NCQA Corrections, Clarifications and Policy Changes to the 2016 HIP Standards and Guidelines

March 25, 2024

This document includes the corrections, clarifications and policy changes to the 2016 Health Information Product Certification standards and guidelines. NCQA has identified the appropriate page number in the publication and 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 2016 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
10	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Certification	Revise the fourth bullet to read: • Operate without discrimination on the basis of gender, sexual orientation, race, creed or national origin.	**CL**	**3/25/24**
10	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Certification—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 Information Products Certification. 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**
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10	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Certification	Add the following new subhead and text at the end of "Eligibility for Certification." **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.	**CL**	**11/14/22**

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			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 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 NCQA Health Information Products Certification. 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. When determining eligibility of an organization with both U.S. and foreign operations, NCQA applies the following criteria: 1. 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. 2. The applicant organization must be a U.S. company, or be owned by a U.S. company, and provide services in the United States. An applicant organization that is not a U.S. company, but is owned by a U.S. company, must be domiciled in the United States by holding a business license or registration in at least one U.S. state or territory. The organization must submit evidence to reflect incorporation, registration or licensure to satisfy this criterion. 3. To be listed on NCQA's public report card, the applicant organization must have a United States address for a facility, business office or administrative location. NCQA does not allow organizations to list an address of a personal residence or U.S. statutory agent unless the organization conducts NCQA-reviewed functions from the address. 4. If any function to be reviewed is performed outside the United States, the organization must have the capability to complete the onsite survey (and/or any tour) virtually, and to present all required files electronically. Because NCQA does not travel outside the country for onsite reviews, the applicant organization must coordinate a virtual review to satisfy onsite requirements, which may include staff interviews or site tours, as described in NCQA standards. All virtual reviews must be conducted in English or with English translations for the NCQA survey team. 5. The applicant organization must meet all other eligibility criteria specified in the preceding section.		

			Any organization with U.S. and foreign operations that meets the criteria above may apply for an NCQA Survey, and may include functions performed outside the United States in its NCQA Survey.		
15	Policies and Procedures—Section 2: The Certification Process	Corrective action	Revise the first paragraph to read: In certain circumstances, NCQA may require the organization to take corrective actions and submit a CAP. **Corrective actions** are steps taken to improve performance when specific NCQA Accreditation requirements are not met. Corrective action requests are not specific to failed must-pass elements, which are also addressed during the CAP Survey process. Specific to interrater reliability (IRR) issues during the survey process, if an organization is found to be noncompliant during its survey, and the issue was not identified during a previous survey where the same requirement was reviewed and evaluated with evidence provided by the organization that was the same as or similar to the evidence provided previously, NCQA may require the organization to submit a corrective action plan addressing the noncompliant requirement. In most cases, this will not adversely impact the organization's Accreditation status. Failure to timely comply with requested corrective action requests may result in a lower score, or reduction or loss of Accreditation status. Refer to *Interrater Reliability* in *Section 4: Additional Information* for the definition of and information about interrater reliability.	**CL**	**3/27/23**
27	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Add the following as a new second and third paragraph: Reporting obligations are effective upon issuance of the notice of sanctions, issuance of a fine or request for corrective action. The notification requirement is not paused as a result of any appeal or negotiations with the applicable regulatory authority. All Reportable Events must be submitted through My NCQA (https://my.ncqa.org).	**CL**	**7/25/22**
27	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events—Annual Attestation of Compliance With Reportable Events	Revise the information in this section to read: 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 Certification status. Annually, NCQA will send an e-mail reminder to the designated accreditation 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.	**CL**	**7/25/22**

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27	Policies and Procedures—Section 5: Additional Information		Add the following new section head and text between "Notifying NCQA of Reportable Events" and "Discretionary Survey." **Interrater Reliability** NCQA strives for consistency in the Accreditation/Certification process and across all surveys. 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. To support consistency, NCQA will continue to clarify standards and educate surveyors. Organizations preparing for survey should also review all applicable standards, including 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. **Reporting IRR Issues to NCQA** Report suspected IRR issues to NCQA during the following survey stages: • 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). Issues may be reported in the survey tool (IRT) or by submitting a case to My NCQA (https://my.ncqa.org). 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. 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	**CL**	**7/25/22**

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			issue related to a file review element, the issue should be reported during the onsite survey. 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: 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. NCQA analyzes IRR information to identify opportunities to clarify requirements or enhance surveyor education.		
30	Policies and Procedures	Mergers and Acquisitions	Revise the email address in the third paragraph to read: sig@ncqa.org	**CO**	**3/28/22**
32	Policies and Procedures—Section 5: Additional Information	Suspending Certification	Revise the first sentence under the "Grounds for immediate suspension" subhead to read: Grounds for recommending suspension of certification status include, but are not limited to:	**CL**	**7/25/22**
32	Policies and Procedures—Section 5: Additional Information	Suspending Certification	Add the following as a new sixth bullet under the "Grounds for immediate suspension" subhead: • Failure to comply with Reportable Events submission or annual attestation completion requirements.	**CL**	**7/25/22**
32	Policies and Procedures—Section 5: Additional Information	Revoking Certification	Revise the sixth bullet under "Grounds for revocation" to read: • The organization violates other published NCQA policies, including failure to submit Reportable Events or completion of annual attestation.	**CL**	**7/25/22**
44	HIP 4, Element A	Explanation—Factor 9: Office location and phone number	Add the following text as the second sentence: If a physician sees patients only virtually, the directory must indicate "virtual-only" in lieu of a physical office location.	**CL**	**11/22/21**

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NA	Policies and Procedures	Acknowledgments	Update the NCQA address on the page preceding the **Acknowledgments** page to read: 1100 13th Street NW, Third Floor Washington, DC 20005 Update the Policy Clarification Support link to read: http://my.ncqa.org	**CL**	**11/20/17**
10	Policies and Procedures—Section 1: The Application Process	Organization Obligations—Survey agreement	Add the following as sub-bullets under the second bullet: – An organization that ceases to do business before the end of its NCQA Certification cycle will be removed from the NCQA Health Information Product Report Card. – An organization that continues to operate and elects to withdraw from certification and not continue to meet NCQA requirements before the end of its NCQA Certification cycle, will be reported as "Revoked" on the NCQA Health Information Product Report Card.	**CL**	**7/30/18**
10	Policies and Procedures—Section 1	Organization Obligations—Survey contract agreement	Revise the section title to "Survey agreement." Replace the last sentence with the following: ***Note:*** *If NCQA conducts a Discretionary Survey, it reviews the organization against the standards in effect at the time of the Discretionary Survey.* **Organizations must complete the certification process once the survey begins.**	**CL**	**11/20/17**
~~10~~	~~Policies and Procedures—Section 1~~	~~Applying for an NCQA Survey—Application request~~	~~Update the NCQA address to read:~~ ~~National Committee for Quality Assurance~~ ~~1100 13th Street NW, Third Floor~~ ~~Washington, DC 20005~~ ***Updated the issue on March 26, 2018.***	~~**CL**~~	~~**11/20/17**~~
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey—Application request	Revise the section to read: NCQA has implemented a new web-based application process. Organizations with current NCQA Certification can apply for a Renewal Survey at http://my.ncqa.org. Log in, click **My Apps** and then click **Go To Site** for the certification application tool. Review and edit the prepopulated application information and submit the application directly to NCQA.	**CL**	**3/26/18**

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			Contact the application and scheduling account representative (ASAR) with questions or go to http://www.ncqa.org/programs/accreditation/online-application-process for information on NCQA's new application process. Organizations without current certification or that are applying for Health Information Product certification for the first time can contact Customer Support at **888-275-7585** or submit a question in the **My Questions** section at http://my.ncqa.org to begin the prequalification and application process.		
11	Policies and Procedures—Section 1	Applying for an NCQA Survey—Survey application	Revise the section to read: Organizations identify the certification options for which it seeks certification. The completed application includes relevant information about an organization (e.g., its structure, preferred survey dates). This information helps NCQA structure a survey around the operational characteristics of the organization.	**CL**	**11/20/17**
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey—Survey application	Revise the second sentence to read: The completed application for certification contains relevant information about an organization (e.g., its structure, preferred survey dates).	**CL**	**3/26/18**
11	Policies and Procedures—Section 1: The Application Process	Applying for an NCQA Survey—Processing criteria	Replace the text with the following: NCQA only processes a complete application, which includes: • The application for NCQA Health Information Product Certification Survey. • A signed Agreement for NCQA Health Information Product Certification Survey ("the Agreement"). • The application fee. ***Note:*** *The signed legal agreement establishes the terms and conditions that all organizations must accept to participate in the survey, and that will apply for the length of the Certification. NCQA does not accept edits to the Agreement unless state or other applicable law requires modifications.* *An organization that has a legal conflict with a term or provision may submit to NCQA for review and consideration of a waiver or revision. Requests must be submitted with evidence of the legal conflict at least 12 months before the requested survey date and must be approved by NCQA. Signed Agreements will remain in effect for resurveys and any subsequent renewals. An organization may be required to resign the Agreement if there is lapse in its Certification status.*	**CL**	**3/30/20**

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~~11~~	~~Policies and Procedures—Section 1: Eligibility and the Application Process~~	~~Applying for an NCQA Survey—Processing criteria~~	~~Revise the section to read:~~ ~~NCQA only processes a complete application, which comprises:~~ ~~• The web-based application for an NCQA Health Information Product Certification Survey.~~ ~~• A current, signed Agreement for NCQA Health Information Product Certification Survey ("the Agreement").~~ ~~***Note:*** *Unless state or other applicable law requires modifications, all organizations are required to sign the Agreement. Requests to change the standard Agreement due to legal conflicts must be approved by NCQA, and must be submitted with evidence of the legal conflict at least 12 months before the requested survey date.*~~ ~~• The application fee.~~ ***Updated the issue on March 30, 2020.***	**~~CL~~**	**~~3/26/18~~**
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey—Application timeline	Revise the first sentence to read: Organizations submit the complete application a *minimum of nine months* before the requested survey date.	**CL**	**3/26/18**
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey—Survey fee	Revise the section to read: All pricing policies and survey fees are specified in Exhibit A of the Agreement.	**CL**	**3/26/18**
~~11~~	~~Policies and Procedures—Section 1~~	~~Applying for an NCQA Survey—Processing criteria~~	~~Revise the section to read:~~ ~~NCQA only processes a complete application, which consists of:~~ ~~• The application for HIP Survey and supporting attachments:~~ ~~—A current, signed Agreement for NCQA Health Information Product Certification Survey ("the Agreement").~~ ~~—The application fee.~~ ~~***Note****: Unless state or other applicable law requires modifications, all organizations are expected to sign the Agreement. Requests to change the standard Agreement due to legal conflicts must be approved by NCQA, and must be submitted with evidence of the legal conflict at least 12 months before the requested survey date.*~~ ***Updated the issue on March 26, 2018.***	**~~CL~~**	**~~11/20/17~~**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
11	Policies and Procedures—Section 1	Applying for an NCQA Survey—Application timeline	Revise the section to read: ~~Organizations should submit the complete application *a minimum of nine months before the requested survey date.*~~ If an organization submits complete materials less than nine months before it wants to be surveyed, NCQA may not be able to accommodate the requested survey date. ***Updated the first sentence of this issue on March 26, 2018.***	**CL**	**11/20/17**
13	Policies and Procedures—Section 2: Certification, Scoring and Status Requirements	How Organizations Are Evaluated	Add the following subhead and text under the **Minimum requirements** subhead and text: **Corrective Action** In certain circumstances, NCQA may require corrective action by the organization. Corrective action are steps taken to improve performance when an organization does not meet specific NCQA certification requirements. Failure to comply timely with requested corrective action may result in a lower score or reduction or loss of certification status.	**PC**	**7/29/19**
13	Policies and Procedures—Section 2: Certification, Scoring and Status Requirements	Corrective action	Replace the text with the following: 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 Certification requirements. Failure to timely comply with requested corrective action may result in a lower score or reduction or loss of Certification status. 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. 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 Certification status as specified below.	**CL**	**11/23/20**

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			<table><tr><th>If the Organization…</th><th>The ROC May…</th></tr><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 Certified to Denied.</td></tr><tr><td>Does not complete the CAP after an extension, ***or*** Is unwilling or unable to formulate a satisfactory CAP within the required time frame, ***or*** Makes no attempt to complete an agreed-on CAP.</td><td>Issue a Denied Certification status.</td></tr></table>		
14	Policies and Procedures—Section 2: Certification, Scoring and Status Requirements	Must-Pass Elements	Remove the second paragraph, which reads: If an organization does not meet the must-pass threshold for any must-pass element, a status modifier of "Under Corrective Action" will be displayed after the applicable status (e.g., Certified—Under Corrective Action) until NCQA confirms that the organization has completed a corrective action plan.	**CO**	**11/25/19**
~~13~~	~~Policies and Procedures—Section 2: Certification, Scoring and Status Requirements~~	~~Must-Pass Elements~~	~~Add the following as the second paragraph:~~ ~~If an organization does not meet the must-pass threshold for any must-pass element, a status modifier of "Under Corrective Action" will be displayed after the applicable status (e.g., Certified—Under Corrective Action) until NCQA confirms that the organization has completed a corrective action plan.~~ ***Updated the issue on November 25, 2019.***	**~~PC~~**	**~~7/29/19~~**
21	Policies and Procedures—Section 3	Reconsideration—Reconsideration request	Revise the language to read: The organization must send a written request for Reconsideration to NCQA within 30 calendar days after the date of the certification decision. There is a fee for Reconsideration (Exhibit A of the *Agreement for Survey*). The Reconsideration request must state at least one of the criteria listed above, and must include a list of standards and elements for which Reconsideration is being requested. The request must not exceed five pages in length.	**CL**	**11/20/17**

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21	Policies and Procedures—Section 3: The Survey Process	Reconsideration—Reconsideration request	Add the following as the last sentence: The request may be mailed to NCQA Office of Program Integrity, 1100 13th Street NW, 3rd Floor, Washington DC 20005 or submitted via email to Reconsiderations@ncqa.org.	**CL**	**7/30/18**
21	Policies and Procedures—Section 3: The Survey Process	Reconsideration—Documentation that supports Reconsideration	Delete the last sentence of the note, which reads: The organization must provide NCQA with 12 copies of materials.	**CL**	**7/30/18**
23	Policies and Procedures—Section 4: Reporting Results	Releasing information	Revise the first sentence to read: NCQA releases Certification Survey results to the public (unless an organization declines its status under the Introductory Survey option).	**CL**	**7/29/19**
23	Policies and Procedures—Section 4	Reporting Results—Marketing certification results	Revise the second sentence to read: Marketing materials must not imply that individual certification decisions apply beyond the certified program.	**CL**	**11/20/17**
24	Policies and Procedures—Section 4	Reporting Certification Status to the Public—NCQA's Right to release and publish	Revise the second paragraph to read: NCQA reserves the right to use aggregate data collected from Certification Surveys, and to authorize others to use such aggregate data for NCQA's research and development purposes and for other purposes, as agreed to by the organization in the Agreement.	**CL**	**11/20/17**
24	Policies and Procedures—Section 4: Reporting Results	Reporting Certification Status to the Public	Add the following as the last paragraph: NCQA publicly reports Denied Certification status for one year (unless the organization declines its status under the Introductory Survey option) or until the status is replaced as the result of another survey. An organization that dissolves or ceases to exist is removed from public reporting.	**PC**	**7/29/19**
24	Policies and Procedures—Section 4	Reporting Certification Status to the Public—NCQA's Right to release and publish	Add the following as the fourth paragraph: NCQA publicly reports expired status and that the organization was previously Certified and has chosen not to undergo a survey to renew its status or the organization has chosen to withdraw its status before expiration of its Certification cycle.	**PC**	**11/25/19**

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25	Policies and Procedures—Section 4: Reporting Results	NCQA Health Information Product Report Card	Add the following subhead and text under the *Next Review Date* subhead and text: **Under corrective action** NCQA requires the organization to complete corrective actions. Failure to comply timely with requested corrective action may result in a lower score or reduction or loss of certification status.	**PC**	**7/29/19**
27	Policies and Procedures—Section 5	Reporting Hotline for Fraud and Misconduct—How to Report	Replace the "English-speaking USA and Canada" toll free telephone number with 844-440-0077.	**CO**	**11/20/17**
27	Policies and Procedures—Section 5	Reporting Hotline for Fraud and Misconduct	Add a new section, "Notifying NCQA of Reportable Events," after the subhead. See the attached Policies and Procedures to review the section, which includes the definition of Reportable Events, the process for notifying NCQA of Reportable Events and a description of the investigative process that NCQA may initiate following a Reportable Event.	**PC**	**11/20/17**
27	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Revise the third subbullet of the first bullet to read: – Request for corrective action where the substance of such corrective action relates to the organization's handling of important patient safety matters.	**CL**	**7/29/19**
27	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events—Annual Attestation of Compliance With Reportable Events	Revise the second sentence in the second paragraph to read: Submit Reportable Events via email to ReportableEvents@ncqa.org and annual attestations electronically to Attestations@ncqa.org, by fax to 202-955-3599 or by mail to the address below:	**CL**	**7/30/18**
28	Policies and Procedures—Section 5	Discretionary Survey—Time frame	Revise the first sentence to read: The Discretionary Survey is generally conducted within 60 calendar days of notification by NCQA of its intent to conduct a Discretionary Survey, but may include an unannounced survey.	**PC**	**11/20/17**
28	Policies and Procedures—Section 5	Discretionary Survey	Revise the *Discretionary Survey* section to read: NCQA may survey an organization while certification status is in effect. This survey is called a **Discretionary Survey** and its purpose is to validate the appropriateness of the organization's ongoing certification.	**PC**	**11/21/16**

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			Structure NCQA determines the scope and content of Discretionary Surveys, which may consist of one or more of the following: • An offsite document review. • An onsite survey. • A teleconference. **Target** Discretionary Surveys address issues regarding the organization's continued performance against NCQA's standards and other considerations that may pose an imminent threat to participants. During a discretionary review, an accredited organization will be reviewed under the NCQA standards in effect at the time of the discretionary review. **Time frame** The Discretionary Survey is generally conducted within 60 calendar days of notification by NCQA of its intent to conduct a Discretionary Survey. Discretionary Survey costs are borne by the organization and correspond to the complexity and scope of the Discretionary Survey and NCQA pricing policies in effect at the time of the Discretionary Survey. **Change in status** When NCQA notifies the organization in writing of its intent to conduct a Discretionary Survey, the organization's existing certification status is listed with the notation "Under Review by NCQA." NCQA may suspend the organization's certification status pending completion of a Discretionary Survey. Upon completion of the Discretionary Survey and after the ROC's decision, the organization's status may change. The organization has the right to Reconsideration if its certification status changes because of the Discretionary Survey.		

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30	Policies and Procedures—Section 5	Mergers and Acquisitions	Replace the language with the following: An NCQA-Certified organization involved in a merger, acquisition, consolidation or other form of corporate reorganization, including filing for dissolution, must submit written notice of such action to NCQA within 30 calendar days following the date of the merger, acquisition, consolidation or reorganization, or earlier, if possible. Refer to *Appendix 3: Mergers, Acquisitions and Consolidations*. An NCQA-Certified organization must also notify NCQA in writing within 30 calendar days of any change in operational structure or the organization's status that affects the scope of review under NCQA's standards Health Information Product certification, such as program name change or material restructuring or consolidation of functions. Notices can be submitted electronically to NCQA-Accreditation@ncqa.org; by fax to 202-955-3599 or by mail to the address below: National Committee for Quality Assurance 1100 13th Street NW, Third Floor Washington DC 20005 Attention: AVP Accreditation	**PC**	**11/20/17**
33	HIP 1, Element C	Explanation—Factors 1, 2: Data collection and analysis	Add the following as the last sentence of the paragraph: When the organization conducts a quality assessment, it measures or evaluates how useful or understandable the information provided is. Accuracy is related to how correct or precise the information provided is.	**CL**	**7/27/20**
33	HIP 1, Element C	Explanation—Exceptions	Replace the text in this section with the following language: Factor 3 is NA if no deficiencies are identified. NCQA evaluates whether this conclusion is reasonable, given assessment results.	**CL**	**7/27/20**
36	HIP 2, Element A	Explanation—Related information	Remove the last two sentences, which read: A covered entity may use e-mail to communicate with patients, but should ensure that adequate safeguards are used, such as encryption. The organization may use an alternative means of electronic communication, such as a secure Web-based messaging system (via HTTPS).	**CL**	**7/30/18**
36	HIP 2, Element A	Examples—Factor 2: Safeguards to electronic transmissions	Revise the bullets to read: • Send electronic communications through a secure method.	**CL**	**7/30/18**

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			• Consider using an email system that encrypts messages or requires patient login. • Set the email "send" option to request an automatic return receipt to document delivery to the intended recipient.		
42	HIP 3, Element C		Refer to the memo to review requirements that were eliminated for the 2017 Standards Year and will be scored NA for the 2016 Standards Year.	**PC**	**7/25/16**
2-1	Appendix 2	NCQA-Certified HIP Organization	Add the following as the second sentence of the fifth bullet: If there are two or more delegates, "70 percent" is cumulative.	**CL**	**12/3/18**
3-1	Appendix 3: Merger, Acquisition and Consolidation Policy for Health Information Products	The MAC Policy	Revise the second and third sentence in the first paragraph to read: Mergers, acquisitions, consolidations and corporate reorganizations are treated the same under NCQA's MAC Policy. The terms *merge, merged* and *merger* also refer to acquisitions, consolidations and reorganizations.	**CL**	**11/20/17**
3-2	Appendix 3: Merger, Acquisition and Consolidation Policy for Health Information Products	Definitions	Add the following definitions for "reorganization" and "reorganization date": **reorganization** The process of reorganizing or altering the corporate structure of an organization, including the creation of a new organization or the dissolution of the organization as an entity. The filing for petition of bankruptcy or the initiation of receivership, liquidation or state insurance supervision should be reported to NCQA as Reportable Events under NCQA Certification program policy and not under the MAC Policy. **reorganization date** The effective date of the new entity, dissolution or corporate restructuring plan.	**CL**	**11/20/17**
3-2	Appendix 3: Merger, Acquisition and Consolidation Policy for Health Information Products	Written Notice—Timing of written notice	Revise the first paragraph, the second paragraph and the NCQA address to read: An NCQA-Certified organization involved in a merger, acquisition, consolidation or reorganization must submit written notice of such action to NCQA within 30 calendar days following the merger, acquisition, consolidation or reorganization date, or earlier, if possible. Send the written notice to the following address. National Committee for Quality Assurance 1100 13th Street NW, Third Floor Washington, DC 20005	**CL**	**11/20/17**

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
3-3	Appendix 3	MAC Evaluation and Outcomes—When a survey is not required	Revise the text of the second sentence to read: Certifications (Pharmacy Benefit Information, Health Information Line, Support for Healthy Living, Physician and Hospital Directories) do not have to be the same.	**CL**	**7/27/20**
4-1	Appendix 4—Glossary		Add the following as a new definition: **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.	**CL**	**7/25/22**