

## **NCQA Corrections, Clarifications and Policy Changes to the 2018 MBHO Standards and Guidelines**

**July 30, 2018**

This document includes the corrections, clarifications and policy changes to the 2018 MBHO standards and guidelines. NCQA has identified the appropriate page number in the printed publication and the standard and head—subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

- A **correction (CO)** is a change made to rectify an error in the standards and guidelines.
- A **clarification (CL)** is additional information that explains an existing requirement.
- A **policy change (PC)** is a modification of an existing requirement.

An organization undergoing a survey under the 2018 MBHO standards and guidelines must implement corrections and policy changes within 90 calendar days of the IRT release date, unless otherwise specified. The 90-calendar-day advance notice does not apply to clarifications or FAQs, because they are not changes to existing requirements.

Page	Standard/Element	Head/Subhead	Update	Type of Update	ISS Release Date
	Multiple		Refer to the <b>memo</b> to review requirements that were eliminated for the 2019 Standards Year and will be scored NA for the 2018 Standards Year.	PC	7/30/2018
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Organization Obligations	Add the following as sub-bullets after the first sentence in the last bullet: <ul style="list-style-type: none"> <li>– An organization that ceases to do business and no longer has members before the end of its NCQA Accreditation cycle will be removed from the NCQA Managed Behavioral Healthcare Organization Report Card.</li> <li>– An organization that continues to have membership and elects to withdraw from accreditation and not continue to meet NCQA requirements before the end of its NCQA Accreditation cycle, will be reported as “Revoked” on the NCQA Managed Behavioral Healthcare Organization Report Card.</li> </ul>	CL	7/30/2018
26	Policies and Procedures—Section 3: The Survey Process	Reconsideration— Reconsideration request	Add the following as the last sentence: The request may be mailed to NCQA Office of Program Integrity, 1100 13th Street NW, 3rd Floor, Washington DC 20005 or submitted via email to <a href="mailto:Reconsiderations@ncqa.org">Reconsiderations@ncqa.org</a> .	CL	7/30/2018
26	Policies and Procedures—Section 3: The Survey Process	Reconsideration— Documentation that supports Reconsideration	Delete the last sentence of the note, which reads: The organization must provide NCQA with 12 copies of materials.	CL	7/30/2018

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32	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events—Annual Attestation of Compliance With Reportable Events	Revise the second sentence in the second paragraph to read: Submit Reportable Events via email to ReportableEvents@ncqa.org and annual attestations electronically to Attestations@ncqa.org, by fax to 202-955-3599 or by mail to the address below:	CL	7/30/2018
94	QI 9, Element G	Explanation—Factor 6: Initial assessment of life planning activities	Revise the second paragraph to read: If life planning activities are determined to be appropriate, the case manager documents what activities the member has taken and what documents are in place. If determined not to be appropriate, the case manager documents the reason in the case management record or file.	PC	7/30/2018
99	QI 9, Element H	Scope of review	Revise the second sentence of the first paragraph to read: Files are selected from active or closed cases that were opened during the look-back period and remained open for at least 60 calendar days during the look-back period, from the date when the member was identified for complex case management.	CL	7/30/2018
99	QI 9, Element H	Explanation—Timeliness of assessment	Revise the first paragraph to read: The organization begins the initial assessment within 30 calendar days of identifying a member for complex case management and completes it within 60 calendar days of identification. If the initial assessment was started after the first 30 calendar days of member identification, NCQA scores only factor 1 “No”; the remaining factors are not marked down for starting after the first 30 calendar days of identification. Additionally, NCQA scores any factor for which the initial assessment is completed more than 60 calendar days from member identification “No”, unless the delay was due to circumstances beyond the organization’s control:	CL	7/30/2018
101	QI 9, Element H	Explanation—Factor 11: Initial assessment of life planning activities	Revise the second and third paragraphs to read: If life planning activities are determined to be appropriate, the case manager documents what activities the member has taken and what documents are in place. If determined not to be appropriate, the case manager documents the reason in the case management record or file.	PC	7/30/2018
102	QI 9, Element I	Scope of review	Revise the scope of review to read: NCQA reviews evidence of ongoing management within a random sample of up to 40 complex case management files selected from active or closed cases that were opened	CL	7/30/2018

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			during the look-back period and remained open for at least 60 calendar days during the look-back period.		
123, 127	QI 12, Elements A, B	Explanation—QIA design	Revise the fifth bullet to read: <ul style="list-style-type: none"> <li>• Appropriateness of the statistical test, if applicable (statistical significance not required).</li> </ul>	CL	7/30/2018
134	QI 13, Element C	Scope of review	Add this language as the first paragraph: <i>This element applies if delegation was implemented in the look-back period.</i>	CL	7/30/2018
135	QI 13, Element C	Explanation—Predelegation evaluation	Revise the language in this section to read: The organization evaluated the delegate's capacity to meet NCQA requirements within 12 months prior to implementing delegation. NCQA considers the date of the agreement to be the implementation date if the delegation agreement does not include an implementation date. If the time between the predelegation evaluation and implementation of delegation exceeds the 12 months, the organization conducts another predelegation evaluation. If the organization amends the delegation agreement to include additional QI activities within the look-back period, it performs a predelegation evaluation for the additional activities.	CL	7/30/2018
151	CC 2, Element B	Explanation	Add the following <i>Related information</i> subhead and text to the Explanation: <b>Related information</b> <i>Collaboration through patient-centered medical home (PCMH) initiative</i> The use of a medical home initiative meets one opportunity for collaboration between behavioral healthcare and medical care in Element A if: <ul style="list-style-type: none"> <li>• The initiative is a direct result of the data collected and the analysis performed to meet factors 1–2.</li> <li>• The organization provides evidence of active support for the PCMH model during the previous 12 months.</li> </ul> The organization can receive credit for a second opportunity, if it can provide evidence of an analysis that the medical home initiatives can meet additional opportunities. NCQA defines "active support" as any of the following: <ul style="list-style-type: none"> <li>• Helping with application fees for NCQA PCMH Recognition (beyond the NCQA program's sponsor discount).</li> <li>• Helping practices transform into a medical home.</li> </ul>	CL	7/30/2018

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			<ul style="list-style-type: none"> <li>• Providing other incentives for NCQA PCMH Recognition, such as pay-for-performance.</li> <li>• Using NCQA PCMH Recognition as a criterion for inclusion in a restricted or tiered network.</li> <li>• Reporting recognition status in the practitioner directory.</li> </ul> <p>Automatic credit does not apply if the organization uses a medical home initiative to meet the requirements.</p>		
163	CC 5, Element C	Scope of review	<p>Add this language as the first paragraph: <i>This element applies if delegation was implemented in the look-back period.</i></p>	CL	7/30/2018
163	CC 5, Element C	Explanation— Predelegation evaluation	<p>Revise the language in this section to read: The organization evaluated the delegate's capacity to meet NCQA requirements within 12 months prior to implementing delegation. NCQA considers the date of the agreement to be the implementation date if the delegation agreement does not include an implementation date. If the time between the predelegation evaluation and implementation of delegation exceeds the 12 months, the organization conducts another predelegation evaluation. If the organization amends the delegation agreement to include additional CC activities within the look-back period, it performs a predelegation evaluation for the additional activities.</p>	CL	7/30/2018
190, 194	UM 5, Elements A, B	Scope of Review	<p>Add the following as the first paragraph: Because the requirement for timeliness of UM <b>decisions/notifications</b> for the Medicare and Medicaid product lines is being revised for the 2019 standards year for factor 1, NCQA will apply the change to factor 1 for surveys beginning on or after July 1, 2018. For Medicare and Medicaid urgent concurrent requests, the organization <b>makes decisions/sends notification</b> within 72 hours of receipt of the request.</p>	PC	7/30/2018
191	UM 5, Element A	Explanation— Classification of UM requests	<p>Add the following as the first bullet under 'Urgent request':</p> <ul style="list-style-type: none"> <li>• Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, <b>or</b></li> </ul>	CL	7/30/2018
194	UM 5, Element B	Explanation	<p>Revise the first paragraph to read: This element applies to all UM denial determinations resulting from medical necessity review.</p>	PC	7/30/2018

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209	UM 8, Element A	Explanation—Factor 13: Titles and qualifications	Revise the bulleted language for benefit and medical necessity appeals to read: <ul style="list-style-type: none"> <li>• <i>For a benefit appeal:</i> The reviewers' title (name of reviewers' position or job within the organization).</li> <li>• <i>For a medical necessity appeal:</i> The reviewers' title (name of reviewers' position or job within the organization), qualifications (clinical credentials, such as MD, PhD) and specialty (e.g., psychiatrist, clinical psychologist).</li> </ul>	CL	7/30/2018
218	UM 9, Element D	Explanation—Factor 5: Titles and qualifications	Revise the bulleted language for benefit and medical necessity appeals to read: <ul style="list-style-type: none"> <li>• <i>For a benefit appeal:</i> The reviewers' title (name of reviewers' position or job within the organization).</li> <li>• <i>For a medical necessity appeal:</i> The reviewers' title (name of reviewers' position or job within the organization), qualifications (clinical credentials, such as MD, PhD) and specialty (e.g., psychiatrist, clinical psychologist).</li> </ul>	CL	7/30/2018
233	UM 13, Element C	Scope of review	Add this language as the first paragraph: <i>This element applies if delegation was implemented in the look-back period.</i>	CL	7/30/2018
233	UM 13, Element C	Explanation— Predelegation evaluation	Revise the language in this section to read: The organization evaluated the delegate's capacity to meet NCQA requirements within 12 months prior to implementing delegation. NCQA considers the date of the agreement to be the implementation date if the delegation agreement does not include an implementation date. If the time between the predelegation evaluation and implementation of delegation exceeds the 12 months, the organization conducts another predelegation evaluation. If the organization amends the delegation agreement to include additional UM activities within the look-back period, it performs a predelegation evaluation for the additional activities.	CL	7/30/2018
271	CR 8, Element C	Scope of review	Add this language as the first paragraph: <i>This element applies if delegation was implemented in the look-back period.</i>	CL	7/30/2018
271	CR 8, Element C	Explanation— Predelegation evaluation	Revise the language in this section to read: The organization evaluated the delegate's capacity to meet NCQA requirements within 12 months prior to implementing delegation.	CL	7/30/2018

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			<p>NCQA considers the date of the agreement to be the implementation date if the delegation agreement does not include an implementation date.</p> <p>If the time between the predelegation evaluation and implementation of delegation exceeds the 12 months, the organization conducts another predelegation evaluation.</p> <p>If the organization amends the delegation agreement to include additional CR activities within the look-back period, it performs a predelegation evaluation for the additional activities.</p>		
317	LTSS 1, Element E	Explanation—Factor 1: Prioritized goals	Replace “Element B” with “Element F” under the factor 1 subhead.	CO	7/30/2018
317	LTSS 1, Element E	Explanation—Factor 1: Prioritized goals	Add as the last sentence in the explanation for factor 1: Designating goals as long-term or short-term is not sufficient to meet the requirement. The organization must rank or prioritize goals.	CL	7/30/2018
318	LTSS 1, Element E	Explanation—Factor 3: Life-planning activities	Revise the first and second sentences of the second paragraph to read: If life planning activities are determined to be appropriate, the case manager documents what activities the member has taken and what documents are in place. If determined not to be appropriate, the case manager documents the reason in the case management record or file.	PC	7/30/2018
319	LTSS 1, Element F	Explanation—Factor 1: Individualized case management plan	Add as the last sentence to the paragraph under the factor 1 explanation: Designating goals as long-term or short-term is not sufficient to meet the requirement. The organization must rank or prioritize goals.	CL	7/30/2018
338	LTSS 2, Element G	Exceptions	Revise the exception to read: Factors 2 and 3 are NA: <ul style="list-style-type: none"> <li>• If the organization's analysis of results shows that there are no opportunities for improvement. NCQA evaluates whether this conclusion is reasonable, given assessment results.</li> <li>• For Initial Surveys.</li> </ul>	CL	7/30/2018
349	LTSS 4, Element C	Scope of review	Add this language as the first paragraph: <i>This element applies if delegation was implemented in the look-back period.</i>	CL	7/30/2018
349	LTSS 4, Element C	Explanation—Predelegation evaluation	Revise the language in this section to read:	CL	7/30/2018

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			<p>The organization evaluated the delegate's capacity to meet NCQA requirements within 12 months prior to implementing delegation.</p> <p>NCQA considers the date of the agreement to be the implementation date if the delegation agreement does not include an implementation date.</p> <p>If the time between the predelegation evaluation and implementation of delegation exceeds the 12 months, the organization conducts another predelegation evaluation.</p> <p>If the organization amends the delegation agreement to include additional LTSS activities within the look-back period, it performs a predelegation evaluation for the additional activities.</p>		
<b>PREVIOUSLY POSTED UPDATES</b>					
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Organization Obligations	<p>Add the following as the last paragraph under the third bullet:</p> <p>NCQA includes health plan-delegated commercial business and direct employer-purchased services in the commercial product line. An organization with both types of commercial business may choose to bring forward only the health plan-delegated commercial business for accreditation.</p>	CL	3/26/2018
79, 80, 81, 82	QI 8, Elements A-D	Related information—Use of vendors for self-management tool services	<p>Revise the last sentence to read:</p> <p>NCQA does not consider the relationship to be delegation, and delegation oversight is not required under QI 13. NCQA evaluates the vendor's self-management tools against the requirements. Refer to <i>Vendor Relationships</i> in Appendix 3.</p>	CL	3/26/2018
101	QI 9, Element H	Explanation—Factor 6: Evaluation of cultural and linguistic needs	<p>Delete the third bullet, which reads:</p> <ul style="list-style-type: none"> <li>• Health literacy.</li> </ul>	CL	3/26/2018
185	UM 4, Element B	Explanation	<p>Add the following as the second bullet:</p> <ul style="list-style-type: none"> <li>• <i>Nurse practitioners</i>*: Medical, behavioral healthcare, pharmaceutical, dental, chiropractic and vision denials.</li> </ul> <p>Add the following note under the second paragraph:</p> <p>*In states where the organization has determined that practice acts or regulations allow nurse practitioners to practice as independent practitioners, these practitioners may review requests that are within the scope of their license.</p>	CL	3/26/2018

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191	UM 5, Element A	Explanation—Factors 1-4: Timeliness of decision making	Remove “postservice decisions” from the second paragraph so that it reads: <i>For Medicaid and Medicare only:</i> Nonurgent preservice decisions must be made within 14 calendar days.	CL	3/26/2018
191	UM 5, Element A	Explanation—Factors 1-4: Timeliness of decision making	Revise the fourth paragraph to read: 1. An organization may have procedures for ongoing reviews of urgent concurrent care it approved initially. For ongoing reviews, the notification period begins on the day of the review. The organization documents the date of the ongoing review, the decision and the notification in the UM denial file.	CL	3/26/2018
194	UM 5, Element B	Explanation—Factors 1-4: Timeliness of notification	Remove “postservice decisions” from the first paragraph so that it reads: <i>For Medicaid and Medicare only:</i> For nonurgent preservice decisions, the organization gives electronic or written notification of the decision to practitioners and members within 14 calendar days of the request.	CL	3/26/2018
195	UM 5, Element B	Related information—Failure to following filing procedures	Revise the second bullet to include “postservice decisions” so that it reads: <i>For nonurgent preservice and postservice decisions,</i> the organization notifies the practitioner or member within 5 calendar days of receiving the request for services.	CL	3/26/2018
198	UM 6, Element A	Explanation—Relevant clinical information	Add the following text as the second paragraph: The relevance of clinical information is considered in terms of the criteria used by the organization to make its decision (i.e., the clinical information must be related to the criteria the organization said were not met in its denial notice). Organizations must gather clinical information when determining medical necessity. If enough clinical information relevant to the criteria is not provided with the request, the organization must document in the denial file its attempts to gather the clinical information needed to make a decision.	CL	3/26/2018
202	UM 7, Element B	Explanation—Factor 1: Reason for denial	Add as the last sentence of the first paragraph: Denial notifications sent only to practitioners may include technical or clinical terms.	CL	3/26/2018
203, 205	UM 7, Elements B, C	Related information—Notification exception	Add the following to the beginning of this section: 2. NCQA does not require the organization to notify a member of an urgent preservice decision. The organization may notify only the attending or treating practitioner, because NCQA considers the attending or treating practitioner to be acting as the member’s representative.	CL	3/26/2018
209	UM 8, Element A	Explanation—Factors 7-9: Appeal decisions	Add as the last sentence of the first paragraph: Appeal notifications sent only to practitioners may include technical or clinical terms.	CL	3/26/2018

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214	UM 9, Element B	Look-back period	Remove the look-back period for the Medicaid product line that reads: <i>For the Medicaid product line:</i> The 60-day appeal time frame will be scored for files processed on or after July 1, 2017.	CL	3/26/2018
218	UM 9, Element D	Explanation—Factor 1: The appeal decision	Add as the last sentence of the second paragraph: Appeal notifications sent only to practitioners may include technical or clinical terms.	CL	3/26/2018
218	UM 9, Element D	Explanation—Factor 6: Additional appeal rights	Add the following as the second sentence of the second paragraph: The statement that members are not required to bear costs of the IRO, including filing fees, does not apply to appeals by members in self-funded accounts or to members covered by Medicare, Medicaid or the FEHB Program.	CL	3/26/2018
218	UM 9, Element D	Exceptions	Revise the first sentence to read: Factors 3, 4 and 5 are NA for Medicare Part D appeals.	CL	3/26/2018

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