

NCQA Corrections, Clarifications and Policy Changes to the 2022 HE Standards and Guidelines

November 22, 2021

This document includes the corrections, clarifications and policy changes to the 2022 HE 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 2022 HE 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
62, 64	HE 2, Elements D and E	Scope of review	Add the following as the last paragraph of the scope of review: <i>For all surveys scheduled on or between July 1, 2022, and June 30, 2023, the organization may submit a detailed implementation plan including a timeline and risk mitigation strategy in place of reports or materials.</i>	CL	11/22/21
62, 65	HE 2, Elements D and E	Explanation	Add the following as the first sentence under the Explanation: Factor 1 is a critical factor and must be scored “yes” for the organization to score at least “Partially Met” on this element.	PC	11/22/21
62, 65	HE 2, Elements D and E	Explanation	Revise the third paragraph in the Explanation to read: The organization may receive, exchange or use data stored or collected by sources such as CMS, state or local agencies, community-based organizations, Federally Qualified Health Centers, health systems, hospitals, integrated delivery systems, provider networks, EHRs, HIEs and case management systems that have made a direct request for information regarding sex assigned at birth, gender identity, pronouns, and sexual orientation.	CL	11/22/21
63	HE 2, Element D	Explanation	Add the following as the fourth paragraph of the Explanation: For all surveys scheduled on or between July 1, 2022, and June 30, 2023, if the organization completes an implementation plan in place of reports or materials, the plan must include:	CL	11/22/21

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			<ul style="list-style-type: none"> • A detailed description of the actions the organization will take to directly collect gender identity data, as outlined in factors 1–4, or receive gender identity data from other sources. <ul style="list-style-type: none"> — If the organization plans to use data from other sources, it lists the entities from which data will be received and a description of the data exchange method. • A timeline for implementation of data collection activities. • A documented strategy for mitigating risk that may result from using internal data that does not yet fully reflect the individual's gender identity (e.g., the organization refers the individual to a community resource whose goals may be misaligned with the needs and identity of the individual). 		
63	HE 2, Element D	Explanation—Factor 1: Collecting data through methods that do not stigmatize individuals	Add the following text as the second paragraph: At a minimum, the data collection method must include: <ul style="list-style-type: none"> • Nonbinary gender identity options. • An explanation to staff about offering members nonbinary options. 	CL	11/22/21
65	HE 2, Element E	Explanation	Add the following text as the fourth paragraph of the Explanation: For all surveys scheduled on or between July 1, 2022, and June 30, 2023, if the organization completes an implementation plan in place of reports or materials, the plan must include: <ul style="list-style-type: none"> • A detailed description of the actions the organization will take to directly collect sexual orientation data, as outlined in factors 1 and 2, or receive sexual orientation data from other sources. <ul style="list-style-type: none"> — If the organization plans to use data from other sources, it lists the entities from which data will be received and a description of the data exchange method. • A timeline for implementation of data collection activities. • A documented strategy for mitigating risk that may result from using internal data that does not yet fully reflect the individual's sexual orientation (e.g., the organization refers the individual to a community resource whose goals may be misaligned with the needs and identity of the individual). 	CL	11/22/21

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2-4	Appendix 2—Automatic Credit Guidelines	Table 1: Automatic Credit by Evaluation Option for a Health Plan Delegating to an NCQA-Accredited Health Equity Organization	<p>Make the following changes to the table and footnotes, as shown in the screen shot below:</p> <ul style="list-style-type: none">Remove the footnote reference in the PHM 2, Element B row and in the NET 1, Element A row.Remove the footnote reference in the ME 7, Element B row.There should be only one footnote in the NET 5, Element A row that reads:<ul style="list-style-type: none">¹Automatic credit for this factor applies only to the Medicaid product line for Renewal Surveys. It is scored NA for commercial, Medicare and Exchange Renewal Surveys.	CL	11/22/21

Health Plan Standards and Elements		EVALUATION OPTION		
		Interim	First	Renewal
PHM 2: POPULATION IDENTIFICATION				
B	Population Assessment Factor 5: Assesses the needs of members of racial or ethnic groups Factor 6: Assesses the needs of members with limited English proficiency	Y	Y	Y
C	Activities and Resources Factor 3: Review and update activities or resources to address health care disparities for at least one identified population	Y	Y	Y
NET 1: AVAILABILITY OF PRACTITIONERS				
A	Cultural Needs and Preferences	NA	Y	Y
NET 5: PHYSICIAN AND HOSPITAL DIRECTORIES				
A	Physician Directory Data Factor 6: Languages spoken by the physician or clinical staff	NA	Y	Y ¹
ME 2: SUBSCRIBER INFORMATION				
A	Subscriber Information Factor 5: How to obtain language assistance	Y	Y	Y
B	Interpreter Services	Y	Y	Y
ME 7: MEMBER EXPERIENCE				
A	Policies and Procedures for Complaints Factor 5: Provision of language services for the complaint process	Y	Y	Y
B	Policies and Procedures for Appeals Factor 5: Provision of language services for the appeal process	Y	Y	Y

¹Automatic credit for this factor applies only to the Medicaid product line for Renewal Surveys. It is scored NA for commercial, Medicare and Exchange Renewal Surveys.

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2-5	Appendix 2—Automatic Credit Guidelines	Table 2: Automatic Credit by Evaluation Option for an MBHO Delegating to an NCQA-Accredited Health Equity Organization	<p>Make the following changes to the table, as shown in the screen shot below:</p> <ul style="list-style-type: none">• Remove QI 1, Element B, factor 5.• Add QI 8, Element A, factors 5 and 6.• Add QI 8, Element B, factor 3. <table><tr><th colspan="2">MBHO Standards and Elements</th><th colspan="2">EVALUATION OPTIONS</th></tr><tr><th></th><th></th><th>Initial</th><th>Renewal</th></tr><tr><td colspan="4">QI 3: AVAILABILITY OF PRACTITIONERS AND PROVIDERS</td></tr><tr><td>A</td><td>Cultural Needs and Preferences</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">QI 8: COMPLEX CASE MANAGEMENT</td></tr><tr><td>A</td><td>Population Assessment Factor 5: Assesses the needs of members of racial or ethnic groups Factor 6: Assesses the needs of members with limited English proficiency</td><td>Y</td><td>Y</td></tr><tr><td>B</td><td>Activities and Resources Factor 3: Review and update activities or resources to address health care disparities for at least one identified population</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">RR 2: POLICIES AND PROCEDURES FOR COMPLAINTS AND APPEALS</td></tr><tr><td>A</td><td>Policies and Procedures for Complaints Factor 5: Provision of language services for the complaint process</td><td>Y</td><td>Y</td></tr><tr><td>B</td><td>Policies and Procedures for Appeals Factor 5: Provision of language services for the appeal process</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">RR 3: SUBSCRIBER INFORMATION</td></tr><tr><td>A</td><td>Subscriber Information Factor 4: How to obtain language assistance</td><td>Y</td><td>Y</td></tr><tr><td>B</td><td>Interpreter Services</td><td>Y</td><td>Y</td></tr><tr><td colspan="4">RR 4: PRACTITIONER AND PROVIDER DIRECTORIES</td></tr><tr><td>A</td><td>Practitioner Directory Data Factor 6: Languages spoken by the practitioner or the staff</td><td>Y</td><td>Y</td></tr></table>	MBHO Standards and Elements		EVALUATION OPTIONS				Initial	Renewal	QI 3: AVAILABILITY OF PRACTITIONERS AND PROVIDERS				A	Cultural Needs and Preferences	Y	Y	QI 8: COMPLEX CASE MANAGEMENT				A	Population Assessment Factor 5: Assesses the needs of members of racial or ethnic groups Factor 6: Assesses the needs of members with limited English proficiency	Y	Y	B	Activities and Resources Factor 3: Review and update activities or resources to address health care disparities for at least one identified population	Y	Y	RR 2: POLICIES AND PROCEDURES FOR COMPLAINTS AND APPEALS				A	Policies and Procedures for Complaints Factor 5: Provision of language services for the complaint process	Y	Y	B	Policies and Procedures for Appeals Factor 5: Provision of language services for the appeal process	Y	Y	RR 3: SUBSCRIBER INFORMATION				A	Subscriber Information Factor 4: How to obtain language assistance	Y	Y	B	Interpreter Services	Y	Y	RR 4: PRACTITIONER AND PROVIDER DIRECTORIES				A	Practitioner Directory Data Factor 6: Languages spoken by the practitioner or the staff	Y	Y	CL	11/22/21
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