NCQA Corrections, Clarifications and Policy Changes to the 2018 UM-CR-PN Standards and Guidelines

March 25, 2019

This document includes the corrections, clarifications and policy changes to the 2018 UM-CR-PN 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 2018 UM-CR-PN 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.

<table>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>ISS Release Date</th></tr>
<tr><td>3-13</td><td>Appendix 3—Delegation and Automatic Credit Guidelines</td><td>Table 3: Automatic Credit for delegating to an NCQA-Accredited UM, CR or PN.</td><td>Add UM 4, Element G as follows:
<table>
<tr><th></th><th></th><th colspan="2">Accredited UM, CR or PN</th></tr>
<tr><th></th><th></th><th>Initial Survey</th><th>Renewal Survey</th></tr>
<tr><td>G</td><td>Affirmative Statement About Incentives</td><td>Y</td><td>Y</td></tr>
</table></td><td>CL</td><td>3/25/2019</td></tr>
</table>

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
	Multiple		Refer to the **memo** to review requirements that were eliminated for the 2019 Standards Year and will be scored NA for the 2018 Standards Year.	**PC**	**7/30/2018**
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	**CL**	**11/20/2017**
9	Policies and Procedures —Section 1: Eligibility and Application Process	Eligibility for Accreditation	Replace the subhead and associated language for **Requirements for UM accreditation**, **Requirements for CR accreditation** and **Requirements for provider network accreditation** with the following: An organization that meets the following criteria is eligible to apply for NCQA Accreditation in UM, CR or PN if it: • Is not licensed as an HMO, POS, PPO or EPO. • Is not eligible to be accredited by NCQA as a health plan or an MBHO. • Performs UM, CR or PN functions directly or through a service agreement. • Does not delegate UM, CR or PN functions for more than 50 percent of: – *For UM:* The members enrolled in the organization and the population covered in client contracts to which the organization provides UM services. – *For CR, PN:* The practitioners/providers included in the organization's network and those covered in client contracts to which the organization provides CR/PN services. • Complies with applicable federal, state and local laws and regulations, including licensure requirements. • Does not discriminate on the basis of gender, sexual orientation, race, creed or national origin.	**CL**	**7/30/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
			Organizations that deliver health care services through specialty plans (e.g., chiropractic, indemnity, dental, vision) and specialty plans that deliver health care services and perform UM, CR or PN functions are also eligible for accreditation.		
9	Policies and Procedures	Section 1—Eligibility and the Application Process	Revise the second bullet under "Eligibility for Accreditation" to read: • Are not eligible to be accredited by NCQA as a health plan or an MBHO.	**CO**	**11/20/2017**
11	Policies and Procedures	Section 1—Multiple accreditations	Revise the second sentence in the first paragraph of the "Multiple accreditations" subhead to read: An organization that pursues Provider Network and Credentialing Accreditation selects both the Provider Network and Credentialing Evaluation Options.	**CL**	**11/20/2017**
12	Policies and Procedures—Section 1: Eligibility and Application Process	Organization Obligations	Add the following as sub-bullets after the third bullet: – An organization that ceases to do business and no longer has members before the end of its NCQA Accreditation cycle will be removed from the NCQA UM-CR-PN Report Card. – An organization that continues to have membership or performs functions for clients' members and elects to withdraw from accreditation and not continue to meet NCQA requirements before the end of its NCQA Accreditation cycle, will be reported as "Revoked" on the NCQA UM-CR-PN Report Card.	**CL**	**7/30/2018**
14	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Status	Revise the third paragraph to read: ***Note:*** *An organization that is seeking Accreditation in Credentialing and Provider Network does not need to purchase two survey tools; however, it should select both the Provider Network and the Credentialing evaluation product.*	**CL**	**12/3/2018**

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
23	Policies and Procedures—Section 3: The Survey Process	Reconsideration—Reconsideration request	Add the following as the last sentence of the second paragraph: 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**	**7/30/2018**
23	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**	**7/30/2018**
28	Policies and Procedures —Section 5: Additional Information	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**	**11/20/2017**
28	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**	**7/30/2018**
29, 32	Policies and Procedures —Section 5: Additional Information	Annual Attestation of Compliance With Reportable Events& Mergers and Acquisitions and Changes to Operations	Update the NCQA address to read: National Committee for Quality Assurance 1100 13th Street NW, Third Floor Washington, DC 20005	**CL**	**11/20/2017**
42	UMA 2, Element B	Explanation	Add the following sentence as the second paragraph in the Explanation: NCQA scores this element "yes" if all the organization's clients are NCQA-Accredited organizations.	**CL**	**11/20/2017**
57	UM 3, Element A	Look-back period	Revise the look-back period to read: *For Initial Surveys:* 6 months. *For Renewal Surveys:* 24 months.	**CL**	**3/26/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
61	UM 4, Element B	Explanation	Add the following as the second bullet: • *Nurse practitioners*:* Medical, behavioral healthcare, pharmaceutical, dental, chiropractic and vision denials. Add the following note under the second paragraph: *In states where the organization has determined that practice acts or regulations allow nurse practitioners to practice as independent practitioners, these practitioners may review requests that are within the scope of their license.	**CL**	**3/26/2018**
67	UM 4, Element G	Look-back period	Revise the look-back period to read: *For all surveys:* 6 months.	**CO**	**3/26/2018**
69, 72, 74, 77	UM 5, Elements A-D	Scope of Review	Add the following as the first paragraph: Because the requirement for timeliness of UM **decisions/notifications** for the Medicare and Medicaid product lines is being revised for the 2019 standards year for factor 1, NCQA will apply the change to factor 1 for surveys beginning on or after July 1, 2018. For Medicare and Medicaid urgent concurrent requests, the organization **makes decisions/sends notifications** within 72 hours of receipt of the request.	**PC**	**7/30/2018**
69	UM 5, Element A, E	Explanation—Classification of UM requests	Add the following as the first bullet under 'Urgent request': • Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, ***or*** ***Note:*** **The type of update was reclassified from "CL" to "PC" on 8/27/18.**	**PC**	**7/30/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
69, 74	UM 5, Elements A, C	Explanation—Factors 1-4: Timeliness of decision making	Remove "postservice decisions" from the second paragraph so it reads: *For Medicaid and Medicare only:* Nonurgent preservice decisions must be made within 14 calendar days.	**CL**	**3/26/2018**
69, 75	UM 5, Elements A, C	Explanation—Factors 1-4: Timeliness of decision making	Revise the fourth paragraph to read: An organization may have procedures for ongoing reviews of urgent concurrent care it approved initially. For ongoing reviews, the notification period begins on the day of the review. The organization documents the date of the ongoing review, the decision and the notification in the UM denial file.	**CL**	**3/26/2018**
72, 77, 83	UM 5, Elements B, D, F	Explanation	Revise the second paragraph to read: This element applies to all **nonbehavioral healthcare/behavioral healthcare/pharmaceutical** denial determinations resulting from medical necessity review.	**PC**	**7/30/2018**
72, 77	UM 5, Elements B, D	Explanation—Factors 1-4: Timeliness of decision making	Remove "postservice decisions" from the first paragraph so it reads: *For Medicaid and Medicare only:* For nonurgent preservice decisions, the organization gives electronic or written notification of the decision to practitioners and members within 14 calendar days of the request.	**CL**	**3/26/2018**
73, 78, 84	UM 5, Elements B, D, F	Related information—Oral notification	Revise the first paragraph to read: If the organization provides initial oral notification of a denial decision within 24 hours of an urgent concurrent request or within 72 hours of an urgent preservice request, it has an additional 3 calendar days following oral notification to provide written or electronic notification. The organization records the time and date of notification and the staff member who spoke with the practitioner or member. Oral notification must involve communication with a live person; the organization may not leave a voicemail.	**CL**	**11/20/2017**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
73, 78, 85	UM 5, Elements B, D, F	Related information—Failure to follow filing procedures	Revise the second bullet to include "postservice decisions" so it reads: *For nonurgent preservice and postservice decisions*, the organization notifies the practitioner or member within 5 calendar days of receiving the request for services.	**CL**	**3/26/2018**
73, 78, 85	UM 5, Elements B, D, F	Related information	Add the following as the last paragraphs*:* *Use of practitioner web portals.* The organization may provide electronic denial notifications to practitioners through a web portal if: • The organization informs practitioners of the notification mechanism and their responsibility to check the portal regularly, ***and*** • The organization documents the date and time when the information was posted in the portal, ***and*** • The information posted in the portal meets the requirements in UM 4-UM 7. The organization must have an alternative notification method for practitioners who do not have access to the web portal.	**CL**	**11/20/2017**
80	UM 5, Element E	Explanation—Factors 1-7: Timeliness of pharmaceutical decision making	Revise the second paragraph to read: An organization may have procedures for ongoing reviews of urgent concurrent care it approved initially. For ongoing reviews, the notification period begins on the day of the review. The organization documents the date of the ongoing review, the decision and the notification in the UM denial file.	**CL**	**3/26/2018**
87, 89, 90	UM 6, Elements A-C	Explanation—Relevant clinical information	Add the following text as the second paragraph: The relevance of clinical information is considered in terms of the criteria used by the organization to make its decision (i.e., the clinical information must be related to the criteria the organization said were not met in its denial notice). Organizations must gather clinical information when determining medical necessity. If enough clinical information relevant to the criteria is not provided with the	**CL**	**3/26/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
			request, the organization must document in the denial file its attempts to gather the clinical information needed to make a decision.		
93, 99, 105	UM 7, Elements B, E, H	Explanation—Factor 1: Reason for denial	Replace the first paragraph with the following text: The denial notification states the reason for the denial in terms specific to the member's condition or request and in language that is easy to understand, so the member and practitioner know why the organization denied the request and have enough information to file an appeal. The notification includes a complete explanation of the grounds for the denial, in language that a layperson would understand, and does not include abbreviations, acronyms or health care procedure codes that a layperson would not understand. An organization is not required to spell out abbreviations/acronyms if they are clearly explained in lay language. To illustrate, for the acronym DNA, spelling out would be "a DNA (deoxyribonucleic acid)" whereas explaining would be "a DNA test is a test that looks at your genetic information." Denial notifications sent only to practitioners may include technical or clinical terms.	**CL**	**12/3/2018**
93, 99, 105	UM 7, Elements B, E, H	Explanation—Factor 1: Reason for denial	Add the following as the last sentence of the first paragraph: Denial notifications sent only to practitioners may include technical or clinical terms.	**CL**	**3/26/2018**
96,102, 108	UM 7, Elements C, F, I	Related information—Medicare denials	Revise the subhead and text to read: **Medicare denials and Fully Integrated Dual Eligible (FIDE) denials** CMS requires organizations to issue an Integrated Denial Notice (IDN) for non-inpatient medical service denials for Medicare and FIDE members. The IDN meets factors 1–3 for these members.	**PC**	**12/3/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
96, 102, 108	UM 7, Elements C, F, I	Related information—Notification exception	Add the following to the beginning of this section: NCQA does not require the organization to notify a member about an urgent preservice decision. The organization may notify only the attending or treating practitioner, because NCQA considers the attending or treating practitioner to be acting as the member's representative.	**CL**	**3/26/2018**
110	UM 8, Element A	Look-back period	Revise the look-back period to read: *For Initial Surveys:* 6 months. *For Renewal Surveys*: 6 months for factor 16; 24 months for all other factors.	**CL**	**12/3/2018**
111-112	UM 8, Element A	Explanation—Factors 7-9: Appeal decisions	Replace the first paragraph with the following text: Appeal policies and procedures specify that appeal decisions and notification are timely. The appeal decision notification states the reason for upholding the denial in terms specific to the member's condition or request and in language that is easy to understand, so the member and practitioner understand why the organization upheld the appeal decision and have enough information to file the next level of appeal. An appropriately written notification includes a complete explanation of the grounds for the upheld appeal decision, in language that a layperson would understand, and does not include abbreviations, acronyms or health care procedure codes that a layperson would not understand. The organization is not required to spell out abbreviations/acronyms if they are clearly explained in lay language. To illustrate, for the acronym DNA, spelling out would be "a DNA (deoxyribonucleic acid)" whereas explaining would be "a DNA test is a test that looks at your genetic information." Upheld appeal notifications sent only to practitioners may include technical or clinical terms.	**CL**	**12/3/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
112	UM 8, Element A	Explanation—Factors 7-9: Appeal decisions	Add the following as the last sentence of the first paragraph: Appeal notifications sent only to practitioners may include technical or clinical terms.	**CL**	**3/26/2018**
112	UM 8, Element A	Explanation—Factors 7-9: Appeal decisions	Remove the word "Medicare" and revise the last paragraph to read: For **Medicaid only**, decisions for postservice appeals and notifications to members must be within 30 calendar days of receipt of the request.	**CO**	**11/20/2017**
112	UM 8, Element A	Explanation—Factor 13: Titles and qualifications	Revise the first sentence of the first paragraph to read: Appeal policies and procedures require the appeal notice to identify each reviewer who participated in the appeal, including:	**CL**	**11/20/2017**
112	UM 8, Element A	Explanation—Factor 13: Titles and qualifications	Revise the bulleted language for benefit and medical necessity appeals to read: • *For a benefit appeal:* The reviewers' title (name of reviewers' position or job within the organization). • *For a medical necessity appeal:* The reviewers' title (name of reviewers' position or job within the organization), qualifications (clinical credentials, such as MD, DO, PhD) and specialty (e.g., pediatrician, general surgeon, neurologist, clinical psychologist).	**CL**	**7/30/2018**
113	UM 8, Element A	Exceptions	Add the following as the last exception: Factor 16 is NA if the organization does not provide or administer coverage for members.	**CL**	**12/3/2018**
113	UM 8, Element A	Related information—Extending the time frame to obtain additional information	Add "or" to the first bullet to read: • The member agrees to extend the appeal time frame, ***or***	**CL**	**12/3/2018**
114	UM 8, Element B	Look-back period	Revise the look-back period to read: *For Renewal Surveys:* 24 months.	**CL**	**11/20/2017**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
114	UM 8, Element B	Look-back period	Revise the look-back period to read: *For all surveys:* 6 months.	**CO**	**3/26/2018**
116, 117, 119, 120	UM 9, Elements A-D	Scope of review	Add the word "upheld" in the first sentence of the scope of review so that it reads: NCQA reviews a random sample of up to 40 upheld appeal files for evidence… • That the appeal file contains all three factors (Element A). • Of timeliness of decision making (Element B). • Of involvement of nonsubordinate and same-or-similar specialist reviewers (Element C). • That appeal letters meet all 6 factors (Element D).	**CL**	**11/20/2017**
117	UM 9, Element B	Explanation—Factors 1-3: Timeliness of appeal process	Remove the word "Medicare" and revise the last paragraph to read: For **Medicaid only**, decisions for postservice appeals and notifications to members must be within 30 calendar days of receipt of the request.	**CO**	**11/20/2017**
120-121	UM 9, Element D	Explanation—Factor 1: The appeal decision	Replace the explanation with the following text: The appeal decision notification states the reason for upholding the denial in terms specific to the member's condition or request and in language that is easy to understand, so the member and practitioner understand why the organization upheld the appeal decision and have enough information to file the next level of appeal. An appropriately written notification includes a complete explanation of the grounds for the upheld appeal decision, in language that a layperson would understand, and does not include abbreviations, acronyms or health care procedure codes that a layperson would not understand. The organization is not required to spell out abbreviations/acronyms if they are clearly explained in lay language.	**CL**	**12/3/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
			To illustrate, for the acronym DNA, spelling out would be "a DNA (deoxyribonucleic acid)" whereas explaining would be "a DNA test is a test that looks at your genetic information." Upheld appeal notifications sent only to practitioners may include technical or clinical terms.		
121	UM 9, Element D	Explanation—Factor 1: The appeal decision	Add the following as the last sentence of the first paragraph: Appeal notifications sent only to practitioners may include technical or clinical terms.	**CL**	**3/26/2018**
121	UM 9, Element D	Exceptions	Revise the first sentence to read: Factors 3, 4 and 5 are NA for Medicare part D appeals.	**CL**	**3/26/2018**
121	UM 9, Element D	Explanation—Factor 5: Titles and qualifications	Revise the bulleted language for benefit and medical necessity appeals to read: • *For a benefit appeal:* The reviewers' title (name of reviewers' position or job within the organization). • *For a medical necessity appeal:* The reviewers' title (name of reviewers' position or job within the organization), qualifications (clinical credentials, such as MD, DO, PhD) and specialty (e.g., pediatrician, general surgeon, neurologist, clinical psychologist).	**CL**	**7/30/2018**
122, 123	UM 9, Elements E, F	Look-back period	Revise the look-back period to read: *For all surveys:* 6 months.	**CO**	**3/26/2018**
124, 125	UM 10, Elements A, B	Look-back period	Revise the look-back period to read: *For all surveys:* 6 months.	**CO**	**3/26/2018**
127, 129, 130, 132, 133	UM 11, Elements A-E	Look-back period	Revise the look-back period to read: *For all surveys:* 6 months.	**CO**	**3/26/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
141, 143, 144, 145, 147	UM 14, Elements A-E	Look-back period	Revise the look-back period for Renewal Surveys in Elements A, B, D, E to read: *For Renewal Surveys:* 6 months for delegated UM 4, Element G; UM 8, Element B; UM 9, Elements E, F; UM 10, Elements A, B; UM 11, Elements A-E; 24 months for all other delegated UM activities. Revise the look-back period for Renewal Surveys in Element C to read: *For Renewal Surveys:* 6 months for delegated UM 4, Element G; UM 8, Element B; UM 9, Elements E, F; UM 10, Elements A, B; UM 11, Elements A-E; 12 months for all other delegated UM activities.	**CO**	**3/26/2018**
144	UM 14, Element C	Explanation—Predelegation evaluation	Revise the language in this section to read: The organization evaluated the delegate's capacity to meet NCQA requirements within 12 months prior to implementing delegation. NCQA considers the date of the agreement to be the implementation date if the delegation agreement does not include an implementation date. If the time between the predelegation evaluation and implementation of delegation exceeds the 12 months, the organization conducts another predelegation evaluation. If the organization amends the delegation agreement to include additional UM activities within the look-back period, it performs a predelegation evaluation for the additional activities.	**CL**	**7/30/2018**
145	UM 14, Element C	Scope of review	Add the following as the first paragraph: *This element applies if delegation was implemented in the look-back period.*	**CL**	**7/30/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
156	CRA 2, Element B	Explanation	Add the following sentence as the second paragraph in the Explanation: NCQA scores this element "yes" if all the organization's clients are NCQA-Accredited organizations.	**CL**	**11/20/2017**
158	CRA 2, Element D	Scope of review	Add the following text as the second and third sentence: NCQA reviews evidence that the organization cooperated with its clients' QI activities. If no clients ask for cooperation during the look-back period, the organization may present its delegation agreement that specifies it will cooperate with clients' efforts.	**CL**	**11/20/2017**
169	CR 1, Element A	Explanation—Factor 1: Types of practitioners	Add the following as the last paragraph under Factor 1: Types of practitioners: If the organization does not have the types of practitioners listed above or is a specialty organization, NCQA reviews all types of practitioners the organization credentials.	**CL**	**11/20/2017**
171	CR 1, Element A	Explanation—Factor 10: Participation of a medical director or designated physician	Add as the second sentence: For specialty organizations (e.g., chiropractic, physical therapy), the medical director or other designated physician may be representative of the organization's practitioners (e.g., DC, DPT).	**CL**	**11/20/2017**
179	CR 3, Element A	Explanation—Other acceptable verification sources for physicians (MD, DO)	Remove the subbullet under "FCVS for closed residency programs" and make the following text a separate paragraph: NCQA only recognizes residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) (in the United States) or by the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada.	**CL**	**11/20/2017**
182	CR 3, Element B	Explanation—Factor 1: Scope of review for sanctions or limitations on licensure	Add as the first sentence in the first paragraph: The organization verifies state sanctions, restrictions on licensure or limitations on scope of practice in all states where the practitioner provides care to members.	**CL**	**11/20/2017**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
193, 195, 196, 197, 198	CR 7, Elements A-E	Look-back period	Revise the look-back period to read: *For all surveys:* 6 months.	**CO**	**3/26/2018**
199, 201, 202, 204, 206	CR 8, Element A-E	Look-back period	Revise the look-back period for Renewal Surveys in Elements A, B, D and E to read: *For Renewal Surveys:* 6 months for delegated CR 7; 24 months for all other delegated CR activities. Revise the look-back period for Renewal Surveys in Element C to read: *For Renewal Surveys:* 6 months for delegated CR 7; 12 months for all other delegated CR activities.	**CO**	**3/26/2018**
203	CR 8, Element C	Explanation—Predelegation evaluation	Revise the language in this section to read: The organization evaluated the delegate's capacity to meet NCQA requirements within 12 months prior to implementing delegation. NCQA considers the date of the agreement to be the implementation date if the delegation agreement does not include an implementation date. If the time between the predelegation evaluation and implementation of delegation exceeds the 12 months, the organization conducts another predelegation evaluation. If the organization amends the delegation agreement to include additional CR activities within the look-back period, it performs a predelegation evaluation for the additional activities.	**CL**	**7/30/2018**
204	CR 8, Element C	Scope of review	Add the following as the first paragraph: *This element applies if delegation was implemented in the look-back period.*	**CL**	**7/30/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
262	NET 1, Element C	Explanation—Factor 1: High-volume and high-impact specialists	Add the following as the last sentence in the first paragraph: Even if the organization only identifies the minimum specialties as high-volume and high-impact, the organization must state this in its policies and procedures.	**CL**	**11/20/2017**
267	NET 2, Element A	Explanation	Rearrange the explanation text to read: This is a **structural requirement**. The organization must present its own documentation. **Data collection methods** The organization determines its data collection methodology. The data collection methodology allows identification of issues at the organizational level. The organization may collect data across the entire practitioner or member population or from a statistically valid sample. If the organizations collects data using surveys or practitioner self-reported information, it supplements the data with an analysis of complaints regarding access. **Quantitative and qualitative analyses** The organization annually conducts quantitative analysis of its performance against its accessibility standards and a qualitative analysis of the performance results. If the organization's analysis reveals issues at the organizational level, the organization conducts a practitioner-level analysis across all primary care practitioners and practices or from a statistically valid sample of them. **Factors 1–3: Access to appointments and after-hour care** Factors 1-3 apply to access to primary care services. Standards may be quantified in a specific number of hours or days or the number or percent of complaints concerning access to each type denoted in the factors. Data to measure whether the standards are being met must reflect the standard. For example, if hours or days	**CL**	**7/30/2018**

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
			is the standard, then the measure of performance must be hours or days. **Exceptions** None.		
269	NET 2, Element B	Explanation	Rearrange the explanation text to read: This is a **structural requirement**. The organization must present its own documentation. Factors 1 and 2 are **critical factors**; both factors must be met for the organization to score higher than 20% on this element. The organization meets factor 1 if it directs members with non-life-threatening emergencies are directed to the ER. **Data collection methods** The organization determines its data collection methodology. The data collection methodology allows identification of issues at the organizational level. The organization may collect data across the entire practitioner or member population or from a statistically valid sample. If the organization collects data using surveys or practitioner self-reported information, it supplements the data with an analysis of complaints regarding behavioral healthcare access. **Quantitative and qualitative analyses** The organization annually conducts quantitative analysis to determine if members are receiving follow-up routine care within a reasonable timeframe as defined by the organization. If analysis reveals issues at the organizational level, the organization conducts a practitioner-level analysis across all behavioral healthcare practitioners and practices or from a statistically valid sample of them.	**CL**	**7/30/2018**

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
			Factors 1-4: Access to behavioral healthcare and appointments The organization's report includes separate analyses of appointment availability for behavioral healthcare practitioners who prescribe medications (e.g., psychiatrists) and for behavioral healthcare practitioners who do not prescribe (e.g., psychologists) for each factor. **Factor 3: Initial routine care** Initial routine care appointments do not include follow-up care for an existing problem. **Factor 4: Follow-up routine care appointments** Follow-up routine care appointments are visits at later, specified dates to evaluate patient progress and other changes that have taken place since a previous visit. **Exceptions** This element is NA if all purchasers of the organization's services carve out or exclude behavioral healthcare.		
271	NET 2, Element C	Explanation	Rearrange the explanation text to read: **Data collection methods** The organization determines its data collection methodology and performance goals. The organization collects data using member surveys or direct assessment of appointment wait times from practices through self-report or secret-shopper assessments. If the organization collects data using surveys or self-reported practitioner information, it supplements the data with an analysis of complaints about access. **Quantitative and qualitative analyses** The organization annually conducts quantitative analysis against its accessibility standards and a qualitative analysis of the performance results.	**CL**	**7/30/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
			If analysis reveals issues at the organizational level, the organization conducts a practitioner-level analysis across all affected high-volume and high-impact practitioners and practices or from a statistically valid sample of them. **Factor 1: High-volume specialists** The organization analyzes data to determine if access to appointments with high-volume specialists identified in NET 1, Element C is sufficient for members. **Factor 2: High-impact specialists** The organization analyzes data to determine if access to appointments with high-impact specialists identified in NET 1, Element C is sufficient for members. **Exceptions** None.		
274	NET 3, Element B	Factor 1	Add "out-of-network services data" to factor 1 and revise the factor to read: Prioritizes opportunities for improvement identified from analyses of availability (NET 1), accessibility (NET 2) and CAHPS survey results and member complaints and appeals (NET 3, Element A, factor 1) and out-of-network services data (NET 3, Element A, factor 3).	**CO**	**11/20/2017**
274	NET 3, Element B	Explanation—Factors 1-3	Revise the first sentence of the paragraph to read: The organization summarizes opportunities identified from analyses of nonbehavioral healthcare data from NET 3, Element A, factors 1 and 3 to show a comprehensive overview of network access issues.	**CL**	**11/20/2017**
275	NET 3, Element C	Factor 1	Add "out-of-network services data" to factor 1 and revise the factor to read: Prioritizes improvement opportunities identified from analyses of availability (NET 1), accessibility (NET 2), complaints and appeals	**CO**	**11/20/2017**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
			or member experience (NET 3, Element A, factor 2) and out-of-network services data (NET 3, Element A, 3).		
275	NET 3, Element C	Explanation—Factors 1-3	Revise the first sentence of the paragraph to read: The organization summarizes opportunities identified from analyses of behavioral healthcare data from NET 3, Element A, factors 2 and 3 to show a comprehensive overview of network access issues.	**CL**	**11/20/2017**
280	NET 4, Element C	Element stem	Revise the element stem to read: To assess member experience with its services, the organization annually evaluates member complaints, appeals and requests for out-of-network services by:	**CO**	**7/30/2018**
299, 301, 302, 303, 305, 306	NET 7, Elements A-F	Look-back period	Revise the look-back period for Renewal Surveys in Elements A-C, E, F to read: *For Renewal Surveys:* 6 months for delegated CR 7 and NET activities; 24 months for all other delegated CR activities. Revise the look-back period for Renewal Surveys in Element D to read: *For Renewal Surveys:* 6 months for delegated CR 7 and NET activities; 12 months for all other delegated CR activities.	**CO**	**3/26/2018**
303	NET 7, Element D	Scope of review	Add the following as the first paragraph: *This element applies if delegation was implemented in the look-back period.*	**CL**	**7/30/2018**
304	NET 7, Element D	Explanation—Predelegation evaluation	Revise the language in this section to read: The organization evaluated the delegate's capacity to meet NCQA requirements within 12 months prior to implementing delegation. NCQA considers the date of the agreement to be the implementation date if the delegation agreement does not include an implementation date.	**CL**	**7/30/2018**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
			If the time between the predelegation evaluation and implementation of delegation exceeds the 12 months, the organization conducts another predelegation evaluation. If the organization amends the delegation agreement to include additional NET activities within the look-back period, it performs a predelegation evaluation for the additional activities.		
3-11	Appendix 3: Delegation and Automatic Credit Guidelines	Table 2: Automatic Credit for an MBHO Delegating to an NCQA-Accredited UM, CR	Refer to **Appendix 3** to review the updates to Table 2.	**CO**	**11/20/2017**
4-2	Appendix 4: Merger, Acquisition and Consolidation Policy for Accreditation In UM-CR-PN	Definitions	Revise the definitions for "reorganization" and "reorganization date" as follows: **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 for bankruptcy or the initiation of receivership, liquidation or state insurance supervision should be reported to NCQA as Reportable Events under NCQA Accreditation Program policy and not under the MAC Policy. **reorganization date** The effective date of the new entity, dissolution, or corporate restructuring plan.	**CL**	**11/20/2017**
4-2	Appendix 4: Merger, Acquisition and Consolidation Policy for Accreditation In UM-CR-PN	Written Notice— Timing of written notice	Revise the first paragraph to read: An NCQA-Accredited 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.	**CL**	**11/20/2017**

Would you like to discuss these updates with NCQA staff? As a member of the Accreditation and Certification Users Group (ACUG), you could—as well as other changes to NCQA standards. Consider joining the ACUG! Click here or email acug@ncqa.org for more information about why you should join.

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**ISS Release Date**
4-2	Appendix 4: Merger, Acquisition and Consolidation Policy for Accreditation In UM-CR-PN	Written Notice—Timing of written notice	Update the NCQA address to read: National Committee for Quality Assurance 1100 13th Street NW, Third Floor Washington, DC 20005	**CL**	**11/20/2017**