NCQA Corrections, Clarifications and Policy Changes to the 2023 HPA Standards and Guidelines

March 27, 2023

This document includes the corrections, clarifications and policy changes to the 2023 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 2023 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.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
18	Policies and Procedures—Section 1: Eligibility and the Application Process	How NCQA Defines an Accreditable Entity—Product/product line	Add the following sentence to the end of the fourth paragraph: Members who have Medicare Private Fee-for-Service (PFFS) through another organization or have unknown Medicare coverage as their primary insurer may be excluded from the Medicaid report.	**CL**	**3/27/23**
28	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	National/Multistate Survey	Revise the National/Multistate Survey text to reads as follows: NCQA offers a National Survey option to organizations that are a single legal entity and conduct all standard-related functions centrally. Benefits of a National Survey are: • Reduced duplication in survey preparation for the organization. • Consistency of findings for the organization. • Purchase of a single survey instead of individual surveys for each accreditable entity. • Receipt of survey status and NCQA Report Card entry for up to 50 accreditable entities. Before scheduling a National Survey, NCQA evaluates the organization's application to determine if the organization meets eligibility criteria. In general, NCQA considers: • *The legal structure:* The organization must be a single legal entity that holds a license to operate in applicable states. • *Product/product lines for submission:* The organization must operate as a Preferred Provider Organization (PPO) but all product lines (Medicare, Medicaid, Commercial, Exchange) are eligible.	**CL**	**3/27/23**

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			• *HEDIS and reporting products:* The accreditable entities included in the organization must report HEDIS as a PPO; however, NCQA assesses reporting products with combined HEDIS reporting to determine their eligibility (i.e., PPO/EPO Combined). • Whether functions are performed at a centralized level, with the same oversight, management and committee structure, by the same staff, using the same policies and procedures. • Whether the same practitioner and provider network is in place across all entities.		
29	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Corrective Action Requests (not specific to failed must-pass elements)	Revise the first paragraph to read: In certain circumstances, NCQA may require the organization to take corrective actions and submit a CAP. **Corrective actions** are steps taken to improve performance when specific NCQA Accreditation requirements are not met. Corrective action requests are not specific to failed must-pass elements, which are also addressed during the CAP Survey process. Specific to interrater reliability (IRR) issues during the survey process, if an organization is found to be noncompliant during its survey, and the issue was not identified during a previous survey where the same requirement was reviewed and evaluated with evidence provided by the organization that was the same as or similar to the evidence provided previously, NCQA may require the organization to submit a corrective action plan addressing the noncompliant requirement. In most cases, this will not adversely impact the organization's Accreditation status. Failure to timely comply with requested corrective action requests may result in a lower score, or reduction or loss of Accreditation status. Refer to *Interrater Reliability* in *Section 5: Additional Information* for the definition and information about interrater reliability.	**CL**	**3/27/23**
149	PHM 3, Element A	STEM	Revise factor 6 to read: 6. Providing training on equity, cultural competency, bias, diversity or inclusion.	**CL**	**3/27/23**
149	PHM 3, Element A	Look-back period	Revise the look-back period for Renewal Surveys to read: *For Renewal Surveys:* 24 months.	**CO**	**3/27/23**
150	PHM 3, Element A	Explanation	Revise the factor 6 subhead and text to read: **Factor 6: Training on equity, culturally competency, bias, diversity or inclusion** The organization provides at least one training to network practitioners on health equity, including cultural competence, bias, diversity or inclusion. The organization chooses training frequency and provides training documents, or provides access to documents through a link, module, download or other method.	**CL**	**3/27/23**

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151	PHM 3, Element A	Related information	Revise the first paragraph under "Partners in Quality" in "Related information" to read: The organization receives automatic credit for factor 3 if it is an NCQA-designated Partner in Quality.	**CO**	**3/27/23**
271	UM 5, Elements A-C	Related information—Extension conditions—Factor 1: Urgent concurrent requests for commercial and Exchange product lines	Revise the first bullet to read: • The organization may extend the decision notification time frame if the request to extend urgent concurrent care was made less than 24 hours prior to, or any time after, the expiration of the previously approved period or number of treatments. The organization may treat the request to extend urgent concurrent care as urgent preservice and send a decision notification within 72 hours.	**CL**	**3/27/23**
NA	LTSS Scoring	Policies and Procedures—Section 6: Long-Term Services and Supports Distinction	**IRT ONLY** Revised the LTSS Distinction threshold from 70% to 80%, to align with scoring as specified in Section 6 of the Policies and Procedures.	**CO**	**3/27/23**
PREVIOUSLY POSTED UPDATES					
17	Policies and Procedures	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 Health Plan 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:	**CL**	**11/14/22**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
			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. 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.		
127	PHM 1, Element A	Summary of Changes	Remove the following SOC: • Replaced "informing members" with "informing targeted members" in the first sentence under "Factor 5: Informing members."	**CO**	**11/14/22**
128	PHM 1, Element A	Look-back period	Revise the look-back period for Renewal Surveys to read: *For Renewal Surveys:* 24 months; 12 months for factor 6.	**CO**	**11/14/22**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
132	PHM 1, Element B	Summary of Changes	Replace the summary of changes text with the following language: • Added "Artificial intelligence, interactive contact" as the last bullet under "Interactive contact."	**CO**	**11/14/22**
149	PHM 3, Element A	Summary of Changes	Add the following text as a bullet in the Summary of Changes. • Revised the look-back period for First and Renewal Surveys from "prior to the survey date" to "6 months" for factor 6.	**CL**	**11/14/22**
372, 378	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**
385	UM 13, Element C	Scope of review	Revise the fifth paragraph under "Documentation" to read: *For First 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**
406	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**
441	CR 8, Element C	Scope of review	Revise the fifth paragraph under "Documentation" to read: *For First 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) and implementation of its quarterly monitoring process, as applicable.	**CL**	**11/14/22**

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600	MED 5, Element B	Scope of review	Revise the scope of review to read: *This element applies to Interim Surveys, First Surveys and Renewal Surveys.* NCQA reviews evidence that: • The organization shared its standards for maintaining and sharing health record information with practitioners and providers during the look-back period. • Practitioners and providers shared health records, as appropriate, in accordance with professional standards, during the look-back period.	**CL**	**11/14/22**