NCQA Corrections, Clarifications and Policy Changes to the 2025 HPA Standards and Guidelines

November 18, 2024 (Updated December 4, 2024)

This document includes the corrections, clarifications and policy changes to the 2024 Health Plan Accreditation standards and guidelines. NCQA has identified the appropriate page number in the publication the standard/element head and 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 2024 Health Plan Accreditation 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.

Updated 12/4/2024: Removed "Previously Posted Updates" from the 2024 Health Plan Accreditation standards from the end of this document.

<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>30</td><td>Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements</td><td>Table 3: Scoring ranges for Accreditation statuses</td><td>Revise the Provisional with a Health Plan Rating, if applicable, row to read:
Greater than or equal to 55% but below 80% of applicable points in any category of standards (QI, PHM, NET, UM, CR, ME) or
Not receiving a score of Met in 3 or more must-pass elements</td><td>CL</td><td>11/18/24</td></tr>
<tr><td>30</td><td>Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements</td><td>Table 3: Scoring ranges for Accreditation statuses</td><td>Revise the fourth row in Table 3 to read:<table><tr><td>Denied with a Health Plan Rating, if applicable</td><td>Scores below 80% of applicable points in any category of standards (QI*, PHM, NET, UM, CR, ME)</td><td>Scores below 55% of applicable points in any category of standards (QI*, PHM, NET, UM, CR, ME)</td></tr></table></td><td>CL</td><td>11/18/24</td></tr>
<tr><td>98</td><td>QI 3, Element A</td><td>Exceptions</td><td>Add an exception for factor 2 that reads:
Factor 2 is NA if all purchasers of the organization's services carve out or exclude behavioral healthcare.</td><td>CL</td><td>11/18/24</td></tr>
<tr><td>218</td><td>NET 5, Element F</td><td>Examples</td><td>Remove "Quality Check" from the factor 4 examples.</td><td>CL</td><td>11/18/24</td></tr>
</table>

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354	UM 12, Element D	Related information	Replace the second paragraph with the following language: If the organization's system automatically records receipt and decision notification dates, and does not permit changes under any circumstances, the organization may, in lieu of completing a full audit and analysis report, generate, review and submit a complete system log showing there were no changes to dates during the look-back period. The organization may audit using the NCQA 5% or 50 files methodology. The organization audit and analysis report includes the following: • Evidence that the organization's UM system automatically records receipt and decision notification dates, and does not permit changes under any circumstances. • The report date. • The title of the individual(s) who conducted the audit/review. • Auditing/review period. • File universe. • Sampling methodology, if applicable. • System generated log showing there were no changes to dates. A separate analysis is not required if no dates were changed. If the audit reveals dates were changed, an analysis is required.	**CL**	**11/18/24**
361	UM 12, Element F	Related information	Replace the second paragraph with the following language: If the organization's system automatically records receipt and decision notification dates, and does not permit changes under any circumstances, the organization may, in lieu of completing a full audit and analysis report, generate, review and submit a complete system log showing there were no changes to dates during the look-back period. The organization may audit using the NCQA 5% or 50 files methodology. The organization audit and analysis report includes the following: • Evidence that the organization's UM system automatically records receipt and decision notification dates, and does not permit changes under any circumstances. • The report date. • The title of the individual(s) who conducted the audit/review. • Auditing/review period. • File universe. • Sampling methodology, if applicable. • System generated log showing there were no changes to dates.	**CL**	**11/18/24**

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			A separate analysis is not required if no dates were changed. If the audit reveals dates were changed, an analysis is required.		
386	CR 1, Element A	Explanation—Factor 1	Replace "certified nurse midwife" with "physician assistant" in the last bullet to read: • Other medical practitioners who may be within the scope of credentialing (e.g., physician assistant).	**CO**	**11/18/24**
400	CR 3, Element A	Explanation—Factor 5	Replace "120 calendar days" with "180 calendar days" in the explanation to read: *Verification time limit:* 180 calendar days. ***Note:*** *The 180-calendar-day verification time limit applies to files processed by the organization or its delegate(s) on or after July 1, 2025. Files processed before July 1, 2025, are scored against the previous verification time limit requirement of 365 calendar days.*	**CO**	**11/18/24**
403	CR 3, Element B	Explanation	Add the following as the third paragraph of the explanation: The organization verifies sanction and exclusion information (from factors 1-3) for all product lines.	**CL**	**11/18/24**
404	CR 3, Element B	Explanation—Factor 2	Replace the current factor 2 explanation with the following text: ***Factor 2:*** **Sources for Medicare/Medicaid sanctions** The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. The organization obtains Medicare sanction information from the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	**CL**	**11/18/24**
404	CR 3, Element B	Explanation—Factor 3	Replace the current factor 3 explanation with the following text: ***Factor 3:*** **Sources for Medicare/Medicaid exclusions** The organization obtains Medicaid exclusion information from each of the following sources:	**CL**	**11/18/24**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			• The state Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet.		
404	CR 3, Element B	Exceptions	Remove the second exception, which reads: Factors 2 and 3 are NA for commercial and Exchange product line.	**CO**	**11/18/24**
412	CR 5, Element A	Explanation	Add the following as the third paragraph under the explanation: The organization verifies sanction and exclusion information (from factors 1-3) for all product lines.	**CL**	**11/18/24**
412	CR 5, Element A	Explanation—Factor 1	Replace the current factor 1 explanation with the following text: ***Factor 1:*** **Sources for Medicare/Medicaid sanctions** The organization obtains Medicaid sanction information from the State Medicaid agency and from one of the following additional sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. The organization obtains Medicare sanction information from the following sources: • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov.	**CL**	**11/18/24**
412	CR 5, Element A	Explanation—Factor 2	Replace the current factor 2 explanation with the following text: ***Factor 2:*** **Sources for Medicare/Medicaid exclusions** The organization obtains Medicaid exclusion information from each of the following sources: • The state Medicaid agency.	**CL**	**11/18/24**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			• List of Excluded Individuals and Entities maintained by OIG and available over the internet. The organization obtains Medicare exclusion information from any of the following sources: • Medicare Exclusion Database. • List of Excluded Individuals and Entities maintained by OIG and available over the internet.		
2-9	Appendix 2	Delegating to NCQA-Accredited/Certified or NCQA-Recognized Organizations	Add the following as the last sentence to the end of the first bullet under *Oversight relief:* The organization is required to include all eligible files in the file universe, but is not required to produce the files as evidence. ***12/4/2024 Update:*** Added "to the end of the first bullet under *Oversight relief*" to clarify the location of the update. .	**CL**	**11/18/24**