NCQA Corrections, Clarifications and Policy Changes to the 2016 CVO Standards and Guidelines

November 23, 2020

This document includes the corrections, clarifications and policy changes to the 2016 CVO standards and guidelines. NCQA has identified the appropriate page number in the printed publication and the standard and head—subhead for each update. Updates have been incorporated into the Interactive 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 2016 CVO 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
15	Policies and Procedures—Section 2: The Certification Process	Corrective Action	Replace the text with the following: In certain circumstances, NCQA may require corrective action and submission of a corrective action plan (CAP) by the organization. Corrective actions are steps taken to improve performance when an organization does not meet specific NCQA Certification requirements. Failure to timely comply with requested corrective action may result in a lower score or reduction or loss of Certification status. A CAP is considered complete when NCQA notifies the organization that all identified deficiencies are resolved and corrective actions have been implemented. If the CAP is not completed within the agreed-on time frame, the organization must notify NCQA of the reason. The ROC determines completion of the CAP. If the CAP is considered incomplete, the ROC may extend the CAP, reduce the organization's status or issue a Denied Certification status as specified below.	**CL**	**11/23/20**

<table>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td></td><td></td><td></td><td><table><tr><th>If the Organization…</th><th>The ROC May…</th></tr><tr><td>Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.</td><td>Extend the CAP or reduce the organization's status from Certified to Denied.</td></tr><tr><td>Does not complete the CAP after an extension, or
Is unwilling or unable to formulate a satisfactory CAP within the required time frame, or
Makes no attempt to complete an agreed-on CAP.</td><td>Issue a Denied Certification status.</td></tr></table></td><td></td><td></td></tr>
<tr><td>45</td><td>CVO 3, Element D</td><td>Factor 2: Intermittent password changes</td><td>Revise the factor 2 language to read:
2. Password changes.</td><td>CL</td><td>11/23/20</td></tr>
<tr><td>45</td><td>CVO 3, Element D</td><td>Explanation—Factors 1, 2: Password protection</td><td>Revise the fourth bullet under Factors 1, 2: Password protection to read:
• Change passwords when requested by staff or if passwords are compromised.
Note: NCQA scores factor 2 "Yes" if the organization's policies and procedures state that it follows the National Institute of Standards and Technology guidelines.</td><td>CL</td><td>11/23/20</td></tr>
<tr><td>51</td><td>CVO 5, Element A</td><td>Explanation—Verification of DEA or CDS certification</td><td>Revise the second bullet to read:
• DEA or CDS certificate, or a photocopy of the certificate.</td><td>CL</td><td>11/23/20</td></tr>
</table>

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
NA	Policies and Procedures	Acknowledgments	Update the NCQA address on the page preceding the **Acknowledgments** page to read: 1100 13th Street NW, Third Floor Washington, DC 20005 Update the Policy Clarification Support link to read: http://my.ncqa.org	**CL**	**11/20/17**
~~10~~	~~Policies and Procedures—Section 1~~	~~Applying for an NCQA Survey—Application request~~	~~Update the NCQA address to read:~~ ~~National Committee for Quality Assurance~~ ~~1100 13th Street NW, Third Floor~~ ~~Washington, DC 20005~~ ***Updated on March 26, 2018.***	~~**CL**~~	~~**11/20/17**~~
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey—Application request	Revise the section to read: NCQA has implemented a new web-based application process. Organizations with current NCQA Certification can apply for a Renewal Survey at http://my.ncqa.org. Log in, click **My Apps** and then click **Go To Site** for the certification application tool. Review and edit the prepopulated application information and submit the application directly to NCQA. Contact the application and scheduling account representative (ASAR) with questions or go to http://www.ncqa.org/programs/accreditation/online-application-process for information on NCQA's new application process. Organizations without current certification or that are applying for CVO certification for the first time can contact Customer Support at **888-275-7585** or submit a question in the **My Questions** section at http://my.ncqa.org to begin the prequalification and application process.	**CL**	**3/26/18**
~~11~~	~~Policies and Procedures—Section 1: Eligibility and the Application Process~~	~~Applying for an NCQA Survey—Processing criteria~~	~~Revise the section to read:~~ ~~NCQA only processes a complete application, which comprises:~~ ~~• The web-based application for an NCQA CVO Certification Survey.~~ ~~• A current, signed Agreement for NCQA CVO Certification Survey ("the Agreement").~~ ~~***Note:*** *Unless state or other applicable law requires modifications, all organizations are required to sign the Agreement. Requests to change the standard Agreement due to legal conflicts must be approved by NCQA,*~~	~~**CL**~~	~~**3/26/18**~~

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			~~*and must be submitted with evidence of the legal conflict at least 12 months before the requested survey date.*~~ • ~~The application fee.~~ ***Updated on March 30, 2020.***		
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey—Processing criteria	Replace the text with the following: NCQA only processes a complete application, which includes: • The application for NCQA CVO Certification Survey. • A signed Agreement for NCQA CVO Certification Survey ("the Agreement"). • The application fee. ***Note:*** *The signed legal agreement establishes the terms and conditions that all organizations must accept to participate in the survey, and that will apply for the length of the Certification. NCQA does not accept edits to the Agreement unless state or other applicable law requires modifications.* *An organization that has a legal conflict with a term or provision may submit to NCQA for review and consideration of a waiver or revision. Requests must be submitted with evidence of the legal conflict at least 12 months before the requested survey date and must be approved by NCQA. Signed Agreements will remain in effect for resurveys and any subsequent renewals. An organization may be required to resign the Agreement if there is lapse in its Certification status.*	**CL**	**3/30/20**
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey—Application timeline	Revise the first sentence to read: Organizations submit the complete application a *minimum of nine months* before the requested survey date. Remove the note that reads: ***Note:*** *Unless state or other applicable law requires modifications, all organizations are expected to sign NCQA's standard Agreement. Requests to change the standard Agreement due to legal conflicts must be approved by NCQA, and must be submitted with evidence of the legal conflict at least 12 months before the requested survey date.*	**CL**	**3/26/18**

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11	Policies and Procedures—Section 1: Eligibility and the Application Process	Applying for an NCQA Survey—Survey fee	Revise the section to read: All pricing policies and survey fees are specified in Exhibit A of the Agreement.	**CL**	**3/26/18**
11	Policies and Procedures—Section 1: Eligibility and the Application Process	Organization Obligations	Add the following as sub-bullets under the third bullet: – An organization that ceases to do business and no longer has clients before the end of its NCQA Certification cycle will be removed from the NCQA CVO Report Card. – An organization that continues to have clients and elects to withdraw from certification and not continue to meet NCQA requirements before the end of its NCQA Certification cycle, will be reported as "Revoked" on the NCQA CVO Report Card.	**CL**	**7/30/18**
11	Policies and Procedures—Section 1	Eligibility and the Application Process—Organization Obligations	Add the following note as a separate paragraph under the last bullet: ***Note:*** *If NCQA conducts a Discretionary Survey, it reviews the organization against the standards in effect at the time of the Discretionary Survey.*	**CL**	**11/20/17**
13	Policies and Procedures—Section 2	Certification Surveys—State and Federal Agency Survey	Revise the first and second paragraph to read: NCQA has been approved (or deemed) by many state and federal agencies, and conducts surveys that are accepted in lieu of state or federal surveys or as meeting government requirements. These agencies recognize NCQA standards and guidelines as meeting selected regulatory and contract schedule requirements to satisfy agency solicitations and awards. NCQA may also create a separate module to cover the additional regulatory requirements not addressed by NCQA standards. NCQA evaluates an organization's performance against requirements agreed to by the regulatory agency, contracting entity and NCQA. NCQA policies and procedures apply to the extent it deems appropriate, unless otherwise defined by the government agency and agreed to by NCQA.	**CL**	**11/20/17**

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14	Policies and Procedures—Section 2: The Certification Process	Introductory Follow-Up Survey	Add the following as the last sentence in the second paragraph: The effective date of the accreditation status is the same date specified in the Introductory Initial Survey decision that precipitated the Follow-Up Survey.	**CL**	**7/29/19**
15	Policies and Procedures—Section 2: The Certification Process	Corrective Action	Revise the first paragraph to read: In certain circumstances, NCQA may require corrective action by the organization. Corrective action are steps taken to improve performance when an organization does not meet specific NCQA certification requirements. Failure to comply timely with requested corrective action may result in a lower score or reduction or loss of certification status.	**CL**	**7/29/19**
18	Policies and Procedures—Section 2	The Certification Process—Core Elements and Must-Pass Elements	Revise the second and third bullets to read: • Receive a score of 100% for all the elements in the selected certification option. • Achieve at least a 70% score for the entire certification option, comprised of the core standards (CVO 1-3) and the other applicable standard for the selected certification options.	**CL**	**3/27/17**
~~19~~	~~Policies and Procedures—Section 2: The Certification Process~~	~~How Standards Are Scored—Core Elements and Must-Pass Elements~~	~~Add the following as the third paragraph:~~ ~~If an organization does not meet the must-pass threshold for any must-pass element, a status modifier of "Under Corrective Action" will be displayed after the applicable status (e.g., Certified—Under Corrective Action) until NCQA confirms that the organization has completed a corrective action plan.~~ ***Updated on November 25, 2019.***	**~~PC~~**	**~~7/29/19~~**
19	Policies and Procedures—Section 2: The Certification Process	How Standards Are Scored—Core Elements and Must-Pass Elements	Remove the third paragraph, which reads: If an organization does not meet the must-pass threshold for any must-pass element, a status modifier of "Under Corrective Action" will be displayed after the applicable status (e.g., Certified—Under Corrective Action) until NCQA confirms that the organization has completed a corrective action plan.	**CO**	**11/25/19**

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19	Policies and Procedures—Section 2: The Certification Process	How Standards Are Scored—Requirements That May Not Be Delegated	Add the following subhead and associated text: **Notification to Regulatory Agencies** NCQA reserves the right to notify applicable regulatory agencies if aspects of the organization's operations pose a potential imminent threat to the health and safety of members or patients and/or NCQA has reason to believe that information submitted to NCQA has been falsified or the organization is required to implement corrective action. Before NCQA notifies applicable regulatory agencies, it gives the organization 24 hours to correct the condition or rebut the findings prior to notifying a regulatory agency.	**PC**	**7/29/19**
22	Policies and Procedures—Section 3: The Survey Process	Reconsideration—Reconsideration request	Add the following as the last sentence of the second paragraph: The request may be submitted via email to Reconsiderations@ncqa.org or mailed to: NCQA Office of Program Integrity 1100 13th Street NW, 3rd Floor Washington DC, 20005	**CL**	**7/30/18**
22	Policies and Procedures—Section 3: The Survey Process	Reconsideration—Documentation supporting Reconsideration	Delete the last sentence of the note, which reads: The organization must provide NCQA with 12 copies of materials.	**CL**	**7/30/18**
27	Policies and Procedures—Section 4: Reporting Results	Reporting Certification Status to the Public—Right to release and publish	Add the following as the third paragraph: NCQA publicly reports Denied Certification status for one year (unless the organization declines its status under the Introductory Survey option) or until the status is replaced as the result of another survey. An organization that dissolves or ceases to exist is removed from public reporting.	**CL**	**7/29/19**
27	Policies and Procedures—Section 4: Reporting Results	Reporting Certification Status to the Public—Right to release and publish	Add the following as the fourth paragraph: NCQA will also report when an organization is required to complete corrective actions. Failure to comply timely with requested corrective action may result in a lower score or reduction or loss of certification status.	**PC**	**7/29/19**

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27	Policies and Procedures—Section 4: Reporting Results	Maintaining Certification—Change in status from Renewal Survey	Remove the last paragraph the reads: NCQA publicly reports Denied Certification status for one year or until the status is replaced as the result of another survey. An organization that dissolves or ceases to exist is removed from the public reporting list.	**CL**	**7/29/19**
27	Policies and Procedures—Section 5	Reporting Hotline for Fraud and Misconduct—How to Report	Replace the "English-speaking USA and Canada" toll free telephone number with **844-440-0077.**	**CO**	**11/20/17**
28	Policies and Procedures—Section 5	Notifying NCQA of Reportable Events	Move Notifying NCQA of a Reportable Event above the Discretionary Survey section and update the language. See the attached Policies and Procedures to review updates to this section, which includes the definition of Reportable Events, the process for notifying NCQA of Reportable Events and a description of the investigative process that NCQA may initiate following a Reportable Event.	**PC**	**11/20/17**
28	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events—Annual Attestation of Compliance With Reportable Events	Revise the second sentence in the second paragraph to read: Submit Reportable Events via email to ReportableEvents@ncqa.org and annual attestations electronically to Attestations@ncqa.org, by fax to 202-955-3599 or by mail to the address below:	**CL**	**7/30/18**
28	Policies and Procedures—Section 5	Discretionary Survey—Time frame	Revise the first sentence to read: The Discretionary Survey is generally conducted within 60 calendar days of notification by NCQA of its intent to conduct a Discretionary Survey, but may include an unannounced survey.	**PC**	**11/20/17**
28	Policies and Procedures—Section 5	Discretionary Survey	Revise the Discretionary Survey section to read: NCQA may survey an organization while a certification status is in effect. This survey is called a **Discretionary Survey** and its purpose is to validate the appropriateness of the organization's ongoing certification. **Structure** NCQA determines the scope and content of Discretionary Surveys, which may consist of one or more of the following:		

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			• An offsite document review. • An onsite survey. • A teleconference. • A tour (if the organization has physically moved its location). **Target** Discretionary Surveys address issues regarding the organization's continued performance against NCQA's standards and other considerations that may pose an imminent threat to members. During a discretionary review, a certified organization will be reviewed under the NCQA standards in effect at the time of the discretionary review. The Discretionary Survey may include review of a sample of credentialing and recredentialing files, as appropriate and interviews with organization staff. Any relevant look-back period for file review standards will be determined at the time of the Discretionary Survey and may or may not reflect the full look-back period identified in the standards. **Time frame** The Discretionary Survey is generally conducted within 60 calendar days of notification by NCQA of its intent to conduct a Discretionary Survey. Discretionary Survey costs are borne by the organization and correspond to the complexity and scope of the Discretionary Survey and NCQA pricing policies in effect at the time of the Discretionary Survey. **Change in status** When NCQA notifies the organization in writing of its intent to conduct a Discretionary Survey, the organization's existing certification status is listed with the notation "Under Review by NCQA." NCQA may suspend the organization's certification status pending completion of a Discretionary Survey. Upon completion of the Discretionary Survey and after the ROC's decision, the organization's status may change. The organization has the right to Reconsideration if its certification status changes because of the Discretionary Survey.	**PC**	**11/21/2016**

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30	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of a Reportable Event	Revise the third subbullet under the first bullet to read: – Request for corrective action where the substance of such corrective action relates to the organization's handling of important patient safety matters.	**CL**	**7/29/19**
30	Policies and Procedures—Section 5	Mergers and Acquisitions	Replace the language with the following: An NCQA-Certified organization involved in a merger, acquisition, consolidation or other form of corporate reorganization, including filing for dissolution, must submit written notice of such action to NCQA within 30 calendar days following the date of the merger, acquisition, consolidation or reorganization, or earlier, if possible. Refer to *Appendix 5: Mergers, Acquisitions and Consolidations*. An NCQA-Certified organization must also notify NCQA in writing within 30 calendar days of any change in operational structure or the organization's status that affects the scope of review under NCQA's standards for CVO Certification, such as significant changes in the activities review or material restructuring or consolidation of functions. Notices can be submitted electronically to NCQA-Accreditation@ncqa.org; by fax to 202-955-3599 or by mail to the address below: National Committee for Quality Assurance 1100 13th Street NW, Third Floor Washington DC 20005 Attention: AVP Accreditation	**PC**	**11/20/17**
35	CVO 1, Element A	Explanation	Add as the seventh bullet in the Explanation under "The policies and procedures also": • Describes the organization's process for providing accurate information to clients, correcting discrepancies, and notifying practitioners or clients when credentialing information obtained through the verification process varies substantially from that provided by the practitioner, including, but not limited to: – Updated information. – Erroneous information.	**CL**	**7/30/18**

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35	CVO 1, Element A	Related information	Add the following text as the second sentence after the "Automated credentialing system" subhead: The organization provides its security and login policies and procedures to confirm the unique identifier and the signature can only be entered by the signatory.	**CL**	**3/30/20**
47	CVO 3, Element E	Explanation	Revise the Explanations for factors 2 and 3 to read: **Factor 2: Controls for back-up** The organization has a process for providing feedback that data are successfully backed up or archived. **Factor 3: Archived data** The organization can archive data for long-term or permanent storage. Documentation of policies and procedures shows: • How data are archived. • That data are in locations devoid of corruption. • Appropriate access controls are in place.	**CO**	**7/30/18**
~~51~~	~~CVO 5, Element A~~	~~Explanation—Practitioners who prescribe medications:~~	~~Revise the paragraph to read:~~ ~~This element applies to practitioners who are qualified to write prescriptions. The organization verifies that the practitioner's Drug Enforcement Administration (DEA) or Controlled Dangerous Substances (CDS) certificate is valid and current in each state where the practitioner provides care to members. Acceptable verification sources:~~ ***Updated on March 30, 2020.***	~~**CL**~~	~~**11/20/17**~~
51	CVO 5, Element A	Explanation	Revise the text under "Verification of DEA or CDS certification" to read: *Verification time limit:* Prior to reporting to the client. The organization verifies that the practitioner has a current DEA or CDS certification at the time the credentialing information is reported to the client. If the		

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			practitioner's DEA or CDS certificate is not current, the organization reports this to the client. *Practitioners who prescribe medications:* This element applies to practitioners who are qualified to write prescriptions. The organization verifies that the practitioner's Drug Enforcement Administration (DEA) or Controlled Dangerous Substances (CDS) certificate is valid and current in each state where the practitioner provides care to members. Acceptable verification sources: • DEA or CDS agency. • DEA or CDS certificate. • Documented visual inspection of the original DEA or CDS certificate. • Confirmation with the National Technical Information Service (NTIS) database. • Confirmation with the American Medical Association (AMA) Physician Masterfile (DEA only). • American Osteopathic Association (AOA) Official Osteopathic Physician Profile Report or Physician Masterfile (DEA only). • Confirmation with the state pharmaceutical licensing agency, where applicable. **Pending DEA certificates** The organization may credential a practitioner whose DEA certificate is pending if it has a documented process for allowing a practitioner with a valid DEA certificate to write all prescriptions requiring a DEA number for the prescribing practitioner whose DEA is pending until the practitioner has a valid DEA certificate. **DEA- and CDS- eligible practitioners who do not have a certificate** The organization verifies that all DEA- and CDS-eligible practitioners who do not have a valid DEA/CDS certificate, and for whom prescribing controlled substance is in the scope of their practice, have in place a designated practitioner to write prescriptions on their behalf.	**CL**	**3/30/20**

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			The organization documents the practitioner's lack of DEA/CDS certificate in the credentialing file and obtains the name of a designated alternate prescriber from the practitioner. If the alternate prescriber is a practice rather than an individual, the file may include the practice name. The organization is not required to arrange an alternate prescriber. If the practitioner states in writing that they do not prescribe controlled substances and that in their professional judgment, the patients receiving their care do not require controlled substances, they are therefore not required to have a DEA/CDS certificate, but must describe their process for handling instances when a patient requires a controlled substance. The organization includes the practitioner's statement and process description in the credentialing file.		
51	CVO 5, Element A	Examples	*Add the following under the examples section:* **DEA- and CDS- eligible practitioner who do not have a certificate** *Practitioner's statement.* I do not prescribe controlled substances for my patients. If I determine that a patient may require a controlled substance, I refer the patient to their PCP or to another practitioner for evaluation and management.	**CL**	**3/30/20**
53	CVO 6, Element A	Explanation—Completion of residency training	Remove the subbullet under "FCVS for closed residency programs" and make the following text a separate paragraph: NCQA only recognizes residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) (in the United States) or by the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada.	**CL**	**11/20/17**
56	CVO 8, Element A	Explanation—Credentials verification, documentation and timeliness	Remove the first sentence in the first paragraph, which reads: The organization documents verification from the primary source or NCQA-approved sources, and verifies and reports all credentials to the client within NCQA specified time limits.	**CL**	**7/30/18**

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61	CVO 10, Element A	Explanation—Scope of review for sanctions or limitations on licensure	Add as the first sentence in the first paragraph: The organization verifies state sanctions, restrictions on licensure or limitations on scope of practice in all states where the practitioner provides care to members.	**CL**	**11/20/17**
63	CVO 11, Element A	Explanation—Medicare/ Medicaid Sanctions	Add as the sixth bullet: • AMA Physician Master File.	**PC**	**7/25/16**
64	CVO 12, Element A	Scope of review	Revise the scope of review to read: NCQA reviews application and attestation in a random sample of 75 credentialing files processed by the organization during the look-back period.	**CO**	**7/30/18**
65 68	CVO 12, Element A CVO 13, Element A	Explanation—Factor 5: Current malpractice coverage	Revise the Explanation to read: The application states the amount of a practitioner's current malpractice insurance coverage (even if the amount is $0) and the date when coverage expires. If the practitioner's malpractice insurance coverage is current and is provided in the application, it must be current as of the date when the practitioner signed the attestation and include the amount of coverage the practitioner has on the date when the attestation was signed. If the practitioner does not have current malpractice coverage, then it is acceptable to include future coverage with the effective and expiration dates. Documentation of malpractice insurance coverage may also be a face sheet or a federal tort letter as an addendum to the application. In this case, the practitioner is not required to attest to malpractice coverage on the application. The face sheet or federal tort letter must include the insurance effective and expiration dates (the future effective date is acceptable).	**CL**	**7/29/19**

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3-5	Appendix 3	Delegating to NCQA-Accredited, NCQA-Certified or NCQA-Recognized Organizations—General requirements	Add the following as the last sentence of the fourth bullet: If there are two or more delegates, "70 percent" is cumulative.	**CL**	**12/3/18**
5-1	Appendix 5: NCQA Mergers, Acquisitions and Consolidations Policy for CVOs	The MAC Policy	Revise the second and third sentence in the first paragraph to read: Mergers, acquisitions, consolidations and corporate reorganizations are treated the same under NCQA's MAC Policy. The terms *merge, merged* and *merger* also refer to acquisitions, consolidations and reorganizations.	**CL**	**11/20/17**
5-2	Appendix 5: NCQA Mergers, Acquisitions and Consolidations Policy for CVOs	Definitions	Add the following definitions for "reorganization" and "reorganization date" as follows: **reorganization** The process of reorganizing or altering the corporate structure of an organization, including the creation of a new organization or the dissolution of the organization as an entity. The filing for petition for bankruptcy or the initiation of receivership, liquidation or state insurance supervision should be reported to NCQA as Reportable Events under NCQA Accreditation program policy and not under the MAC Policy. **reorganization date** The effective date of the new entity, dissolution or corporate restructuring plan.	**CL**	**11/20/17**
5-2	Appendix 5: NCQA Mergers, Acquisitions and Consolidations Policy for CVOs	Written Notice—Timing of written notice	Revise the first paragraph and the NCQA address to read: An NCQA-Certified organization involved in a merger, acquisition, consolidation or reorganization must submit written notice of such action to NCQA within 30 calendar days following the merger, acquisition, consolidation or reorganization date, or earlier, if possible. Send the written notice to the following address: National Committee for Quality Assurance 1100 13th Street NW, Third Floor Washington, DC 20005	**CL**	**11/20/17**

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5-3	Appendix 5: NCQA Mergers, Acquisitions and Consolidations Policy for CVOs	MAC Evaluation and Outcomes	Add as the first paragraph: Some organizations may merge or completely consolidate with other organizations in stages, over a period of months. Because of their complexity, NCQA examines these situations on a case-by-case basis. A look-back period of 6 months applies to each transaction, to determine if a serial merger or complete consolidation situation exists and to decide the type of survey that may be necessary.	**CL**	**3/26/18**