Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
QI 2B: Informing Members	The organization annually makes information about its QI program available to members.	• Retire element in HPA • Move to the Medicaid Module (MED) *MED 8: Informing Members of Services*	This is a broad element requiring plans to share general information about its QI program. In recent publications, we have introduced standards for Population Health Management that require plans to share targeted information to members about programs that are relevant to them (PHM 1B). Retiring will reduce administrative work for plans and reduce "noise" for plan members who receive many notifications from plans.
QI 4A: Member Services Telephone Access	Using valid methodology, the organization collects and performs an annual analysis to measure its performance against its standards for access to Member Services by telephone.	• Retire element in HPA	NCQA has several requirements that evaluate the quality of an organization's member services, including *MEM 3C: Quality and Accuracy of Information and QI 4C: Annual Assessment* (using complaints, appeals and CAHPS results).
QI 4B: Behavioral Healthcare Telephone Access	Using valid methodology, the organization collects and analyzes data to measure its performance against its behavioral healthcare telephone access standards. The quarterly average for screening and triaging calls: 1. Shows that telephones are answered by a live voice within 30 seconds. 2. Shows a telephone abandonment rate within 5 percent.	• Retire element in HPA	See Element QI 4A.
QI 4G: Assessing Experience with the UM Process	The organization's annual assessment of experience with the UM process includes: 1. Collecting and analyzing data on member experience to identify improvement opportunities. 2. Collecting and analyzing data on practitioner experience to identify improvement opportunities. 3. Taking action designed to improve member experience based on assessment of member data.	• Retire element in HPA	Currently, the organization must use complaint, appeal or survey data to assess member and practitioner experience with the UM process. This requirement is redundant; surveyors indicated plans are capturing the issues as part of their overall member experience evaluation and complaint tracking. Additionally, the issues with the UM process are better evaluated in *QI 4: Member Experience* where plans must track and analyze complaint and appeal data and find opportunities to improve. Retiring this element will reduce administrative work for plans.

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
	4. Taking action designed to improve practitioner experience based on assessment of practitioner data.		
QI 5D: Transition to Other Care	The organization helps with members' transition to other care, if necessary: 1. When benefits end. ~~2. During transition from pediatric to adult care.~~	• Retire Factor 2	Transitioning patients from pediatric to adult care can be more efficiently and effectively carried out by practitioners/practitioner groups rather than the plan. The American College of Physicians[1] has a toolkit to help providers facilitate high value care coordination and the American Academy of Pediatrics has an algorithm to walk physicians through the transition process.[2] NCQA's PCMH product includes criteria for care coordination and care transitions. Retiring this factor will reduce administrative burden for plans.
PHM 4A: Health Appraisal Components	The organization's HA includes the following information: 1. Questions on demographics. 2. Questions on health history, including chronic illness and current treatment. 3. Questions on self-perceived health status. 4. Questions to identify effective behavioral change strategies. 5. Questions to identify members with special hearing and vision needs and language preference.	• Retire element in HPA	Requirements where NCQA prescribes the scope of a health appraisal (HA) were necessary a decade ago to help move the market towards a more patient-centered and evidence-based model. Employers are now driving the growth of wellness programs with 85% of employers offering wellness programs and 62% offering HAs in 2017[3]. To remain competitive, health plans need to offer wellness assessments and programs; and NCQA's approach to this change in the market is to promote more flexibility for an organization to design and administer the HAs to meet their customer's needs. With the increasing complexity of populations being managed by health plans, the standards require a more agile evaluation framework. Therefore, we propose retiring HA elements (PHM 4A-E) and only evaluating plans on *PHM 4F: Frequency of Health Appraisal Completion*, which requires the organization to have the capability to administer the HA annually.
PHM 4B: Health Appraisal Disclosure	The organization's HA includes the following information in easy-to-understand language: 1. How the information obtained from the HA will be used. 2. A list of organizations and individuals who might receive the information, and why.	• Retire element in HPA	See PHM 4A above.

[1] https://www.acponline.org/clinical-information/high-value-care/resources-for-clinicians/high-value-care-coordination-hvcc-toolkit
[2] http://pediatrics.aappublications.org/content/128/1/182.full
[3] https://www.kff.org/report-section/ehbs-2017-section-12-health-and-wellness-programs/

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
	3. A statement that participants may consent or decline to have information used and disclosed. 4. How the organization assesses member understanding of the language used to meet factors 1–3.		
PHM 4C: Health Appraisal Scope	HAs provided by the organization assess at least the following personal health characteristics and behaviors: 1. Weight. 2. Height. 3. Smoking and tobacco use. 4. Physical activity. 5. Healthy eating. 6. Stress. 7. Productivity or absenteeism. 8. Breast cancer screening. 9. Colorectal cancer screening. 10. Cervical cancer screening. 11. Influenza vaccination. 12. At-risk drinking. 13. Depressive symptoms. 14. Safety behaviors.	• Retire element in HPA	See PHM 4A above.
PHM 4D: Health Appraisal Results	Participants receive their HA results, which include the following information in language that is easy to understand: 1. An overall summary of the participant's risk or wellness profile. 2. A clinical summary report describing individual risk factors. 3. Information on how to reduce risk by changing specific health behaviors. 4. Reference information that can help the participant understand the HA results.	• Retire element in HPA	See PHM 4A above.

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
	5. A comparison to the individual's previous results, if applicable.		
PHM 4E: Health Appraisal Format	The organization makes HAs available in language that is easy to understand, in the following formats: 1. Digital services. 2. In print or by telephone.	• Retire element in HPA	See PHM 4A above.
PHM 4G: Health Appraisal Review and Update Process	The organization reviews and updates the HA every two years, and more frequently if new evidence is available.	• Retire element in HPA	See PHM 4A above.
PHM 4I: Usability Testing of Self-Management Tools	For each of the required seven health areas in Element H, the organization evaluates its self-management tools for usefulness to members at least every 36 months, with consideration of the following: 1. Language is easy to understand. 2. Members' special needs, including vision and hearing, are addressed.	• Retire element in HPA	This requirement to test the usability of self-management tools causes unnecessary work for plans. Employers are now driving the growth of wellness programs with 85% of employers offering wellness programs[4]. In order to remain competitive, health plans need to offer self-management tools that are innovative, evidence based and aligned with current market/wellness trends. Retiring self-management tool requirements relating to usability, upkeep and formats will reduce administrative burden for plans, add flexibility to meet purchaser expectations and populations needs, and direct their attention to other value-added activities. Plans still will get credit for offering self-management tools in *PHM 4H: Topics of Self-Management Tools*.
PHM 4J: Review and Update Process for Self-Management Tools	The organization demonstrates that it reviews its self-management tools on the following seven health areas and updates them every two years, or more frequently if new evidence is available: 1. Healthy weight (BMI) maintenance. 2. Smoking and tobacco use cessation. 3. Encouraging physical activity. 4. Healthy eating. 5. Managing stress. 6. Avoiding at-risk drinking. 7. Identifying depressive symptoms.	• Retire element in HPA • Retire in MBHO, *QI 8: Self-Management Tools, Element C: Review and Update Process.*	See PHM 4I above.

[4] https://www.kff.org/report-section/ehbs-2017-section-12-health-and-wellness-programs/

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
PHM 4K: Self-Management Tools Format	The organization's self-management tools are offered in the following formats for each required seven health areas: 1. Digital services. 2. In print or by telephone.	• Retire element in HPA • Retire in MBHO, *QI 8: Self-Management Tools, Element D: Formats.*	See PHM 4I above.
PHM 5F: Experience with Case Management	At least annually, the organization evaluates experience with its complex case management program by: 1. Obtaining feedback from members. 2. Analyzing member complaints.	• Retire element in HPA	This element requiring the organization to analyze member experience with its complex case management program is redundant with *PHM 6: Population Health Management Impact*; Element A: Measuring Effectiveness. In PHM 6A, at a minimum an organization must analyze member feedback specific to complex case management for: overall information about the program, staff, usefulness of information disseminated, members' ability to adhere to recommendations, and the percentage of members indicating they achieved their health goals. Retiring this requirement will reduce burden because plans will not be submitting the same report twice.
MEM 2A: Pharmacy Benefit Information—Web Site	Members can complete the following actions on the organization's website in one attempt or contact: 1. Determine their financial responsibility for a drug, based on the pharmacy benefit. 2. Initiate the exceptions process. 3. Order a refill for an existing, unexpired mail-order prescription. 4. Find the location of an in-network pharmacy. 5. Conduct a pharmacy proximity search based on zip code. ~~6. Determine potential drug-drug interactions.~~ ~~7. Determine a drug's common side effects and significant risks.~~ 8. Determine the availability of generic substitutes.	• Retire factors 6 and 7 in HPA	Information on drug-drug interactions and side effects can be found through reliable sources and is supplied by pharmacists/technicians during refills. These services are not core plan functions and are more efficiently and effectively supplied by other entities in the delivery system.

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
MEM 2B: Pharmacy Benefit Information—Telephone	Members can complete the following actions via telephone in one attempt or contact: 1. Determine their financial responsibility for a drug, based on the pharmacy benefit. 2. Initiate the exceptions process. 3. Order a refill for an existing, unexpired, mail-order prescription. 4. Find the location of an in-network pharmacy. 5. Conduct a proximity search based on zip code. ~~6. Determine potential drug-drug interactions.~~ ~~7. Determine a drug's common side effects.~~ 8. Determine the availability of generic substitutes.	• Retire factors 6 and 7 in HPA	See MEM 2A above
MEM 3A: Functionality—Website	Members can complete each of the following activities on the organization's website in one attempt or contact: ~~1. Request or reorder ID cards.~~ 2. Change a primary care practitioner, as applicable. 3. Determine how and when to obtain referrals and authorizations for specific services, as applicable. 4. Determine benefit and financial responsibility for a specific service or treatment from a specified provider or institution, if applicable.	• Retire Factor 1 in HPA	The requirement allows members to request or reorder their member ID card on the plan's website. While this remains an important functionality, our customers and stakeholders have indicated this is normal operating procedure. The factor does not distinguish a quality plan and should be retired to reduce administrative burden for plans.
MEM 4A: Supportive Technology	The organization uses, supports or facilitates the following technology-supported processes:	• Retire element in HPA • Retire element in *MBHO* Care Coordination (CC) *4:*	This broad element requiring plans to use, support or facilitate technology is outdated and does not promote new and innovative ways for plans to activate their members. The delivery system has advanced beyond the scope of this requirement and there are many technologies that plans cannot get credit for because they no longer exist (e.g., smart cards). A

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
	1. Electronic refill reminders for people on medications for chronic conditions. 2. E-visits. 3. Calculators for HSA/FSA accounts. 4. E-prescribing. 5. E-referrals, if applicable. 6. E-appointment scheduling. 7. E-enrollment in DM or wellness programs. 8. Online personal health records. 9. Smart cards containing member health or benefits information.	*Technology to Improve Care Coordination, Element A: Member Support*.	recent patient survey indicated many of these technologies are ranked low when members are asked about preferences in healthcare delivery.[5] Retiring this element will reduce administrative burden and allow plans more flexibility in which technologies they leverage.
RR 1B: Distribution of Rights Statement	The organization distributes its member rights and responsibilities statement to the following groups: 1. New members, upon enrollment. 2. Existing members, annually. 3. New practitioners, when they join the network. 4. Existing practitioners, annually.	• Move requirement to RR 1A: Rights and Responsibilities Statement	The requirement to distribute a member rights and responsibilities statement to members and practitioners annually creates administrative work for plans and "noise" for plan members as they receive many notifications from plans. Member rights and responsibilities statements remain valuable patient protections, however this element can incorporated into the existing RR 1A: Rights and Responsibilities Statement.
NET 4A: Network Design Criteria for Practitioners	The organization's practitioner directory contains easy-to-understand language to explain its criteria for selecting practitioners for participation in its Marketplace Silver-tier plans, including: 1. The types of practitioners included. 2. The geographic distribution of practitioners selected for participation. 3. Quality measures, member experience measures or cost-related measures, if any, used to select practitioners for participation.	• Retire element in HPA	Marketplace plans have been in existence for almost 5 years. The original intent was to provide members with information to help them make better informed decisions about the plan they are choosing. We are looking at several other indicators that would signal problems. For example, plans need to track OON requests for all product lines. Denials related to OON must be evaluated to determine if the OON service was medically necessary.

[5] https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lshc-deloitte-2016-consumer-priorities-in-health-care-survey.pdf

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
NET 4B: Network Design Criteria for Hospitals	The organization's hospital directory contains easy-to-understand language to explain the criteria for selecting hospitals for participation in Marketplace plans, including: 1. The geographic distribution of hospitals selected for participation. 2. Quality measures, member experience measures, patient safety measures or cost-related measures, if any, used to select hospitals for participation.	• Retire element in HPA	Same as above.
NET 4C: Marketplace Member Experience	To assess member experience with its services, the organization annually evaluates member complaints, appeals and requests for out-of-network services by: 1. Collecting valid measurement data for each of the five required categories of complaints/appeals. 2. Compiling requests for and utilization of out-of-network services. 3. Analyzing data.	• Move requirement to be part of *QI 4: Member Experience and NET 3: Network Adequacy Assessment,* which currently have an exception for the Marketplace product lines.	The Marketplace product line has been in existence for several years. Initially, the assessment of Marketplace member experience was broken out in to a separate element to draw attention to Marketplace members since it was a new product on the market. Our new product design with scoring and reporting by product line allows us to include all member experience into one element and still produce different results by product line. Overall, the move allows for a streamlined evaluation of member experience across all product lines.
NET 6E: Physician Information Transparency	For each listing in its web-based physician directory, the organization specifies the source of the listing, how frequently the organization validates the information in the listing and the limitations of the information regarding: 1. Name. 2. Gender. 3. Specialty. 4. Hospital affiliations. 5. Medical group affiliations. 6. Board certification. 7. Accepting new patients.	• Retire element in HPA	The requirement to display the source of verification, the frequency of verification and the limitations of information for each physician in the plan's online physician directory is a dated requirement. This is a "check-the-box" requirement that is evaluated on whether the listing is there, not the accuracy of the listing or the quality of the source. The real assessment of the accuracy of the information in the physician directory is evaluated in *NET 6C: Assessment of Physician Directory Accuracy*. Retiring this element will reduce administrative burden for plans.

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
	8. Languages spoken by the physician or clinical staff. 9. Office locations and phone numbers.		
NET 6I: Hospital Information Transparency	In each listing in its web-based hospital directory, the organization provides an explanation of the item, its source, the frequency of validation or update and limitations of each of the following: 1. Hospital name. 2. Hospital location and phone number. 3. Hospital accreditation status. 4. Hospital quality data from recognized sources.	• Retire element in HPA	The requirement to display the source of verification, the frequency of verification and the limitations of information for each hospital in the plan's online hospital directory is a dated requirement, therefore retiring this element will allow organizations to focus on other rigorous requirements around evaluating the accuracy of these data.
NET 6K: Usability Testing	The organization evaluates its web-based physician and hospital directories for understandability and usefulness to members and prospective members at least every three years, and considers the following: ~~1. Font size.~~ 2. Reading level. 3. Intuitive content organization. 4. Ease of navigation. 5. Directories in additional languages, if applicable to the membership.	• Retire Factor 1 in HPA • Retire factor 1 from MBHO, *Element I: Usability Testing*	Every computer can now increase font size (ex. zooming in). The requirement is outdated.
UM 1B: Physician Involvement	A senior-level physician is actively involved in implementing the organization's UM program.	• Move *UM 1: Utilization Program Structure, Element B: Physician Involvement* as part of *UM 1: Utilization Program Structure, Element A: Written Program Description.*	NCQA requires a senior-level physician to be actively involved in the UM process. A description of the scope of the senior-level physician's involvement is reviewed in *UM 1A: Written Program Description* while proof of active involvement is reviewed in *UM 1B: Physician Involvement* through committee minutes and reports. We propose adding the review of evidence to UM 1A and retiring this element. Retiring this element will streamline review of this requirement.

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
UM 1C: Behavioral Healthcare Practitioner Involvement	A behavioral healthcare practitioner is actively involved in implementing the behavioral healthcare aspects of the UM program.	• Move *UM 1: Utilization Program Structure, Element C: Behavioral Healthcare Practitioner Involvement* as part of *UM 1: Utilization Program Structure, Element A: Written Program Description.*	NCQA requires that a behavioral healthcare practitioner to be actively involved in the UM process. A description of the scope of the behavioral healthcare practitioner involvement is reviewed in UM 1A: Written Program Description while proof of active involvement is reviewed in *UM 1C: Behavioral Healthcare Practitioner Involvement* through committee minutes and reports. We propose adding the review of evidence to UM 1A and retiring this element. Retiring this element will streamline review of this requirement. *UM 1: Utilization Program Structure, Element C: Behavioral Healthcare Practitioner Involvement* will be merged to *UM 1: Utilization Program Structure, Element A: Written Program Description* to streamline review of this requirement.
UM 5A: Timeliness of Nonbehavioral Healthcare UM Decision Making	The organization adheres to the following time frames for timeliness of non-behavioral healthcare UM decision making: 1. For urgent concurrent review, the organization makes decisions within 24 hours of receipt of the request. 2. For urgent preservice decisions, the organization makes decisions within 72 hours of receipt of the request. 3. For nonurgent preservice decisions, the organization makes decisions within 15 calendar days of receipt of the request. 4. For postservice decisions, the organization makes decisions within 30 calendar days of receipt of the request.	• Retire element in HPA • Move to the Medicaid Module *(MED)*	The outcome of this requirement is evidenced in Element B: Notification of Nonbehavioral Decisions. The timeframes in both elements are the same. In Element A, NCQA assesses the plan's internal process of making a timely decision. The timeliness of decision making is captured in the notification since the timeframes are the same and notification is the terminal event.
UM 5C: Timeliness of Behavioral Healthcare UM Decision Making	The organization adheres to the following time frames for timeliness of behavioral healthcare UM decision making:	• Retire element in HPA • Move to the Medicaid Module *(MED)*	The outcome of this requirement is evidenced in Element D: Notification of Behavioral Healthcare Decisions. The timeframes in both elements are the same. In Element C, NCQA assesses the plan's internal process of making a timely decision. The timeliness of decision making is captured in the

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
	1. For urgent concurrent review, the organization makes decisions within 24 hours of receipt of the request. 2. For urgent preservice decisions, the organization makes decisions within 72 hours of receipt of the request. 3. For nonurgent preservice decisions, the organization makes decisions within 15 calendar days of receipt of the request. 4. For postservice decisions, the organization makes decisions within 30 calendar days of receipt of the request.		notification since the timeframes are the same and notification is the terminal event.
UM 5E: Timeliness of Pharmacy UM Decision Making	The organization adheres to the following time frames when making pharmacy UM decisions: 1. For urgent concurrent review, within 24 hours of receiving the request. 2. For urgent preservice decisions, within 72 hours of receiving the request. 3. For nonurgent preservice decisions, within 15 calendar days of receiving the request. 4. For postservice decisions, within 30 calendar days of receiving the request. 5. For Medicare Part D urgent preservice decisions, within 24 hours of receiving the request. 6. For Medicare Part D nonurgent preservice decisions, within 72 hours of receiving the request.	• Retire element in HPA • Move to the Medicaid Module *(MED)*	The outcome of this requirement is evidenced in Element F: Notification of Pharmacy Decisions. The timeframes in both elements are the same. In Element E, NCQA assesses the plan's internal process of making a timely decision. The timeliness of decision making is captured in the notification since the timeframes are the same and notification is the terminal event.

Recommendations for Elements to Retire for HPA 2020 and Derivative Products			
Element	**Standard Language**	**Recommendation**	**Rationale**
	7. For Medicare Part D postservice decisions, within 14 calendar days of receiving the request.		
UM 5G: UM Timeliness Report	The organization monitors and submits a report for timeliness of: 1. Nonbehavioral UM decision making. 2. Notification of nonbehavioral UM decisions. 3. Behavioral UM decision making. 4. Notification of behavioral UM decisions. 5. Pharmacy UM decision making. 6. Notification of pharmacy UM decisions.	• Retire element in HPA • Move to the Medicaid Module *(MED)*	This element is duplicative of the proposed standardized report for notification of Nonbehavioral, Behavioral, and Pharmacy UM notification, which will capture required data for Factors 2,4, and 6. Refer to X attachment for details. Factors 1,3,5 correspond to elements proposed for retirement *UM 5: Timeliness of UM Decisions, Element A: Timeliness of UM Decision Making, Element C: Timeliness of Behavioral Healthcare UM Decision Making*, and *Element E: Timeliness of Pharmacy UM Decision Making*.

