

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

November 22, 2021

This document includes the corrections, clarifications and policy changes to the 2022 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.
- A **regulatory change (RC)** is a new requirement or a modification of an existing requirement to align with federal regulations.

An organization undergoing a survey under the 2022 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; nor does it apply to regulatory changes, because they align with federal regulations.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
14	Overview	Other NCQA Programs	Add the following as the last bullet under "NCQA offers the following Accreditation programs:" • Health Equity (HE).	CL	11/22/21
38	Policies and Procedures—Section 2	Must-Pass Elements and Corrective Action Plan	Revise the fifth bullet to read: • UM 12: UM System Controls, Elements A, C.	CO	11/22/21
223	NET 5, Element A	Explanation—Factor 9: Office location and phone number	Add the following text as the second sentence: If a physician sees patients only virtually, the directory must indicate "virtual-only" in lieu of a physical office location.	CL	11/22/21
269	UM 4, Element F	Explanation	Add the following as the first sentence of the Explanation: Factor 2 is a critical factor . This factor must be scored "yes" for the organization to score at least "Partially Met" on this element.	CL	11/22/21
288	UM 5, Element C	Explanation	Add the following two paragraphs above the subhead for Factors 1-11: Factors 2, 4, 7: Timeliness of Medicaid pharmacy notification For the Medicaid product line, drugs that meet the federal definition of "covered outpatient drugs" as stated in SSA 1927(k)(2), the organization sends its decision notification within 24 hours.	PC	11/22/21

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			For the Medicaid product line, drugs that are excluded from the federal definition of “covered outpatient drugs,” as stated in SSA 1927(k)(3), the organization sends its decision notification within 72 hours for urgent concurrent requests and urgent preservice requests, and sends its decision notification within 14 calendar days for nonurgent preservice requests.		
334	UM 8, Element A	Explanation—Factor 7: Same-or-similar-specialist review and	Revise the second sentence of the third paragraph so it reads: The same-or-similar specialist may be any of the practitioner types specified in factor 6, with the exception of pharmacists, because pharmacists generally treat patients only in limited situations and therefore are not considered same-or-similar specialists for the purposes of deciding appeals.	CO	11/22/21
337	UM 8, Element A	Related Information—FEHB member appeals	Replace “factor 7” with “factor 8” in the first sentence so that it reads: For Federal Employees Health Benefits (FEHB) Program member appeals for which the organization requested additional information, NCQA gives the organization credit for factor 8 if its policies state that it makes appeal decisions within 30 calendar days after the date when the information was received.	CO	11/22/21
347	UM 9, Element D	Element D Stem	Remove “and their treating practitioners” from the element stem to read: An NCQA review of the organization’s internal appeal files indicates notification to members of the following:	CO	11/22/21
378	UM 13, Element A	Look-back period	Revise the look-back period for Interim and First Surveys to read: <i>For Interim Surveys and First Surveys:</i> 6 months for factors 1-6; prior to the survey date for the system controls component under factor 4.	CL	11/22/21
383	UM 13, Element C	Explanation—NCQA-Accredited delegates	Revise the second paragraph to read: For factors 5 and 6, automatic credit is available if all delegates are NCQA Accredited under 2022 (or later) standards for Health Plan Accreditation, MBHO Accreditation or UM-CR-PN Accreditation.	CO	11/22/21

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414	CR 3, Element C	Explanation—Factor 5: Current malpractice coverage	Remove the fourth paragraph and revise the third paragraph to read: Documentation of malpractice insurance coverage may also be a face sheet, a federal tort letter or employer professional liability policy as an addendum to the application. In this case, the practitioner is not required to attest to malpractice coverage on the application. The face sheet, federal tort letter, or employer professional liability policy must include the insurance effective and expiration dates (the future effective date is acceptable).	CL	11/22/21
431	CR 8, Element A	Look-back period	Revise the look-back period for Interim and First Surveys to read: <i>For Interim Surveys and First Surveys:</i> 6 months for factors 1-6; prior to the survey date for the systems controls component under factor 4.	CL	11/22/21
436	CR 8, Element C	Explanation—NCQA-Accredited/Certified delegates	Revise the third paragraph, to read: For factors 5 and 6, automatic credit is available if all delegates are NCQA Accredited under 2022 (or later) standards for Health Plan Accreditation, MBHO Accreditation or UM-CR-PN Accreditation.	CO	11/22/21
447	ME 2, Element A	Scope of review	Remove the second bullet under “For Renewal Surveys” that reads: <ul style="list-style-type: none">• The previous year’s distribution of information to subscribers for factors 1–14 and 16.	CL	11/22/21
447	ME 2, Element A	Explanation	Revise the first paragraph of the explanation to read: This element may not be delegated, with the exception of factor 5, which may be delegated to an organization with NCQA Multicultural Health Care Distinction/Health Equity Accreditation.	CL	11/22/21
605	MED 9, Element A	Explanation--Exceptions from advance notice	Correct the regulation reference to read: The organization’s policies and procedures specify that advance notice may be sent at any point up to the date of action, but no later than the date of action, if any scenario specified in § 431.213 is met.	CO	11/22/21
2-2 2-27	Appendix 2—Delegation and Automatic Credit Guidelines		Replace references to “MHC” with “MHC Distinction/Health Equity Accreditation.”	CL	11/22/21

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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 a 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. • 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. 	PC	11/22/21

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			<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>																																											
2-22	Appendix 2— Delegation and Automatic Credit Guidelines	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	<p>Update Table 3 to reflect automatic credit for system control requirements when a delegate is NCQA-Accredited in UM, CR or PN or an NCQA-Certified CVO.</p> <p>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</p> <table border="1"> <thead> <tr> <th rowspan="2">HP Standards and Elements</th> <th colspan="3">Accredited in UM, CR or PN</th> <th colspan="3">Certified CVO</th> </tr> <tr> <th>Interim Survey</th> <th>First Survey</th> <th>Renewal Survey</th> <th>Interim Survey</th> <th>First Survey</th> <th>Renewal Survey</th> </tr> </thead> <tbody> <tr> <td>UM 12: UM System Controls</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>A UM Denial System Controls¹⁰</td> <td>Y</td> <td>Y</td> <td>Y</td> <td></td> <td></td> <td></td> </tr> <tr> <td>B UM Denial System Controls Oversight¹¹</td> <td>Y</td> <td>Y</td> <td>Y</td> <td></td> <td></td> <td></td> </tr> <tr> <td>C UM Appeal System Controls¹⁰</td> <td>Y</td> <td>Y</td> <td>Y</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	HP Standards and Elements	Accredited in UM, CR or PN			Certified CVO			Interim Survey	First Survey	Renewal Survey	Interim Survey	First Survey	Renewal Survey	UM 12: UM System Controls							A UM Denial System Controls ¹⁰	Y	Y	Y				B UM Denial System Controls Oversight ¹¹	Y	Y	Y				C UM Appeal System Controls ¹⁰	Y	Y	Y				CL	11/22/21
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			D	UM Appeal System Controls Oversight ¹¹	Y	Y	Y				
CREDENTIALING AND RECREDENTIALING											
CR 1: Credentialing Policies											
			C	Credentialing System Controls	Y ¹⁰	Y ¹⁰	Y ¹⁰	Y ¹¹	Y ¹¹	Y ¹¹	
			D	Credentialing System Controls Oversight	Y ¹¹	Y ¹¹	Y ¹¹				
2-24	Appendix 2— Delegation and Automatic Credit Guidelines	Table 5—PHM Prevalidation	Add “with a designation of Eligible for Automatic Credit” to the Table 5 title to read: Table 5: Automatic credit by Evaluation Option for delegating to an NCQA-PHM Prevalidated Health IT Solution with a designation of Eligible for Automatic Credit							CL	11/22/21