



For Public Comment
November 18, 2020–January 13, 2021
Comments due 11:59 p.m. ET
January 13, 2021

Overview of Proposed Changes in 2022 Accreditation Programs

Health Plan Accreditation (HPA)

Managed Behavioral Healthcare Organization Accreditation (MBHO)

Case Management (CM) Accreditation

***Utilization Management-Credentialing-Provider Network (UM-CR-PN)
Accreditation***

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NCQA Customer Support: 888-275-7585
www.ncqa.org

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Health Plan Accreditation Updates Overview

Our Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For 30 years, NCQA has been driving improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA's programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans. Today, approximately 176 million Americans are enrolled in a NCQA-Accredited health plan.

The NCQA Advantage

Proposed updates to Health Plan Accreditation aim to align standards with the changing market landscape and stakeholder (states, employers, CMS, consumers) needs and regulatory requirements, and to assist organizations in their pursuit of quality care. The NCQA Accreditation seal is a sign that organizations deliver high-quality care and have strong member protections.

A Guide to the Updates

HPA 2022 Proposed Standard Changes

The corresponding section in the *Overview* details proposed changes, provides the background and rationale and asks targeted questions for consideration. [Appendix 1: Proposed Standard Changes for HPA 2022](#) details the updated standard language.

NCQA will also update all applicable products to align with the HPA updates:

- Managed Behavioral Healthcare Organization (MBHO) Accreditation 2022.
- Case Management (CM) Accreditation 2022.
- Utilization Management, Credentialing and Provider Network (UM-CR-PN) Accreditation 2022.

MBHO 2022 Proposed Standard Changes

The corresponding section in the *Overview* details proposed changes for MBHO 2022 only. [Appendix 2: Proposed Standard Changes for MBHO 2022](#) details the updated standard language described in this section.

UM-CR-PN 2022 Proposed Standard Changes

The corresponding section in the *Overview* details proposed changes for UM-CR-PN 2022 only. [Appendix 3: Proposed Standard Changes for UM-CR-PN 2022](#) details the updated standard language described in this section.

Stakeholders Participating in Public Comment

NCQA shares these changes for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

HPA 2022: Proposed Standard Changes

Background

Proposed changes to the HPA 2022, MBHO 2022, CM 2022 and UM-CR-PN 2022 standards and guidelines were informed by feedback (e.g., via PCS) from health plan organizations, NCQA surveyors and stakeholders such as consumers, states and CMS. Changes include the addition of new requirements and updates to the stem and factors of existing requirements in the PHM, UM, CR and NET standard categories.

New Requirements

Refer to [Appendix 1: Proposed Standard Changes for HPA 2022](#) to review the changes outlined below.

UM 12: UM System Controls, CR 1: Credentialing Policies

For HPA 2022, MBHO 2022 and UM-CR-PN 2022, NCQA recommends adding three new must-pass elements:

- UM 12, Element B: UM Denial Controls Oversight and Audit.
- UM 12, Element D: UM Appeal Controls Oversight and Audit.
- CR 1, Element D: Credentialing Controls Oversight and Audit.

As part of the HPA 2020 updates, NCQA implemented three must-pass elements based on findings of fraudulent changes of UM decisions by some health plans and delegated entities. These actions put members at risk for not receiving timely care and decisions as part of the preauthorization process. Similar reportable events were received for Credentialing and Recredentialing. The HPA 2020 elements included:

- UM 12, Element A: UM Denial System Controls.
- UM 12, Element C: UM Appeal System Controls.
- CR 1, Element C: CR System Controls.

These elements require organizations to have policies and procedures in place for recording dates in their systems; to have rules governing date modification, including identification of who is authorized to make changes; and to have the ability to track changes and security controls.

Building on existing requirements of UM 12, Elements A and C (UM Denial/Appeal System Controls) and CR 1, Element C (Credentialing System Controls), the proposed must-pass elements require organizations to demonstrate that they conduct the following audit activities on a quarterly basis:

- Analyze all changes to receipt dates and decision notification dates, including reasons for the change.
- Analyze instances of date changes that did not meet the modification criteria.
- Take action based upon findings in the prior two activities.

Targeted Questions for UM 12B, UM 12C, CR 1D

- Do you support adding three new elements with requirements governing UM and CR system controls oversight and audit?
- Do you support making the proposed new elements must-pass?
- What potential challenges, if any, might these requirements create for organizations?
- How does your organization approach UM and CR system controls to ensure that dates are not changed without proper authorization?
- Is it feasible for your organization to conduct audits and produce reports according to these new requirements, effective for surveys on or after July 1, 2022? If not, how long do you think it would take to implement the requirements as written?

UM 12A, UM 12C, CR 1C: UM/Credentialing System Controls

NCQA recommends removing the must-pass designation for these three elements, given the inclusion of three new must-pass elements UM 12, Elements B and D (UM Denial/Appeal Controls Oversight and Audit) and CR 1, Element D (Credentialing Controls Oversight and Audit).

These updates will also apply to MBHO 2022 and UM-CR-PN 2022.

Targeted Question for UM 12A, UM 12C, CR 1C

- Do you support the proposal to remove the must-pass designation from the existing System Control elements?

UM 13C: Review of the UM Program and CR 8C: Review of Delegate's Credentialing Activities

NCQA recommends adding a new factor stating that the organization semiannually audits regular UM and CR system audit reports from the delegate.

Documentation requirements under HPA 2021 for UM 12, Elements A and C (UM Denial/Appeal System Controls) and CR 1, Element C (Credentialing System Controls) specify that organizations that outsource storage of UM or CR information to external entities (delegates) must provide contracts and documentation from up to four randomly selected external entities.

Adding a factor to the delegation requirements under UM 13, Element C and CR 8, Element C will ensure that delegates are evaluated separately for compliance with NCQA's UM and CR system controls oversight and audit requirements.

These updates will also apply to MBHO 2022 and UM-CR-PN 2022.

Targeted Questions for UM 13C and CR 8C

- Do you support the proposal to add a new factor under the UM and CR delegation standards to separately evaluate delegate compliance with UM and CR system controls oversight and audit requirements?
- Are there alternative ways NCQA should consider for evaluating oversight of delegate UM and CR system controls?
- Should these elements require organizations to have a plan of action when audits identify delegates that are noncompliant with UM or CR system control requirements?

PHM 4, Element A: Frequency of Health Appraisal Completion

NCQA recommends updating the explanation for PHM 4, Element A: Frequency of Health Appraisal Completion to clarify that organizations must demonstrate their capability to annually administer health appraisals to adult members only.

Under *PHM 4: Wellness and Prevention*, Element A (Frequency of Health Appraisal Completion) applies only to adults and Element B (Topics of Self-Management Tools) applies to all members, but the intent statement implies that both elements apply to adult members.

These updates will only apply to HPA 2022.

Targeted Question for PHM 4A

- Do you support the proposed revisions to PHM 4A to clarify that the element applies to adult members only?

NET 1, Element A: Cultural Needs and Preferences

NCQA recommends adding an “annual” frequency to the element stem.

Organizations are required to use data from Element A, which does not have an annual frequency, for Elements B (Practitioners Providing Primary Care) and C (Practitioners Providing Specialty Care), which do have an annual frequency. This change will align the expectations of Elements A–C.

These updates will also apply to UM-CR-PN 2022.

Targeted Question for NET 1A

- Do you support the proposal to add an “annual” frequency to the element stem of NET 1A?

UM 5, Element D: UM Timeliness Report

NCQA recommends eliminating factors 1 (Nonbehavioral UM decision making), 3 (Behavioral UM decision making) and 5 (Pharmacy UM decision making).

Effective 2020, standalone decision-making elements were merged with notification elements because it is more important to notify members in a timely manner. This change will align Element D with Elements A–C (Notification of Nonbehavioral/BH/Pharmacy Decisions).

These updates will also apply to MBHO 2022 and UM-CR-PN 2022.

Targeted Question for UM 5D

- Do you support the proposal to eliminate factors 1, 3 and 5 from UM 5D?

UM 5, Element E: Interim Policies and Procedures

NCQA recommends modifying existing factors 1–4 and adding new factors to account for product line specific time frames, including:

- Modifying existing factors 1–4 to require that the organization, “gives electronic or written notification of the decisions to members and practitioners,” instead of “makes decisions.”
- Adding “commercial and Exchange” to existing factor 4 (nonurgent preservice decisions).
- Adding eight new factors specific to Medicaid and Medicare Part B.

Effective 2020, standalone decision making elements were merged with notification elements because it is more important to notify members in a timely manner. These changes will align Element E with Elements A–C (Notification of Nonbehavioral/BH/Pharmacy Decisions) and D (UM Timeliness Report) and help organizations better prepare for surveys after an Interim Survey.

These updates will only apply to HPA 2022.

Targeted Questions for UM 5E

- Do you support the proposal to specify time frames by product line at the factor level?
- Do you support the proposal to evaluate notification instead of decision-making time frames?

UM 7, Element C: Nonbehavioral Healthcare Notice of Appeal Rights/Process

NCQA recommends revising the text for the “Met” and “Partially Met” scoring options.

This change will align scoring for Element C with scoring for Elements F (Behavioral Healthcare Notice of Appeal Rights/Process) and I (Pharmacy Notice of Appeal Rights/Process), which are identical requirements.

These updates will only apply to HPA 2022.

Targeted Question for UM 7C

- Do you support the proposed changes to the thresholds of the “Met” and “Partially Met” scoring options for UM 7C?

UM 9, Element B: Timeliness of the Appeal Process

NCQA recommends:

- Replacing “resolve” with “notification” in the element stem and existing factors.
- Adding a new factor to account for the time frame of Medicaid postservice appeals.

Revising the element stem and existing factors will clarify that the intent of the requirement is to review notification of appeal rather than resolution of appeal. The time frame for Medicaid is specified in the Explanation.

These updates will also apply to MBHO 2022 and UM-CR-PN 2022.

Targeted Questions for UM 9B

- Do you support revising the element stem and existing factors to evaluate notification instead of resolution?
- Do you support the proposal to add a new factor specific to Medicaid postservice appeal time frames?

Updates and Clarifications for Existing HPA Standards

Refer to [Appendix 1: Proposed Standard Changes for HPA 2022](#) to review highlighted changes to all elements.

PHM 5, Element D: Initial Assessment

NCQA recommends:

- Adding “completes assessment within 60 calendar days” to the element stem.
- Adding a new factor, “Beginning the assessment for at least one factor within 30 calendar days of identifying a member for complex case management.”

The requirements to start assessment within 30 calendar days of identifying the member and complete the assessment within 60 calendar days are included in the Explanation. This update will ensure consistent interpretation and application.

These updates will also apply to CM 2022.

Targeted Questions for PHM 5D

- Do you support the proposal to specify the completion time frame in the element stem?
- Do you support the proposal to add a new factor to specify the time frame for when assessments should begin?

UM 5, Elements A, B: Notification of Behavioral/Nonbehavioral Decisions

NCQA recommends adding a new factor, “For Medicare and Medicaid nonurgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 14 calendar days of the request,” to account for different Medicare and Medicaid time frames.

The time frame for Medicare and Medicaid nonurgent preservice decisions is included in the “Related information” text. This change will align NCQA’s timeliness standards and Medicare & Medicaid requirements.

These updates will also apply to MBHO 2022 and UM-CR-PN 2022.

Targeted Question for UM 5A, UM 5B

- Do you support adding a new factor to UM 5A and 5B to account for different Medicare and Medicaid time frames?

UM 5, Element C: Notification of Pharmacy Decisions

NCQA recommends modifying existing factors and adding new factors to account for product line-specific time frames:

- Add “commercial and Exchange” to existing factors 1 (urgent concurrent decisions), 2 (urgent preservice decisions) and 3 (nonurgent preservice decisions).
- Add four new factors specific to Medicaid and Medicare Part B.

Currently, the “Related information” section refers to the *Medicare Managed Care Manual, Chapter 4* for the Medicare and Medicaid time frame, but does not explicitly specify the time frame. Based on regulations, the time frame for urgent concurrent decisions and urgent preservice decisions for drugs covered under Medicare Part B and Medicaid is 24 hours. The time frame for both urgent and nonurgent Medicaid decisions is 24 hours because the Social Security Act does not specify different time frames for urgent and nonurgent decisions.

These updates will also apply to UM-CR-PN 2022.

Targeted Question for UM 5C

- Do you support the proposal to specify time frames by product line at the factor level for UM 5C?

UM 8, Element A: Internal Appeals

NCQA recommends adding a new factor, “for Medicare and Medicaid, allowing at least 60 calendar days after notification of the denial for the member to file an appeal,” to account for Medicare and Medicaid appeal time frames.

The 60-calendar day time frame for filing a Medicaid appeal is specified in the Explanation.

These updates will also apply to MBHO 2022 and UM-CR-PN 2022.

Targeted Question for UM 8A

- Do you support the proposal to add a new factor to UM 8A to account for Medicare and Medicaid appeal time frames?

CR 2, Element A: Credentialing Committee

NCQA recommends modifying factor 3 to read, “Ensures that files that meet established criteria are reviewed and approved by a medical director, designated physician *or credentialing committee.*”

The Explanation requires clean files to be reviewed and approved by a medical director, designated physician or credentialing committee. Aligning factor 3 with the Explanation will ensure consistent interpretation and application.

These updates will also apply to MBHO 2022 and UM-CR-PN 2022.

Targeted Question for CR 2A

- Do you support the proposal to modify CR 2A, factor 3 to clarify that credentialing committees are an allowable reviewing body?

MBHO 2022: Proposed Standard Changes

Updates Applicable Only to MBHO Standards

Refer to [Appendix 2: Proposed Standard Changes for MBHO 2022](#) to review the new requirement.

CR 3, Element A: Verification of Credentials

NCQA recommends revising the text for the 50%, 20% and 0% scoring options. These changes will align with how HPA 2019 elements were scored before the conversion of percentages to Met, Partially Met and Not Met.

These updates will only apply to MBHO 2022.

Targeted Questions for CR 3A

- Do you support revising the CR 3A scoring option language as proposed?

New Requirements, Updates and Clarifications Shared Between MBHO & HPA

The table below lists all elements in MBHO for which updates will be made to align with the proposed standards changes in HPA 2022. Refer to [Appendix 1: Proposed Standard Changes for HPA 2022](#) for marked-up standards.

MBHO 2021 Element	Equivalent HPA 2021 Element
UM 5, Element A: Timeliness of UM Decision Making	UM 5, Element B: Notification of BH Decisions
UM 5, Element B: UM Timeliness Report	UM 5, Element D: UM Timeliness Report
UM 8, Element A: Internal Appeals	UM 8, Element A: Internal Appeals
UM 9, Element B: Timeliness of the Appeal Process	UM 9, Element B: Timeliness of the Appeal Process
UM 11, Element A: UM Denial System Controls	UM 12, Element A: UM Denial System Controls
New element proposed for HPA, MBHO and UM-CR-PN.	UM 12, Element B: UM Denial Controls Oversight and Audit
UM 11, Element B: UM Appeal System Controls	UM 12, Element C: UM Appeal System Controls
New element proposed for HPA, MBHO and UM-CR-PN.	UM 12, Element D: UM Appeal Controls Oversight and Audit
UM 12, Element C: Review of the UM Program	UM 13, Element C: Review of the UM Program
CR 1, Element C: Credentialing System Controls	CR 1, Element C: Credentialing System Controls
New element proposed for HPA, MBHO and UM-CR-PN.	CR 1, Element D: Credentialing Controls Oversight and Audit
CR 2, Element A: Credentialing Committee	CR 2, Element A: Credentialing Committee
CR 8, Element C: Review of the Delegate's Credentialing Activities	CR 8, Element C: Review of Delegate's Credentialing Activities

UM-CR-PN 2022: Proposed Standard Changes

New Requirements Applicable Only to UM-CR-PN Standards

Refer to [Appendix 3: Proposed Standard Changes for UM-CR-PN 2022](#) to review the new requirements.

CRA/UMA 1, Element B: Analysis of Quality Activities

NCQA recommends:

- Adding “annual” to the element stem for CRA/UMA 1B.
- Revising factor 1 to read, “Collection and analysis of aggregate data and trends.”

Analysis requirements are typically annual in other products. The change to factor 1 will clarify that the intent of the requirement is data collection and analysis, not evaluation.

These updates will only apply to UM-CR-PN 2022.

Targeted Question for CRA/UMA 1B

- Do you support adding “annual” to the element stem of CRA/UMA 1B?
- Do you support the proposed revision to factor 1?

CRA/UMA 2, Element B: Submission of Documents for Oversight

NCQA recommends revising the text for the 50% and 0% scoring options to make scoring less subjective.

These updates will only apply to UM-CR-PN 2022.

Targeted Question for CRA/UMA 2B

- Do you support the proposed revision to scoring options 50% and 0% for CRA/UMA 2B?

New Requirements, Updates and Clarifications Shared Between UM-CR-PN & HPA

The table below lists all elements in UM-CR-PN for which updates will be made to align with the proposed standards changes in HPA 2022. Refer to [Appendix 1: Proposed Standard Changes for HPA 2022](#) for marked-up standards.

UM-CR-PN 2021 Element	Equivalent HPA 2021 Element
UM 5, Element A: Notification of Nonbehavioral Decisions	UM 5, Element A: Notification of Nonbehavioral Decisions
UM 5, Element B: Notification of Behavioral Healthcare Decisions	UM 5, Element B: Notification of BH Decisions

UM-CR-PN 2021 Element	Equivalent HPA 2021 Element
UM 5, Element C: Notification of Pharmacy Decisions	UM 5, Element C: Notification of Pharmacy Decisions
UM 5, Element D: UM Timeliness Report	UM 5, Element D: UM Timeliness Report
UM 8, Element A: Internal Appeals	UM 8, Element A: Internal Appeals
UM 9, Element B: Timeliness of the Appeal Process	UM 9, Element B: Timeliness of the Appeal Process
UM 12, Element A: UM Denial System Controls	UM 12, Element A: UM Denial System Controls
New element proposed for HPA, MBHO and UM-CR-PN.	UM 12, Element B: UM Denial Controls Oversight and Audit
UM 12, Element B: UM Appeal System Controls	UM 12, Element C: UM Appeal System Controls
New element proposed for HPA, MBHO and UM-CR-PN.	UM 12, Element D: UM Appeal Controls Oversight and Audit
UM 13, Element C: Review of the UM Program	UM 13, Element C: Review of the UM Program
CR 1, Element C: Credentialing System Controls	CR 1, Element C: Credentialing System Controls
New element proposed for HPA, MBHO and UM-CR-PN.	CR 1, Element D: Credentialing Controls Oversight and Audit
CR 2, Element A: Credentialing Committee	CR 2, Element A: Credentialing Committee
CR 8, Element C: Review of Delegate's Credentialing Activities	CR 8, Element C: Review of Delegate's Credentialing Activities
NET 1, Element A: Cultural Needs and Preferences	NET 1, Element A: Cultural Needs and Preferences

Public Comment Instructions

Public Comment Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. NCQA encourages reviewers to provide insights on global issues related to the proposed HPA updates including:

1. Will the proposed HPA updates assist your organization in meeting its objectives? If so, how? If not, why not?
2. Are there key expectations not addressed in the proposed requirements?

Documents

Draft standards and explanations for updates can be found in:

- [Appendix 1: Proposed Standard Changes for HPA 2022.](#)
- [Appendix 2: Proposed Standard Changes for MBHO 2022.](#)
- [Appendix 3: Proposed Standard Changes for UM-CR-PN 2022.](#)

How to Submit Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select one or more of the following from the drop-down box:
 - a. **Proposed Standard Changes for HPA 2022.**
 - b. **Proposed Standard Changes for MBHO 2022.**
 - c. **Proposed Standard Changes for UM-CR-PN 2022.**
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
 - a. If you choose **Do not support**, include your rationale in the text box.
 - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.

***Note:** There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the "cut and paste" function to copy your comment into the Comments box.*
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments must be entered by Wednesday, January 13, at 11:59 p.m. ET

Next Steps

The final Standards and Guidelines for HPA 2022, MBHO 2022, CM 2022 and MBHO 2022 will be released in 2021, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements for HPA 2022 take effect July 1, 2022.

Organizations coming forward for Accreditation after this date must meet the new requirements.