

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

July 26, 2021

This document includes the corrections, clarifications and policy changes to the 2021 MBHO 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 MBHO 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 |
|------|-----------------------------------|---|---|----------------|------------------|
| 19 | Policies and Procedures—Section 2 | CAP Survey | Revise the second paragraph to read: The organization must undergo a CAP Survey that focuses on the failed must-pass elements. Any must-pass element scored NA is also included in the scope of the CAP Survey. If a CAP Survey (required if one or more must-pass elements do not achieve an element score of 80%) and Resurvey are required at the same time, NCQA will review for completion of the CAP during the Resurvey. | CL | 7/26/21 |
| 275 | CR 3, Element A | Look-back period | Replace “2020 standards” with “2021 standards” in the third paragraph to read: <i>For All Surveys:</i> For credentialing files where verification of DEA or CDS is before June 1, 2020, and a practitioner who is DEA- or CDS-eligible does not have a DEA or CDS certificate, NCQA accepts either the verification process required in the 2021 standards or the applicable prior year’s standards, which state, “If a qualified practitioner does not have a valid DEA or CDS certificate, the organization notes this in the credentialing file and arranges for another practitioner to fill prescriptions.” | CO | 7/26/21 |
| 3-18 | Appendix 3 | Automatic Credit for Delegating to an NCQA-Accredited/Certified DM Organization | Replace QI 7 with “QI 6” and replace QI 10 with “QI 9” in the first and third paragraphs so the text reads: Degree of correlation between programs. NCQA determines the degree of automatic credit by the correlation between the programs | CL | 7/26/21 |

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| | | | <p>assessed in QI 6 and QI 9 and those reviewed for the organization's DM Accreditation or Certification.</p> <p>Whole-person programs. An organization that delegates disease management to a whole-person program may be eligible for automatic credit for two conditions in QI 6 and QI 9 if the program's eligibility criteria include multiple conditions.</p> | | |
| PREVIOUSLY POSTED UPDATES | | | | | |
| 17 | Policies and Procedures—Section 2 | Add-On Survey | <p>Add the following as the last sentence in the fourth paragraph: The new product/product line must be included in the organization's next survey; it may not go through another Add-On Survey.</p> | CL | 3/29/21 |
| 19 | Policies and Procedures—Section 2 | Accreditation Survey Types | <p>Add the following information at the end of "Accreditation Survey Types" in Section 2 of the Policies and Procedures:</p> <p>CAP Survey</p> <p>A Corrective Action Plan (CAP) is required when an organization does not meet the minimum threshold for one or more must-pass requirements. The CAP must be submitted to NCQA within 30 days of receipt of the final Accreditation status. NCQA advises the organization if the CAP is approved.</p> <p>The organization must undergo a CAP Survey that focuses on the failed must-pass elements. If a CAP Survey (required if one or more must-pass elements do not achieve an element score of 80%) and Resurvey are required at the same time, NCQA will review for completion of the CAP during the Resurvey.</p> <p>NCQA schedules the survey for submission 6 months following the last full survey, with the file review date 4 weeks later. The organization's Accreditation status on the report card is noted with "CAP Status Modifier" during the corrective action period.</p> <p>The fees for the CAP Survey can be found in the Pricing Exhibit on My NCQA. The look-back period begins on the date of implementation of the corrective action and ends on the submission date of the CAP Survey (this may be between 3 and 6 months).</p> | CL | 3/29/21 |

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| | | | <p>After the organization successfully completes the CAP Survey, the CAP Status Modifier is removed from the organization’s Accreditation status. The expiration date of the Accreditation status remains the same as the date specified in the decision that precipitated the CAP Survey.</p> <p>If a CAP Survey is unsuccessful, the Review Oversight Committee (ROC) may:</p> <ul style="list-style-type: none"> • Extend the CAP, <i>or</i> • Reduce the organization’s status from Accredited to Provisional or from Provisional to Denied, <i>or</i> • Issue a Denied Accreditation status. | | |
| 25 | Policies and Procedures—Section 2 | A Standard’s Structure—Look-back period | <p>Add the following subhead and text as the last paragraph:</p> <p><i>Expanding the look-back period for records and files</i></p> <p>For Renewal Surveys, if the organization has fewer than 40 files when it submits its completed survey tool, NCQA expands the look-back period in 6-month increments to allow more files to be included in the file universe. (This extension is optional for Initial Surveys.) The extension does not go past the date when the organization completed its last survey.</p> <p>If the extension yields a file universe of fewer than 8 files, all files are reviewed, results are documented in the survey tool as a comment or issue and file review elements are scored NA.</p> <p>If the extension yields a file universe of at least 8 files but fewer than 40, the normal 8/30 file review process applies.</p> <p>If the extension yields a file universe of fewer than 30 files and the first 8 files do not meet the requirements, all files are reviewed.</p> <p>File review element scores are based on file review results.</p> | CL | 3/29/21 |

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| 26 | Policies and Procedures—Section 2 | Must-Pass Elements and Corrective Action Plan | <p>Revise the second sub-bullet of the first bullet and second bullet so that the bullets read:</p> <ul style="list-style-type: none"> • <i>If an organization does not achieve an element score of 80% in one or more must-pass elements:</i> <ul style="list-style-type: none"> – <i>It must submit a Corrective Action Plan (CAP) to NCQA within 30 calendar days.</i> – <i>It must undergo a CAP Survey in 6 months on affected elements to confirm completion of the CAP.</i> – <i>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.</i> • <i>If an organization does not achieve an element score of 80% in three or more must-pass elements, it receives Provisional—Under Corrective Action status and must undergo a CAP Survey in 6 months to confirm completion of the CAP.</i> • <i>If an organization scores lower than 80% on all UM must-pass timeliness elements (UM 5, Element A; UM 9, Element B), the ROC may issue a Denied Accreditation status.</i> | CL | 3/29/21 |
| 80 | QI 5, Element C | Exceptions | <p>Add the following text as the first paragraph of the Exception:</p> <p>This element is NA if the organization presents documentation that all clients for the product line being brought forward for Accreditation explicitly prohibit communication with members and will not provide member data to the organization. The organization must present documentation that it attempted to gather data from clients on member complaints and appeals related to its services and to member experiences with behavioral healthcare.</p> | CL | 3/29/21 |
| 195 | UM 3, Element A | Scope of review | <p>Revise the second sentence in the scope of review to read:</p> <p><i>For factors 4, 5: NCQA reviews materials or other evidence (such as dated contract or call script) that demonstrate services provided to members at least once during the look-back period.</i></p> | CL | 3/29/21 |

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| 209 | UM 5, Element B | Scope of review | Revise the sentence to read: NCQA reviews the organization’s aggregated timeliness reports. | CL | 3/29/21 |
| 372, 375, 378 | LTSS 2, Elements B–D | Explanation—Measures | Revise the last sentence to read: Organizations may select process or outcome measures. | CL | 3/29/21 |
| 3-5 | Appendix 3: Delegation and Automatic Credit Guidelines | Special Situations—Vendors | Add the following elements to the vendor list: <ul style="list-style-type: none"> • RR 1, Element B: Distribution of Rights Statement. • RR 3, Element A: Subscriber Information. | PC | 3/29/21 |
| 3-13 | Appendix 3: Delegation and Automatic Credit Guidelines | Automatic Credit for Delegating to an NCQA-Accredited MBHO, NCQA-Accredited UM, CR or PN or NCQA-Certified CVO | Add the following under the title for table 3: Note: <i>An organization that delegates UM, CR or PN activities to a health plan or MBHO that is Accredited in UM, CR or PN is eligible for automatic credit.</i> | PC | 3/29/21 |