Top Ten Survey Tips

1. **Use the Guidelines for a Successful Survey.** Find this document in the ISS Survey Tool, in the “Organization Background” section under the “Survey Resources” tab. It offers guidance on the survey process, with timelines; where to find important documents, forms and tools; an overview of the Survey Tool; and available resources.

2. **Prepare documents for the surveyors.** Find the *Document Preparation Guidelines* in the ISS Survey Tool, in the “Organization Background” section under the “Survey Resources” tab. This document offers tips and suggestions for preparing documentation to facilitate surveyor review. The easier it is for surveyors to find necessary information, the easier it is for surveyors to determine if your organization meets a requirement.

3. **Make sure you have the correct Standards and Guidelines and Survey Tool.** Each set of standards is effective for a one-year period that starts July 1 and ends June 30. For example, the 2016 *Standards and Guidelines for the Accreditation of Health Plans* are used for surveys that start any time from July 1, 2016–June 30, 2017. There is also an ISS Survey Tool for each year. *To undergo a survey, you must have completed the Survey Tool.*

4. **Use your resources.** NCQA releases *Frequently Asked Questions (FAQ)* on the 15th of each month. FAQs provide additional guidance on the standards. NCQA releases *Policy Updates* in March, July and November. These are formal additions, clarifications or corrections to published standards and guidelines. These updates are incorporated in the Survey Tool automatically, and you can find them at [http://www.ncqa.org/Programs/Accreditation.aspx](http://www.ncqa.org/Programs/Accreditation.aspx) under “Policy Support.”

5. **Get answers in writing.** NCQA’s *Policy Clarification and Support (PCS) system* lets you submit a question in writing and get a written answer from NCQA staff. The PCS system is an excellent resource for helping you interpret the requirements of the standards and guidelines. Access it at [https://my.ncqa.org/](https://my.ncqa.org/) or click “Contact Us” on the NCQA Web site.

6. **Keep track of the look-back period.** Each element has a *look-back period*. Your organization must demonstrate performance against the requirements during the entire look-back period to earn full credit for an element. NCQA measures the look-back period backward from the survey start date (i.e., the Survey Tool submission). For First Surveys, the look-back period is generally 6 months. Refer to the *Policies and Procedures* section in the *Standards and Guidelines for the Accreditation of Health Plans* for more information.

7. **Have evidence for structural requirements.** NCQA designates 14 standards, in whole or in part, as structural requirements. These standards are listed in Appendix 5 of the *Standards and Guidelines for the Accreditation of Health Plans*. Functions may be delegated, but delegating organizations remain responsible for meeting requirements and must provide evidence that requirements are met. If your organization delegates the functions in these standards, it may adopt the delegate’s policies and procedures and submit them, but it must have evidence that it formally adopted its delegate’s policies and procedures.

Please refer to the Standards and Guidelines for the most complete and accurate information.
8. **Understand what “NA” means.** In certain instances, an element or factor may be determined to be “Not Applicable” (NA). Organizations must provide evidence of eligibility for “NA,” based on the allowed exception in the standards and guidelines. If an element is determined NA, NCQA proportionally reallocates its points to the other elements in the standard. If an entire standard (other than delegation oversight) is NA, NCQA proportionally reallocates its points to all other applicable elements in all categories.

9. **Review file review results with your surveyor before the end of the onsite survey.** Because files can contain confidential information, including PHI, they should not be removed from an organization’s premises. NCQA reviews files only during the onsite survey. *File review results are considered final at the end of the onsite survey.* Organizations may not contest or request reconsideration on results after that. Surveyors review files in the presence of your organization’s representative and present file review results to the representative. If your organization does not agree with the results, contact your ASC before the onsite survey is complete.

10. **Don’t wait until the last minute to prepare your Survey Tool.** Purchase the Survey Tool license as soon as you have a confirmed survey date and NCQA has published the ISS Survey Tool for the standards that NCQA will review. For information on purchasing a license, contact NCQA Customer Support at 888-275-7585. Once you receive the license, make sure you can access the Survey Tool you need for the survey. *Begin completing the Survey Tool and loading your documents at least three months in advance of your survey date.* Plan to submit the Survey Tool a day before your scheduled submission date—this gives you an extra day in case there are issues with your submission. And nothing feels better than getting it done early and going home to relax!