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

March 28, 2022

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
50, 51	Policies and Procedures—Section 4: Reporting Results	Reporting Accreditation Status to the Public—Right to release and publish	Move the following third paragraph text to be the second paragraph under "Expired" in "*NCQA Health Plan Report Card*": NCQA publicly reports organizations that voluntarily let their Accreditation lapse with an Expired status for 12 months.	**CL**	**3/28/22**
50	Policies and Procedures—Section 4: Reporting Results	Reporting Accreditation Status to the Public—Right to release and publish	Move the following fourth paragraph text to be the third paragraph under "Status levels" in "*NCQA Health Plan Report Card*": NCQA publicly reports Denied Accreditation status for 1 year for First Surveys (unless the organization declines its Accreditation status) or Renewal Surveys, or until the status is replaced as the result of another survey.	**CL**	**3/28/22**
50	Policies and Procedures—Section 4: Reporting Results	NCQA Health Plan Report Card—Suspended	Revise the text to read: Circumstances have caused NCQA to suspend Accreditation until it completes a thorough investigation and the organization implements corrective action if needed, or the organization has not complied with Reportable Events submission or annual attestation requirements as described in *Section 5: Additional Information*.	**CL**	**3/28/22**
53	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Revise the text in the third subbullet under the first bullet to read: Request for corrective action where the substance of such corrective action relates to the organization's handling of utilization management decisions,	**CL**	**3/28/22**

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			network adequacy, quality improvement, benefit denials, complaints, grievances, appeals or other important patient safety matters.		
53	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Add the following text as the last bullet: Self-identification of systemic issues affecting 5% or more of eligible case management, credentialing/recredentialing or utilization management files; for example, untimely UM denials or late recredentialing.	**CL**	**3/28/22**
53	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Revise the second paragraph to read: Reporting obligations are effective upon issuance of the notice of sanctions, issuance of a fine or request for corrective action or self-identification of issues. The notification requirement is not paused as a result of any appeal or negotiations with the applicable regulatory authority.	**CL**	**3/28/22**
53	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events-—Annual Attestation and Compliance With Reportable Event Reporting	Revise the last sentence of the first paragraph to read: Failure to comply with Reportable Events submission or annual attestation requirements may result in suspension or revocation of Accreditation status.	**CL**	**3/28/22**
53	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events-—Annual Attestation and Compliance With Reportable Event Reporting	Add the following text as the last sentence of the second paragraph: The attestation must be completed within 30 days of the email notification.	**CL**	**3/28/22**
55	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation—Grounds for immediate suspension	Revise the first sentence to read: Grounds for recommending suspension of Accreditation status include, but are not limited to:	**CL**	**3/28/22**
55	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation—Grounds for immediate suspension	Add the following text as the last bullet: Failure to comply with Reportable Events submission or annual attestation completion requirements.	**CL**	**3/28/22**

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55	Policies and Procedures—Section 5: Additional Information	Revoking Accreditation—Grounds for revocation	Revise the sixth bullet to read: The organization violates other published NCQA policies, including failure to submit Reportable Events or completion of annual attestation.	**CL**	**3/28/22**
144	PHM 2, Element D	Scope of review—Documentation	Revise the text to read: For factor 1, NCQA reviews a description of the methods used to segment or stratify the organization's membership, including subsets to which members may be assigned. • *For First Surveys:* NCQA also reviews the organization's most recent annual report demonstrating implementation. • *For Renewal Surveys:* NCQA also reviews the organization's most recent and previous year's annual reports demonstrating implementation. For factor 2, *for all surveys*, NCQA reviews the organization's documented process for assessing for racial bias in its segmentation or stratification methodology.	**CL**	**3/28/22**
145	PHM 2, Element D	Explanation	Revise the first, second and third paragraphs to read: **Population segmentation** is the process of dividing a population into meaningful subsets—members who share specific needs, characteristics, identities, conditions or behaviors—using information collected through population assessments and other data sources. **Risk stratification** refers to a subset of population segmentation methods, and is the process of dividing a population into groups or categories based on potential risk (e.g., poor health outcomes, high utilization or expense) and then assigning individuals to specific risk tiers or subsets. Segmentation and risk stratification categorize individuals with care needs at all levels and intensities and may use findings from population assessments and data integration (e.g., clinical and behavioral data, population and social needs) to target resources and interventions (e.g., program access, eligibility for specific services or treatments) to individuals who can most benefit from them.	**CL**	**3/28/22**
145	PHM 2, Element D	Explanation—Factor 1: Segment or stratify entire population	Add a new factor 1 subhead and revised the first and second paragraphs to read: *Factor 1:* **Segment or stratify entire population**	**CL**	**3/28/22**

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			Methodology. The organization describes its method for segmenting or stratifying its membership, including the subsets to which members are assigned. Either process may be used to meet this element. The organization may use more than one method to determine actionable subsets.		
			Although the organization's methods may include utilization/resource use or cost information (e.g., claims data, encounter data), segmentation or stratification methods that focus exclusively on this information do not meet the intent of this element due to their potential to exacerbate health inequities.		
145	PHM 2, Element D	Explanation—Factor 2: Assess methodology for racial bias	Add the following subhead and text to the Explanation: *Factor 2:* **Assess methodology for racial bias** The organization describes its process for assessing its segmentation or stratification methodology for racial bias. Racial bias in segmentation or stratification methodologies refers to situations where two people who share the same basic needs but differ in race or ethnicity are "scored" differently (e.g., predicted risk level, eligibility or prioritization for programs or services). These differences, although often unintentional, result in decisions that can have a collective and disproportionately negative impact on historically underserved or excluded populations.[1,2] One example of how this can occur is when a methodology relies on utilization/ resource use or cost information (claims or encounter data reflecting an individual's past experience with accessing health care or other services) as a proxy for current or future needs. Because these data are captured only when individuals have accessed health care services, methods that rely on the data may systematically understate the needs of populations that have historically experienced lower rates of utilization due to long-standing barriers to accessing health care and services. When such information is used as the exclusive or primary factor in decisions to target resources and interventions, it may lead to these populations being deprioritized for access to services or programs. Methodologies that use systematically incomplete or unrepresentative data sets (i.e., that lack racial or ethnic diversity) to build or train algorithms or other technological solutions to draw conclusions or make recommendations may also contribute to bias.	CL	3/28/22

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			Racial bias may be created or worsened by a segmentation or stratification methodology even if it does not use race or ethnicity as a consideration.		
			Note: Although this factor requires the organization to have a process to assess its segmentation or stratification methodology for racial bias, NCQA does not evaluate the effectiveness or validity of the organization's process or methodology.		
			[1]https://www.brookings.edu/research/algorithmic-bias-detection-and-mitigation-best-practices-and-policies-to-reduce-consumer-harms		
			[2]https://www.ftc.gov/system/files/documents/public_events/1582978/algorithmic-bias-playbook.pdf		
146	PHM 2, Element D	Examples	Add the following as the last example:	**CL**	**3/28/22**
			Factor 2: **Assess methodology for racial bias**		
			Although NCQA does not prescribe minimum required components of a documented process for assessing for racial bias in the organization's segmentation or stratification methodology, examples of valuable activities described within the documented process may include, but are not limited to:		
			• Questions the organization explores during its assessment (e.g., whether, where, when, how or why racial bias may exist in its methodology), including the organization's rationale for selection.		
			• A description of the assessment methodology or approach, including the organization's rationale for selection (e.g., research, evidence, best practices).		
			• A detailed plan for implementing the methodology or approach in the organization's policies and procedures (e.g., actions it will take, responsible roles, resources, timing, oversight, how findings are acted on).		
			NCQA does not prescribe the methods that must be included in the organization's documented process for assessing for racial bias; however, examples may include, but are not limited to:		
			• An inventory of all algorithms used by the organization for segmentation, risk stratification and resource allocation.		
			• A literature review to:		
			– Learn about the origins and results of racial bias in segmentation, risk stratification and resource allocation.		

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			– Create an inventory of best practices and evidence-based methods for assessing racial bias. • An evaluation of the completeness and representation (for lack of racial or ethnic diversity) of data sets used to build or train algorithms or other technological solutions that draw conclusions or make recommendations. • A statement of the ideal predictive outcome (e.g., program or intervention eligibility, social or clinical needs) and assessment of whether variables/ measures/metrics used by the organization's segmentation or stratification method as a proxy for health status (e.g., utilization/resource use, cost) are equally predictive of the intended outcome across racial and ethnic groups.		
385	UM 13, Element C	Exceptions	Revise the second paragraph to read: Factors 2–6 are NA for Interim Surveys.	**CO**	**3/28/22**
437	CR 8, Element C	Exceptions	Revise the third paragraph to read: Factors 2–6 are NA for Interim Surveys.	**CO**	**3/28/22**
2-2	Appendix 2— Delegation and Automatic Credit Guidelines	Definitions	Add the following as a new definition: **Previously unidentified delegate** A contracted delegate identified during a survey that was not initially reported by the organization in the NCQA delegation worksheet.	**CL**	**3/28/22**

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2-5	Appendix 2—Delegation and Automatic Credit Guidelines	How NCQA Evaluates Delegation—Delegation oversight—De facto delegation	Revise the following subhead and first paragraph to read: **Previously unidentified delegates and de facto delegation** If NCQA identifies previously unidentified delegates or de facto delegation at any point after selecting the delegates (including during the offsite survey), NCQA reserves the right to review oversight of the previously unidentified delegates or de facto delegates by selecting them at random to include up to two delegates in addition to the four originally selected.	**CL**	**3/28/22**
2-17	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	Revise the PHM 2, Element B, factor 5 text to read: **Population Assessment** *Factor 4: Individuals with serious and persistent mental illness*	**CO**	**3/28/22**
2-25	Appendix 2—Delegation and Automatic Credit Guidelines	Table 6: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited PHP organization	Delete PHM 3, Element A, factor 6 subhead and text from Table 6: (see table below)	**CO**	**3/28/22**

Table for 2-25 Update:

HP Standards and Elements		EVALUATION OPTION		
		Interim	First	Renewal
POPULATION HEALTH MANAGEMENT				
PHM 3: Delivery System Supports				
A	Practitioner or Provider Support *Factor 6: One additional activity to support practitioners or providers in achieving PHM goals*	Y	Y	Y

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2-27	Appendix 2—Delegation and Automatic Credit Guidelines	Table 10: Automatic Credit by Evaluation Option for delegating to an organization with MHC Distinction/Health Equity Accreditation	Add NET 3, Elements B and C subhead, element and factor text to Table 10. (see table below)	PC	3/28/22
			PREVIOUSLY POSTED UPDATES		
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

Table embedded in the 2-27 Update cell:

Health Plan Standards and Elements	EVALUATION OPTION		
	Interim	First	Renewal
NETWORK MANAGEMENT			
NET 3: Assessment of Network Adequacy			
B Opportunities to Improve Access to Nonbehavioral Healthcare Services *Factor 1: Prioritizes opportunities for improvement identified from analyses of availability in NET 1, Element A only.*	NA	Y	Y
C Opportunities to Improve Access to Behavioral Healthcare Services *Factor 1: Prioritizes opportunities for improvement identified from analyses of availability in NET 1, Element A only.*	NA	Y	Y

Note: Automatic credit is only available for the noted requirements. Automatic credit is not available for other components of factor 1.

			PREVIOUSLY POSTED UPDATES		
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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. 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.	PC	11/22/21
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: *For Interim Surveys and First Surveys:* 6 months for factors 1-6; prior to the survey date for the system controls component under factor 4.	CL	11/22/21

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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**
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: *For Interim Surveys and First Surveys:* 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: • 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**

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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**

2-6	Appendix 2—Delegation and Automatic Credit Guidelines	Vendors	Replace paragraphs 3-5 with the following text:
			
			Using another organization to perform the functions evaluated by the following elements is considered a vendor relationship.
			
			• NET 5, Element I: Usability Testing.
			• PHM 1, Element B: Informing Members.
			   — 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.
			   — 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.
			   — 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.
			   — 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.
			   — The organization must create the written information, but may distribute it through a mail service organization.
			• ME 2, Element A: Subscriber Information.
				PC	**11/22/21**

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			— 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.		

| **PREVIOUSLY POSTED UPDATES** |||||||

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			— A vendor relationship exists if the organization contracts with pharmacies and provides a link to the pharmacies' website. 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. 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. ***Note:*** *Updated location text (first sentence) on 3/28/2022.*		

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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	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.		CL	11/22/21

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

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			
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]			

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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**