

NCQA Corrections, Clarifications and Policy Changes to the 2013 UM-CR Certification Standards and Guidelines

November 17, 2014

This document includes the corrections, clarifications and policy changes to the 2013 UM-CR Certification *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 Survey System (ISS). 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 2013 UM-CR Certification standards and guidelines must implement corrections and policy changes within 90 calendar days of the ISS 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	ISS Release Date
41, 42	UMC 2, Elements E, F	Exceptions	Add as the first bullet: <ul style="list-style-type: none"> • The organization does not maintain a practitioner network. 	CL	11/17/14
76	UM 7, Element B	Explanation	Add the following as the third sentence of the third paragraph: An appropriately written notification includes a complete explanation of the grounds for the denial written in plain language that a layperson would understand and which does not include abbreviations or acronyms that are not defined or health care procedure codes that are not explained.	CL	11/17/14
87, 93	UM 8, Elements B, C	Explanation— Elements of written appeal decisions	Add the following as the second sentence in the first bullet: An appropriately written notification includes a complete explanation of the grounds for the denial written in plain language that a layperson would understand and which does not include abbreviations or acronyms that are not defined or health care procedure codes that are not explained.	CL	11/17/14
91	UM 8, Element C	Explanation	Add the following as the first sentence: THIS IS A CORE ELEMENT.	CL	11/17/14
101	UM 9, Element D	Explanation	Add the following as the second paragraph: For Factor 1, an appropriately written notification includes a complete explanation of the grounds for the denial written in plain language that a layperson would understand and which does not include abbreviations or acronyms that are not defined or health care procedure codes that are not explained.	CL	11/17/14

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112	UM 13, Element A	Explanation—Allocating responsibility	<p>Revise the first paragraph to read:</p> <p>The delegation agreement states the responsibilities of the organization and its delegate:</p> <ul style="list-style-type: none"> • In terms specific to the delegated functions. • In detailed language, relative to applicable NCQA standard categories. • Regarding activities retained by the organization, relative to applicable NCQA standard categories. <p>The organization may include a general statement in the agreement addressing the functions it retains (e.g., "the organization retains all utilization management functions not specified in this agreement as the delegate's responsibility").</p> <p>All existing and new delegation agreements must meet the specificity requirements by July 1, 2015. Existing agreements may be updated with an addendum containing communication (e.g., an e-mail, spreadsheet, table) between the organization and the delegate, outlining the responsibilities of both entities and agreed to by both entities.</p>	CO	11/17/14
Previously Posted Updates					
12	Policies and Procedures	Section 1—Organization Obligations	<p>Revise the first bullet to read:</p> <ul style="list-style-type: none"> • Purchase a license to access and use the NCQA Web-based Interactive Survey System (ISS) Survey Tool. 	CL	7/28/14
12	Policy	Section 1—Survey application	<p>Revise the second sentence to read:</p> <p>The completed application for accreditation must contain relevant information about the organization, including:</p>	CL	3/25/13
12	Policies and Procedures—Applying for an NCQA Survey	Survey Application	<p>Revise the fifth bullet to read:</p> <ul style="list-style-type: none"> • The organization has submitted the application and supporting attachments: <ul style="list-style-type: none"> – A signed, current contract. 	CL	3/24/14

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Page	Standard/Element	Head/Subhead	Update	Type of Update	ISS Release Date
16	Policies and Procedures	Section 2—The Certification Process	<p>Add the subhead Expedited Survey and text after the subhead State and Federal Agency Survey and text:</p> <p>Although an organization with Denied Accreditation/Certification status may not reapply for accreditation/certification until one year from the date of the Denied status, there are certain circumstances under which an organization may apply for a new Accreditation/Certification Survey in less than a year. These surveys are called Expedited Surveys.</p> <p>An Expedited Survey is a full-scope survey. The look-back period for an Expedited Survey is six months. The organization is reviewed against the standards and guidelines in effect at the time of the Expedited Survey. The organization must provide documentation for all requirements; documentation may have been submitted previously or may be new. The organization may bring forward new programs that were not included in the original submission.</p> <p>To qualify for an Expedited Survey, the organization must first submit a written request listing the steps it has taken to address the substantive issues that led to Denied Accreditation/ Certification status.</p> <p>Upon receiving an organization’s request, NCQA may, at its sole discretion, grant a request for an Expedited Survey in less than one year, in the following circumstances:</p> <ul style="list-style-type: none"> • The organization demonstrates to NCQA’s satisfaction that it can resolve the issues identified in the original survey in less than one year and correction of the issues would raise the organization’s accreditation/certification status in a new survey. 	PC	7/29/13
17	Policies and Procedures—Section 2	Must-Pass Elements	<p>Revise the third bullet to read:</p> <p>UM 9: Appropriate Handling of Appeals, Element D</p>	CO	11/18/13
19	Policies and Procedures	Section 2—Attaching documents	<p>Replace the third paragraph with the following:</p> <p>The organization should not attach documents to the Survey Tool that contain protected health information (PHI), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations. If original documentation contains PHI, the organization must de-identify that information prior to submission. For more information, refer to the definition of “PHI” and “de-Identify” in the Glossary.</p>	CL	7/29/13

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28	Policies and Procedures	Section 5— Additional Information	<p>Add the following subhead and text immediately before Discretionary Survey:</p> <p>Complaint review process NCQA accepts written complaints from patients, members or practitioners regarding accredited or certified organizations. Upon receipt of such a complaint, NCQA will:</p> <ol style="list-style-type: none"> 1. Review the complaint to determine that the organization referenced is accredited or certified by NCQA. 2. Determine if the complaint is germane to the accreditation or certification held by the organization. 3. Obtain a release to share the complaint with the organization if the complaint involves personal health information or a quality of care issue. 4. Forward the complaint to the organization with a request that the organization review and respond directly to the individual filing the complaint within 30 calendar days, and copy NCQA on the response. 5. Review the organization’s response to determine whether the complaint was handled in accordance with NCQA requirements and that all issues raised in the complaint have been addressed. <p>Failure to comply with NCQA’s complaint review process is grounds for suspension or revocation of accreditation or certification status.</p>	CL	3/25/13
30	Policies and Procedures	Section 5— Complaint Review Process	<p>Replace the text in numbers 1-3 with the following:</p> <ol style="list-style-type: none"> 1. Review the complaint to determine that the organization referenced is NCQA Accredited or NCQA Certified. 2. Determine if the complaint is germane to the organization’s NCQA Accreditation or NCQA Certification. <p>Obtain an authorization for disclosure of PHI to NCQA to investigate if the complaint involves a quality of care issue or other matters involving PHI.</p>	PC	7/28/14

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31	Policies and Procedures	Section 5— Suspending Certification	<p>Revise the text to read:</p> <p>Grounds for recommending suspension of certification status pending a Discretionary Survey include, but are not limited to:</p> <ul style="list-style-type: none"> • The organization has been placed in receivership or under rehabilitation and the outcome is undetermined. • A component of the organization's system has been placed in receiver-ship or under rehabilitation. • Facts or allegations suggesting an imminent threat to the health and safety of members or patients. • Allegations of fraud or other improprieties in the information submitted to NCQA to support accreditation. • State, federal or other duly authorized regulatory or judicial action restricts or limits the organization's operations. • Because suspension of certification status is temporary and is designed to allow NCQA to investigate and gather information for decision making, Reconsideration is not available when status has been suspended. 	PC	7/28/14
32	Policies and Procedures	Section 5	<p>Add the following subhead and text immediately above Revisions to Policies and Procedures subhead:</p> <p>Privacy, Security and Confidentiality Requirements</p> <p>Nothing contained in the NCQA standards is intended to conflict with the organization's responsibility to comply with HIPAA and other federal and state laws. The organization must access, use and share health information in accordance with HIPAA and other federal and state laws and only disclose the minimum amount of PHI necessary to accomplish the purposes of the NCQA Certification Program.</p>	CL	7/28/14
37-41	UMC 2, Elements A-E	Scope of review	<p>Add as the third sentence:</p> <p>The score for the element is the average of the score for all clients.</p>	CO	7/29/13
38, 40	UMC 2, Elements A, D	Exceptions	<p>Remove the first bullet and replace the second bullet with the following:</p> <p>The organization is not a health plan or MBHO delegate.</p>	CL	3/24/14

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38, 39, 41, 42	UMC 2, Elements B, C, E, F	Exceptions	Replace the first bullet with the following: <ul style="list-style-type: none"> • The organization is not a health plan or MBHO delegate. 	CL	3/24/14
38	UMC 2, Element A	Exceptions	Revise the bullets to read: <ul style="list-style-type: none"> • The organization has no clients. • The client is not an NCQA-Accredited health plan or managed behavioral healthcare organization. • The organization is not seeking NCQA Certification in UM. 	CL	3/25/13
40	UMC 2, Element B	Exceptions	Revise the bullets to read: <ul style="list-style-type: none"> • The organization has no clients. • The client is not an NCQA-Accredited health plan or managed behavioral healthcare organization and has not requested the delegate to cooperate on QI efforts. • The organization is not seeking NCQA Certification in UM. 	CL	3/25/13
45	UMC 3, Element C	Exception	Replace the text with following so it reads: <ul style="list-style-type: none"> • The organization does not contract directly with practitioners. • The organization does not maintain a practitioner network. • This element is NA for organizations not seeking NCQA Certification in UM. 	CL	11/18/13
52	UM 1, Element D	Explanation	Revise the text to read: NCQA reviews the organization’s annual evaluation report and evidence of updates based on the evaluation.	CL	7/28/14
52	UM 1, Element D	Exceptions	Remove the first bullet, which reads: <ul style="list-style-type: none"> • This element is NA if the UM program has been in existence for less than 12 months. 	CL	7/29/13
56	UM 2, Element C	Data source	Remove “reports” as a data source.	CL	7/29/13

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59	UM 3, Element A	Explanation	Replace the fourth paragraph with the following: For factor 1, NCQA reviews materials that the organization provides to its members and practitioners regarding access to UM services (e.g., provider manual, member handbook, member ID card) and for factors 4 and 5, NCQA reviews materials that the organization provides to its members. Organizations are not required to offer factors 4 and 5 to practitioners.	CL	7/29/13
59	UM 3, Element A	Exception	Add as the first bullet: <ul style="list-style-type: none"> • This element is NA if an organization does not handle member or practitioner communication. 	CL	7/29/13
61	UM 4, Element B	Data source	Replace “documented process” with “materials” as a data source.	CO	3/25/13
62	UM 4, Element C	Scope of review	Revise the scope of review text to read: NCQA scores this element once based on an assessment of a sample of randomly selected files.	CO	7/29/13
66	UM 4, Element D	Explanation—Note	Revise the text to read: <i>NCQA does not consider it delegation when a board-certified consultant reviews cases for medical necessity determinations.</i>	CL	3/25/13
72	UM 5, Element B	Explanation—Urgent preservice and urgent concurrent denials	Move text from Exceptions for notifying members of decisions to Urgent preservice and urgent concurrent decisions so the combined language reads: For urgent preservice or urgent concurrent requests, the organization may notify practitioners only of the decision, since NCQA assumes that the treating or attending practitioner is acting as the member’s representative. The organization may provide an initial oral notification of a denial decision within 72 hours of an urgent preservice request and within 24 hours of an urgent concurrent request, as long as electronic or written notification is given no later than 3 calendar days after the oral notification. If the decision is either concurrent or postservice (retrospective) and the member is not at financial risk, the organization is not required to notify the member.	CL	7/29/13

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75	UM 7, Element A	Explanation	<p>Replace the explanation from the third paragraph with the following:</p> <p>NCQA looks for evidence that the organization informed each treating physician or office staff how to contact an organization physician or other appropriate reviewer to discuss a denial. If the organization notifies the physician or office staff by telephone, the denial file must include the time and date of both the denial notification and the notification of physician reviewer availability. Not every denial file must include actual evidence of a conversation with the treating practitioner because not every practitioner opts to discuss a case.</p> <p>The organization may provide the treating practitioner the opportunity to discuss a pending medical necessity denial with a UM reviewer prior to the denial.</p> <p>NCQA does not consider the discussion between the organization and the treating practitioner to be an initiation of a formal appeal request, although a formal appeal based on the outcome of the discussion may be requested.</p> <p>If an organization issues a denial notice due to a lack of necessary information, and receives the required information, but not as a result of the denial notice, the practitioner who issued the initial denial may review the case with the new information and reverse the decision. The additional review that results in a reversed decision does not fall under the scope of NCQA's appeal standards, but the case should be classified as a denial because the denial notice was issued.</p>	CL	7/29/13
80	UM 7, Element C	Explanation—Denial notice for Medicare members	<p>Revise the first sentence to read:</p> <p>CMS requires organizations to issue an Integrated Denial Notice (IDN) for non-inpatient medical service denials.</p>	CL	11/18/13
84	UM 8, Element A	Exceptions	<p>Add the following as the second exception:</p> <p>Factor 4 is NA for appeals:</p> <ul style="list-style-type: none"> • By members covered by Medicare, Medicaid or the FEHB Program. • By members in self-funded accounts. 	CL	7/29/13
100	UM 9, Element D	Scope of review	<p>Revise the scope of review text to read:</p> <p>NCQA scores this element once based on an assessment of a sample of randomly selected files.</p>	CO	7/29/13

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103	UM 10, Element A	Explanation	Remove “annual” at the end of the first sentence, so the sentence reads: The organization must have mechanisms for annually collecting and evaluating data on member and practitioner satisfaction with its UM process	CL	7/29/13
104	UM 10, Element A	Examples	Replace “Q26” in the first paragraph with “Q25”.	CO	11/18/13
106	UM 11, Element A	Explanation	Add the following subhead and text immediately after the last paragraph: Exception This element is NA if the organization is not responsible for emergency services.	PC	11/18/13
108	UM 12, Element A	Explanation— Documentation	Revise the paragraph to read: NCQA reviews the organization’s documented process explaining how the organization reviews the triage and referral protocols every two years and the process for revision when necessary. NCQA reviews reports that demonstrate that the processes are being followed.	CL	3/25/13
112-117	UM 13, Elements A-E	Scope of review	Add as the third sentence: The score for the element is the average of the scores for all delegates.	CO	7/29/13
116	UM 13, Element D	Look-back period	Revise the text to read: <i>For Renewal Surveys:</i> 12 months	PC	7/29/13
116	UM 13, Element D	Exceptions	Revise the second bullet to read: <ul style="list-style-type: none"> • Delegation arrangements have been in place for more than the look-back period. 	CL	7/29/13
122-126	CRC 2, Elements A-E	Scope of review	Add as the third sentence: The score for the element is the average of the scores for all clients.	CO	7/29/13
123	CRC 2, Element A	Exceptions	Revise the bullets to read: <ul style="list-style-type: none"> • The organization has no clients. • The client is not an NCQA-Accredited health plan or managed behavioral healthcare organization. • The organization is not seeking NCQA Certification in UM. 	CL	3/25/13

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123, 125	CRC 2, Elements A, D	Exceptions	Remove the first bullet and replace the second bullet with the following: <ul style="list-style-type: none"> • The organization is not a health plan or MBHO delegate. 	CL	3/24/14
123, 124, 126, 127	CRC 2, Elements B, C, E, F	Exceptions	Replace the first bullet with the following: <ul style="list-style-type: none"> • The organization is not a health plan or MBHO delegate. 	CL	3/24/14
125	CRC 2, Element D	Exceptions	Revise the bullets to read: <ul style="list-style-type: none"> • The organization has no clients. • The client is not an NCQA accredited health plan or managed behavioral healthcare organization and has not requested the delegate to cooperate on QI efforts. • The organization is not seeking NCQA Certification in UM. 	CL	3/25/13
138	CR 1, Element A	Explanation—Provisional Credentialing	Revise the last bullet to read: <ul style="list-style-type: none"> • A current and signed application with attestation (CR 3, Element B, factors 1-6). 	CL	7/28/14
139	CR 1, Element A	Explanation—Nondiscriminatory credentialing and recredentialing	Remove “or on type of procedure” from the first sentence so the sentence reads: The organization’s policies and procedures must explicitly state that the organization does not make credentialing decisions based on an applicant’s race, ethnic/national identity, gender, age, sexual orientation or patient (e.g., Medicaid) in which the practitioner specializes.	CL	3/25/13
140	CR 1, Element A	Examples—Practitioners who must be credentialed	Remove the following from the list of nonphysician practitioners who must be credentialed: <ul style="list-style-type: none"> • Physician assistants. 	CL	3/25/13
440	CR 1, Element A	Exception	Remove the text that reads: Factor 12 is NA for organizations that serve as delegates but are not responsible for publishing member materials. <i>Note: This update was inadvertently included; language is correct as in the SGs.</i>	CO	3/24/14
440	CR 1, Element A	Exception	Remove the text that reads: Factor 12 is NA for organizations that serve as delegates but are not responsible for publishing member materials.	CO	7/29/13

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144	CR 2, Element A	Explanation—Medical director’s review of clean files	Remove the second sentence in second paragraph, which reads: NCQA reviews the organization’s documented process and reports, which may include the Credentialing Committee meeting minutes or a list of approved practitioners signed or initialed by the medical director, for evidence that the requirement is met.	CL	3/25/13
147	CR 3, Element A	Look-back period	Revise the second paragraph to read: <i>For Renewal Surveys:</i> NCQA reviews a random sample of credentialing files from initial credentialing and recredentialing decisions made by the organization within 24 months prior to the survey date.	CO	11/18/13
148	CR 3, Element A	Explanation—Credentialing verification, documentation and timeliness	Add a period after the second sentence so the text reads: For all other credentials listed in Element A, the organization must document verification from primary or NCQA-approved sources.	CL	3/25/13
148	CR 3, Element A	Explanation—DEA or CDS certificates	Add an asterisk to the last bullet: <ul style="list-style-type: none"> American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA Physician Master File. 	CL	7/28/14
148	CR 3, Element A	Explanation—DEA or CDS certificates	Add as the last bullet: <ul style="list-style-type: none"> American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or AOA Physician Master File. 	CL	3/25/13
152	CR 3, Element A	Explanation	Add after the Verification of podiatric board certification subhead and text: <i>Verification of chiropractic board certification:</i> Any source in the following list is acceptable for verification. <ul style="list-style-type: none"> Appropriate specialty board, if the organization provides documentation that the specialty board performs primary-source verification of education and training. At least annually, the organization must obtain written confirmation from the board that it performs primary-source verification of education and training. State licensing agency, if the organization provides documentation that the state agency performs primary-source verification of board status. At least annually, the organization must obtain written confirmation from the state licensing agency that it performs primary-source verification of board status. 	PC	7/29/13

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152	CR 3, Element A	Explanation—Board certification	Remove the text that reads: <i>Note: Verification of board certification does not apply to chiropractors. Certain optional postgraduate programs of continuing education (specialty councils) may lead to a designation of “Board Certified,” which represents additional education in a particular area of emphasis. These nonaccredited programs are not regulated as stringently as medical boards.</i>	PC	7/29/13
152	CR 3, Element A	Explanation—Board certification	Revise the Note about nurse practitioners to read: <i>Note: Verification of board certification does not apply to nurse practitioners or other health care professionals unless the organization communicates to its members that the nurse practitioner or other health care professionals are board certified.</i>	CL	7/29/13
154	CR 3, Element B	Look-back period	Revise the second paragraph to read: <i>For Renewal Surveys:</i> NCQA reviews a random sample of credentialing files from initial credentialing and recredentialing decisions made by the organization within 24 months prior to the survey date.	CO	11/18/13
155	CR 3, Element B	Factors	Revise factor 1 to read: Reasons for inability to perform the essential functions of the position.	PC	3/24/14
155	CR 3, Element B	Explanation	Revise the last sentence in the last paragraph to read: Signature stamps are not acceptable unless the practitioner is physically impaired. The organization must document the disability in the practitioner’s file if the practitioner uses a signature stamp.	PC	11/18/13
155	CR 3, Element B	Explanation—History of actions against applicant	Add the following as the last sentence. Recredentialing applications may include a current and signed attestation that documents a history of loss of license and felony convictions (factor 3) and a history of loss or limitation of privileges or disciplinary action (factor 4) since the last recredentialing cycle.	PC	7/29/13
156	CR 3, Element C	Look-back period	Revise the second paragraph to read: <i>For Renewal Surveys:</i> NCQA reviews a random sample of credentialing files from initial credentialing and recredentialing decisions made by the organization within 24 months prior to the survey date.	CO	11/18/13

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157	CR 3, Element C	Explanation—Credentialing verification, documentation and timeliness	Add as the last sentence in the paragraph. Information used to meet CR 6, Element A, factors 1 and 2 may be used to meet the verification requirements in this element; however, the organization must also meet the 180-calendar day verification time limit.	CL	3/25/13
159	CR 4, Element A	Look-back period	Revise the second paragraph to read: <i>For Renewal Surveys:</i> NCQA reviews a random sample of credentialing files from initial credentialing and recredentialing decisions made by the organization within 24 months prior to the survey date.	CO	11/18/13
162	CR 5, Element A	Exception	Add the following text and subhead immediately above Examples subhead: Exception This element is NA if the organization has no practitioner network and the activity is not delegated to the organization.	CL	3/24/14
163	CR 5, Element B	Explanation	Replace “QI 6: Member Satisfaction” in the first paragraph with the following: QI 6: Member Experience	CO	11/18/13
163	CR 5, Element B	Explanation-Documentation	Remove “CR 6” from the third paragraph so it reads: The organization must conduct site visits for complaints about physical accessibility, physical appearance and adequacy of waiting-and examining-room space (Element A, factors 1-3) if the complaint threshold is met.	CO	11/18/13
164	CR 5, Element B	Exceptions	Revise the two exceptions to read: Factor 1 is NA for practitioners who only provide care in patient’s homes. Factors 2-5 are NA if all sites meet the organization’s performance thresholds.	CL	7/29/13
164	CR 5, Element B	Exceptions	Add the following as the last sentence: This element is NA if the organization has no practitioner network and the activity is not delegated to the organization.	CL	3/24/14
166	CR 6, Element A	Explanation—Sources for Medicare/Medicaid sanctions	Replace the fifth bullet with: <ul style="list-style-type: none"> • Medicare Exclusion Database 	CL	3/25/13

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166	CR 6, Element A	Explanation—Sources for sanctions or limitations on licensure	Add after the first bullet: <ul style="list-style-type: none"> • Chiropractors <ul style="list-style-type: none"> – State Board of Chiropractic Examiners. – Federation of Chiropractic Licensing Boards’ Chiropractic Information Network-Board Action Databank (CIN-BAD). – NPDB • Oral surgeons <ul style="list-style-type: none"> – State Board of Dental Examiners or State Medical Board (depending on the state). – NPDB. • Podiatrists <ul style="list-style-type: none"> – State Board of Podiatric Examiners. – Federation of Podiatric Medical Boards. 	CL	7/29/13
172-179	CR 8, Elements A-D, F	Scope of review	Add as the third sentence The score for the element is the average of the scores for all delegates.	CO	7/29/13
176	CR 8, Element D	Look-back period	Revise the text to read: <i>For Renewal Surveys: 12 months</i>	PC	7/29/13
176	CR 8, Element D	Exceptions	Revise the second bullet to read: <ul style="list-style-type: none"> • Delegation arrangements have been in place for more than the look-back period. 	CL	7/29/13
176	CR 8, Element D	Explanation	Revise the second sentence in the third paragraph to read: NCQA-Certified CVOs must be certified to perform the activity being delegated by the organization.	CL	7/29/13
177	CR 8, Element E	Scope of review	Revise the text to read: NCQA selects and reviews a sample of four delegates. For organizations with fewer than four delegates, NCQA reviews all delegates. The score for the element is the average of the score for all delegates.	CO	7/29/13
177	CR 8, Element E	Explanation—Annual audit	Revise the second sentence in the first paragraph to read: NCQA-Certified CVOs must be certified to perform the activity being delegated by the organization.	CL	7/29/13

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177	CR 8, Element E	Explanation—Annual audit	Revise the first and second bullet to read: <ul style="list-style-type: none"> • 5 percent or 50 of its files, whichever is less, to ensure that information is appropriately verified. At a minimum, the sample must include at least 10 credentialing files and 10 recredentialing files. If fewer than 10 practitioners were credentialed or recredentialed within the look-back period, the organization must audit the universe of files rather than a sample, or • Use of the NCQA “8/30” methodology available at http://www.ncqa.org/Programs/Accreditation/PolicyUpdatesSupportingDocuments/SupplementalDocuments.aspx 	CO	7/29/13
177	CR 8, Element E	Explanation—Annual evaluation	Revise the first sentence to read: The organization receives “yes” for factor 2 if all delegates are NCQA Accredited or NCQA Certified in CR, or are NCQA-Certified CVOs.	CL	3/24/14
177	CR 8, Element E	Explanation—Annual evaluation	Revise the second sentence in the first paragraph to read: NCQA-Certified CVOs must be certified to perform the activity being delegated by the organization.	CL	7/29/13
177	CR 8, Element E	Explanation-Annual Audit	Revise the second sentence in the first bullet to read: If fewer than 10 practitioner were credentialed or recredentialed since the last annual audit, the organization must audit the universe of files rather than a sample,	CO	11/18/13
179	CR 8, Element F	Explanation	Revise the second paragraph to read: The organization receives a 100% score for this element if all delegates are NCQA Accredited or NCQA Certified in CR, or NCQA Certified CVOs unless the element does not apply and the NCQA requirement was included in the delegate’s survey. NCQA-Certified CVOs must be certified to perform the activity delegated by the organization. There is no need to assess the delegate’s ability to meet NCQA’s standards.	CL	7/29/13

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3-5	Appendix 3	Appendix—Determining Delegation	<p>Add the following after the Mutual benefits of delegation subhead and text::</p> <p>Carve-outs</p> <p>Carve-outs are not considered delegation. Carve-outs occur when a payer (e.g., employer, Medicaid, Medicare) excludes a health care program focused on a specific disease or service from its benefits plan and makes another entity responsible for running the program or offering the service. For example, a state Medicaid program “carves out” behavioral healthcare services (i.e., prohibits health plans from providing them) and contracts with an MBHO to provide them; an employer contracts with a DM organization to provide disease management services to its employees with diabetes. In these cases the organization has no authority or responsibility for the services.</p>	CL	7/29/13
3-5	Appendix 3	Appendix—Determining Delegation	<p>Add as the last subhead and paragraph:</p> <p>Delegates located outside of the United States</p> <p>Organizations seeking NCQA Accreditation or Certification may delegate to out-of-country entities, but the client organization must base its operations within United States or its territories.</p>	CL	7/29/13
3-8	Appendix 3	Appendix—Structural requirements	<p>Add as the last paragraph:</p> <p>For all standards/elements that have been identified as structural requirements, the organization must provide its own materials, processes and other data sources as evidence that it meets each structural component of the standard. Organizations may adopt other organizations’ procedures as its own. If an organization adopts existing procedures from another organization, it must provide evidence of formal adoption by its governing body or other group or individuals with appropriate authority.</p>	CL	7/29/13
8	Appendix 3	Organization Responsibilities—Activities that may not be delegated	<p>Add the following as the third bullet:</p> <ul style="list-style-type: none"> • UM 10: Satisfaction With the UM process. 	PC	3/25/13
8	Appendix 3	Organization Responsibilities—Structural requirements	<p>Remove the following from the list.</p> <ul style="list-style-type: none"> • UM 9: Appropriate Handling of Appeals. • UM 10: Satisfaction With the UM Process. 	PC	3/25/13

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3-11	Appendix 3	Appendix—Delegates that lose accreditation or certification status	<p>Replace the paragraph with the following:</p> <p>If an organization continues to delegate functions after the delegate loses NCQA Accreditation or NCQA Certification status, it must meet requirements in the delegation standard for the appropriate category or categories. However, the organization remains eligible:</p> <ul style="list-style-type: none"> • For full automatic credit if a delegate was accredited or certified for 75 percent or more of the look-back period and the organization otherwise meets the criteria. • If a delegate was accredited or certified for less than 75 percent of the look-back period, the organization receives automatic credit for the period when the delegate was accredited or certified. <ul style="list-style-type: none"> – The score is based on an average of the organization's score and the automatic credit provided for the period of the delegate's accreditation or certification. <p>For file review elements, files that were processed while the delegate was accredited or certified are scored as present.</p>	CL	7/29/13
12	Appendix 3	File review—elements—CR files	<p>Revise the second paragraph to read:</p> <p>NCQA reviews the organization's files to determine whether time-sensitive elements meet the time limits if the organization does not delegate CR decision making, or if the organization delegates to a CVO that is NCQA Certified. The following CR file review elements are eligible for automatic credit.</p>	PC	3/25/13
12	Appendix 3	Appendix—Selection of delegates	<p>Revise the last two paragraphs to read:</p> <p>The organization submits its list of delegates five weeks before submission of the completed Survey Tool. Approximately four weeks prior to submission of the completed Survey Tool, NCQA notifies the organization which delegates have been selected for review.</p> <p>NCQA evaluates delegation oversight during the off-site survey. The organization should select "NA" for each delegation element before submitting its completed Survey Tool and should attach documentation relating to delegation oversight.</p>	CO	11/18/13

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5-1	Appendix 5	Appendix—Policies and Procedures	<p>Revise the question and answer to read:</p> <p>How is scoring adjusted for NA factors/elements/standards? How are points redistributed for organizations that are exempt from certain elements?</p> <p>An NA score for a factor counts as “yes” because there are no points associated with factors. The total value of NA elements is redistributed to the remaining applicable elements. “Leftover” points are distributed based on the weight of remaining elements. The total possible score for the standard does not change. If a standard is scored NA, points are redistributed to the other standards in the category. If a category is scored NA, points are redistributed across other categories. In all cases, points are equally distributed.</p>	CL	7/29/13
6-2	Appendix 6	Glossary—Carve out	<p>Revise the definition of “carve out” to read:</p> <p>A payer (e.g., employer, Medicaid, Medicare) excludes a health care program focused on a specific disease or service from its benefits plan and makes another entity responsible for running the program or offering the service. For example, a state Medicaid program “carves out” behavioral healthcare services (i.e., prohibits health plans from providing them) and contracts with an MBHO to provide them; an employer contracts with a DM organization to provide disease management services to its employees with diabetes.</p>	CL	7/29/13
6-3	Appendix 6	Glossary—De-identify	<p>Add the following definition of De-Identify:</p> <p>Removal of individual identifiers. Under the HIPAA Privacy Rule, protected health information is de-identified if all individual identifiers are removed. There are 18 categories of identifiers that include name; street address and zip code; telephone and fax number; dates (except year) directly related to a person, including date of birth and dates of service; e-mail address and Web URL; Social Security Number; medical record number and account number; vehicle identifiers, including license plate number; device identifiers and serial number; and any other unique identifying number, characteristic or code.</p>	CL	7/29/13

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6-7	Appendix 6	Glossary—PHI	<p>Revise the definition of “PHI” to read:</p> <p>Protected health information. PHI is associated with an individual’s past, present or future physical or mental health or condition, or with the provision of or payment for health care to a person, <i>and</i> identifies the individual. Under the HIPAA Privacy Rule, there are 18 categories of identifiers (e.g., name, street address, email address, telephone number, social security number, medical record number, health plan beneficiary or account number, birth date, dates of service and five-digit zip code). Age is not PHI, except for individuals older than 89 years; HIPAA allows the age for these individuals to be aggregated into a single category of “age 90 or above.”</p>	CL	7/29/13

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