NCQA Corrections, Clarifications and Policy Changes to the 2024 MBHO Standards and Guidelines

July 29, 2024

This document includes the corrections, clarifications and policy changes to the 2024 MBHO standards and guidelines. NCQA has identified the appropriate page number in publication and the standard/element head and subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

- A ***correction (CO)*** is a change made to rectify an error in the standards and guidelines.
- A ***clarification (CL)*** is additional information that explains an existing requirement.
- A ***policy change (PC)*** is a modification of an existing requirement.
- A ***regulatory change (RC)*** is a new requirement or a modification of an existing requirement to align with federal regulations.

An organization undergoing a survey under the 2024 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
16	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Option to decline Accreditation status	Revise the section head "Option to decline Accreditation status" to "Option to decline Accreditation status (applicable only to Introductory Initial Survey Evaluation Option)"; revise the text to read: Organizations surveyed under the Introductory Initial Survey Evaluation Option may select one of the following options: 1. Accept the resulting Accreditation status. 2. Decline the resulting Accreditation status (without penalty and undergo an Introductory Follow-Up Survey within 12 months of receipt of the final survey report). • An organization that declines Accreditation status under the Introductory Initial Survey Evaluation Option may accept the scores for specific elements that received a score of 80% or 100% and apply them toward an Introductory Follow-Up Survey on the remaining elements within 12 months of receipt of the final survey report. If an organization has reason to believe that the scoring of any standard does not accurately reflect its survey performance, the organization may request Reconsideration. If the organization decides to request Reconsideration, it must do so before sending notice to NCQA of a decision to decline its status. Refer to *Reconsideration.*	**CL**	**7/29/24**

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			The organization may accept or decline the resulting Reconsideration status decision. If the organization decides to decline the status, it must undergo an Introductory Follow-Up Survey within 12 months. Organizations have 30 calendar days from receipt of the results to reply to NCQA with their decision to accept, decline or request Reconsideration of the resulting status.		
26	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	File Review Elements	Revise the bullets under "File review elements" to read: NCQA reviews and scores the following elements separately for each product line brought forward for Accreditation. • UM 4, Element C. • UM 5, Element A. • UM 6, Element A. • UM 7, Element A–C. • UM 9, Elements A–D.	**CO**	**7/29/24**
29	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Other Information NCQA May Consider	Add the following new section head and text between "Other Information NCQA May Consider" and "Notification to Regulatory Agencies." **Responsible Use of Artificial Intelligence** NCQA supports the use of technological advancements that improve the quality and equity of health care operations and delivery. Artificial intelligence may be useful in this regard, but there are risks to consider and mitigate. Many AI frameworks have been established to address these risks. The White House also issued an executive order with broad guiding principles, and specific health care industry roles, for the Department of Health and Human Services. NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework, a key reference in the executive order, may be helpful. The Coalition for Health AI is also a useful resource. NCQA may consider use of AI in determining Accreditation/Certification status, even though current NCQA standards do not specifically address AI. For example, with regard to utilization management, NCQA standards require appropriately	**CL**	**7/29/24**

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			licensed professionals (not AI) to make medical necessity denial decisions. Other activities that require human decision making, and where AI is used, may be an area for NCQA to consider.		
32	Policies and Procedures—Section 3: The Survey Process	Offsite review	Revise the section to read: The organization must submit a complete survey tool (including self-assessed scores and supporting evidence) to NCQA on the scheduled survey start date (submission date). The survey team conducts an initial review of all information and evidence submitted, and documents findings and questions in the survey tool. During a survey conference call with the survey team, the organization has the opportunity to address surveyor questions and initial findings. The organization may also submit additional supporting evidence, if needed to resolve outstanding issues. Any additional supporting evidence must be submitted by the due date for submitting responses to the survey team's outstanding questions and initial findings. The organization may not introduce new evidence after this point in the survey process. The organization should not attach documents to the survey tool that contain protected health information (PHI) or other personal identifiable information (PII), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations. If original documentation contains PHI or PII, the organization must de-identify the information prior to submission. Refer to "de-identify" in *Appendix 4: Glossary*. All documentation provided to NCQA during the survey process must be in English, or with English translation.	**CL**	**7/29/24**
32	Policies and Procedures—Section 3: The Survey Process	Onsite review	Revise the section to read: The onsite review date is usually scheduled for 7 weeks after submission of the survey tool. The onsite review is primarily a file review, but might also review staff interviews, system queries or other information. It may be conducted either in person or virtually, depending on the organization's preferences and ability to present files electronically. The onsite review must be conducted in English, and all records or files that are part of the review must be provided in English, or with English translation.	**CL**	**7/29/24**

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33	Policies and Procedures—Section 3: The Survey Process	Documents dated after submission	Revise the section to read: The organization may only submit information that existed at the time of the original survey submission; it may not introduce information that did not exist at the time of the original survey submission. Evidence submitted in response to the survey team's initial questions and findings must have existed at survey submission. The organization may not alter or update evidence to address an issue, but may bookmark or highlight this information.	**CL**	**7/29/24**
35	Policies and Procedures—Section 3: The Survey Process	Materials not accepted during Reconsideration	Revise the section to read: To protect the integrity of the Accreditation process, NCQA does not accept materials during Reconsideration that did not exist at the time of the original completed survey tool submission. The organization may not submit—and the Reconsideration Committee does not consider—documentation that represents actions taken by the organization after it submitted the survey tool. The organization may not introduce new or additional supporting evidence that was not available during the survey (i.e., with original submission of evidence, or in response to the survey team's questions and initial findings).	**CL**	**7/29/24**
137	QI 10, Element C	Explanation	Revise the measure abbreviation in the first sentence to read "(DMS-E)."	**CO**	**7/29/24**
PREVIOUSLY POSTED UPDATES					
15	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Survey Types—Resurvey *(applies to Initial and Renewal Evaluation Options)*	Replace "effective date" with "expiration date" in the second paragraph to read: The expiration date of the Accreditation status is the date specified in the Full Survey decision that precipitated the Resurvey.	**CL**	**3/25/24**
16	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Survey Types—Introductory Survey	Replace "effective date" with "expiration date" in the last sentence of the third paragraph to read: The expiration date of the Accreditation status is the same date specified in the Introductory Initial Survey decision that precipitated the Follow-Up Survey.	**CL**	**3/25/24**
17	Policies and Procedures—Section 2: The Accreditation Process	Accreditation Survey Types—Add-On Survey	Replace "effective date" with "expiration date" in the first sentence of the fifth paragraph to read: The expiration date of the Accreditation status for the new product line through an Add-On Survey aligns with the current Accreditation earned during the most recent Full Survey.	**CL**	**3/25/24**

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Page	**Standard/Element**	**Head/Subhead**	**Update**	**Type of Update**	**IRT Release Date**
313	CR 8, Element A	Scope of review	Revise the second paragraph of the scope of review to read: All delegation agreements must address the delegate's credentialing system controls, as noted in the Explanation for all factors.	**CL**	**3/25/24**
381	LTSS 1, Element F	Explanation—Factor 5	Revise the first paragraph of the factor 5 Explanation to read: Emergency back-up plans account for short-term and long-term needs, and may address circumstances such as temporary replacements for personal care attendants and how to respond to power outages that affect equipment. Case management policies and procedures specify a process for developing an emergency back-up plan customized to the member.	**CL**	**3/25/24**
392	LTSS 2, Element A	Look-back period	Revise the look-back period for Renewal Surveys to read: *For Renewal Surveys*: At least once during the prior year.	**CO**	**3/25/24**
5-10	Appendix 5—Glossary		Revise the definition of "must-pass element" to read: An element for which an organization must achieve a score of at least 80% to earn Accreditation/Certification.	**CO**	**3/25/24**