation?	Replace the last two sentences in the first paragraph with: Although the organization does not directly perform delegated functions, it must oversee them to ensure that the delegate is performing the functions in accordance with NCQA standards. The organization may reclaim the responsibility for delegated functions at any time.	CL	7/27/09
2-3	Appendix 2	What Is Delegation?— The organization's responsibility	Delete the first sentence and revise the last sentence of the second paragraph to read: An organization that delegates activities associated with any of the five categories of NCQA standards must demonstrate that it can evaluate performance and implement improvements, as needed, across its network.	CL	7/27/09
2-3	Appendix 2	What Is Subdelegation?	Revise the last sentence of the second paragraph to read: The organization is ultimately accountable for functions addressed by NCQA standards performed by both the delegate and subdelegate on its behalf.	CL	7/27/09
2-3	Appendix 2	Authority vs. Accountability— Accountability	Delete the second sentence and revise the last sentence of the paragraph to read: The organization gives a delegate the authority to act on its behalf, but it remains accountable for a particular function addressed by the NCQA standards to be carried out in accordance with the standards.	CL	7/27/09
3-4	Appendix 3	Glossary—Definition of Delegation	A formal process by which the organization gives another entity the authority to perform certain functions on its behalf. Although the organization may delegate the authority to perform a function, it may not delegate the responsibility for ensuring that the function is performed appropriately.	CL	7/27/09

**NCQA Corrections, Clarifications and Policy Changes to the 2009 OC-CR Standards and Guidelines
July 27, 2009**

Page	Standard/ Element	Head/Subhead	Issue/Resolution	Type of Update	Posting Date
Previously Posted Updates					
9	Policies and Procedures	Organization's obligations	Replace "(the Contract)" with "(The Agreement)"	CL	3/30/09
10	Policies and Procedures	Survey fee	Replace "the Contract" with "The Agreement" in the second paragraph.	CL	3/30/09
10	Policies and Procedures	Survey Tool and Readiness Evaluation	Replace "Contract" in the second paragraph with "The Agreement"	CL	3/30/09
11	Policies and Procedures	Reports and results	Replace the subhead " Reports and results " with " Results. "	CL	3/30/09
11	Policies and Procedures	Reports and results	Replace "Reports and numeric results" with "results" in the first and second paragraphs.	CL	3/30/09
11	Policies and Procedures	Reports and results	Revise the third sentence in the first paragraph to read: NCOA incorporates the decision, and any changes recommended by the ROC, to generate the final results. Results are not final until the ROC evaluates them.	CL	3/30/09
11	Policies and Procedures	Reports and results	Delete "reports or numeric" from the second paragraph.	CL	3/30/09
12	Policies and Procedures	Expiration of Certification Status	Revise the language to read: An organization that has allowed its accreditation status to lapse may bring its products through for accreditation again. If its accreditation status has expired or has been withdrawn for less than two years, the look-back period for a Renewal Survey applies. If its accreditation status has expired or has been withdrawn for more than two years, the look-back period for in itial survey applies. The Introductory Survey option does not apply to either situation.	CL	3/30/09
13	Policies and Procedures	Adjusting Certification Status	Delete the subhead Adjusting Certification Status so the new subhead becomes Must-Pass Elements.	CL	3/30/09
15	Policies and Procedures	Releasing information	Replace "the Contract" in the last bullet with "The Agreement."	CL	3/30/09
16	Policies and Procedures	Right to release and publish	Replace " the contract" in the third paragraph with "The Agreement" in the third bullet.	CL	3/30/09
16	Policies and Procedures	Maintaining Certification	Move the subhead "Renewal Survey"to immediately above the first paragraph and revise the first paragraph to read: Every three years, the organization must complete another Agreement, submit all requisite fees and undergo a Full Accreditation Survey to renew its accreditation status. NCOA assigns a date when the organization receives its results from the Accreditation Survey.	CL	3/30/09
17	Policies and Procedures	Scheduling	Replace "contract" with "Agreement" in the first paragraph.	CL	3/30/09
20	Policies and Procedures	Onsite survey	Capitalize and bold the last sentence in the first paragraph: FILE REVIEW RESULTS MAY NOT BE APPEALED ONCE THE ONSITE SURVEY IS COMPLETED.	CL	3/30/09

**NCQA Corrections, Clarifications and Policy Changes to the 2009 OC-CR Standards and Guidelines
July 27, 2009**

Page	Standard/ Element	Head/Subhead	Issue/Resolution	Type of Update	Posting Date
Previously Posted Updates					
22	Policies and Procedures	ROC review	Replace "the Contract" with "The Agreement" in the fourth paragraph.	CL	3/30/09
26	Policies and Procedures	Grounds for revoking status	Replace "the Contract" with "The Agreement" in the first bullet in the second paragraph.	CL	3/30/09
30	CR 1, Element A	Explanation—Practitioners who need to be credentialed	Add as the last sentence under the first bullet: However, the organization must credential each practitioner for which it has an independent relationship.	CO	3/30/09
45	CR 3, Element B	Explanation—Education and training: Completion of residency training	Add as the last bullet under Completion of residency training for physicians: <ul style="list-style-type: none"> • FCVS for closed residency programs 	CL	3/30/09
47	CR 3, Element B, Factor	Explanation—Verification of dentist board certification through verification of nonphysician behavioral healthcare professional board certification	Revise the two bullets under Verification of dentist board certification and Verification of podiatric board certification to read: <ul style="list-style-type: none"> • Appropriate specialty board, if the organization provides documentation that the specialty board performs primary-source verification of education and training. At least annually, the organization must obtain written confirmation from the board that it performs primary-source verification of education and training. • State licensing agency, if the organization provides documentation that the state agency performs primary-source verification of board status. At least annually, the organization must obtain written confirmation from the state licensing agency that it performs primary-source verification of board status. Revise the three bullets under Verification of nonphysician behavioral healthcare professional board certification to read: <ul style="list-style-type: none"> • Appropriate specialty board, if the organization provides documentation that the specialty board performs primary-source verification of education and training. At least annually, the organization must obtain written confirmation from the board that it performs primary-source verification of education and training. • State licensing agency, if the organization provides documentation that the state agency performs primary-source verification of board status. At least annually, the organization must obtain written confirmation from the state licensing agency that it performs primary-source verification of board status. • Registry, if the organization provides documentation that the registry performs primary source verification of board status. At least annually, the organization must obtain written confirmation from the registry agency that it performs primary source verification of board status. 	CL	3/30/09
64	CR 7, Element A	Explanation—Exceptions	Delete the first sentence that reads: Element A is NA for appropriate practitioner types in the following circumstances.	CO	3/30/09

**NCQA Corrections, Clarifications and Policy Changes to the 2009 OC-CR Standards and Guidelines
July 27, 2009**

Page	Standard/ Element	Head/Subhead	Issue/Resolution	Type of Update	Posting Date
Previously Posted Updates					
81	CR 11, Element C	Exceptions	Revise the language to read: This element is NA in the following circumstances. <ul style="list-style-type: none"> • The organization does not delegate CR activities • The organization does not delegate credentialing decision making. In this case, the organization is not required to state its right to approve, terminate or suspend practitioners in the delegation agreement. 	CL	3/30/09
82	CR 11, Element D	Explanation	Add the following as the second paragraph: The organization must evaluate the potential delegate before implementing delegation. Evaluation usually involves a site visit and a written review of the delegate's understanding of the standards and the delegated tasks, staffing capabilities and performance records, but it may also be accomplished through an exchange of documents or through predelegation meetings.	CO	3/30/09