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

July 25, 2022

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
37	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Add the following as a new third bullet: • Self-identification of systemic issues affecting 5% or more of eligible case management files.	**CL**	**7/25/22**
37	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Add the following as a new second and third paragraph: 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. All Reportable Events must be submitted through My NCQA (https://my.ncqa.org).	**CL**	**7/25/22**
37	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events—Annual Attestation of Compliance With Reportable Events	Revise the information in this section to read: On an annual basis, the organization must also complete an attestation signed by an officer or other authorized signatory of the organization affirming that it has notified NCQA of all Reportable Events specified within NCQA policies and procedures. Failure to comply with Reportable Events submission or annual attestation requirements may result in suspension or revocation of Accreditation status. Annually, NCQA will send an email reminder to the designated Accreditation contact to complete the annual attestation on My NCQA (https://my.ncqa.org). The attestation must be completed within 30 days of the email notification.	**CL**	**7/25/22**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
38	Policies and Procedures—Section 5: Additional Information		Add the following new section head and text between "Notifying NCQA of Reportable Events" and "Discretionary Survey." **Interrater Reliability** NCQA strives for consistency in the Accreditation/Certification process and across all surveys. NCQA defines "interrater reliability" (IRR) as the extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated. To support consistency, NCQA will continue to clarify standards and educate surveyors. Organizations preparing for survey should also review all applicable standards, including changes between standards years and related NCQA corrections, clarifications, and policy changes, as well as FAQs, focusing on the standards' intent, scored elements and factors, explanations, and type of evidence (data sources) required to demonstrate that a requirement is met. **Reporting IRR Issues to NCQA** Report suspected IRR issues to NCQA during the following survey stages: • When the organization responds to initial issues (following the conference call with the surveyor and ASC). • During the organization review and comment stage (during the post-survey review process). • During a Reconsideration (after the survey is completed). Issues may be reported in the survey tool (IRT) or by submitting a case to My NCQA (https://my.ncqa.org). To protect the integrity of the Accreditation process, NCQA does not accept materials in an IRR report that did not exist at the time of the original completed survey tool submission. As a reminder, file review results may not be disputed or appealed once the onsite survey is complete, whether completed in-person or virtually. If you suspect an IRR issue related to a file review element, the issue should be reported during the onsite survey.	**CL**	**7/25/22**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			NCQA performs an expedited review of reported IRR concerns on non-file review elements to ensure timely and accurate Accreditation/ Certification decisions. Based on review of a potential issue, NCQA may: 1. *If NCQA's scoring was inconsistent for non-file review elements,* issue a one-time exception for scoring of the standard, and require a Corrective Action Plan (CAP). NCQA reserves the right to determine if scoring was inconsistent. 2. *If no inconsistency is found,* maintain the standard score. NCQA analyzes IRR information to identify opportunities to clarify requirements or enhance surveyor education.		
41	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation	Revise the first sentence under the "Grounds for immediate suspension" subhead to read: Grounds for recommending suspension of status include, but are not limited to:	**CL**	**7/25/22**
41	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation	Add the following as a new sixth bullet under the "Grounds for immediate suspension" subhead: • Failure to comply with Reportable Events submission or annual attestation completion requirements.	**CL**	**7/25/22**
41	Policies and Procedures—Section 5: Additional Information	Revoking Accreditation	Revise the sixth bullet under "Grounds for revocation" to read: • The organization violates other published NCQA policies, including failure to submit Reportable Events or completion of annual attestation.	**CL**	**7/25/22**
46	CM 1, Element A	Explanation	Revise the second paragraph to read: Factor 1 is a critical factor; if this critical factor is scored "no" the organization's score cannot exceed 20% for each program.	**CL**	**7/25/22**
50	CM 1, Element C	Look-back Period	Revise the look-back period for Renewal Surveys to read: *For Renewal Surveys:* At least once during the prior 24 months.	**CL**	**7/25/22**
77	CM 5, Element A	Explanation	Revise the second paragraph to read: Factor 7 is a critical factor; if this critical factor is scored "no" the organization's score cannot exceed 50% for the element.	**CL**	**7/25/22**

<table>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td>93</td><td>CM 6, Element E</td><td>Related Information</td><td>Add the following subhead and text under the explanation:
Related information
If the organization is required to use a regulatory agency's definition of "active participation" that is different from NCQA's, it may use the regulatory agency's definition if it also provides the definition to NCQA. NCQA will use the regulatory agency's definition to determine whether the organization's active participation is consistent with the definition.</td><td>CL</td><td>7/25/22</td></tr>
<tr><td>123</td><td>LTSS 1, Element A</td><td>Explanation</td><td>Revise the second paragraph to read:
Factor 3 is a critical factor; if this critical factor is scored "no" the organization's score cannot exceed 20% for each program.</td><td>CL</td><td>7/25/22</td></tr>
<tr><td>142</td><td>LTSS 1, Element G</td><td>Explanation</td><td>Revise the second paragraph to read:
Factors 1, 2 and 3 are critical factors; if one critical factor is scored "no" the organization's score cannot exceed 20% for the element. If two or more critical factors is scored "no," the organization's score cannot exceed 0% for the element.</td><td>CL</td><td>7/25/22</td></tr>
<tr><td>144</td><td>LTSS 1, Element H</td><td>Explanation</td><td>Revise the second paragraph to read:
Factor 1 is a critical factor; if this critical factor is scored "no" the organization's score cannot exceed 20% for the element.</td><td>CL</td><td>7/25/22</td></tr>
<tr><td>2-16</td><td>Appendix 2—Delegation and Automatic Credit Guidelines</td><td>Automatic Credit for Delegating to an NCQA-Accredited Population Health Program</td><td>Add a new main head and table 10 and renumber the subsequent tables.
<table>
<tr><th>CM Standard</th><th>Element</th><th>Initial Survey</th><th>Renewal Survey</th></tr>
<tr><td>CM 2</td><td>A: Population Assessment</td><td>Y</td><td>Y</td></tr>
<tr><td>CM 4</td><td>A: Case Management Systems</td><td>Y</td><td>Y</td></tr>
<tr><td rowspan="4">CM 8</td><td>A: Patients' Rights Information, factors 1, 2, 4, 6–9</td><td>Y</td><td>Y</td></tr>
<tr><td>B: Expectations of Patients</td><td>Y</td><td>Y</td></tr>
<tr><td>C: Handling Patient Complaints</td><td>Y</td><td>Y</td></tr>
<tr><td>D: Resolving Complaints</td><td>Y</td><td>Y</td></tr>
</table></td><td>CL</td><td>7/25/22</td></tr>
</table>

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
4-5	Appendix 4—Glossary		Add the following as a new definition: **interrater reliability:** The extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated.	**CL**	**7/25/22**
PREVIOUSLY POSTED UPDATES					
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Accreditation	Add the following as the fourth bullet: • Does not delegate more than 50 percent of CM functions to another entity to perform on its behalf. – If the organization provides nonbehavioral health and behavioral health CM functions, it may delegate up to 100 percent of behavioral health CM functions to another entity to perform on its behalf. ***Note:*** *If the organization only performs behavioral health CM functions, it may not delegate more than 50 percent of its CM functions to another entity to perform on its behalf.*	**PC**	**11/22/21**
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**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
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.) 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.	**CL**	**3/29/21**
23	Policies and Procedures—Section 2: The Accreditation Process	Expanding the look-back period for records and files	Revise the bullets under "Expanding the look-back period for records and files" to read: • If the extension yields a file universe of at least 30 files but fewer than 40, the file review process of reviewing a minimum of 30 files applies. Refer to "File Review Universe" in Section 3 of the Policies and Procedures below. • 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.	**PC**	**11/22/21**

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29	Policies and Procedures—Section 3: The Survey Process	File Review Results	Add the following section before "File Review Results": **File review universe** For surveys starting July 1, 2022, NCQA will review a minimum of 30 files. The organization submits a random selection of 40 files (30 file sample + 10 oversample). If an organization has fewer than 30 files, an expansion to the look-back period may be warranted. Refer to the "Expanding the look-back period for records and files" section above for more information.	**PC**	**11/22/21**
37	Policies and Procedures—Section 5: Additional Information	Mergers and Acquisitions	Revise the email address in the third paragraph to read: sig@ncqa.org	**CO**	**3/28/22**
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.	**CO**	**3/29/21**

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			Note: *For surveys on or after July 1, 2021, the organization must identify the population's characteristics and needs based on the 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**
85	CM 6, Element A	Explanation—Factor 1: Obtaining patient feedback	Revise the text to read: ***Factor 1:*** **Obtaining feedback from patients** At least annually, the organization obtains feedback from patients through focus groups or experience surveys. Feedback is specific to the case management program submitted for Accreditation. To identify complaint patterns, the organization collects complaint data from the entire population of patients in the case management program, or draws statistically valid samples from the population. If the organization uses a sample, it describes the sample universe and the sampling methodology.	**CL**	**11/22/21**
85	CM 6, Element A	Explanation—Factor 2: Analyzing complaints from patients	Revise the text to read: The organization analyzes complaints to identify opportunities to improve individual experience with its case management program. *For initial measurement,* the organization conducts quantitative and qualitative analysis of data. *For remeasurement,* the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met. Refer to *Appendix 4: Glossary* for the full definition of and requirements for quantitative analysis and qualitative analysis.	**CL**	**11/22/21**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
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**
88	CM 6, Element B	Explanation—Factor 5: Quantitative and qualitative analysis	Revise the factor 5 subhead and text to read: ***Factor 5:*** **Quantitative and qualitative analysis** *For initial measurement,* the organization conducts quantitative and qualitative analysis of data. *For remeasurement,* the organization conducts quantitative analysis, and conducts qualitative analysis if quantitative analysis demonstrates that stated goals were not met. Refer to *Appendix 4: Glossary* for the full definition of and requirements for quantitative analysis and qualitative analysis.	**CL**	**11/22/21**
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, 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 IT Solutions or are NCQA Certified in CVO, unless the element is NA.	**CL**	**7/27/20**

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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, F	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.	**CL**	**11/23/20**

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			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**
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**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
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**
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**
2-7	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**

<table>
<tr><th colspan="6">PREVIOUSLY POSTED UPDATES</th></tr>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td>2-10</td><td>Appendix 2—Delegation and Automatic Credit Guidelines</td><td>Table 2: Health plan delegating to an NCQA-Accredited CM organization</td><td>Add PHM 2, Elements B and C to Table 2.
<table>
<tr><th colspan="2">Standards and Elements</th><th>Interim</th><th>First</th><th>Renewal</th></tr>
<tr><td colspan="5">PHM 2: Population Identification</td></tr>
<tr><td>B</td><td>Population Assessment</td><td>Y</td><td>Y</td><td>Y</td></tr>
<tr><td>C</td><td>Activities and Resources</td><td>Y</td><td>Y</td><td>Y</td></tr>
<tr><td colspan="5">PHM 5: Population Health Management</td></tr>
<tr><td>A</td><td>Access to Case Management</td><td>Y</td><td>Y</td><td>Y</td></tr>
<tr><td>B</td><td>Case Management Systems</td><td>Y</td><td>Y</td><td>Y</td></tr>
<tr><td>C</td><td>Case Management Process</td><td>Y</td><td>Y</td><td>Y</td></tr>
<tr><td>D</td><td>Initial Assessment</td><td>NA</td><td>Y</td><td>Y</td></tr>
<tr><td>E</td><td>Case Management—Ongoing Management</td><td>NA</td><td>Y</td><td>Y</td></tr>
</table></td><td>CL</td><td>7/26/21</td></tr>
<tr><td>2-12</td><td>Appendix 2—Delegation and Automatic Credit Guidelines</td><td>ACO and PCMH Automatic Credit for CM File Review</td><td>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:
<table>
<tr><th>Delegation to NCQA-Recognized PCMH, NCQA-Accredited ACO or NCQA-Recognized PCSP practice</th><th>Delegation to PCMHs/PCSPs Not Recognized or ACOs Not Accredited by NCQA</th></tr>
</table></td><td>CL</td><td>7/27/20</td></tr>
</table>

PREVIOUSLY POSTED UPDATES					
Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
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 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.	**CL**	**7/27/20**

<table>
<tr><th colspan="6">PREVIOUSLY POSTED UPDATES</th></tr>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td></td><td></td><td></td><td>Table 8: Automatic credit for delegating to an NCQA-Prevalidated Health IT Solution
<table>
<tr><th colspan="2">CM Standards and Elements</th><th>Prevalidated Health IT Tool</th></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></td><td></td><td></td></tr>
<tr><td>2-13 & 2-14</td><td>Appendix 2: Delegation and Automatic Credit Guidelines</td><td>Credit for CM 9 and LTSS 2 When Delegating to a PCMH</td><td>Add 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.</td><td>CL</td><td>3/29/21</td></tr>
<tr><td>4-4</td><td>Appendix 4—Glossary</td><td></td><td>Revise the definition of “qualitative analysis” to read:
An examination of the underlying reason for or cause of results, including deficiencies or processes that may present barriers to improvement or cause failure to reach a stated goal. Qualitative analysis must draw conclusions about why the results are what they are and involves staff responsible for executing a program or process. Also called a causal, root cause or barrier analysis.</td><td>CL</td><td>11/22/21</td></tr>
<tr><td>4-6</td><td>Appendix 4—Glossary</td><td></td><td>Revise the definition of “quantitative analysis” to read:
A comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis must draw conclusions about what results mean. Unless specified, tests of statistical significance are not required, but may be useful when analyzing trends. NCQA does not require that results be trended for First Surveys.</td><td>CL</td><td>11/22/21</td></tr>
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