

**COVID-19 Impact Tracker**

**Organizations impacted by COVID-19:** Use this form to request survey accommodations described on NCQA’s website at [ncqa.org/covid](http://www.ncqa.org/covid). To qualify for these accommodations, you must submit a ***Disaster Management Plan*** describing your modified approach to addressing applicable standards. NCQA staff/surveyors will review this form along with your submission documents to assess any needed accommodations.

**Organization Name:** Click to enter text. **Program Type:** Choose an item.

**Accred Code:** Click to enter text. **Submission Date:** Click to enter a date.

**Instructions**: All fields are required. List all Elements impacted by COVID-19 and provide a brief description of how COVID-19 impacted your organization’s ability to meet the requirements. Summarize requested accommodations and mitigation efforts and provide a reference to applicable sections of your ***Disaster Management Plan***. Please annotate and bookmark your ***Disaster Management Plan*** for easy reference. In the IRT, link the ***Disaster Management Plan*** to each impacted Element.

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| **ELEMENTS IMPACTED BY COVID-19 & REQUESTED ACCOMMODATIONS****(Provide file review exclusion details in next section.)** |
| **NCQA Element** | **Summary of COVID-19 Impact** | **Impact** **Start Date** | **Impact** **End Date** | **Requested Accommodation** | **COVID-19 Impact Mitigation** | **Disaster Management Plan Reference** |
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| **Example**: UM5A | **Example**: UM Timeliness impacted by diversion of clinical resources to COVID-19 activities. | 3/1/20 | 6/30/20 | **Example:** Excluding files in UM universes for the months of March – June 2020. | **Example**: Prior authorization requirements were lifted between 3/1/20 and 6/30/20. | **Example**: Pages 7-10 |
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*Add rows as needed.*

**FILE REVIEWS**

**Instructions**: Indicate below if you will exclude files during the COVID-19 accommodation period. (See NCQA’s website at [ncqa.org/covid](http://www.ncqa.org/covid) to verify current accommodation period dates.) Work with your Accreditation Survey Coordinator (ASC) to define your file universe(s) as needed.

**Note:** The decision to exclude files may differ by file review type (e.g., CCM, CR, UM). If excluding files due to COVID-19, exclude all files during any impacted month unless approved by your ASC due to special circumstances. For months that were not impacted, include all applicable files.

**Look-Back Period: Start Date: Click to enter start date. End Date: Click to enter end date.**

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| **EXCLUDED FILES DUE TO COVID-19 IMPACT****Indicate whether files will be excluded, are not applicable, or are included due to no COVID-19 Impact.** |
| **Type of File Review**  | **Check if Excluding Files** | **Describe Exclusion** **(Indicate months for which files are excluded.)** | **N/A** | **No Impact - All files included** |
| CR – Credentialing |[ ]   |[ ] [ ]
| CCM – Complex Case Management |[ ]   |[ ] [ ]
| LTSS – Long-Term Services & Supports |[ ]   |[ ] [ ]
| UM – Nonbehavioral Denials |[ ]   |[ ] [ ]
| UM – Behavioral Denials |[ ]   |[ ] [ ]
| UM – Pharmacy Denials |[ ]   |[ ] [ ]
| UM – Appeals |[ ]   |[ ] [ ]
| **Other** (List):  |[ ]   |[ ] [ ]
| **Other** (List):  |[ ]   |[ ] [ ]

**NCQA TO COMPLETE:**

**Look-Back Period:** [ ]  Check if no change to look-back period OR indicate changes below:

**New Start Date: Click to enter new start date. New End Date: Click to enter new end date.**

**File Exclusions:** [ ]  Check if file exclusions indicated above are approved OR indicate changes below:

 **File Exclusion Changes: Click to describe changes.**

**Reviewed By: Click to enter name.**