Appendix 5

Delegation and Automatic Credit Guidelines

# APPENDIX 5

# DELEGATION AND AUTOMATIC CREDIT GUIDELINES

Summary of Changes

* ***July 27, 2015:***
* Updated the lists under **Activities that may not be delegated**, **Structural requirements** and **Vendors** to account for changes associated with the new NET category.
* Clarified which element in RR 3 may not be delegated.
* Consolidated language under **Automatic credit** and **Delegating to NCQA-Accredited, NCQA-Certified or NCQA-Recognized Organizations** to remove redundant information.
* Clarified automatic credit for CR files if the delegate is an NCQA-Accredited health plan or NCQA-Accredited MBHO when the client and delegate’s product lines do not match.
* Clarified that the product line match policy also applies to corporate families.
* Updated HP-HP and HP-MBHO automatic credit tables to account for the new NET category and new elements in UM 4–UM 7.
* Renumbered standards in the DM, PCMH automatic credit tables due to renumbered QI standards.
* Renamed RR 4 “NET 6” in the HP-HIP automatic credit table.
* ***November 16, 2015:***
* Clarified that NET 2, Elements A and B are structural requirements.
* Reinstated QI 4, Elements A and B to the structural requirements list.
* Revised the list of structural requirements for NET 1, Element C to factors 1–4.
* Corrected automatic credit for QI 8, Elements B and C under the First Evaluation Option.
* Clarified in Table 2 that automatic credit is available for the new UM pharmacy elements when delegating to HPs accredited prior to 2016 under certain conditions.
* Clarified in Table 3 that automatic credit is available for the new UM pharmacy elements when delegating to MBHOs and UM organizations accredited or certified prior to 2016 under certain conditions.
* Added NET 4, UM 2 Elements B, C to Table 2.
* Added the new UM pharmacy elements to Table 3.
* ***March 28, 2016:***
* Corrected that automatic credit is available for QI 5, Element G, Initial Assessment, instead of Element F in Table 2.
* Clarified that automatic credit is available for UM 2, Elements B and C for accredited MBHO organizations and certified UM/CR organizations.
* Updated language about reporting under *NCQA-Accredited ACO.*
* ***July 25, 2016:***
* Added QI 4, Element A to table 2.
* Revised the factor reference for RR 3, Element A from factor 4 to factor 5 (Table 7).
* ***November 21, 2016:***
* Added language regarding complex case management and UM file review under **Delegating to NCQA-Accredited/Certified/Recognized Organizations—General Requirements**.

Definitions

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| authority | Power granted to a delegate to perform an activity under its own direction, within agreed-on parameters.  |
| automatic credit | Scoring a requirement as “met” for delegating an eligible NCQA activity to an NCQA-Accredited, NCQA-Certified or NCQA-Recognized delegate. Specific criteria must be met to receive automatic credit. |
| carve-outs | A payer’s (e.g., employer, state Medicaid agency, federal Medicare agency) benefits plan excludes a health care program that focuses on a specific disease or service (e.g., disease management, behavioral healthcare or case management) and makes another entity responsible for running the program or offering the service. |
| de facto delegation | An entity performs an NCQA-required activity (e.g., UM functions) for an organization without a formal agreement between the entity and the organization. |
| **responsible/ responsibility** | The organization must meet NCQA standards for all NCQA-related activities, whether the organization performs the activities or whether they are performed by a delegate or subdelegate. |
| **structural requirements** | Essential program, process and procedural components of the NCQA's standards that the organization is required to meet.  |
| **subdelegation** | A delegate gives a third entity the authority to carry out a delegated activity. For example, an organization delegates credentialing (CR) activities to a managed behavioral healthcare organization (MBHO), which then delegates CR verifications to a credentials verification organization (CVO). In this case, the CVO is the subdelegate. |

About Delegation

Delegation occurs when an organization gives another entity the authority to perform an activity that the organization would otherwise perform to meet a requirement in the NCQA standards and guidelines. For example, organizations often delegate:

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| * Behavioral healthcare.
* Case management.
* Credentialing.
 | * Disease management.
* Utilization management.
* Health promotion.
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Medical groups, IPAs and provider organizations may seek to be delegates, to reduce redundancy of effort and oversight.

When delegation exists, NCQA holds the delegating organization responsible for delegated NCQA activities and requires the organization to oversee that the delegate performs the activities in accordance with NCQA requirements. For information on how NCQA evaluates an organization’s oversight of delegation and the delegate’s performance, refer to *How NCQA Evaluates Delegation.*

Activities That May Not Be Delegated

Delegation is not permitted for the following standards and elements:

* QI 4: Member Experience, Element D and Element G, factors 3, 4.
* QI 10: QI Delegation Oversight.\*
* NET 7: NET Delegation Oversight.\*
* UM 11: Emergency Services.
* UM 14: UM Delegation Oversight.\*
* CR 9: CR Delegation Oversight.\*
* RR 1: Statement of Members’ Rights and Responsibilities, Element A.
* RR 3: Subscriber Information, Element A.
* RR 4: Privacy and Confidentiality.
* RR 5: Marketing Information.
* RR 6: RR Delegation Oversight.\*
* MEM 9: MEM Delegation Oversight.\*

\* Delegation oversight must be performed by the organization, but delegates may be given the authority to oversee subdelegates. This authority is specified in the delegation agreement. Refer to *Subdelegation*.

Structural Requirements

The organization is responsible for the following procedural or structural components of the standards and guidelines, even if it delegates the entire allowable function or activity:

* QI 1: Program Structure.
* QI 2: Program Operations.
* QI 3: Health Services Contracting.
* QI 4: Member Experience, Elements A and B.
* QI 5: Complex Case Management, Element F.
* NET 1: Availability of Practitioners:
* Element B, factors 1, 2.
* Element C, factors 1–4.
* Element D, factors 1–3.
* NET 2: Accessibility of Services, Elements A and B.
* UM 1: Utilization Management Structure.
* UM 2: Clinical Criteria for UM Decisions, Element A.
* UM 4: Appropriate Professionals, Elements A and B.
* UM 8: Policies for Appeals.
* CR 1: Credentialing Policies.
* CR 7: Notification to Authorities and Practitioner Appeal Rights.
* RR 2: Policies for Complaints and Appeals.

The organization must provide its own documentation (e.g., policies and procedures) as evidence that it meets the structural requirements.

If the organization delegates a function or activity associated with a structural requirement, it must require its delegates to adhere to the same standard as it does.

**Note:** If the organization delegates all functions associated with a structural requirement, it may formally adopt the delegate’s documented process as its own through its governing body, another group or individuals with appropriate authority. The organization must provide evidence of formal adoption.

How NCQA Evaluates Delegation

NCQA evaluates delegation in two ways:

1. Directly evaluates delegate performance in conducting the delegated functions.
2. Evaluates whether the organization conducts the required delegate oversight.

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| Direct evaluation of delegate performance | For delegated functions that are not evaluated by the structural requirements, NCQA evaluates the performance of a delegate directly, for applicable file review and non-file review elements.NCQA may waive direct evaluation if the function is performed by an NCQA-Accredited, NCQA-Certified or NCQA-Recognized organization.  |
| *File-review elements* | If the organization delegates case management, CR or UM functions that NCQA evaluates using file review, NCQA selects a random sample of delegate files for the file-review portion of the survey. The organization must have access to the delegate’s files and must make them available to surveyors during the onsite survey. **Note:** NCQA reserves the right to request site visits to delegates and additional file review, and makes arrangements in advance of the organization’s survey if such action is necessary.  |
| *Non-file review elements* | For standards that are not structural requirements, where the function may be delegated, NCQA evaluates the performance of a delegate during the organization’s survey based on the category of standards, the function delegated and the scope of delegation.If the organization delegates QI or NET functions (other than to an MBHO, PBM or DM organization) affecting 30 percent or more of its membership, NCQA evaluates applicable non-file-review elements for a sample of up to four delegates. The delegate’s documentation to meet delegated functions should be included in the appropriate non-file-review elements. The score for the element is based on the average score of the organization’s information and delegate’s information. Average scores are converted to element scores, as indicated in the table below: |
|  | ***Table 1: Converting an average score to an element score***

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| Average Score | Element Score |
| 90% or better  | 100% |
| At least 80% but <90% | 80% |
| At least 50% but <80% | 50% |
| At least 20% but <50% | 20% |
| <20% | 0% |

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|  | When evaluating a delegate directly, NCQA evaluates the delegate’s documentation against the standard. The organization must have access to the delegate’s materials, processes and other data sources that are relevant to the delegated activity, and must submit the required documentation at the time of the survey. |
| *Nonstructural requirements* | With the exception of file-review requirements, NCQA does not directly evaluate delegate performance unless the organization delegates 100% of a nonstructural component of the standards or QI or NET functions (other than to an MBHO, PBM or DM organization) affecting 30 percent or more of its membership. The organization may present the delegate’s activities as evidence of performance.  |
| *Delegation oversight*  | If the organization delegates functions to another organization, NCQA evaluates the organization’s oversight of the delegate under the delegation oversight standards of the applicable category (this is always the final standard in the category).  |
| *Scoring delegation oversight* | NCQA does not assign points to the delegation oversight standards as part of establishing the baseline point values of each standard and element. If there is delegation and NCQA is reviewing oversight, NCQA allocates 10 percent of the total points of the category to the delegation oversight standard. NCQA takes the points proportionally from each standard and element in the category. Refer to *Appendix 1: Standard and Element Points for 2016.* |
| *Subdelegation* | When a delegate subdelegates to a third entity, either the delegate or the organization oversees the subdelegate’s work. The delegation agreement between the organization and the delegate specifies the entity responsible for overseeing subdelegates. If the delegate oversees the subdelegate, it must report to the organization regarding the subdelegate’s performance. NCQA confirms that oversight of the subdelegate is performed according to its standards. The organization is responsible for oversight of all activities performed by the delegate and subdelegate on its behalf. |
| *Selecting delegates* | For each standard category, NCQA selects and reviews a sample of four delegates for all product lines and products. For organizations with fewer than four delegates, NCQA reviews all delegates. NCQA includes delegates who have terminated the relationship with or had the relationship terminated by the organization in the scope of review for oversight if the relationship terminated 12 months or less before the date of an Accreditation or Certification Survey.NCQA evaluates delegation oversight during the offsite survey. The organization sends NCQA information about its delegates in a specified format five weeks before submission of the completed Survey Tool. NCQA selects delegates to review at random and, approximately four weeks prior to submission of the completed Survey Tool, notifies the organization which delegates have been selected.For information on the required information and the timeline for submission, refer to the “Organization Background” section of the ISS Survey Tool, under the Resources and Delegation tabs.  |
| *De facto delegation* | If NCQA identifies de facto delegation at any point after selecting the delegates (including during the offsite survey), NCQA reserves the right to review oversight of the de facto delegates by selecting them at random to include up to two of the four delegates reviewed. |

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| *Oversight review waived* | NCQA waives review of oversight for some corporate relationships (e.g., when the organization is owned by or under common control with another organization that performs the function) and for some delegated functions. Refer to *Special Situations*. |

Special Situations

Corporate Families

Corporate families represent a unique relationship between organizations that perform activities on each other’s behalf within the purview of NCQA standards.

To determine if a corporate family relationship exists, NCQA ascertains if the organization being reviewed shares common ownership or control with the organization performing the activity. The concepts of common ownership and control are based on two models:

1. *For-profit model:* The parent organization controls its wholly owned subsidiaries.
2. *Not-for-profit model:* The not-for-profit organization controls related organizations through a membership agreement or other governance structure. The concept of “control” in the not-for-profit model is akin to the “wholly owned” concept in the for-profit model.

When an organization that shares common ownership or control with the organization under review performs activities required by NCQA, there is written acknowledgment or an official document specifying NCQA requirements. In these situations:

* NCQA evaluates documentation (including procedural or structural components of the standards and guidelines) from the corporate family member that performs the activity.
* NCQA does not require documentation of oversight of the affiliated organization.
* If the controlled or owned organization that performs the activities is NCQA Accredited, NCQA Certified or NCQA Recognized, the organization under review may be eligible to receive automatic credit for specified activities. Refer to *Delegating to NCQA-Accredited, NCQA-Certified or NCQA-Recognized Organizations.*

If the entity performing the activities is affiliated with a corporate family, but is not wholly owned or controlled by the same entity that owns or controls the organization under review, NCQA considers this to be delegation and all requirements contained in this appendix, including oversight, must be met.

Vendors

In a vendor relationship, the organization does not give another entity the authority to carry out a function that it would otherwise perform. NCQA does not consider the vendor relationship to be delegation. A vendor relationship is more similar to a purchase relationship, where the organization obtains a product or service from the vendor and maintains control over the implementation and manner and use of the vendor’s product or service to perform the function.

When using a vendor to perform a function, the organization must provide its own materials, processes and other data sources as evidence that it meets NCQA standards, with the exception of the standards and elements listed below, for which NCQA accepts the vendor’s documentation for evaluation:

* MEM 1: Health Appraisals.
* MEM 2: Self-Management Tools.
* MEM 3, Element A: Functionality: Web Site.
* MEM 6, Element A: Supportive Technology.
* NET 6, Element K: Usability Testing.

Although NCQA does not evaluate oversight conducted by the organization, the organization must submit a written acknowledgment or other official document when it submits its completed Survey Tool. The written acknowledgment or other official document must specify the responsibilities of each entity with respect to the requirements listed above.

Delegating to NCQA-Accredited, NCQA-Certified or NCQA-Recognized Organizations

When an organization delegates defined activities to an entity or uses a wholly-owned family member, subdelegate or vendor that is NCQA-Accredited, NCQA-Certified or NCQA-Recognized, the organization undergoing review benefits from NCQA’s prior review of the delegate, as follows:

* *Oversight relief.* The organization is not required to perform certain oversight activities and receives full credit for the activities in its survey.
* *Automatic credit.* The organization receives full credit for meeting a standard, element or portion thereof based on the delegate’s NCQA status. Refer to Tables 2–14 for elements and factors eligible for automatic credit and additional eligibility criteria by product.

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| Criteria for oversight relief and automatic credit | The following minimum oversight relief and automatic credit criteria must be met.* A signed delegation agreement must be in effect before submission of the Survey Tool.
* When an affiliated organization shares common ownership or control with the organization being reviewed, in lieu of a signed delegation agreement, NCQA accepts a written acknowledgment between the entities or an official document specifying the responsibilities of each entity, with respect to the function reviewed.
* The delegate is NCQA Accredited, NCQA Certified or NCQA Recognized on or before submission of the Survey Tool (refer to the exception below for terminated NCQA-Accredited delegates).
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| General requirements | In addition to the minimum criteria for oversight relief and automatic credit stated above, the delegating organization must meet the following requirements to receive automatic credit:* The delegate’s Accreditation Survey or Certification Survey included the specific elements or factors for which the organization seeks automatic credit. Elements or factors scored NA during the delegate’s survey are not eligible for automatic credit. The organization is responsible for determining if delegated activities are covered in the scope of the delegate’s NCQA review.
* The delegation agreement must describe the responsibilities of the organization and the delegated entity, as required by the delegation oversight standards. (Refer to Element A in the appropriate delegation standard.) NCQA uses the description of delegated activities to determine the scope of automatic credit as relates to the standards evaluating the delegated activities.
* The organization includes the delegation agreement, the delegate's accreditation/certification certificate and a completed delegation worksheet showing the number and percentage of members or practitioners covered by the delegation arrangement when the Survey Tool is submitted.
* *For non-file review elements,* the NCQA-Accredited or NCQA-Certified or NCQA-Recognized delegate must perform the delegated function for at least 70 percent of the organization’s membership (or practitioners for CR delegation).
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|  | * *For file-review elements,* the NCQA-Accredited or NCQA-Certified delegate conducted the activities required by the element for the selected file.
 |
| **Complex case management and UM files**  | If the organization delegates 100% of CM or UM activities to an NCQA accredited/certified delegate, NCQA gives automatic credit to delegated file-review elements. NCQA does not review the delegate’s files during the survey. Consequently, the organization does not need to include such files in the file universe but must complete the “100% AC” tab of the UM File Submissions Instructions workbook. If the organization delegates less than 100% of CM or UM activities to an NCQA accredited/certified delegate, the organization must include its files and the delegate’s files in the file review universe. |
| CR files | For file review, NCQA scores all delegated file-review elements as present. NCQA does not review the delegate’s files during the survey; however, for CR files, if the organization does not delegate CR decision making or if the organization delegates to a CVO, NCQA reviews the organization’s files to determine whether time-sensitive elements meet the time limits. |
| Automatic credit and subdelegation | If the delegate subdelegates to a third party that is NCQA Accredited or NCQA Certified or NCQA-Recognized, the organization receives oversight relief, and is eligible for automatic credit if it meets all other automatic credit criteria. |
| Other delegation arrangements | Under the following circumstances, NCQA offers automatic credit for applicable elements and factors.* *Terminated arrangements:*
* The delegate’s NCQA Accreditation, Certification or Recognition status was valid but the organization terminated the arrangement no more than 90 calendar days before submission of its completed Survey Tool.
* *Arrangements with delegates whose NCQA Accreditation, Certification or Recognition status lapsed:*
* The status had lapsed at survey submission, but it was valid for at least 75 percent of the look-back period.
* The status had lapsed at the time of submission, but it was valid for less than 75 percent of the look-back period. NCQA only offers automatic credit for the period that status was valid. The score is based on the average of the organization's score and the automatic credit provided for the period of the delegate's accreditation or certification.
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Automatic Credit for Delegating to an NCQA-Accredited Health Plan

The organization is eligible for automatic credit:

* If the delegate is NCQA Accredited for all its product lines.
* In this case, the client organization may receive automatic credit if it delegates the same or a different product line to the delegate, ***or***
* If the delegate is NCQA Accredited in the same product line as the client organization.
* For CR files, if:
* The delegate has a single network of practitioners with centralized credentialing.
* One credentialing committee and the same staff handle credentialing for all practitioners.
* All practitioners’ credentialing files were subject to CR file review during the delegate’s NCQA survey.

***Product line match.*** NCQA does not grant the organization automatic credit for delegation of functions for a product line that its delegate had at the time of its survey but for which it chose not to seek NCQA Accreditation, even if the delegate and the organization belong to the same wholly owned corporate family. Such product lines were not in the scope of the delegate’s NCQA review and are therefore ineligible for automatic credit. Product line match does not apply to organizations only seeking accreditation for Marketplace product line.

**Table 2: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited health plan**

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| HP Standards and Elements | EVALUATION OPTION |
| Interim | First | Renewal |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 4: Member Experience** |
| A | Member Services Telephone Access*Data collection and analysis only* | NA | Yes | Yes |
| B | Behavioral Healthcare Telephone Access Standards | NA | Yes | Yes |
| C | Annual Assessment | NA | Yes | Yes |
| D | Opportunities for Improvement | NA | Yes | NA |
| E | Annual Assessment of Behavioral Healthcare and Services[[1]](#footnote-2) | NA | Yes | Yes |
| **QI 5: Complex Case Management** |
| A | Population Assessment | Yes | Yes | Yes |
| B | Program Description[[2]](#footnote-3) | Yes | Yes | Yes |
| C | Identifying Members for Case Management | Yes | Yes | Yes |
| D | Access to Case Management | Yes | Yes | Yes |
| E | Case Management Systems | Yes | Yes | Yes |
| G | Initial Assessment | Yes | Yes | Yes |
| H | Case Management—Ongoing Management | NA | Yes | Yes |
| I | Experience With Case Management | NA | Yes | Yes |
| J | Measuring Effectiveness | NA | Yes | Yes |
| K | Action and Remeasurement | NA | Yes | Yes |
| **QI 6: Disease Management**  |
| A | Program Content | Y | Y | Y |
| B | Identifying Members for DM Programs | Y | Y | Y |
| C | Frequency of Member Identification | Y | Y | Y |
| D | Providing Members With Information | Y | Y | Y |
| E | Interventions Based on Assessment | Y | Y | Y |
| F | Eligible Member Active Participation | NA | Y | Y |
| G | Informing and Educating Practitioners | NA | Y | Y |
| H | Integrating Member Information | NA | Y | Y |
| I | Experience With Disease Management | NA | Y | Y |
| J | Measuring Effectiveness | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

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| HP Standards and Elements | EVALUATION OPTION |
| Interim | First | Renewal |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 7: Practice Guidelines** |
| A | Adoption and Distribution of Guidelines | Y | Y | Y |
| B | Adoption and Distribution of Preventive Health Guidelines | Y | Y | NA |
| C | Relation to DM Programs | NA | Y | Y |
| D | Performance Measurement | NA | Y | NA |
| **QI 8: Continuity and Coordination of Medical Care** |
| A | Identifying Opportunities | NA | Y | Y |
| B | Acting on Opportunities | NA | NA | Y |
| C | Measuring Effectiveness | NA | NA | Y |
| D | Transition to Other Care | NA | Y | Y |
| **QI 9: Continuity and Coordination Between Medical Care and Behavioral Healthcare** |
| A | Data Collection | NA | Y | Y |
| B | Collaborative Analysis | NA | Y | Y |
| C | Measuring Effectiveness | NA | NA | Y |
| NETWORK MANAGEMENT—*NEW* |
| **NET 1: Availability of Practitioners** |
| A | Cultural Needs and Preferences | NA | Y | Y |
| B | Practitioners Providing Primary Care | NA | Y | Y |
| C | Practitioners Providing Specialty Care*Factors 3,4: Performance analysis* | NA | Y | Y |
| D | Practitioners Providing Behavioral Healthcare*Factor 4: Performance analysis* | NA | Y | Y |
| **NET 2: Accessibility of Services** |
| A | Assessment Against Access Standards*Data collection and analysis only* | NA | Y | Y |
| B | Behavioral Healthcare Access Standards | NA | Y | Y |
| C | Access to Specialty Care ***(NEW)***[[3]](#footnote-4) | NA | Y | Y |
| **NET 3: Assessment of Network Adequacy *(NEW)[[4]](#footnote-5)*** |
| A | Assessment of Member Experience Accessing the Network | NA | Y | Y |
| B | Opportunities to Improve Access to non-Behavioral Healthcare Services | NA | Y | Y |
| C | Opportunities to Improve Access to Behavioral Healthcare Services | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

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| HP Standards and Elements | EVALUATION OPTION |
| Interim | First | Renewal |
| **NETWORK MANAGEMENT** |
| **NET 4: Marketplace Network Transparency and Experience[[5]](#footnote-6)** |
| A | Network Design Criteria for Practitioners | NA | Y | Y |
| B | Network Design Criteria for Hospitals | NA | Y | Y |
| C | Marketplace Member Experience, factors 1-4 | NA | Y | Y |
| **NET 5: Continued Access to Care** |
| A | Notification of Termination | NA | Y | Y |
| B | Continued Access to Practitioners | NA | Y | Y |
| **NET 6: Physician and Hospital Directories*****[[6]](#footnote-7)*** |
| A | Physician Directory Data | NA | Y | Y |
| B | Physician Directory Updates | NA | Y | Y |
| C | Assessment of Physician Directory Accuracy ***(NEW)*6** | NA | Y | Y |
| D | Identifying and Acting on Opportunities ***(NEW)*6** | NA | Y | Y |
| E | Physician Information Transparency | NA | Y | Y |
| F | Searchable Physician Web-Based Directory | NA | Y | Y |
| G | Hospital Directory Data | NA | Y | Y |
| H | Hospital Directory Updates | NA | Y | Y |
| I | Hospital Information Transparency | NA | Y | Y |
| J | Searchable Hospital Web-Based Directory | NA | Y | Y |
| K | Usability Testing | NA | Y | Y |
| L | Availability of Directories | NA | Y | Y |
| **UTILIZATION MANAGEMENT** |
| **UM 2: Clinical Criteria for UM Decisions** |
| B | Availability of Criteria | Y | Y | Y |
| C | Consistency in Applying Criteria | NA | Y | Y |
| **UM 3: Communication Services** |
| A | Access to Staff | Y | Y | Y |
| **UM 4: Appropriate Professionals** |
| C | Practitioner Review of Nonbehavioral Healthcare Denials | NA | Y | Y |
| D | Practitioner Review of Behavioral Healthcare Denials | NA | Y | Y |
| E | Practitioner Review of Pharmacy Denials ***(NEW)******[[7]](#footnote-8)*** | NA | Y | Y |
| F | Use of Board-Certified Consultants | NA | Y | Y |
| G | Affirmative Statement About Incentives | Y | Y | Y |
| H | Appropriate Classification of Denials ***(NEW)*6** | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

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| HP Standards and Elements | EVALUATION OPTION |
| Interim | First | Renewal |
| **UTILIZATION MANAGEMENT** |
| **UM 5: Timeliness of UM Decisions** |
| A | Timeliness of Nonbehavioral Healthcare UM Decision Making | NA | Y | Y |
| B | Notification of Nonbehavioral Healthcare Decisions | NA | Y | Y |
| C | Timeliness of Behavioral Healthcare UM Decision Making | NA | Y | Y |
| D | Notification of Behavioral Healthcare Decisions | NA | Y | Y |
| E | Timeliness of Pharmacy UM Decision Making ***(NEW)7***  | NA | Y | Y |
| F | Notification of Pharmacy Decisions ***(NEW)7***  | NA | Y | Y |
| H | Interim: Policies and Procedures | Y | NA | NA |
| G | UM Timeliness Report ***(NEW)*6** | NA | Y | Y |
| **UM 6: Clinical Information** |
| A | Relevant Information for Non-Behavioral Healthcare Decisions | NA | Y | Y |
| B | Relevant Information for Behavioral Healthcare Decisions | NA | Y | Y |
| C | Relevant Information for Pharmacy Decisions ***(NEW)7*** | NA | Y | Y |
| **UM 7: Denial Notices** |
| A | Discussing a Denial With a Reviewer | NA | Y | Y |
| B | Written Notification of Nonbehavioral Healthcare Denials | NA | Y | Y |
| C | Nonbehavioral Healthcare Notice of Appeal Rights/Process | NA | Y | Y |
| D | Discussing a Behavioral Healthcare Denial With a Reviewer | NA | Y | Y |
| E | Written Notification of Behavioral Healthcare Denials | NA | Y | Y |
| F | Behavioral Healthcare Notice of Appeal Rights/Process | NA | Y | Y |
| G | Discussing a Pharmacy Denial with a Reviewer ***(NEW)7*** | NA | Y | Y |
| H | Written Notification of Pharmacy Denials ***(NEW)7*** | NA | Y | Y |
| I | Pharmacy Notice of Appeal Rights/Process ***(NEW)7*** | NA | Y | Y |
| **UM 9: Appropriate Handling of Appeals** |
| A | Preservice and Postservice Appeals | NA | Y | Y |
| B | Timeliness of the Appeal Process | NA | Y | Y |
| C | Appeal Reviewers | NA | Y | Y |
| D | Notification of Appeal Decision/Rights | NA | Y | Y |
| E | Final Internal and External Appeal Files | NA | Y | Y |
| F | Appeals Overturned by the IRO | NA | Y | Y |
| **UM 10: Evaluation of NEW Technology** |
| A | Written Process | Y | Y | Y |
| B | Description of the Evaluation Process | Y | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

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| HP Standards and Elements | EVALUATION OPTION |
| Interim | First | Renewal |
| **UTILIZATION MANAGEMENT** |
| **UM 12: Procedures for Pharmaceutical Management**  |
| A | Policies and Procedures | Y | Y | Y |
| B | Pharmaceutical Restrictions/Preferences | Y | Y | Y |
| C | Pharmaceutical Patient Safety Issues | Y | Y | Y |
| D | Reviewing and Updating Procedures | Y | Y | Y |
| E | Considering Exceptions | NA | Y | Y |
| **UM 13: Triage and Referral for Behavioral Healthcare**  |
| A | Triage and Referral Protocols | Y | Y | Y |
| B | Supervision and Oversight | NA | Y | Y |
| **CREDENTIALING AND RECREDENTIALING** |
| **CR 2: Credentialing Committee** |
| A | Credentialing Committee | Y | Y | Y |
| **CR 3: Verification of Credentials** |
| A | Verification of Credentials | NA | Y | Y |
| B | Sanction Information | NA | Y | Y |
| C | Credentialing Application | NA | Y | Y |
| **CR 4: Recredentialing Cycle Length** |
| A | Recredentialing Cycle Length | NA | NA | Y |
| **CR 5: Practitioner Office Site Quality** |
| A | Performance Standards and Thresholds | Y | Y | Y |
| B | Site Visits and Ongoing Monitoring  | NA | Y | Y |
| **CR 6: Ongoing Monitoring** |
| A | Ongoing Monitoring and Interventions | NA | Y | Y |
| **CR 8: Assessment of Organizational Providers** |
| A | Review and Approval of Provider | Y | Y | Y |
| B | Medical Providers | Y | Y | Y |
| C | Behavioral Healthcare Providers | Y | Y | Y |
| D | Assessing Medical Providers | NA | Y | Y |
| E | Assessing Behavioral Healthcare Providers | NA | Y | Y |
| MEMBERS’ RIGHTS AND RESPONSIBILITIES |
| **RR 1: Statement of Members’ Rights and Responsibilities** |
| B | Distribution of Rights Statement | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

|  |  |
| --- | --- |
| HP Standards and Elements | EVALUATION OPTION |
| Interim | First | Renewal |
| MEMBER CONNECTIONS |
| **MEM 1: Health Appraisal** |
| A | HA Components | NA | Y | Y |
| B | HA Disclosure | NA | Y | Y |
| C | HA Scope | NA | Y | Y |
| D | HA Results | NA | Y | Y |
| E | Formats | NA | Y | Y |
| F | Frequency of HA Completion | NA | Y | Y |
| G | Review and Update Process | NA | Y | Y |
| **MEM 2: Self-Management Tools** |
| A | Topics of Tools | NA | Y | Y |
| B | Usability Testing | NA | Y | Y |
| C | Review and Update Process | NA | Y | Y |
| D | Formats | NA | Y | Y |
| **MEM 3: Functionality of Claims Processing** |
| A | Functionality: Web Site | NA | Y | Y |
| B | Functionality: Telephone | NA | Y | Y |
| **MEM 4: Pharmacy Benefit** |
| A | Pharmacy Benefit Information: Web Site | NA | Y | Y |
| B | Pharmacy Benefits Information: Telephone | NA | Y | Y |
| C | QI Process on Accuracy of Information | NA | Y | Y |
| D | Pharmacy Benefit Updates | NA | Y | Y |
| **MEM 5: Personalized Information on Organization Services** |
| A | Functionality: Web Site | NA | Y | Y |
| B | Functionality: Phone | NA | Y | Y |
| C | Quality and Accuracy of Information | NA | Y | Y |
| D | E-Mail Response Turnaround Time | NA | Y | Y |
| **MEM 6: Member Support** |
| A | Supportive Technology | NA | Y | Y |
| **MEM 7: Health Information Line** |
| A | Access to Health Information Line | NA | Y | Y |
| B | Health Information Line Capabilities | NA | Y | Y |
| C | Monitoring the Health Information Line | NA | Y | Y |
| **MEM 8: Support for Healthy Living** |
| A | Identifying Members | NA | Y | Y |
| B | Targeted Follow-Up With Members | NA | Y | Y |
| C | Encouraging Member Health | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

Automatic Credit for Delegating to an NCQA-Accredited MBHO, NCQA-Certified UM/CR and NCQA-Certified CVO

### For NCQA-Accredited MBHOs

* The organization is eligible for automatic credit for behavioral requirements or the behavioral components of a requirement:
* If the delegate is NCQA Accredited for all its product lines.
* In this case, the client organization may receive automatic credit if it delegates the same or a different product line to the delegate, ***or***
* If the delegate is NCQA Accredited in the same product line as the client organization.
* For CR files, if:
* The delegate has a single network of practitioners with centralized credentialing.
* One credentialing committee and the same staff handle credentialing for all practitioners.
* All practitioners’ credentialing files were subject to CR file review during the delegate’s NCQA survey.

**Product line match.** NCQA does not grant the organization automatic credit for delegation of functions for a product line that its delegate had at the time of its survey but for which it chose not to seek NCQA Accreditation, even if the delegate and the organization belong to the same wholly owned corporate family. Such product lines were not in the scope of the delegate’s NCQA review and are therefore ineligible for automatic credit. Product line match does not apply to organizations only seeking accreditation for Marketplace product lines.

**Table 3: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited MBHO, NCQA-Certified-UM/CR or CVO**

| HP Standards and Elements | Accredited MBHO | Certified UM/CR | Certified CVO |
| --- | --- | --- | --- |
| Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 1: Program Structure**  |
| A | QI Program Structure*Factor 2: Behavioral healthcare aspects**Factor 5: Involvement of behavioral healthcare practitioners* | Y | Y | Y |  |  |  |  |  |  |
| **QI 4: Member Experience** |
| B | Behavioral Healthcare Telephone Access Standards | NA | Y | Y |  |  |  |  |  |  |
| E | Annual Assessment of Behavioral Healthcare and Services | NA | Y | Y |  |  |  |  |  |  |
| F | Behavioral Healthcare Improvement Activities | NA | NA | Y |  |  |  |  |  |  |
| **QI 5: Complex Case Management****[[8]](#footnote-9)** |
| A | Population Assessment[[9]](#footnote-10) | Y | Y | Y |  |  |  |  |  |  |
| B | Program Description | Y | Y | Y |  |  |  |  |  |  |
| C | Identifying Members for Case Management | Y | Y | Y |  |  |  |  |  |  |
| D | Access to Case Management | Y | Y | Y |  |  |  |  |  |  |
| E | Case Management Systems | Y | Y | Y |  |  |  |  |  |  |
| G | Initial Assessment[[10]](#footnote-11) | N | Y | Y |  |  |  |  |  |  |
| H | Case Management—Ongoing Management | NA | Y | Y |  |  |  |  |  |  |
| I | Experience With Case Management | NA | Y | Y |  |  |  |  |  |  |
| J | Measuring Effectiveness | NA | Y | Y |  |  |  |  |  |  |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

| HP Standards and Elements | Accredited MBHO | Certified UM/CR | Certified CVO |
| --- | --- | --- | --- |
| Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 6: Practice Guidelines***For behavioral healthcare guideline* |
| A | Adoption and Distribution of Guideline | Y | Y | Y |  |  |  |  |  |  |
| D | Performance Measurement*Factor 3: Clinical practice guideline for behavioral condition**Factor 4: Second clinical practice guideline for behavioral[[11]](#footnote-12) condition that addresses children and adolescents* | NA | Y | NA |  |  |  |  |  |  |
| **NETWORK MANAGEMENT** |
| **NET 1: Availability of Practitioners** |
| D | Practitioners Providing Behavioral Healthcare | NA | Y | Y |  |  |  |  |  |  |
| **NET 2: Accessibility of Services** |
| B | Access to Behavioral Healthcare[[12]](#footnote-13) | NA | Y | Y |  |  |  |  |  |  |
| **UTILIZATION MANAGEMENT** |
| **UM 1: Utilization Management Structure** |
| A | Written Program Description*Factor 2: Behavioral healthcare aspects**Factor 4: Involvement of behavioral healthcare practitioner* | Y | Y | Y |  |  |  |  |  |  |
| C | Behavioral Healthcare Practitioner Involvement | Y | Y | Y |  |  |  |  |  |  |
| **UM 2: Clinical Criteria for UM Decisions** |
| B | Availability of Criteria | Y[[13]](#footnote-14) | Y13 | Y13 | Y | Y | Y |  |  |  |
| C | Consistency in Applying Criteria | NA | Y13 | Y13 | NA | Y | Y |  |  |  |
| **UM 3: Communication Services** |
| A | Access to Staff |  |  |  | Y | Y | Y |  |  |  |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

| HP Standards and Elements | Accredited MBHO | Certified UM/CR | Certified CVO |
| --- | --- | --- | --- |
| Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey |
| **UTILIZATION MANAGEMENT** |
| **UM 4: Appropriate Professionals** |
| C | Practitioner Review of Nonbehavioral Healthcare Denials  |  |  |  | NA | Y | Y |  |  |  |
| D | Practitioner Review of Behavioral Healthcare Denials | NA | Y | Y | NA | Y | Y |  |  |  |
| E | Practitioner Review of Pharmacy Denials ***(NEW)*** | NA[[14]](#footnote-15) | Y14 | Y14 | NA | Y[[15]](#footnote-16) | Y15 |  |  |  |
| F | Use of Board-Certified Consultants |  |  |  | NA | Y | Y |  |  |  |
| H | Appropriate Classification of Denials ***(NEW)[[16]](#footnote-17)*** | NA | Y | Y | NA | Y | Y |  |  |  |
| **UM 5: Timeliness of UM Decisions** |
| A | Timeliness of Nonbehavioral Healthcare UM Decision Making |  |  |  | NA | Y | Y |  |  |  |
| B | Notification of Nonbehavioral Healthcare Decisions  |  |  |  | NA | Y | Y |  |  |  |
| C | Timeliness of Behavioral Healthcare UM Decision Making | NA | Y | Y | NA | Y | Y |  |  |  |
| D | Notification of Behavioral Healthcare Decisions | NA | Y | Y | NA | Y | Y |  |  |  |
| E | Timeliness of Pharmacy UM Decision Making ***(NEW)*** | NA | Y14 | Y14 | NA | Y15 | Y15 |  |  |  |
| F | Notification of Pharmacy Decisions ***(NEW)*** | NA | Y14 | Y14 | NA | Y15 | Y15 |  |  |  |
| G | UM Timeliness Report ***(NEW)*16** | NA | Y | Y | NA | Y | Y |  |  |  |
| **UM 6: Clinical Information** |
| A | Relevant Information for Nonbehavioral Decisions |  |  |  | NA | Y | Y |  |  |  |
| B | Relevant Information for Behavioral Healthcare Decisions | NA | Y | Y | NA | Y | Y |  |  |  |
| C | Relevant Information for Pharmacy Decisions ***(NEW)*** | NA | Y14 | Y14 | NA | Y15 | Y15 |  |  |  |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option

| HP Standards and Elements | Accredited MBHO | Certified UM/CR | Certified CVO |
| --- | --- | --- | --- |
| Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey |
| **UTILIZATION MANAGEMENT** |
| **UM 7: Denial Notices** |
| A | Discussing a Denial With a Reviewer |  |  |  | NA | Y | Y |  |  |  |
| B | Written Notification of Nonbehavioral Healthcare Denial |  |  |  | NA | Y | Y |  |  |  |
| C | Nonbehavioral Healthcare Notice of Appeal Rights/Process |  |  |  | NA | Y | Y |  |  |  |
| D | Discussing a Behavioral Healthcare Denial With a Reviewer | NA | Y | Y | NA | Y | Y |  |  |  |
| E | Written Notification of Behavioral Healthcare Denial | NA | Y | Y | NA | Y | Y |  |  |  |
| F | Behavioral Healthcare Notice of Appeal Rights/Process | NA | Y | Y | NA | Y | Y |  |  |  |
| G | Discussing a Pharmacy Denial With a Reviewer ***(NEW)*** | NA | Y[[17]](#footnote-18) | Y17 | NA | Y[[18]](#footnote-19) | Y18 |  |  |  |
| H | Written Notification of Pharmacy Denial ***(NEW)*** | NA | Y17 | Y17 | NA | Y18 | Y18 |  |  |  |
| I | Pharmacy Notice of Appeal Rights/Process ***(NEW)*** | NA | Y17 | Y17 | NA | Y18 | Y18 |  |  |  |
| **UM 9: Appropriate Handling of Appeals** |
| A | Preservice and Postservice Appeals | NA | Y | Y | NA | Y | Y |  |  |  |
| B | Timeliness of the Appeal Process | NA | Y | Y | NA | Y | Y |  |  |  |
| C | Appeal Reviewers | NA | Y | Y | NA | Y | Y |  |  |  |
| D | Notification of Appeal Decision/Rights | NA | Y | Y | NA | Y | Y |  |  |  |
| **UM 13: Triage and Referral for Behavioral Healthcare** |
| A | Triage and Referral Protocols | Y | Y | Y | Y | Y | Y |  |  |  |
| B | Supervision and Oversight | NA | Y | Y | NA | Y | Y |  |  |  |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

| HP Standards and Elements | Accredited MBHO | Certified UM/CR | Certified CVO |
| --- | --- | --- | --- |
| Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey | Interim Survey | First Survey | Renewal Survey |
| **CREDENTIALING AND RECREDENTIALING** |
| **CR 2: Credentialing Committee** |
| A | Credentialing Committee |  |  |  | Y | Y | Y |  |  |  |
| **CR 3: Credentialing Verification[[19]](#footnote-20)** |
| A | Verification of Credentials | NA | Y | Y | NA | Y | Y | NA | Y | Y |
| B | Sanction Information | NA | Y | Y | NA | Y | Y | NA | Y | Y |
| C | Credentialing Application | NA | Y | Y | NA | Y | Y | NA | Y | Y |
| **CR 4: Recredentialing Cycle Length***For behavioral healthcare files:* |
| A | Recredentialing Cycle Length | NA | NA | Y | NA | NA | Y |  |  |  |
| **CR 5: Practitioner Office Site Quality** |
| A | Performance Standards and Thresholds |  |  |  | Y | Y | Y |  |  |  |
| B | Site Visits and Ongoing Monitoring |  |  |  | NA | Y | Y |  |  |  |
| **CR 6: Ongoing Monitoring** |
| A | Ongoing Monitoring and Interventions[[20]](#footnote-21) |  |  |  | NA | Y | Y |  | Y | Y |
| **CR 8: Assessment of Organizational Providers** |
| A | Review and Approval of Provider | Y | Y | Y |  |  |  |  |  |  |
| C | Behavioral Healthcare Providers | Y | Y | Y |  |  |  |  |  |  |
| E | Assessing Behavioral Healthcare Providers | NA | Y | Y |  |  |  |  |  |  |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

Automatic Credit for Delegating to an NCQA-Accredited/Certified DM Organization

***Degree of correlation between programs.*** NCQA determines the degree of automatic credit by the correlation between the programs assessed in QI 6 and QI 7 and those reviewed for the delegate’s DM accreditation or certification.

***Formal delegation agreement waived.*** The organization may receive automatic credit without a formal delegation agreement if it uses only disease management education materials and program content developed by a delegate with NCQA Program Design Certification.

***Whole-person programs.*** An organization that delegates disease management to a whole-person program may be eligible for automatic credit for two conditions in QI 6 and QI 7 if the program’s eligibility criteria include multiple conditions.

**Table 4: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited/Certified
DM organization**

| HP Standards and Elements |  ACCREDITATION | CERTIFICATION |
| --- | --- | --- |
| Patient and Practitioner Oriented | Patient Oriented | Program Design | Systems |
| Interim | First | Renewal | Interim | First | Renewal | Interim | First | Renewal | Interim | First | Renewal |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 6: Disease Management *(for each condition)*** |
| A | Program Content | Y | Y | Y | Y | Y | Y | Y | Y | Y | NA | NA | NA |
| B | Identifying Members for DM Programs | Y | Y | Y | Y | Y | Y | NA | NA | NA | Y | Y | Y |
| C | Frequency of Member Identification | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| D | Providing Members With Information | Y | Y | Y | Y | Y | Y | NA | NA | NA | Y | Y | Y |
| E | Interventions Based on Assessment | Y | Y | Y | Y | Y | Y | NA | NA | NA | Y | Y | Y |
| F | Eligible Member Active Participation | NA | Y | Y | NA | Y | Y | NA | NA | NA | NA | NA | NA |
| G | Informing and Educating Practitioners | NA | Y | Y | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| I | Experience With Disease Management*Factor 1: Analyzing member feedback* | NA | Y | Y | NA | Y | Y | NA | NA | NA | NA | NA | NA |
| J | Measuring Effectiveness | NA | Y | Y | NA | Y | Y | NA | NA | NA | NA | NA | NA |
| **QI 7: Practice Guidelines *(for each guideline)*** |
| A | Adoption and Distribution of Guidelines*Factor 1: Establish clinical basis for guidelines**Factor 2: Update guidelines at least every 2 years* | Y | Y | Y | Y | Y | Y | Y | Y | Y | NA | NA | NA |
| C | Relation to DM Programs | NA | Y | Y | NA | Y | Y | NA | Y | Y | NA | NA | NA |
| D | Performance Measurement | NA | Y | NA | NA | Y | NA | NA | Y | NA | NA | NA | NA |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

Automatic Credit for Delegating to an NCQA-Accredited/Certified WHP Organization

A health plan that is NCQA WHP Accredited or Certified is eligible for automatic credit during its HP Accreditation survey for the elements listed in the table below that were in the scope of its WHP survey. In this case, criteria for automatic credit is waived.

**Table 5: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited/Certified
WHP organization**

| HP Standards and Elements | EVALUATION OPTION |
| --- | --- |
| Interim | First | Renewal |
| MEMBER CONNECTIONS |
| **MEM 1: Health Appraisals** |
| A | HA Components | NA | Y | Y |
| B | HA Disclosure | NA | Y | Y |
| C | HA Scope | NA | Y | Y |
| D | HA Results | NA | Y | Y |
| E | Formats | NA | Y | Y |
| F | Frequency of HA Completion | NA | Y | Y |
| G | Review and Update Process | NA | Y | Y |
| **MEM 2: Self-Management Tools** |
| A | Topics of Tools | NA | Y | Y |
| B | Usability Testing | NA | Y | Y |
| C | Review and Update Process | NA | Y | Y |
| D | Formats | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

Automatic Credit for Delegating to a Certified HIP Organization

### *Table 6a: Automatic credit by Evaluation Option for delegating to an NCQA-Certified HIP organization (2014)*

| HP Standards and Elements | EVALUATION OPTION |
| --- | --- |
| Interim | First | Renewal |
| **NETWORK MANAGEMENT—*NEW*** |
| **NET 6: Physician and Hospital Directories** |
| A | Physician Directory Data | NA | Y | Y |
| E | Physician Information Transparency | NA | Y | Y |
| F | Searchable Physician Web-Based Directory | NA | Y | Y |
| G | Hospital Directory Data | NA | Y | Y |
| I | Hospital Information Validation | NA | Y | Y |
| J | Searchable Hospital Web-Based Directory | NA | Y | Y |
| K | Usability Testing | NA | Y | Y |
| L | Availability of Directories | NA | Y | Y |
| MEMBER CONNECTIONS |
| **MEM 4: Pharmacy Benefit** |
| A | Pharmacy Benefit Information—Web Site | NA | Y | Y |
| B | Pharmacy Benefit Information—Telephone | NA | Y | Y |
| C | QI Process on Accuracy of Information | NA | Y | Y |
| D | Pharmacy Benefit Updates | NA | Y | Y |
| **MEM 7: Health Information Line** |
| A | Access to Health Information Line | NA | Y | Y |
| B | Health Information Line Capabilities | NA | Y | Y |
| C | Monitoring the Health Information Line | NA | Y | Y |
| **MEM 8: Support for Healthy Living** |
| A | Identifying Members | NA | Y | Y |
| B | Targeted Follow-Up With Members | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

### *Table 6b: Automatic credit by Evaluation Option for delegating to an NCQA-Certified HIP organization (pre-2014)*

| HP Standards and Elements | EVALUATION OPTION |
| --- | --- |
| Interim | First | Renewal |
| **MEMBERS’ RIGHTS AND RESPONSIBILITIES** |
| **NET 6: Physician and Hospital Directories** |
| A | Physician Directory Data | NA | Y | Y |
| E | Physician Information Transparency | NA | Y | Y |
| F | Searchable Physician Web-Based Directory | NA | Y | Y |
| G | Hospital Directory Data | NA | Y | Y |
| I | Hospital Information Transparency | NA | Y | Y |
| J | Searchable Hospital Web-Based Directory | NA | Y | Y |
| K | Usability Testing | NA | Y | Y |
| L | Availability of Directories | NA | Y | Y |
| MEMBER CONNECTIONS |
| **MEM 1: Health Appraisal** |
| A | HA Components | NA | Y | Y |
| B | HA Disclosure | NA | Y | Y |
| C | HA Scope | NA | Y | Y |
| D | HA Results | NA | Y | Y |
| E | Formats | NA | Y | Y |
| F | Frequency of HA Completion | NA | Y | Y |
| G | Review and Update Process | NA | Y | Y |
| **MEM 2: Self-Management Tools** |
| A | Topics of Tools | NA | Y | Y |
| B | Usability Testing | NA | Y | Y |
| C | Review and Update Process | NA | Y | Y |
| D | Formats | NA | Y | Y |
| **MEM 4: Pharmacy Benefit** |
| A | Pharmacy Benefit Information—Web Site | NA | Y | Y |
| B | Pharmacy Benefit Information—Telephone | NA | Y | Y |
| C | QI Process on Accuracy of Information | NA | Y | Y |
| D | Pharmacy Benefit Updates | NA | Y | Y |
| **MEM 7: Health Information Line** |
| A | Access to Health Information Line | NA | Y | Y |
| B | Health Information Line Capabilities | NA | Y | Y |
| C | Monitoring the Health Information Line | NA | Y | Y |
| **MEM 8: Support for Healthy Living** |
| A | Identifying Members | NA | Y | Y |
| B | Targeted Follow-Up With Members | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

### *Table 6: Automatic credit by Evaluation Option for delegating to an NCQA-Accredited CM organization*

| HP Standards and Elements | EVALUATION OPTION |
| --- | --- |
| Interim | First | Renewal |
| QUALITY MANAGEMENT AND IMPROVEMENT |
| **QI 5: Complex Case Management** |
| A | Population Assessment | Y | Y | Y |
| C | Identifying Members for Case Management | Y | Y | Y |
| D | Access to Case Management | Y | Y | Y |
| E | Case Management Systems | Y | Y | Y |
| G | Initial Assessment | NA | Y | Y |
| H | Case Management—Ongoing Management | NA | Y | Y |
| I | Experience with Case Management | NA | Y | Y |
| J | Measuring Effectiveness | NA | Y | Y |
| K | Action and Remeasurement | NA | NA | Y |

### *Table 7: Automatic credit by Evaluation Option for delegating to an organization with NCQA MHC Distinction*

| HP Standards and Elements | Pre-2013 Health Plans | EVALUATION OPTION |
| --- | --- | --- |
| Interim  | First  | Renewal  |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 1: Program Structure** |
| A | Quality Improvement Program Structure, *factor 8* | Y | Y | Y | Y |
| **NETWORK MANAGEMENT—*NEW*** |
| **NET 1: Availability of Practitioners** |
| A | Cultural Needs and Preferences | Y | NA | Y | Y |
| **MEMBERS’ RIGHTS AND RESPONSIBILITIES** |
| **RR 2: Policies for Complaints and Appeals** |
| A | Policies and Procedures for Complaints, *factor 5* | Y | Y | Y | Y |
| B | Policies and Procedures for Appeals, *factor 5* | Y | Y | Y | Y |
| **RR 3: Subscriber Information**  |
| A | Subscriber Information, *factor 5* | Y | Y | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

Delegating to a PCMH

Table : Automatic Credit by Evaluation Option for delegating to an NCQA-Recognized PCMH

|  |  |
| --- | --- |
| **HP Standards and Elements** | **EVALUATION OPTION** |
| **Interim** | **First** | **Renewal** |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 5: Complex Case Management[[21]](#footnote-22)** |
| A | Population Assessment | Y | Y | Y |
| B | Program Description | Y | Y | Y |
| C | Identifying Members for Case Management | Y | Y | Y |
| D | Access to Case Management | Y | Y | Y |
| E | Case Management Systems | Y | Y | Y |
| F | Case Management Process | Y | Y | Y |
| G | Initial Assessment | NA | Y | Y |
| H | Case Management—Ongoing Maintenance | NA | Y | Y |
| I | Experience With Case Management | NA | Y | Y |
| J | Measuring Effectiveness | NA | Y | Y |
| K | Action and Remeasurement | NA | NA | Y |
| **QI 6: Disease Management** |
| A | Program Content | Y | Y | Y |
| B | Identifying Members for DM Programs | Y | Y | Y |
| C | Frequency of Member Identification | Y | Y | Y |
| D | Providing Members With Information | Y | Y | Y |
| E | Interventions Based on Assessment | Y | Y | Y |
| F | Eligible Member Active Participation | NA | Y | Y |
| G | Informing and Educating Practitioners | NA | Y | Y |
| H | Integrating Member Information | NA | Y | Y |
| I | Experience With Disease Management | NA | Y | Y |
| J | Measuring Effectiveness | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

Automatic Credit for CCM File Review

NCQA awards automatic credit for individual CCM files selected for review when an organization’s members are managed by an NCQA-Recognized PCMH practice and the organization tracks those members for inclusion on the file review worksheet for an Accreditation Survey. The table below outlines the requirements.

### *Table 9: Automatic credit for CCM for using an NCQA-Recognized PCMH*

|  |  |  |
| --- | --- | --- |
| Requirements | Delegation to NCQA-PCMH Recognized | Delegation to Practice Not Recognized by NCQA |
| File inclusion criteria | Member in the case management program for >60 days if tracked by the health plan. | Member in the case management program for >60 days if tracked by the health plan. |
| Automatic credit | Yes | No |

Medicaid CCM File Review Exception for State-Required Health Home Programs

Several state Medicaid agencies are developing mandatory health home programs that health plans must support. Although health plans must still meet the requirements specified above, NCQA will not penalize them on file review for a one-year period, from the time when a practice is designated by the state as a health home.

The health plan must include the health home inception dates in the NCQA file review documentation during the survey process. NCQA surveyors will review those files and document deficiencies in the Survey Tool, but score them NA. Factors that are fully met will be scored 100%.

Credit for QI 10 When Delegating to a PCMH

### *Table 10: Credit for delegating to a PCMH*

|  |  |  |
| --- | --- | --- |
| HP Standards and Elements | NCQA-Recognized PCMH | Practice Not NCQA Recognized |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 10: Delegation of QI** |
| A | Delegation Agreement | Individual signed agreements are not required if the organization’s materials describe its overall medical home approach and explain performance expectations of medical home and health plan. | Individual signed agreements are not required if the organization’s materials describe its overall medical home approach and explain performance expectations of medical home and health plan. |
| B | Provision of Member Data to Delegate | NA | NA |
| C | Provisions for PHI | NA—All delegates are covered entities. | NA—All delegates are covered entities. |
| D | Predelegation Evaluation | NA because of NCQA Recognition. | Capabilities assessment is required for all practices involved. At a minimum, this must include a review of each medical home’s capabilities for performing case management and/or disease management functions. |
| E-1 | Review of QI Program | NA because of NCQA Recognition. | NA—Assumed, based on inclusion of practice in the scope of the medical home initiative. |
| E-2 | Annual CCM Audit | NA | NA |
| E-3 | Annual Evaluation | NA because of NCQA Recognition. | Annual assessment of the effectiveness of the medical home program includes assessment of practice capabilities and performance. At a minimum, this must include an annual programwide review of practice capabilities and performance against program expectations. |
| E-4 | Reporting | Require proof that at least twice a year the organization sends a list of eligible patients to practices for evaluation and engagement and expects feedback from the practice on whether they intend to engage the patients on the list. | Require proof that at least twice a year the organization sends a list of eligible patients to practices for evaluation and engagement and expects feedback from the practice on whether they intend to engage the patients on the list. |
| H | Opportunities for Improvement | NA because of NCQA Recognition. | Required to act on opportunities identified in the program’s annual evaluation.  |

Automatic Credit for Delegating to an NCQA-Accredited ACO

### *Table 12: Automatic Credit by Evaluation Option for delegating to an NCQA-Accredited ACO*

|  |  |
| --- | --- |
| **HP Standards and Elements** | **EVALUATION OPTION** |
| **Interim** | **First** | **Renewal** |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 5: Complex Case Management[[22]](#footnote-23)** |
| A | Population Assessment | Y | Y | Y |
| B | Program Description | Y | Y | Y |
| C | Identifying Members for Case Management | Y | Y | Y |
| D | Access to Case Management | Y | Y | Y |
| E | Case Management Systems | Y | Y | Y |
| F | Case Management Process | Y | Y | Y |
| G | Initial Assessment | NA | Y | Y |
| H | Case Management—Ongoing Maintenance | NA | Y | Y |
| I | Experience With Case Management | NA | Y | Y |
| J | Measuring Effectiveness | NA | Y | Y |
| K | Action and Remeasurement | NA | NA | Y |
| **QI 6: Disease Management** |
| A | Program Content | Y | Y | Y |
| B | Identifying Members for DM Programs | Y | Y | Y |
| C | Frequency of Member Identification | Y | Y | Y |
| D | Providing Members With Information | Y | Y | Y |
| E | Interventions Based on Assessment | Y | Y | Y |
| F | Eligible Member Active Participation | NA | Y | Y |
| G | Informing and Educating Practitioners | NA | Y | Y |
| H | Integrating Member Information | NA | Y | Y |
| I | Experience With Disease Management | NA | Y | Y |
| J | Measuring Effectiveness | NA | Y | Y |

***Key:* Y** = Automatic credit available; **N** = No automatic credit; **NA** = Requirement does not apply to the Evaluation Option.

Automatic Credit for CCM File Review

NCQA awards automatic credit for individual CCM files selected for review when an organization’s members are managed by an NCQA-Accredited ACO and the health plan tracks those members for inclusion on the file review worksheet for an Accreditation Survey.

**Table 13: Automatic credit for CCM for using an NCQA-Accredited ACO**

|  |  |  |
| --- | --- | --- |
| Requirements | Delegation to NCQA-Recognized PCMH  | Delegation to Practice Not Recognized by NCQA |
| File inclusion criteria | Member in the case management program for >60 days if tracked by the health plan. | Member in the case management program for >60 days if tracked by the health plan. |
| Automatic credit | Yes | No |

***Table 14: Credit for QI 10 When Delegating to an NCQA-Accredited ACO***

|  |  |  |
| --- | --- | --- |
| HP Standards and Elements | NCQA-Accredited ACO | Unaccredited ACO |
| **QUALITY MANAGEMENT AND IMPROVEMENT** |
| **QI 10: Delegation of QI** |
| A | Delegation Agreement | Require proof that at least twice a year the organization sends a list of eligible patients to the ACOs for evaluation and engagement and expects feedback from the ACOs on whether they intend to engage the patients on the list. | Individual signed agreements are not required if the organization’s materials describe its overall ACO approach and explain performance expectations of ACO and health plan. |
| B | Provision of Member Data to Delegate | NA | NA |
| C | Provisions for PHI | NA—All delegates are covered entities. | NA—All delegates are covered entities. |
| D | Predelegation Evaluation | NA because of NCQA Recognition. | Capabilities assessment is required for all the ACOs. At a minimum, this must include a review of each ACO’s capabilities for performing case management and/or disease management functions. |
| E-1 | Review of QI Program | NA because of NCQA Recognition. | NA |
| E-2 | Annual CCM Audit | NA | NA |
| E-3 | Annual Evaluation | NA because of NCQA Recognition. | Annual assessment of the effectiveness of the ACO program includes assessment of capabilities and performance. At a minimum, this must include an annual programwide review of practice capabilities and performance against program expectations. |
| E-4 | Reporting | Individual signed agreements are not required if the organization’s materials describe its overall medical home approach and explain performance expectations of medical home and health plan. | Require proof that at least twice a year the organization sends a list of eligible patients to the ACOs for evaluation and engagement and expects feedback from the ACOs on whether they intend to engage the patients on the list. |
| H | Opportunities for Improvement | NA | Required to act on opportunities identified in the program’s annual evaluation. |

1. NCQA assesses the organization’s access standards to award automatic credit. [↑](#footnote-ref-2)
2. Automatic credit is available if delegate is accredited under the 2014 HP standards and beyond. [↑](#footnote-ref-3)
3. For NET 2, Element C, automatic credit is available if the delegate is accredited under the 2016 standards and beyond. [↑](#footnote-ref-4)
4. For NET 3, Elements A–C, automatic credit is available if the delegate is accredited under the 2016 standards and beyond. [↑](#footnote-ref-5)
5. Automatic credit is available if the health plan was accredited under 2015 standards and beyond. [↑](#footnote-ref-6)
6. Automatic credit is available if the delegate is accredited under 2016 standards and beyond. [↑](#footnote-ref-7)
7. Automatic credit is available if the delegate is certified under 2016 standards and beyond or, if the delegate was certified before 2016, the health plan updates its delegation agreement with the delegate to ensure that the delegate is following the UM pharmacy requirements. [↑](#footnote-ref-8)
8. Automatic credit is available to delegates accredited under the 2014 MBHO standards and beyond. [↑](#footnote-ref-9)
9. For nonbehavioral healthcare CCM activities supported by an NCQA-Accredited MBHO, automatic credit is available for QI 5, Element A, factor 4: Individuals with serious and persistent mental illness. [↑](#footnote-ref-10)
10. For nonbehavioral healthcare CCM activities supported by an NCQA-Accredited MBHO, automatic credit is available for QI 5, Element G, factor 4: Initial assessment of behavioral health status and factor 5: Initial assessment of psychosocial issues. [↑](#footnote-ref-11)
11. Automatic credit is available to delegates accredited under the 2014 MBHO standards and beyond. [↑](#footnote-ref-12)
12. Automatic credit is available for factors 1–3. [↑](#footnote-ref-13)
13. Automatic credit is available for behavioral healthcare criteria. [↑](#footnote-ref-14)
14. Automatic credit is available for behavioral healthcare pharmaceutical requests processed by an MBHO delegate accredited under 2016 standards and beyond. If the delegate was accredited before 2016, the health plan updates its delegation agreement with the delegate to ensure that the delegate is following the UM pharmacy requirements. [↑](#footnote-ref-15)
15. Automatic credit is available if the delegate is certified under 2016 standards and beyond or, if the delegate was certified before 2016, the health plan updates its

 delegation agreement with the delegate to ensure that the delegate is following the UM pharmacy requirements. [↑](#footnote-ref-16)
16. Automatic credit is available if the delegate is accredited under 2016 standards and beyond. [↑](#footnote-ref-17)
17. Automatic credit is available for behavioral healthcare pharmaceutical requests processed by an MBHO delegate accredited under 2016 standards and beyond. If the delegate was accredited before 2016, the health plan updates its delegation agreement with the delegate to ensure that the delegate is following the UM pharmacy requirements. [↑](#footnote-ref-18)
18. Automatic credit is available if the delegate is certified under 2016 standards and beyond or, if the delegate was certified before 2016, the health plan updates its

 delegation agreement with the delegate to ensure that the delegate is following the UM pharmacy requirements. [↑](#footnote-ref-19)
19. For MBHO or UM-CR delegates, NCQA assesses timeliness of decisions if decision making is not delegated. For MBHO delegates, automatic credit is available for behavioral healthcare files. For CVO delegates, NCQA assesses timeliness of decisions. [↑](#footnote-ref-20)
20. For CVO delegates, automatic credit is available for factors 1 and 2 only. [↑](#footnote-ref-21)
21. For QI 5, Elements G and H, automatic credit is available if 70% or more of the organization’s membership is covered by an NCQA-Recognized delegate’s service (excluding those with PPC-PCMH 2008 Level 1), NCQA awards the next scoring level up if the score is less than 100%. For example, if the file review score is 50%, NCQA scores this element 80%. [↑](#footnote-ref-22)
22. For QI 5, Elements G and H, automatic credit is available if 70% or more of the organization’s membership is covered by an NCQA-Accredited delegate’s service, NCQA awards the next scoring level up if the score is less than 100%. For example, if the file review score is 50%, NCQA scores this element 80%. [↑](#footnote-ref-23)