

NCQA Corrections, Clarifications and Policy Changes to the 2022 Health Equity Standards and Guidelines

March 27, 2023

This document includes the corrections, clarifications and policy changes to the 2022 Health Equity standards and guidelines. NCQA has identified the appropriate page number in the publication the standard/element head and 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 2022 Health Equity 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
91	HE 6, Element A	Exceptions	Revise the fourth bullet under the Exceptions to read: — Surveys before June 30, 2023. Stratified reporting will be in place for HEDIS Measurement Year 2022.	CL	3/27/23
PREVIOUSLY POSTED UPDATES					
	Policies and Procedures		For updates to the Policies and Procedures, please refer to the separate “2022 HE Front Matter_3-28-2022” document posted at the following link: https://www.ncqa.org/wp-content/uploads/2022/03/2022-HE-FrontMatter_3-28-2022.docx	CL	3/28/22
12	Policies and Procedures— Section 1: Eligibility and the Application Process	Eligibility for Health Equity Accreditation	Add the following new subhead and text at the end of “Eligibility for Health Equity Accreditation.” Eligibility for international organizations NCQA standards evaluate performance of U.S. health care organizations and their U.S. operations only. Organizations that apply for and participate in an NCQA Survey must agree to comply with all applicable U.S. federal, state and other applicable laws, and must agree that the use of NCQA products and services shall for all purposes be governed, interpreted, construed and enforced solely and exclusively in accordance with U.S. laws and regulations, without regard to conflicts of law provisions thereof. NCQA limits evaluation to organizations that operate in and outside the United States, and limits award of NCQA status to an organization's U.S. operations. Organizations that do	CL	11/14/22

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			<p>not operate in the United States (i.e., conduct all activities in the U.S., including in states and territories; conduct operations for U.S. members and clients) or have members, patients or clients in the United States are not eligible for Health Equity Accreditation. NCQA does not evaluate operations of organizations that do not operate in the United States, or that do not have U.S. members, patients or clients.</p> <p>When determining eligibility of an organization with both U.S. and foreign operations, NCQA applies the following criteria:</p> <p>The applicant organization must be the accountable (responsible) entity for performing NCQA-reviewed functions, and must describe how it meets NCQA's definition of an accreditable, certifiable or eligible entity. A parent, holding or shell company may not be eligible to apply.</p>		
47	Policies and Procedures— Section 6: Additional Information	Notifying NCQA of a Reportable Event— Annual Attestation of Compliance With Reportable Events	<p>Revise the information in this section to read:</p> <p>On an annual basis, the organization must also complete an attestation signed by an officer or other authorized signatory of the organization affirming that it has notified NCQA of all Reportable Events specified within NCQA policies and procedures. Failure to comply with Reportable Events submission or annual attestation requirements may result in suspension or revocation of Accreditation status.</p> <p>NCQA sends an annual email reminder to the designated organization contact to complete the annual attestation on My NCQA (https://my.ncqa.org). The attestation must be completed within 30 days of the email notification.</p>	CL	7/25/22
47	Policies and Procedures— Section 6: Additional Information		<p>Add the following new section head and text between “Notifying NCQA of Reportable Events” and “Discretionary Survey.”</p> <p>Interrater Reliability</p> <p>NCQA strives for consistency in the Accreditation/Certification process and across all surveys.</p> <p>NCQA defines “interrater reliability” (IRR) as the extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated.</p> <p>To support consistency, NCQA will continue to clarify standards and educate surveyors. Organizations preparing for survey should also review all applicable standards, including</p>	CL	7/25/22

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			<p>changes between standards years and related NCQA corrections, clarifications, and policy changes, as well as FAQs, focusing on the standards' intent, scored elements and factors, explanations, and type of evidence (data sources) required to demonstrate that a requirement is met.</p> <p>Reporting IRR Issues to NCQA</p> <p>Report suspected IRR issues to NCQA during the following survey stages:</p> <ul style="list-style-type: none"> • When the organization responds to initial issues (following the conference call with the surveyor and ASC). • During the organization review and comment stage (during the post-survey review process). • During a Reconsideration (after the survey is completed). <p>Issues may be reported in the survey tool (IRT) or by submitting a case to My NCQA (https://my.ncqa.org).</p> <p>To protect the integrity of the Accreditation process, NCQA does not accept materials in an IRR report that did not exist at the time of the original completed survey tool submission.</p> <p>As a reminder, file review results may not be disputed or appealed once the onsite survey is complete, whether completed in-person or virtually. If you suspect an IRR issue related to a file review element, the issue should be reported during the onsite survey.</p> <p>NCQA performs an expedited review of reported IRR concerns on non-file review elements to ensure timely and accurate Accreditation/ Certification decisions. Based on review of a potential issue, NCQA may:</p> <ol style="list-style-type: none"> 1. If NCQA's scoring was inconsistent for non-file review elements, issue a one-time exception for scoring of the standard, and require a Corrective Action Plan (CAP). NCQA reserves the right to determine if scoring was inconsistent. 2. If no inconsistency is found, maintain the standard score. <p>NCQA analyzes IRR information to identify opportunities to clarify requirements or enhance surveyor education.</p>		
50	Policies and Procedures— Section 6: Additional Information	Suspending Status	<p>Revise the first sentence under the “Grounds for immediate suspension” subhead to read: Grounds for recommending suspension of Accreditation status include, but are not limited to:</p>	CL	7/25/22

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50	Policies and Procedures— Section 6: Additional Information	Suspending Status	Add the following as a new sixth bullet under the “Grounds for immediate suspension” subhead: <ul style="list-style-type: none">• Failure to comply with Reportable Events submission or annual attestation completion requirements.	CL	7/25/22
50	Policies and Procedures— Section 6: Additional Information	Revoking Accreditation	Revise the sixth bullet under “Grounds for revocation” to read: <ul style="list-style-type: none">• The organization violates other published NCQA policies, including failure to submit Reportable Events or completion of annual attestation.	CL	7/25/22
	Policies and Procedures		For updates to the Policies and Procedures, please refer to the separate “2022 HE Front Matter_3-28-2022” document posted at the following link: https://www.ncqa.org/wp-content/uploads/2022/03/2022-HE-FrontMatter_3-28-2022.docx	CL	3/28/22
52	HE 2, Element A	Scope of review	Add the following as the last paragraph in the scope of review: For all surveys scheduled on or between July 1, 2022, and June 30, 2023, the organization may submit a detailed implementation plan that includes a timeline as evidence for factors 3 and 4, instead of submitting reports or materials.	CL	3/28/22
53	HE 2, Element A	Explanation	Add as the sixth paragraph in the Explanation: For all surveys scheduled on or between July 1, 2022, and June 30, 2023, if the organization completes an implementation plan in place of reports or materials for evidence of factors 3 and 4, the plan must include: <ul style="list-style-type: none">• A detailed description of the actions the organization will take to update its electronic data systems to receive, store and retrieve gender identity and sexual orientation data, including an outline of each electronic data system that is required to be updated. — If the organization plans to use data from other sources, it lists the entities that will provide data and a description of the data exchange method.• A timeline for implementation of electronic data system functionality to receive, store and retrieve gender identity and sexual orientation data.	CL	3/28/22
62, 64	HE 2, Elements D, E	Scope of review	Add the following as the last paragraph of the scope of review: <i>For all surveys scheduled on or between July 1, 2022, and June 30, 2023, the organization may submit a detailed implementation plan including a timeline and risk mitigation strategy in place of reports or materials.</i>	CL	11/22/21

Key = CO—Correction, CL—Clarification, PC—Policy Change

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62, 65	HE 2, Elements D, E	Explanation	Add the following as the first sentence under the Explanation: Factor 1 is a critical factor and must be scored “yes” for the organization to score at least “Partially Met” on this element.	PC	11/22/21
62, 65	HE 2, Elements D, E	Explanation	Revise the first sentence in the explanation to read: Factor 1 is a critical factor; if this critical factor is scored “no” the organization’s score cannot exceed “Partially Met” for the element.	CL	7/25/22
62, 65	HE 2, Elements D, E	Explanation	Revise the third paragraph in the Explanation to read: The organization may receive, exchange or use data stored or collected by sources such as CMS, state or local agencies, community-based organizations, Federally Qualified Health Centers, health systems, hospitals, integrated delivery systems, provider networks, EHRs, HIEs and case management systems that have made a direct request for information regarding sex assigned at birth, gender identity, pronouns, and sexual orientation.	CL	11/22/21
63	HE 2, Element D	Explanation	Add the following as the fourth paragraph of the Explanation: For all surveys scheduled on or between July 1, 2022, and June 30, 2023, if the organization completes an implementation plan in place of reports or materials, the plan must include: <ul style="list-style-type: none"> • A detailed description of the actions the organization will take to directly collect gender identity data, as outlined in factors 1–4, or receive gender identity data from other sources. <ul style="list-style-type: none"> – If the organization plans to use data from other sources, it lists the entities from which data will be received and a description of the data exchange method. • A timeline for implementation of data collection activities. • A documented strategy for mitigating risk that may result from using internal data that does not yet fully reflect the individual’s gender identity (e.g., the organization refers the individual to a community resource whose goals may be misaligned with the needs and identity of the individual). 	CL	11/22/21
63	HE 2, Element D	Explanation—Factor 1: Collecting data through methods that do not stigmatize individuals	Add the following text as the second paragraph: At a minimum, the data collection method must include: <ul style="list-style-type: none"> • Nonbinary gender identity options. • An explanation to staff about offering members nonbinary options. 	CL	11/22/21

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65	HE 2, Element E	Explanation	<p>Add the following text as the fourth paragraph of the Explanation:</p> <p>For all surveys scheduled on or between July 1, 2022, and June 30, 2023, if the organization completes an implementation plan in place of reports or materials, the plan must include:</p> <ul style="list-style-type: none"> • A detailed description of the actions the organization will take to directly collect sexual orientation data, as outlined in factors 1 and 2, or receive sexual orientation data from other sources. <ul style="list-style-type: none"> — If the organization plans to use data from other sources, it lists the entities from which data will be received and a description of the data exchange method. • A timeline for implementation of data collection activities. • A documented strategy for mitigating risk that may result from using internal data that does not yet fully reflect the individual's sexual orientation (e.g., the organization refers the individual to a community resource whose goals may be misaligned with the needs and identity of the individual). 	CL	11/22/21
68	HE 2, Element G	Data Source	Add "Documented process" as a data source.	CL	3/28/22
68	HE 2, Element G	Scope of Review	<p>Add the following as the last paragraph in the scope of review:</p> <p>For all surveys scheduled on or between July 1, 2022, and June 30, 2023, the organization may submit a detailed implementation plan that includes a timeline for notifying members of its policies and procedures for managing access to and use of gender identity and sexual orientation data, instead of submitting reports or materials.</p>	CL	3/28/22
68	HE 2, Element G	Explanation	<p>Add as the second paragraph in the Explanation:</p> <p>For all surveys scheduled on or between July 1, 2022, and June 30, 2023, if the organization completes an implementation plan in place of materials for member notification of policies and procedures for managing access to and use of gender identity and sexual orientation data, the plan must include:</p> <ul style="list-style-type: none"> • A detailed description of the actions the organization will take to update its notifications for managing access to and use of gender identity and sexual orientation data. • Draft language of the notification. • A timeline for notifying members. 	CL	3/28/22

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72	HE 3, Element A	Examples	Replace “Factor 3” with “Factor 4” in the subhead “Factor 4: Evaluation of translation quality.”	CO	7/25/22
76	HE 3, Element D	Look-back period	Revise the look-back period for Initial Surveys to read: <i>Initial Surveys:</i> At least once in the prior year.	CO	7/25/22
81	HE 4, Element B	Element stem	Revise the critical factor language in the element stem to read: *Critical factors: These factors must be scored “yes” to score at least “Partially Met.” Note: This update is in the e-pub publication only. It is correct in IRT.	CO	3/28/22
81	HE 4, Element B	Look-back period	Revise the look-back period for all surveys to read: <i>All Surveys:</i> At least once during the prior 36 months.	CO	7/25/22
81	HE 4, Element B	Explanation	Revise the first sentence in the Explanation to read: Factors 1 and 2 are critical factors; if one critical factor is scored “no” the organization’s score cannot exceed “Partially Met” for the element. If both critical factors are scored “no,” the organization’s score cannot exceed “Not Met” for the element.	CL	7/25/22
1-1	Appendix 1— Element Points for 2022	Health Equity Accreditation table	Revise the Partially Met points to “NA” for HE 2, Elements F and G in both columns, and HE 3, Elements A, B and D in the “Health Equity Accreditation” column.	CO	11/14/22
2-4	Appendix 2— Delegation and Automatic Credit Guidelines	Table 1: Automatic Credit by Evaluation Option for a Health Plan Delegating to an NCQA-Accredited Health Equity Organization	Make the following changes to the table and footnotes, as shown in the screen shot below: <ul style="list-style-type: none"> Remove the footnote reference in the PHM 2, Element B row and in the NET 1, Element A row. Remove the footnote reference in the ME 7, Element B row. <p>— There should be only one footnote in the NET 5, Element A row that reads: “¹Automatic credit for this factor applies only to the Medicaid product line for Renewal Surveys. It is scored NA for commercial, Medicare and Exchange Renewal Surveys.”</p>	CL	11/22/21

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2-4	Appendix 2—Automatic Credit for Contracting With Organizations With Health Equity Accreditation	Table 1: Automatic Credit by Evaluation Option for a Health Plan Delegating to an NCQA-Accredited Health Equity Organization	<div>Add NET 3, Elements B and C subhead, element and factor text to Table 1.</div> <table><thead><tr><th colspan="2" rowspan="2">Health Plan Standards and Elements</th><th colspan="3">EVALUATION OPTION</th></tr><tr><th>Interim</th><th>First</th><th>Renewal</th></tr></thead><tbody><tr><td colspan="5">NETWORK MANAGEMENT</td></tr><tr><td colspan="5">NET 3: Assessment of Network Adequacy</td></tr><tr><td>B</td><td>Opportunities to Improve Access to Nonbehavioral Healthcare Services <i>Factor 1: Prioritizes opportunities for improvement identified from analyses of availability in NET 1, Element A only.</i></td><td>NA</td><td>Y</td><td>Y</td></tr><tr><td>C</td><td>Opportunities to Improve Access to Behavioral Healthcare Services <i>Factor 1: Prioritizes opportunities for improvement identified from analyses of availability in NET 1, Element A only.</i></td><td>NA</td><td>Y</td><td>Y</td></tr></tbody></table> <div>Note: Automatic credit is only available for the noted requirements. Automatic credit is not available for other components of factor 1.</div>	Health Plan Standards and Elements		EVALUATION OPTION			Interim	First	Renewal	NETWORK MANAGEMENT					NET 3: Assessment of Network Adequacy					B	Opportunities to Improve Access to Nonbehavioral Healthcare Services <i>Factor 1: Prioritizes opportunities for improvement identified from analyses of availability in NET 1, Element A only.</i>	NA	Y	Y	C	Opportunities to Improve Access to Behavioral Healthcare Services <i>Factor 1: Prioritizes opportunities for improvement identified from analyses of availability in NET 1, Element A only.</i>	NA	Y	Y	PC	7/25/22
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2-5	Appendix 2— Delegation and Automatic Credit Guidelines	Table 2: Automatic Credit by Evaluation Option for an MBHO Delegating to an NCQA- Accredited Health Equity Organization	<p>Make the following changes to the table, as shown in the screen shot below:</p> <ul style="list-style-type: none">• Remove QI 1, Element B, factor 5.• Add QI 8, Element A, factors 5 and 6.• Add QI 8, Element B, factor 3. <table><tr><th colspan="2" rowspan="2">MBHO Standards and Elements</th><th colspan="2">EVALUATION OPTIONS</th></tr><tr><th>Initial</th><th>Renewal</th></tr><tr><td colspan="4">QI 3: AVAILABILITY OF PRACTITIONERS AND PROVIDERS</td></tr><tr><td>A</td><td>Cultural Needs and Preferences</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">QI 8: COMPLEX CASE MANAGEMENT</td></tr><tr><td>A</td><td>Population Assessment <i>Factor 5: Assesses the needs of members of racial or ethnic groups</i> <i>Factor 6: Assesses the needs of members with limited English proficiency</i></td><td>Y</td><td>Y</td></tr><tr><td>B</td><td>Activities and Resources <i>Factor 3: Review and update activities or resources to address health care disparities for at least one identified population</i></td><td>Y</td><td>Y</td></tr><tr><td colspan="4">RR 2: POLICIES AND PROCEDURES FOR COMPLAINTS AND APPEALS</td></tr><tr><td>A</td><td>Policies and Procedures for Complaints <i>Factor 5: Provision of language services for the complaint process</i></td><td>Y</td><td>Y</td></tr><tr><td>B</td><td>Policies and Procedures for Appeals <i>Factor 5: Provision of language services for the appeal process</i></td><td>Y</td><td>Y</td></tr><tr><td colspan="4">RR 3: SUBSCRIBER INFORMATION</td></tr><tr><td>A</td><td>Subscriber Information <i>Factor 4: How to obtain language assistance</i></td><td>Y</td><td>Y</td></tr><tr><td>B</td><td>Interpreter Services</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">RR 4: PRACTITIONER AND PROVIDER DIRECTORIES</td></tr><tr><td>A</td><td>Practitioner Directory Data <i>Factor 8: Languages spoken by the practitioner or the staff</i></td><td>Y</td><td>Y</td></tr></table>	MBHO Standards and Elements		EVALUATION OPTIONS		Initial	Renewal	QI 3: AVAILABILITY OF PRACTITIONERS AND PROVIDERS				A	Cultural Needs and Preferences	Y	Y	QI 8: COMPLEX CASE MANAGEMENT				A	Population Assessment <i>Factor 5: Assesses the needs of members of racial or ethnic groups</i> <i>Factor 6: Assesses the needs of members with limited English proficiency</i>	Y	Y	B	Activities and Resources <i>Factor 3: Review and update activities or resources to address health care disparities for at least one identified population</i>	Y	Y	RR 2: POLICIES AND PROCEDURES FOR COMPLAINTS AND APPEALS				A	Policies and Procedures for Complaints <i>Factor 5: Provision of language services for the complaint process</i>	Y	Y	B	Policies and Procedures for Appeals <i>Factor 5: Provision of language services for the appeal process</i>	Y	Y	RR 3: SUBSCRIBER INFORMATION				A	Subscriber Information <i>Factor 4: How to obtain language assistance</i>	Y	Y	B	Interpreter Services	Y	Y	RR 4: PRACTITIONER AND PROVIDER DIRECTORIES				A	Practitioner Directory Data <i>Factor 8: Languages spoken by the practitioner or the staff</i>	Y	Y	CL	11/22/21
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A	Practitioner Directory Data <i>Factor 8: Languages spoken by the practitioner or the staff</i>	Y	Y																																																												
3-4	Appendix 3—Glossary		<p>Add the following as a new definition:</p> <p>interrater reliability: The extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated.</p>	CL	7/25/22																																																										