NCQA Corrections, Clarifications and Policy Changes to the 2022 CVO Standards and Guidelines

March 27, 2023

This document includes the corrections, clarifications and policy changes to the 2022 Credentialing Verification Organization 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.

An organization undergoing a survey under the 2022 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
17	Policies and Procedures—Section 2: The Certification Process	Corrective Action Requests	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**

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9	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Certification	Add the following new subhead and text at the end of "Eligibility for Certification." **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 CVO Certification. 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. 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.	**CL**	**11/14/22**

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			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.		
33	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of a Reportable Event	Add the following as a new third bullet: • Self-identification of systemic issues affecting 5% or more of eligible credentialing/recredentialing files; for example, late recredentialing.	**CL**	**7/25/22**
33	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of a Reportable Event	Revise the second paragraph to read: 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**
33	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of a Reportable Event—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 Certification status. Annually, NCQA sends an email reminder to the designated Accreditation contact to complete the annual attestation My NCQA (https://my.ncqa.org). The attestation must be completed within 30 days of the email notification.	**CL**	**7/25/22**

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33	Policies and Procedures—Section 5: Additional Information		Add the following new section head and text between "Notifying NCQA of a Reportable Event" 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 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.	**CL**	**7/25/22**

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			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. *If 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. NCQA analyzes IRR information to identify opportunities to clarify requirements or enhance surveyor education.		
37	Policies and Procedures—Section 5: Additional Information	Suspending Certification	Revise the first sentence under the "Grounds for immediate suspension" subhead to read: Grounds for recommending suspension of a Certification status include, but are not limited to:	**CL**	**7/25/22**
37	Policies and Procedures—Section 5: Additional Information	Suspending Certification	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**
37	Policies and Procedures—Section 5: Additional Information	Revoking Certification	Revise the fifth 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**
54	CVO 3, Element B	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**
55	CVO 3, Element B	Explanation—Factor 6: Annually monitoring 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 modification.	**PC**	**7/25/22**

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			• Sampling is allowed only if the organization does not use a credentialing system that can identify all noncompliant modifications.		
56	CVO 3, Element C	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**
90	CVO 15, Element C	Stem	Replace "annually" with "at least annually" in factor 5 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.	**CO**	**7/25/22**
92	CVO 15, 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 CVO 3, Element B (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**
3-1	Appendix 3— HP 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	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**

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3-8	Appendix 3	Automatic Credit for Delegating to an NCQA-Accredited MBHO, NCQA-Accredited UM, CR, or PN or NCQA-Certified CVO	Replace "Y[3]" with "Y" in the CR 3, Elements A-C rows under the applicable Certified CVO columns.	**CO**	**11/14/22**
5-1	Appendix 5—MAC Policy	The MAC Policy	Replace the first two sentences with the following text: This Merger, Acquisition and Consolidation Policy ("MAC Policy") applies to all CVOs Certified by NCQA. NCQA evaluates transactions involving Certified organizations to determine if they impact the scope of review under NCQA's CVO Certification standards.	**CO**	**7/25/22**
7-3	Appendix 7—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**