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

July 26, 2021

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
10	Appendix 2	Table 2: Health plan delegating to an NCQA-Accredited CM organization	Add PHM 2, Elements B and C to Table 2.	**CL**	**7/26/21**

Add PHM 2, Elements B and C to Table 2.

Standards and Elements		Interim	First	Renewal
PHM 2: Population Identification				
B	Population Assessment	Y	Y	Y
C	Activities and Resources	Y	Y	Y
PHM 5: Population Health Management				
A	Access to Case Management	Y	Y	Y
B	Case Management Systems	Y	Y	Y
C	Case Management Process	Y	Y	Y
D	Initial Assessment	NA	Y	Y
E	Case Management—Ongoing Management	NA	Y	Y

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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**	**7/27/20**
18	Policies and Procedures—Section 2: The Accreditation 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 Accreditation requirements. Failure to timely comply with requested corrective action may result in a lower score or reduction or loss of Accreditation 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 Accreditation status as specified below.	**CL**	**11/23/20**
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**	**3/30/20**
22	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*: ***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.)	**CL**	**3/29/21**

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			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 scored based on file review results.		
49	CM 1, Element B	Explanation—Factor 1: Evidence used to develop the program	Remove the second paragraph under this section, which reads: If the organization's program is based on evidence set by the state or other purchaser, it is not required to ensure that the state or purchaser has reviewed the evidence. In these situations, the organization validates that its operations are current with the state or purchaser requirements.	CL	3/29/21
49	CM 1, Element B	Explanation—Exceptions	Add a third bullet to the Exceptions that reads: If the organization's program is based on evidence or standards set by the state or another purchaser.	CL	3/29/21
51	CM 1, Element C	Explanation	Add the following subhead and text below the Exceptions: **Related information** If the organization's program is based on evidence or standards set by the state or another purchaser, the organization validates that its operations are current with state or purchaser requirements and provides evidence of its review as it relates to factors 1-4.	CL	3/29/21
52	CM 2, Element A	Factor 1: Characteristics and needs of populations	Revise the first sentence and add the following note: The organization identifies the eligible population's characteristics and needs and, if applicable, reviews the characteristics and needs of relevant subpopulations, using available data and information. *Note: For surveys on or after July 1, 2021, the organization must identify the population's characteristics and needs based on the*	CO	3/29/21

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			patient's eligibility. For surveys prior to July 1, 2021, the organization may identify these components based on the patient's enrollment status.		
55	CM 2, Element B	Factor 9: Practitioner data	Revise the text to read: The organization uses data provided by practitioners, such as electronic health record (EHR) data or Health Information Exchange data (HIE), if available.	**CL**	**3/29/21**
58, 63	CM 2, Elements D, E	Assessment and Evaluation	Add the following as the second sentence under "Assessment and evaluation" and the "Note" as the last paragraph: If the organization's CM system automatically generates suggestions, the case manager or other individual must still document their own conclusions. ***Note:*** *Organizations whose case management systems automatically generate answers will be surveyed on this requirement on or after 7/1/2021.*	**CL**	**11/23/20**
58, 64	CM 2, Elements D, E	Explanation—Factor 2: Documentation of clinical history	Add the following as the last sentence of the second paragraph: If dates are not present in the file, NCQA reviews the organization's complex case management policies and procedures. If the organization has a process for collecting dates as part of the clinical history, NCQA assumes the file does not include dates because the member or other individual giving information did not provide dates. The requirement is not met if the organization does not have a process for collecting dates as part of the clinical history.	**CL**	**11/23/20**
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**	**3/30/20**
63, 72	CM 2, Element E CM 4, Element B	Look-back period	Revise the text for Renewal Surveys to read: For Renewal surveys: 6 months for surveys between July 1, 2020, and June 30, 2021, and 12 months for surveys effective July 1, 2021.	**CO**	**7/27/20**

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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**	**7/27/20**
72	CM 4, Element B	Assessment	Add the following as the second sentence under "Assessment" and the "Note" as the last paragraph: If the organization's CM system automatically generates suggestions, the case manager or other individual must still document their own conclusions **Note:** *Organizations whose case management systems automatically generate answers will be surveyed on this requirement on or after 7/1/2021.*	**CL**	**11/23/20**
87	CM 6, Element B	Explanation—Factor 1: Relevant process or outcome	Revise the first sentence to read: The organization selects process or outcome measures that have significant bearing on the case management program's population or on a defined subset of the population.	**CL**	**3/29/21**
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**	**3/30/20**
116,119	CM 9, Elements B, D	NCQA-Accredited/Certified delegates	Revise the first sentence of the Explanation to read: Automatic credit is available for this element if all delegates are NCQA-Accredited in Case Management, NCQA- Accredited PHP Organizations, NCQA-Prevalidated Health IT Solutions or are NCQA Certified in CVO, unless the element is NA.	**CL**	**11/23/20**
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	**CL**	**7/27/20**

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			IT Solutions or are NCQA Certified in CVO, unless the element is NA.		
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**	**7/27/20**
118	CM 9, Element C	NCQA-Accredited/Certified delegates	Revise the third paragraph to read: Automatic credit is available for factor 3 if all delegates are NCQA-Prevalidated Health IT Solutions or NCQA-Accredited PHP Organizations, unless the element is NA.	**CL**	**11/23/20**
127	LTSS 1, Element B	Look-back period	Revise the text to read: *For Renewal Surveys:* 24 months.	**CO**	**3/29/21**
127	LTSS 1, Element B	Explanation—Review of new evidence and professional standards	Remove the second paragraph under this section, which reads: If the organization's program is based on evidence or standards set by the state or other purchaser, it is not required to ensure that the state or purchaser has reviewed the evidence and professional standards. In these situations, the organization validates that its operations are current with the state or purchaser requirements.	**CL**	**3/29/21**
127	LTSS 1, Element B	Exceptions	Add a third bullet to the Exceptions that reads: If the organization's program is based on evidence or standards set by the state or another purchaser.	**CL**	**3/29/21**
129	LTSS 1, Element C	Explanation	Add the following subhead and text below the Exceptions: **Related information** If the organization's program is based on evidence or standards set by the state or another purchaser, the organization validates that its operations are current with state or purchaser requirements and provides evidence of its review as it relates to factors 1-4.	**CL**	**3/29/21**
130, 135, 138	LTSS 1, Elements D, E and F	Assessment	Add the following as the second sentence under "Assessment" and the "Note" as the last paragraph:	**CL**	**11/23/20**

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				If the organization's CM system automatically generates suggestions, the case manager or other individual must still document their own conclusions. *Note: Organizations whose case management systems automatically generate answers will be surveyed on this requirement on or after 7/1/2021.*		
131, 139	LTSS 1, Elements D, F	Explanation—Factor 2: Documentation of clinical history		Add the following as the last sentence of the second paragraph: If dates are not present in the file, NCQA reviews the organization's complex case management policies and procedures. If the organization has a process for collecting dates as part of the clinical history, NCQA assumes the file does not include dates because the member or other individual giving information did not provide dates. The requirement is not met if the organization does not have a process for collecting dates as part of the clinical history.	CL	11/23/20
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	3/30/20
131	LTSS 1, Element D	Explanation—Factor 3: Assessment of activities of daily living		Revise the Explanation to read: Case management policies and procedures specify a process for assessing functional status related to activities of daily living, such as eating, bathing and mobility.	CL	11/23/20
138, 148	LTSS 1, Element F LTSS 1, Element I	Look-back period		Revise the text for Renewal Surveys to read: *For Renewal surveys:* 6 months for surveys between July 1, 2020, and June 30, 2021, and 12 months for surveys effective July 1, 2021.	CO	7/27/20
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	7/27/20

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148	LTSS 1, Element I	Scoring	Revise the 100% and 50% scoring categories to read: 100% = High (90-100%) on file review for 11-13 factors 50% = High (90-100%) or medium (60-89%) on file review for 7-8 factors and low (0-59%) on 1-6 factors or medium (60-89%) on file review for all 13 factors	**CO**	**3/29/21**
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**	**7/27/20**
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**	**7/27/20**
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**	**3/30/20**
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**	**3/30/20**
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**	**7/27/20**

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2-12	Appendix 2—Delegation and Automatic Credit Guidelines	ACO and PCMH Automatic Credit for CM File Review	Add references to "NCQA-Recognized PCSP" to this section to read: **ACO, PCMH and PCSP Automatic Credit for CM File Review** 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. Revise the second and third column headings in Table 6 to read: **Delegation to NCQA-Recognized PCMH, NCQA-Accredited ACO or NCQA-Recognized PCSP practice** / **Delegation to PCMHs/PCSPs Not Recognized or ACOs Not Accredited by NCQA**	**CL**	**7/27/20**
2-12	Appendix 2—Delegation and Automatic Credit Guidelines	Automatic Credit for Delegating to an NCQA Accredited ACO or an NCQA-Recognized PCMH	Add references to "NCQA-Recognized PCSP" to the title of this section and the title of Table 7 to read: **Automatic Credit for Delegating to an NCQA-Accredited ACO, an NCQA-Recognized PCMH or an NCQA-Recognized PCSP** **Key: Y = Automatic credit available; N = No automatic credit; NA = Requirement does not apply to the Evaluation Option** *Table 7: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited ACO, an NCQA-Recognized PCMH or an NCQA-Recognized PCSP*	**CL**	**7/27/20**
2-12	Appendix 2—Delegation and Automatic Credit Guidelines	Automatic Credit for Delegating to an NCQA Prevalidated Health IT Solution	Add the following new section under table 7: **Automatic Credit for Delegating to an NCQA-Prevalidated Health IT Solution** 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	**CL**	**7/27/20**

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			is using and the date when it was licensed or implemented by the organization. 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. To receive automatic credit, • The license or implementation date must be at or prior to the start of the lookback period, *and* • The version of the health IT solution must be validated prior to the start of the organization's survey. *Table 8: Automatic credit for delegating to an NCQA-Prevalidated Health IT Solution* <table><tr><td colspan="2">**CM Standards and Elements**</td><td>**Prevalidated Health IT Tool**</td></tr><tr><td colspan="3">**CM 2: Patient Identification and Assessment**</td></tr><tr><td>A</td><td>Population Assessment</td><td>Y</td></tr><tr><td colspan="3">**CM 4: Care Monitoring**</td></tr><tr><td>A</td><td>Case Management Systems</td><td>Y</td></tr></table>		
2-13 & 2-14	Appendix 2: Delegation and Automatic Credit Guidelines	Credit for CM 9 and LTSS 2 when Delegating to a PCMH	Added *Table 8: Credit for CM 9 when delegating to a PCMH* and *Table 9: Credit for LTSS 2 when delegating to a PCMH"* to address scenarios where organizations delegate CM and LTSS functions to an NCQA-Recognized PCMH. *See the updated Appendix 2: Delegation and Automatic Credit Guidelines posted in the IRT to view the tables.*	**CL**	**3/29/21**