NCQA Corrections, Clarifications and Policy Changes to the 2021 UM-CR-PN Standards and Guidelines

March 29, 2021

This document includes the corrections, clarifications and policy changes to the 2021 UM-CR-PN 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 UM-CR-PN 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 for Accreditation	Add the following as the third paragraph: NCQA-Accredited health plans or MBHOs are eligible for Accreditation in UM, CR or PN. If an organization allows its health plan or MBHO Accreditation status to lapse, its UM, CR or PN Accreditation status will remain in place but may not be renewed.	**PC**	**3/29/21**
18	Policies and Procedures —Section 2	Accreditation Survey Types	Add the following subhead and text above Accreditation Status subhead: **CAP Survey** A Corrective Action Plan (CAP) is required when an organization does not meet the minimum threshold for one or more must-pass requirements. The CAP must be submitted to NCQA within 30 days of receipt of the final Accreditation status. NCQA advises the organization if the CAP is approved. The organization must undergo a CAP Survey that focuses on the failed must-pass elements. NCQA schedules the survey for submission 6 months following the last full survey, with the file review date 4 weeks later. The organization's Accreditation status on the report card is noted with "CAP Status Modifier" during the corrective action period. The fees for the CAP Survey can be found in the Pricing Exhibit on My NCQA. The look-back period begins on the date of implementation of the corrective action and ends on the submission date of the CAP Survey (this may be between 3 and 6 months).	**CL**	**3/29/21**

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			After the organization successfully completes the CAP Survey, the CAP Status Modifier is removed from the organization's Accreditation status. The expiration date of the Accreditation status remains the same as the date specified in the decision that precipitated the CAP Survey.		
			If a CAP Survey is unsuccessful, the Review Oversight Committee (ROC) may:		
			Extend the CAP, *or*		
			Reduce the organization's status from Accredited to Provisional or from Provisional to Denied, *or*		
			Issue a Denied Accreditation status.		
24	Policies and Procedures—Section 2	A Standard's Structure—Look-back period	Add the following subhead and text immediately below *Meeting the look-back period for records or files*:	CL	3/29/21
			Expanding the look-back period for records and files		
			For Renewal Surveys, if the organization has fewer than 40 files when it submits its completed survey tool, NCQA expands the look-back period in 6-month increments to allow more files to be included in the file universe. (This extension is optional for Initial Surveys.) The extension does not go past the date when the organization completed its last survey.		
			• If the extension yields a file universe of fewer than 8 files, all files are reviewed, results are documented in the survey tool as a comment or issue and file review elements are scored NA.		
			• If the extension yields a file universe of at least 8 files but fewer than 40, the normal 8/30 file review process applies.		
			• If the extension yields a file universe of fewer than 30 files and the first 8 files do not meet the requirements, all files are reviewed.		
			File review element scores are based on file review results.		

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March 29, 2021

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26	Policies and Procedures—Section 2	Must-Pass Elements and Corrective Action Plan	Revise the second and third bullets under ***Note*** so that the bullets read: *If an organization does not achieve an element score of 80% in one or more must-pass elements:* • *It must submit a Corrective Action Plan (CAP) to NCQA within 30 calendar days.* • *It must undergo a* **CAP Survey in 6 months** *on affected elements to confirm completion of the CAP.* • *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 Survey.*	**CL**	**3/29/21**
68	UM 3, Element A	Scope of review	Revise the second sentence in the scope of review to read: *For factors 4, 5:* NCQA reviews materials or other evidence (such as dated contract or call script) that demonstrate services provided to members at least once during the look-back period.	**CL**	**3/29/21**
98	UM 5, Element D	Scope of review	Revise the sentence to read: NCQA reviews the organization's aggregated timeliness reports.	**CL**	**3/29/21**
125	UM 7, Element I	Related information—Medicare denials and Fully Integrated Dual Eligible (FIDE) denials.	Reformat the paragraph as bullets and add a second bullet and subbullet to read: *Medicare denials and FIDE denials.* CMS requires organizations to: • Issue an IDN for non-inpatient medical service denials for Medicare and FIDE members. — The IDN meets factors 1–3 for these members. • Issue a Notice of Denial of Medicare Prescription Drug Coverage for Medicare Part D members. — The notice meets factors 1–3 for these members.	**CL**	**3/29/21**

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3-13	Appendix 3: Delegation and Automatic Credit Guidelines	Table 3: Automatic Credit for Delegating to an organization with NCQA Accreditation in UM, CR or PN	Add the following under the title for table 3: ***Note: An organization that delegates UM, CR or PN activities to a health plan or MBHO that is Accredited in UM, CR or PN is eligible for automatic credit.***	**PC**	**3/29/21**