

# NCQA Corrections, Clarifications and Policy Changes to the 2024 Health Equity and Health Equity Plus Standards and Guidelines

**March 25, 2024**

This document includes the corrections, clarifications and policy changes to the 2024 Health Equity and Health Equity Plus 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.
- A **regulatory change (RC)** is a new requirement or a modification of an existing requirement to align with federal regulations.

An organization undergoing a survey under the 2024 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
8	Policies and Procedures—Section 1: Eligibility and the Application process	Eligibility for Health Equity Accreditation	Revise the fifth bullet under “Organizations must meet the following criteria:” to read: <ul style="list-style-type: none"> <li>The organization operates without discrimination based on gender, sexual orientation, race, creed or national origin.</li> </ul>	CL	3/25/24
9	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for International Organizations	Revise the second paragraph to read: 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 not operate in the United States (i.e., conduct no activities in the U.S., including in states and territories; conduct no operations for U.S. members and clients) or have no 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.	CL	3/25/24
11	Policies and Procedures—Section 1: Eligibility and the Application process	How NCQA Defines an Eligible Entity—Product/product line	Add the following text as the last paragraph under “6. Product/Product Line”: An organization that is responsible for both the Medicare and Medicaid components for dual-eligible members (including members in a Medicare-Medicaid Plan [MMP] benefit package) may select Medicare or Medicaid (or both) for Accreditation purposes. Dual-eligible members must be included in the product lines selected. An organization that manages Medicaid fee-for-service members may exclude those members from its Medicaid product line. Members who have Medicare Private Fee-for-Service (PFFS)	CL	3/25/24

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			through another organization or have unknown Medicare coverage as their primary insurer may be excluded from the Medicaid report.		
18	Policies and Procedures—Section 2: The Accreditation Process	Follow-Up Survey <i>(applies to Initial Evaluation Option)</i>	Replace “effective date” with “expiration date” in the last sentence in the third paragraph to read: The effective expiration date of the Accreditation status is the date specified in the Initial Survey decision that precipitated the Follow-Up Survey.	CL	3/25/24
18	Policies and Procedures—Section 2: The Accreditation Process	Resurvey	Replace “effective date” with “expiration date” in the last sentence in the second paragraph to read: The expiration date of the Accreditation status is the date specified in the Full Initial or Renewal Survey decision that precipitated the Resurvey.	CL	3/25/24
18	Policies and Procedures—Section 2: The Accreditation Process	Add-On Survey	Replace “effective date” with “expiration date” in the fourth paragraph to read: The expiration date of the Accreditation status for the new product/product line Add-On Survey aligns with the current Accreditation earned during the most recent Full Survey.	CL	3/25/24
56	HE 2, Element B	Explanation	Replace “requirement” with “element” in the first paragraph of the Exception to read: Individuals enrolled through Administrative Services Only (ASO) accounts, where the purchaser prohibits direct contact from the organization, are not included in this element.	CL	3/25/24
53	HE 2, Element B	Scope of Review	Revise the text for Initial and Renewal Surveys to read: <i>For Initial Surveys:</i> For factor 5, NCQA reviews IDSS reports from the most recent HEDIS reporting year. <i>For Renewal Surveys:</i> For factor 5, NCQA reviews IDSS reports from the most recent and the prior HEDIS reporting year.	CO	3/25/24
60, 64, 66	HE 2, Elements C, D, E	Explanation	Add the following as the first paragraph under “Exceptions” for HE 2, Elements C, D, E: Individuals enrolled through Administrative Services Only (ASO) accounts, where the purchaser prohibits direct contact from the organization, are not included in this element.	CL	3/25/24

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63	HE 2, Element D	Explanation	Update the links for footnotes 1, 2, and 5: [1] <a href="https://www.healthit.gov/isa/uscdi-data-class/patient-demographicsinformation#uscdi-v3">https://www.healthit.gov/isa/uscdi-data-class/patient-demographicsinformation#uscdi-v3</a> [2] <a href="https://www.healthit.gov/isa/uscdi-data-class/patient-demographicsinformation#uscdi-v3">https://www.healthit.gov/isa/uscdi-data-class/patient-demographicsinformation#uscdi-v3</a> [5] 2022 NASEM Report   DPCPSI (nih.gov)	CL	3/25/24
68	HE 2, Element F	Explanation	Add as the second paragraph under “Factors 2, 3: Permissible and impermissible uses”: The organization is not required to address underwriting for the Medicaid product line.	CL	3/25/24
90	HE 6, Element A	Scope of Review	Replace the text for All Surveys with the following: <i>For All Surveys:</i> NCQA reviews audited IDSS reports from the most recent HEDIS reporting year, and reviews reports describing the organization's analysis of disparities by race/ethnicity.	CL	3/25/24
94	HE 6, Element B	Explanation	Revised the first bullet in the exception for factor 1 to read: Organizations that report at least two measures in Element A.	CL	3/25/24
<b>PREVIOUSLY POSTED UPDATES</b>					
45	HE 1, Element A	Scope of review	Revise the second bullet to read: <ul style="list-style-type: none"> <li>• <i>For factors 2 and 3:</i> NCQA reviews materials or reports as evidence that the organization identified and acted on at least one opportunity to improve diversity, equity, inclusion or cultural humility during the prior 24 months. The organization may submit a plan to meet factor 3.</li> </ul>	CO	11/20/23
45	HE 1, Element A	Look-back period	Revise the look-back period for Initial Surveys to read: <i>For Initial Surveys:</i> 6 months for factor 1; 24 months for factors 2 and 3.	CO	11/20/23
54	HE 2, Element B	Explanation	Revise the third paragraph of the factor 1 explanation to read: An individual's response of “Declined” (i.e., “Asked but no Answer”) or “Other” is considered direct data because it is collected from the individual.	CL	11/20/23
58	HE 2, Element C	Look-back period	Revise the look-back period for Renewal Surveys to read: <i>For Renewal Surveys:</i> 24 months for factors 1 and 5; at least once during the prior 36 months for factors 2, 3 and 4.	CO	11/20/23

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61	HE 2, Element D	Scope of review — Documentation	Revise the second bullet to read: <i>For factors 2–4:</i> NCQA reviews reports or materials for evidence that the organization's data collection methods follow its documented process.	CO	11/20/23
79	HE 4, Element A	Summary of Change	Revise the second bullet to read: <ul style="list-style-type: none"> <li>Added a paragraph to the factor 5 explanation to clarify that the organization must indicate the languages a practice can offer.</li> </ul>	CL	11/20/23
82	HE 4, Element B	Scope of review	Revise the third bullet to read: <ul style="list-style-type: none"> <li><i>For factor 4:</i> NCQA reviews the organization's documented process, reports or materials as evidence of a plan or adjustments to the network to meet identified individuals' needs.</li> </ul>	CL	11/20/23
85	HE 5, Element A	Explanation	Revise the second paragraph to read: The program description may be a single, comprehensive document, or a set of interconnected documents, that describes, in plain language, the CLAS program's governance, scope, goals, measurable objectives, structure and responsibilities. The description is organized and written so staff can understand the program's structure, purpose and commitment.	CO	11/20/23
39	HE Plus 3, Element C	Summary of changes	Revise the summary of changes to read: Deleted “explicitly” from the second paragraph of the Explanation.	CL	11/20/23
54	HE Plus 5, Element B	Scope of review	Revise the scope of review for Initial Surveys to read: <i>For Initial Surveys:</i> In lieu of materials, the organization may submit a detailed implementation plan for factors 3 and 4, including a timeline for communicating expectations with individuals.	CO	11/20/23