

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

July 27, 2020

This document includes the corrections, clarifications and policy changes to the 2020 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 2020 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
13	Policies and Procedures—Section 1: Eligibility and the Application Process	Organization Obligations	Add the following as the fourth bullet: • Bring through the entire population for any program included in the survey.	CL	7/27/2020
63, 72	CM 2, Element E CM 4, Element B	Look-back period	Revise the text for Renewal Surveys to read: <i>For Renewal surveys: 6 months for surveys between July 1, 2020, and June 30, 2021, and 12 months for surveys effective July 1, 2021.</i>	CO	7/27/2020
64, 73	CM 2, Element E CM 4, Element B	Explanation—Files excluded from review	Revise the subbullet under the second bullet to read: — The organization provides evidence of the patient's identification date and that the patient was in case management for less than 60 calendar days during the look-back period.	CL	7/27/2020
116,119	CM 9, Elements B and D	NCQA-Accredited/Certified delegates	Add "NCQA-Prevalidated Health IT Solutions" to the first sentence so the text reads: Automatic credit is available for this element if all delegates are NCQA-Accredited in Case Management, NCQA-Prevalidated Health IT Solutions or are NCQA Certified in CVO, unless the element is NA.	CL	7/27/2020

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118	CM 9, Element C	NCQA-Accredited/Certified delegates	Add the following text as the third paragraph:  Automatic credit is available for factor 3 if all delegates are NCQA-Prevalidated Health IT Solutions, unless the element is NA.	CL	7/27/2020
138, 148	LTSS 1, Element F LTSS 1, Element I	Look-back period	Revise the text for Renewal Surveys to read:  <i>For Renewal surveys:</i> 6 months for surveys between July 1, 2020, and June 30, 2021, and 12 months for surveys effective July 1, 2021.	CO	7/27/2020
138	LTSS 1, Element F	Explanation—Files excluded from review	Revise the subbullet under the second bullet to read:  – The organization provides evidence of the individual's identification date and that the individual was in case management for less than 60 calendar days during the look-back period.	CL	7/27/2020
149	LTSS 1, Element I	Explanation—Files excluded from review	Add a subbullet under the second bullet that reads:  – The organization provides evidence of the individual's identification date and that the individual was in case management for less than 60 calendar days during the look-back period.	CL	7/27/2020
150	LTSS 1, Element I	Explanation—Factor 10: Follow-up and communication with LTSS providers	Revise the explanation to read:  The file or case record documents the roles and responsibilities of LTSS providers, case management plan details and the follow-up schedule that are communicated to providers.	CL	7/27/2020
156	LTSS 2	Element stem	Revise the text to read:  If the organization delegates LTSS activities, there is evidence of oversight of delegated activities.	CL	7/27/2020

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2-12	Appendix 2—Delegation and Automatic Credit Guidelines	ACO and PCMH Automatic Credit for CM File Review	<p>Add references to “NCQA-Recognized PCSP” to this section to read:</p> <p><b>ACO, PCMH and PCSP Automatic Credit for CM File Review</b></p> <p>NCQA awards automatic credit for individual CM files selected for review when an organization’s members are managed by an NCQA-Recognized PCMH practice, NCQA-Accredited ACO or a NCQA-Recognized PCSP practice and the organization tracks those members for inclusion on the file review worksheet for an Accreditation Survey. The table below outlines the requirements.</p> <p>Revise the second and third column headings in Table 6 to read:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td><b>Delegation to NCQA-Recognized PCMH, NCQA-Accredited ACO or NCQA-Recognized PCSP</b></td> <td><b>Delegation to PCMHs/PCSPs Not Recognized or ACOs Not Accredited by NCQA practice</b></td> </tr> </table>	<b>Delegation to NCQA-Recognized PCMH, NCQA-Accredited ACO or NCQA-Recognized PCSP</b>	<b>Delegation to PCMHs/PCSPs Not Recognized or ACOs Not Accredited by NCQA practice</b>	CL	7/27/2020
<b>Delegation to NCQA-Recognized PCMH, NCQA-Accredited ACO or NCQA-Recognized PCSP</b>	<b>Delegation to PCMHs/PCSPs Not Recognized or ACOs Not Accredited by NCQA practice</b>						
2-12	Appendix 2—Delegation and Automatic Credit Guidelines	Automatic Credit for Delegating to an NCQA Accredited ACO or an NCQA-Recognized PCMH	<p>Add references to “NCQA-Recognized PCSP” to the title of this section and the title of Table 7 to read:</p> <p><b>Automatic Credit for Delegating to an NCQA-Accredited ACO, an NCQA-Recognized PCMH or an NCQA-Recognized PCSP</b></p> <p><b>Key:</b> Y = Automatic credit available; N = No automatic credit; NA = Requirement does not apply to the Evaluation Option</p> <p><b>Table 7: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited ACO, an NCQA-Recognized PCMH or an NCQA-Recognized PCSP</b></p>	CL	7/27/2020		

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2-12	Appendix 2—Delegation and Automatic Credit Guidelines	Automatic Credit for Delegating to an NCQA Prevalidated Health IT Solution	<p>Add the following new section under table 7:</p> <p><b>Automatic Credit for Delegating to an NCQA-Prevalidated Health IT Solution</b></p> <p>Organizations that delegate CM functions to an NCQA-Prevalidated Health IT Solution that receive the designation “eligible for automatic credit” present the Letter of Eligibility for documentation. The organization is responsible for providing documentation that states the name and the version of the health IT solution the organization is using and the date when it was licensed or implemented by the organization.</p> <p>Documentation may include a contract, agreement, purchase order or other document that states the name and version of the health IT solution and the date when it was licensed or implemented.</p> <p>To receive automatic credit,</p> <ul style="list-style-type: none"> <li>• The license or implementation date must be at or prior to the start of the lookback period, <b>and</b></li> <li>• The version of the health IT solution must be validated prior to the start of the organization’s survey.</li> </ul> <p><b>Table 8: Automatic credit for delegating to an NCQA-Prevalidated Health IT Solution</b></p> <table border="1"> <thead> <tr> <th>CM Standards and Elements</th><th>Prevalidated Health IT Tool</th></tr> </thead> <tbody> <tr> <td colspan="2"><b>CM 2: Patient Identification and Assessment</b></td></tr> <tr> <td>A Population Assessment</td><td>Y</td></tr> <tr> <td colspan="2"><b>CM 4: Care Monitoring</b></td></tr> <tr> <td>A Case Management Systems</td><td>Y</td></tr> </tbody> </table>	CM Standards and Elements	Prevalidated Health IT Tool	<b>CM 2: Patient Identification and Assessment</b>		A Population Assessment	Y	<b>CM 4: Care Monitoring</b>		A Case Management Systems	Y	CL	7/27/2020
CM Standards and Elements	Prevalidated Health IT Tool														
<b>CM 2: Patient Identification and Assessment</b>															
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PREVIOUSLY POSTED UPDATES					
Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
21	Policies and Procedures—Section 2: The Accreditation Process	A Standard's Structure—Look-back period	Add the following text as the last paragraph: The look-back period for a new program does not precede its implementation date.	CL	3/30/2020
58, 64	CM 2, Elements D, E	Explanation—Factor 2: Documentation of clinical history	Add the following text as the last paragraph: Factor 2 does not require assessment or evaluation.	CL	3/30/2020
105	CM 7, Element E	Explanation—Appropriate documentation	Add the following text as the second sentence after the “Automated credentialing system” subhead: The organization provides its security and login policies and procedures to confirm the unique identifier and the signature can only be entered by the signatory.	CL	3/30/2020
131, 139	LTSS 1, Elements D, F	Explanation—Factor 2: Documentation of clinical history	Add the following text as the last paragraph: Factor 2 does not require assessment or evaluation.	CL	3/30/2020
150	LTSS 1, Element I	Explanation—Factor 12: Documentation of services received	Revise the explanation to read: The file or case record documents whether the individual received the services specified in the case management plan.	PC	3/30/2020
153	LTSS 1, Element K	Explanation—Factors 2, 3: Background checks and additional screening tool for paid LTSS providers	Add the following as the last sentence of the first paragraph: NCQA does not consider it delegation if the organization uses another entity to conduct background checks.	PC	3/30/2020