

## NCQA Clarifications and Regulatory Changes to the 2021 Medicare Advantage Deeming Module

*March 29, 2021*

As part of NCQA’s Medicare Advantage (MA) Deeming or nonduplication efforts, which allow organizations, states and the federal government to avoid duplicate reviews, NCQA made changes and updates to the 2021 MA standards and guidelines. The Centers for Medicare & Medicaid Services (CMS) approved the changes and updates in December 2020; they are outlined in this document and are effective for surveys scheduled on or after January 1, 2021.

This document includes clarifications and regulatory changes to the 2021 MA 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 clarification and regulatory change are as follows:

- A **clarification (CL)** is additional information that explains an existing requirement.
- A **regulatory change (RC)** is a new requirement or a modification of an existing requirement to align with federal regulations.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
	Policies and Procedures	Table of Contents	Add “NA for Quality Improvement” to the MA 21 text so it reads: <ul style="list-style-type: none"> <li>• MA 21: Program Operations (NA for Quality Improvement)</li> </ul>	CL	3/29/21
68	Policies and Procedures	NCQA MA Deeming Survey Types—MA Deeming Module Standards	Revise the first paragraph to read: The 2021 MA Deeming Module evaluates regulatory requirements in Quality Improvement. Standards labeled “MA” address Quality Improvement activities while standards labeled “SNP” address the SNP Model of Care (MOC) requirements and align with SNP MOC audits.	CL	3/29/21
69	Policies and Procedures	NCQA MA Deeming Survey Types—MA Deeming Module Standards	Revise the subhead and text for MA 21: Program Operations to read: Program Operations (NA for Quality Improvement) <ul style="list-style-type: none"> <li>• Not Applicable for Quality Improvement</li> </ul>	CL	3/29/21
69	Policies and Procedures	NCQA MA Deeming Survey Types—MA Deeming Module Standards	Revise the text under “MA SNP 3: Plan Performance Monitoring and Evaluation of the MOC” to read: <ul style="list-style-type: none"> <li>• Under its quality improvement program, the organization appropriately monitors and evaluates its MOC by collecting, analyzing and reporting data.</li> </ul>	CL	3/29/21
69	Policies and Procedures	Eligibility for the MA Deeming Program	Revise the section text to read: <ul style="list-style-type: none"> <li>• A Medicare Advantage organization is eligible for an NCQA MA Deeming Survey if it has a SNP product. A Medicare Advantage organization is eligible for MA deeming and may obtain a MA Deemed status for Quality Improvement.</li> </ul>	CL	3/29/21

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			Organizations with a SNP product must include SNP in its MA Deeming Survey and be assessed on the SNP elements.		
71	Policies and Procedures	The MA Deeming Survey Process	<p>Add the following subhead and text under “Documents dated after submission”:</p> <p><b>Look-back period requirements</b></p> <ul style="list-style-type: none"> <li>• Each element shows the amount of time for the look-back period. NCQA measures the look-back period to the month from the point of the organization’s submission of the completed survey tool. This applies to all standards and elements.</li> </ul>	CL	3/29/21
71	Policies and Procedures	Survey Results and Scoring	<p>Revise the text under “General scoring” to read:</p> <p>MA Deeming Module Scoring:</p> <ul style="list-style-type: none"> <li>• NCQA will score all the elements in the MA Deeming Module as Met or Not Met.</li> <li>• An element must be scored 100% to earn Met.</li> <li>• An organization cannot achieve deemed status unless every element in MA is scored 100% or Met.</li> </ul>	RC	3/29/21
72	Policies and Procedures	Survey Results and Scoring	<p>Revise the text under “File review” to read:</p> <p>The organization will be scored Not Met during file review if it is not able to provide appropriate documentation. Each file is reviewed separately and scored separately.</p> <ul style="list-style-type: none"> <li>• For MA SNP 1, Elements A–C, NCQA reviews a proportional sample of files (i.e., C-SNP, I-SNP, D-SNP files) from a total of 30 SNP files (across all applicable SNP categories) with a minimum of 5 files per SNP category. If the organization does not have all SNP categories or has fewer than 5 files in a category, NCQA reviews all files available in that category. In this instance, NCQA will review files in other categories to obtain a total of 30 files. The remaining number of files in the file review universe will be added from the SNP type with the greatest representation.</li> </ul> <p>NCQA may take an organization’s MOC into consideration in the selection of the file review universe (i.e., MOC with the highest enrollment for each SNP type). NCQA will consider the timeframe for which the MOC is being evaluated. If there are multiple approved MOC’s, each will be reviewed according to the criteria approved with relevance to the specific document in effect.</p> <p>– Each file is scored on each factor. The total number of factors met provides the element score of Met or Not Met. To achieve a score of Met, each file must meet all factors.</p>	RC	3/29/21

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			<ul style="list-style-type: none"> <li>• For MA SNP 2, Element A, factor 1 and SNP 2, Elements B–E, NCQA reviews all applicable SNP files (total number of files from Elements A–C in the Enrollment Verification standard).                             <ul style="list-style-type: none"> <li>– Each file is scored on each factor. The total number of factors met provides the element score of Met or Not Met. To achieve a score of Met, each file must meet all factors or the specified requirement in the Element stem, if there are no factors.</li> </ul> </li> <li>• For SNP 2, Element A, factors 2 and 3, NCQA reviews all applicable SNP files and timeliness is evaluated across all applicable members, and not the 30 files reviewed for factor 1.                             <ul style="list-style-type: none"> <li>– The look-back period for SNP 2, Element A factors 2 and 3 is 16 months, depending on enrollment date. Members must be continuously enrolled for at least 90 days and the organization must conduct the HRA within 90 days, either before or after the effective date of enrollment. The look-back period for all other file review requirements is 13 months. NCQA selects files of members who have been continuously enrolled for at least 13 months.</li> </ul> </li> </ul>		
72	Policies and Procedures	Survey Results and Scoring	<p>Revise the text under “NCQA deemed status” to read:</p> <p>An organization that earns an overall score of 100% for the MA Deeming Survey is granted MA deemed status. NCQA includes a letter in the MA Deeming Survey results stating that the organization received MA deemed status.</p>	<b>RC</b>	<b>3/29/21</b>
72	Policies and Procedures	The MA Deeming Program CAP Process	<p>Revise the text in the first paragraph to read:</p> <p>As part of its MA deeming authority, NCQA monitors the CAP process for organizations participating in the NCQA MA deeming program. An organization that earns a performance score of Not Met in any element(s) in the MA Deeming Survey is required to implement a CAP for each deficient element. NCQA includes a notice of Correct Actions Required (CAR) in the report for each Not Met element.</p>	<b>RC</b>	<b>3/29/21</b>
73	Policies and Procedures	The MA Deeming Program CAP Process	<p>Revise the text under “When a CAP is required” to read:</p> <p>MA organizations that receive a performance score of Met for each element in the MA Deeming Survey results are not required to report a CAP.</p> <p>An organization that receives a total performance score of less than 100% is required to report a CAP.</p> <p>An organization that receives a total performance score of less than 100% for the MA Deeming Survey is required to report a CAP for each deficient element.</p>	<b>RC</b>	<b>3/29/21</b>

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Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
619	MA 7, Element A	Factor 5	Revise the factor 5 language to read: Outline its process for encouraging practitioners and providers to participate in CMS and Health and Human Services (HHS) quality improvement initiatives as part of its quality improvement program.	CL	3/29/21
620	MA 7, Element A	Explanation	Revise the first paragraph to read: <b>THIS IS A MUST-PASS ELEMENT.</b> The MA organization provides its medical policy, quality and medical management procedures to all practitioners and providers who have entered into participation agreements with the organization. The organization shall consult with practitioners and providers who have entered into participation agreements with the organization regarding its medical policy, quality and medical management procedures.	CL	3/29/21
620	MA 7, Element A	Explanation—Factor 1: Practitioner consultations	Revise the paragraph before the bullets to read: The MA organization may not restrict a practitioner, acting within the lawful scope of practice from advising a member about the following, regardless of whether benefits for such care or treatment are provided under the plan:	CL	3/29/21
620	MA 7, Element A	Explanation—Factor 2: Practitioner incentive plans	Add a third bullet to the first paragraph that reads: <ul style="list-style-type: none"> <li>• For all physician incentive plans, the organization provides CMS with the information specified in 42 § CFR 422.210.</li> </ul>	RC	3/29/21
620	MA 7, Element A	Explanation—Factor 2: Practitioner incentive plans	Revise the third bullet of the second paragraph to read: <ul style="list-style-type: none"> <li>• Stop-loss protection must cover at least 90 percent of the costs of referral services above the deductible or an actuarial equivalent amount of the costs of referral services that exceed the per patient deductible limit and otherwise be determined consistent with 42 § CFR 422.202(f)(2)(iii).</li> </ul>	RC	3/29/21
620	MA 7, Element A	Explanation—Factor 4: Distribution to practitioners	Revise the third paragraph to read: The MA organization uses the postal service, electronic mail, FAX or telephone to communicate the information to one of the following: <ul style="list-style-type: none"> <li>• The provider, the employer or billing agent of the provider.</li> <li>• A partnership of which the provider is a member.</li> <li>• Any party to which the provider assigns or reassigns benefits.</li> </ul>	CL	3/29/21

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620	MA 7, Element A	Explanation—Factor 5: Provider participation in quality improvement initiatives	Revise the factor 5 subhead and text to read: <b>Factor 5: Practitioner and provider participation in quality improvement initiatives</b> The organization must encourage its practitioners and providers to participate in CMS and HHS quality improvement initiatives as part of its quality improvement program.	CL	3/29/21
624	MA 17, Element A	Explanation—Data requirements for all plan types	Add the following as the second subbullet in the third paragraph: – Ensures that the information it receives from providers of services is reliable and complete.	CL	3/29/21
624	MA 17, Element A	Explanation—CAHPS data	Revise the text to read: The MA organization has a contract with a CAHPS survey vendor to conduct the Medicare CAHPS satisfaction survey of Medicare plan members in accordance with CMS specifications. The organization submits the survey data to CMS.	CL	3/29/21
626, 628	MA 18, Elements A, B	Scope of review	Revise the first sentence to read: <i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i>	CL	3/29/21
626	MA 18, Element A	Look-back period	Revise the first paragraph to read: <i>For Interim Surveys and First Surveys:</i> The organization is required to complete the activity at least once during the prior year.	CL	3/29/21
627	MA 18, Element A	Examples—Quantitative data analysis	Revise the first bullet to read: • Quality Compass provides comparative data by region.	CL	3/29/21
628	MA 18, Element B	Element title	Revise the element title to read: <b>Element B: Informing Members and Providers</b>	CL	3/29/21
628	MA 18, Element B	Look-back period	Revise the first paragraph to read: <i>For All Surveys:</i> At least once in the prior year.	CL	3/29/21
629	MA 20, Element A	Element stem	Revise the critical factor sentence to read: *Critical factors: Score cannot exceed Not Met if critical factors are not met. <b>Note: This edit is being made to the hardy copy publication only.</b>	CL	3/29/21

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630	MA 20, Element A	Explanation	Revise the third paragraph to read: Factor 7 is a <b>critical factor</b> that must be scored “yes” for the organization to score at least “Met” on this element.	CL	3/29/21
630	MA 20, Element A	Explanation—Factor 1: Program structure	Revise the second bullet to read: <ul style="list-style-type: none"> <li>• Reporting relationships of QI Department staff, QI Committee and any subcommittee.</li> </ul>	CL	3/29/21
631	MA 20, Element A	Explanation—Factor 6: QI Committee oversight	Add a note to the first bullet that reads: <b>Note:</b> <i>Participating practitioners are external to the organization and part of the organization’s network.</i>	CL	3/29/21
631	MA 20, Element A	Explanation—Factor 8: Serving a diverse membership	Revise the paragraph to read: The program description outlines the organization’s approach to address the cultural and linguistic needs of its membership. The QI program description includes objectives or other objectives the organization deems appropriate.	CL	3/29/21
632	MA 20, Element A	Examples	Remove the paragraph that reads: <i>Safety initiatives identified by element-level activities</i> <ul style="list-style-type: none"> <li>• Actions on complaint data that relate to clinical safety (QI 4).</li> <li>• Proactive follow-up systems to facilitate timely receipt of care for population health management (PHM) programs.</li> <li>• Improve continuity and coordination of care between practitioners or sites of care to avoid miscommunication or delays in care that can lead to poor outcomes (QI 5).</li> <li>• Track and trend adverse-event reporting to identify systems issues that contribute to inadequate safety (CR 5, CR 6).</li> </ul>	CL	3/29/21
631	MA 20, Element A	Examples—Factor 8: Objectives for serving diverse membership	Remove the listed bullets and add the following text: <i>Objectives</i> <ul style="list-style-type: none"> <li>• Reduce health care disparities in clinical areas.</li> <li>• Improve cultural competency in materials and communications.</li> <li>• Improve network adequacy to meet the needs of underserved groups.</li> <li>• Improve other areas of needs the organization deems appropriate.</li> </ul> <i>Approach</i>	CL	3/29/21

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			<ul style="list-style-type: none"> <li>• Analyze significant health care disparities in clinical areas.</li> <li>• Use practitioner and provider chart reviews and interviews to understand the differences in care provided and outcomes achieved.</li> <li>• Conduct patient-focused interventions with culturally competent outreach materials that focus on risks specific to race/ethnicity/language.</li> <li>• Conduct focus groups or key informant interviews with cultural or linguistic minority members to determine how to meet their needs.</li> <li>• Identify and reduce a specific health care disparity.</li> <li>• Provide information, training and tools to staff and practitioners to support culturally competent communication.</li> </ul>		
633	MA 20, Element B	Element stem	<p>Revise factor 2 to read:</p> <p>Trending of measures of performance to assess performance in the quality and safety of clinical care and quality of service.</p>	CL	3/29/21
633	MA 20, Element B	Scope of review	<p>Revise the first two paragraphs to read:</p> <p><i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i></p> <p><i>For Interim Surveys and First Surveys:</i> NCQA reviews the organization's most recent annual evaluation report.</p>	CL	3/29/21
633	MA 20, Element B	Look-back period	<p>Revise the first sentence to read:</p> <p><i>For Interim Surveys and First Surveys:</i> At least once during the prior year.</p>	CL	3/29/21
634	MA 20, Element B	Explanation—Factor 3: Analysis and evaluation of effectiveness	<p>Revise the second bullet to read:</p> <ul style="list-style-type: none"> <li>• QI Committee and subcommittee structure.</li> </ul>	CL	3/29/21
634	MA 20, Element B	Examples—Annual written evaluation contents	<p>Remove the second subbullet from the fourth bullet, which reads:</p> <p>—CAHPS data.</p>	CL	3/29/21
635, 637	MA 21, Elements A, B	Standard Statement	<p>Remove MA 21, Elements A and B because the requirements are no longer applicable to the Quality Improvement category.</p>	RC	3/29/21
639	MA 22, Element A	Scope of review	<p>Revise the first and third paragraphs to read:</p> <p><i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i></p>	CL	3/29/21

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			<i>For Interim Surveys and First Surveys:</i> NCQA also reviews the organization's most recent report regarding annual data collection, evaluation and identification of opportunities.		
639	MA 22, Element A	Look-back period	Revise the first sentence to read: <i>For Interim Surveys and First Surveys:</i> At least once during the prior year.	CL	3/29/21
640	MA 22, Element A	Explanation—Factors 1, 2: Collecting data	Revise the fourth paragraph to read: Data collected for factors 1 and 2 are analyzed in factor 3 and result in opportunities for factors 4–7. Because each opportunity in factors 4–7 must address a unique area of measurement, at least four measures must be presented based on the data collected for factors 1 and 2.	CL	3/29/21
641	MA 22, Element A	Related information— Collaboration through patient-centered medical home (PCMH) initiative.	Move the following text to be the first paragraph under the second bulleted list: The organization may receive credit for a second or third opportunity if it can provide evidence of an analysis to determine whether the medical home initiatives can meet additional opportunities.	CL	3/29/21
641	MA 22, Element A	Related information— Use of HEDIS measures.	Add the following as the last sentence of the note: <i>If a measure assesses one area of measurement, it counts as one measure; if it assesses more than one area of measurement, it may be counted as two or more measures.</i>	CL	3/29/21
642	MA 22, Element A	Examples—Factor 2: Movement across settings	Remove the following subbullet under the 8th bullet, which reads: – Medication Reconciliation Post Discharge (MRP).	CL	3/29/21
642	MA 22, Element A	Examples—Factor 2: Movement across settings	Add the following subbullet under the 8th bullet: – Use of Opioids From Multiple Providers (UOP).	CL	3/29/21
642	MA 22, Element B	Element stem	Revise the factors to read: 1. Acting on the first opportunity for improvement identified in Element A. 2. Acting on the second opportunity for improvement identified in Element A. 3. Acting on the third opportunity for improvement identified in Element A.	CL	3/29/21
642	MA 22, Element B	Scope of review	Revise the second sentence to read:	CL	3/29/21



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			NCQA reviews the organization's most recent and the previous year's reports.		
643	MA 22, Element B	Explanation—Factors 1-3	Revise the first sentence to read: Actions are based on three distinct prioritized opportunities from Element A.	CL	3/29/21
643	MA 22, Element B	Related Information— Collaboration through PCMH initiative.	Move the following text to be the first paragraph under the second bulleted list: The organization may receive credit for a second or third opportunity if it provides evidence of an analysis to determine whether the medical home initiatives can meet additional opportunities.	CL	3/29/21
645	MA 22, Element C	Related Information— Intermediate measures.	Add the following as the last paragraph under "Related information": <i>Intermediate measures.</i> The organization may evaluate effectiveness of an intervention by using the same measure specification used for the initial measurement to remeasure, or by conducting an intermediate measurement. An intermediate measurement can evaluate processes or outcomes related to the intervention. For example, if the goal of the organization's intervention is to increase a screening rate by encouraging members to schedule a screening appointment, its intermediate measurement of effectiveness might be to measure the rate of member contacts that resulted in scheduled appointments. The organization might wait to assess the intervention's success until the next annual measurement cycle.	CL	3/29/21
646	MA 22, Element D	Scope of review	Revise the first sentence to read: <i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i>	CL	3/29/21
646	MA 22, Element D	Look-back period	Revise the first sentence to read: <i>For Interim Surveys and First Surveys: 6 months.</i>	CL	3/29/21
647	MA 23, Element A	Scope of review	Revise the first and second sentence to read: <i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i> <i>For Interim Surveys and First Surveys: NCQA reviews the organization's evidence of collaboration (e.g., joint meeting minutes, communications) on data collection and most recent annual data collection report.</i>	CL	3/29/21
647	MA 23, Element A	Look-back period	Revise the first sentence to read: <i>For Interim Surveys and First Surveys: At least once during the prior year.</i>	CL	3/29/21
648	MA 23, Element A	Explanation—Factor 4: Management of	Revise the paragraph to read:	CL	3/29/21

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		coexisting medical and behavioral conditions	The organization collects data on issues around management of multiple conditions where there are both medical and behavioral health conditions and management across the continuum of care is an issue.		
648	MA 23, Element A	Explanation—Factor 5: Prevention programs for behavioral healthcare	Revise the paragraph to read: The organization collects data on issues that could be prevented if appropriate primary or secondary programs are developed and implemented. The organization identifies the programs that the collaboration deems most appropriate, but is not required to implement the program to meet the element.	CL	3/29/21
648	MA 23, Element A	Exceptions	Add the following as the second sentence: Factor 6 is NA if the organization’s membership does not include adult members.	CL	3/29/21
649	MA 23, Element A	Related information— Use of HEDIS measures	Revise the text before the note to read: Organizations may use HEDIS results that address movement between practitioners or movement across settings to identify relevant clinical issues. Although a HEDIS measure may be relevant for more than one factor, the results of any HEDIS measure may be used for only one factor.	CL	3/29/21
649	MA 23, Element A	Related information— Use of HEDIS measures	Add the following as the last sentence of the note: If a measure assesses one area of measurement, it counts as one measure; if it assesses more than one area of measurement, it may be counted as two or more measures.	CL	3/29/21
649	MA 23, Element A	Examples—Factor 4: Managing coexisting conditions	Add as the following as the last bullet: <ul style="list-style-type: none"> <li>• Results of the HEDIS measure Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD).</li> </ul>	CL	3/29/21
651	MA 23, Element B	Scope of review	Revise the first and second paragraphs to read: <i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i> <i>For Interim Surveys and First Surveys:</i> NCQA reviews the organization’s evidence of collaboration (e.g., joint meeting minutes, communications) on data collected in Element A, analyses, opportunities and actions.	CL	3/29/21
651	MA 23, Element B	Look-back period	Revise the first sentence to read: <i>For Interim Surveys and First Surveys:</i> At least once during the prior year.	CL	3/29/21

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651	MA 23, Element B	Related information	<p>Add the following subhead and text after the Explanation:</p> <p><b>Related information</b></p> <p><i>Collaboration through patient-centered medical home (PCMH) initiative.</i> The use of a medical home initiative meets one opportunity for collaboration between medical care and behavioral healthcare in Element A if:</p> <ul style="list-style-type: none"> <li>• The initiative is a direct result of the data collected and the analysis performed to meet factors 1–2.</li> <li>• The organization provides evidence of active support for the PCMH model during the previous 12 months.</li> </ul> <p>NCQA defines “active support” as any of the following:</p> <ul style="list-style-type: none"> <li>• Helping with application fees for NCQA PCMH Recognition (beyond the NCQA program’s sponsor discount).</li> <li>• Helping practices transform into a medical home.</li> <li>• Providing other incentives for NCQA PCMH Recognition, such as pay-for-performance.</li> <li>• Using NCQA PCMH Recognition as a criterion for inclusion in a restricted or tiered network.</li> <li>• Reporting Recognition status in the physician directory.</li> </ul> <p>The organization can receive credit for a second opportunity if it can provide evidence of an analysis to determine whether the medical home initiatives can meet additional opportunities.</p> <p>Automatic credit does not apply if the organization uses a medical home initiative to meet the requirements.</p>	CL	3/29/21
654	MA 23, Element C	Related Information—Intermediate measures.	<p>Add the following as the last paragraph:</p> <p><i>Intermediate measures.</i> The organization may evaluate effectiveness of an intervention by using the same measure specification used for the initial measurement to remeasure, or by conducting an intermediate measurement. An intermediate measurement can evaluate processes or outcomes related to the intervention. For example, if the goal of the organization’s intervention is to increase a screening rate by encouraging members to schedule a screening appointment, its intermediate measurement of effectiveness might be to measure the rate of member contacts that resulted in scheduled appointments. The organization might wait to assess the intervention’s success until the next annual measurement cycle.</p>	CL	3/29/21

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656	MA 24, Element A	Explanation	Revise the last bullet under “Decisions about the following require medical necessity review” to read: <ul style="list-style-type: none"> <li>• “Experimental” or “investigational” requests covered by the organization.</li> </ul>	CL	3/29/21
656	MA 24, Element A	Explanation	Revise the third bullet under “Decisions about the following do not require medical necessity review” to read: <ul style="list-style-type: none"> <li>• Care or services whose coverage does not depend on any circumstances.</li> </ul>	CL	3/29/21
656	MA 24, Element A	Explanation	Add the following as the fourth and fifth bullets and related subbullets under “Decisions about the following do not require medical necessity review”: <ul style="list-style-type: none"> <li>• Requests for personal care services, such as cooking, grooming, transportation, cleaning and assistance with other activities of daily living (ADL).</li> <li>• “Experimental” or “investigational” requests that are always excluded and never deemed medically necessary under any circumstance. In these instances, the organization either:                             <ul style="list-style-type: none"> <li>– Identifies the specific service or procedure excluded from the benefits plan, <b>or</b></li> <li>– If benefits plan materials include broad statements about exclusions but do not specify excluded services or procedures, the materials state that members have the opportunity to request information on excluded services or procedures and the organization maintains internal policies or criteria for these services or procedures.</li> </ul> </li> </ul>	CL	3/29/21
656	MA 24, Element A	Explanation	Add the following subhead below the first two sets of bullets: Medical necessity review of requests for out-of-network coverage	CL	3/29/21
656	MA 24, Element A	Explanation—Factor 2: Behavioral healthcare aspects of the program	Revise the paragraph to read: The program description specifies how the organization addresses sites of behavioral healthcare services (e.g., psychology groups) and the levels of behavioral healthcare services (e.g., inpatient psychiatric care, outpatient psychiatrist visits.) If the organization has a process for triage and referral to behavioral health services, the program description specifies the process.	CL	3/29/21
657	MA 24, Element A	Explanation—Factor 3: Senior-level physician involvement	Revise the paragraph to read: The program description specifies how a senior-level physician (a medical director, associate medical director or equivalent) is involved in UM activities, including implementation, supervision, oversight and evaluation of the UM program.	CL	3/29/21

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658	MA 24, Element A	Related information	<p>Revise the paragraph to read:</p> <p><i>Benefit plan exceptions.</i> If the organization authorizes a service, grants an extension of benefits or makes an exception to a limitation in the benefits plan (e.g., the organization is required to approve 20 visits but allows 21 visits), the granting of an exception does not set precedent such that a subsequent denial of the same service or a request for an extension or exception is considered a medical necessity determination.</p>	CL	3/29/21
660	MA 25, Element A	Explanation—Factor 4: Practitioner involvement	<p>Revise the text to read:</p> <p>Practitioners with clinical expertise in the area being reviewed have the opportunity to advise or comment on development or adoption of UM criteria, and on instructions for applying criteria. Although the organization may use practitioners that are its staff, non-staff network practitioners must also be involved in developing, adopting and reviewing criteria, because they are subject to application of the criteria. If an organization has been unable to involve network practitioners, it must document its attempts and provide the documentation to NCQA during the survey.</p> <p>The organization may have practitioners review criteria if it does not develop its own UM criteria and obtains criteria from external entities.</p>	CL	3/29/21
665	SNP 1, Element A	Data source	Add “model of care” as a data source.	CL	3/29/21
665	SNP 1, Element A	Scope of review	<p>Revise the scope of review to read:</p> <p><i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i></p> <p>Where the MOC is silent (e.g., no factor in the MOC), surveyors will default to the requirements described in the regulation.</p> <p>NCQA reviews the organization’s records or files.</p> <p>NCQA selects files of members who have been continuously enrolled for at least 13 months.</p> <p>NCQA will review 30 files that reflect the general composition of the organization’s membership. A minimum of five members will be selected from each SNP type (C-SNP, I-SNP, D-SNP). If there are less than five files in the file review universe for a specific SNP type, then all are included in the file review universe. The remaining number of files in the file review universe will be added from the SNP type with the greatest representation.</p> <p>NCQA may take an organization’s MOC into consideration in the selection of the file review universe (i.e., MOC with the highest enrollment for each SNP type). NCQA will</p>	RC	3/29/21

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			<p>consider the timeframe for which the MOC is being evaluated. If there are multiple approved MOC's, each will be reviewed according to the criteria approved with relevance to the specific document in effect.</p> <p>Each file is scored on each factor. The total number of factors met provides the element score of Met or Not Met.</p> <p>In order to achieve a score of Met, each file must meet all 8 factors.</p>		
665	SNP 1, Element A	Look-back period	<p>Revise the look-back period to read:</p> <p><i>For All Surveys:</i> 13 months.</p>	CL	3/29/21
665	SNP 1, Element A	Explanation—Factors 1–8: Enrollment Verification for C-SNP	<p>Add the following text under “Factors 1–8: Enrollment Verification for C-SNP”:</p> <p>NCQA will conduct a file review that includes files with missing or late HRAs or ICP dates, files that have experience transitions of care and files that have different types of clinical coordination activity.</p> <p>NCQA will identify up-to-5 of the most common MOCs (MOCS with the highest enrollment) for each SNP type (to the extent possible) and then sample proportionally and with regard to clinical considerations.</p>	RC	3/29/21
666	SNP 1, Element B	Element stem	<p>Revise factor 6 to read:</p> <p>6. Confirming whether a member requires care from a skilled nursing facility, a nursing facility, an intermediate care facility for members with intellectual disabilities or an inpatient psychiatric facility.</p>	CL	3/29/21
666	SNP 1, Element B	Data source	<p>Add “model of care” as a data source.</p>	CL	3/29/21
666	SNP 1, Element B	Scope of review	<p>Revise the scope of review to read:</p> <p><i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i></p> <p>Where the MOC is silent (e.g., no factor in the MOC), surveyors will default to the requirements described in the regulation.</p> <p>NCQA reviews the organization’s records or files.</p> <p>NCQA selects files of members who have been continuously enrolled for at least 13 months.</p> <p>NCQA will review 30 files that reflect the general composition of the organization’s membership. A minimum of five files will be selected from each SNP type (C-SNP, I-SNP, D-SNP). If there are less than five members in the file review universe for a specific SNP type, then all are included in the file review universe. The remaining</p>	RC	3/29/21

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			<p>number of files in the file review universe will be added from the SNP type with the greatest representation.</p> <p>NCQA may take an organization's MOC into consideration in the selection of the file review universe (i.e., MOC with the highest enrollment for each SNP type). NCQA will consider the timeframe for which the MOC is being evaluated. If there are multiple approved MOC's, each will be reviewed according to the criteria approved with relevance to the specific document in effect.</p> <p>Each file is scored on each factor. The total number of factors met provides the element score of Met or Not Met.</p> <p>In order to achieve a score of Met, each file must meet all 7 factors.</p>		
666	SNP 1, Element B	Look-back period	<p>Revise the look-back period to read:</p> <p><i>For All Surveys:</i> 13 months.</p>	CL	3/29/21
667	SNP 1, Element C	Data source	<p>Add "model of care" as a data source.</p>	CL	3/29/21
667	SNP 1, Element C	Scope of review	<p>Revise the scope of review to read:</p> <p><i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i></p> <p>Where the MOC is silent (e.g., no factor in the MOC), surveyors will default to the requirements described in the regulation.</p> <p>NCQA selects files of members who have been continuously enrolled for at least 13 months.</p> <p>NCQA will review 30 files that reflect the general composition of the organization's membership. A minimum of five members will be selected from each SNP type (C-SNP, I-SNP, D-SNP). If there are less than five files in the file review universe for a specific SNP type, then all are included in the file review universe. The remaining number of files in the file review universe will be added from the SNP type with the greatest representation.</p> <p>NCQA may take an organization's MOC into consideration in the selection of the file review universe (i.e., MOC with the highest enrollment for each SNP type). NCQA will consider the timeframe for which the MOC is being evaluated. If there are multiple approved MOC's, each will be reviewed according to the criteria approved with relevance to the specific document in effect.</p> <p>Each file is scored on each factor. The total number of factors met provides the element score of Met or Not Met.</p>	RC	3/29/21

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			In order to achieve a score of Met, each file must meet all 8 factors.		
667	SNP 1, Element C	Look-back period	Revise the look-back period to read: <i>For All Surveys:</i> 13 months.	CL	3/29/21
668	SNP 2, Element A	Element stem	Revise the element title to read: Element A: Health Risk Assessment (HRA)	CL	3/29/21
668	SNP 2, Element A	Element stem	Revise factor 3 to read: 3. Conducts the annual HRA within 1 year of the initial assessment/previous HRA using a comprehensive risk assessment tool.	CL	3/29/21
668	SNP 2, Element A	Scope of review	<p>Revise the scope of review to read: <i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i></p> <p>Where the MOC is silent (e.g., no factor in the MOC), surveyors will default to the requirements described in the regulation.</p> <p>NCQA reviews the HRA and any other evidence that demonstrates that the organization completed a comprehensive initial assessment and reassessment for members, as applicable. NCQA also reviews the organization's MOC.</p> <p>If there is more than one approved MOC that covers a member during the review period, NCQA will review both MOCs. For factor 1, NCQA will review member files for completeness of the element for the applicable time within the 13-month look-back period. NCQA will consider the timeframe for which the MOC is being evaluated. If there are multiple approved MOC's, each will be reviewed according to the criteria approved with relevance to the specific document in effect.</p> <p>NCQA reviews all applicable SNP files (total number of files from SNP 1, Elements A–C, Enrollment Verification).</p> <p>Each file is scored on each factor. The total number of factors met provides the element score of Met or Not Met.</p> <p>In order to achieve a score of Met, each file must meet all 3 factors.</p>	RC	3/29/21



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668	SNP 2, Element A	Look-back period	<p>Revise the look-back period to read:</p> <p><i>For Factor 1:</i> 13 months.</p> <p><i>For Factors 2, 3:</i> Up to 16 months, depending on enrollment date. Members must be continuously enrolled for at least 90 days and the organization must conduct the HRA within 90 days, either before or after the effective date of enrollment.</p> <p><i>Please see explanation of factors 2 and 3 regarding timeliness tests.</i></p>	RC	3/29/21
668	SNP 2, Element A	Explanation	<p>Add the following text above the “Health risk assessment” subhead:</p> <p>The organization conducts an annual health risk assessment using a comprehensive health risk assessment tool.</p>	CL	3/29/21
668	SNP 2, Element A	Explanation—Factor 1: Health risk assessment	<p>Revise the factor 1 subhead to read:</p> <p><b>Factor 1: Health risk assessment</b></p>	CL	3/29/21
668	SNP 2, Element A	Explanation—Factors 2, 3: Conducting the HRA	<p>Add the following text under “Factors 2, 3: Conducting the HRA”:</p> <p>Timeliness must be evaluated across all applicable members, and not the 30 files reviewed for factor 1.</p> <p>If there is no initial health risk assessment (IHRA) occurring within 90 days (before or after) of the effective enrollment date, the organization is required to complete a HRA as soon as possible. If the HRA is conducted beyond the 90 days following enrollment, the HRA will be considered a reassessment (AHRA).</p> <p>For initial HRAs: NCQA conducts a timeliness test at the universe level of members who have been continuously enrolled for at least 90 days, to determine whether the organization conducted a timely IHRAs within 90 days (before or after) the effective date of enrollment.</p> <p>For annual HRAs: NCQA conducts timeliness test at the universe level of members who have either been continuously enrolled for 365 days or more, or new members who missed the deadline to complete an initial HRA, to determine whether the organization conducted timely annual health re-assessment HRAs (AHRAs).</p> <p>NCQA will take into account outreach attempts, as specified in approved MOCs for each member.</p> <p>If timeliness across all applicable members, including the consideration of outreach attempts, is greater than 90% for both factor 2 and factor 3, these factors are considered met for a given contract.</p>	RC	3/29/21

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			If the timeliness percentage, including the consideration of outreach attempts, is below 90%, NCQA will request a CAP and subsequently validate that the CAP has been effective in getting the organization to the 90% threshold or higher, including consideration of outreach attempts.		
669	SNP 2, Element B	Element stem	Revise factor 3 to read:  3. Identifies goals and objectives that include measurable outcomes designed to meet the needs of the member, including access to services and benefits, identified in the HRA.	RC	3/29/21
669	SNP 2, Element B	Scope of review	Revise the scope of review to read: <i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i> Where the MOC is silent (e.g., no factor in the MOC), surveyors will default to the requirements described in the regulation. NCQA reviews the organization's MOC.  NCQA also reviews all applicable SNP files (total number of files from SNP 1, Elements A–C, Enrollment Verification). Documentation noted in the files may include: case management notes, ICT documentation, systems information such as utilization management, claims data, prescription drug events (PDE), document of social services received for each of the files to determine whether the organization implemented the ICP.  Each file is scored on each factor. The total number of factors met provides the element score of Met or Not Met.  In order to achieve a score of Met, each file must meet all 7 factors.	RC	3/29/21
669	SNP 2, Element B	Explanation—Factors 1–7: Individual care plan	Revise text under “Factors 1-7: Individual care plan” to read: NCQA reviews for appropriateness and implementation of the ICP for the same 30 SNP files selected for the Enrollment Verification standard. The organization develops and implements model of care components that: <ul style="list-style-type: none"> <li>• Coordinate the delivery of care across healthcare settings, providers, and services to assure continuity of care.</li> <li>• Coordinate the delivery of specialized benefits and services that meet the needs of the most vulnerable members (frail members, disabled members and members near the end of life).</li> </ul>	RC	3/29/21

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			<p>The organization collects, analyzes and reports data that measure health outcomes and access to care based on care coordination indicators (e.g., service and benefit utilization rates, timeliness of referrals or treatment).</p> <p>The organization develops and implements a comprehensive ICP through an interdisciplinary care team that works in collaboration with the member to identify goals and objectives. The organization includes measurable outcomes designed to meet the needs of members and works to improve health status by including measures from functional, psychosocial or clinical domains (e.g., quality of life indicators, depression scales or chronic disease outcomes).</p> <p>The organization provides access to services and benefits that address the member's needs.</p> <p>Individual care plans are reviewed and revised based on changes in the member's health condition.</p>		
670	SNP 2, Element C	Scope of review	<p>Add the following text as the second paragraph:</p> <p>Where the MOC is silent (e.g., no factor in the MOC), surveyors will default to the requirements described in the regulation.</p>	RC	3/29/21
671	SNP 2, Element D	Element stem	<p>Revise the element stem to read:</p> <p>The organization provides continuity of care to members as defined in the MOC by:</p>	CL	3/29/21
671	SNP 2, Element D	Scope of review	<p>Revise the scope of review to read:</p> <p><i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i></p> <p>Where the MOC is silent (e.g., no factor in the MOC), surveyors will default to the requirements described in the regulation.</p> <p>NCQA reviews the organization's MOC.</p> <p>NCQA also reviews all applicable SNP files (total number of files from SNP 1, Elements A–C, Enrollment Verification). Documentation noted in the files may include:</p> <ul style="list-style-type: none"> <li>• Case management and/or ICT notes.</li> <li>• Correspondence with the enrollee's PCP, specialists, hospital, skilled nursing staff, assisted living facility, etc.</li> <li>• Discharge planning and/or care setting transition discussions held with the enrollee, the enrollee's caregiver or authorized representative.</li> </ul>	RC	3/29/21

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			Each file is scored on each factor. The total number of factors met provides the element score of Met or Not Met.		
671	SNP 2, Element D	Exceptions	Add the following text as an exception: Factor 2 is NA if there are no care transitions to implement.	CL	3/29/21
672	SNP 2, Element E	Element stem	Revise the element stem to read: The organization has a well-defined process to select and evaluate personnel involved in member care coordination across healthcare settings, providers and services to assure continuity of care. The process requires the organization to:	RC	3/29/21
672	SNP 2, Element E	Scope of review	Add the following text as the second paragraph in the scope of review: Where the MOC is silent (e.g., no factor in the MOC), surveyors will default to the requirements described in the regulation.	RC	3/29/21
672	SNP 2, Element E	Explanation	Add the following text as the first paragraph above the factor 1 subhead: The organization uses an interdisciplinary team in the care management of its members. The organization outlines its process for selecting and evaluating personnel involved in member care and coordination across all healthcare settings, practitioners, providers and services assures continuity of care.	RC	3/29/21
674	SNP 3, Element A	Standard statement	Revise the standard statement to read: Under its quality improvement program, the organization appropriately monitors and evaluates its MOC by collecting, analyzing and reporting data.	RC	3/29/21
674	SNP 3, Element A	Intent statement	Revise the intent statement to read: Under its quality improvement program, the organization monitors and evaluates their MOC by collecting data, evaluating performance and taking action on identified opportunities.	RC	3/29/21
674	SNP 3, Element A	Element stem	Revise factor 4 to read: 4. Reporting and communicating performance monitoring results and improvements to stakeholders, in accordance with the MOC.	RC	3/29/21
674	SNP 3, Element A	Data source	Add "model of care" as a data source.	CL	3/29/21

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674	SNP 3, Element A	Scope of review	<p>Revise the scope of review to read:</p> <p><i>This element applies to Interim Surveys, First Surveys and Renewal Surveys.</i></p> <p>Where the MOC is silent (e.g., no factor in the MOC), surveyors will default to the requirements described in the regulation.</p> <p>NCQA reviews the organization’s MOC to ensure its process for collecting, analyzing, utilizing the results to improve care and reporting are in alignment with its documented process. NCQA only evaluates MOCs in this element that were reviewed in SNP 1.</p> <p>NCQA also reviews evidence through the organization’s reports and materials that the organization monitors and evaluates its MOC, analyzes results of its performance evaluation, acts on identified opportunities, communicates results to stakeholders and includes the appropriate personnel in the process of monitoring and evaluating.</p>	RC	3/29/21
674	SNP 3, Element A	Look-back period	<p>Revise the look-back period to read:</p> <p><i>For All Surveys: 13 months.</i></p>	RC	3/29/21
674	SNP 3, Element A	Explanation	<p>Add the following paragraphs above the factors 1–4 subhead in the Explanation:</p> <p>The organization monitors and evaluates its MOC by collecting, monitoring and reporting data about the MOCs with the largest enrollment that were in effect for SNP 1 and SNP 2, one for each SNP type or the organization monitors and evaluates its MOCs for the three SNP types with the largest enrollment.</p> <p>The MOCs that are evaluated should correspond to the Care Coordination review period.</p>	RC	3/29/21
674	SNP 3, Element A	Explanation—Factors 1–4: Evaluating MOC performance	<p>Add the following text under “Factors 1-4” and modify the subhead so that the Explanation reads:</p> <p><b>Factors 1—4: Evaluating MOC performance</b></p> <p>The organization reports and materials demonstrate how it measures the effectiveness of its model of care through the collection, aggregation, analysis, and reporting of data that demonstrates all of the following:</p> <ul style="list-style-type: none"> <li>• Access to care as evidenced by measures from the care coordination domain (e.g., service and benefit utilization rates, or timeliness of referrals or treatment).</li> </ul>	RC	3/29/21

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			<ul style="list-style-type: none"> <li>• Improvement in member health status as evidenced by measures from functional, psychosocial, or clinical domains (e.g., quality of life indicators, depression scales, or chronic disease outcomes).</li> <li>• Staff implementation of the SNP model of care as evidenced by measures of care structure and process from the continuity of care domain (e.g., HEDIS measures or medication reconciliation associated with care setting transitions indicators).</li> <li>• Comprehensive health risk assessment as evidenced by measures from the care coordination domain (e.g., accuracy of acuity stratification, safety indicators, or timeliness of initial assessments or annual reassessments).</li> <li>• Implementation of an individualized plan of care as evidenced by measures from functional, psychosocial, or clinical domains (for example, rate of participation by Interdisciplinary Team (IDT) members and members in care planning).</li> <li>• A practitioner network having targeted clinical expertise as evidenced by measures from medication management, disease management, or behavioral health domains.</li> <li>• Delivery of services across the continuum of care.</li> <li>• Delivery of extra services and benefits that meet the specialized needs of the most vulnerable members as evidenced by measures from the psychosocial, functional, and end-of-life domains.</li> <li>• Use of evidence-based practices and nationally recognized clinical protocols.</li> <li>• Use of integrated systems of communication as evidenced by measures from the care coordination domain (e.g., call center utilization rates, rates of member involvement in care plan development).</li> </ul>		
675	SNP 3, Element B	Element stem	Move SNP 2, Element F to SNP 3, as Element B.	<b>RC</b>	<b>3/29/21</b>
675	SNP 3, Element B	Element stem	<p>Revise the element stem and factor text to read:</p> <p>Under its quality improvement program, the organization has a process for collecting, analyzing and reporting data to CMS that measures health outcomes and indices of quality for its targeted special needs population. Under its quality improvement program, the organization also has a process for making information on quality and outcome measures available to CMS that will:</p> <ol style="list-style-type: none"> <li>1. Enable members to compare health coverage options.</li> <li>2. Enable CMS to monitor the organization’s model of care performance.</li> </ol>	<b>RC</b>	<b>3/29/21</b>

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675	SNP 3, Element B	Scoring	Revise the scoring text in the “Met” and “Not Met” columns to read: <table border="1" style="margin-top: 10px; width: 100%;"> <thead> <tr> <th style="background-color: black; color: white;">Met</th> <th style="background-color: black; color: white;">Partially Met</th> <th style="background-color: black; color: white;">Not Met</th> </tr> </thead> <tbody> <tr> <td>The organization meets 2 factors</td> <td>No scoring option</td> <td>The organization meets 0–1 factors</td> </tr> </tbody> </table>	Met	Partially Met	Not Met	The organization meets 2 factors	No scoring option	The organization meets 0–1 factors	RC	3/29/21
Met	Partially Met	Not Met									
The organization meets 2 factors	No scoring option	The organization meets 0–1 factors									