

## NCQA Corrections, Clarifications and Policy Changes to the 2020 HP Standards and Guidelines

November 25, 2019

This document includes the corrections, clarifications and policy changes to the 2020 HP 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 2020 HP 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								
19	Policies and Procedures—Section 1: Eligibility and the Application Process	How NCQA Defines an Accreditable Entity—6. Product/product line	Replace “Exchange” with “Off-Exchange” in the second paragraph so it reads:  Off-Exchange products must include this membership in the commercial product line.	CL	11/25/2019								
28	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Accreditation Status	Add a subhead and text immediately above table 4 that reads: <b><u>Statuses and Scoring Thresholds by Evaluation Option</u></b> The table below shows scoring ranges and statuses by evaluation option.  Modify the first row in the table to read: <b><i>Table 4: Scoring ranges for Accreditation statuses</i></b> <table border="1"><thead><tr><th></th><th>Interim</th><th>First and Renewal (Standards Only)</th><th>First and Renewal (With HEDIS/CAHPS)</th></tr></thead><tbody><tr><td>Accredited with a Star Rating, if applicable</td><td>NA</td><td>At least 80% of applicable points in each category of standards (QI, PHM, NET, UM, CR, ME)</td><td></td></tr></tbody></table>		Interim	First and Renewal (Standards Only)	First and Renewal (With HEDIS/CAHPS)	Accredited with a Star Rating, if applicable	NA	At least 80% of applicable points in each category of standards (QI, PHM, NET, UM, CR, ME)		CO	11/25/2019
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31	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	How Standards are Scored—Scope of review	Revise the third bullet on the left to read: • PHM 6, Elements A, B.	CL	11/25/2019
32	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	How Standards Are Scored—Look-back period	Revise the last sentence 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 of the current year, the organization must show evidence that requirements were met at all times, from the survey date back to any date in July two years ago.	CL	11/25/2019
34	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Must-Pass Elements and Corrective Action Plan	Revise the second paragraph to read: <b>Note:</b> The must-pass threshold for all must-pass elements is “Met.” • If an organization does not score “Met” in any must-pass element: – It must submit a Corrective Action Plan (CAP) to NCQA within 30 calendar days. – It must undergo a CAP Review on the affected elements to confirm completion of the Corrective Action Plan. – A status modifier of “Under Corrective Action” will be displayed after the applicable Accreditation status (e.g., Accredited—Under Corrective Action) until NCQA confirms that the organization has completed the CAP. • If an organization does not score “Met” in three or more UM must-pass timeliness elements (UM 5, Elements A–C and UM 9, Element B), the ROC may issue a Denied Accreditation status.	CL	11/25/2019

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38	Policies and Procedures—Section 3: The Survey Process	About the Survey Process	<p>Add a checkmark and asterisk in the “Interim Evaluation Option” column and the “Health Plan Ratings” row and revise the asterisked note so the table reads as follows:</p> <p><b>Table 6: Survey component occurrences by Evaluation Option</b></p> <table border="1"> <thead> <tr> <th>Components of Accreditation Survey</th><th>Interim Evaluation Option</th><th>First Evaluation Option (HEDIS/ CAHPS scored)</th><th>Renewal Evaluation Option (HEDIS/ CAHPS scored)</th></tr> </thead> <tbody> <tr> <td>Offsite Survey</td><td>✓</td><td>✓</td><td>✓</td></tr> <tr> <td>Onsite Survey</td><td></td><td>✓</td><td>✓</td></tr> <tr> <td>Health Plan Ratings</td><td>✓*</td><td>✓*</td><td>✓</td></tr> </tbody> </table> <p>*Optional for the first year for the Interim and First Evaluation Options.</p>	Components of Accreditation Survey	Interim Evaluation Option	First Evaluation Option (HEDIS/ CAHPS scored)	Renewal Evaluation Option (HEDIS/ CAHPS scored)	Offsite Survey	✓	✓	✓	Onsite Survey		✓	✓	Health Plan Ratings	✓*	✓*	✓	CL	11/25/2019
Components of Accreditation Survey	Interim Evaluation Option	First Evaluation Option (HEDIS/ CAHPS scored)	Renewal Evaluation Option (HEDIS/ CAHPS scored)																		
Offsite Survey	✓	✓	✓																		
Onsite Survey		✓	✓																		
Health Plan Ratings	✓*	✓*	✓																		
44	Policies and Procedures—Section 4: Reporting Results	Releasing information	<p>Revise the first paragraph to read:</p> <p>NCQA releases Accreditation Survey results to the public, unless an organization going through the Interim Evaluation Option is denied Accreditation based on standards performance.</p>	CL	11/25/2019																
81	QI 1, Element A	Explanation—Factor 5: QI Committee oversight	<p>Add the following under the first bullet of the factor 5 explanation:</p> <p><b>Note:</b> <i>Participating practitioners are external to the organization and part of the organization's network.</i></p>	CL	11/25/2019																
87	QI 1, Element D	Explanation—Factor 3: Practitioner participation	<p>Revise the factor 3 explanation to read:</p> <p>The QI Committee facilitates participating practitioner involvement in the QI program activities through attendance and discussion in relevant QI committee or QI subcommittee meetings or on ad hoc task forces.</p> <p>Participating practitioners represent a broad range of specialties, as needed.</p> <p>If participating practitioners are not members of the QI committee, they are involved in a clinical subcommittee or relevant ad hoc task force.</p> <p><b>Note:</b> <i>Participating practitioners are external to the organization and part of the organization's network.</i></p>	CL	11/25/2019																

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125	PHM 1, Element A	Explanation—Factor 5: Informing members	Remove the last sentence of the second paragraph, which reads: If the organization posts the information on its website, it uses alternative methods to notify members that the information is available online.	CL	11/25/2019
139	PHM 3, Element A	Explanation—Factor 4: Comparative quality and cost information on selected specialties	Add the following as the first sentence under the explanation for factors 4 and 5: <b>Factor 4: Comparative quality and cost information on selected specialties</b> The organization provides comparative quality and, if available, cost information to practitioners or providers to help them make referral decisions.  <b>Factor 5: Comparative pricing information for selected services</b> The organization provides comparative pricing information to practitioners or providers to help them make referral decisions.	CL	11/25/2019
139	PHM 3, Element A	Explanation—Factor 4: Comparative quality and cost information on selected specialties	Add the following note after the third paragraph: <b>Note:</b> For this factor, “specialties” and “specialty” refers to nonprimary care (i.e., specialties other than pediatrics, internal medicine and general or family medicine).	CL	11/25/2019
164	PHM 5, Element E	Scope of review—Documentation	Revise the second sentence to read: Files are selected from active or closed cases that were identified during the look-back period and remained open for at least 60 calendar days during the look-back period, from the date when the member was identified for complex case management.	CL	11/25/2019
168	PHM 6, Element A	Explanation—Factor 1: Quantitative results	Revise the second bullet under the summary of change to read: • Clarified in the factor 1 explanation what is included in quantitative results.	CL	11/25/2019
168	PHM 6, Element A	Scope of review—Documentation	Revise the section to read: <i>For First Surveys:</i> NCQA reviews the organization’s plan for annual comprehensive analysis of its PHM strategy impact or the organization’s most recent annual comprehensive analysis of PHM strategy impact. <i>For Renewal Surveys:</i> NCQA reviews the organization’s most recent annual comprehensive analysis of PHM strategy impact.	PC	11/25/2019
171	PHM 6, Element B	Scope of review—Product lines	Revise the first sentence to read: <i>This element applies to Renewal Surveys for all product lines.</i>	PC	11/25/2019

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

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171	PHM 6, Element B	Look-back period	Revise the text to read: <i>For Renewal Surveys:</i> At least once during the prior year.	PC	11/25/2019						
183	NET 1, Element A	Look-back period	Revise the text for Renewal Surveys to read: <i>For Renewal Surveys:</i> 24 months.	CL	11/25/2019						
204	NET 3, Element B	Factor 1	Revise the factor language to read: Prioritizes opportunities for improvement identified from analyses of availability (NET 1, Elements A, B and C), accessibility (NET 2, Elements A and C) and member experience accessing the network (NET 3, Element A, factors 1 and 3).	CO	11/25/2019						
205	NET 3, Element C	Factor 1	Revise the factor language to read: Prioritizes opportunities for improvement identified from analyses of availability (NET 1, Elements A and D), accessibility (NET 2, Element B) and member experience accessing the network (NET 3, Element A, factors 2 and 4).	CO	11/25/2019						
241	UM 1, Element A	Explanation—File review universe	Add the following as the last paragraph: <i>Organization employees and their dependents:</i> The organization may exclude employees and their dependents from the denial and appeal file universe.	CL	11/25/2019						
250	UM 3, Element A	Scoring	Revise the scoring set up in the IRT Standards and Guidelines to reflect the hardcopy publication so that it reads: <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th>Met</th> <th>Partially Met</th> <th>Not Met</th> </tr> <tr> <td>The organization meets 4-5 factors</td> <td>The organization meets 3 factors</td> <td>The organization meets 0-2 factors</td> </tr> </table> <p><b>Note:</b> This issue is specific to the standards and guidelines in the IRT. The language is correct in the printed and electronic publications.</p>	Met	Partially Met	Not Met	The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 0-2 factors	CO	11/25/2019
Met	Partially Met	Not Met									
The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 0-2 factors									
299, 306, 313	UM 7, Elements C, F, I	Explanation—Factor 2: Right to representation and appeal time frames	Revise the second bullet to read: <ul style="list-style-type: none"> <li>Provides contact information for the state Office of Health Insurance Consumer Assistance or ombudsman, if applicable.</li> </ul> <p><b>Note:</b> This is not required for members covered by the Federal Employee Health Benefits (FEHB) program.</p>	CL	11/25/2019						

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343	UM 11, Element E	Scoring	<p>Revise the “Not Met” scoring to read:</p> <table border="1"> <thead> <tr> <th>Met</th> <th>Partially Met</th> <th>Not Met</th> </tr> </thead> <tbody> <tr> <td>The organization meets 4-5 factors</td> <td>The organization meets 3 factors</td> <td>The organization meets 0-2 factors</td> </tr> </tbody> </table>	Met	Partially Met	Not Met	The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 0-2 factors	CO	11/25/2019
Met	Partially Met	Not Met									
The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 0-2 factors									
346, 348	UM 12, Elements A and B	Factor 6: Securing System Data	<p>Add the following as the first two sentences:</p> <p>This factor applies to all UM system data. It is not limited to the dates specified in factors 1-5.</p>	CL	11/25/2019						
375	CR 3, Element A	Look-back period	<p>Add the following as the last paragraph:</p> <p><i>For all surveys:</i> For credentialing files where verification of DEA or CDS is before June 1, 2020, and a practitioner who is DEA- or CDS- eligible does not have a DEA or CDS certificate, NCQA accepts either the verification process required in the 2020 standards or the applicable prior year's standards, which state, “If a qualified practitioner does not have a valid DEA or CDS certificate, the organization notes this in the credentialing file and arranges for another practitioner to fill prescriptions.”</p>	PC	11/25/2019						
376	CR 3, Element A	DEA- and CDS- eligible practitioners who do not have a certificate	<p>Revise the text to read:</p> <p>The organization verifies that all DEA- and CDS-eligible practitioners who do not have a valid DEA/CDS certificate, and for whom prescribing controlled substance is in the scope of their practice, have in place a designated practitioner to write prescriptions on their behalf. The organization documents the practitioner's lack of DEA/CDS certificate in the credentialing file and obtains the name of a designated alternate prescriber from the practitioner. If the alternate prescriber is a practice rather than an individual, the file may include the practice name. The organization is not required to arrange an alternate prescriber.</p> <p>If the practitioner states in writing that they do not prescribe controlled substances and that in their professional judgment, the patients receiving their care do not require controlled substances, they are therefore not required to have a DEA/CDS certificate, but must describe their process for handling instances when a patient requires a controlled substance. The organization includes the practitioner's statement and process description in the credentialing file.</p>	CL	11/25/2019						

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379	CR 3, Element A	Examples	Replace “None.” with the following: <b>DEA- and CDS- eligible practitioner who do not have a certificate</b> <i>Practitioner’s statement.</i> I do not prescribe controlled substances for my patients. If I determine that a patient may require a controlled substance, I refer the patient to their PCP or to another practitioner for evaluation and management.	CL	11/25/2019
393	CR 7, Element A	Explanation—Factor 2: Confirmation of review and approval by an accrediting body	Revise the third bullet to read: <ul style="list-style-type: none"><li>• Copies of credentials (e.g., accreditation report, certificate or decision letter) from the provider.</li></ul>	CL	11/25/2019
434	ME 5, Element D	Explanation—Exceptions	Remove the first paragraph, which reads: This element is NA for Renewal Surveys for the commercial, Medicare, Medicaid and Exchange product lines.	CL	11/25/2019
443	ME 7, Element A	Explanation	Revise the second paragraph of the explanation to read: This element applies to all complaints that do not become requests for coverage or requests to overturn a decision.	CL	11/25/2019
479, 491	LTSS 1, Elements D, G	Scope of review—Documentation	Revise the section to read: NCQA reviews assessments in a random sample of up to 40 case management files. Files are selected from active or closed cases that were identified during the look-back period and remained open for at least 60 calendar days during the look-back period, from the date when the member was identified for case management. The organization must provide the identification date for each case in the file universe	CL	11/25/2019
479, 491	LTSS 1, Elements D, G	Explanation—HEDIS LTSS measures	Revise the first sentence to read: Organizations may submit performance results on the Comprehensive Assessment and Update (LTSS-CAU) measure instead of completing the file review.	CL	11/25/2019
1-1-1-11	Appendix 1		Replace the points under “Partially Met” with “NA” as follows: <i>For QI</i> <ul style="list-style-type: none"><li>• 1B, 5C, under Interim Survey, First Survey and Renewal Survey</li><li>• 1C, 3D under First Survey and Renewal Survey</li></ul>	CO	11/25/2019

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			<p><i>For PHM</i></p> <ul style="list-style-type: none"> <li>• 1B, 2D, 3A under Interim Survey, First Survey and Renewal Survey</li> <li>• 3B under First Survey and Renewal Survey</li> <li>• 4A under First Survey</li> </ul> <p><i>For NET</i></p> <ul style="list-style-type: none"> <li>• 4A, 5B, 5D, 5G under First Survey and Renewal Survey</li> </ul> <p><i>For UM</i></p> <ul style="list-style-type: none"> <li>• 12A, 12B under Interim Survey, First Survey and Renewal Survey</li> <li>• 1B, 9F under First Survey and Renewal Survey</li> </ul> <p><i>For CR</i></p> <ul style="list-style-type: none"> <li>• 1B, 1C, 2A under Interim Survey, First Survey and Renewal Survey</li> <li>• 7D, 7E under First Survey and Renewal Survey</li> </ul> <p><i>For ME</i></p> <ul style="list-style-type: none"> <li>• 1A, 2B under Interim Survey, First Survey and Renewal Survey</li> <li>• 5D, 7C under First Survey and Renewal Survey</li> </ul> <p><i>For LTSS</i></p> <ul style="list-style-type: none"> <li>• 2F</li> </ul>																																		
2-13 2-20	Appendix 2	<p>Table 2: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited health plan</p> <p>Table 3: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited MBHO, or a delegate that is NCQA-Accredited in UM, CR or PN or an NCQA-Certified CVO</p>	<p>Replace “NA” with “Y” for UM 5, Element D as follows:</p> <ul style="list-style-type: none"> <li>• Under the Renewal Survey column in Table 2.</li> </ul> <table border="1"> <thead> <tr> <th></th> <th></th> <th>Interim</th> <th>First</th> <th>Renewal</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>UM Timeliness Report<sup>15</sup></td> <td>NA</td> <td>Y</td> <td>Y</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• Under Accredited MBHO and Accredited UM-CR-PN columns in Table 3.</li> </ul> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2"></th> <th colspan="3">Accredited MBHO</th> <th colspan="3">Accredited in UM, CR or PN</th> </tr> <tr> <th>Interim</th> <th>First</th> <th>Renewal</th> <th>Interim</th> <th>First</th> <th>Renewal</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>UM Timeliness Report<sup>26</sup></td> <td>NA</td> <td>Y</td> <td>Y</td> <td>NA</td> <td>Y</td> <td>Y</td> </tr> </tbody> </table>			Interim	First	Renewal	D	UM Timeliness Report <sup>15</sup>	NA	Y	Y			Accredited MBHO			Accredited in UM, CR or PN			Interim	First	Renewal	Interim	First	Renewal	D	UM Timeliness Report <sup>26</sup>	NA	Y	Y	NA	Y	Y	CO	11/25/2019
		Interim	First	Renewal																																	
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7-10	Appendix 7	MEMBER EXPERIENCE—ME 1: Statement of Members' Rights and Responsibilities	For row ME 1, Element A: Rights and Responsibilities Statement, delete the check mark (✓) from the Renewal column under Commercial, Medicare and Exchange.	CL	11/25/2019