

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

November 22, 2021

This document includes the corrections, clarifications and policy changes to the 2021 HPA 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 HPA 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
	MED		For updates to the 2021 MED standards, refer to the separate “2021 MED Policy Updates” document posted at the following link: https://www.ncqa.org/programs/health-plans/policy-accreditation-and-certification/policy-updates .		11/22/21
2-6	Appendix 2— Delegation and Automatic Credit Guidelines	Vendors	<p>Replace the third and fourth paragraphs with the following text:</p> <p>Using another organization to perform the functions evaluated by the following elements is considered a vendor relationship.</p> <ul style="list-style-type: none"> • NET 5, Element I: Usability Testing. • PHM 1, Element B: Informing Members. <ul style="list-style-type: none"> – The organization must create the written information, but may distribute it through a mail service organization. • PHM 2: Population Identification, Elements A, B and D. <ul style="list-style-type: none"> – A vendor relationship exists if the organization delegates these functions to an NCQA-Prevalidated Health IT Solution that receives a designation of “Organization Support.” • PHM 3, Element A: Practitioner and Provider Support, factors 1, 4 and 5. <ul style="list-style-type: none"> – The organization must create the written information, but may distribute it through a mail service organization. • PHM 4: Wellness and Prevention, Elements A, B. 	PC	11/22/21

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			<ul style="list-style-type: none"> • PHM 5, Element B: Case Management Systems. <ul style="list-style-type: none"> – A vendor relationship exists if the organization delegates these functions to an NCQA-Prevalidated Health IT Solution that receives a designation of “Organization Support.” • ME 1, Element B: Distribution of Rights Statement. <ul style="list-style-type: none"> – The organization must create the written information, but may distribute it through a mail service organization. • ME 2, Element A: Subscriber Information. <ul style="list-style-type: none"> – The organization must create the written information, but may distribute it through a mail service organization. • ME 4, Element A: Functionality—Website. • ME 5, Element A: Pharmacy Benefit Information, factors 3–5. <ul style="list-style-type: none"> – A vendor relationship exists if the organization contracts with pharmacies and provides a link to the pharmacies’ website. <p>The use of a vendor with NCQA HEDIS Compliance Audit Certification or CAHPS Survey Certification for applicable elements with HEDIS/CAHPS requirements is not considered delegation, because these organizations have been certified to implement NCQA’s performance measurement programs.</p> <p>If an external company only collects data or advises on methodology (survey and nonsurvey) for elements with a “primary data collection” component (e.g., access to care data in NET 2, Elements A–C), NCQA considers this to be a vendor relationship. The organization retains responsibility for the data collection methodology, including the sampling procedure and identifying the eligible population, and for all data analysis activities, including identifying and implementing opportunities. These functions/activities are considered delegation if performed by another entity.</p> <p>Using another organization to perform functions evaluated by other elements is considered delegation, including the use of a mail service organization for other distribution requirements (e.g., UM denial letters; NET 4, Element A, Notification of Termination).</p>		

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	MED		For updates to the 2021 MED standards, refer to the separate “2021 MED Policy Updates” document posted at the following link: https://www.ncqa.org/programs/health-plans/policy-accreditation-and-certification/policy-updates .		3/29/21
	MA SNP		For updates to the 2021 MA and 2021 SNP standards, refer to the separate “2021 MA Policy Updates” document posted at the following link: https://www.ncqa.org/programs/health-plans/policy-accreditation-and-certification/policy-updates .		3/29/21
13	Overview	Other Important NCQA Information	Revise the last bullet to read: <ul style="list-style-type: none"> • 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
20	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
24	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Add-On Survey (applies to First and Renewal Evaluation Options)	Replace the fourth paragraph with the following: The effective date of the Accreditation status for the new product line through an Add-On Survey aligns with the current Accreditation earned during the most recent Full Survey.	CL	11/23/20
26	Policies and Procedures—Section 2	Add-On Survey (<i>Applies to First and Renewal Evaluation Options</i>)	Add the following as the last sentence in the fourth paragraph: The new product/product line must be included in the organization’s next survey; it may not go through another Add-On Survey.	CL	3/29/21

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29	Policies and Procedures—Section 2	Accreditation Surveys	<p>Add the following subhead and text above Accreditation Status subhead:</p> <p>CAP Survey</p> <p>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 calendar 30 days of receipt of the final Accreditation status. NCQA advises the organization if the CAP is approved.</p> <p>The organization must undergo a CAP Survey that focuses on the failed must-pass elements. If a CAP Survey (required if one or more must-pass elements are not scored “Met”) and Resurvey (required if the organization’s score is below 80 percent in any standards category following a Full Survey) are required at the same time, NCQA will review for completion of the CAP during the Resurvey.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>If a CAP Survey is unsuccessful, the Review Oversight Committee (ROC) may:</p> <ul style="list-style-type: none"> • Extend the CAP, <i>or</i> • Reduce the organization’s status from Accredited to Provisional or from Provisional to Denied, <i>or</i> • Issue a Denied Accreditation status. 	CL	3/29/21

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29	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	CAP Survey	Revise the second paragraph to read: The organization must undergo a CAP Survey that focuses on the failed must-pass elements. Any must-pass element scored NA is also included in the scope of the CAP Survey. If a CAP Survey (required if one or more must-pass elements are not scored “Met”) and Resurvey (required if the organization’s score is below 80% in any standards category following a Full Survey) are required at the same time, NCQA will review for completion of the CAP during the Resurvey.	CL	7/26/21
33	Policies and Procedures—Section 2	How Standards are Scored—Look-back period	Add the following subhead and text immediately below <i>Meeting the look-back period for records or files:</i> <i>Expanding the look-back period for records and files</i> 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 First Surveys.) The extension does not go past the date when the organization completed its last survey. <ul style="list-style-type: none">• 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.	CL	3/29/21
35	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Must-Pass Elements and Corrective Action Plan—Note	Replace “CAP Review” with “CAP” in the third subbullet in the Note to read: — 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.	CL	11/23/20

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36	Policies and Procedures—Section 2	Must-Pass Elements and Corrective Action Plan	<p>Revise the second subbullet of the first bullet and second bullet so that the bullets read:</p> <ul style="list-style-type: none"> • <i>If an organization does not achieve an element score of “Met” in one or more must-pass elements:</i> <ul style="list-style-type: none"> – <i>It must submit a Corrective Action Plan (CAP) to NCQA within 30 calendar days.</i> – <i>It must undergo a CAP Survey in 6 months on the affected elements to confirm completion of the Corrective Action Plan.</i> – <i>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.</i> <p><i>If an organization does not achieve an element score of “Met” in three or more must-pass elements, it receives Provisional—Under Corrective Action status and must undergo a CAP Survey in 6 months to confirm completion of the CAP.</i></p>	CL	3/29/21
37	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Health Plan Ratings and Accreditation	<p>Replace the last sentence under the Note with:</p> <p>If an organization’s membership for a reporting unit is less than 15,000, the organization may be scored on standards only or combine its membership with another HEDIS/CAHPS reporting unit to achieve the minimum reporting threshold. Refer to the HPR methodology at the website below for additional details and policies for combining entities.</p>	CL	11/23/20
56	Policies and Procedures—Section 6: LTSS Distinction	Request an application	<p>Replace the second sentence with the following:</p> <p>Log in, click My Apps and then click NCQA Applications Online for the Accreditation/Certification Application Tool.</p>	CL	11/23/20
59	Policies and Procedures—Section 7: Medicaid Module	Organizations With Current Accreditation	<p>Replace the second sentence with the following:</p> <p>Log in, click My Apps and then click NCQA Applications Online for the Accreditation/Certification Application Tool.</p>	CL	11/23/20

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70	2021 Medicare Advantage Deeming Module	Organizations With Current Accreditation	Replace the third 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
102	QI 4, Element A	Look-back period	Revise the look-back period for Renewal Surveys to read: <i>For Renewal Surveys:</i> 24 months; at least once during the prior year for factor 1.	CL	7/26/21
103	QI 4, Element A	Explanation—Factor 1: Exchange of information	Add the following as the first sentence: The exchange of information is bidirectional.	CL	11/23/20
107	QI 4, Element B	Related information—Partners in Quality	Remove the following language from the “Related information”: <i>Partners in Quality</i> . The organization receives automatic credit for acting on one opportunity if it is an NCQA-designated Partner in Quality.	CL	11/23/20
110	QI 4, Element C	Related information—Collaborative activities	Add the following as the first sentence under the subhead <i>Collaborative activities</i> : The organization receives credit in Element C for use of a PCMH initiative, for the conditions for which it received credit in Element B.	CL	11/23/20
116	QI 5, Element C	Scope of review	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
124	PHM 1, Element A	Examples—Factors 1, 2: Goals, target populations, opportunities, programs or services	Add the following text as the fifth example: <u><i>Pain Management</i></u> <ul style="list-style-type: none"> • <i>Goal:</i> Improve pain management care by facilitating integrative pain management and implementing a workplan for data sharing and provider collaboration within 12 months. • <i>Target population:</i> Members with chronic pain. • <i>Program or services:</i> Organization ensures a multimodal, biopsychosocial approach for pain management. Services are offered from multiple clinical disciplines (i.e. medication, restorative therapies, interventional 	CL	11/23/20

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			<p>procedures, behavioral health approaches, and complementary/integrative health), and incorporated into an overall treatment plan.</p> <ul style="list-style-type: none"> • <i>Activity:</i> Address barriers to care access by assessing and expanding current pain management services offered. Work with providers to encourage, develop, and implement a strategy for effective data sharing that would facilitate care plan accessibility and support multimodal intervention strategies. Implement reimbursement policies that encourage evidence-based guideline recommended interventions. Provide educational resources aimed at providers, clinic staff, and patients. 		
125	PHM 1, Element B	Scope of review— Product lines	<p>Revise the second paragraph to read:</p> <p>NCQA reviews and scores this element for each program brought forward for Accreditation. The score for this element is the average of the scores for all programs or services.</p>	CL	11/23/20
131	PHM 2, Element B	Look-back period	<p>Revise the look-back period for Renewal Surveys to read:</p> <p><i>For Renewal Surveys:</i> 24 months; at least once during the prior year for factor 2.</p>	CL	11/23/20
152, 159	PHM 5, Elements C, D	Assessment and evaluation	<p>Add the following as the second sentence under “Assessment and evaluation”:</p> <p>If the organization’s CM system automatically generates suggestions, the case manager or other individual must still document their own conclusions.</p>	CL	11/23/20
153, 161	PHM 5, Elements C, D	Factor 2: Documentation of clinical history	<p>Add the following text to the end of the second paragraph:</p> <p>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.</p>	CL	11/23/20

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174, 178	PHM 7, Elements B, D	NCQA-Accredited/ Certified delegates	Revise the Explanation to read: Automatic credit is available for this element if all delegates are NCQA-Accredited health plans, MBHOs or CMOs, NCQA-Accredited/Certified DMOs, NCQA-Accredited PHP Organizations or NCQA-Prevalidated Health IT Solutions, unless the element is NA.	CL	11/23/20
175	PHM 7, Element C	Scope of review	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
176	PHM 7, Element C	Explanation	Revise the second and third paragraphs of the Explanation to read: Automatic credit is available for factors 2 and 3 if all delegates are NCQA-Accredited health plans, MBHOs or CMOs, or NCQA-Accredited/Certified DMOs, unless the element is NA. 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
227	NET 6, Element C	Scope of review	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
228	NET 6, Element D	Look-back period	Add the following subhead and text above the Explanation: Look-back period <i>For First Surveys:</i> At least once during the prior year. <i>For Renewal Surveys:</i> 24 months. Note: This edit is being made in the hard copy publication only because the look-back period was omitted.	CL	11/23/20

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237	UM 1, Element A	Explanation—File review universe	Move the following text from UM 7, Elements A, D and G to UM 1, Element A. <i>Classification of overturned denials.</i> Although federal regulations may define an overturned denial based on the discussion as an appeal, such an approval does not fall under the scope of NCQA's appeal standards; however, the case is considered a denial if a denial notice was issued.	CL	11/23/20
244	UM 2, Element B	Look-back period	Revise the text for First Surveys to read: <i>For First Surveys:</i> 24 months for factor 1 and 6 months for factor 2.	CO	11/23/20
247	UM 3, Element A	Scope of review—Documentation	Revise the second sentence under “Documentation” in the scope of review to read: <i>For factors 4, 5:</i> 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
282	UM 5, Element E	Explanation—Medicare Part D Drugs	Revise the first bullet to read: <ul style="list-style-type: none"> • <i>Urgent preservice decisions:</i> Within 24 hours of receiving the request. 	CL	11/23/20
313	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: <i>Medicare denials and FIDE denials.</i> CMS requires organizations to: <ul style="list-style-type: none"> • Issue an IDN for non-inpatient medical service denials for Medicare and FIDE members. <ul style="list-style-type: none"> — 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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316, 328	UM 8, Element A UM 9, Element C	Explanation—Person or people deciding the appeal	Revise the third paragraph of UM 8, Element A and the second paragraph of UM 9, Element C to read: However, for appeals that require medical necessity review, the final decision to uphold an appeal must be made by an appropriate practitioner or a group (e.g., a panel) that includes an appropriate practitioner who was not involved in the initial denial decision and is not subordinate to the practitioner who made the initial denial decision.	CL	11/23/20
349, 351	UM 12, Elements A, B	Explanation—Factor 6: Securing system data	Revise the fourth subbullet of the third bullet under <i>Factor 6: Securing system data</i> to read: — Change passwords when requested by staff or if passwords are compromised. Note: <i>If the organization's policies and procedures state that it follows the National Institute of Standards and Technology guidelines, this is acceptable to describe the process for password-protecting electronic systems.</i>	CL	11/23/20
357	UM 13, Element C	Scope of review	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
372	CR 1, Element C	Explanation—Factor 4: Securing information	Revise the third and fourth subbullets of the third bullet under <i>Factor 4: Securing information</i> to read: — User IDs and passwords unique to each user. — Change passwords when requested by staff or if passwords are compromised. Note: <i>If the organization's policies and procedures state that it follows the National Institute of Standards and Technology guidelines, this is acceptable to describe the process for password-protecting electronic systems.</i>	CL	11/23/20

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378	CR 3, Element A	Look-back period	Replace “2020 standards” with “2021 standards” in the third paragraph to read: <i>For All Surveys:</i> For credentialing files where verification of DEA or CDS is before June 1, 2020, and a practitioner who is DEA- or CDS- eligible does not have a DEA or CDS certificate, NCQA accepts either the verification process required in the 2021 standards or the applicable prior year’s standards, which state, “If a qualified practitioner does not have a valid DEA or CDS certificate, the organization notes this in the credentialing file and arranges for another practitioner to fill prescriptions.”	CO	7/26/21									
379	CR 3, Element A	Explanation—Factor 2: DEA or CDS certificates	Add a note under the fourth bullet of the Factor 2 Explanation that reads: Note: <i>Effective November 17, 2020, NTIS is no longer an acceptable source to verify a practitioner’s DEA certificate is valid. Please see https://dea.ntis.gov/ for more information.</i>	CL	11/23/20									
406	CR 8, Element C	Scope of review	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20									
442	ME 6, Element C	Explanation—Factor 1: Data collection	Revise the first paragraph under the explanation of factor 1 to read: The organization collects data on both the quality and accuracy of the information available on its website and provided by phone.	CL	7/26/21									
452	ME 7, Element C	Examples—Table 2: Appeal volume report	Revise the column headings in table 2 to read: <table><tr><td rowspan="2">Category</td><td colspan="2">PREVIOUS YEAR</td><td colspan="2">CURRENT MEASUREMENT YEAR</td></tr><tr><td>Appeals, Total</td><td>Appeals per 1,000 Members (Total: 300,000)</td><td>Appeals, Total</td><td>Appeals per 1,000 Members (Total: 240,000)</td></tr></table>	Category	PREVIOUS YEAR		CURRENT MEASUREMENT YEAR		Appeals, Total	Appeals per 1,000 Members (Total: 300,000)	Appeals, Total	Appeals per 1,000 Members (Total: 240,000)	CO	11/23/20
Category	PREVIOUS YEAR		CURRENT MEASUREMENT YEAR											
	Appeals, Total	Appeals per 1,000 Members (Total: 300,000)	Appeals, Total	Appeals per 1,000 Members (Total: 240,000)										

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466	ME 8, Element C	Scope of review	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
475, 480, 483	LTSS 1, Elements B, C and D	Assessment	Add the following as the second sentence under “Assessment”: If the organization’s CM system automatically generates suggestions, the case manager or other individual must still document their own conclusions.	CL	11/23/20
487	LTSS 1, Element E	Explanation—HEDIS LTSS Measures	Revise the first sentence to read: Organizations may submit performance results on the Comprehensive Care Plan and Update (LTSS-CPU) measure instead of providing a documented process.	CO	7/26/21
490	LTSS 1, Element F	Explanation—Factor 1: Individualized case management plan	Revise the bullets under the factor 1 Explanation to read: <ul style="list-style-type: none"> • Services needed. • Prioritized goals. <ul style="list-style-type: none"> — Prioritized goals consider member and caregiver needs and preferences; they may be documented in any order, as long as the level of priority is clear. • Resources to be utilized, including appropriate level of care. • Collaborative approaches to be used, including level of family participation. 	CL	11/23/20
504, 507, 510	LTSS 2, Elements B—D	Explanation—Measures	Revise the last sentence to read: Organizations may select process or outcome measures.	CL	3/29/21
530	LTSS 4, Element C	Scope of review—Documentation	Revise the first sentence under “Documentation” to read: NCQA reviews evidence of the organization’s review from up to four randomly selected delegates, or all delegates if the organization has fewer than four.	CO	11/23/20
531	LTSS 4, Element D	Scope of review—Documentation	Revise the second paragraph and add a new third paragraph to read: <i>For First Surveys</i> , NCQA reviews the organization’s most recent annual review and follow-up on improvement activities.	CO	11/23/20

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			<i>For Renewal Surveys</i> , NCQA reviews the organization's most recent and previous year's annual reviews and follow-up on improvement opportunities.		
538	MED 1, Element B	Exceptions	Add the following text: Factor 2 is NA if the organization does not provide LTSS services.	CL	11/23/20
605	MED 14, Element D	Exceptions	Add the following text: This element is NA if the organization does not provide LTSS services.	CL	11/23/20
2-6	Appendix 2— Delegation and Automatic Credit Guidelines	Special Situations— Vendors	Revise the bulleted list to read: <ul style="list-style-type: none"> • NET 5, Element I: Usability Testing. • PHM 4: Wellness and Prevention, Elements A–B. • PHM 5, Element B: Case Management Systems. • ME 4, Element A: Functionality: Website. 	CL	11/23/20
2-6	Appendix 2— Delegation and Automatic Credit Guidelines	Special Situations— Vendors	Add the following elements to the vendor list: <ul style="list-style-type: none"> • ME 1, Element B: Distribution of Rights Statement. • ME 2, Element A: Subscriber Information. 	PC	3/29/21
2-17	Appendix 2: Delegation and Automatic Credit Guidelines	Automatic Credit for Delegating to an NCQA- Accredited MBHO, NCQA-Accredited UM, CR or PN or NCQA- Certified CVO	Add the following under the title for Table 3: <i>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.</i>	PC	3/29/21

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Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date																							
2-22	Appendix 2	Table 3: Automatic Credit for Delegating to an NCQA-Accredited MBHO, NCQA-Accredited UM, CR or PN or NCQA-Certified CVO	<div>In the Certified CVO – Renewal Survey column, revise the footnote reference for CR 5, Element A to “21”, as shown below.</div> <table><tr><th colspan="2" rowspan="2">HP Standards and Elements</th><th colspan="3">Certified CVO</th></tr><tr><th>Interim Survey</th><th>First Survey</th><th>Renewal Survey</th></tr><tr><td colspan="5">CREDENTIALING AND RECREDENTIALING</td></tr><tr><td colspan="5">CR 5: Ongoing Monitoring and Interventions</td></tr><tr><td>A</td><td>Ongoing Monitoring and Interventions</td><td>NA</td><td>Y²¹</td><td>Y²¹</td></tr></table>	HP Standards and Elements		Certified CVO			Interim Survey	First Survey	Renewal Survey	CREDENTIALING AND RECREDENTIALING					CR 5: Ongoing Monitoring and Interventions					A	Ongoing Monitoring and Interventions	NA	Y ²¹	Y ²¹	CO	7/26/21
HP Standards and Elements		Certified CVO																										
		Interim Survey	First Survey	Renewal Survey																								
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A	Ongoing Monitoring and Interventions	NA	Y ²¹	Y ²¹																								
2-22	Appendix 2	Table 3: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited MBHO, or a delegate that is NCQA-Accredited in UM, CR or PN or an NCQA-Certified CVO	<div>Replace “Y” with “NA” for CR 7, Element D under Accredited in UM, CR or PN columns as follows:</div> <table><tr><td></td><td></td><th colspan="3">Accredited in UM, CR or PN</th></tr><tr><td></td><td></td><th>Interim</th><th>First</th><th>Renewal</th></tr><tr><td>D</td><td>Assessing Medical Providers</td><td>NA</td><td>Y</td><td>Y</td></tr></table>			Accredited in UM, CR or PN					Interim	First	Renewal	D	Assessing Medical Providers	NA	Y	Y	CO	11/23/20								
		Accredited in UM, CR or PN																										
		Interim	First	Renewal																								
D	Assessing Medical Providers	NA	Y	Y																								