

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

July 25, 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
33	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	How Standards Are Scored—Critical factor	Add the following as a new third bullet: <ul style="list-style-type: none"><li>• UM 4, Element F.</li></ul>	CL	7/25/22
53	Policies and Procedures—Section 5: Additional Information		<p>Add the following new section head and text between “Notifying NCQA of Reportable Events” and “Discretionary Survey.”</p> <p><b>Interrater Reliability</b></p> <p>NCQA strives for consistency in the Accreditation/Certification process and across all surveys.</p> <p>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 (e.g., Health Plan Accreditation) when the same evidence is evaluated.</p> <p>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</p>	CL	7/25/22

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			<p>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.</p> <p><b>Reporting IRR Issues to NCQA</b></p> <hr/> <p>Report suspected IRR issues to NCQA during the following survey stages:</p> <ul style="list-style-type: none"> <li>• When the organization responds to initial issues (following the conference call with the surveyor and ASC).</li> <li>• During the organization review and comment stage (during the post-survey review process).</li> <li>• During a Reconsideration (after the survey is completed).</li> </ul> <p>Issues may be reported in the survey tool (IRT) or by submitting a case to My NCQA (<a href="https://my.ncqa.org">https://my.ncqa.org</a>).</p> <p>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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. If no inconsistency is found, maintain the standard score.</li> </ol> <p>NCQA analyzes IRR information to identify opportunities to clarify requirements or enhance surveyor education.</p>		
93	QI 1, Element E	Look-back period	<p>Revise the look-back period for First and Renewal surveys to read:</p> <p><i>For First Surveys and Renewal Surveys:</i> 6 months for factor 1, prior to the survey date for factor 2.</p>	CO	7/25/22

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94	QI 1, Element E	Explanation	<p>Add the following as the last section:</p> <p><b>Related information</b></p> <p><i>Use of vendors for training on cultural competency, bias or inclusion.</i> If the organization contracts with a vendor to provide training on cultural competency, bias or inclusion for Factor 2, it provides access to the vendor's documentation. NCQA does not consider the relationship to be delegation, and delegation oversight is not required under QI 5. NCQA evaluates the vendor's documentation against the requirements. Refer to <i>Vendors</i> in Appendix 2.</p>	CO	7/25/22
128	PHM 1, Element A	Explanation	<p>Revise the second paragraph to read:</p> <p>Factor 1 is a critical factor; if this critical factor is scored "no" the organization's score cannot exceed "Partially Met" for the element.</p>	CL	7/25/22
136 139 145 162	PHM 2, Elements A, B, D PHM 5, Element B	Related information	<p>Revise the vendor relationship text under <i>Related information</i> to read:</p> <p>A vendor relationship exists if the organization contracts with a NCQA-Prevalidated Health IT Solution to perform these functions.</p>	CO	7/25/22
149	PHM 3, Element A	Look-back period	<p>Revise the look-back period for First and Renewal Surveys to read:</p> <p><i>For First Surveys:</i> 6 months; prior to the survey date for factor 6.</p> <p><i>For Renewal Surveys:</i> 24 months; prior to the survey date for factor 6.</p>	CO	7/25/22
148	PHM 3, Element A	Related information	<p>Add the following as the last paragraph in the section:</p> <p><i>Use of vendors for training on cultural competency, bias or inclusion.</i> If the organization contracts with a vendor to provide training on cultural competency, bias or inclusion for Factor 6, it provides access to the vendor's documentation. NCQA does not consider the relationship to be delegation, and delegation oversight is not required under PHM 7. NCQA evaluates the vendor's documentation against the requirements. Refer to <i>Vendors</i> in Appendix 2.</p>	CO	7/25/22
206	NET 2, Element B	Explanation	<p>Revise the second paragraph to read:</p> <p>Factors 1 and 2 are critical factors; if one critical factor is scored "no" the organization's score cannot exceed "Partially Met" for the element. If both critical factors are scored "no," the organization's score cannot exceed "Not Met" for the element.</p>	CL	7/25/22

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269	UM 4, Element F	Scope of review—Documentation	Remove “used” from the first sentence to read: <i>For All Surveys:</i> For factor 1, NCQA reviews the organization's written policies and procedures for using all board-certified consultants, including internal and external board-certified consultants, and reviews the list of board-certified consultants.	CL	7/25/22
270	UM 4, Element F	Explanation	Replace the first paragraph with the following: Factor 2 is a critical factor; if this critical factor is scored “no” the organization's score cannot exceed “Not Met” for the element.	CL	7/25/22
270	UM 4, Element F	Explanation—Factor 1: Policies and procedures for using board-certified consultants	Revise the first paragraph to read: The organization has written policies and procedures for using board-certified consultants, including internal and external board-certified consultants. The organization maintains a list of board-certified consultants that includes contact information (e.g., phone numbers, names, specialties) and makes the list available to UM staff as a reference for contacting those consultants.	CL	7/25/22
270	UM 4, Element F	Explanation—Factor 1: Policies and procedures for using board-certified consultants	Add a second paragraph to the factor 1 explanation that reads: If external entities are unable to provide a list with names of all board-certified consultants for proprietary reasons, providing a list of the specialties of all board-certified consultants with contact information would meet the intent; a name is not required. Listing centralized contact information for an external entity meets the intent if the entity does not provide direct contact information for individual specialists. The specialist types available from the entity must be included on the organization's list.	CL	7/25/22
288	UM 5, Element C	Explanation	Revise the third paragraph under “Factors 1-11: Timeliness of pharmacy notification” to read: <i>For Medicare only:</i> NCQA measures timeliness of notification for urgent requests from the date when the appropriate department received the request.	CO	7/25/22
364	UM 11, Element E	Explanation	Revise the first paragraph to read: Factors 1 and 2 are critical factors; if one critical factor is scored “no” the organization's score cannot exceed “Partially Met” for the element. If both critical factors are scored “no,” the organization's score cannot exceed “Not Met” for the element.	CL	7/25/22
368, 373	UM 12, Elements A, C	Explanation—Factor 7: Annually monitoring the UM system controls process	Revise the fourth subbullet under the first bullet in the second paragraph to read: <ul style="list-style-type: none"><li>• If the organization conducts auditing as the method for monitoring:</li><li>– All noncompliant modifications must be reviewed if the organization's system can identify noncompliant modifications.</li></ul>	PC	7/25/2022

Key = CO—Correction, CL—Clarification, PC—Policy Change, RC—Regulatory Change

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			<ul style="list-style-type: none"> <li>Sampling is allowed only if the organization does not use a UM system that can identify all noncompliant modifications. Refer to <i>Related information</i> for details on the sampling methodology.</li> </ul>		
369, 374	UM 12, Elements A, C	Explanation—Related information	<p>Add the following text under the Explanation:</p> <p><b>Related information</b></p> <p><i>Factor 7: Sampling methodology for auditing.</i> Sampling is allowed for organizations that use auditing as the monitoring method in Elements A–D.</p> <p>The organization must use the “5% or 50 files” audit method: Randomly select 5% of files or 50 files (whichever is less), from each applicable file type, to review against requirements:</p> <ul style="list-style-type: none"> <li>UM denials (5% or 50 files).</li> <li>UM appeals (5% or 50 files).</li> </ul> <p>For each applicable file type noted above, the organization must determine the sample size of 5% or 50 files (whichever is less) based on all files in the file universe. The file universe includes all files, with or without modifications. The sample that will be audited must include only files with modifications (whether modifications are compliant or noncompliant with the organization’s policies and procedures).</p> <p>Once the sample size is calculated from the entire file universe, the organization determines how it selects the sample. NCQA does not specify how the organization selects the sample once the sample size is determined using the entire file universe.</p> <p>If the organization:</p> <ul style="list-style-type: none"> <li><i>Can identify files with modifications</i>, it may randomly select a sample from a universe that contains modified files.</li> <li><i>Cannot identify files with modifications</i>, it may randomly select a sample from the entire file universe; the organization continues to pull files from the entire universe until 5% or 50 files in the sample have modifications.</li> </ul>	PC	7/25/2022
370, 376	UM 12, Elements B, D	Explanation—Factor 2: Analyzing all modifications that did not meet the policies and procedures.	<p>Add the following text and Note as the last two paragraphs:</p> <p>A goal is not required for the quantitative analysis. The organization reviews all instances of modifications that did not meet its policies and procedures.</p> <p><b>Note:</b> <i>If the organization uses sampling, it reviews all noncompliant modifications in the sample.</i></p>	CL	7/25/2022

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382	UM 13, Element C	Stem	<p>Replace “annually” with “at least annually” in factors 5 and 6 to read:</p> <p>5. At least annually, the organization monitors the delegate’s UM denial and appeal system security controls to ensure that the delegate monitors its compliance with the delegation agreement or with the delegate’s policies and procedures.</p> <p>6. At least annually, the organization acts on all findings from factor 5 for each delegate and implements a quarterly monitoring process until each delegate demonstrates improvement for one finding over three consecutive quarters.</p>	CO	7/25/2022
383	UM 13, Element C	Explanation—Factor 5: Annual monitoring of UM systems	<p>Replace “annually” with “at least annually” in the first paragraph first and second bullets to read:</p> <p>The organization’s process for monitoring system security controls covers delegates that store, create, modify or use UM denial or appeal receipt and notification dates covered by <i>UM 5: Timeliness of UM Decisions</i>, <i>UM 8: Policies for Appeals</i> or <i>UM 9: Appropriate Handling of Appeals</i> on its behalf. If the organization contracts with such delegates, it has a process for:</p> <ul style="list-style-type: none"> <li>Monitoring the delegate’s UM denial and appeal system security controls in place to protect data from unauthorized modification, as outlined in UM 12, Element A (UM Denial System Controls) and Element C (UM Appeal System Controls), factor 6, at least annually.</li> <li>Ensuring that the delegate monitors, at least annually, that it follows the delegation agreement or its own policies and procedures.</li> </ul>	CO	7/25/2022
398	CR 1, Element C	Explanation—Factor 5: Annually monitoring the credentialing process	<p>Revise the fourth subbullet under the first bullet in the second paragraph to read:</p> <ul style="list-style-type: none"> <li>If the organization conducts auditing as the method for monitoring:</li> <li>All noncompliant modifications must be reviewed if the organization’s system can identify noncompliant modifications.</li> <li>Sampling is allowed only if the organization does not use a credentialing system that can identify all noncompliant modifications. Refer to the <i>Related information</i> for details on the sampling methodology.</li> </ul>	PC	7/25/2022

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399	CR 1, Element C	Explanation—Related information	<p>Add the following subhead and text under the Explanation:</p> <p><b>Related information</b></p> <p><i>Factor 5: Sampling methodology for auditing.</i> Sampling is allowed for organizations that use auditing as the monitoring method in Elements C and D.</p> <p>The organization must use the “5% or 50 files” audit method: Randomly select 5% of files or 50 files (whichever is less) from each applicable file type, to review against requirements.</p> <p>At a minimum, the sample includes at least 10 credentialing files and 10 recredentialing files. If fewer than 10 practitioners were credentialed or recredentialed since the last annual audit, the organization audits the universe of files rather than a sample.</p> <p>The file universe includes all files, with or without modifications. The sample that will be audited must include only files with modifications (whether modifications are compliant or noncompliant with the organization’s policies and procedures).</p> <p>Once the sample size is calculated from the entire file universe, the organization determines how it selects the sample. NCQA does not specify how the organization selects the sample once the sample size is determined using the entire file universe.</p> <p>If the organization:</p> <ul style="list-style-type: none"> <li>• <i>Can identify files with modifications</i>, it may randomly select a sample from a universe that contains modified files.</li> <li>• <i>Cannot identify files with modifications</i>, it may randomly select a sample from the entire file universe; the organization continues to pull files from the entire universe until 5% or 50 files in the sample have modifications.</li> </ul>	PC	7/25/2022
401	CR 1, Element D	Explanation—Factor 2: Analyzing all modifications that did not meet the policies and procedures.	<p>Add the following text and Note as the last two paragraphs:</p> <p>A goal is not required for the quantitative analysis. The organization reviews all instances of modifications that did not meet its policies and procedures.</p> <p><b>Note:</b> <i>If the organization uses sampling, it reviews all noncompliant modifications in the sample.</i></p>	CL	7/25/2022
425	CR 7, Element B	Explanation	<p>Revise the first paragraph to read:</p> <p>Factor 1 is a critical factor; if this critical factor is scored “no” the organization’s score cannot exceed “Partially Met” for the element.</p>	CL	7/25/22

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434	CR 8, Element C	Stem	<p>Replace “annually” with “at least annually” in factors 5 and 6 to read:</p> <p>5. At least annually, the organization monitors the delegate’s credentialing system security controls to ensure that the delegate monitors its compliance with the delegation agreement or with the delegate’s policies and procedures.</p> <p>6. At least annually, the organization acts on all findings from factor 5 for each delegate and implements a quarterly monitoring process until each delegate demonstrates improvement for one finding over three consecutive quarters.</p>	CO	7/25/2022
436	CR 8, Element C	Explanation—Factor 5: Annual monitoring of CR systems	<p>Replace “annually” with “at least annually” in the first paragraph to read:</p> <p>The organization’s process for monitoring system security controls covers delegates that store, create, modify or use credentialing or recredentialing data on its behalf. If the organization contracts with such delegates, it has a process for:</p> <ul style="list-style-type: none"> <li>Monitoring the delegate’s credentialing system security controls in place to protect data from unauthorized modification, as outlined in CR 1, Element C (Credentialing System Controls), factor 4, at least annually.</li> <li>Ensuring that the delegate monitors, at least annually, that it follows the delegation agreement or its own policies and procedures.</li> </ul>	CO	7/25/2022
501	LTSS 1, Element A	Explanation	<p>Revise the second paragraph to read:</p> <p>Factor 3 is a critical factor; if this critical factor is scored “no” the organization’s score cannot exceed “Partially Met” for each program.</p>	CL	7/25/22
517	LTSS 1, Element E	Explanation	<p>Revise the second paragraph to read:</p> <p>Factors 1, 2 and 3 are critical factors; if one critical factor is scored “no” the organization’s score cannot exceed “Partially Met” for the element. If two or more critical factors are scored “no,” the organization’s score cannot exceed “Not Met” for the element.</p>	CL	7/25/22
520	LTSS 1, Element F	Explanation	<p>Revise the second paragraph to read:</p> <p>Factor 1 is a critical factor; if this critical factor is scored “no” the organization’s score cannot exceed “Partially Met” for the element.</p>	CL	7/25/22

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544	LTSS 2, Element F	Related information	<p>Add the following subhead and text under the explanation:</p> <p><b>Related information</b></p> <p>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.</p>	CL	7/25/22						
559	LTSS 4, Element C	Scoring	<p>Revise the scoring table to read:</p> <table border="1"> <thead> <tr> <th>Met</th> <th>Partially Met</th> <th>Not Met</th> </tr> </thead> <tbody> <tr> <td>The organization meets 3-4 factors</td> <td>The organization meets 2 factors</td> <td>The organization meets 0-1 factors</td> </tr> </tbody> </table>	Met	Partially Met	Not Met	The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors	CO	7/25/22
Met	Partially Met	Not Met									
The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors									
628	MED 12, Element F	Explanation—Factor 1: Auxiliary aids and services	<p>Replace “potential and existing members” with “existing members” in the first paragraph to read:</p> <p>Denial notifications contain information about auxiliary aids and services (e.g., qualified interpreters, transcription services, assistive listening devices) that are available upon request and free of charge for existing members with disabilities, and instructions for requesting and accessing aids and services.</p>	CO	7/25/22						
692	MA 20, Element A	Explanation	<p>Revise the third paragraph to read:</p> <p>Factor 7 is a critical factor; if this critical factor is scored “no” the organization’s score cannot exceed “Not Met” for the element.</p>	CL	7/25/22						
2-6	Appendix 2—Delegation and Automatic Credit Guidelines	Vendors	<p>Add the following bullets to the vendor list:</p> <ul style="list-style-type: none"> <li>• QI 1, Element E: Promoting Organizational Diversity, Equity and Inclusion, factor 2.</li> <li>• PHM 3, Element A: Practitioner and Provider Support, factor 6.</li> </ul>	CO	7/25/22						
2-6	Appendix 2—Delegation and Automatic Credit Guidelines	Vendors	<p>Revise the subbullet under PHM 2 and PHM 5 to read:</p> <ul style="list-style-type: none"> <li>— A vendor relationship exists if the organization contracts with a NCQA-Prevalidated Health IT Solution to perform these functions.</li> </ul>	CO	7/25/22						
5-8	Appendix 5—Glossary		<p>Add the following as a new definition:</p> <p><b>interrater reliability:</b> The extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of</p>	CL	7/25/22						

Key = CO—Correction, CL—Clarification, PC—Policy Change, RC—Regulatory Change

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			confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product (e.g., Health Plan Accreditation) when the same evidence is evaluated.		
<b>PREVIOUSLY POSTED UPDATES</b>					
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:” <ul style="list-style-type: none"> <li>• Health Equity (HE).</li> </ul>	CL	11/22/21
38	Policies and Procedures—Section 2	Must-Pass Elements and Corrective Action Plan	Revise the fifth bullet to read: <ul style="list-style-type: none"> <li>• UM 12: UM System Controls, Elements A, C.</li> </ul>	CO	11/22/21
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”: <p>NCQA publicly reports organizations that voluntarily let their Accreditation lapse with an Expired status for 12 months.</p>	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”: <p>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.</p>	CL	3/28/22
50	Policies and Procedures—Section 4: Reporting Results	NCQA Health Plan Report Card—Suspended	Revise the text to read: <p>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.</p>	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: <ul style="list-style-type: none"> <li>— Request for corrective action where the substance of such corrective action relates to the organization’s handling of utilization management decisions, network adequacy, quality improvement, benefit denials, complaints, grievances, appeals or other important patient safety matters.</li> </ul>	CL	3/28/22

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53	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	<p>Add the following text as the last bullet:</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	CL	3/28/22
53	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	<p>Revise the second paragraph to read:</p> <p>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.</p>	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	<p>Revise the last sentence of the first paragraph to read:</p> <p>Failure to comply with Reportable Events submission or annual attestation requirements may result in suspension or revocation of Accreditation status.</p>	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	<p>Add the following text as the last sentence of the second paragraph:</p> <p>The attestation must be completed within 30 days of the email notification.</p>	CL	3/28/22
55	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation—Grounds for immediate suspension	<p>Revise the first sentence to read:</p> <p>Grounds for recommending suspension of Accreditation status include, but are not limited to:</p>	CL	3/28/22
55	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation—Grounds for immediate suspension	<p>Add the following text as the last bullet:</p> <ul style="list-style-type: none"> <li>Failure to comply with Reportable Events submission or annual attestation completion requirements.</li> </ul>	CL	3/28/22

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55	Policies and Procedures—Section 5: Additional Information	Revoking Accreditation—Grounds for revocation	<p>Revise the sixth bullet to read:</p> <ul style="list-style-type: none"> <li>The organization violates other published NCQA policies, including failure to submit Reportable Events or completion of annual attestation.</li> </ul>	CL	3/28/22
144	PHM 2, Element D	Scope of review—Documentation	<p>Revise the text to read:</p> <p>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.</p> <ul style="list-style-type: none"> <li><i>For First Surveys:</i> NCQA also reviews the organization's most recent annual report demonstrating implementation.</li> <li><i>For Renewal Surveys:</i> NCQA also reviews the organization's most recent and previous year's annual reports demonstrating implementation.</li> <li><i>For factor 2, for all surveys,</i> NCQA reviews the organization's documented process for assessing for racial bias in its segmentation or stratification methodology.</li> </ul>	CL	3/28/22
145	PHM 2, Element D	Explanation	<p>Revise the first, second and third paragraphs to read:</p> <p><b>Population segmentation</b> 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.</p> <p><b>Risk stratification</b> 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.</p> <p>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.</p>	CL	3/28/22

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145	PHM 2, Element D	Explanation—Factor 1: Segment or stratify entire population	<p>Add a new factor 1 subhead and revised the first and second paragraphs to read:</p> <p><b>Factor 1: Segment or stratify entire population</b></p> <p><i>Methodology.</i> 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.</p> <p>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.</p>	CL	3/28/22
145	PHM 2, Element D	Explanation—Factor 2: Assess methodology for racial bias	<p>Add the following subhead and text to the Explanation:</p> <p><b>Factor 2: Assess methodology for racial bias</b></p> <p>The organization describes its process for assessing its segmentation or stratification methodology for racial bias.</p> <p>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.<sup>1,2</sup></p> <p>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.</p> <p>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.</p> <p>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.</p>	CL	3/28/22

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			<p><b>Note:</b> 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.</p> <p><sup>1</sup><a href="https://www.brookings.edu/research/algorithmic-bias-detection-and-mitigation-best-practices-and-policies-to-reduce-consumer-harms">https://www.brookings.edu/research/algorithmic-bias-detection-and-mitigation-best-practices-and-policies-to-reduce-consumer-harms</a></p> <p><sup>2</sup><a href="https://www.ftc.gov/system/files/documents/public_events/1582978/algorithmic-bias-playbook.pdf">https://www.ftc.gov/system/files/documents/public_events/1582978/algorithmic-bias-playbook.pdf</a></p>		
146	PHM 2, Element D	Examples	<p>Add the following as the last example:</p> <p><b>Factor 2: Assess methodology for racial bias</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• A description of the assessment methodology or approach, including the organization's rationale for selection (e.g., research, evidence, best practices).</li> <li>• 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).</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• An inventory of all algorithms used by the organization for segmentation, risk stratification and resource allocation.</li> <li>• A literature review to: <ul style="list-style-type: none"> <li>– Learn about the origins and results of racial bias in segmentation, risk stratification and resource allocation.</li> <li>– Create an inventory of best practices and evidence-based methods for assessing racial bias.</li> </ul> </li> </ul>	CL	3/28/22

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			<ul style="list-style-type: none"> <li>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.</li> </ul> <p>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.</p>		
223	NET 5, Element A	Explanation—Factor 9: Office location and phone number	<p>Add the following text as the second sentence:</p> <p>If a physician sees patients only virtually, the directory must indicate “virtual-only” in lieu of a physical office location.</p>	CL	11/22/21
269	UM 4, Element F	Explanation	<p>Add the following as the first sentence of the Explanation:</p> <p>Factor 2 is a <b>critical factor</b>. This factor must be scored “yes” for the organization to score at least “Partially Met” on this element.</p>	CL	11/22/21
288	UM 5, Element C	Explanation	<p>Add the following two paragraphs above the subhead for Factors 1-11:</p> <p><b>Factors 2, 4, 7: Timeliness of Medicaid pharmacy notification</b></p> <p>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.</p> <p>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.</p>	PC	11/22/21
334	UM 8, Element A	Explanation—Factor 7: Same-or-similar-specialist review and	<p>Revise the second sentence of the third paragraph so it reads:</p> <p>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.</p>	CO	11/22/21

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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
385	UM 13, Element C	Exceptions	Revise the second paragraph to read: Factors 2–6 are NA for Interim Surveys.	CO	3/28/22
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

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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
437	CR 8, Element C	Exceptions	Revise the third paragraph to read: Factors 2–6 are NA for Interim Surveys.	CO	3/28/22
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
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
2-2	Appendix 2—Delegation and Automatic Credit Guidelines	Definitions	Add the following as a new definition: <b>Previously unidentified delegate</b> 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	<p>Revise the following subhead and first paragraph to read:</p> <p><b>Previously unidentified delegates and de facto delegation</b></p> <p>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.</p>	CL	3/28/22
2-6	Appendix 2— Delegation and Automatic Credit Guidelines	Vendors	<p>Replace paragraphs 3-5 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"> <li>• NET 5, Element I: Usability Testing.</li> <li>• PHM 1, Element B: Informing Members. <ul style="list-style-type: none"> <li>– The organization must create the written information, but may distribute it through a mail service organization.</li> </ul> </li> <li>• PHM 2: Population Identification, Elements A, B and D. <ul style="list-style-type: none"> <li>– A vendor relationship exists if the organization delegates these functions to a NCQA-Prevalidated Health IT Solution that receives a designation of “Organization Support.”</li> </ul> </li> <li>• PHM 3, Element A: Practitioner and Provider Support, factors 1, 4 and 5. <ul style="list-style-type: none"> <li>– The organization must create the written information, but may distribute it through a mail service organization.</li> </ul> </li> <li>• PHM 4: Wellness and Prevention, Elements A, B.</li> <li>• PHM 5, Element B: Case Management Systems. <ul style="list-style-type: none"> <li>– A vendor relationship exists if the organization delegates these functions to an NCQA-Prevalidated Health IT Solution that receives a designation of “Organization Support.”</li> </ul> </li> <li>• ME 1, Element B: Distribution of Rights Statement. <ul style="list-style-type: none"> <li>– The organization must create the written information, but may distribute it through a mail service organization.</li> </ul> </li> <li>• ME 2, Element A: Subscriber Information.</li> </ul>	PC	11/22/21

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			<ul style="list-style-type: none"> <li>— The organization must create the written information, but may distribute it through a mail service organization.</li> <li>• ME 4, Element A: Functionality—Website.</li> <li>• ME 5, Element A: Pharmacy Benefit Information, factors 3–5. <ul style="list-style-type: none"> <li>— A vendor relationship exists if the organization contracts with pharmacies and provides a link to the pharmacies' website.</li> </ul> </li> </ul> <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><b>Note:</b> Updated location text (first sentence) on 3/28/2022.</p>		
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	<p>Revise the PHM 2, Element B, factor 5 text to read:</p> <p><b>Population Assessment</b></p> <p><i>Factor 4: Individuals with serious and persistent mental illness</i></p>	CO	3/28/22

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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. <b>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</b> <table border="1" data-bbox="823 538 1584 1272"> <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 colspan="10"><b>UM 12: UM System Controls</b></td></tr> <tr> <td>A UM Denial System Controls<sup>10</sup></td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>B UM Denial System Controls Oversight<sup>11</sup></td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>C UM Appeal System Controls<sup>10</sup></td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>D UM Appeal System Controls Oversight<sup>11</sup></td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="10"><b>CREDENTIALING AND RECREDENTIALING</b></td></tr> <tr> <td colspan="10"><b>CR 1: Credentialing Policies</b></td></tr> <tr> <td>C Credentialing System Controls</td><td>Y<sup>10</sup></td><td>Y<sup>10</sup></td><td>Y<sup>10</sup></td><td>Y<sup>11</sup></td><td>Y<sup>11</sup></td><td>Y<sup>11</sup></td><td></td><td></td><td></td></tr> <tr> <td>D Credentialing System Controls Oversight</td><td>Y<sup>11</sup></td><td>Y<sup>11</sup></td><td>Y<sup>11</sup></td><td></td><td></td><td></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	<b>UM 12: UM System Controls</b>										A UM Denial System Controls <sup>10</sup>	Y	Y	Y							B UM Denial System Controls Oversight <sup>11</sup>	Y	Y	Y							C UM Appeal System Controls <sup>10</sup>	Y	Y	Y							D UM Appeal System Controls Oversight <sup>11</sup>	Y	Y	Y							<b>CREDENTIALING AND RECREDENTIALING</b>										<b>CR 1: Credentialing Policies</b>										C Credentialing System Controls	Y <sup>10</sup>	Y <sup>10</sup>	Y <sup>10</sup>	Y <sup>11</sup>	Y <sup>11</sup>	Y <sup>11</sup>				D Credentialing System Controls Oversight	Y <sup>11</sup>	Y <sup>11</sup>	Y <sup>11</sup>						
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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: <b>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</b>			CL	11/22/21																			
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: <table border="1"> <thead> <tr> <th rowspan="2">HP Standards and Elements</th> <th colspan="3">EVALUATION OPTION</th> </tr> <tr> <th>Interim</th> <th>First</th> <th>Renewal</th> </tr> </thead> <tbody> <tr> <td colspan="4"><b>POPULATION HEALTH MANAGEMENT</b></td> </tr> <tr> <td colspan="4"><b>PHM 3: Delivery System Supports</b></td> </tr> <tr> <td>A</td> <td>Practitioner or Provider Support <i>Factor 6: One additional activity to support practitioners or providers in achieving PHM goals</i></td> <td>Y</td> <td>Y</td> </tr> </tbody> </table>			HP Standards and Elements	EVALUATION OPTION			Interim	First	Renewal	<b>POPULATION HEALTH MANAGEMENT</b>				<b>PHM 3: Delivery System Supports</b>				A	Practitioner or Provider Support <i>Factor 6: One additional activity to support practitioners or providers in achieving PHM goals</i>	Y	Y	CO	3/28/22
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A	Practitioner or Provider Support <i>Factor 6: One additional activity to support practitioners or providers in achieving PHM goals</i>	Y	Y																							
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. <table border="1"> <thead> <tr> <th rowspan="2">Health Plan Standards and Elements</th> <th colspan="3">EVALUATION OPTION</th> </tr> <tr> <th>Interim</th> <th>First</th> <th>Renewal</th> </tr> </thead> <tbody> <tr> <td colspan="4"><b>NETWORK MANAGEMENT</b></td> </tr> <tr> <td colspan="4"><b>NET 3: Assessment of Network Adequacy</b></td> </tr> <tr> <td>B</td> <td>Opportunities to Improve Access to Nonbehavioral Healthcare Services <i>Factor 1: Prioritizes opportunities for improvement identified from analyses of availability in NET 1, Element A only.</i></td> <td>NA</td> <td>Y</td> </tr> </tbody> </table>			Health Plan Standards and Elements	EVALUATION OPTION			Interim	First	Renewal	<b>NETWORK MANAGEMENT</b>				<b>NET 3: Assessment of Network Adequacy</b>				B	Opportunities to Improve Access to Nonbehavioral Healthcare Services <i>Factor 1: Prioritizes opportunities for improvement identified from analyses of availability in NET 1, Element A only.</i>	NA	Y	PC	3/28/22
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			C	Opportunities to Improve Access to Behavioral Healthcare Services <i>Factor 1: Prioritizes opportunities for improvement identified from analyses of availability in NET 1, Element A only.</i>	NA	Y	Y	

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