

## NCQA Corrections, Clarifications and Policy Changes to the 2021 HP Standards and Guidelines

*November 23, 2020*

This document includes the corrections, clarifications and policy changes to the 2021 HP 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 2021 HP 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	IRT Release Date
13	Overview	Other Important NCQA Information	Revise the last bullet to read: <ul style="list-style-type: none"> <li>• NCQA team members are available during the application process to help organizations select the evaluation product for which they are eligible. Our Application and Scheduling Team can also provide guidance on the application process, fee structure, timelines and survey preparation. Contact NCQA staff via the “My Questions” section at <a href="https://my.ncqa.org">https://my.ncqa.org</a>.</li> </ul>	CO	11/23/20
20	Policies and Procedures—Section 1: Eligibility and the Application Process	Application request	Replace the second sentence with the following: Log in, click <b>My Apps</b> and then click <b>NCQA Applications Online</b> for the Accreditation/Certification Application Tool.	CL	11/23/20
22	Policies and Procedures—Section 1: Eligibility and the Application Process	Organization Obligations	Delete the last sub-bullet under the third bullet because it is addressed under “Organization Obligations”: — An organization that has membership in a state where it is not licensed to operate should include those members in the “home” state where it is licensed to operate and has its main membership.	CL	11/23/20

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24	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Add-On Survey (applies to First and Renewal Evaluation Options)	Replace the fourth paragraph with the following: The effective date of the Accreditation status for the new product line through an Add-On Survey aligns with the current Accreditation earned during the most recent Full Survey.	CL	11/23/20								
28	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Corrective Action	<p>Replace the text with the following:</p> <p>In certain circumstances, NCQA may require corrective action and submission of a corrective action plan (CAP) by the organization. Corrective actions are steps taken to improve performance when an organization does not meet specific NCQA Accreditation requirements. Failure to timely comply with requested corrective action may result in a lower score or reduction or loss of Accreditation status.</p> <p>A CAP is considered complete when NCQA notifies the organization that all identified deficiencies are resolved and corrective actions have been implemented. If the CAP is not completed within the agreed-on time frame, the organization must notify NCQA of the reason.</p> <p>The ROC determines completion of the CAP. If the CAP is considered incomplete, the ROC may extend the CAP, reduce the organization's status or issue a Denied Accreditation status as specified below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">If the Organization...</th> <th style="text-align: center;">The ROC May...</th> </tr> </thead> <tbody> <tr> <td>Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.</td> <td>Extend the CAP or reduce the organization's status from Accredited to Provisional or Provisional to Denied.</td> </tr> <tr> <td>Does not complete the CAP after an extension.</td> <td>Reduce the organization's status from Accredited to Provisional or Provisional to Denied.</td> </tr> <tr> <td>Is unwilling or unable to formulate a satisfactory CAP within the required time frame, <i>or</i> Makes no attempt to complete an agreed-on CAP.</td> <td>Issue a Denied Accreditation status.</td> </tr> </tbody> </table>	If the Organization...	The ROC May...	Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.	Extend the CAP or reduce the organization's status from Accredited to Provisional or Provisional to Denied.	Does not complete the CAP after an extension.	Reduce the organization's status from Accredited to Provisional or Provisional to Denied.	Is unwilling or unable to formulate a satisfactory CAP within the required time frame, <i>or</i> Makes no attempt to complete an agreed-on CAP.	Issue a Denied Accreditation status.	CL	11/23/20
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35	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Must-Pass Elements and Corrective Action Plan— <i>Note</i>	Replace “CAP Review” with “CAP” in the third subbullet in the Note to read: – 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.	CL	11/23/20
37	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Health Plan Ratings and Accreditation	Replace the last sentence under the Note with: If an organization’s membership for a reporting unit is less than 15,000, the organization may be scored on standards only or combine its membership with another HEDIS/CAHPS reporting unit to achieve the minimum reporting threshold. Refer to the HPR methodology at the website below for additional details and policies for combining entities.	CL	11/23/20
56	Policies and Procedures—Section 6: LTSS Distinction	Request an application	Replace the second sentence with the following: Log in, click <b>My Apps</b> and then click <b>NCQA Applications Online</b> for the Accreditation/Certification Application Tool.	CL	11/23/20
59	Policies and Procedures—Section 7: Medicaid Module	Organizations With Current Accreditation	Replace the second sentence with the following: Log in, click <b>My Apps</b> and then click <b>NCQA Applications Online</b> for the Accreditation/Certification Application Tool.	CL	11/23/20
70	2021 Medicare Advantage Deeming Module	Organizations With Current Accreditation	Replace the third sentence with the following: Log in, click <b>My Apps</b> and then click <b>NCQA Applications Online</b> for the Accreditation/Certification Application Tool.	CL	11/23/20
103	QI 4, Element A	Explanation—Factor 1: Exchange of information	Add the following as the first sentence: The exchange of information is bidirectional.	CL	11/23/20
104	QI 4, Element A	Examples—Factor 1: Exchange of information	Remove the third bullet in the factor 1 example, which reads: <ul style="list-style-type: none"> <li>• Evaluation of primary care practitioner medical records to determine if the practitioners receive behavioral healthcare practitioner feedback.</li> </ul>	CL	11/23/20
107	QI 4, Element B	Related information—Partners in Quality	Remove the following language from the “Related information”: <i>Partners in Quality</i> . The organization receives automatic credit for acting on one opportunity if it is an NCQA-designated Partner in Quality.	CL	11/23/20

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110	QI 4, Element C	Related information— Collaborative activities	Add the following as the first sentence under the subhead <i>Collaborative activities</i> :  The organization receives credit in Element C for use of a PCMH initiative, for the conditions for which it received credit in Element B.	CL	11/23/20
116	QI 5, Element C	Scope of review	Revise the first sentence under “Documentation” to read:  NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
124	PHM 1, Element A	Examples—Factors 1, 2: Goals, target populations, opportunities, programs or services	Add the following text as the fifth example:  <u><i>Pain Management</i></u> <ul style="list-style-type: none"> <li>• <i>Goal:</i> Improve pain management care by facilitating integrative pain management and implementing a workplan for data sharing and provider collaboration within 12 months.</li> <li>• <i>Target population:</i> Members with chronic pain.</li> <li>• <i>Program or services:</i> Organization ensures a multimodal, biopsychosocial approach for pain management. Services are offered from multiple clinical disciplines (i.e. medication, restorative therapies, interventional procedures, behavioral health approaches, and complementary/integrative health), and incorporated into an overall treatment plan.</li> <li>• <i>Activity:</i> Address barriers to care access by assessing and expanding current pain management services offered. Work with providers to encourage, develop, and implement a strategy for effective data sharing that would facilitate care plan accessibility and support multimodal intervention strategies. Implement reimbursement policies that encourage evidence-based guideline recommended interventions. Provide educational resources aimed at providers, clinic staff, and patients.</li> </ul>	CL	11/23/20

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125	PHM 1, Element B	Scope of review— Product lines	Revise the second paragraph to read: NCQA reviews and scores this element for each program brought forward for Accreditation. The score for this element is the average of the scores for all programs or services.	CL	11/23/20
131	PHM 2, Element B	Look-back period	Revise the look-back period for Renewal Surveys to read: <i>For Renewal Surveys:</i> 24 months; at least once during the prior year for factor 2.	CL	11/23/20
152, 159	PHM 5, Elements C, D	Assessment and evaluation	Add the following as the second sentence under “Assessment and evaluation”: If the organization’s CM system automatically generates suggestions, the case manager or other individual must still document their own conclusions.	CL	11/23/20
153, 161	PHM 5, Elements C, D	Factor 2: Documentation of clinical history	Add the following text to the end of the second paragraph: If dates are not present in the file, NCQA reviews the organization’s complex case management policies and procedures. If the organization has a process for collecting dates as part of the clinical history, NCQA assumes the file does not include dates because the member or other individual giving information did not provide dates. The requirement is not met if the organization does not have a process for collecting dates as part of the clinical history.	CL	11/23/20
174, 178	PHM 7, Elements B, D	NCQA-Accredited/ Certified delegates	Revise the Explanation to read: Automatic credit is available for this element if all delegates are NCQA-Accredited health plans, MBHOs or CMOs, NCQA-Accredited/Certified DMOs, NCQA-Accredited PHP Organizations or NCQA-Prevalidated Health IT Solutions, unless the element is NA.	CL	11/23/20
175	PHM 7, Element C	Scope of review	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
176	PHM 7, Element C	Explanation	Revise the second and third paragraphs of the Explanation to read:	CL	11/23/20

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			Automatic credit is available for factors 2 and 3 if all delegates are NCQA-Accredited health plans, MBHOs or CMOs, or NCQA-Accredited/Certified DMOs, unless the element is NA.  Automatic credit is available for factor 3 if all delegates are NCQA-Prevalidated Health IT Solutions or NCQA-Accredited PHP Organizations, unless the element is NA.		
227	NET 6, Element C	Scope of review	Revise the first sentence under “Documentation” to read:  NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
228	NET 6, Element D	Look-back period	Add the following subhead and text above the Explanation: <b>Look-back period</b> <i>For First Surveys:</i> At least once during the prior year. <i>For Renewal Surveys:</i> 24 months. <b>Note: This edit is being made in the hard copy publication only because the look-back period was omitted.</b>	CL	11/23/20
237	UM 1, Element A	Explanation—File review universe	Move the following text from UM 7, Elements A, D and G to UM 1, Element A.  <i>Classification of overturned denials.</i> Although federal regulations may define an overturned denial based on the discussion as an appeal, such an approval does not fall under the scope of NCQA’s appeal standards; however, the case is considered a denial if a denial notice was issued.	CL	11/23/20
244	UM 2, Element B	Look-back period	Revise the text for First Surveys to read:  <i>For First Surveys:</i> 24 months for factor 1 and 6 months for factor 2.	CO	11/23/20
282	UM 5, Element E	Explanation—Medicare Part D Drugs	Revise the first bullet to read:  • <i>Urgent preservice decisions:</i> Within 24 hours of receiving the request.	CL	11/23/20

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316, 328	UM 8, Element A UM 9, Element C	Explanation—Person or people deciding the appeal	Revise the third paragraph of UM 8, Element A and the second paragraph of UM 9, Element C to read:  However, for appeals that require medical necessity review, the final decision to uphold an appeal must be made by an appropriate practitioner or a group (e.g., a panel) that includes an appropriate practitioner who was not involved in the initial denial decision and is not subordinate to the practitioner who made the initial denial decision.	CL	11/23/20
349, 351	UM 12, Elements A, B	Explanation—Factor 6: Securing system data	Revise the fourth subbullet of the third bullet under <i>Factor 6: Securing system data</i> to read:  — Change passwords when requested by staff or if passwords are compromised. <b>Note:</b> <i>If the organization's policies and procedures state that it follows the National Institute of Standards and Technology guidelines, this is acceptable to describe the process for password-protecting electronic systems.</i>	CL	11/23/20
357	UM 13, Element C	Scope of review	Revise the first sentence under “Documentation” to read:  NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
372	CR 1, Element C	Explanation—Factor 4: Securing information	Revise the third and fourth subbullets of the third bullet under <i>Factor 4: Securing information</i> to read:  — User IDs and passwords unique to each user. — Change passwords when requested by staff or if passwords are compromised. <b>Note:</b> <i>If the organization's policies and procedures state that it follows the National Institute of Standards and Technology guidelines, this is acceptable to describe the process for password-protecting electronic systems.</i>	CL	11/23/20
379	CR 3, Element A	Explanation—Factor 2: DEA or CDS certificates	Add a note under the fourth bullet of the Factor 2 Explanation that reads:	CL	11/23/20

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			<i>Note: Effective November 17, 2020, NTIS is no longer an acceptable source to verify a practitioner's DEA certificate is valid. Please see <a href="https://dea.ntis.gov/">https://dea.ntis.gov/</a> for more information.</i>																
406	CR 8, Element C	Scope of review	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20														
452	ME 7, Element C	Examples—Table 2: Appeal volume report	Revise the column headings in table 2 to read: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">PREVIOUS YEAR</th> <th colspan="2">CURRENT MEASUREMENT YEAR</th> </tr> <tr> <th>Appeals, Total</th> <th>Appeals per 1,000 Members (Total: 300,000)</th> <th>Appeals, Total</th> <th>Appeals per 1,000 Members (Total: 240,000)</th> </tr> </thead> <tbody> <tr> <td>Category</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		PREVIOUS YEAR		CURRENT MEASUREMENT YEAR		Appeals, Total	Appeals per 1,000 Members (Total: 300,000)	Appeals, Total	Appeals per 1,000 Members (Total: 240,000)	Category					CO	11/23/20
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466	ME 8, Element C	Scope of review	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20														
475, 480, 483	LTSS 1, Elements B, C and D	Assessment	Add the following as the second sentence under “Assessment”: If the organization’s CM system automatically generates suggestions, the case manager or other individual must still document their own conclusions.	CL	11/23/20														
490	LTSS 1, Element F	Explanation—Factor 1: Individualized case management plan	Revise the bullets under the factor 1 Explanation to read: <ul style="list-style-type: none"> <li>• Services needed.</li> <li>• Prioritized goals. <ul style="list-style-type: none"> <li>– Prioritized goals consider member and caregiver needs and preferences; they may be documented in any order, as long as the level of priority is clear.</li> </ul> </li> <li>• Resources to be utilized, including appropriate level of care.</li> </ul>	CL	11/23/20														

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			<ul style="list-style-type: none"> <li>Collaborative approaches to be used, including level of family participation.</li> </ul>																	
530	LTSS 4, Element C	Scope of review—Documentation	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20															
531	LTSS 4, Element D	Scope of review—Documentation	Revise the second paragraph and add a new third paragraph to read: <i>For First Surveys</i> , NCQA reviews the organization’s most recent annual review and follow-up on improvement activities. <i>For Renewal Surveys</i> , NCQA reviews the organization’s most recent and previous year’s annual reviews and follow-up on improvement opportunities.	CO	11/23/20															
538	MED 1, Element B	Exceptions	Add the following text: Factor 2 is NA if the organization does not provide LTSS services.	CL	11/23/20															
605	MED 14, Element D	Exceptions	Add the following text: This element is NA if the organization does not provide LTSS services.	CL	11/23/20															
2-6	Appendix 2	Special Situations—Vendors	Revise the bulleted list to read: <ul style="list-style-type: none"> <li>NET 5, Element I: Usability Testing.</li> <li>PHM 4: Wellness and Prevention, Elements A–B.</li> <li>PHM 5, Element B: Case Management Systems.</li> <li>ME 4, Element A: Functionality: Website.</li> </ul>	CL	11/23/20															
2-22	Appendix 2	Table 3: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited MBHO, or a delegate that is NCQA-Accredited in UM, CR or PN or an NCQA-Certified CVO	Replace “Y” with “NA” for CR 7, Element D under Accredited in UM, CR or PN columns as follows: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th colspan="2"></th> <th colspan="3">Accredited in UM, CR or PN</th> </tr> <tr> <th colspan="2"></th> <th>Interim</th> <th>First</th> <th>Renewal</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>Assessing Medical Providers</td> <td>NA</td> <td>Y</td> <td>Y</td> </tr> </tbody> </table>			Accredited in UM, CR or PN					Interim	First	Renewal	D	Assessing Medical Providers	NA	Y	Y	CO	11/23/20
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