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

November 25, 2019

This document includes the corrections, clarifications and policy changes to the 2016 DM 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 2016 DM 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
21	Policies and Procedures—Section 2: Scoring and Status Requirements	A Standard's Structure—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., Accredited—Under Corrective Action) until NCQA confirms that the organization has completed a corrective action plan.	**CO**	**11/25/2019**
PREVIOUSLY POSTED UPDATES					
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**
~~15~~	~~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**~~
~~15~~	~~Policies and Procedures—Section 1~~	~~Applying for an NCQA Survey—Survey application~~	~~Revise the second bullet to read:~~ ~~• A signed, current Agreement for NCQA Disease Management Survey.~~ ~~Add the following as the third bullet:~~ ~~• A signed, current Business Associate Agreement.~~ ***Updated the issue on March 26, 2018.***	~~**CL**~~	~~**11/20/17**~~

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PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
15	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 Accreditation/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 accreditation/certification application tool. Review and edit the prepopulated application information and submit the application directly to NCQA. 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 accreditation/certification or that are applying for Disease Management accreditation/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.	**CL**	**3/26/18**
15	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey—Survey application	Revise the section to read: Organizations identify the programs for which they seek accreditation/certification. The completed application for accreditation/certification contains relevant information about an organization (e.g., its structure, and products that will be surveyed). This information helps NCQA structure a survey around the operational characteristics of the organization.	**CL**	**3/26/18**
15	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey	Add the following subhead and text under the **Survey application** section: **Processing criteria** NCQA only processes a complete application, which comprises: • The web-based application for an NCQA Disease Management Accreditation/Certification Survey. • A current, signed Agreement for NCQA Disease Management Accreditation/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.*	**CL**	**3/26/18**

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			• A signed, current Business Associate Agreement or HIPAA Confidentiality Agreement. • The application date.		
15	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. Remove the note that reads: ***Note:*** *Unless state or other applicable law requires modifications, all organizations must sign NCQA's standard Agreements. Requests to change the standard Agreements 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.*	**CL**	**3/26/18**
16	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**
16	Policies and Procedures—Section 1: The Application Process	Organization Obligations	Add the following as sub-bullets under the third bullet: – An organization that ceases to do business before the end of its NCQA Accreditation/Certification cycle will be removed from the NCQA Disease Management Report Card. – An organization that continues to operate and elects to withdraw from accreditation/certification and not continue to meet NCQA requirements before the end of its NCQA Accreditation/Certification cycle, will be reported as "Revoked" on the NCQA Disease Management Report Card.	**CL**	**7/30/18**
16	Policies and Procedures—Section 1	The Application Process—Organization Obligations	Add the following note as a separate paragraph under the last bullet: ***Note:*** *If NCQA conducts a Discretionary Survey, it reviews the organization against the standards in effect at the time of the Discretionary Survey.*	**CL**	**11/20/17**

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18	Policies and Procedures—Section 2: Scoring and Status Requirements	Accreditation/Certification Status	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 accreditation or certification requirements. Failure to comply timely with requested corrective action may result in a lower score or reduction or loss of accreditation or certification status.	**PC**	**7/29/2019**
19	Policies and Procedures—Section 2	Scoring and Status Requirements—Look-back period	Revise the last sentence in the first paragraph to read: For example, for most non-file-review elements, if the look-back period is 24 months and the survey date is July 10, 2016, the organization must show evidence that requirements were met at all times, from the survey date back to any date in July 2014.	**CO**	**3/27/17**
21	Policies and Procedures—Section 2	Must-Pass Elements	Remove the last bullet (OP 7), which reads: • OP 7: – Element A: Written Policies. – Element B: Physical and Electronic Access. – Element E: Process for Informing Employees.	**CL**	**7/24/17**
~~21~~	~~Policies and Procedures—Section 2: Scoring and Status Requirements~~	~~A Standard's Structure—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., Accredited—Under Corrective Action) until NCQA confirms that the organization has completed a corrective action plan.~~ ***Updated the issue on November 25, 2019.***	**~~PC~~**	**~~7/29/2019~~**
28	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**
28	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 such materials.	**CL**	**7/30/18**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
30	Policies and Procedures—Section 3: The Survey Process	Notification to Regulatory Agencies	Revise the first paragraph to read: NCQA reserves the right to notify applicable regulatory agencies if aspects of the organization's operations pose an imminent threat to the health and safety of its patients and/or NCQA has reason to believe that information submitted to NCQA has been falsified or the organization is required to implement corrective action. Before NCQA notifies applicable regulatory agencies, it gives the organization 24 hours to correct the condition or rebut the findings prior to notifying a regulatory agency. NCQA considers the organization's correction of the condition or rebuttal of its findings and decides if there is still a potential imminent threat to health or safety of members.	**CL**	**7/29/2019**
31	Policies and Procedures—Section 4: Reporting Results	Releasing information	Revise the first sentence to read: NCQA makes the results of each survey available to the public (unless an organization declines its status under the Introductory Survey option).	**CL**	**7/29/2019**
32	Policies and Procedures—Section 4: Reporting Results	Reporting Status to the Public—Right to release and publish	Revise the third paragraph to read: NCQA publicly reports Denied Accreditation (unless the organization declines its status under the Introductory Survey option) and Expired Accreditation for one year 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.	**CL**	**7/29/2019**
32	Policies and Procedures—Section 4: Reporting Results	Reporting Status to the Public—Right to release and publish	Add the following as the fourth paragraph: NCQA will also report when an organization is required to complete corrective actions. Failure to comply timely with requested corrective action may result in a lower score or reduction or loss of accreditation or certification status.	**PC**	**7/29/2019**
33	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**
34	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Revise the third subbullet under the first bullet with the following: Request for corrective action where the substance of such corrective action relates to the organization's handling of important patient safety matters.	**CL**	**7/29/2019**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
34	Policies and Procedures—Section 5	Notifying NCQA of Reportable Events	Update the section **Notifying NCQA of Reportable Events**. See the attached **Policies and Procedures** to review updates to this 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**
34	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**
34	Policies and Procedures—Section 5	Discretionary Survey	Revise the Discretionary Survey section to read: NCQA may survey an organization while an accreditation/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 accreditation/certification. **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 patients. During a discretionary review, an accredited/certified organization will be reviewed under the NCQA standards in effect at the time of the discretionary review. The Discretionary Survey may include file review (encompassing a sample of patient records, credentialing and recredentialing files, as appropriate) and interviews with organization staff. Any relevant look-back period for file review standards will be determined at the time of the Discretionary Survey and may or may not reflect the full look-back period identified in the standards.	**PC**	**11/21/16**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
			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 accreditation/certification status is listed with the notation "Under Review by NCQA." NCQA may suspend the organization's accreditation/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 accreditation/certification status changes because of the Discretionary Survey.		
34	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**
35	Policies and Procedures—Section 5	Mergers and Acquisitions	Replace the language with the following: An NCQA-Accredited/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 4: Mergers, Acquisitions and Consolidations*. An NCQA-Accredited/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 for accreditation and certification of disease management programs, 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:	**PC**	**11/20/17**

<table>
<tr><th colspan="6">PREVIOUSLY POSTED UPDATES</th></tr>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td></td><td></td><td></td><td>National Committee for Quality Assurance
1100 13th Street NW, Third Floor
Washington DC 20005
Attention: AVP Accreditation</td><td></td><td></td></tr>
<tr><td>188, 194-196</td><td>OP 7, Elements A, D-F</td><td>Scope of Review</td><td>Add as the second paragraph:
Because this element is being retired for the 2017 standards year for Health Plan Accreditation, NCQA will score it NA for surveys beginning on or after July 1, 2016.</td><td>PC</td><td>3/27/17</td></tr>
<tr><td>190, 192, 198</td><td>OP 7, Elements B, C, G</td><td></td><td>Refer to the memo to review requirements that were eliminated for 2017 HP Accreditation and will be scored NA for 2016 DM Accreditation/Certification.
Updated the issue to include all OP 7 elements in a July 24, 2017 Policy Update.</td><td>PC</td><td>7/25/16</td></tr>
<tr><td>208</td><td>OP 11, Element B</td><td>Scope of review</td><td>Add the following as the first sentence of the scope of review:
Because this element is being retired for the 2019 standards year, NCQA will score it NA for surveys beginning on or after July 1, 2018.</td><td>PC</td><td>7/30/18</td></tr>
<tr><td>1-8</td><td>Appendix 1</td><td>Program Operations—
OP 8: Patient Safety</td><td>Revise OP 8 under Program Design to read:
<table>
<tr><th rowspan="2">Standard, Element</th><th colspan="2">CERTIFICATION</th></tr>
<tr><th>Program Design</th><th>No Delegation</th></tr>
<tr><td>A</td><td>Reviewing Services and Data</td><td>7.50</td></tr>
<tr><td>B</td><td>Notification of Patient Safety Issues</td><td>NA</td></tr>
<tr><td colspan="2">Standard Total</td><td>7.50</td></tr>
</table></td><td>CO</td><td>11/21/16</td></tr>
<tr><td>2-4</td><td>Appendix 2</td><td>Program Operations—
OP 8: Patient Safety</td><td>Revise the table under OP 8 to read:
<table>
<tr><th rowspan="2">Standard, Element</th><th colspan="2">CERTIFICATION</th></tr>
<tr><th colspan="2">Program Design</th></tr>
<tr><td>A</td><td>Reviewing Services and Data</td><td>✓</td></tr>
<tr><td>B</td><td>Notification of Patient Safety Issues</td><td>NA</td></tr>
</table></td><td>CO</td><td>11/21/16</td></tr>
</table>

<table>
<tr><th colspan="6">PREVIOUSLY POSTED UPDATES</th></tr>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td>3-6</td><td>Appendix 3</td><td>Automatic Credit</td><td>Add the following as the last sentence in the fourth bullet.
If there are two or more delegates, “70 percent” is cumulative.</td><td>CL</td><td>12/3/18</td></tr>
<tr><td>3-10</td><td>Appendix 3</td><td>Automatic Credit for Delegating to an Accredited DM Organization</td><td>Remove “factors 1-3, 5-8” from the PT 1, Element A row under the DESIGN column so the row reads as follows:
<table><tr><td colspan="4">PT 1: Patient Services Program Description</td></tr><tr><td>A</td><td>DM Program Description</td><td>✓</td><td>✓</td></tr></table></td><td>CL</td><td>3/25/19</td></tr>
<tr><td>3-13</td><td>Appendix 3</td><td>Automatic Credit for Delegating to a Certified DM Organization</td><td>Remove reference for automatic credit for Program Design certification for OP 8, Element B.
<table><tr><th rowspan="2">Standard, Element</th><th colspan="2">CERTIFICATION</th></tr><tr><th colspan="2">Program Design</th></tr><tr><td colspan="3">OP 8: Patient Safety</td></tr><tr><td>A</td><td>Reviewing Services and Data</td><td>✓</td></tr><tr><td>B</td><td>Notification of Patient Safety Issues</td><td></td></tr></table></td><td>CO</td><td>11/21/16</td></tr>
<tr><td>4-1</td><td>Appendix 4: Mergers, Acquisitions and Consolidations for Disease Management Organizations</td><td>The MAC Policy</td><td>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.</td><td>CL</td><td>11/20/17</td></tr>
<tr><td>4-2</td><td>Appendix 4: Mergers, Acquisitions and Consolidations for Disease Management Organizations</td><td>Key Terms</td><td>Add the following 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.</td><td>CL</td><td>11/20/17</td></tr>
</table>

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
4-2	Appendix 4: Mergers, Acquisitions and Consolidations for Disease Management Organizations	Written Notice—Timing of written notice	Revise the first paragraph, second paragraph and NCQA address to read: NCQA-Accredited/Certified organizations 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**