effective: 7/97

CROSSWALK FORM:

NCQA Quality Improvement Standards → PA DOH HMO Applicant Quality Assurance Plan

Instructions: Applicants for a Pennsylvania HMO Licensure should complete only Columns 2 and 3 of this crosswalk form and include it with their HMO Certificate of Authority Application filed with the Department of Health. Please refer both to current NCQA Standards for Accreditation for the fully cited text, as well as the HMO Certificate of Authority Application Materials for complete instructions.

[Acronyms used: HMO = Health Maintenance Organization; MCO = Managed Care Organization; QI = Quality Improvement; PCP = Primary Care Practitioner; UM = Utilization Management]

N.B. DOH realizes that NCQA standards require actual evidence of improved quality care. DOH acknowledges that this cannot be demonstrated until the plan has been operational for a certain period of time.
We therefore require that HMO applicants only include a description of their proposed system to comply with those NCQA-QI standards marked with two asterisks (**) in this crosswalk.

NOTE: NCQA standards have been abbreviated in many instances due to space limitations.

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
1.0 - QI Program Structures, Process, and Responsibilities.			
1.1 Written description of QI program structure and content. 1.1.1 The QI program includes a description of the MCO's strategy for integrating public health goals.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
1.2 QI program accountable to governing body.			
1.3 QI program evaluated annually and updated as necessary.			
1.4 Designated physician has substantial involvement in implementation of QI program.			
1.5 A committee oversees and is involved in QI activities.			
1.6 Program description specifies role, structure, function, frequency of meetings of QI committee and other relevant committees.			
1.7 Annual QI work plan includes: **1.7.1** objectives, scope, and planned projects/activities; **1.7.2** planned monitoring of previously identified issues (including tracking of issues over time); and **1.7.3** planned evaluation of QI program.			
1.8 QI program resources adequate to meet needs.			
2.0 - ** Program Operations MCO's QI program is fully operational.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
2.1 QI committee recommends policy decisions; reviews and evaluates results of QI activities, institutes needed actions, and ensures, follow-up, as appropriate.			
2.2 Contemporaneous, dated and signed minutes that reflect QI committee decisions and actions.			
2.3 MCO's practitioners participate actively in QI program.			
2.4 MCO coordinates QI program with performance monitoring activities throughout the organization, including (but not limited to) UM, credentialing, monitoring and resolution of member complaints/appeals, assessment of member satisfaction, and medical records review.			
3.0 - Health Services Contracting [Absence of Restrictive Language]			
3.1 Contracts with practitioners specifically require: **3.1.1** practitioner cooperates with QI activities;			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
3.1.2 MCO has access to its medical records to extent permitted by state law; and **3.1.3** MCO allows open practitioner-patient communication regarding appropriate treatment alternatives and does not penalize practitioners for discussing medically necessary or appropriate care for patient.			
3.2 Contracts with providers specifically require that: **3.2.1** provider cooperates with QI activities; and **3.2.2** MCO has access to provider's medical records to extent permitted by state law.			
4.0 - Availability of PCPs MCO ensures that its network is sufficient in numbers and types of practitioners.			
4.1 MCO has written access plan outlining its strategy for maintaining an adequate network. **4.1.1** MCO takes into consideration the assessed linguistic and cultural needs and preferences of the member population.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
4.2 MCO implements mechanisms designed to assure the availability of PCPs. **4.2.1** MCO defines the practitioners who serve as PCPs within its delivery system. **4.2.2** MCO establishes standards for number and geographic distribution of PCPs. **4.2.3** MCO collects and analyzes data to measure its performance against the standards established in QI 4.2.2. **4.2.4** MCO identifies opportunities for improvement and decides which opportunities to pursue. **4.2.5** MCO implements interventions to improve its performance. **4.2.6** MCO measures effectiveness of the interventions.			
4.3 MCO implements mechanisms designed to assure the availability of speciality care practitioners. **4.3.1** MCO establishes standards for the number and geographic distribution of key specialty practitioners. **4.3.2** MCO collects and analyzes data to measure its performance against the standards established in QI 4.3.1.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
4.3.3 MCO identifies opportunities for improvement and decides which opportunities to pursue. 4.3.4 MCO implements interventions to improve its performance. 4.3.5 MCO measures the effectiveness of the interventions.			
5.0 - Accessibility of Services MCO establishes mechanisms to assure accessibility of primary care services, urgent care services, and member services.			
5.1 MCO establishes standards for: 5.1.1 timeliness of preventive care appointments; 5.1.2 timeliness of routine primary care appointments; 5.1.3 timeliness of urgent care appointments; 5.1.4 timeliness of emergency care; 5.1.5 access to after-hours care; and 5.1.6 key elements of telephone service, such as responsiveness of member services telephone lines and appointment telephone lines, if applicable.			
5.2 MCO collects and analyzes data to measure its performance against the standards.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
5.3 MCO identifies opportunities for improvement and decides which ones to pursue.			
5.4 MCO implements interventions to improve its performance.			
5.5 MCO measures the effectiveness of the interventions.			
6.0 - Member Satisfaction MCO implements mechanisms to assure member satisfaction.			
6.1 MCO assesses member satisfaction by: 6.1.1 surveying member satisfaction with the MCO; 6.1.2 evaluating member complaints and appeals; 6.1.3 evaluating requests to change practitioners and/or sites; and 6.1.4 evaluating voluntary disenrollments.			
6.2 MCO uses appropriate methods to collect data for activities of QI 6.1. 6.2.1 The appropriate population is identified.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
6.2.2 If sampling is used, appropriate samples are drawn from affected population. **6.2.3** Valid and reliable data are collected.			
6.3 MCO collects and analyzes data collected for activities listed in QI 6.1.			
6.4 MCO identifies opportunities for improvement and decides which ones to pursue.			
6.5 MCO implements interventions to improve its performance.			
6.6 MCO measures effectiveness of interventions.			
6.7 MCO informs practitioners and providers of results of member satisfaction activities.			
7.0 - Health Management Systems MCO actively works to improve health status of its members with chronic conditions.			
7.1 MCO identifies members with chronic conditions and offers appropriate services/programs to assist in managing their conditions.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
7.2 MCO informs/educates practitioners about using health management programs for members assigned to them.			
8.0 - Clinical Practice Guidelines MCO is accountable for adopting and disseminating criteria for provision of acute and chronic care that are relevant to its enrolled membership.			
8.1 Clinical practice guidelines are based on reasonable medical evidence.			
8.2 MCO involves practitioners in adoption of clinical practice guidelines.			
8.3 MCO developed mechanism for review of guidelines at least every 2 years, and updating as appropriate.			
8.4 MCO distributes guidelines to practitioners.			
8.5 MCO annually measures performance against at least 2 guidelines.			
8.6 Consistency with guidelines in decision-making in areas of UM, member education, interpretation of covered benefits, and other areas to which clinical guidelines are applicable.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
9.0 - Scope and Content of Clinical QI Activities Scope and content of QI program reflect MCO's delivery system and meaningful clinical issues that affect membership.			
9.1 MCO identifies at least 3 meaningful clinical issues relevant to membership for assessment and evaluation. MCO selects the 3 clinical issues from the following 4 areas, including at least 1 significant clinical issue from behavioral health services: **9.1.1** primary care services: **9.1.2** high-volume specialty services; **9.1.3** behavioral health services; and **9.1.4** institutional services including inpatient hospital services, home health services, skilled nursing facility services, and free-standing surgery centers.			
9.2 MCO monitors utilization to detect potential under/overutilization.			
9.3 MCO monitors the continuity and coordination of care that members receive.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
10.0 - Clinical Measurement Activities MCO uses data collection, measurement, and analysis to track clinical QI issues identified in QI 9.			
10.1 At a minimum, MCO adopts or establishes quantitative measures to assess performance and to identify and prioritize areas for improvement for 3 of the clinical issues identified in QI 9. **10.1.1** Measures used to assess performance are objective and quantifiable. **10.1.2** Measures based on current scientific knowledge and clinical experience. **10.1.3** Each measure has an established goal and/or a benchmark.			
10.2 MCO uses appropriate methods to collect data for each assessment measure. **10.2.1** affected population is identified; **10.2.2** if sampling is used, appropriate samples are drawn from affected population; and **10.2.3** valid and reliable data are collected.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
10.3 MCO analyzes data collected for each assessment measure. **10.3.1** quatitative analysis of assessment data. **10.3.2** appropriate personnel, including practitioners, evaluate data to identify barriers to improvement related to clinical practice and/or administrative aspects of delivery system.			
10.4 MCO analyzes data collected to detect under/overutilization.			
10.5 MCO analyzes data collected to evaluate continuity and coordination of care.			
11.0 - **Intervention and Follow-up for Clinical Issues MCO takes action to improve quality by addressing opportunities for improving performance identified in QI 9 and QI 10, or through other clinical QI activities as appropriate. MCO assesses effectiveness of interventions through systematic follow-up.			
11.1 MCO follows up opportunities for improvement identified through assessment and evaluation activities.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
11.1.1 MCO identifies opportunities for improvement and decides which ones to pursue. 11.1.2 MCO implements interventions to improve practitioner and system performance, as appropriate. 11.1.3 MCO measures whether the interventions have been effective.			
11.2 MCO implements appropriate interventions when it identifies individual occurrences of poor quality.			
11.3 MCO implements appropriate interventions when it identifies under/overutilization.			
12.0 - **Effectiveness of QI Program MCO evaluates overall effectiveness of QI program and demonstrates improvements in the quality of clinical care and the quality of service to members.			
12.1 There is an annual written evaluation of the QI program. The evaluation includes: 12.1.1 description of completed and ongoing QI activities;			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
12.1.2 trending of measures to assess performance in quality of clinical care and service to members; 12.1.3 an analysis of whether there have been demonstrated improvements in quality of clinical care and quality of service to members; and 12.1.4 an evaluation of overall effectiveness of QI programs.			
12.2 There is evidence that QI activities have contributed to meaningful improvement in quality of clinical care and service provided to members.			
13.0 - Delegation of QI Activity If MCO delegates any QI activities, there is evidence of oversight of the delegated activity.			
13.1 A mutually agreed upon document describes: 13.1.1 responsibilities of MCO and delegated agency; 13.1.2 delgated activities; 13.1.3 frequency of reporting to MCO; 13.1.4 process by which MCO evaluates delegated agency's performance; and 13.1.5 remedies, including revocation of delegation, available to MCO if delegated agency does not fulfill its obligations.			

Column 1 NCQA Standard: QI Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
13.2 **There is evidence that MCO: 13.2.1 evaluates delegated agency's capacity to perform delegated activities prior to delegation; 13.2.2 approves the delegated agency's QI work plan and QI program description annually; 13.2.3 evaluates regular reports as specified in QI 13.1.3; and 13.2.4 evaluates annually whether the delegated agency's activities are being conducted in accordance with the MCO's expectations and NCQA standards.			

effective: 7/97

CROSSWALK FORM:
NCQA Utilization Management Standards → PA DOH HMO Applicant Utilization Management Plan

Instructions: Applicants for a Pennsylvania HMO Licensure should complete only Columns 2 and 3 of this crosswalk form and include it with their HMO Certificate of Authority Application filed with the Department of Health. Please refer both to current NCQA Standards for Accreditation for the fully cited text, as well as the HMO Certificate of Authority Application Materials for complete instructions.

[Acronyms used: ABMS = American Board of Medical Specialities; HMO = Health Maintenance Organization; MCO = Managed Care Organization; PCP = Primary Care Practitioner; UM = Utilization Management]

N.B. DOH realizes that NCQA standards require actual evidence of utilization management activities. DOH acknowledges that this cannot be demonstrated until the plan has been operational for a certain period of time.
We therefore require that HMO applicants only include a description of their proposed system to comply with those NCQA-UM standards marked with two asterisks (**) in this crosswalk.

NOTE: NCQA standards have been abbreviated in many instances due to space limitations.

Column 1 NCQA Standard: UM Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
1.0 - UM Program Description UM structures and processes are clearly defined, and responsibility is assigned to appropriate individuals.			
1.1 A written description of UM program outlines the program structure and accountability.			
1.2 A designated senior physician has substantial involvement in UM program implementation.			

Column 1 NCQA Standard: UM Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
1.3 The description includes scope of program and processes/information sources used to make determination of benefit coverage and medical appropriateness.			
1.4 The UM program is evaluated and approved annually by senior management or QI Committee. It is updated as necessary.			
2.0 - MCO uses written utilization review decision criteria based on sound clinical evidence.			
2.1 The criteria for determination of medical appropriateness are clearly documented.			
2.2 The MCO reviews the criteria at specified intervals, updating as necessary.			
2.3 MCO involves appropriate participating practitioners in its development or adoption of criteria.			
2.4 MCO provides criteria to its practitioners upon request.			

Column 1 NCQA Standard: UM Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
2.5 At least annually, MCO evaluates the consistency with which the health care professionals involved in UR apply the criteria in decision making.			
3.0 - Qualified health professionals assess clinical information used to support UM decisions.			
3.1 Appropriately licensed health professionals supervise all review decisions.			
3.2 A licensed physician reviews any denial that is based on medical appropriateness.			
3.3 MCO has procedures for using board-certified physicians from appropriate specialities to assist in making determination of medical appropriateness.			
3.4 Compensation plans for individuals who provide UR services do not contain incentives, direct or indirect, for these individuals to make inappropriate review decisions.			
4.0 - **Timely Decisions MCO makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation.			

Column 1 NCQA Standard: UM Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
4.1 MCO establishes standards for timeliness of UM decision making. 4.1.1 For intial determinations, the MCO makes decisions within two working days of obtaining all necessary information. 4.1.2 For initial determinations, the MCO notifies practitioners of certification by telephone within 24 hrs. of making the decision. 4.1.3 For initial determinations, the MCO gives members and practitioners written or electronic confirmation of the decisions within two working days of making decision. 4.1.4 For initial determinations, the MCO notifies practitioners of denials within 24 hrs. of making decision. 4.1.5 For concurrent review, the MCO makes decisions within one working day of obtaining all necessary information. 4.1.6 For concurrent review, the MCO notifies practitioners of decisions by telephone within one working day of decision. 4.1.7 For concurrent review, the MCO gives members and practitioners written or electronic confirmation within one working day of telephone notification.			

Column 1 NCQA Standard: UM Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
4.1.8 For retrospective review, the MCO makes the decision within 30 working days of obtaining all necessary information. **4.1.9** For retrospective review, the MCO notifies practitioners and members of denials in writing within five working days of making decision.			
4.2 ** The MCO monitors timeliness and meets standards for timeliness of UM decision making.			
4.3 ** If MCO does not meet standards, it takes action to improve performance.			
4.4 The MCO establishes procedures for registering and responding to expedited appeals. **4.4.1** An expedited appeal may be initiated by the member and by a practitioner acting on behalf of the member. **4.4.2** The MCO makes expedited appeal decision and notifies the member or practitioner(s) as expeditiously as the medical condition requires, but no later than 72 hours after the review commences.			

Column 1 NCQA Standard: UM Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
4.4.3 The MCO provides written confirmation of its decisions within two working days of providing notification of that decision, if the initial decision was not in writing.			
4.5 The MCO covers any emergency services necessary to screen and stabilize members without precertification of ER services in cases where a prudent layperson, acting responsibly, would have believed that an emergency medical condition existed.			
4.6 The MCO covers emergency services if a practitioner or other authorized representative acting through the MCO has authorized the provision of ER services.			
5.0 - ** Reasons for Denial When making determination of coverage based on medical necessity, MCO obtains relevant clinical information and consults with treating physician, as appropriate.			
5.1 A written description identifies information that is collected to support UM decision making; and			

Column 1 NCQA Standard: UM Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
5.2 ** There is documentation that relevant clinical information is gathered consistently to support UM decision making.			
6.0 - ** MCO clearly documents and communicates reasons for each denial.			
6.1 ** MCO sends written notification to members and practitioners, as appropriate, of the reason for each denial.			
6.2 ** MCO includes information about appeal process in all denial notifications.			
7.0 - ** **New Medical Technologies** MCO evaluates inclusion of new medical technologies and new applications of existing technologies, in benefit package. This includes procedures, drugs and devices.			
7.1 ** MCO has written description of process used to determine whether medical technologies/new application of existing technologies will be included in the benefit package.			

Column 1 NCQA Standard: UM Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
7.1.1 ** Description includes decision variables that MCO uses to decide whether new medical technologies and the new application of existing technologies will be included in benefit package. **7.1.2** ** Process includes review of information from appropriate government regulatory bodies and published scientific evidence. **7.1.3** ** Appropriate professionals participate in process to decide whether to include new medical technologies and new uses of existing technologies in the benefit package.			
7.2 ** MCO implements process to assess new technologies/new applications of existing technologies.			
8.0 - ** MCO evaluates member and practitioner satisfaction with UM process.			
8.1 ** At least every 2 years, MCO gathers information from members and practitioners regarding their satisfaction with UM process.			
8.2 ** MCO addresses identified sources of dissatisfaction.			

Column 1 NCQA Standard: UM Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
9.0 - If MCO delegates any UM activities, there is evidence of oversight of delegated activity.			
9.1 A mutually agreed upon document describes: 9.1.1 responsiblities of MCO and delegated agency; 9.1.2 delegated activities; 9.1.3 frequency of reporting to MCO; 9.1.4 process by which MCO evaluates delegated agency's performance; and 9.1.5 remedies, including revocation of delegation, available to MCO if delegated agency does not fulfill obligation.			
9.2 There is evidence that MCO: 9.2.1 evaluates delegated agency's capacity to perform delegated activities prior to delegation; 9.2.2 ** approves delegated agency's UM program annually; 9.2.3 ** evaluates regular reports as specified in UM 9.1.3; and 9.2.4 evaluates annually whether the delegated activities are being conducted in accordance with MCO's expectations and NCQA standards.			

effective: 7/97

CROSSWALK FORM:
NCQA Credentialing Standards → PA DOH HMO Applicant Credentialing System

Instructions: Applicants for a Pennsylvania HMO Licensure should complete only Columns 2 and 3 of this crosswalk form and include it with their HMO Certificate of Authority Application filed with the Department of Health. Please refer both to current NCQA Standards for Accreditation for the fully cited text, as well as the HMO Certificate of Authority Application Materials for complete instructions.

[Acronyms used: CR = Credentialing; HMO = Health Maintenance Organization; MCO = Managed Care Organization; NPDB = National Practitioner Data Bank; PCP = Primary Care Practitioner; QI = Quality Improvement]

N.B. DOH realizes that NCQA standards require actual evidence of utilization management activities. DOH acknowledges that this cannot be demonstrated until the plan has been operational for a certain period of time.
We therefore require that HMO applicants only include a description of their proposed system to comply with those NCQA-CR standards for recredentialing, suspension, termination, and delegation activities (CR 7-11, and 13).

NOTE: NCQA standards have been abbreviated in many instances due to space limitation.

Column 1 **NCQA Standard:** **CR Section**	Column 2 **HMO Application:** **Section/page number documenting proposed compliance**	Column 3 **Additional Comments or annotations by Applicant**	Column 4 **DOH Review Comments**
1.0 - The MCO documents mechanism for credentialing and recredentialing of MDs, DOs, DDSs, DPMs, and DCs and other independent practitioners with whom it contracts or employs who treat members outside the inpatient setting and who fall within its scope of authority and action. Documentation includes, but is not limited to defining:			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
1.1 the scope of practitioners covered;			
1.2 the criteria and primary source verification of information used to meet criteria:			
1.3 the process used to make decisions;			
1.4 the extent of any delegated credentialing or recredentialing arrangements;			
1.5 the right of practitioners to review the information submitted in support of their credentialing applications;			
1.6 the process for notification to a practitioner of any information obtained during the MCO's credentialing process that varies substantially from the information provided to the MCO by the practitioner;			
1.7 the practitioner's right to correct erroneous information;			
1.8 the medical director or other designated health care professional's direct responsibility and participation in the credentialing program; and			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
1.9 the process used to ensure the confidentiality of all information obtained in the credentialing process, except as otherwise provided by law.			
2.0 - The MCO designates a credentialing committee or other review body that makes recommendations regarding credentialing decisions.			
Initial Credentialing Process **3.0** - At time of credentialing, MCO verifies at least the following from primary sources:			
3.1 a current valid license to practice;			
3.2 the status of clinical privileges at the hospital designated by the practitioners as the primary admitting facility, as applicable;			
3.3 a valid DEA or CDS certificate, as applicable;			
3.4 education and training of practitioners including: **3.4.1** MDs/DOs: graduation from medical school and completion of residency;			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
3.4.2 DCs: graduation from chiropractic college; 3.4.3 DDSs: graduation from dental school and completion of speciality training, as applicable; 3.4.4 DPMs: graduation from podiatry school and completion of residency, as applicable;			
3.5 board certification if practitioner states that he/she is board certified on the application;			
3.6 work history;			
3.7 current, adequate malpractice insurance according to the MCOs policy; and			
3.8 history of professional liability claims that resulted in settlements or judgements paid by or on behalf of the practitioner.			
4.0 - Applicant completes membership application which includes a statement by applicant regarding:			
4.1 reasons for any inability to perform the essential functions of the position, with or without accommodation;			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
4.2 lack of present illegal drug use;			
4.3 history of loss of license and/or felony conviction;			
4.4 history of loss or limitation of privileges or disciplinary activity; and			
4.5 attestation by the applicant of the correctness/completeness of application.			
5.0 - There is evidence that before making a credentialing decision, the MCO has received information on the practitioner from the following organizations and includes this information in the credentialing files:			
5.1 The MCO has received information from the NPDB (except for DCs and DPMs) and includes it in the credentialing files.			
5.2 The MCO has received information about sanctions or limitations on licensure from the following agencies, as applicable, and includes in the credentialing files: 5.2.1 State Bd. Of Medical Examiners, Federation of State Medical Bds, or Dept. Of Professional Regulations (if available);			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
5.2.2 State Bd. Of Chiropractic Examiners or Federation of Chiropractic Licensing Bd.; **5.2.3** State Bd. Of Dental Examiners; and **5.2.4** State Bd. Of Podiatric Examiners.			
5.3 The MCO has reviewed for previous sanction activity by Medicare and Medicaid and records this in the credentialing records. (Not for DDSs)			
6.0 - Initial visit to offices of all potential PCP's and all obstetricians/gynecologists.			
6.1 Documentation of structured review that evaluates the site against the MCO's standards.			
6.2 Documentation of evaluation of medical recordkeeping practices at each site to ensure conformity with MCO's standards.			
Recredentialing Process **7.0** - The MCO formally recredentials its practitioners at least every two years. During recredentialing process, it verifies at least the following information from primary sources:			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
7.1 valid state license to practice;			
7.2 status of clinical privileges at the hospital designated by practitioner as the primary admitting facility, as applicable;			
7.3 valid DEA or CDS certificate, as applicable (Not for DCs):			
7.4 board certification, if practitioner states that he/she is board certified (Not for DCs);			
7.5 current, adequate malpractice insurance, according to the MCO's policy;			
7.6 history of professional liability claims that resulted in settlements or judgements paid by or on behalf of practitioner; and			
7.7 Recredentialing process includes a current, signed attestation statement by applicant regarding: **7.7.1** reasons for any inability to perform the essential functions of the positions, with or without accommodation, and **7.7.2** lack of present illegal drug use.			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
8.0 - Evidence that before making a recredentialing decision, the MCO has received information from the following organizations and includes it in the recredentialing files.			
8.1 The MCO has received information from the NPDB (Except for DCs or DPMs);			
8.2 MCO has received information about sanctions or limitations on licensure from the following agencies and includes it in the recredentialing files; **8.2.1** information from State Bd. of Medical Examiners, Federation of State Medical Bds., or Dept. of Professional Regulations (if available); **8.2.2** State Bd. of Chiropractic Examiners or Federation of Chiropractic Licensing Bd.; **8.2.3** State Bd. of Dental Examiners; and **8.2.4** State Bd. of Podiatric Examiners.			
8.3 MCO has reviewed previous sanction activity by Medicare and Medicaid and records this in the recredentialing files (Not for DDSs).			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
9.0 - MCO incorporates data from the following in its recredentialing decision-making process for PCPs:			
9.1 member complaints;			
9.2 information from QI activities;			
9.3 utilization management;			
9.4 member satisfaction;			
9.5 medical record reviews conducted as part of MR 2.1; and			
9.6 site visits conducted as part of CR 10.1.			
10.0 - At the time of recredentialing, there is a visit to the offices of all PCPs, obstetricians/gynecologists, and other high-volume specialists.			
10.1 Documentation of a structured site review to ensure conformity with MCO's standards.			
10.2 Documentation of an evaluation of medical recordkeeping practices at each site to ensure conformity with the MCO's standards.			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
11.0 - MCO has policies and procedures for altering conditions of the practitioner's participation with the MCO based on issues of quality of care and service. Policies and procedures must define range of actions that MCO may take to improve performance prior to termination.			
11.1 MCO has procedures for and evidence of implementation of - as appropriate - reporting of serious quality deficiencies that could result in practitioner's suspension or termination to appropriate authorities.			
11.2 MCO has an appeal process for instances in which MCO chooses to alter the conditions of the practitioner's participation based on issues of quality of care and/or service. MCO informs practitioner of the appeal process.			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
Organizational Providers Assessment **12.0** - MCO has written policies and procedures for initial and ongoing assessment of organizational providers with which it intends to contract. Providers include (but not limited to) hospitals, home health agencies, skilled nursing facilities and nursing homes, and free-standing surgical centers.			
12.1 MCO confirms that provider is in good standing with state and federal regulatory bodies; and			
12.2 MCO confirms that provider has been reviewed and approved by an accrediting body; or			
12.3 If provider has not been approved by an accrediting body, MCO develops and implements standards of participation.			
12.4 At least every three years, MCO confirms that providers continue to be in good standing with the state and federal regulatory bodies, and if applicable, is reviewed and approved by an accrediting body.			

Column 1 NCQA Standard: CR Section	Column 2 HMO Application: Section/page number documenting proposed compliance	Column 3 Additional Comments or annotations by Applicant	Column 4 DOH Review Comments
13.0 - If MCO delegates any credentialing and recredentialing activities, there is evidence of oversight of the delegated activity.			
13.1 A mutually agreed upon document describes: **13.1.1** the responsibilities of the MCO and delegated agency; **13.1.2** the delegated activities; **13.1.3** the process by which the MCO evaluates the delegated agency's performance; and **13.1.4** the remedies, including revocation of delegation, available to MCO if delegated agency does not fulfill obligations.			
13.2 The MCO retains the right, based on quality issues, to approve new practitioners, providers, and sites, and to terminate or suspend individual practitioners or providers.			
13.3 There is evidence that the MCO: **13.3.1** evaluates the delgated agency's capacity to perform the delegated activites prior to delegation; and **13.3.2** evaluates annually whether delegated activities are being conducted in accordance with MCO's expectations and NCQA standards.			