

NCQA Corrections, Clarifications and Policy Changes to the 2017 CM Standards and Guidelines

March 30, 2020

This document includes the corrections, clarifications and policy changes to the 2017 CM 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 2017 CM 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																						
2-14	Appendix 2	Table 8	<p>Replace “Y” with “N” in the “CM-LTSS Accredited Organization” and “CM Accredited Organizations With LTSS Distinction” columns for LTSS 1, Elements B and C for both Initial and Renewal Surveys:</p> <table> <tr> <th colspan="2" rowspan="2">LTSS Module Standards and Elements</th><th colspan="2">CM-LTSS Accredited Organization</th><th colspan="2">CM Accredited Organizations With LTSS Distinction</th></tr> <tr> <th>Initial Survey</th><th>Renewal Survey</th><th>Initial Survey</th><th>Renewal Survey</th></tr> <tr> <td>B</td><td>Systematic Review of Evidence and Professional Standards</td><td>N</td><td>N</td><td>N</td><td>N</td></tr> <tr> <td>C</td><td>Program Content Consistent With Evidence and Professional Standards</td><td>N</td><td>N</td><td>N</td><td>N</td></tr> </table>	LTSS Module Standards and Elements		CM-LTSS Accredited Organization		CM Accredited Organizations With LTSS Distinction		Initial Survey	Renewal Survey	Initial Survey	Renewal Survey	B	Systematic Review of Evidence and Professional Standards	N	N	N	N	C	Program Content Consistent With Evidence and Professional Standards	N	N	N	N	CO	3/30/2020
LTSS Module Standards and Elements		CM-LTSS Accredited Organization				CM Accredited Organizations With LTSS Distinction																					
		Initial Survey	Renewal Survey	Initial Survey	Renewal Survey																						
B	Systematic Review of Evidence and Professional Standards	N	N	N	N																						
C	Program Content Consistent With Evidence and Professional Standards	N	N	N	N																						

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	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 Update the Policy Clarification Support link to read: http://my.ncqa.org .	CL	11/20/2017
7	Overview	Other NCQA Programs	Add the following as the last bullet under “NCQA offers the following accreditation programs”: <ul style="list-style-type: none"> Utilization Management, Credentialing and Provider Network (UM-CR-PN). Replace the last bullet under “NCQA offers the following certification programs” with the following: <ul style="list-style-type: none"> Wellness and Health Promotion (WHP). Add the following as the last two bullets under “NCQA offers the following recognition programs”: <ul style="list-style-type: none"> Oncology Medical Home (PCMH-O). School-Based Medical Home (SBMH). Delete the last bullet under “NCQA offers the following distinction programs,” which reads: <ul style="list-style-type: none"> Patient Experience Reporting (for NCQA-Recognized Patient-Centered Medical Homes). Add the following as the last section: <i>NCQA offers the following distinction programs for recognized PCMHs:</i> <ul style="list-style-type: none"> Patient Experience Reporting. Behavioral Health Integration. Electronic Quality Measures (eCQM) Reporting. 	CL	11/20/2017

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12	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	11/20/2017
12	Policies and Procedures— Section 1	Applying for an NCQA Survey—Processing criteria	Add the following as the second bullet: A current, signed Business Associate Agreement. Updated the issue on March 26, 2018.	CL	11/20/2017
13	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 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 or that are applying for Case Management accreditation 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	3/26/2018
14	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 and no longer serves patients before the end of its NCQA Accreditation cycle will be removed from the NCQA Case Management Report Card. — An organization that continues to serve patients and elects to withdraw from accreditation and not continue to meet NCQA requirements before the end of its NCQA Accreditation cycle, will	CL	7/30/2018

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			be reported as “Revoked” on the NCQA Case Management Report Card.		
13	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 accreditation contains relevant information about an organization (e.g., its structure, products that will be surveyed).	CL	3/26/2018
13	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: <ul style="list-style-type: none"> • The web-based application for an NCQA Case Management Accreditation Survey. • A current, signed Agreement for NCQA Case Management Accreditation Survey (“the Agreement”). <i>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.</i> • A current, signed Business Associate Agreement or HIPAA Confidentiality Agreement. • The application fee. 	CL	3/26/2018
13	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 <i>minimum of nine months</i> before the requested survey date.	CL	3/26/2018
14	Policies and Procedures—Section 1	Eligibility and the Application Process—Organization Obligations	Add the following note as the last sentence of the last bullet: <i>Note: If NCQA conducts a Discretionary Survey, it reviews the organization against the standards in effect at the time of the Discretionary Survey. Refer to Discretionary Survey in Section 5: Additional Information.</i>	CL	11/20/2017

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16	Policies and Procedures— Section 2: The Accreditation Process	Accreditation Status	Add the following subhead and text as the last section: 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 status.	PC	7/29/2019
25	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
26	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
29	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	11/20/2017
30	Policies and Procedures— Section 4: Reporting Results	Notifying NCQA of Reportable Events	Update the section, “Notifying NCQA of Reportable Events.” See the attached Policies and Procedures to review the 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	11/20/2017
30	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 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	CL	7/29/2019

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			organization that dissolves or ceases to exist is removed from public reporting.		
30	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 publicly reports expired status and that the organization was previously Accredited 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 Accreditation cycle.	PC	11/25/2019
30	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 status.	PC	7/29/2019
30	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
30	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	11/20/2017
31	Policies and Procedures— Section 5	Mergers and Acquisitions	Replace the language with the following: An NCQA-Accredited 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 <i>Appendix 3: Mergers, Acquisitions and Consolidations for CM Organizations</i> . An NCQA-Accreditation organization must also notify NCQA in writing within 30 calendar days of any change in operational structure or the	PC	11/20/2017

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			organization's status that affects the scope of review under NCQA's standards for accreditation of health plans, such as a 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		
32	Policies and Procedures— Section 5: Additional Information	Notifying NCQA of Reportable Events	Revise the third subbullet under 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	7/29/2019
36	Policies and Procedures— Section 6: LTSS Distinction	Eligibility for LTSS Distinction	Add the following as the last paragraph immediately above the "Survey Options" subhead: Organizations that manage their LTSS populations differently are required to contact NCQA via My.NCQA (https://my.ncqa.org) to determine the appropriate survey option (CM with LTSS Distinction or CM-LTSS) to pursue. Examples of when an organization may manage requirements differently include delegated populations or dual-eligible populations whose LTSS services are not covered under the organization's medical benefit.	CL	12/3/2018
52	CM 2, Element D	Explanation—Factor 7: Life-planning activities	Revise the second paragraph to read: If life planning activities are determined to be appropriate, the case manager documents what activities the patient has taken and what documents are in place. If determined not to be appropriate, the case manager documents the reason in the case management record or file.	PC	7/30/2018
55	CM 2, Element E	Scope of review	Revise the scope of review to read: NCQA reviews initial assessments within a random sample of up to 40 case management files selected from active or closed cases that were	CL	7/30/2018

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			opened during the look-back period and remained open for at least 60 calendar days during the look-back period.		
58	CM 3, Element A	Explanation—Factor 1: Individualized case management plan and goals	Add as the last sentence under the first sub-bullet in the explanation for factor 1: Designating goals as long-term or short-term is not sufficient to meet the requirement. The organization must rank or prioritize goals.	CL	7/30/2018
58	CM 3, Element A	Explanation—Factor 1: Individualized case management plan and goals	Revise the fourth bullet under factor 1 Explanation to read: <ul style="list-style-type: none"> Planning for continuity of care, including transition of care and transfer between settings. 	CL	7/24/2017
60	CM 4, Element A	Data source	Add “materials” as a data source.	CL	7/24/2017
61	CM 4, Element B	Scope of review	Revise the scope of review to read: NCQA reviews a random sample of up to 40 case management files selected from active or closed cases that were opened during the look-back period and remained open for at least 60 calendar days during the look-back period.	CL	7/30/2018
65	CM 5, Element A	Explanation—Factor 1: Identify patients who transition	Revise the second paragraph to read: The organization has a process to identify patients who transition between settings.	CL	7/24/2017
66	CM 5, Element A	Examples—Factor 4: Track transition status	Revise the subhead to read: Factor 6: Track the status of transitions	CL	3/26/2018
78	CM 6, Element E	Examples	Revise the example to read: The organization is contracted to provide case management to 100 patients (the denominator) identified as needing LTSS. <ul style="list-style-type: none"> Of the 100 patients identified, the organization is only able to contact 80 patients (the organization is unable to find or reach 20 patients). 	CL	3/27/2017

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			<ul style="list-style-type: none"> Of the 80 patients reached, the organization can schedule an initial assessment with 78 patients (two patients refused). The organization conducts an initial scheduled assessment of 75 patients (one patient dies, one is admitted to a skilled nursing facility, one refuses to meet the case manager on the day of the scheduled assessment). Of the 75 assessments completed, case managers have interactive contact (in-person visits or telephone check-ins) with 60 patients. <p>In this scenario, the participation rate is 60/100.</p>		
79	CM 6, Element F	Exceptions	<p>Revise the second paragraph to read: Factors 2 and 3 are NA:</p> <ul style="list-style-type: none"> If the organization's analysis of results shows that there are no opportunities for improvement. NCQA evaluates whether this conclusion is reasonable, given assessment results. For Initial Surveys. 	CL	7/30/2018
100	CM 9, Element C	Look-back period	Revise the look-back period for Renewal Surveys to read: 12 months.	CO	7/30/2018
107, 112, 113, 117, 119, 120, 122, 124, 125, 127, 129, 132	LTSS 1, Elements A, C-K; LTSS 2, Elements A, C	Look-back period	<p>Revise the look-back period to read: <i>For Initial Surveys:</i> 6 months. <i>For Renewal Surveys:</i> 12 months.</p>	PC	12/3/2018
110	LTSS 1, Element B	Look-back period	<p>Revise the look-back period to read: <i>For Renewal Surveys:</i> 6 months.</p>	PC	12/3/2018
118	LTSS 1, Element F	Scope of review	<p>Revise the scope of review to read: NCQA reviews a random sample of up to 40 case management files selected from active or closed cases that were opened during the</p>	CL	7/30/2018

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			look-back period and remained open for at least 60 calendar days during the look-back period.		
120	LTSS 1, Element G	Explanation—Factor 1: Prioritized goals	Replace “Element B” with “Element H” under the factor 1 subhead.	CO	7/30/2018
120	LTSS 1, Element G	Explanation—Factor 1: Prioritized goals	Add as the last sentence to the paragraph under the factor 1 explanation: Designating goals as long-term or short-term is not sufficient to meet the requirement. The organization must rank or prioritize goals.	CL	7/30/2018
121	LTSS 1, Element G	Explanation—Factor 3: Life planning activities	Revise the first and second sentences of the second paragraph to read: If life planning activities are determined to be appropriate, the case manager documents what activities the individual has taken and what documents are in place. If determined not to be appropriate, the case manager documents the reason in the case management record or file.	PC	7/30/2018
122	LTSS 1, Element H	Explanation—Factor 1: Individualized case management plan	Replace “Element A” with “Element G” under the factor 1 subhead.	CO	7/30/2018
122	LTSS 1, Element H	Explanation—Factor 1: Individualized case management plan	Add as the last sentence to the paragraph under the factor 1 explanation: Designating goals as long-term or short-term is not sufficient to meet the requirement. The organization must rank or prioritize goals.	CL	7/30/2018
124	LTSS 1, Element I	Scope of review	Revise the scope of review to read: NCQA reviews a random sample of up to 40 case management files selected from active or closed cases that were opened during the look-back period and remained open for at least 60 calendar days during the look-back period.	CL	7/30/2018
131	LTSS 2, Element B	Scope of review	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.	CL	7/30/2018

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

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134	LTSS 2, Element D	Exceptions	Remove the exception for Factor 2, which reads: Factor 2 is NA if: <ul style="list-style-type: none"> • The organization does not delegate case management activities. • Delegation arrangements have been in effect for less than 12 months. 	CL	7/30/2018
2-7	Appendix 2	Delegating to an NCQA-Accredited/Certified Organization—General Requirements	Add the following as the last sentence of the fourth bullet: If there are two or more delegates, “70 percent” is cumulative.	CL	12/3/2018
2-8	Appendix 2	Elements and Factors Eligible for Automatic Credit	Add as the last paragraph: If an organization delegates to an NCQA Accredited/Certified organization but there is no automatic credit table listed for a product, the organization should contact NCQA using my.ncqa.org to determine if automatic credit is available for that product.	CL	7/30/2018
2-12	Appendix 2	Automatic Credit for Delegating to an NCQA-Accredited Health Plan or an NCQA-Accredited MBHO	Remove the following subhead and text that reads: Product line match. NCQA does not grant the CM organization automatic credit for delegation of functions for a product line that its Health Plan or MBHO delegate had at the time of its survey but for which it chose not to seek NCQA Accreditation, even if the delegate and the organization belong to the same wholly owned corporate family. Such product lines were not in the scope of the delegate's NCQA review and are therefore ineligible for automatic credit. Product line match does not apply to organizations only seeking accreditation for Marketplace product line.	CL	7/30/2018
3-1	Appendix 3: Mergers, Acquisitions and Consolidations for CM Organizations	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	11/20/2017

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3-2	Appendix 3: Mergers, Acquisitions and Consolidations for CM Organizations	Definitions	<p>Add the following definitions for “reorganization” and “reorganization date” as follows:</p> <p>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 Accreditation program policy and not under the MAC Policy.</p> <p>reorganization date The effective date of the new entity, dissolution or corporate restructuring plan.</p>	CL	11/20/2017
3-2	Appendix 3: Mergers, Acquisitions and Consolidations for CM Organizations	Written Notice—Written notice	<p>Revise the first paragraph, the second paragraph and the NCQA address to read:</p> <p>NCQA and CM organizations hold preliminary discussions regarding the potential impact of pending mergers, acquisitions, consolidations or reorganizations on accreditation status and the survey schedule.</p> <p>NCQA-Accredited 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.</p> <p>Send the written notice to the following address:</p> <p style="text-align: center;">National Committee for Quality Assurance 1100 13th Street NW, Third Floor Washington, DC 20005</p>	CL	11/20/2017
3-5	Appendix 3	Serial Mergers or Complete Consolidations—Table 1: CM Accreditation standards for MAC Survey	<p>Revise CM 7A: Verification of Licensure in Table 1 to read:</p> <p>CM 7 E: Verification of Licensure</p>	CO	7/30/2018