



For Public Comment
November 28, 2023–January 15, 2024

Comments due 11:59 p.m. ET
January 15

Overview of Proposed Updates in 2025 Health Plan, MBHO and UM Accreditation Programs

Note: *This publication is protected by U.S. and international copyright laws. You may reproduce this document for the sole purpose of facilitating public comment.*

©2023 by the National Committee for Quality Assurance
1100 13th Street NW, Third Floor
Washington, DC 20005

All rights reserved. Printed in U.S.A.

NCQA Customer Support: 888-275-7585

www.ncqa.org

Table of Contents

NCQA’s Mission: Improve the Quality of Health Care..... 1

The NCQA Advantage 1

Stakeholders Participating in Public Comment 1

Background..... 1

Proposed Updates to Standards Year 2025 2

 QI 3 and QI 4: Continuity and Coordination of Care 2

 Applicable to Health Plan Accreditation 2

 UM 5: Timeliness for Urgent Concurrent Requests 2

 Applicable to Health Plan, MBHO and UM Accreditations..... 2

 Recommended Updates..... 3

 CR Standards Updates..... 4

 Applicable to Health Plan, MBHO, CR Accreditations and CR Certifications..... 4

 UM and CR Information Integrity (*formerly UM System Controls*)..... 4

 Applicable to Health Plan, MBHO, UM Accreditations and CR Certifications 4

 Recommended Updates..... 4

 Public Comment Instructions..... 5

 Public Comment Questions 5

 Documents..... 6

 How to Submit Comments..... 7

 Next Steps 7

NCQA’s Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For almost 35 years, NCQA has driven improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA’s programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans. Today, approximately 176 million Americans are enrolled in an NCQA-Accredited health plan.

The NCQA Advantage

Proposed updates to Health Plan Accreditation aim to align standards with the changing market landscape and stakeholder (states, employers, CMS, consumers) needs and regulatory requirements, and to assist organizations in their pursuit of quality care. The NCQA Accreditation seal is a sign that organizations deliver high-quality care and have strong member protections.

Stakeholders Participating in Public Comment

NCQA shares these updates for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders. NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

Background

Proposed updates to the 2025 standards and guidelines were informed by feedback (e.g., via PCS) from health plan organizations, NCQA surveyors and stakeholders.

The majority of the proposed 2025 content updates are applicable to multiple products. The following table outlines the content updates that correspond to each product.

CONTENT AREA	2025 APPLICABLE PRODUCTS
QI 3 and QI 4: Continuity and Coordination of Care	<ul style="list-style-type: none"> • Health Plan Accreditation
UM 5: Timeliness for Urgent Concurrent Requests	<ul style="list-style-type: none"> • Health Plan Accreditation
UM Information Integrity (<i>formerly UM System Controls</i>)	<ul style="list-style-type: none"> • MBHO Accreditation • UM Accreditation
CR Information Integrity* (<i>formerly CR System Controls</i>) *Refer to the CR memo for detailed recommendations.	<ul style="list-style-type: none"> • Health Plan Accreditation • MBHO Accreditation • CR Accreditation/CR Certification

Proposed Updates to Standards Year 2025

QI 3 and QI 4: Continuity and Coordination of Care

Applicable to Health Plan Accreditation

NCQA proposes to replace existing QI 3, Elements A–C, and QI 4, Elements A–C with a new scoring concept that will leverage Health Plan Ratings measures that demonstrate continuity and coordination of care outcomes. This proposal modernizes existing standards and increases emphasis on HEDIS performance while decreasing plan burden and addressing the requirements' complexity.

Proposed QI 3, Element A builds on data collection concepts from the existing standards. Proposed QI 3, Element B is based on the organization's performance, with "Met" scoring being an average Health Plan Rating of 3 or greater across all selected measures. NCQA plans to increase rigor in future years, using a glide path approach, and may require corrective actions as more organizations focus on improving rates for these continuity and coordination of care measures.

Proposed QI 3, Element C is a remediation element that will apply to any organization with a rating of 1 or No Credit (NC) due to an audit result of Not Reported (NR) or Biased Rate (BR) on any measure. The element will assess if the organization has an improvement plan in place; in future years, it will assess if improved rates are reported.

Note:

- NCQA continues to model and evaluate points associated with each element for QI as relates to the 80% threshold for the QI category.
- No changes are proposed to existing QI 3, Element D.

Refer to the following attachment to review the draft QI standards:

- [HPA 2025 Proposed Standards Updates](#)

Targeted Question

- Do you support replacing existing QI 3, Elements A–C, and QI 4, Elements A–C with the proposed new QI 3, Elements A–C draft standards?

UM 5: Timeliness for Urgent Concurrent Requests

Applicable to Health Plan, MBHO and UM Accreditations

NCQA modified the urgent concurrent requirements of the 2018 standards (increasing from 24 to 72 hours) to separate timeliness by product line. This aligned with CMS regulations for Medicare and Medicaid. NCQA maintained the 24-hour time frame for commercial and Exchange for two reasons:

- Interpretive alignment with Department of Labor (DOL) regulations.
 - These regulations have different timeliness permutations based on when requests are received.
- A belief that a shorter time frame is in members' best interests.

After customer feedback and regulatory review, NCQA recommends changing the urgent concurrent timeliness standard for commercial/Exchange (24 hours) to align with Medicare/Medicaid (72 hours) standards:

1. Urgent concurrent extension language in NCQA standards aligns with DOL regulations, but the time frame for deciding the initial request does not align completely. The DOL requires a decision as soon as possible and not later than 72 hours after receipt. When DOL requirements were integrated into the 2003 standards, NCQA chose to maintain the 24-hour urgent concurrent time frame as a member protection mechanism.
2. Customers shared concerns that the shorter 24-hour time frame does not benefit members because it indirectly incentivizes denials by focusing on the time frame, not on the member. Organizations frequently do not have enough information to approve a request, but have enough information to deny it, resulting in member appeals, which adds time. Customers indicated that many cases are approved once additional information is available from the physician/facility.

Recommended Updates

NCQA recommends the following updates to UM 5, Elements A, B and E for Health Plan and Utilization Management (UM) Accreditation, and to UM 5, Element A for MBHO Accreditation, as applicable:

1. Align the urgent concurrent time frame of 72 hours across commercial, Exchange, Medicare and Medicaid product lines (factors 1 and 2) within regulatory constraints (CMS regulations and SSA 1927).
2. Eliminate the 72-hour urgent concurrent extension conditions for commercial and Exchange product lines (Explanation—Related information).

These changes align the urgent concurrent time frame across product lines.

Refer to the following attachments to review the draft UM 5 standards:

- [HPA 2025 Proposed Standards Updates](#)
- [MBHO 2025 Proposed Standards Updates](#)
- [UM Accreditation 2025 Proposed Standards Updates](#)

Targeted Question

- For UM 5, do you support revising the urgent concurrent time frame to 72 hours and eliminating the extension conditions for the commercial and Exchange product lines?

CR Standards Updates

Applicable to Health Plan, MBHO and CR Accreditation/CR Certification

Refer to the memo titled “CR Accreditation and CVO Certification Overview Memo” and accompanying standards for details on the proposed updates to NCQA’s Credentialing standards.

Refer to the following attachments to review the draft CR standards:

- [HPA 2025 Proposed Standards Updates](#)
- [MBHO 2025 Proposed Standards Updates](#)
- [CR Accreditation and CVO Certification Proposed Standards Updates](#)

UM and CR Information Integrity (formerly UM/CR System Controls)

Applicable to Health Plan, MBHO, UM, CR Accreditations and CR Certification

Background: NCQA introduced system controls requirements in the Utilization Management (UM) and Credentialing (CR) standards in standards year 2020, and introduced system controls monitoring of an organization’s systems and delegates in standards year 2022. Requirements resulted from NCQA’s investigation of reports that some organizations and delegates were submitting fraudulent, misleading or improper information in preparation for their NCQA Survey, and review of federal and state sanction reports. Common areas reported were misclassification of UM requests; modification of dates; and modification of credentialing verification information, including verification reports and verifier signatures or initials.

System control requirements are meant to protect the integrity of UM/CR information. Organizations must have policies and procedures in place to protect data from alteration outside prescribed protocols, and must monitor compliance with the policies and procedures. Feedback from organizations, surveyors and internal NCQA staff review indicates the following challenges with the current system controls requirements:

1. Policies and procedures elements are must-pass, with “all or nothing” scoring.
2. Organizations define what modifications are appropriate, potentially resulting in the allowance of inappropriate modifications.
3. Standards emphasize system capabilities and monitoring requirements varied by system functionality, resulting in confusion.
4. Organizations must have a process to monitor compliance with all components of system controls policies and procedures (e.g., not writing down passwords) rather than focusing on the most critical components (e.g., inappropriate modifications).
5. The overall lack of clarity and complexity in the standards lead to different interpretations of the requirements.

Recommended Updates

To address these challenges and increase clarity for organizations and their delegates, NCQA proposes replacing the current system controls requirements with UM/CR “information integrity” requirements. In the proposed requirements, NCQA:

1. Emphasizes information integrity, and defines inappropriate modification and updates.
2. Monitoring is further defined and limited to inappropriate documentation and updates.

3. Requires organizations to train staff on documentation policies and procedures and information security.
4. Moves the must-pass requirement from the policies and procedures to the auditing element, to emphasize implementation.
5. Standardizes auditing methodology to a single sampling methodology independent of system functionality.
6. Provides enhanced examples of reports.

Refer to the following attachments to review the draft UM and CR Information Integrity standards:

- [HPA 2025 Proposed Standards Updates](#)
- [MBHO 2025 Proposed Standards Updates](#)
- [UM Accreditation 2025 Proposed Standards Updates](#)
- [CR Accreditation and CVO Certification Proposed Standards Updates](#)

Targeted Questions

1. For UM 12: UM Information Integrity, do you support replacing the existing UM System Controls requirements with the proposed new UM Information Integrity draft standards?
2. For UM 12, Element A: Protecting the Integrity of UM Denial Information, do you support NCQA's specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?
3. For UM 12, Element B: Protecting the Integrity of UM Appeal Information, do you support NCQA's specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?
4. For UM 12, Element C: Information Integrity Training, do you support the inclusion of the training requirement?
5. For UM 12, Element D: Audit and Analysis—Denial Information, do you support moving the must-pass requirement from the policies and procedures to the auditing element?
6. For UM 12, Element D: Audit and Analysis—Denial Information, do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?
7. For UM 12, Element F: Audit and Analysis—Appeal Request Dates and Notification, do you support moving the must-pass requirement from the policies and procedures to the auditing element?
8. For UM 12, Element F: Audit and Analysis—Appeal Request Dates and Notification, do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?

Public Comment Instructions

Public Comment Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. NCQA encourages reviewers to provide insights on global issues related to the proposed updates including:

1. Will the proposed updates assist your organization in meeting its objectives? If so, how? If not, why not?

2. Are there key expectations not addressed in the proposed requirements?

Documents

Draft standards can be found in:

- [HPA 2025 Proposed Standards Updates](#)
- [MBHO 2025 Proposed Standards Updates](#)
- [UM Accreditation 2025 Proposed Standards Updates](#)
- [CR Accreditation and CVO Certification Proposed Standards Updates](#)

How to Submit Comments

Respond to topic and element-specific questions for each product on NCQA’s public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select one or more of the following from the drop-down box:
 - a. **Proposed Standards Updates for 2025 Health Plan Accreditation.**
 - b. **Proposed Standards Updates for 2025 MBHO Accreditation.**
 - c. **Proposed Standards Updates for 2025 UM Accreditation.**
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
 - a. If you choose **Do not support**, include your rationale in the text box.
 - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.

***Note:** There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the “cut and paste” function to copy your comment into the Comments box.*
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments must be entered by 11:59 p.m. (ET) on Monday, January 15

Next Steps

The final Standards and Guidelines for Standards Year 2025 will be released in 2024, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements for the 2025 Standards Year take effect July 1, 2025.