To: Interested Organizations and Individuals
From: Patrick Dahill, Assistant Vice President—Accreditation & Measures Policy
Date: June 26, 2018
RE: Changes to NCQA Accreditation and Certification Standards for 2018 and 2019 Standards Years

NCQA eliminated the following requirements for the 2019 standards year and will score them NA for Accreditation and Certification Surveys that begin on or after July 1, 2018, for the products listed.

Eliminated Requirements

For HP:
- QI 1, Element A: QI Program Structure, factor 3 (How patient safety is addressed) and factor 9 (Serving members with complex needs).
- QI 3, Element A: Practitioner Contracts, factor 2 (Practitioners maintain the confidentiality of member information and records) and Element C: Provider Contracts, factor 2 (Providers maintain the confidentiality of member information and records).
- QI 7, Element C: Provisions for PHI.
- QI 7, Element E: Review of QI Program, factor 2 (Annually audits complex case management files against NCQA standards for each year delegation has been in place).
  Note: NCQA posted an update on 11/20/17 to score this factor NA for the 2018 standards year.
- PHM 7, Element C: Provisions for PHI.
- NET 7, Element C: Provisions for PHI.
- UM 12, Elements A, B: Triage and Referral for Behavioral Healthcare.
- UM 13, Element C: Provisions for PHI.
- CR 1, Element A: Practitioner Credentialing Guidelines, factor 6 (The process for delegating credentialing or recredentialing).
- CR 6, Element A: Actions Against Practitioners, factor 2 (Reporting to authorities) and factor 3 (A well-defined appeal process).
- CR 8, Element B: Provisions for PHI.
- RR 5, Element C: Provisions for PHI.
- MEM 5, Element C: Provisions for PHI.
- LTSS 4, Element B: Provisions for PHI.
For MBHO:
- QI 1, Element A: QI Program Structure, factor 2 (How patient safety is addressed) and factor 8 (Serving members with complex needs).
- QI 3, Element A: Practitioner Contracts, factor 2 (Practitioners maintain the confidentiality of member information and records) and Element C: Provider Contracts, factor 2 (Providers maintain the confidentiality of member information and records).
- QI 13, Element B: Provisions for PHI.
- CC5, Element B: Provisions for PHI.
- UM 11, Elements A, B: Triage and Referral for Behavioral Healthcare.
- UM 13, Element B: Provisions for PHI.
- CR 1, Element A: Practitioner Credentialing Guidelines, factor 6 (The process for delegating credentialing or recredentialing).
- CR 6, Element A: Actions Against Practitioners, factor 2 (Reporting to authorities) and factor 3 (A well-defined appeal process).
- CR 8, Element B: Provisions for PHI.
- RR 5, Element B: Provisions for PHI.
- LTSS 4 Element B: Provisions for PHI.

For UM-CR-PN:
- UM 12, Elements A, B: Triage and Referral for Behavioral Healthcare (UM Accreditation)
- UM 14, Element B: Provisions for PHI. (UM Accreditation)
- CR 1, Element A: Practitioner Credentialing Guidelines, factor 6 (The process for delegating credentialing or recredentialing). (CR Accreditation, PN Accreditation)
- CR 6, Element A: Actions Against Practitioners, factor 2 (Reporting to authorities) and factor 3 (A well-defined appeal process). (CR Accreditation, PN Accreditation)
- CR 8, Element B: Provisions for PHI. (CR Accreditation)
- NET 7, Element C: Provisions for PHI. (PN Accreditation)

For CM:
- CM 9, Element B: Provisions for PHI.
- LTSS 2, Element B: Provisions for PHI.

For CM-LTSS:
- LTSS 8, Element B: Provisions for PHI.

For WHP:
- WHP 14, Element B: Provisions for PHI.

For DM:
- OP 11, Element B: Provisions for PHI.
NCQA also revised the requirement for timeliness of UM decision making for the Medicare and Medicaid product lines for the 2019 standards year. For Medicare and Medicaid urgent concurrent requests, the organization makes decisions and sends notification within 72 hours of receipt of the request. This change will be applied to the same requirements under the 2018 standards year for the products listed below.

\textit{For HP}

\textit{For UM-CR-PN}

\textit{For MBHO}
- UM 5, Elements A, B: Timeliness of UM Decisions.

\textbf{Abbreviations}

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>HP</td>
<td>Health Plan</td>
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<tr>
<td>MBHO</td>
<td>Managed Behavioral Healthcare Organization</td>
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<td>UM-CR-PN</td>
<td>Utilization Management, Credentialing and Provider Network</td>
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<td>WHP</td>
<td>Wellness and Health Promotion</td>
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<td>DM</td>
<td>Disease Management</td>
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<td>CM</td>
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<td>Case Management for Long-Term Services and Supports Program</td>
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