

NCQA Corrections, Clarifications and Policy Changes to the 2021 MHC Standards and Guidelines

March 29, 2021

This document includes the corrections, clarifications and policy changes to the 2021 MHC 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 2021 MHC 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
1	Policies and Procedures	Overview—Clarifications to the Policies and Procedures	Remove the eighth subbullet under the fifth bullet, which reads: — Heart/Stroke Recognition (HSRP).	CO	3/29/21
71	MHC 4, Element B	Factor 4: Evaluation of overall effectiveness Factor 5: Review and analysis of results by community representatives	Revise the factors 4 and 5 subhead and text to read: Factor 4: Review and analysis of results by community representatives The organization includes community representatives in the evaluation. At a minimum, the organization presents the analysis to community representatives for review and comment. The organization may choose a more integrated approach that includes community representatives on the evaluation team. The organization should consult community representatives about the barrier analysis for their perspective on the root causes of barriers and possible solutions. Factor 5: Evaluation of overall effectiveness After considering its performance in all aspects of the program, the organization determines and describes the program's overall effectiveness. It considers adequacy of resources, program structure, participation of practitioners and community representatives and leadership involvement in the program, and determines whether to restructure or change the program for the subsequent year based on its findings.	CL	3/29/21

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PREVIOUSLY POSTED UPDATES					
Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
5	Overview	Notable clarifications to the standards and guidelines	Revise the second bullet under <i>Notable clarifications to the standards and guidelines</i> to read: Changed the look-back period for Renewal Surveys to 12 months prior to July 1, 2022, and 24 months after July 1, 2022.	CL	11/23/20
7	Overview	Other Important NCQA Information	Revise the last bullet to read: • NCQA team members are available during the application process to help organizations select the evaluation product for which they are eligible. Our Application and Scheduling Team can also provide guidance on the application process, fee structure, timelines and survey preparation. Contact NCQA staff via the “My Questions” section at https://my.ncqa.org .	CO	11/23/20
14	Policies and Procedures— Section 1: Eligibility and the Application Process	Application request	Replace the second sentence with the following: Log in, click My Apps and then click NCQA Applications Online for the Accreditation/Certification Application Tool.	CL	11/23/20
20	Policies and Procedures— Section 2: The Distinction Process	Corrective action	Replace the text with the following: In certain circumstances, NCQA may require corrective action and submission of a corrective action plan (CAP) by the organization. Corrective actions are steps taken to improve performance when an organization does not meet specific NCQA Distinction requirements. Failure to timely comply with requested corrective action may result in a lower score or reduction or loss of Distinction status. A CAP is considered complete when NCQA notifies the organization that all identified deficiencies are resolved and corrective actions have been implemented. If the CAP is not completed within the agreed-on time frame, the organization must notify NCQA of the reason. The ROC determines completion of the CAP. If the CAP is considered incomplete, the ROC may extend the CAP, reduce the organization's status or issue a Denied Distinction status as specified below.	CL	11/23/20

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			<table border="1"> <thead> <tr> <th>If the Organization...</th><th>The ROC May...</th></tr> </thead> <tbody> <tr> <td>Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.</td><td>Extend the CAP or reduce the organization's status from Distinction to Denied.</td></tr> <tr> <td>Does not complete the CAP after an extension, <i>or</i> Is unwilling or unable to formulate a satisfactory CAP within the required time frame, <i>or</i> Makes no attempt to complete an agreed-on CAP.</td><td>Issue a Denied Certification status.</td></tr> </tbody> </table>		If the Organization...	The ROC May...	Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.	Extend the CAP or reduce the organization's status from Distinction to Denied.	Does not complete the CAP after an extension, <i>or</i> Is unwilling or unable to formulate a satisfactory CAP within the required time frame, <i>or</i> Makes no attempt to complete an agreed-on CAP.	Issue a Denied Certification status.		
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61, 64	MHC 3, Elements A, B	Summary of Changes	<p>Revise the SOC regarding the look-back period to read: Clarified that the look-back period for Renewal surveys prior to July 1, 2022, is 12 months and 24 months after July 1, 2022.</p>		CL	11/23/20						