

## NCQA Corrections, Clarifications and Policy Changes to the 2019 UM-CR-PN Standards and Guidelines

December 3, 2018

This document includes the corrections, clarifications and policy changes to the 2019 UM-CR-PN 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 2019 UM-CR-PN 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
14	Policies and Procedures— Section 2: The Accreditation Process	Accreditation Status	Revise the third paragraph to read: <i>Note: An organization that is seeking accreditation in Credentialing and Provider Network does not need to purchase two survey tools; however, it should select both Provider Network and Credentialing Evaluation products.</i>	CL	12/3/2018
19	Policies and Procedures— Section 2: Accreditation Scoring and Status Requirements	Must-Pass Elements and Corrective Action Plan (CAP)	Revise the second bullet under the Note to read: <ul style="list-style-type: none"> <li>• If an organization does not meet the must-pass threshold for any must-pass element, a status modifier of “Under Corrective Action” will be displayed after the applicable accreditation status (e.g., Accredited—Under Corrective Action) until NCQA confirms that the organization has completed the CAP.</li> </ul>	CL	12/3/2018
47	UMA 2, Element D	Scope of review	Revise the first paragraph to read: NCQA reviews delegation agreements in effect during the look-back period from up to four randomly selected clients, or from all clients, if there are fewer than four, and reviews other evidence that the organization cooperates with the client’s efforts to implement QI and other activities.	CL	12/3/2018
104, 111, 118	UM 7, Elements B, E, H	Explanation—Factor 1: Reason for denial	Replace the first paragraph with the following text: The denial notification states the reason for the denial in terms specific to the member’s condition or request and in language that is	CL	12/3/2018

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			<p>easy to understand, so the member and practitioner understand why the organization denied the request and have enough information to file an appeal.</p> <p>An appropriately written notification includes a complete explanation of the grounds for the denial, in language that a layperson would understand, and does not include abbreviations, acronyms or health care procedure codes that a layperson would not understand.</p> <p>The organization is not required to spell out abbreviations/acronyms if they are clearly explained in lay language.</p> <p>To illustrate, for the acronym DNA, spelling out would be “a DNA (deoxyribonucleic acid)” whereas explaining would be “a DNA test is a test that looks at your genetic information.”</p> <p>Denial notifications sent only to practitioners may include technical or clinical terms.</p>		
107, 114, 120	UM 7, Elements C, F and I	Scope of review	Add the following as the second paragraph in the scope of review: Organizations must implement the changes in factors 2 and 3 for files processed on or after 11/1/18.	PC	12/3/2018
109, 116, 122	UM 7, Elements C, F, I	Related information— Medicare denials	<p>Revise the subhead and text to read:</p> <p><b>Medicare denials and Fully Integrated Dual Eligible (FIDE) denials</b></p> <p>CMS requires organizations to issue an Integrated Denial Notice (IDN) for non-inpatient medical service denials for Medicare and FIDE members. The IDN meets factors 1–3 for these members.</p>	PC	12/3/2018
124	UM 8, Element A	Look-back period	<p>Revise the look-back period to read:</p> <p><i>For Initial Surveys:</i> 6 months.</p> <p><i>For Renewal Surveys:</i> 6 months for factor 16; 24 months for all other factors.</p>	CL	12/3/2018
125-126	UM 8, Element A	Explanation—Factors 7-9: Appeal decisions	<p>Replace the first paragraph with the following text:</p> <p>Appeal policies and procedures specify that appeal decisions and notification are timely. The appeal decision notification states the</p>	CL	12/3/2018

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			<p>reason for upholding the denial in terms specific to the member's condition or request and in language that is easy to understand, so the member and practitioner understand why the organization upheld the appeal decision and have enough information to file the next level of appeal.</p> <p>An appropriately written notification includes a complete explanation of the grounds for the upheld appeal decision, in language that a layperson would understand, and does not include abbreviations, acronyms or health care procedure codes that a layperson would not understand.</p> <p>The organization is not required to spell out abbreviations/acronyms if they are clearly explained in lay language.</p> <p>To illustrate, for the acronym DNA, spelling out would be "a DNA (deoxyribonucleic acid)" whereas explaining would be "a DNA test is a test that looks at your genetic information."</p> <p>Upheld appeal notifications sent only to practitioners may include technical or clinical terms.</p>		
127	UM 8, Element A	Exceptions	<p>Add the following as the last exception:</p> <p>Factor 16 is NA if the organization does not provide or administer coverage for members.</p>	CL	12/3/2018
127	UM 8, Element A	Related information— Extending the time frame to obtain additional information	<p>Add "or" to the first bullet so that it reads:</p> <ul style="list-style-type: none"> <li>• The member agrees to extend the appeal time frame, <b>or</b></li> </ul>	CL	12/3/2018
128	UM 8, Element B	Scope of review	<p>Replace the second paragraph with the following two paragraphs:</p> <p><i>For First Surveys:</i> NCQA reviews the most recent distribution of external review rights to members.</p> <p><i>For Renewal Surveys:</i> NCQA reviews the most recent and previous annual distribution of external review rights to members.</p>	CL	12/3/2018

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135-136	UM 9, Element D	Explanation—Factor 1: The appeal decision	<p>Replace the explanation with the following text:</p> <p>The appeal decision notification states the reason for upholding the denial in terms specific to the member's condition or request and in language that is easy to understand, so the member and practitioner understand why the organization upheld the appeal decision and have enough information to file the next level of appeal.</p> <p>An appropriately written notification includes a complete explanation of the grounds for the upheld appeal decision, in language that a layperson would understand, and does not include abbreviations, acronyms or health care procedure codes that a layperson would not understand.</p> <p>The organization is not required to spell out abbreviations/acronyms if they are clearly explained in lay language.</p> <p>To illustrate, for the acronym DNA, spelling out would be "a DNA (deoxyribonucleic acid)" whereas explaining would be "a DNA test is a test that looks at your genetic information."</p> <p>Upheld appeal notifications sent only to practitioners may include technical or clinical terms.</p>	CL	12/3/2018
234	NET 2, Element A	Explanation—Quantitative and qualitative analyses	<p>Revise the second paragraph to read:</p> <p>The analysis may be conducted at the organizational level (i.e., primary care practitioners and practices may be grouped together), but if the analysis reveals issues, the organization conducts a practitioner-level analysis (by individual primary care practitioner) across all primary care practitioners and practices or from a statistically valid sample of them to determine if members are able to get an appointment to see a practitioner.</p>	CL	12/3/2018
235	NET 2, Element B	Explanation—Quantitative and qualitative analyses	<p>Revise the second paragraph to read:</p> <p>The analysis may be conducted at the organizational level (i.e., behavioral healthcare practitioners and practices may be grouped together), but if the analysis reveals issues, the organization conducts a practitioner-level analysis (by individual behavioral healthcare practitioner) across all behavioral healthcare practitioners</p>	CL	12/3/2018

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			and practices or from a statistically valid sample of them to determine if members are able to get an appointment to see a practitioner.		
237	NET 2, Element C	Explanation—Quantitative and qualitative analyses	Revise the second paragraph to read: The analysis may be conducted at the organizational level (i.e., specialists and specialty practices may be grouped together), but if the analysis reveals issues, the organization conducts a practitioner-level analysis (by individual specialist) across all affected high-volume and high-impact specialty practitioners and practices or from a statistically valid sample of them to determine if members are able to get an appointment to see a practitioner.	CL	12/3/2018
3-7	Appendix 3	Delegating to NCQA-Accredited/Certified Organizations— General requirements	Add the following as the last sentence in the fifth bullet: If there are two or more delegates, “70 percent” is cumulative.	CL	12/3/2018

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