Standards and Guidelines for the Accreditation of Case Management Programs
Acknowledgments

NCQA is pleased to release the 2017 Standards and Guidelines for Case Management Accreditation, effective for surveys beginning on or after January 30, 2017. The standards and guidelines are included within the CM Survey Tool in a web-based format or may be purchased separately through the NCQA Store in a standalone epub format.

Updating the standards and guidelines would not have been possible without a team effort by the staff of these NCQA departments: Product Design and Support, Accreditation and Recognition Operations, Quality Measurement and Research Group, Information Technology and Information Systems, Marketing, Public Policy, Communications.

The Standards Committee also provided invaluable insight to help create NCQA’s Case Management Accreditation program. In addition, NCQA received important input from providers, health plans, purchasers, consumers, policymakers and others who offered suggestions on the standards and measures during the public comment period.

The NCQA Long-Term Services and Supports (LTSS) Advisory Committee helped shape the new LTSS Distinction program. We are grateful to the SCAN Foundation and the John A. Hartford Foundation, without whose support this work would not be possible.

Sincerely,

Margaret E. O’Kane
President, NCQA
## Acknowledgments

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Overview

Notable Changes for 2017

Changes to the Policies and Procedures

- Updated Section 2: Other Information NCQA May Consider to add a statement regarding HIPAA noncompliance and accreditation status.
- Updated Section 5: Discretionary Survey to add a statement that Discretionary Surveys are based on the standards in effect at the time of the survey.
- Added Section 6: Long-Term Services and Supports (LTSS) Distinction.

Changes to the Standards and Guidelines

- Restructured and clarified the standards and guidelines.
  - Simplified and revised the scope of review to clarify documentation required for Initial and Renewal Surveys.
  - Structural elements and activities that may not be delegated are identified.
  - Introduced the term “critical factor” to replace the language that reads, “…including factor…” in the scoring guidelines.
  - Simplified and clarified explanation content and removed ambiguity.
  - Reorganized the explanation and examples by factor.
  - Related Information subsection that addresses special situations that may arise relative to the requirements and provides information to help the organization save time and resources. Not every element contains Related Information subhead and text.
- Replaced “psychosocial issues” with “social determinants of health” in CM 2, Element D: Initial Assessment Process.
- Replaced “health behaviors” with “health beliefs and behaviors” in CM 2, Element E: Initial Assessment (file review).
- Revised CM 5: Care Transitions.
  - Added Element B: Follow-Up After Hospitalization as factor 7 in Element A: Process for Transitions of Care.
  - Added factor 8 to Element A: Process for Transitions of Care and revised scoring.
  - Set critical factor scoring at 50% for CM 5, Element A, factor 7.
- Added “health literacy” as a factor and revised scoring in CM 7, Element C: Initial Training for Staff.
- Updated CM 8: Rights and Responsibilities.
- Updated point allocation for all elements across all standards.
- Added a voluntary LTSS distinction module.

Changes to the Appendices

- Appendix 1:
  - Updated points for all standards to account for eliminated requirements.
  - Added LTSS distinction module points.
- Consolidated appendices for delegation and automatic credit into Appendix 2: Delegation and Automatic Credit Guidelines.
- Defined LTSS-specific terms in Appendix 4: Glossary.
NCQA Case Management Accreditation

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet the comprehensive medical, behavioral health and social determinants of health of patients and their families, while promoting quality, cost-effective outcomes. The goal of case management is to help patients regain optimum health or improved functional capability, cost-effectively and in the right setting.

Although the definition of "case management" varies among organizations, common to all is the focus on assessment, planning, monitoring and care coordination. Typically, case management programs concentrate on patients who are at high risk of experiencing costly hospitalizations or adverse health outcomes as a result of complex social, behavioral or medical needs. NCQA assesses health plan case management activities in QI 5: Complex Case Management in its Health Plan Accreditation program, and evaluates primary care practice care management activities in its Patient-Centered Medical Home (PCMH) Recognition program.

As NCQA continues to promote population health management through accreditation, certification and recognition programs, the addition of a case management accreditation program furthers our goal of improving quality across the continuum of care. This goal is echoed in the Patient Protection and Affordable Care Act of 2010 (ACA), which requires health plans to report on coverage benefits and health care provider reimbursement structures that "improve health outcomes through the implementation of activities such as quality reporting, effective case management, care coordination, chronic disease management, and medication and care compliance initiatives, including through the use of the medical homes model for treatment or services under the plan or coverage."

NCQA drew on its expertise in evaluating case management activities to develop this program. Unique to this accreditation product is a focus on effective handling of care transitions and adaptations to suit programs that are standalone or based in the community, delivery system or health plan.

The CM Accreditation Development Process

NCQA’s Case Management Accreditation standards reflect a comprehensive review of industry standards of practice and include feedback from various stakeholders and resources: health plans, case management industry leaders, population health management vendors, state-operated programs, consumers and purchasers.

NCQA staff conducted literature reviews; held informational interviews with health plans and case management industry leaders, including the Care Continuum Alliance and Case Management Society of America; and convened a case management expert panel that provided invaluable information for standards development. In addition, we obtained input from our stakeholder councils (i.e., the Consumer Advisory Council, the Public Sector Advisory Council and the Purchaser Advisory Council). The case management standards were presented to the NCQA Standards Committee and NCQA’s Board of Directors for discussion and final approval.
The CM LTSS Distinction Module

Long-Term Services and Supports (LTSS) include a broad range of supportive services that people may need—for weeks, months or years—when they have difficulty completing self-care tasks as a result of aging, chronic illness or disability. Of the almost 11 million people who receive LTSS, 43 percent are between 18 and 65 years of age and have physical or developmental disabilities; 57 percent are elderly. People 85 and older are four times more likely to need LTSS than people 65–84.

The need for LTSS is expected to increase as the elderly population continues to grow. The population of people 65 and older is projected to more than double by 2050, to 89 million, and an estimated 70 percent will use LTSS at some point in their lives.

The goal of LTSS is to establish a person-driven support system that provides people with choice, control and access to a full array of quality services that ensure optimal outcomes, such as independence, health and quality of life. These services are vital in helping millions of Americans live more independent lives by allowing them to remain in their preferred setting—often, their home and community.

NCQA Long-Term Services and Supports Distinction was designed to support health plans that coordinate LTSS. The distinction module is voluntary. Refer to Section 6: LTSS Distinction.

The LTSS module provides a framework for organizations to deliver efficient, effective person-centered care that meets people’s needs, helps keep people in their preferred setting and aligns with state requirements. Earning NCQA Distinction can help organizations:

- **Become more efficient.** A focus on coordinated care, training and measurement can help organizations reduce errors and duplicated services.
- **Integrate care better.** Standards can help organizations improve communication between individuals, caregivers, providers, payers and other organizations coordinating care.
- **Provide person-centered care.** Standards focus on person-centered services, which can lead to better care planning and monitoring.
- **Support contracting needs.** Standards align with the needs of states. NCQA-Accredited organizations demonstrate that they’re ready to be trusted partners in coordinating LTSS services.

The LTSS requirements were developed through a comprehensive review of industry best practices, Stakeholder Advisory Committee discussions, work with a learning collaborative of CBOs and MLTSS organizations and feedback from our public comment period.

The Changing LTSS Landscape

Historically, LTSS has been delivered under a fee-for-service system, but under new federal waivers, states have begun entrusting LTSS coordination and management to MCOs. The delivery of LTSS through capitated managed care programs is called “managed long-term services and supports.

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Overview

The number of states with MLTSS programs increased from 8 in 2004 to 18 in 2015, and at least 9 more states are planning to implement or expand their programs.\(^5\)

The delivery of services comes in various forms. Some MLTSS plans are responsible solely for LTSS, while others (comprehensive MCOs) are responsible for both medical care and LTSS. Both can coordinate LTSS directly or delegate the coordination of services to community-based organizations (CBO), such as Area Agencies on Aging (AAA).

Coordinating LTSS

The fragmented nature of America’s health care delivery system can be especially challenging for people who need both medical care and LTSS. The Affordable Care Act mandates that states develop community-based, person-centered LTSS systems.\(^7\) With different organizations assuming responsibility for managing LTSS, it is important that both health plans and CBOs implement best practices for person-centered care planning, effective care transitions and ongoing quality improvement. Effective coordination between clinicians, caregivers and community service providers will result in a better-served population and may reduce the need for acute medical care and prevent or delay nursing home placement, thereby reducing total costs.\(^8\)

Real-World Perspectives

Members of the learning collaborative piloted the standards to provide NCQA with real-world perspectives from organizations that actively coordinate LTSS. NCQA received invaluable insights from those organizations:

- The standards brought to our attention the processes and procedures we were already doing as part of person-centered care planning that should be documented.
- We found that the standards helped solidify our existing processes and policies and after measuring our performance we discovered areas that needed additional focus.
- The standards help us bring into alignment what we are doing and what we need to do related to our goal of creating integrated partnerships.
- Interestingly you find out going through the pre-assessment that you’re doing some of the recommended actions but you just don’t have the policies.
- The standards force you to look at things in a different way through the measurements that define the elements.

CM Accreditation Standards

<table>
<thead>
<tr>
<th>CM 1: Program Description</th>
<th>The organization’s case management program description, includes the evidence base from which the program was built. The organization reviews and adopts new findings as they become available.</th>
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<tbody>
<tr>
<td>CM 2: Patient Identification and Assessment</td>
<td>The organization systematically identifies patients for case management and performs initial assessments.</td>
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\(^5\) https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Medicaid-Managed-Long-Term-Services-and-Supports-MLTSS.html


\(^7\) http://www.acl.gov/Programs/CIP/OCASD/docs/2402-a-Guidance.pdf

\(^8\) http://www.n4a.org/files/n4a_policybrief_July2012_Web.pdf
CM 3: Care Planning
The organization has a process to create individual care plans.

CM 4: Care Monitoring
The organization has systems in place to support case management activities, and monitors individualized care plans.

CM 5: Care Transitions
The organization has a process for managing care transitions, identifying problems that cause unplanned transitions and preventing unplanned transitions, when possible.

CM 6: Measurement and Quality Improvement
The organization measures and works to improve patients’ experience, in addition to program effectiveness and participation rates.

CM 7: Staffing, Training and Verification
The organization provides training and oversight to its staff, and verifies licensure for staff, as appropriate.

CM 8: Rights and Responsibilities
The organization communicates its commitment to the rights of patients and its expectations of patients’ responsibilities.

CM 9: Delegation of CM
If the organization delegates case management activities, there is evidence of oversight of delegated activities.

Accreditation Scoring System and Status Levels

Each CM standard has one or more elements; each element has designated points and is scored separately. Standard points total 100. Accreditation levels are determined by the number of points the organization receives NCQA awards a single accreditation status that applies to all programs that pass the applicable accreditation requirements:
- Accredited—3 Years.
- Accredited—2 Years.
- Denied.

Where to Find Specific Information

The Standards and Guidelines include policies and procedures, standards and elements, scoring guidelines and appendices.

Policies and Procedures

- Information on organizations eligible for accreditation
- Responsibilities of organizations seeking accreditation.
- Accreditation status information.
- Information on applying for NCQA Accreditation.
- Information on the Survey Tool and readiness evaluation.
- Information on reporting accreditation results.
- Information on the Accreditation Survey process.
- Information on the Reconsideration process.
- Information on attaching documents and submitting the survey tool.
Overview

Accreditation Standards,

- The standards, elements and factors.
- A summary of changes from the previous standards year.
- Scoring guidelines describing requirements for each standard, element and factor.
- Information about how an organization can demonstrate performance against the element’s requirements.
- Data sources used to demonstrate how we meet an element.
- The scope of review.
- The look-back period.

See the Appendices for…

- Standard and Element Points for 2017 (Appendix 1).
- Delegation and Automatic Credit Guidelines (Appendix 2).
- Mergers, Acquisitions and Consolidations for CM Organizations (Appendix 3).
- Glossary (Appendix 4).

Note: Organizations that contract with NCQA-Accredited/Certified organizations can reduce the amount of delegation oversight required for CM accreditation, and may also be eligible for automatic credit for activities covered in the delegate’s NCQA Accreditation/Certification Survey. Refer to Appendix 2 for information on delegation requirements.

Other Important NCQA Information

NCQA publications, user groups and educational programs facilitate the evaluation process. They help plans succeed by making the path to performance-based accreditation accessible and feasible. In addition to the ISS, there is a variety of information to help organizations prepare for an NCQA survey:

- NCQA produces many publications relevant to organizations. Call NCQA Customer Support at 888-275-7585 or go to the NCQA website (www.ncqa.org).
- Access policy clarifications from the NCQA Policy Clarification Support (PCS) system on the NCQA Web page (http://my.ncqa.org). General questions are usually answered within 2 business days; complex questions are usually answered within 30 days.
- Find corrections, clarifications and policy changes to this publication at http://www.ncqa.org/tabid/119/Default.aspx/.
- Find frequently asked questions (FAQ) at http://ncqa.force.com/faq/FAQSearch. FAQs are updated on the 15th of the month or on the first business day following the 15th of the month.
- Organizations that are involved in NCQA Accreditation and Certification activities are encouraged to join the Accreditation and Certification Users Group (ACUG). The ACUG provides a learning and development platform for members to discuss updates applicable to their organization’s procedures. Membership benefits include a monthly newsletter; WebEx discussions; and vouchers for publications, educational conferences and Quality Compass. For more information, e-mail acug@ncqa.org or go to http://www.ncqa.org/programs/accreditation/accreditation-certification-users-group-acug for a full description of the program.
- NCQA educational seminars provide valuable information on NCQA standards, the survey process and HEDIS. Course offerings range from a basic introduction to NCQA standards and HEDIS measures to advanced techniques for quality improvement. Visit the NCQA Web site or call NCQA Customer Support at 888-275-7585.
• NCQA can help organizations determine a suitable product, based on eligibility and program structure. Organizations new to the NCQA Accreditation/Certification process can get step-by-step guidance on the application process, an overview of policies and procedures, the fee structure, the timelines and survey preparation. Contact ApplicationsandScheduling@ncqa.org.

Other NCQA Programs

NCQA offers the following accreditation programs:
- Accountable Care Organization (ACO).
- Case Management of Long Term Services and Supports (CM-LTSS).
- Disease Management (DM).
- Health Plan (HP).
- Managed Behavioral Healthcare Organization (MBHO).
- Wellness & Health Promotion (WHP).
- Utilization Management, Credentialing and Provider Network (UM/CR/PN).

NCQA offers the following certification programs:
- Credentials Verification Organization (CVO).
- Disease Management (DM).
- Health Information Products (HIP).
- Physician Hospital Quality (PHQ).
- Wellness and Health Promotion (WHP).

NCQA offers the following recognition programs:
- Diabetes Recognition (DRP).
- Heart/Stroke Recognition (HSRP).
- Patient-Centered Connected Care™.
- Patient-Centered Medical Home (PCMH).
- Patient-Centered Specialty Practice (PCSP).
- Oncology Medical Home (PCMH-O).
- School-Based Medical Home (SBMH).

NCQA offers the following evaluation programs:
- New York Ratings Examiner Reviews (NYRx).

NCQA offers the following distinction programs:
- Long-Term Services and Supports (LTSS) for NCQA-Accredited Health Plans and MBHOs.
- Multicultural Health Care (MHC).

NCQA offers the following distinction programs for recognized PCMHs:
- Patient Experience Reporting.
- Behavioral Health Integration.
- Electronic Quality Measures (eCQM) Reporting.
Policies and Procedures
Section 1: Eligibility and the Application Process

Summary of Changes

- November 20, 2017:
  - Updated the NCQA address to “1100 13th Street NW, Third Floor Washington, DC 20005” under Application request.
  - Added a bullet under Processing criteria stating that the organization must provide a Business Associate Agreement in its application.
  - Added a note under Organization Obligations that Discretionary Surveys review organizations against the standards in effect at the time of the Discretionary Survey.

Eligibility for Accreditation

Organizations that meet the following criteria may apply for NCQA Accreditation:

- Have been in operation for at least 6 months.
- Provide CM programs that deliver a broad range of services for complex or high-risk populations.
- Perform functions covered in the accreditation program or arrange for the functions to be performed, directly or through a service agreement.
- Comply with applicable federal, state and local laws and regulations, including all licensure requirements.
- Do not discriminate based on gender, sexual orientation, race, creed or national origin.
- Manage a sufficient number of individuals to constitute a valid sample for NCQA evaluation, where standards require patient file review.

Types of organizations

Many different types of organizations perform case management functions. NCQA considers entities that perform relevant functions to be eligible for NCQA CM Accreditation, including, but not limited to:

- CM organizations.
- Population health management organizations.
- Health plans.
- Managed behavioral healthcare organizations (MBHO).
- Provider-based organizations, including medical groups, hospitals, integrated delivery systems, patient-centered medical homes (PCMH) and accountable care organizations (ACO).
- Community care teams.

Programs

In coming forward for CM accreditation, the organization designates the programs it wants evaluated, which may include, but are not limited to:

- Complex case management. Programs aimed at patients who have experienced a critical event or diagnosis that requires extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services. Program reach goes beyond providing case management for one complex condition (e.g., transplant patients) or to members already enrolled in the organization’s disease management (DM) programs.

- Transitional case management. Programs focused on evaluating and coordinating the post-hospitalization needs for patients who may be at risk of rehospitalization.
- **High-risk and high utilization.** Programs aimed at patients who are high users of emergency department (ED) services, those with frequent hospitalizations or high-risk individuals, such as patients dually eligible for Medicare and Medicaid or patients with high-risk pregnancies.

- **Hospital case management.** Programs designed to coordinate care for patients during an inpatient admission and discharge planning.

- **Organization defined programs.** The organization may bring forward other types of programs aimed at providing case management services for populations it has selected.

### Right to Decline to Survey

Although NCQA makes every effort to determine that an organization meets the stated criteria in advance of a survey, NCQA reserves the right to decline an organization, to suspend an ongoing survey or to withhold accreditation if it determines that an organization does not meet criteria.

### How NCQA Defines an Eligible Entity

NCQA’s determination about the appropriate entity or entities that must seek and obtain accreditation status is based on the legal entity, management structure and delivery system that supports the program NCQA accredits. NCQA’s goal is to identify the organization that is legally accountable for services offered to eligible individuals and provided to participants or clients. NCQA awards a single CM accreditation status at the organization level, and considers the following structural factors when deciding how to define the accreditable entity.

- **Legal entity**
  
  NCQA identifies the organization that is legally accountable for case management services offered to eligible individuals and provided to participants or clients.

- **Centralization**
  
  NCQA considers the degree to which key functions assessed by the standards are centralized. If key functions are decentralized, with distinct policies and procedures, NCQA may determine there is more than one entity that must be accredited.

  If the organization consists of multiple legal entities but otherwise operates as a single organization (i.e., same management structure; centralized key functions, including quality improvement and interventions for patients), NCQA may award accreditation decisions for each legal entity, and may evaluate centralized functions once and apply the results of the evaluation to each legal entity.

- **Licensure**
  
  NCQA considers licensure, if applicable. The organization may have multiple licenses, especially if its operations cross state lines.

### Applying for an NCQA Survey

**Application request**

Applications for Accreditation Surveys be ordered online at no charge at http://web.ncqa.org/publications or by contacting NCQA Customer Support at:

**National Committee for Quality Assurance**

1100 13th Street NW, Third Floor

Washington, DC 20005

888-275-7585

**Survey application**

Organizations identify the programs for which they seek accreditation. The completed application contains relevant information about an organization (e.g., its structure, products that will be surveyed)
This information helps NCQA structure a survey around the operational characteristics of the organization.

**Processing criteria**

NCQA only processes complete applications that include:

- A signed, current Agreement for NCQA Case Management Accreditation Survey (“the Agreement”).
  
  **Note:** Unless state or other applicable law requires modifications, all organizations are expected to sign the Agreement. Requests to change the standard Agreement due to statutory conflicts must be approved by NCQA, and must be submitted at least 12 months before the requested survey date.

- A current, signed Business Associate Agreement.

- The application fee.

**Application timeline**

Organizations should submit the complete application a **minimum of nine months** before the requested survey date. If an organization submits complete materials less than nine months before it wants to be surveyed, NCQA may not be able to accommodate the requested survey date.

**Survey fee**

All pricing policies and survey fees are specified in Exhibit A of the Agreement.

**Organization Obligations**

By applying for NCQA Accreditation and thereby applying for an NCQA survey, the organization agrees to be bound by the Agreement for NCQA Case Management Accreditation Survey (the “Agreement”). As part of the accreditation process, the organization must:

- Purchase a license to access and use the NCQA Web-based Interactive Survey System (ISS) Survey Tool. When the survey is in process, access and use the Interactive Review Tool (IRT).

- Organizations must purchase a separate license for each legal entity applying for survey.

- Agree to continue to meet the requirements of the applicable NCQA Standards and Guidelines throughout the entire period when the accreditation status on the standards is valid.

  **Note:** If NCQA conducts a Discretionary Survey, it reviews the organization against the standards in effect at the time of the Discretionary Survey. Refer to Discretionary Survey in Section 5: Additional Information.

Organizations must complete the survey process once the survey begins.
Section 2: The Accreditation Process

How Organizations Are Evaluated

NCQA evaluates organizations on their performance against each accreditation standard for each accreditable entity. NCQA awards a single accreditation decision, even if an organization brings forward multiple programs. Organizations must undergo a full-scope Accreditation Survey at least once every two or three years, based on the accreditation level achieved.

Accreditation Status

Determining status

Accreditation is based on NCQA’s assessment of an organization’s performance against the required standards and elements.

Points are assigned to each standard and element. NCQA evaluates each element separately and assigns a performance level of 100%, 80%, 50%, 20% or 0%. The organization receives a percentage of element points by assigned performance level. The total point value for the standard is the sum of the point values for each element. Accreditation status is based on the overall standards score.

Scoring thresholds associated with each status are shown in the table below. Earning any level of accreditation requires achieving the necessary point score.

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Standards Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited—3 years</td>
<td>85–100</td>
</tr>
<tr>
<td>Accredited—2 years</td>
<td>70–84.99...</td>
</tr>
<tr>
<td>Denied</td>
<td>Below 70</td>
</tr>
</tbody>
</table>

Minimum requirements

NCQA does not round the organization’s numerical standards score when determining accreditation status. For example, an organization with a score of 84.50 is eligible for “Accredited—2 years” status, not “Accredited—3 years” status.

NCQA is not bound by any numerical or quantitative scoring system or other quantitative guidelines or indicators that, in its sole discretion, it may have used, consulted or issued to assist surveyors and others during the course of the evaluative process.

Determination

NCQA’s Review Oversight Committee (ROC), an independent review committee composed of physicians external to NCQA, determines which status the organization receives. Upon completion of its review, the ROC renders a decision for accreditation. The ROC’s decision is final.

The decision and resulting status designation are based on the ROC’s determination and NCQA’s professional evaluation.

Accredited—3 years

The organization demonstrated strong performance of the functions outlined in the standards for CM accreditation.

Accredited—2 years

The organization demonstrated performance of the functions outlined in the standards for CM accreditation.

Denied

The organization did not meet NCQA Accreditation requirements during the survey.
## A Standard's Structure

Each standard contains the following information.

<table>
<thead>
<tr>
<th>Standard statement</th>
<th>States acceptable performance or results.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent statement</td>
<td>States the goal of the standard.</td>
</tr>
<tr>
<td>Summary of changes</td>
<td>Revisions to the standards and guidelines from the prior standards year are organized into three categories.</td>
</tr>
<tr>
<td></td>
<td>1. <strong>Additions</strong>—New requirements.</td>
</tr>
<tr>
<td></td>
<td>2. <strong>Deletions</strong>—Retired requirements.</td>
</tr>
<tr>
<td></td>
<td>3. <strong>Clarifications</strong>—Revisions based on frequently asked questions from customers, surveyors and NCQA staff.</td>
</tr>
<tr>
<td>Element</td>
<td>The scored component of a standard that provides details about performance expectations. NCQA evaluates each element to determine how well the organization meets the standard’s requirements. Each standard has one or more elements. Refer to Appendix 1: Standard and Element Points for 2017.</td>
</tr>
<tr>
<td>Factor</td>
<td>A scored item in an element. For example, an element may require the organization to demonstrate that its policies and procedures include four items; each item is a factor.</td>
</tr>
<tr>
<td>Critical factor</td>
<td>A basic requirement the organization must meet to achieve the objectives of the element, or an essential component of the element that exists to protect organization members. The organization must meet the critical factor to be eligible to earn an element score above the established point-value threshold (i.e., *Critical factors: Score cannot exceed 50% if critical factors are not met). The following elements have critical factors:</td>
</tr>
<tr>
<td></td>
<td>• CM 1, Element A: Program Description (factor 1).</td>
</tr>
<tr>
<td></td>
<td>• CM 5, Element A: Process for Transitions of Care (factor 7).</td>
</tr>
<tr>
<td></td>
<td>• LTSS 1:</td>
</tr>
<tr>
<td></td>
<td>– Element A: Program Description (factor 3).</td>
</tr>
<tr>
<td></td>
<td>– Element G: Person-Centered Assessments (factors 1, 2).</td>
</tr>
<tr>
<td></td>
<td>– Element H: Person-Centered Care Planning Process (factor 1).</td>
</tr>
<tr>
<td>Scoring</td>
<td>The level of performance the organization must demonstrate to receive a specified percentage of element points. For each element, scoring specifies factors or other aspects of the element that the organization must meet to achieve each percentage of points. Scoring considers requirements in the element, scoring text, scope of review, data source and explanation.</td>
</tr>
<tr>
<td></td>
<td>Each element has up to five possible scoring levels (100%, 80%, 50%, 20%, 0%). Many elements do not have all five scoring levels; some may have only two scoring levels (100% and 0%). A scoring level that does not apply to an element is indicated by &quot;No scoring option&quot; in the appropriate box. Refer to Appendix 1: Standard and Element Points for 2017.</td>
</tr>
</tbody>
</table>
If an element does not apply (e.g., some elements are NA for Initial Surveys), it is scored “NA” and its points are allocated proportionally to the other elements in the standard, based on their respective point values.

**Data source**

Types of documentation or evidence that the organization uses to demonstrate performance on an element. NCQA defines four types of data sources.

1. **Documented process**—Policies and procedures, process flow charts, protocols and other mechanisms that describe an actual process used by the organization.
2. **Reports**—Aggregated sources of evidence of action or compliance with an element, including management reports; key indicator reports; summary reports from patient reviews; system output giving information like number of patients providing feedback; minutes; and other documentation of actions that the organization has taken.
3. **Materials**—Prepared information or content that the organization provides to its patients, practitioners and delegates, including written and electronic communication, websites, scripts, brochures, reviews and clinical guidelines; contracts or agreements with delegates and vendors.
4. **Records or files**—Files or patient records that show direct evidence of action or compliance with an element.

If an element lists multiple data sources, the scope of review specifies the evidence needed to meet the requirements.

**Scope of review**

The extent of the organization’s services evaluated during an NCQA survey. The scope of review varies by elements evaluated.

**Look-back period**

The period for which the organization must demonstrate performance against NCQA requirements (or standards). NCQA measures the look-back period from submission of the completed survey tool. Unless otherwise noted, the organization must meet requirements throughout the look-back period. For example, for most non-file review elements, if the look-back period is 24 months and the survey date is July 10, 2017, the organization must show evidence that requirements were met at all times, from the survey date back to any day in July 2015.

**Expanding the look-back period**

Under certain circumstances, NCQA may expand the look-back period. For example, for Initial Surveys, NCQA will expand the look-back period if it is necessary for organizations to demonstrate that performance requirements are met and to produce an adequate sample for file review.

**Meeting the look-back period for a documented process**

Organizations provide evidence that their policies and procedures or other documented process met the requirements throughout the look-back period (a single document). If an organization changed its policies and procedures or documented process during the look-back period to meet a specific NCQA requirement, it may provide:

- The current version of the policies and procedures or documented process, with cited revisions and approval dates.
- The current version and the version in place at the start of the look-back period.

NCQA may request additional clarification and documentation when there are multiple revisions to a documented process within the look-back period. The organization may demonstrate that it reviewed and updated a policy by including
appropriate information on the effective date and subsequent revision dates in a header, cover sheet or addendum.

Meeting the look-back period for reports or materials
If the element specifies a frequency for producing reports or materials, the organization provides evidence that reports or materials were produced at the frequency specified. If the element does not specify a frequency, the organization provides evidence that it completed the required reports or produced the required materials within the look-back period as stated in the scope of review.

Meeting the look-back period for records or files
For file review elements, the organization must meet the look-back period requirements specified in the element.

Explanation
Specific requirements that the organization must meet and guidance for demonstrating performance against the element.

Exception
A requirement, or part of a requirement, that NCQA has determined does not apply ("NA") under specific circumstances. Exceptions are listed at the end of each element’s Explanation section in the Standards and Guidelines. For most exceptions, the organization must provide evidence that it meets criteria for an “NA” score.

If a requirement is NA for an element/factor, NCQA lists the element/factor as an exception and the organization is not required to provide documentation.

If an organization believes an “NA” score is warranted because of a regulatory conflict, it must bring this to NCQA’s attention and submit validating evidence.

Related information
This subsection, if present, addresses special situations that may arise relative to the requirements and provides important information to help organization save time and resources.

Examples
Information illustrating performance against an element’s requirements. Examples are for guidance only and are not required or all-inclusive. Not all elements have examples.

Scoring Guidelines
NCQA uses the scoring guidelines to evaluate an organization’s performance against each element. Scoring guidelines explain NCQA decision-making principles used to evaluate all organizations consistently against its standards and can help the organization prepare more effectively for a survey; they are not a substitute for the judgment of the ROC. NCQA recognizes that it is not possible to account for all the circumstances surveyors may find at an organization; thus, it relies on trained surveyors to apply the scoring guidelines.

Scoring elements
All elements have scoring guidelines for assigning 100%–0% of the points associated with the element. Not every element has all five scoring levels. A scoring level that does not apply to an element is indicated by “No scoring option” in the scoring table.

If NCQA must evaluate an organization against an element more than once (e.g., the organization has two separate operating units, it converts the element’s average scores to the element scores, as shown in the table below.
### Conflict with regulatory requirements

If federal or state regulation prohibits the organization from conducting an activity covered in a particular element in an NCQA requirement, NCQA scores the activity requirement “NA.” The organization must provide evidence of the regulatory conflict (e.g., evidence can be an excerpt of regulation or language in a contract with a State Medicaid agency), unless there is an exception in the explanation.

If the regulation includes an activity covered in a particular element, but there are slight differences, NCQA gives the organization credit if it demonstrates that it aligns its process to meet NCQA expectations to the extent possible within regulatory constraints.

<table>
<thead>
<tr>
<th>Average Score</th>
<th>Element Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% or better</td>
<td>100%</td>
</tr>
<tr>
<td>At least 80% but &lt;90%</td>
<td>80%</td>
</tr>
<tr>
<td>At least 50% but &lt;80%</td>
<td>50%</td>
</tr>
<tr>
<td>At least 20% but &lt;50%</td>
<td>20%</td>
</tr>
<tr>
<td>&lt;20%</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Point reallocation for NA scoring

- *If a factor is NA*, it does not count against the score.
- *If an element is NA*, its points are reallocated to the other elements in the standard.
- *If a nondelegation standard is NA*, its points are reallocated to all other standards.
- *If a delegation standard is NA*, its points are reallocated to the other standards.

### Accreditation Surveys

NCQA offers five types of surveys to organizations seeking accreditation.

1. Full Survey
2. Introductory Survey:
   - Introductory Initial Survey.
   - Introductory Follow-Up Survey.
3. Add-On Survey.
5. Expedited Survey.

### Full Survey

During a Full Survey, NCQA evaluates the organization’s quality-related system functions against all of the CM standards. The survey process for Full Surveys is outlined in *Section 3: The Survey Process*.
Even if all quality systems remain the same over time, the organization can receive a lower accreditation determination on a Renewal Survey. This may happen if the organization’s QI processes have not kept pace with increased growth in the number of patients, if the organization has not adapted to changes in accreditation standards or if the organization has not performed functions annually for standards that require annual activities. NCQA uses the standards in effect at the time of the organization’s Renewal Survey.

**Introductory Survey**

The Introductory Survey option is for organizations seeking CM accreditation for the first time.

Under an Introductory Survey, the organization may undergo two Surveys before receiving an accreditation decision. This allows the organization to achieve accreditation at the first survey, or to postpone the accreditation decision (without penalty) after completing the first Accreditation Survey. This option comprises two surveys:

- **Introductory Initial Survey**: The Introductory Initial Survey is a Full Survey, but the organization may accept or decline the accreditation status (without penalty) and undergo a Follow-Up Survey on elements that did not receive a score of 100%.

  During an Introductory Initial Survey, NCQA evaluates the organization’s programs against all accreditation standards and assigns each element a score. Accreditation status is based on the overall score.

  The organization’s results include performance against standards and elements, a score sheet and the awarded status. The organization has 30 calendar days from receipt of the results to reply to NCQA with its decision to accept or decline the status.

- **Introductory Follow-Up Survey**: An organization that declines its accreditation status has the option to undergo an Introductory Follow-Up Survey on elements that did not receive a score of 100%.

  The survey must occur within 12 months of the receipt of Initial Survey results.

  The look-back period is six months. During an Introductory Follow-Up Survey, NCQA reevaluates elements scored 50% or lower and elements scored 80% that the organization wants included in the survey. NCQA determines the final accreditation score by combining the results of the Introductory Initial and Follow-Up Surveys.

- **Declining accreditation status**: If the organization declines an accreditation status under the Initial Introductory Survey option, it may accept the scores for specific elements that received a score of 80% or 100% and apply them toward a Follow-Up Survey on the remaining elements, within 12 months of the receipt of the Initial Survey report.

  The organization may also request Reconsideration of the accreditation status or scores, or may decline the accreditation decision.

**Add-On Survey**

The Add-On Survey is required when an organization adds a new program to an existing accreditation status. NCQA reviews relevant standards and elements for the new program under the same standards year as the existing accreditation status.
Corporate Survey

NCQA offers a Corporate Survey option to organizations that provide centralized functions for local plans or local operating units. There are several benefits to a Corporate Survey:

- A single set of findings for affiliated organizations.
- A streamlined survey process.
- Decreased preparation time for individual organizations.

Major functions developed or performed at the corporate level and used by local/ regional units are eligible for the Corporate Survey; file review standards are not eligible. The organization proposes specific standards and elements for review, and must include the reasons why it is appropriate to survey the element or standard at a corporate level. NCQA makes the final decision about the standards and elements it will review at the corporate level. The corporate entity does not achieve an accreditation status.

**Note:** File review standards and certain elements are not eligible for a Corporate Survey, regardless of an organization’s structure. NCQA informs the organization of these elements during the assessment process.

Results are in effect for the standards year and cover all affiliated organizations surveyed or resurveyed under the standards for that year. All Corporate Survey results must be final before the start of the survey of any local organization to which the results will be applied.

**Additional standard review**

NCQA requires that Corporate Surveys be conducted annually, using the standards for the current year. The national or regional organization may propose additional standards for inclusion at the annual assessment. Additional standards scored at the corporate level are not applied to a local organization until its next Full Survey if it is not included in the same standards year as the corporate’s annual assessment. NCQA reviews:

- Revised standards.
- Standards with annual frequency.
- Performance information that has changed.
- New standards/elements.

Expedited Survey

Although an organization with Denied Accreditation status may not reapply for accreditation until one year from the date of the Denied status, there are certain circumstances under which an organization may apply for a new Accreditation Survey in less than a year. These surveys are called Expedited Surveys.

An Expedited Survey is a full-scope survey. The look-back period is six months. The organization is reviewed against the standards for the current year. The organization must provide documentation for all requirements; documentation may have been submitted previously or may be new. The organization may bring forward new programs that were not included in the original submission.

To qualify for an Expedited Survey, the organization first submits a written request listing the steps it has taken to address the issues that led to Denied Accreditation status.
At its sole discretion, NCQA may grant a request for an Expedited Survey in less than one year, in the following circumstances:

- The organization demonstrates to NCQA’s satisfaction that it can resolve the issues identified in the original survey in less than one year.
- Correction of the issues would raise the organization’s accreditation status in a new survey.
- There are licensure or regulatory consequences, or other factors associated with Denied Accreditation status.

**Other Information NCQA May Consider**

If an aspect of the organization’s operations may adversely affect the health and safety of its members, NCQA may consider the finding to determine accreditation status, even if NCQA standards do not address such operations specifically.

If a condition poses a potential imminent threat to the health or safety of members or patients, NCQA may immediately notify the organization’s chief executive officer.

Even if it does not immediately notify the organization about a condition posing a health or safety threat, NCQA may consider and assess the condition in its subsequent decision to determine accreditation.

Although NCQA does not independently assess compliance with HIPAA requirements, privacy and security protections are fundamental features that NCQA expects plans to have in place. NCQA reserves the right to determine what impact HIPAA noncompliance may have on the organization’s accreditation status.

**Notification to Regulatory Agencies**

NCQA reserves the right to notify applicable regulatory agencies if aspects of the organization’s operations pose a potential imminent threat to the health and safety of its members and/or NCQA has reason to believe that information submitted to NCQA has been falsified or the plan is required to implement corrective action. Before NCQA notifies applicable regulatory agencies, it gives the organization 24 hours to correct the condition or rebut the findings prior to notifying a regulatory agency.

**Maintaining Accreditation**

The length of time that accreditation is effective depends on the organization’s status. Every two years, for organizations with Accredited—2 years status, or every three years, for organizations with Accredited—3 years status, the organization must complete another contract, submit all requisite fees and undergo a Full Survey to renew its accreditation status. When the organization receives its results from a Survey, NCQA assigns a date for the next required survey.
Section 3: The Survey Process

About the Survey Process

Surveys are facilitated by the web-based ISS Tool. All organizations applying for NCQA Accreditation must use these survey tools and agree to NCQA's standard license terms. The survey tools guide the organization through documentation of performance against the standards and enable electronic submission of information, streamlining the survey process. They contain fields for entering data and calculating results.

Readiness evaluation

Preliminary results generated or otherwise received from the readiness evaluation or otherwise are preliminary and do not constitute a final score or NCQA Accreditation/Certification. NCQA will notify the organization when the results are final and the ROC has determined the organization's final status.

The organizations may only use the results from the readiness evaluation for internal business purposes, to examine, review and otherwise analyze business operations, and may not use, disclose, represent or otherwise communicate these results to any third party for any other purpose. The organization may not use reports or numeric results to represent that they are NCQA Accredited without a final NCQA decision, as described previously.

Prohibited activities

- No individual or entity may purchase a license from NCQA to use the survey tool or use it, regardless of the source, to evaluate another organization against NCQA standards. This prohibition does not apply to individuals or entities that are assisting the organization with its readiness evaluation and preparation for an NCQA Survey.

- The organization may not use the survey tool to evaluate another organization against NCQA standards, except as part of the internal preparation for an NCQA survey, including evaluating a delegate’s performance in order to conduct oversight as required by NCQA standards.

- The organization may not allow a third party to use their licensed survey tool to evaluate another organization against NCQA standards.

Scheduling a survey

After NCQA receives the organization’s completed application and accepts the executed Agreement, NCQA and the organization establish dates for:

- Submission of the completed survey tool and final documents.
  - The survey process begins when the organization submits its completed survey tool to NCQA.

- The onsite survey.

NCQA normally sets the onsite survey date for seven weeks after the organization submits the completed survey tool.

Conflict of interest

Approximately 10 weeks before the submission date, NCQA provides the organization with the name and affiliation of the surveyors who will perform the survey.

Approximately 2 weeks before the onsite portion of the survey, NCQA provides the organization with the names and affiliations of individuals who serve on the ROC. The organization has the opportunity to declare if it believes a surveyor or...
ROC member has a conflict of interest. Conflict of interest may be based on direct or indirect financial relationships or economic competition.\textsuperscript{10}

An organization that objects to an individual’s participation based on a perceived conflict of interest must notify NCQA in writing of any such objection within two weeks following receipt of the NCQA notification. NCQA may select and present alternative surveyors. NCQA reserves the right to make a final determination regarding a conflict of interest.

**Offsite survey**

The survey begins when NCQA receives the completed survey tool and the supporting documentation.

The organization should not attach documents to the survey tool that contain protected health information (PHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations. If original documentation contains PHI, the organization must de-identify that information prior to submission. For more information, refer to the definition of “PHI” and “de-identify” in the Glossary.

The organization must not attach electronic copies of actual CM files, but it must submit specified information in the required format so NCQA can select random samples of files reviewed on site.

NCQA imports the entire ISS survey tool—including the self-assessment and attached documents—into the IRT. NCQA staff, surveyors and the organization use the IRT during the NCQA survey process from the point after the survey submission through the Final Report.

**Onsite survey**

During the onsite survey, NCQA surveyors review standards and elements that require access to confidential records, including staff licensure verification files.

**File review results**

File review results are based on the documentation in the files at the time of the onsite survey. The following standards have file review requirements:

- CM 2, Element E: Initial Assessment.
- CM 4, Element B: Case Management—Ongoing Management.
- CM 7, Element E: Verification of Licensure.
- LTSS 1:
  - Element F: Comprehensive Assessment Implementation.
  - Element I: Implementing the Care Planning Process.

\textsuperscript{10} A surveyor, ROC member or Reconsideration Committee member is deemed to have a “direct financial relationship” with the organization if he or she is a beneficial owner of more than 1 percent of the equity or control of the organization, is a director or officer of the organization, is an employee of the organization, engages in the sale or lease of real estate or personal property to the organization, furnishes services (including management or consultant services) to the organization within two years preceding the date of the organization’s survey by NCQA or has a creditor-debtor relationship with the organization. An organization is considered in “direct economic competition” with the organization being surveyed if it operates in the same local market.
Disputes
NCQA conducts the onsite file review in the presence of the organization’s staff and works with the organization to resolve disputes during the onsite survey. An organization that is unable to resolve a file review dispute with the survey team must contact NCQA before the onsite survey is completed. File review results may not be appealed once the onsite survey is completed.

Review of additional information
NCQA may need to review additional information necessary to complete the survey. The onsite survey might include interviews with key staff members or system queries (as applicable), and concludes with a conference to summarize preliminary findings.

Documents dated after submission
NCQA does not consider documents dated after submission of the completed survey tool. The Survey Tool’s submission instructions describe the review process.

Simultaneous surveys
NCQA might conduct a single onsite survey simultaneously for more than one organization, depending on the central location of functions assessed by the accreditation standards.

Summation Conference
Upon completing the onsite component of the survey, the survey team conducts a conference with individuals selected by the organization.

During the conference, the survey team summarizes its preliminary findings. The team does not make a final determination about performance against NCQA standards or draw conclusions regarding the organization’s accreditation status.

Survey Results and Scoring

Preliminary survey results process
Following completion of the onsite survey, NCQA reviews the survey tool in the IRT to ensure that the preliminary report is accurate and complete.

Note: Scores may change after NCQA’s review.

Comments about errors or omissions
NCQA gives organizations access to preliminary survey results for review and comment. The organization has 10 calendar days to submit comments regarding any factual errors or omissions and may provide additional documents that support the comments.

The organization may only submit information that existed at the time of the original completed survey tool submission; it may not introduce information that did not exist at the time of the original submission.

Comment extension period
NCQA reviews the organization’s comments and incorporates changes into the IRT, as appropriate. Upon request, NCQA grants a 5-calendar-day extension period to organizations, but all comments must be received within 15 calendar days.

ROC review
NCQA incorporates relevant changes and additional information submitted by the organization into the preliminary results during the comment period, and submits the results to the ROC.

The ROC reviews the preliminary results and all other relevant information and determines accreditation.
**Downgraded score**

Following the ROC review, NCQA notifies the organization of any instance where the ROC downgrades an element score of 100% that was assigned during the preliminary report stage. The organization has 5 calendar days to review the score and submit comments and attachments supporting a higher performance score for the ROC’s consideration. The organization may only submit information that existed at the time of the original completed survey tool submission; it may not introduce information that did not exist at the time of original survey tool submission.

NCQA incorporates the determination, as well as any changes directed by the ROC, into the final results for the organization. Accreditation determinations are made in accordance with NCQA policies and procedures as set forth in this document, policy clarifications and the Agreement.

NCQA completes the survey process by notifying the organization that the survey tool is final, the decision and effective date, as applicable.

**Reconsideration**

An organization may request Reconsideration of its decision or element score any time a survey is performed and NCQA has provided the organization with a final assessment of its performance against the standards. The organization may seek Reconsideration of results to modify the score with respect to any standard or element.

Grounds for Reconsideration are:

- Material factual inaccuracies in the survey report.
- Material misapplication of the standards.
- Failure to consider material documentation or information that was available at the time of the survey.

The NCQA Reconsideration Committee is an independent review committee composed of physicians external to NCQA. An organization that seeks Reconsideration receives the names of the members of the Reconsideration Committee as part of the Reconsideration process.

**Reconsideration request**

NCQA must receive a written request for Reconsideration within 30 calendar days after the date of the organization’s accreditation decision. The organization must pay a fee when Reconsideration is requested.

The request must state at least one of the grounds for Reconsideration identified above and must include a list of standards and elements for which Reconsideration is being requested. It must not exceed five pages in length.

**Reasonable evidence**

For NCQA to accept documentation for Reconsideration, the organization must provide reasonable evidence that the documentation existed at the time of the original survey tool submission. Evidence may include:

- Copies of supporting documentation materials available to the team during the offsite or onsite survey.
- Copies of committee meeting minutes showing approval or discussion of a policy and procedure or other documents dated before the submission of the Survey Tool.
- Copies of documentation submitted to NCQA during the Organization Comment Phase.
<table>
<thead>
<tr>
<th><strong>File review results</strong></th>
<th>File review results may not be disputed after the close of the onsite survey. The organization may not challenge findings on file review elements during the Reconsideration process.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Materials not accepted during Reconsideration</strong></td>
<td>To protect the integrity of the survey 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.</td>
</tr>
</tbody>
</table>
| **Documentation that supports Reconsideration** | Upon receipt of a request for Reconsideration, NCQA issues an acknowledgment letter to the organization granting 14 calendar days for submission of supporting documentation. The organization must detail alleged grounds for Reconsideration and must provide documentation of its performance not reflected in the Final Survey Report.  

**Note:** All documentation must be limited to no more than 50 pages of text and no more than 2 pages of an executive summary, with relevant exhibits attached. The organization must provide NCQA with 12 copies of materials. |
| **Pending Reconsideration** | The organization’s status is listed with the comment “Appealed by Organization,” pending the final decision by the Reconsideration Committee.  

The Reconsideration Committee considers all Reconsideration materials submitted by an organization (within the applicable page limitations), the final accreditation report and an NCQA staff analysis of the Reconsideration. The committee’s review is based only on the record before it and on the standards and elements. No hearing or oral testimony is available to the organization in the Reconsideration process. |
| **Committee decision** | Upon completion of its review, the Reconsideration Committee renders a decision and amended final results. The Reconsideration Committee’s decision, rendered at any stage in the Reconsideration process, is final. |
| **Effective date** | The decision of the Reconsideration Committee does not change the effective date of accreditation from the date specified for the prior decision. The effective date of accreditation is the same date specified in the decision that precipitated the request. |

**Subsequent Survey**

To maintain accreditation, organizations must undergo a survey at least every 2 years (24 months) or 3 years (36 months) depending on the accreditation status. Depending upon performance and other circumstances, a Resurvey or Discretionary Survey may be necessary.
Section 4: Reporting Results

Each organization accredited by NCQA receives a certificate with the applicable dates of its status. NCQA provides the organization with a final version of the Survey Tool that includes the final scores on all elements, standards and categories.

Releasing information

NCQA makes survey results available to the public (except when an organization declines its status under the Introductory Survey option). Refer to Reporting Status to the Public. NCQA does not release confidential information prepared during the survey process to any third party, except in the following circumstances:

- With prior written authorization from the organization.
- As otherwise required by law or regulation.
- As otherwise provided in the NCQA Policies and Procedures or the Agreement.

Marketing accreditation results

An organization that elects to market its accreditation status must do so in accordance with the NCQA Guidelines for Advertising and Marketing, which specify how organizations may represent accreditation decisions. Marketing materials must not imply that individual accreditation decisions apply beyond the programs included within the awarded status.

Releasing NCQA Survey results

Organizations that release their NCQA Survey results must follow NCQA’s policies and procedures and Guidelines for Advertising and Marketing. NCQA considers the following to be components of the final results:

- The completed Survey Tool.
- A description of overall performance and status.
- Summarized and detailed standards results, by element, for each standard.

At its discretion, the organization may release any of the following components of the final report to third parties (e.g., purchasers, regulators):

- The final results in their entirety, as defined above, with or without the survey tool.
- Summarized results.
- A description of overall status.
- Detailed results:
  - By standard.
  - By element for each standard.

Organizations may not use, disclose, represent or otherwise communicate reports or numeric results from the readiness evaluation to any third party for any other purpose, or represent that they are NCQA Accredited based on reports or numeric results, without a final NCQA decision. Organizations may not release supplemental worksheets (e.g., file review results).
NCQA publicly reports results and explains in general terms the meaning of the NCQA Accreditation outcome.

**New programs**

New programs since the organization’s last survey are not listed until they are included in a survey and the organization receives a determination.

**Right to release and publish**

NCQA reserves the right to release and publish, and to authorize others to publish, the following information:

- The organization’s status.
- Results of the organization’s performance under specific standards and elements, including factors that are met or not met.
- The names of the NCQA-Accredited organizations with which the organization contracts.
- Aggregate data based on NCQA surveys and the reportable results submitted to NCQA.

NCQA reserves the right to use data it collected from Accreditation Surveys, and to authorize others to use such data, in connection with decision support tools, for NCQA’s research and development purposes and for other purposes as agreed to by the organization in the Agreement.

NCQA publicly reports Denied Accreditation for one year or until the status is replaced as the result of another survey. An organization that dissolves or ceases to exist is removed from the public reporting list.
Section 5: Additional Information

Summary of Changes

- **November 20, 2017:**
  - Updated the Hotline Reporting Line toll-free telephone number to 844-440-0077.
  - Updated the requirements for Notifying NCQA of a Reportable Event, added the definition of “Reportable Event” and a description of the investigative process that NCQA may initiate following a Reportable Event.
  - Updated the language under Discretionary Survey—Time frame to state that NCQA may perform an unannounced survey.
  - Added language under Mergers and Acquisitions to state that organizations must report changes in operational structure or status to NCQA.

Complaint Review Process

NCQA accepts written complaints regarding accredited organizations.

Upon receipt of a complaint, NCQA will:

1. Review the complaint to determine whether the organization referenced is NCQA Accredited.
2. Determine if the complaint is germane to the organization’s NCQA Accreditation.
3. Obtain an authorization for disclosure of PHI to NCQA, to investigate if the complaint involves a quality of care issue or other matters involving PHI.
4. Forward the complaint to the organization with a request that the organization review and respond directly to the individual filing the complaint within 30 calendar days, and copy NCQA on the response.
5. Review the organization’s response to determine whether the complaint was handled in accordance with NCQA requirements and that all issues raised in the complaint have been addressed.

Failure to comply with NCQA’s complaint review process is grounds for suspension or revocation of status.

Reporting Hotline for Fraud and Misconduct

NCQA does not tolerate submission of fraudulent, misleading or improper information by organizations as part of their survey process or for any NCQA program.

NCQA has created a confidential and anonymous Reporting Hotline to provide a secure method for reporting perceived fraud or misconduct, including submission of falsified documents or fraudulent information to NCQA that could affect NCQA-related operations (including, but not limited to, the survey process, the HEDIS measures and determination of NCQA status and level).

How to Report

- **Toll-Free Telephone:**
  - English-speaking USA and Canada: 844-440-0077 (not available from Mexico).
  - Spanish-speaking North America: 800-216-1288 (from Mexico, user must dial 001-800-216-1288).
- **Website:** https://www.lighthouse-services.com/ncqa
Notifying NCQA of Reportable Events

The organization must notify NCQA, in writing, within 30 calendar days of any Reportable Events as defined under these policies and procedures governing NCQA Case Management Accreditation, as may be updated from time to time. A Reportable Event is defined as:

- Any issuance by a state or federal regulatory agency of any of the following:
  - Sanctions, including suspension of enrollment.
  - Fine equal to or exceeding $50,000 (or any new threshold announced by NCQA in policies and procedures).
  - Request for corrective action.
  - Changes in licensure or qualification status.
  - Violations of state or federal law that affects the scope of review under the standards and guidelines.
- Filing for bankruptcy under any state or federal bankruptcy law, or initiation of receivership, liquidation or state insurance supervision.

Annual Attestation of Compliance With Reportable Events

On an annual basis, the organization must also complete an attestation signed by an officer or other authorized signatory of the organization affirming that it has notified NCQA of all Reportable Events specified within NCQA policies and procedures.

Annually, NCQA will send an e-mail reminder to the designated accreditation contact to complete the annual attestation. Reportable Events and annual attestations can be submitted electronically to NCQA-Accreditation@ncqa.org; by fax to 202-955-3599 or by mail to the address below:

National Committee for Quality Assurance
1100 13th Street NW, Third Floor
Washington DC 20005
Attention: Director, Operational and Program Integrity

NCQA Investigation

In response to a reportable event or receipt of a complaint, allegation of fraud or misconduct, or other considerations that may pose an imminent threat to members, NCQA may initiate an investigation. Organizations are required to fully cooperate in any investigation by NCQA of a patient, member, practitioner or organizations compliance with NCQA standards and guidelines. Investigation activities and outcomes may include, but are not limited to, the following:

- Request review of Corrective Action Plans submitted to state or federal agencies.
- Telephonic contact to gather information or clarify information received.
- Request for submission of documentation or reports to support compliance or monitoring activities.
- Enact an NCQA Corrective Action Plan until compliance or sustained improvement is achieved.
- Conduct an unannounced survey or require a virtual or onsite Discretionary Survey.
NCQA will notify the organization of an allegation and provide it with an opportunity to respond to such allegations within seven business days following notice by NCQA. When NCQA notifies the organization, NCQA reserves the right to change its existing accreditation status, with the notation “Under Review by NCQA.”

**Discretionary Survey**

NCQA may survey an organization while an accreditation status is in effect. This survey is called a Discretionary Survey and its purpose is to validate the appropriateness of the organization’s ongoing accreditation.

<table>
<thead>
<tr>
<th>Structure</th>
<th>NCQA determines the scope and content of Discretionary Surveys, which may consist of one or more of the following:</th>
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<tbody>
<tr>
<td></td>
<td>• An offsite document review.</td>
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<tr>
<td></td>
<td>• An onsite survey.</td>
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<tr>
<td></td>
<td>• A teleconference.</td>
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</tbody>
</table>

| Target | Discretionary Surveys address issues related to the organization’s continued performance against NCQA’s standards and other considerations that may pose an imminent threat to patients. During a discretionary review, an accredited organization will be reviewed under the NCQA standards in effect at the time of the discretionary review. The Discretionary Survey may include file review (encompassing a patient records, as appropriate) and interviews with organization staff. Any relevant look-back period for file review standards will be determined at the time of the Discretionary Survey and may or may not reflect the full look back period identified in the standards. |

| Time frame | The Discretionary Survey is generally conducted within 60 calendar days of notification by NCQA of its intent to conduct a Discretionary Survey, but may include an unannounced survey. Discretionary Survey costs are borne by the organization and correspond to the complexity and scope of the Discretionary Survey and NCQA pricing policies in effect at the time of Discretionary Survey. |

| Change in status | When NCQA notifies the organization in writing of its intent to conduct a Discretionary Survey, the organization’s existing accreditation status is listed with the notation “Under Review by NCQA.” NCQA may suspend the organization’s accreditation status pending completion of a Discretionary Survey. Upon completion of the survey and after the ROC’s decision, the organization’s status may change. The organization has the right to Reconsideration if its accreditation status changes because the Discretionary Survey. |

**Suspending Accreditation**

<table>
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<tr>
<th>Grounds for immediate suspension</th>
<th>Grounds for recommending suspension of status pending a Discretionary Survey include, but are not limited to:</th>
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<tbody>
<tr>
<td></td>
<td>• The organization has been placed in receivership or under rehabilitation and the outcome is undetermined.</td>
</tr>
<tr>
<td></td>
<td>• A component of the organization’s system has been placed in receivership or is under rehabilitation.</td>
</tr>
</tbody>
</table>
• Facts or allegations suggest an imminent threat to the health and safety of members or patients.
• Allegations of fraud or other improprieties in the information submitted to NCQA to support accreditation.
• State, federal or other duly authorized regulatory or judicial action restricts or limits the organization’s operations.

Because suspension of accreditation status is temporary and is designed to allow NCQA to investigate and gather information for decision making, the organization may not request Reconsideration when accreditation status has been suspended.

**Revoking Accreditation**

Grounds for recommending revocation of accreditation status include, but are not limited to:

• The organization has been placed in receivership and is being liquidated.
• Results of a Discretionary Survey confirm that the organization committed fraud during the survey process.
• The organization has violated the NCQA *Guidelines for Advertising and Marketing*, and by doing so, misrepresented its status.
• NCQA identifies a significant threat to patient safety or care.
• The organization fails to comply with the contract.
• The organization violates other published NCQA policies.
• The organization fails to cooperate with the decision to conduct a Discretionary Survey.

NCQA publicly reports revocation of status. Because revocation of status is final, the organization may request Reconsideration.

**Mergers and Acquisitions**

An NCQA-Accredited organization involved in a merger, acquisition, consolidation or other form of corporate reorganization, including filing for dissolution, must submit written notice of such action to NCQA within 30 calendar days following the date of the merger, acquisition, consolidation or reorganization, or earlier, if possible. Refer to Appendix 3: Mergers, Acquisitions and Consolidations for CM Organizations.

An NCQA-Accreditation organization must also notify NCQA in writing within 30 calendar days of any change in operational structure or the organization’s status that affects the scope of review under NCQA’s standards for Case Management Accreditation, such as a program name change or material restructuring or consolidation of functions. Notices can be submitted electronically to NCQA-Accreditation@ncqa.org; by fax to 202-955-3599 or by mail to the address below:

National Committee for Quality Assurance  
1100 13th Street NW, Third Floor  
Washington, DC 20005  
Attention: AVP Accreditation
Lapse in Accreditation Status

An organization that has allowed its accreditation status to lapse may bring its programs through for accreditation again.

If the organization’s accreditation status has expired or has been withdrawn for less than two years, the Renewal Survey look-back period applies.

If the organization’s accreditation status has expired or has been withdrawn for more than two years, the organization must go through an Initial Survey.

The Introductory Survey option does not apply in either situation.

The length of time a status has lapsed is measured from the date of expiration or withdrawal of the prior status until the scheduled start date of the next survey.

Privacy, Security and Confidentiality Requirements

Nothing contained in the NCQA standards is intended to conflict with the organization’s responsibility to comply with HIPAA and other federal and state laws. The organization must access, use and share health information in accordance with HIPAA and other federal and state laws and only disclose the minimum amount of PHI necessary to accomplish the purposes of the NCQA Accreditation Program.

Revisions to Policies and Procedures

At its sole discretion, NCQA may amend its policies and procedures or any other NCQA Accreditation program policy. Unless otherwise specified, revisions to the Policies and Procedures and Standards and Guidelines are effective 90 calendar days from the date they are posted or released.

Revisions are posted on NCQA’s website in the Programs section under Policy Updates and Supporting Documents, or on the IRT.
Section 6: Long-Term Services and Supports Distinction

The NCQA LTSS Distinction Program

NCQA LTSS Distinction is supplemental to NCQA Case Management Accreditation and is based on review of an organization’s LTSS program against the LTSS distinction standards.

About the NCQA LTSS Standards

NCQA’s evidence-based standards provide a framework for organizations to deliver efficient, effective, person-centered care that meets people’s needs, helps keep people in their preferred setting and aligns with federal, state and MCO requirements. The standards were developed through a comprehensive review of industry best practices, Stakeholder Advisory Committee discussions, work with a learning collaborative of CBOs and MLTSS organizations and feedback from our public comment period. Members of the learning collaborative piloted the standards to provide NCQA with real-world perspectives from organizations that actively coordinate LTSS. This work was supported by the SCAN Foundation and the John A. Hartford Foundation.10

Core areas of focus drive organizational effectiveness and efficiency:

- **Person-Centered Care Planning.** Organizations must have a process for developing individualized care plans that incorporate individuals’ preferences, goals and self-management plans.

- **Coordination of Services.** Care and services are coordinated for individuals who have complex needs and multiple providers, in an effort to close gaps in care.

- **Critical Incident Management System.** Organizations have a system to promptly report, track and follow up on incidents such as abuse, neglect and exploitation.

The LTSS Accreditation Standards

The standards in the distinction module are:

- **LTSS 1: Core Features** The organization has processes in place for coordinating LTSS.

- **LTSS 2: Delegation of LTSS** If the organization delegates LTSS activities, there is evidence of oversight of delegated activities.

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10The SCAN Foundation is advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.

The John A. Hartford Foundation, based in New York City, is a private, nonpartisan philanthropy dedicated to improving the care of older adults. For more information, please visit www.jhartfound.org.
Eligibility for LTSS Distinction

NCQA conducts LTSS Distinction Surveys at the legal-entity level. An organization is eligible for an NCQA LTSS Distinction Survey if:

- It has a current NCQA Accreditation status, or
- It is seeking NCQA Case Management Accreditation.

Survey Options

LTSS Distinction Surveys are performed concurrently with the survey. An Add-On Survey is available if the organization wants to add the LTSS Distinction to an existing accreditation.

There are two survey options:

1. Concurrent with survey.
2. As an add-on to an existing accreditation.

The Survey Process

There are two parts to an NCQA Distinction Survey: an offsite review of documentation provided by the organization and a review of documentation during an onsite visit at the organization.

<table>
<thead>
<tr>
<th>Preparing for survey</th>
<th>Organizations should review the following sections in the 2017 Standards and Guidelines for the Accreditation of Case Management:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Section 1: Eligibility and the Application Process.</td>
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<tr>
<td></td>
<td>- Section 2: The Accreditation Process.</td>
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<td></td>
<td>- Section 3: The Survey Process.</td>
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<td></td>
<td>- Section 4: Reporting Results</td>
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<tr>
<td></td>
<td>- Section 5: Additional Information.</td>
</tr>
<tr>
<td></td>
<td>- Section 6: Long Term Services and Supports Distinction</td>
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</tbody>
</table>

Offsite survey

The survey begins when the organization submits its completed survey tool to NCQA.

Most of the survey process and documentation review occur off site. NCQA surveyors access and review the survey tool and supporting documentation to evaluate the organization’s responses and to recommend a score for the applicable elements and standards.

All elements for which surveyors can clearly recommend a score are completed before the onsite survey. During the offsite survey, surveyors coordinate questions and discuss them with the organization by telephone. NCQA routinely schedules a conference call with the organization for this purpose during the offsite survey period. The organization can view a copy of the submitted survey tool and supporting documentation while the survey is in progress.

Onsite survey

The onsite survey date is usually scheduled for seven weeks after submission of the survey tool. Generally, the number of surveyors to conduct the onsite survey is dependent on the complexity of the survey, although additional surveyors may be necessary if the survey is complex.

The onsite survey consists primarily of completing file reviews, but it might also require review of additional information, staff interviews or system queries.
Delegated functions
Review of delegated functions in the LTSS Distinction Module is the same as the process described in the CM accreditation standards and guidelines and is conducted during the offsite survey. The review includes an examination of delegation agreements and oversight activities performed by the organization.

File review results
File review results are based on documentation in the files at the time of the onsite survey. LTSS 1, Elements F and I have file review requirements.

Disputes
NCQA conducts onsite file reviews in the presence of the organization’s staff and works with the organization to resolve disputes during the onsite survey. An organization that cannot resolve a dispute over file review with the survey team must contact NCQA before the onsite survey is completed. File review results cannot be appealed once the onsite survey is completed.

Documents dated after submission
NCQA does not review documents dated after submission of the completed survey tool. The survey tool’s submission instructions describe the review process.

Survey Results and Scoring
Each LTSS distinction standard has one or more elements; each element has designated points and is scored separately. Standard points total 100. An organization that earns at least 70 points is awarded NCQA Distinction.

<table>
<thead>
<tr>
<th>Status</th>
<th>Standards Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinction</td>
<td>70–100</td>
</tr>
<tr>
<td>Denied</td>
<td>0–69</td>
</tr>
</tbody>
</table>

Elements With Critical Factors
As stated in Section 2: The Accreditation Process, an organization cannot score higher than 20% for the element if the critical factor is not met. LTSS 1, Elements A, G, H have critical factors.

Applying for an NCQA Survey
Applications for NCQA Accreditation Surveys may be ordered online at no charge at www.ncqa.org/publications or by contacting NCQA Customer Support at:

National Committee for Quality Assurance
1100 13th Street NW, Third Floor
Washington, DC 20005
888-275-7585

Organizations seeking NCQA LTSS Distinction concurrently with an Accreditation Survey: Identify the programs for which the organization seeks accreditation and select the “LTSS Distinction Survey” option.

Organizations adding NCQA LTSS Distinction to an existing accreditation status: Indicate that the organization is adding the LTSS Distinction Survey option.
Submit the application  The completed application and Agreement must be submitted to NCQA no later than 9 months before the scheduled survey date.

After NCQA receives a completed application and accepts the executed Agreement, NCQA and the organization establish dates for:

- Submission of the completed survey tool and final documents.
- The onsite survey.

Survey fees  All pricing policies and survey fees are specified in Exhibit A of the Agreement for Survey.

Disclaimer

NCQA ACCREDITATION DOES NOT CONSTITUTE A WARRANTY OR ANY OTHER REPRESENTATION BY NCQA TO THIRD PARTIES (INCLUDING, BUT NOT LIMITED TO, EMPLOYERS, CONSUMERS OR ORGANIZATION MEMBERS) REGARDING THE QUALITY OR NATURE OF THE HEALTH SERVICES PROVIDED OR ARRANGED FOR BY THE ORGANIZATION. THE PROVISION OF MEDICAL CARE IS SOLELY THE RESPONSIBILITY OF THE ORGANIZATION AND ITS PRACTITIONERS/PROVIDERS. ACCREDITATION IS NOT A REPLACEMENT FOR THE ORGANIZATION’S EVALUATION, ASSESSMENT AND MONITORING OF ITS PROGRAMS AND SERVICES.