NCQA Corrections, Clarifications and Policy Changes to the 2022 UM-CR-PN Standards and Guidelines

November 14, 2022

This document includes the corrections, clarifications and policy changes to the 2022 UM-CR-PN standards and guidelines. NCQA has identified the appropriate page number in the printed publication and the standard and head—subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

- A ***correction (CO)*** is a change made to rectify an error in the standards and guidelines.
- A ***clarification (CL)*** is additional information that explains an existing requirement.
- A ***policy change (PC)*** is a modification of an existing requirement.

An organization undergoing a survey under the 2022 UM-CR-PN 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
15	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Accreditation	Add the following new subhead and text at the end of "Eligibility for Accreditation." **Eligibility for international organizations** NCQA standards evaluate performance of U.S. health care organizations and their U.S. operations only. Organizations that apply for and participate in an NCQA Survey must agree to comply with all applicable U.S. federal, state and other applicable laws, and must agree that the use of NCQA products and services shall for all purposes be governed, interpreted, construed and enforced solely and exclusively in accordance with U.S. laws and regulations, without regard to conflicts of law provisions thereof. NCQA limits evaluation to organizations that operate in and outside the United States, and limits award of NCQA status to an organization's U.S. operations. Organizations that do not operate in the United States (i.e., conduct all activities in the U.S., including in states and territories; conduct operations for U.S. members and clients) or have members, patients or clients in the United States are not eligible for NCQA Utilization Management, Credentialing and Provider Network Accreditation. NCQA does not evaluate operations of organizations that do not operate in the United States, or that do not have U.S. members, patients or clients. When determining eligibility of an organization with both U.S. and foreign operations, NCQA applies the following criteria: 1. The applicant organization must be the accountable (responsible) entity for performing NCQA-reviewed functions, and must describe how it meets NCQA's definition of an accreditable, certifiable or eligible entity. A parent, holding or shell company may not be eligible to apply.	**CL**	**11/14/22**

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			2. The applicant organization must be a U.S. company, or be owned by a U.S. company, and provide services in the United States. An applicant organization that is not a U.S. company, but is owned by a U.S. company, must be domiciled in the United States by holding a business license or registration in at least one U.S. state or territory. The organization must submit evidence to reflect incorporation, registration or licensure to satisfy this criterion. 3. To be listed on NCQA's public report card, the applicant organization must have a United States address for a facility, business office or administrative location. NCQA does not allow organizations to list an address of a personal residence or U.S. statutory agent unless the organization conducts NCQA-reviewed functions from the address. 4. If any function to be reviewed is performed outside the United States, the organization must have the capability to complete the onsite survey (and/or any tour) virtually, and to present all required files electronically. Because NCQA does not travel outside the country for onsite reviews, the applicant organization must coordinate a virtual review to satisfy onsite requirements, which may include staff interviews or site tours, as described in NCQA standards. All virtual reviews must be conducted in English or with English translations for the NCQA survey team. 5. The applicant organization must meet all other eligibility criteria specified in the preceding section. Any organization with U.S. and foreign operations that meets the criteria above may apply for an NCQA Survey, and may include functions performed outside the United States in its NCQA Survey.		
32	Policies and Procedures—Section 3: The Survey Process	File review universe	Revise the second sentence to read: The organization submits a full universe of its files, and NCQA randomly selects 40 files (a 30-file sample and a 10-file oversample).	**CL**	**11/14/22**
32	Policies and Procedures—Section 3: The Survey Process	File review universe	Add the following as the new second and third paragraphs: NCQA reviews a minimum of 75 files per product line for health plans coming through for UM Accreditation. NCQA reviews a minimum of 75 initial credentialing files and 75 recredentialing files per product line for health plans coming through for CR Accreditation. The organization submits a random selection of files (and a 10-file oversample). If an organization has fewer than the required number of files, it may be necessary to extend the look-back period. Refer to *Extending the look-back period for records and files* above for more information.	**PC**	**11/14/22**

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180, 185	UM 12, Elements B and D	Exception	Revise the exception to read: Factors 2 and 3 are NA if the organization did not identify any date modifications that do not meet the organization's policies and procedures or if all identified date modifications met the organization's policies and procedures.	**PC**	**11/14/22**
191	UM 13, Element C	Scope of review	Add the following as the fourth paragraph: *For Initial Surveys and Renewal Surveys:* • *For factor 5:* NCQA also reviews the organization's documentation and the delegate's documentation as evidence for monitoring for system controls. • *For factor 6*: NCQA also reviews the organization's documentation for taking action (or plans to take action) and for implementation of its quarterly monitoring process, as applicable.	**CL**	**11/14/22**
213 219 220	CR 1, Elements A, B and C	Summary of Changes	Remove the following SOC: Revised the text under "Factor 2: Analyzing all modifications that did not meet the policies and procedures" to clarify quantitative analysis requirements.	**CO**	**11/14/22**
222	CR 1, Element C	Explanation	Add the following as the second paragraph under "Factor 5: Building security": Factor 5 is scored "Yes" if the organization's operation is completely virtual (i.e., no physical building and all work is done remotely) and all data are stored using a cloud-based service vendor. The organization's policies and procedures must describe its virtual operation and cloud-based storage. If the organization's operation is virtual with remote work, but the data are stored in a physical facility, factor 5 applies to the building(s) where the file servers are located.	**CL**	**11/14/22**
225	CR 1, Element D	Exception	Revise the exception to read: Factors 2 and 3 are NA if the organization did not identify any modifications that do not meet the organization's policies and procedures or if all identified modifications met the organization's policies and procedures.	**PC**	**11/14/22**
259	CR 8, Element C	Scope of review	Add the following as the fourth paragraph: *For Initial Surveys and Renewal Surveys:* • *For factor 5:* NCQA also reviews the organization's documentation and the delegate's documentation as evidence for monitoring for system controls.	**CL**	**11/14/22**

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			• *For factor 6*: NCQA also reviews the organization's documentation for taking action (or plans to take action) and for implementation of its quarterly monitoring process, as applicable.		
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40	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, credentialing/recredentialing or utilization management files; for example, untimely UM denials or late recredentialing.	**CL**	**7/25/22**
40	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Add the following as a new second 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.	**CL**	**7/25/22**
40	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. impact Accreditation status. Annually, NCQA sends an email reminder to the designated Accreditation contact to complete the annual attestations on My NCQA (https://my.ncqa.org). The attestation must be completed within 30 days of the email notification.	**CL**	**7/25/22**
41	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	**CL**	**7/25/22**

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			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. 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. I*f 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.		

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			NCQA analyzes IRR information to identify opportunities to clarify requirements or enhance surveyor education.		
44	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 Accreditation status include, but are not limited to:	**CL**	**7/25/22**
44	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**
44	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**
81	UM 4, Element F	Scope of review—Documentation	Removed "used" from the first sentence to read: *For All Surveys:* 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**	**7/25/2022**
82	UM 4, Element F	Explanation—Factor 1: Policies and procedures for using board-certified consultants	Revise the first paragraph to the factor 1 explanation 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**
82	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**	**7/25/2022**

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102	UM 5, Element C	Explanation	Revise the fourth paragraph under "*Factors 1-11:* Timeliness of pharmacy notification" to read: *For Medicare only*: NCQA measures timeliness of notification for urgent requests from the date when the appropriate department received the request.	**CO**	**7/25/22**
123, 138	UM 7, Elements C, I	Exceptions	Revise the second bullet to read: • The organization does not communicate with members and practitioners (e.g., organization does not maintain a practitioner network, organization does not serve as a delegate to communicate with members or practitioners).	**CL**	**3/28/22**
130	UM 7, Element F	Exceptions	Revise the third bullet to read: • The organization does not communicate with members and practitioners (e.g., organization does not maintain a practitioner network, organization does not serve as a delegate to communicate with members or practitioners).	**CL**	**3/28/22**
173	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 20% for the element. If both critical factors are scored "no," the organization's score cannot exceed 0% for the element.	**CL**	**7/25/22**
177, 182	UM 12, Elements A, C	Explanation— Factor 7: Annually monitoring the UM system controls process	Revise the fourth subbullet in the second paragraph to read: • If the organization conducts auditing as the method for monitoring: – All noncompliant modifications must be reviewed if the organization's system can identify noncompliant modifications. – Sampling is allowed only if the organization does not use a UM system that can identify all noncompliant modifications. Refer to Related information for details on the sampling methodology.	**PC**	**7/25/2022**
178, 183	UM 12, Elements A, C	Explanation—Related information	Add the following text under the Explanation: **Related information** *Factor 7: Sampling methodology for auditing.* Sampling is allowed for organizations that use auditing as the monitoring method in Elements A–D.	**PC**	**7/25/2022**

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			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: • UM denials (5% or 50 files). • UM appeals (5% or 50 files). 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). 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. If the organization: • *Can identify files with modifications*, it may randomly select a sample from a universe that contains modified files. • *Cannot identify files with modifications,* 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.		
179, 185	UM 12, Elements B, D	Explanation—Factor 2: Analyzing all modifications that did not meet the policies and procedures.	Add the following text and Note as the last two paragraphs: A goal is not required for the quantitative analysis. The organization reviews all instances of modifications that did not meet its policies and procedures. ***Note:*** *If the organization uses sampling, it reviews all noncompliant modifications in the sample.*	**CL**	**7/25/2022**
190	UM 13, Element C	Stem	Replace "annually" with "at least annually" in factors 5 and 6 to read: 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. 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.	**CO**	**7/25/2022**

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192	UM 13, Element C	Explanation—Factor 5: Annual monitoring of UM systems	Replace "annually" with "at least annually" in the first paragraph to read: 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 *UM 5: Timeliness of UM Decisions, UM 8: Policies for Appeals or UM 9: Appropriate Handling of Appeals* on its behalf. If the organization contracts with such delegates, it has a process for: • 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. • Ensuring that the delegate monitors, at least annually, that it follows the delegation agreement or its own policies and procedures.	**CO**	**7/25/2022**
210	CRA 3, Element B	Explanation	Revise the second paragraph to read: • Factor 2 is a critical factor; if this critical factor is scored "no," the organization's score cannot exceed 0% for the element.	**CL**	**7/25/22**
223	CR 1, Element C	Explanation—Factor 6: Annually monitoring the credentialing process	Revise the fourth subbullet in the second paragraph to read: • If the organization conducts auditing as the method for monitoring: – All noncompliant modifications must be reviewed if the organization's system can identify noncompliant modifications. • Sampling is allowed only if the organization does not use a credentialing system that can identify all noncompliant modifications. Refer to *Related information* for details on the sampling methodology.	**PC**	**7/25/2022**
223	CR 1, Element C	Explanation—Related Information	Add the following subhead and text under the Explanation: **Related information** *Factor 6: Sampling methodology for auditing.* Sampling is allowed for organizations that use auditing as the monitoring method in Elements C and D. 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.	**PC**	**7/25/2022**

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			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. 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). 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. If the organization: • *Can identify files with modifications,* it may randomly select a sample from a universe that contains modified files. • *Cannot identify files with modifications,* 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.		
224	CR 1, Element D	Explanation—Factor 2: Analyzing all modifications that did not meet the policies and procedures.	Add the following text and Note as the last two paragraphs: A goal is not required for the quantitative analysis. The organization reviews all instances of modifications that did not meet its policies and procedures. ***Note:*** *If the organization uses sampling, it reviews all noncompliant modifications in the sample.*	**CL**	**7/25/2022**
224	CR 1, Element D	Element stem	Revise the element stem to read: At least annually, the organization demonstrates that it monitors compliance with its CR controls, as described in Element C, factor 6, by:	**CO**	**3/28/22**
249	CR 7, Element B	Explanation	Revise the first 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.	**CL**	**7/25/22**

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258	CR 8, Element C	Stem	Replace "annually" with "at least annually" in factors 5 and 6 to read: 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. 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.	**CO**	**7/25/2022**
260	CR 8, Element C	Explanation—Factor 5: Annual monitoring of CR systems	Replace "annually" with "at least annually" in the first paragraph to read: 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: • 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. Ensuring that the delegate monitors, at least annually, that it follows the delegation agreement or its own policies and procedures.	**CO**	**7/25/2022**
281	NET 2, Element B	Explanation	Revise the second paragraph to read: Factors 1 and 2 are critical factors; if one critical factor is scored "no" the organization's score cannot exceed 50% for the element. If both critical factors are scored "no," the organization's score cannot exceed 0% for the element.	**CL**	**7/25/22**
2-1	Appendix 2—Core Standards for UM-CR-PN	Accreditation in Utilization Management	Revise the paragraph to read: Organizations seeking Accreditation in UM must meet the following core standards and elements. All organizations, including delegates, must provide documentation for the core standards listed in the table below. NCQA does not award credit for a core element if an organization does not provide documentation.	**CL**	**7/25/22**
2-1	Appendix 2—Core Standards for UM-CR-PN	Accreditation in Credentialing	Revise the paragraph to read: Organizations seeking Accreditation in CR must meet the following core standards and elements. All organizations, including delegates, must provide documentation for the core standards listed in the table below. NCQA does not award credit for a core element if an organization does not provide documentation.	**CL**	**7/25/22**

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3-1	Appendix 3—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**
3-5	Appendix 3—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**
6-7	Appendix 6—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**