



# Online Application Users Guide

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## The Application and Scheduling Tool

Welcome to the NCQA online Application and Scheduling Tool for Accreditation, Certification and Distinction programs. Organizations applying for the programs listed below can use the NCQA Application and Scheduling Tool to apply for their survey.

### Accreditation Programs

- Health Plan
- Health Equity
- Multicultural Health Care
- Managed Behavioral Healthcare Organization
- Case Management
- Case Management for Long-Term Services and Supports
- Population Health Program
- Utilization Management-Credentialing-Provider Network
- Wellness and Health Promotion
- Specialty Pharmacy Accreditation

### Certification Programs

- Credentialing Verification Organization
- Health Information Products
- Physician and Hospital Quality
- Wellness and Health Promotion

### Distinction Programs

- Health Plan Long-Term Services and Supports
- Managed Behavioral Health Organization Long-Term Services and Supports
- Case Management for Long-Term Services and Supports

## What's New

**Health Equity Accreditation.** This program adds new requirements to NCQA's Multicultural Health Care standards, which focus on organizational diversity, equity, inclusion and reducing bias; collecting gender identity and sexual orientation data; and reporting race/ethnicity stratified HEDIS measures.

The voluntary **Health Equity Accreditation Plus** option includes standards for assessing and addressing social determinants of health.

**Specialty Pharmacy Accreditation.** This comprehensive, standards-based program evaluates a specialty pharmacy's ability to deliver patient-centered care. NCQA-Accredited pharmacies demonstrate best practices for delivering the right medication to the right patient, at the right time—with well-coordinated patient care and follow-up.

Providing high-quality patient care is a top priority for specialty pharmacies. Specialty Pharmacy Accreditation shifts the dynamic to a more collaborative experience that embraces innovation and aligns stakeholders.

NCQA-Accredited Specialty Pharmacies demonstrate best practices for patient-centered care, making them ideal partners in value-based payment arrangements that reward quality.

Specialty Pharmacy Accreditation evaluates these areas:

- Patient Programs.
- Organization, Administration and Compliance.
- Specialty Pharmacy Operations.
- Quality and Performance Improvement.

**National Survey Application.** For large organizations (with multiple sites) applying for a National Survey, there is a new “Sites” tab. Organizations can add, update or remove affiliated accounts associated with the survey, and are only required to purchase one IRT survey tool. Accreditation statuses map to each site entity. Refer to [National Survey](#).

**Eligibility Tab.** Contains general qualifying questions relating to the specific survey product of Accreditation.

**Survey Type.** “Type” of survey has been added to the *Home* page of the application selection.

## What You Need to Complete the Application

You need a computer with the following components:

- Google Chrome.
- Windows 32-bit operating system.
- Internet service.
- Active email account.

## How to Access the Application

**Step 1** Go to the [My NCQA](#) website.

**Step 2** Your username is the professional email address you use to conduct business with NCQA on behalf of your organization.

Enter your username in the **Username** field. Enter your password in the **Password** field. Click **Submit**.

*If this is your first time logging on, or if you don't remember your password, click **Forgot Your Password?** and follow the instructions.*

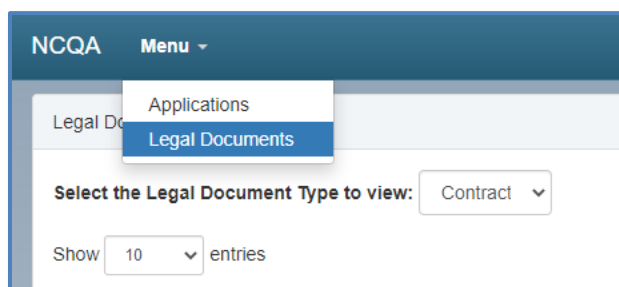
**Step 3** When you have changed your password, click **close this window** to return to the *Login* screen and log in.

**Step 4** Click **My Apps**. Click **Go to Site for NCQA Application Online**. The *Application* home page displays.

## How to Access Agreements

You can view and download the most current Agreement and Pricing Policy for the product you are applying for under the **Menu** link on the main screen of the online application.

- Step 1** Click **Menu** on the Navigation Bar at the top of any screen.
- Step 2** Click **Legal Documents**.
- Step 3** Click the down arrow in the menu to select **Contracts** or **Pricing** and access a list of documents.
- Step 4** Click **Download** next to the document you want and save it to your computer or network.

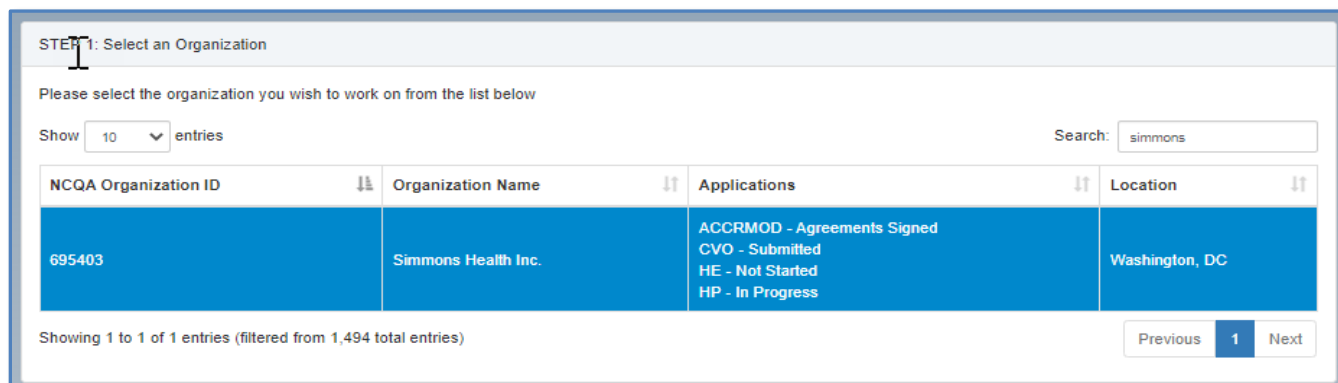


Legal Documents			
Select the Legal Document Type to view: Contract			
Show 10 entries		Search:	
Agreement Title	Evergreen	Products	Download Agreement
BAA FINAL 7.21.2017	No	1. Health Plan Accreditation 2. MBHO Survey 3. DM Accreditation 4. DM Certification 5. Case Management 6. CM-LTSS Accreditation, and Standards and Guidelines for the Accreditation of Case Management LTSS 7. Physician and Hospital Quality 8. Accreditation in UM and CR, and Certification in UM and CR 9. Accreditation in UM, CR and PN 10. Population Health Program 11. Specialty Pharmacy 12. Health Equity Accreditation	<a href="#">Download PDF</a>
CM 2020 AGREEMENT ESIG FINAL	Yes	Case Management	<a href="#">Download PDF</a>
CM ESIG FINAL 11.13.18	No	Case Management	<a href="#">Download PDF</a>
CM LTSS 2020 AGREEMENT ESIG FINAL	Yes	CM-LTSS Accreditation, and Standards and Guidelines for the Accreditation of Case Management LTSS	<a href="#">Download PDF</a>
CM LTSS ESIG FINAL 11.13.18	No	CM-LTSS Accreditation, and Standards and Guidelines for the Accreditation of Case Management LTSS	<a href="#">Download PDF</a>
CVO 2020 AGREEMENT ESIG FINAL 3.13.2020	Yes	CVO Survey	<a href="#">Download PDF</a>
CVO ESIG FINAL 11.5.19	No	CVO Survey	<a href="#">Download PDF</a>
DMA ESIG FINAL 11.13.18	No	DM Accreditation	<a href="#">Download PDF</a>
DMC ESIG FINAL 11.13.18	No	DM Certification	<a href="#">Download PDF</a>
HE 2022 AGREEMENT	Yes	Health Equity Accreditation	<a href="#">Download PDF</a>
Showing 1 to 10 of 34 entries			
		<a href="#">Previous</a> <a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">4</a> <a href="#">Next</a>	

## Getting Started

**Step 1** After you log in, enter the name of your organization in the **Search** field or use the up/down arrows to scroll through the list of organizations. Click to highlight your organization.

*If you don't see your organization, refer to [What if I Don't Find My Organization?](#)*



STEP 1: Select an Organization

Please select the organization you wish to work on from the list below

Show  entries

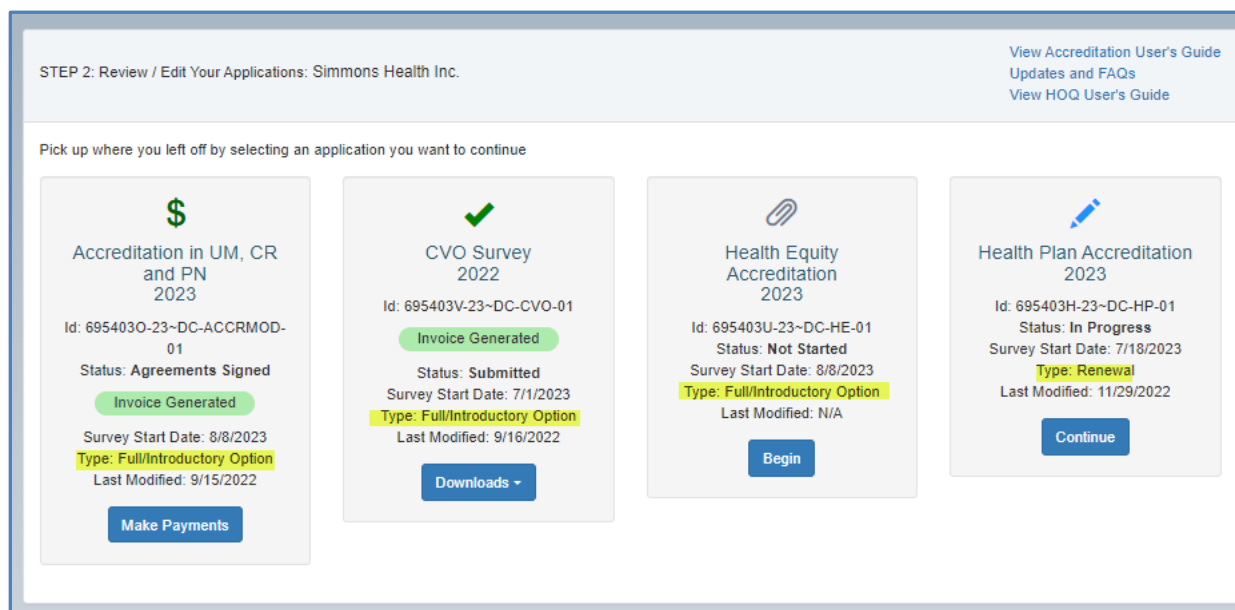
Search:

NCQA Organization ID	Organization Name	Applications	Location
695403	Simmons Health Inc.	ACCRMOD - Agreements Signed CVO - Submitted HE - Not Started HP - In Progress	Washington, DC

Showing 1 to 1 of 1 entries (filtered from 1,494 total entries)

Previous **1** Next


**Step 2** The applications pertaining to your organization will display in the **STEP 2: Review / Edit Your Applications** section of the screen.



STEP 2: Review / Edit Your Applications: Simmons Health Inc.

[View Accreditation User's Guide](#)  
[Updates and FAQs](#)  
[View HOQ User's Guide](#)

Pick up where you left off by selecting an application you want to continue



Accreditation in UM, CR and PN 2023

Id: 6954030-23~DC-ACCRMOD-01

Status: Agreements Signed


Invoice Generated

Survey Start Date: 8/8/2023

Type: Full/Introductory Option

Last Modified: 9/15/2022

Make Payments



CVO Survey 2022

Id: 695403V-23~DC-CVO-01

Invoice Generated


Status: Submitted

Survey Start Date: 7/1/2023

Type: Full/Introductory Option

Last Modified: 9/16/2022

Downloads



Health Equity Accreditation 2023

Id: 695403U-23~DC-HE-01


Status: Not Started

Survey Start Date: 8/8/2023

Type: Full/Introductory Option

Last Modified: N/A

Begin



Health Plan Accreditation 2023

Id: 695403H-23~DC-HP-01

Status: In Progress

Survey Start Date: 7/18/2023

Type: Renewal

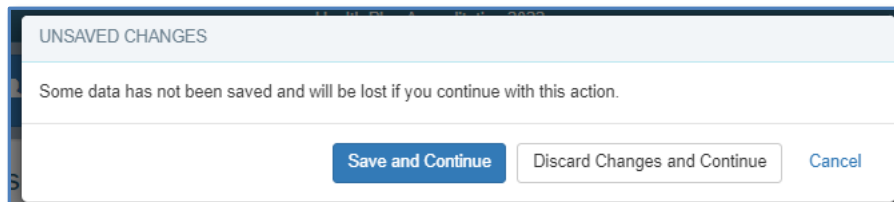
Last Modified: 11/29/2022

Continue

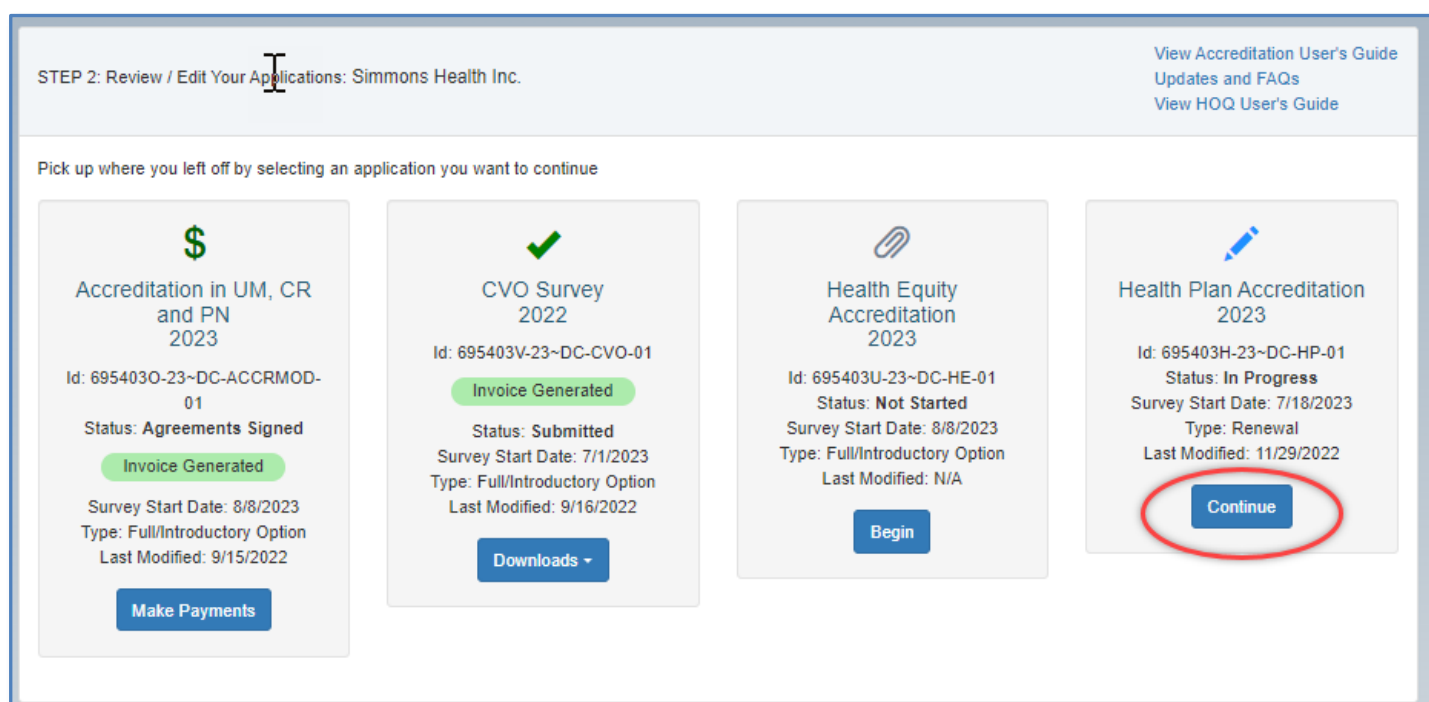


**Step 3** Click **Begin** under the product for which you want to apply.

If you can't complete the application in one session, you can save it and continue later. You will be prompted to save your changes. Click **Save and Continue**.



**Step 4** When you are ready to continue, log on and click **Continue**.



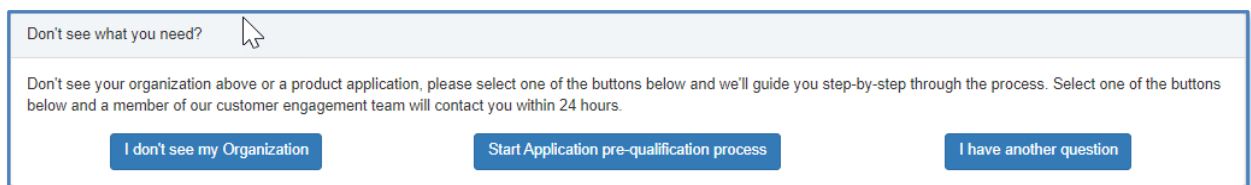
## If You Can't Find Your Organization...

Only the organizations to which you are assigned as a contact will display. If you don't see your organization, follow these steps.

**Step 1** *If your organization has a current Accreditation/Certification, click **I don't see my Organization**. An NCQA account representative will contact you.*

*If your organization does not have a current Accreditation/Certification, click **Start Application pre-qualification process** and indicate the product for which your organization wants to apply. An NCQA account representative will contact you to determine your organization's eligibility.*

*If you have a general question about the application and scheduling process, click **I have another question**. An account representative will contact you.*



Don't see what you need?

Don't see your organization above or a product application, please select one of the buttons below and we'll guide you step-by-step through the process. Select one of the buttons below and a member of our customer engagement team will contact you within 24 hours.

[I don't see my Organization](#) [Start Application pre-qualification process](#) [I have another question](#)

## The Application Home Page

The *Application* home page lists all sections that must be completed. NCQA suggests you complete the application in this order:

1. Organization.
2. Eligibility.
3. Contacts.
4. Products (not all NCQA product applications have a "Products" tab).
5. Survey.
6. Sites (not all NCQA product applications have a "Sites" tab).
7. Review.
8. Documents.
9. Finish.

**Sections 1–5** These sections contain information NCQA has on file for your application. Fields marked with an asterisk (\*) are required; you must enter and save the information.

*You cannot submit the application without completing the required fields.*

**Section 6** View and verify the changes you made in sections 1–4.

**Section 7** Download and upload the documents pertaining to your application.

**Section 8** E-sign the contract Agreement, generate a purchase order for the application fee and submit the completed application to NCQA.

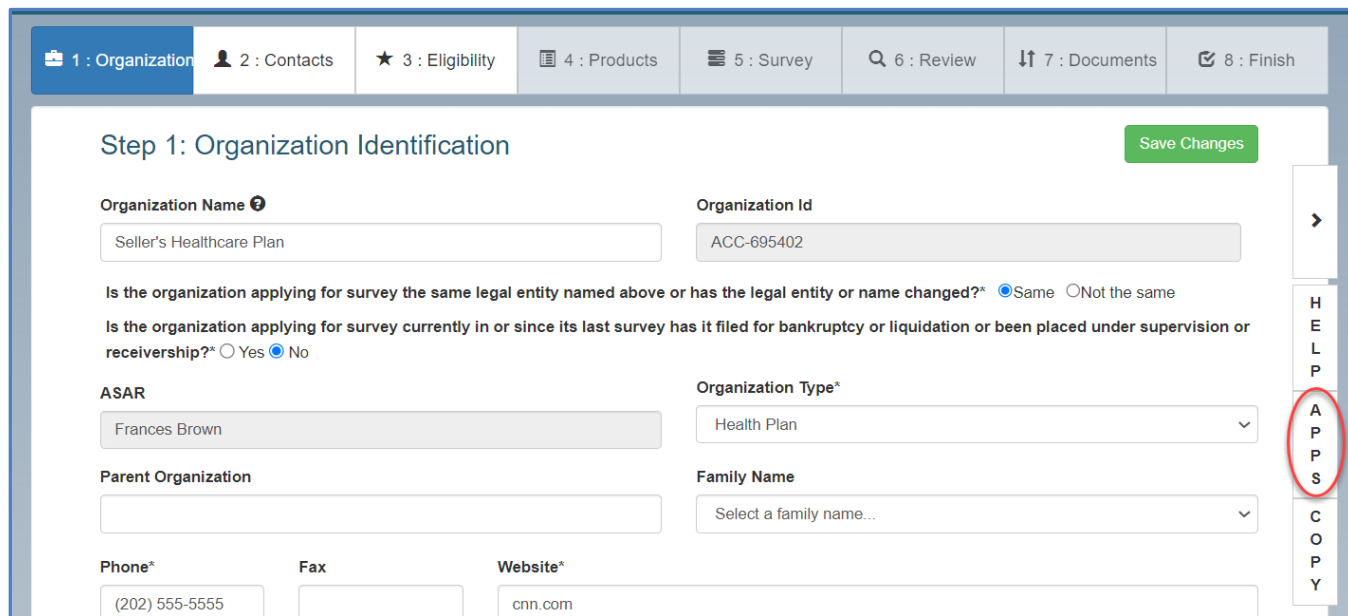
*Click the arrows at the side of the screen to navigate through the application, or click the section tabs.*

## How to Switch Between Applications


If you are completing more than one application at the same time, you can easily switch between them without returning to the main application menu by following the steps below.

**Step 1** Click **APPS** at the right side of any screen.

**Step 2** Search for the application you want to move to. Click it to go directly to the application.



**Step 1: Organization Identification** Save Changes

Organization Name  Seller's Healthcare Plan

Organization Id ACC-695402

Is the organization applying for survey the same legal entity named above or has the legal entity or name changed?\* ☒ Same ☐ Not the same

Is the organization applying for survey currently in or since its last survey has it filed for bankruptcy or liquidation or been placed under supervision or receivership?\* ☐ Yes ☒ No

ASAR Frances Brown

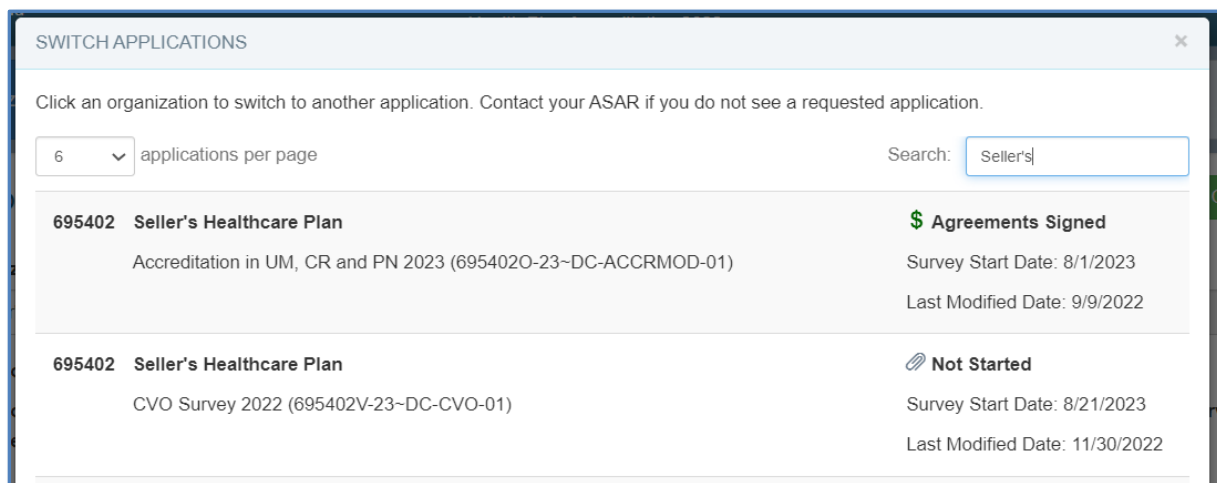
Organization Type\* Health Plan

Parent Organization

Family Name Select a family name...

Phone\* (202) 555-5555 Fax Website\* cnn.com

HELP  
APPS  
COPY



**SWITCH APPLICATIONS**

Click an organization to switch to another application. Contact your ASAR if you do not see a requested application.

6 applications per page Search: Seller's

695402	<b>Seller's Healthcare Plan</b> Accreditation in UM, CR and PN 2023 (695402O-23-DC-ACCRMOD-01)	<b>\$ Agreements Signed</b> Survey Start Date: 8/1/2023 Last Modified Date: 9/9/2022
695402	<b>Seller's Healthcare Plan</b> CVO Survey 2022 (695402V-23-DC-CVO-01)	<b>Not Started</b> Survey Start Date: 8/21/2023 Last Modified Date: 11/30/2022

## How to Copy Information to Another Application

- Step 1** Click **COPY** at the right side of any screen.
- Step 2** Under each section, click to check the box next to each field you want to copy. Click to check **Select All** to copy all fields listed under each section.
- Step 3** Search for the applications where you want to copy the selected fields. Click to check the box next to each application to which you want to copy.
- Step 4** Click **Copy**.

COPY INFORMATION TO SIMILAR APPLICATIONS

**Step 1: Select Organization Information to Copy**  
Select the information you would like to copy

<input checked="" type="checkbox"/>	Select All
<input checked="" type="checkbox"/>	Organization Type      Health Plan
<input type="checkbox"/>	Parent Organization
<input type="checkbox"/>	Family Name
<input checked="" type="checkbox"/>	Phone      (202) 555-5699
<input type="checkbox"/>	Fax
<input checked="" type="checkbox"/>	Website      UnitedForAllHealthcare.com
<input checked="" type="checkbox"/>	Billing Address      1100 13th St Nw Washington, DC 20005-4051
<input checked="" type="checkbox"/>	Shipping Address

**Copy to These Applications**  
Select the applications to which you would like to copy this information

10 applications per page
Search: Charlie

<input type="checkbox"/>	577491 Charlie Brown & Associates Health Plan Health Plan Accreditation 2021 (577491H-21~DC-HP-04)
<input type="checkbox"/>	577491 Charlie Brown & Associates Health Plan Health Plan Accreditation 2022 (577491H-22~DC-HP-05)
<input type="checkbox"/>	577491 Charlie Brown & Associates Health Plan Health Plan Accreditation 2022 (577491H-22~DC-HP-06)

Available Applications: 3 (filtered from 257 total)

Previous
1
Next

**Step 2: Select Roles and Contacts to Copy**  
Select the roles and assigned contacts you would like to copy. If the contact does not exist in a selected application, then it will be added. If the contact does exist, then the contact's data will be updated.

<input checked="" type="checkbox"/>	Select All
<input checked="" type="checkbox"/>	Accreditation Contact      Frances Brown
<input checked="" type="checkbox"/>	CEO      James Kelly
<input checked="" type="checkbox"/>	Accounting Contact      Frances Brown
<input checked="" type="checkbox"/>	Signatory      Frances Brown

**Step 3: Select Project Information To Copy**  
Select the information you would like to copy

<input checked="" type="checkbox"/>	Select All
<input checked="" type="checkbox"/>	Is this a Virtual Survey      No
<input checked="" type="checkbox"/>	Desired Survey Start Date      2022-11-15
<input checked="" type="checkbox"/>	Desired Survey Onsite Date      2023-02-02
<input checked="" type="checkbox"/>	Onsite Address      1234 Blue Lane Blue City, MD 20745

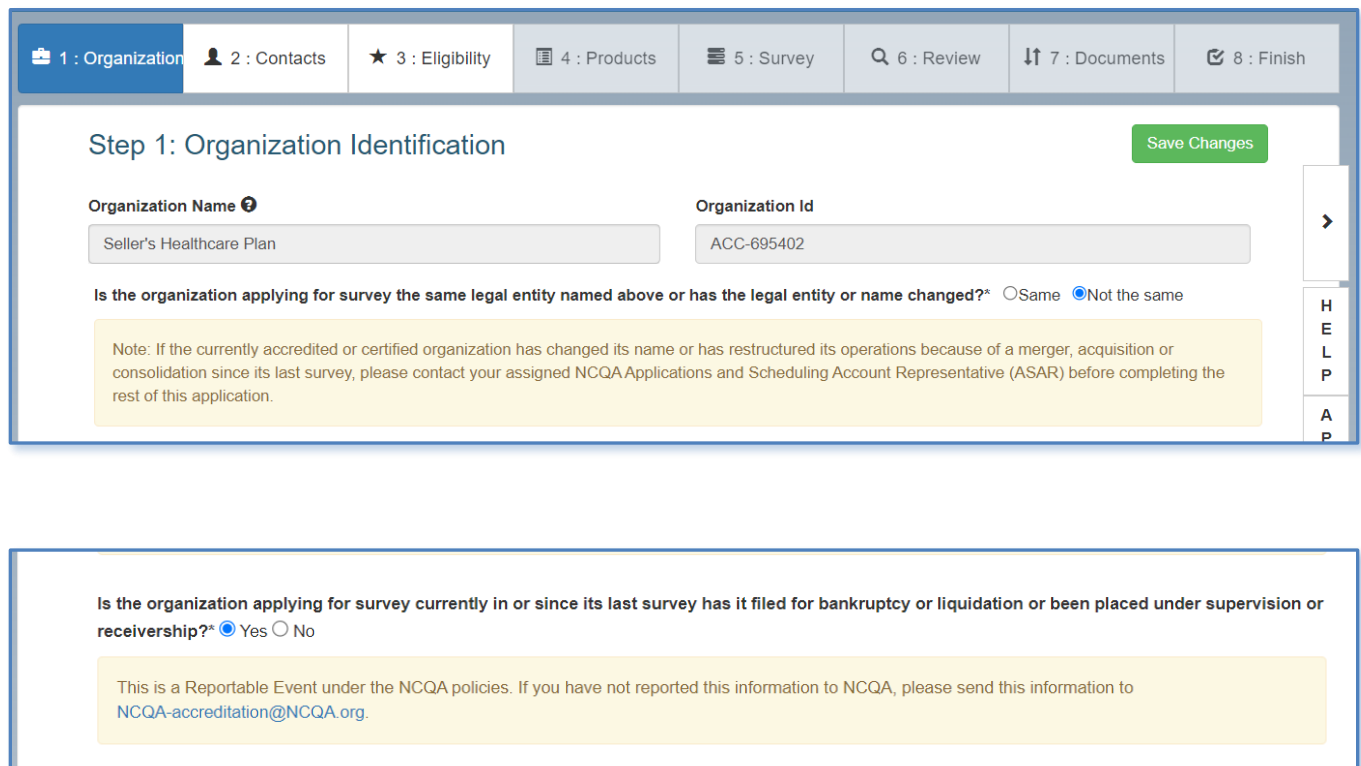
## How to Enter or Update Organization Information

The **Organization** section contains general information about your organization. It also identifies the Application and Scheduling Account Representative (ASAR) assigned to your application. You can review, verify and edit this information.

*The **Organization Name** and **ID** are read-only and cannot be changed.*

Answer both required questions at the top of the page.

If the legal entity or name has changed, click to select **Not the same** and contact your ASAR before continuing.



The screenshot displays the 'Step 1: Organization Identification' section of the NCQA Online Application. At the top, a navigation bar includes tabs for 1: Organization, 2: Contacts, 3: Eligibility, 4: Products, 5: Survey, 6: Review, 7: Documents, and 8: Finish. The main content area features two input fields: 'Organization Name' with the value 'Seller's Healthcare Plan' and 'Organization Id' with the value 'ACC-695402'. Below these fields is a question: 'Is the organization applying for survey the same legal entity named above or has the legal entity or name changed?\*' with radio button options for 'Same' and 'Not the same'. The 'Not the same' option is selected. A yellow information box provides a note: 'Note: If the currently accredited or certified organization has changed its name or has restructured its operations because of a merger, acquisition or consolidation since its last survey, please contact your assigned NCQA Applications and Scheduling Account Representative (ASAR) before completing the rest of this application.' To the right of the form is a vertical 'HELP' button. At the bottom of the form, another question asks: 'Is the organization applying for survey currently in or since its last survey has it filed for bankruptcy or liquidation or been placed under supervision or receivership?\*' with radio button options for 'Yes' and 'No'. The 'Yes' option is selected. A yellow information box below this question states: 'This is a Reportable Event under the NCQA policies. If you have not reported this information to NCQA, please send this information to [NCQA-accreditation@NCQA.org](mailto:NCQA-accreditation@NCQA.org).'

If you answer "Yes" to the question above, this is a Reportable Event under NCQA policies.

Contact [NCQA-accreditation@NCQA.org](mailto:NCQA-accreditation@NCQA.org) to report this information.

**Step 1** Complete the required fields for your organization.

Click the question mark icon for information about each section.

*NCQA does not assign surveyors who work for competitors or organizations that have a contractual relationship with your organization and are selected as conflicts, or who work for competitors or organizations in the regions selected as conflicts.*

**Step 2** Click **Save Changes**. Click the next tab.

The screenshot shows the 'Step 1: Organization Identification' form. At the top is a navigation bar with tabs: 1: Organization (active), 2: Contacts, 3: Eligibility, 4: Products, 5: Survey, 6: Review, 7: Documents, and 8: Finish. A 'Save Changes' button is in the top right. The form is divided into several sections:

- Organization Identification:** Includes 'Organization Name' (filled with 'Seller's Healthcare Plan'), 'Organization Id' (filled with 'ACC-695402'), and a 'Save Changes' button.
- Legal Entity Questions:** Two questions with radio button options. The first asks if the organization is the same legal entity named above or has changed (options: Same, Not the same). The second asks if the organization has filed for bankruptcy or liquidation (options: Yes, No).
- ASAR:** A text field filled with 'Frances Brown'.
- Organization Type:** A dropdown menu with 'Select a type...' and a red error message 'Organization Type is required'.
- Parent Organization:** An empty text field.
- Family Name:** A dropdown menu with 'Select a family name...'.
- Contact Information:** Fields for 'Phone\*', 'Fax', and 'Website\*'. The 'Phone' and 'Website' fields have red error messages: 'Phone is required' and 'Website is required'.
- Billing Address:** A section with a question mark icon and '(Admin) Skip Verification'. It includes fields for 'Street\*', 'City\*', 'State\*', and 'Zip\*'. The 'Street', 'City', and 'State' fields have red error messages: 'Billing Street is required', 'Billing City is required', and 'Billing State is required'. The 'Zip' field has a red error message: 'Billing Zip is required'.
- Shipping Address:** A section with a question mark icon and 'Use Billing Address'. It includes fields for 'Street', 'City', 'State', and 'Zip'.
- Additional Information:** Two dropdown menus for 'Selected Organization conflicts' and 'Selected Region conflicts', both with red question mark icons.

A 'Save Changes' button is located at the bottom right of the form.

## How to Edit or Update a Contact

The *Contacts* section contains general information about organization staff whom NCQA may contact regarding your application and survey. You can review, verify and edit this information.

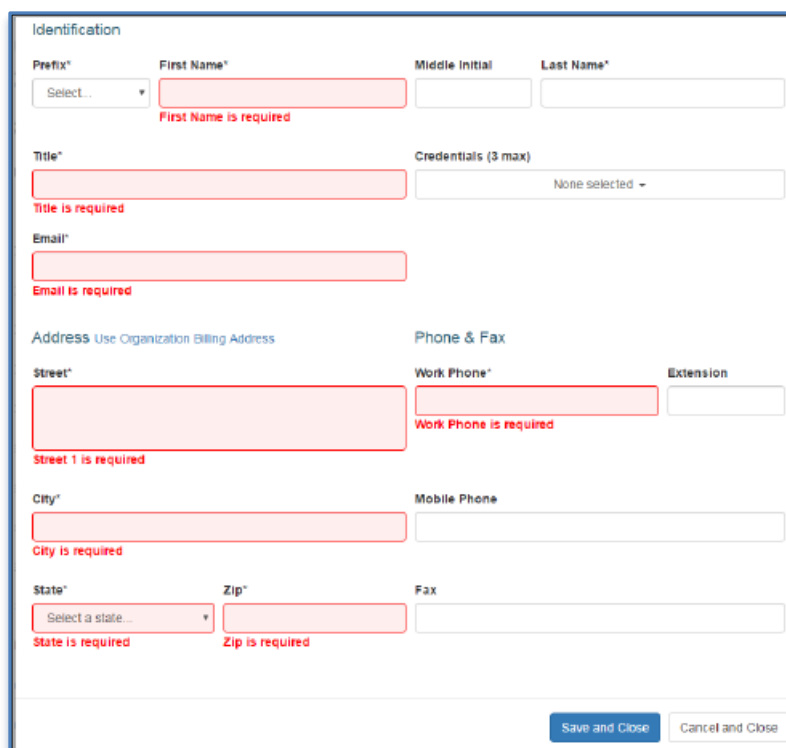
**Step 1** Click **Edit** next to the name you want to update.

Fields marked with an asterisk (\*) are required; you must enter and save the information. If you leave one required field blank, you cannot save the information.

If you do not have enough information to complete all required fields, click **Cancel and Close**.

If **Some Information is not valid for this contact** displays under an active contact, click **Edit** and update all required fields for the contact.

**Step 2** Click **Save and Close**.



The screenshot shows a web form titled "Identification" with the following fields and labels:

- Prefix\***: A dropdown menu with "Select..." as the current selection.
- First Name\***: A text input field with a red border and the message "First Name is required" below it.
- Middle Initial**: A text input field.
- Last Name\***: A text input field.
- Title\***: A text input field with a red border and the message "Title is required" below it.
- Credentials (3 max)**: A dropdown menu with "None selected" as the current selection.
- Email\***: A text input field with a red border and the message "Email is required" below it.
- Address**: A section header with a link "Use Organization Billing Address".
- Street\***: A text input field with a red border and the message "Street 1 is required" below it.
- Work Phone\***: A text input field with a red border and the message "Work Phone is required" below it.
- Extension**: A text input field.
- City\***: A text input field with a red border and the message "City is required" below it.
- Mobile Phone**: A text input field.
- State\***: A dropdown menu with "Select a state..." as the current selection and the message "State is required" below it.
- Zip\***: A text input field with a red border and the message "Zip is required" below it.
- Fax**: A text input field.

At the bottom right of the form are two buttons: "Save and Close" (highlighted in blue) and "Cancel and Close".

## How to Add a New Contact

You may add a contact who is not listed under **Active Contacts** or **Inactive Contacts**. Only add people you want to assign a role.

**Step 1** Click **New Contact**. Enter the contact information.

**Step 2** Click **Save and Close**.

*This contact will appear in Active Contacts and can be assigned a role.*

## How to Assign a Role

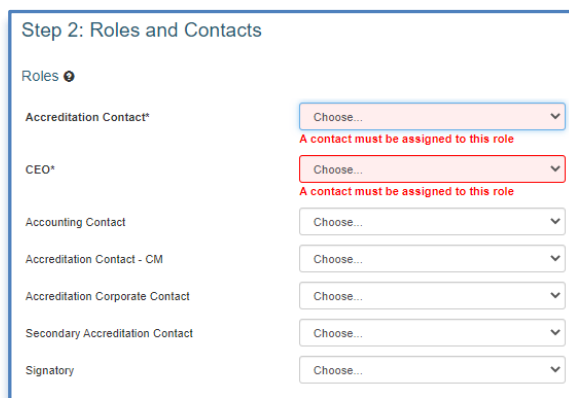
Each active contact must have an assigned role. Active contacts who do not have an assigned role should be inactivated.

**Step 1** Click the **Choose...** drop-down list.

**Step 2** Select from the list of active contacts to assign roles. You do not need to assign a person to every role.

*Roles in bold and marked with an asterisk (\*) are required.*

**Step 3** To deselect a person from a role, click **Choose** from the drop-down list. Click **Save Changes**.



Step 2: Roles and Contacts

Roles ⓘ

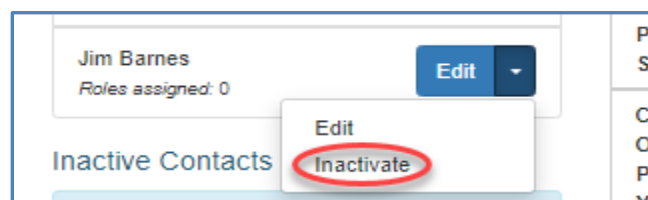
Accreditation Contact*	Choose...	A contact must be assigned to this role
CEO*	Choose...	A contact must be assigned to this role
Accounting Contact	Choose...	
Accreditation Contact - CM	Choose...	
Accreditation Corporate Contact	Choose...	
Secondary Accreditation Contact	Choose...	
Signatory	Choose...	

## How to Inactivate a Contact

Inactivate a contact who no longer works for your organization or is no longer a contact for your organization's application or survey process.

**Step 1** Click the arrow next to the contact name to open the drop-down menu. Click **Inactivate**.

**Step 2** Click **Yes** in the pop-up window to move the contact to **Inactive Contacts**.



Jim Barnes  
Roles assigned: 0

Edit

Inactivate

Inactive Contacts

P  
S  
C  
O  
P  
v



## How to Reactivate a Contact

**Step 1** From the **Inactive Contacts** list, click **Activate** next to the contact you want to reactivate. Click **Yes** at the message prompt.

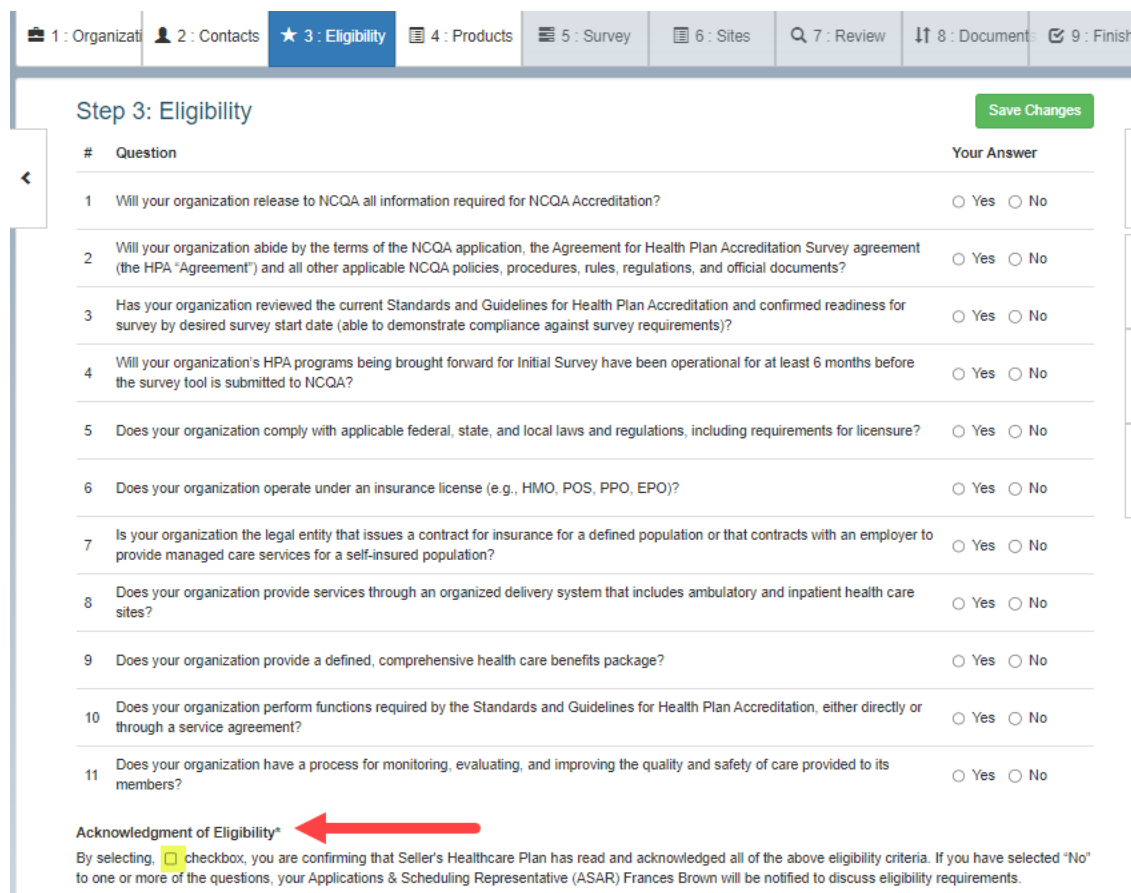
*Reactivating a contact does not restore the contact's roles. You must reassign roles to a reactivated contact.*

## Eligibility

The NCQA Accreditation or Certification application has an “Eligibility” tab. Answer each required question “Yes” or “No” as it relates to the survey product.

You must select the checkbox to acknowledge product eligibility.

If “No” is selected for one or more questions, the ASAR will email you to discuss eligibility requirements.



1 : Organization 2 : Contacts **3 : Eligibility** 4 : Products 5 : Survey 6 : Sites 7 : Review 8 : Document 9 : Finish

Step 3: Eligibility Save Changes

#	Question	Your Answer
1	Will your organization release to NCQA all information required for NCQA Accreditation?	<input type="radio"/> Yes <input type="radio"/> No
2	Will your organization abide by the terms of the NCQA application, the Agreement for Health Plan Accreditation Survey agreement (the HPA "Agreement") and all other applicable NCQA policies, procedures, rules, regulations, and official documents?	<input type="radio"/> Yes <input type="radio"/> No
3	Has your organization reviewed the current Standards and Guidelines for Health Plan Accreditation and confirmed readiness for survey by desired survey start date (able to demonstrate compliance against survey requirements)?	<input type="radio"/> Yes <input type="radio"/> No
4	Will your organization's HPA programs being brought forward for Initial Survey have been operational for at least 6 months before the survey tool is submitted to NCQA?	<input type="radio"/> Yes <input type="radio"/> No
5	Does your organization comply with applicable federal, state, and local laws and regulations, including requirements for licensure?	<input type="radio"/> Yes <input type="radio"/> No
6	Does your organization operate under an insurance license (e.g., HMO, POS, PPO, EPO)?	<input type="radio"/> Yes <input type="radio"/> No
7	Is your organization the legal entity that issues a contract for insurance for a defined population or that contracts with an employer to provide managed care services for a self-insured population?	<input type="radio"/> Yes <input type="radio"/> No
8	Does your organization provide services through an organized delivery system that includes ambulatory and inpatient health care sites?	<input type="radio"/> Yes <input type="radio"/> No
9	Does your organization provide a defined, comprehensive health care benefits package?	<input type="radio"/> Yes <input type="radio"/> No
10	Does your organization perform functions required by the Standards and Guidelines for Health Plan Accreditation, either directly or through a service agreement?	<input type="radio"/> Yes <input type="radio"/> No
11	Does your organization have a process for monitoring, evaluating, and improving the quality and safety of care provided to its members?	<input type="radio"/> Yes <input type="radio"/> No

**Acknowledgment of Eligibility\***

By selecting, ☐ checkbox, you are confirming that Seller's Healthcare Plan has read and acknowledged all of the above eligibility criteria. If you have selected "No" to one or more of the questions, your Applications & Scheduling Representative (ASAR) Frances Brown will be notified to discuss eligibility requirements.

## Products

The *Product* section applies only to the Health Plan Accreditation, MBHO Accreditation and UM-CR-PN Accreditation applications.

The *Inception Date* is the initial date when the organization offered services to members or clients under the product.

## Health Plan Accreditation

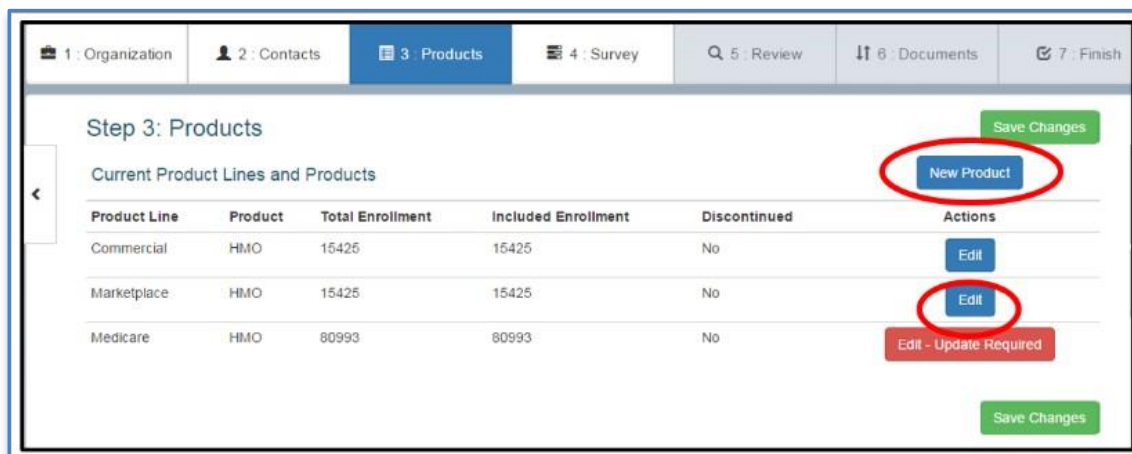
The *Health Plan Accreditation* section shows the product lines (commercial, Medicare, Medicaid, Exchange) and products (HMO, POS, PPO, EPO) currently identified in the NCQA system.

You can review, verify, edit and save information in this section.

## How to View/Edit Product Information

**Step 1** Click **Edit** to update existing information.

If **Edit - Update Required** displays, click **Edit** next to the product item and update all required fields for the product.



Step 3: Products

Current Product Lines and Products

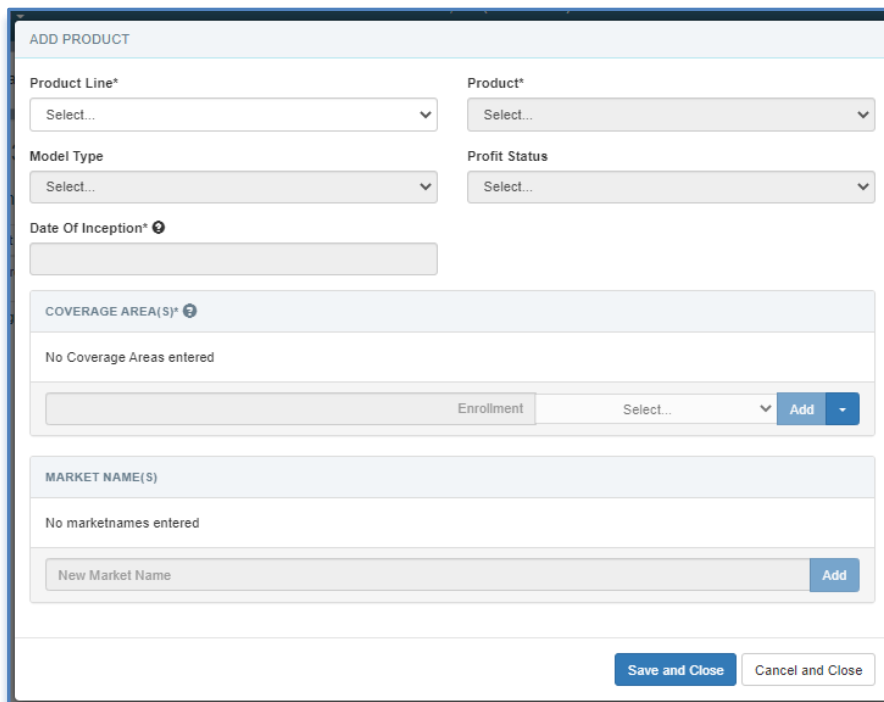
Product Line	Product	Total Enrollment	Included Enrollment	Discontinued	Actions
Commercial	HMO	15425	15425	No	<a href="#">Edit</a>
Marketplace	HMO	15425	15425	No	<a href="#">Edit</a>
Medicare	HMO	80993	80993	No	<a href="#">Edit - Update Required</a>

Buttons: [New Product](#), [Save Changes](#), [Edit](#), [Edit - Update Required](#), [Save Changes](#)

## How to Add a New Product

**Step 1** Click **New Product** and enter the product information. Click **Save and Close**.

*You cannot add a product/product line that already exists in the system.*



The screenshot shows the "ADD PRODUCT" form. It includes the following fields and sections:

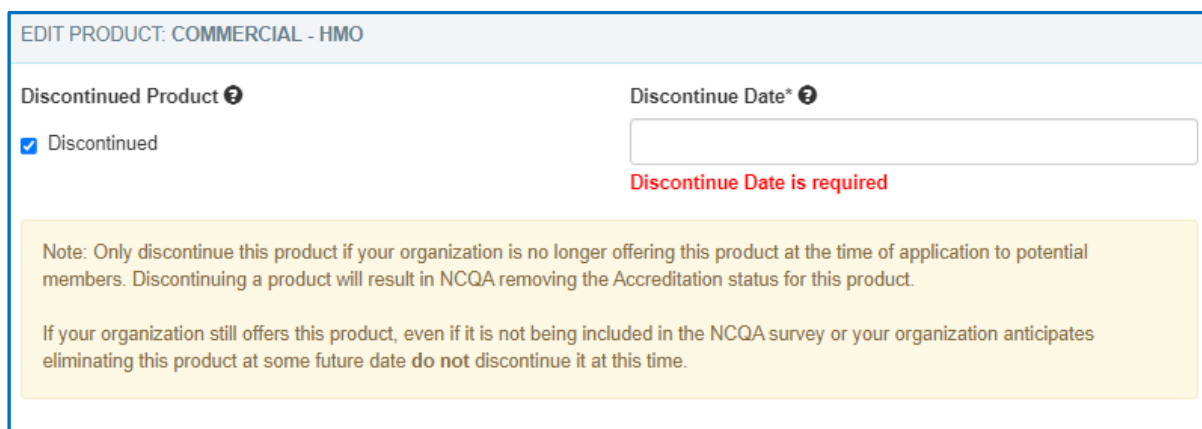
- Product Line\***: A dropdown menu with "Select..." as the placeholder.
- Product\***: A dropdown menu with "Select..." as the placeholder.
- Model Type**: A dropdown menu with "Select..." as the placeholder.
- Profit Status**: A dropdown menu with "Select..." as the placeholder.
- Date Of Inception\***: A text input field.
- COVERAGE AREA(S)\***: A section with a header, a message "No Coverage Areas entered", and a table with columns "Enrollment" and "Select...". There is an "Add" button next to the "Select..." column.
- MARKET NAME(S)**: A section with a header, a message "No marketnames entered", and a text input field labeled "New Market Name" with an "Add" button.
- Buttons**: "Save and Close" and "Cancel and Close" buttons at the bottom right.

## How to Discontinue a Product

**Step 1** Click **Edit** next to the product item. Click to check **Discontinued**. Click **Save and Close**.

*A product/product line marked **Discontinued** is removed from the organization's current Accreditation. If your organization will not offer the product/product line in the future (e.g., during the next Open Enrollment season), but it exists at the time of application, **do not mark it Discontinued or it will be considered non-Accredited**.*

**Step 2** Enter the discontinue date.



The screenshot shows the "EDIT PRODUCT: COMMERCIAL - HMO" form. It includes the following fields and sections:

- Discontinued Product**: A checkbox labeled "Discontinued" which is checked.
- Discontinue Date\***: A text input field.
- Message**: "Discontinue Date is required" in red text.
- Note**: A yellow box containing the text: "Note: Only discontinue this product if your organization is no longer offering this product at the time of application to potential members. Discontinuing a product will result in NCQA removing the Accreditation status for this product."
 

If your organization still offers this product, even if it is not being included in the NCQA survey or your organization anticipates eliminating this product at some future date do not discontinue it at this time.

## How to Reactivate a Discontinued Product

**Step 1** Click the **Edit** button to the right of the product line and product name. Click to uncheck **Discontinued**. Click **Save and Close**.

## How to Add Coverage Areas

At least one state must be selected under **Coverage Area** for each product.

**Step 1** In the **COVERAGE AREA(S)\*** section, click the drop-down list. Click to select a state.

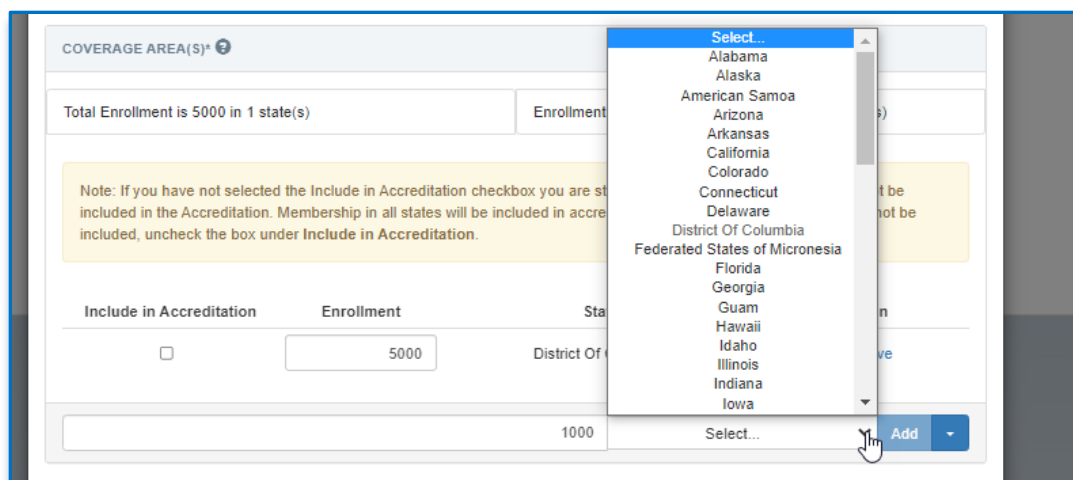
**Step 2** Click the **Enrollment** box and enter the number of members in the state.

*If the product line is Marketplace/Exchange, enter the HioS ID assigned by CMS to the Marketplace/Exchange product.*

**Step 3** After you enter all required criteria, press the Return key and click **Add**. Membership in all states will be included in Accreditation. If a state's membership should not be included, click to uncheck the box under **Included in Accreditation**.

Click **Save and Close**. The state and enrollment number display on the *Product Detail* page.

The total enrollment displayed for each product will be the number of state enrollments entered in **COVERAGE AREA(S)\***.



COVERAGE AREA(S)\*

Total Enrollment is 5000 in 1 state(s)

Enrollment

Note: If you have not selected the Include in Accreditation checkbox you are not included in the Accreditation. Membership in all states will be included in accreditation. If you do not want a state included, uncheck the box under Include in Accreditation.

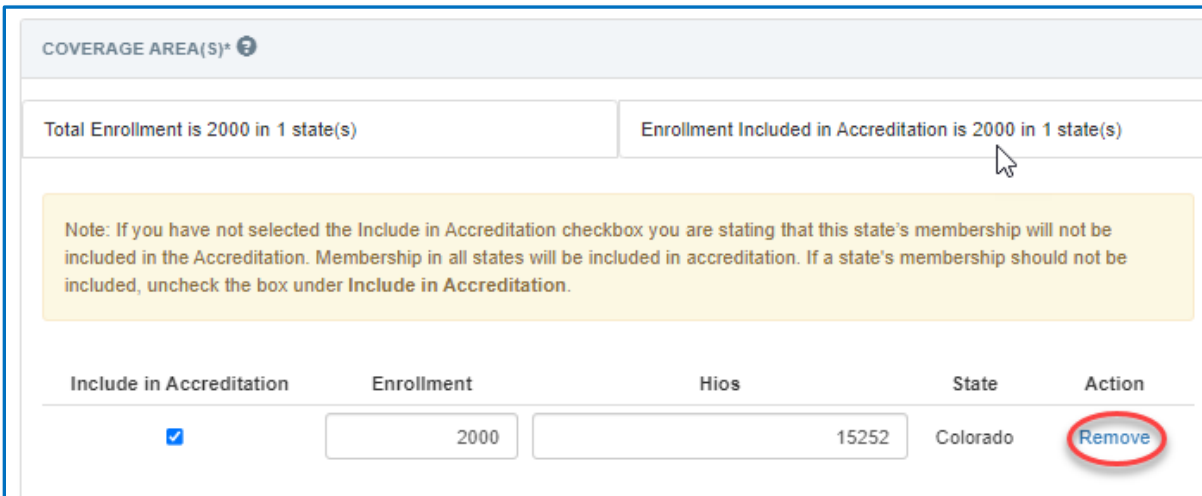
Include in Accreditation	Enrollment	State
<input type="checkbox"/>	5000	District Of Columbia
<input type="checkbox"/>	1000	Select...

Add

Include in Accreditation	Enrollment	State	Action
<input checked="" type="checkbox"/>	5000	District Of Columbia	Remove

## How to Remove a State From the Coverage Area List

**Step 1** Click **Edit** next to the product. Click **Remove** next to the state you want to delete from the product.



**COVERAGE AREA(S)\***

Total Enrollment is 2000 in 1 state(s)      Enrollment Included in Accreditation is 2000 in 1 state(s)

Note: If you have not selected the Include in Accreditation checkbox you are stating that this state's membership will not be included in the Accreditation. Membership in all states will be included in accreditation. If a state's membership should not be included, uncheck the box under Include in Accreditation.

Include in Accreditation	Enrollment	Hios	State	Action
<input checked="" type="checkbox"/>	2000	15252	Colorado	<b>Remove</b>

## How to Update Enrollment Numbers

**Step 1** On the *Edit Product* page, click the **Enrollment** text box to edit the number.

## How to Add a Product Market Name

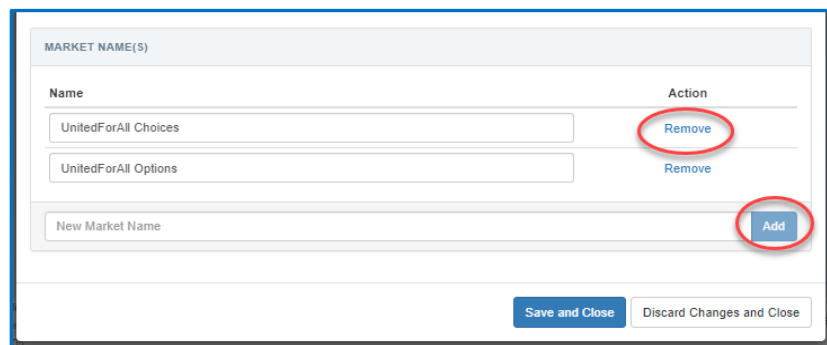
The name under which your product is marketed might be different from your organization's legal name. For a national product, the same product market name can be used for multiple organizations.

If the product is marketed locally under more than one name (for example, if benefit packages are customized for large employer groups), list all names. If you will publicly report HEDIS data in Quality Compass, list both the legal name of your organization and the product's market name.

**Step 1** Click **Edit** next to the product.

**Step 2** In the **New Market Name** text box, type the name (no more than 100 characters). Click **Add**. The name will be displayed on the list. Click **Save and Close**.

**Step 3** To remove names, click **Remove** under **Action**. Click **Save and Close**.



**MARKET NAME(S)**

Name	Action
UnitedForAll Choices	<b>Remove</b>
UnitedForAll Options	<b>Remove</b>
New Market Name	<b>Add</b>

**Save and Close**      **Discard Changes and Close**

## MBHO Accreditation

The *Product* section shows the product lines (commercial, Medicare, Medicaid, Exchange) currently identified in the NCQA system. You can review, verify, edit and save information in this section.

To edit the product information for an MBHO, follow the steps in [How to View/Edit Product Information](#).

## UM-CR-PN Accreditation

The *Product* section shows the evaluation products (Utilization Management, Credentialing, Provider Network) currently identified in the NCQA system. You can review, verify, edit and save information in this section.

**Step 1** Click the **Edit** button to the right of the Evaluation Product.

**Step 2** *If your organization is applying for UM Accreditation*, enter the total number of members in your organization and your organization's clients.

Calculate and enter the percentage of members for whom your organization and your organization's clients conduct UM functions directly.

*If your organization is applying for CR Accreditation*, enter the total number of practitioners in your clients' practitioner networks and in your organization's practitioner networks.

Calculate and enter the percentage of practitioners in your clients' practitioner networks and practitioners in your organization's practitioner networks for whom your organization conducts CR functions directly.

*If your organization is applying for PN Accreditation*, enter the total number of providers, including the total in your clients' provider network and in your organization's direct provider network.

Calculate and enter the percentage of the number of providers for whom the organization performs PN functions directly.

Fields marked with an asterisk (\*) are required; you must enter and save the information.

*If you leave one field blank, you cannot save the information.*

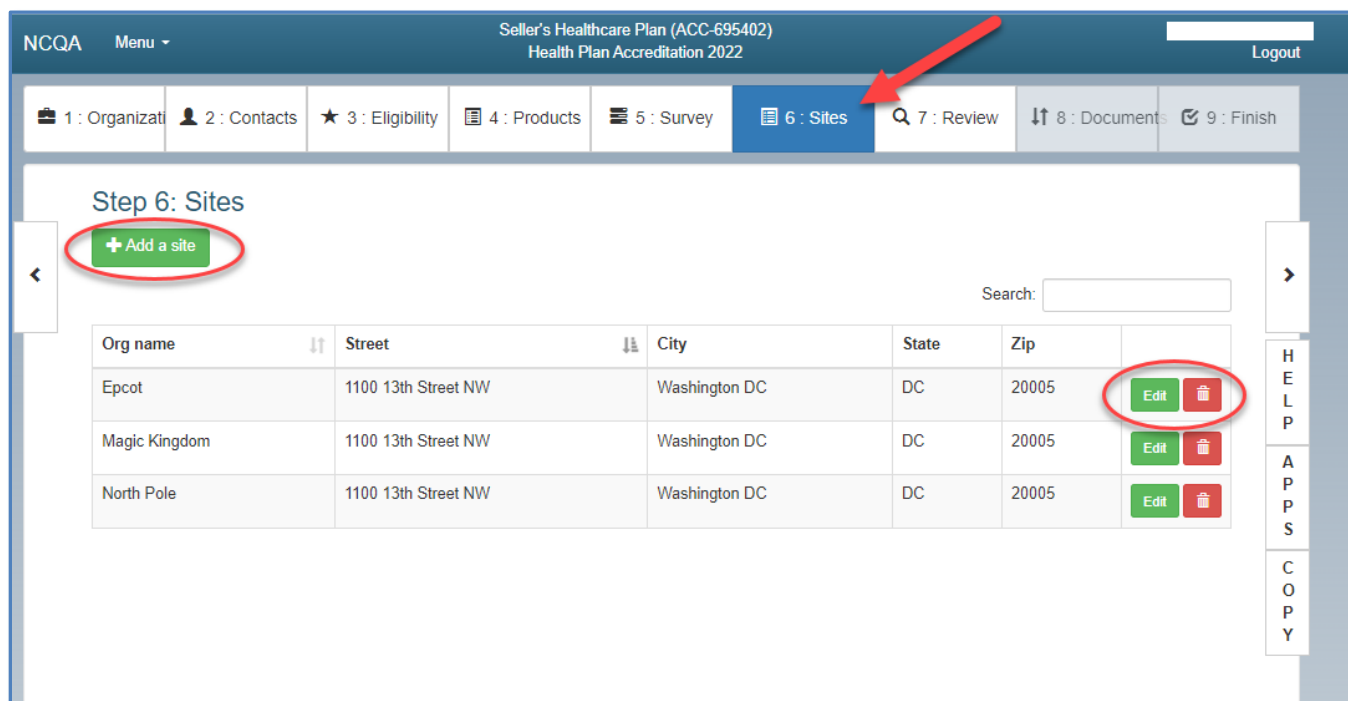
If you do not have enough information to complete all required fields, click **Discard Changes and Close**.

**Step 3** When you have entered all the information, click **Save and Close**.

## National Survey

A “Sites” tab is available for large organizations with multiple sites that are applying for a National Survey. You can add, update or remove affiliated accounts.

Organizations have one application, one survey project and one IRT license to complete the survey and generate an Accreditation status. The Accreditation status will map to each separate site.



NCQA Menu Seller's Healthcare Plan (ACC-695402) Health Plan Accreditation 2022 Logout

1 : Organization 2 : Contacts 3 : Eligibility 4 : Products 5 : Survey 6 : Sites 7 : Review 8 : Documents 9 : Finish

### Step 6: Sites

+ Add a site

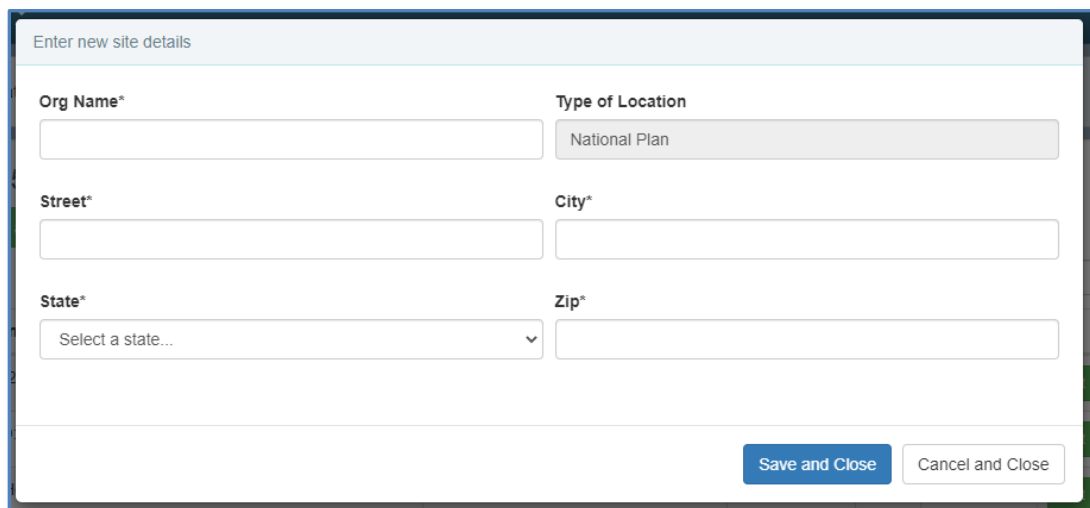
Search:

Org name	Street	City	State	Zip	
Epcot	1100 13th Street NW	Washington DC	DC	20005	<span>Edit</span> <span>Delete</span>
Magic Kingdom	1100 13th Street NW	Washington DC	DC	20005	<span>Edit</span> <span>Delete</span>
North Pole	1100 13th Street NW	Washington DC	DC	20005	<span>Edit</span> <span>Delete</span>

HELP  
APPS  
COPY

**Step 1** Under **Step 5: Sites**, click **Add a site**.

**Step 2** Enter the site details in the text boxes. Click **Save and Close**.



Enter new site details

Org Name\*

Type of Location

Street\*

City\*

State\*

Zip\*

Save and Close Cancel and Close

## How to Add a Specialty Pharmacy Site

**Step 1** Under **Step 5: Sites**, click **Add a site**.

Step 5: Sites

+ Add a site

**Step 2** *Add a site by Look Up NPI*

- Insert the **Site NPI Number** in the text box. Click **Lookup NPI**.
- After the NPI number is generated, the rest of the information will automatically populate.
- Complete the remaining fields and click **Save and Close**.

**Manually Enter Information** (for sites without an NPI)

- Enter text in all required (\*) fields and click **Save and Close**.

*Repeat these steps to add more than one site.*

Enter new site details

NPI ⓘ

Lookup NPI

Manually Enter Information

Site Name\*

Type of Location\*

Select a type of location...

▼

Street\*

City\*

State\*

Select a state...

▼

Zip\*

Contact's first name

Contact's last name

Contact's Title

Contact's email

Save and Close

Cancel and Close



## The Survey Section

The *Survey* section allows you to verify the survey category and select the Evaluation Option and product lines and products, if applicable, that your organization wants to include in its survey.

This section also allows you to enter the date when your organization would like to start the survey (**Desired Survey Start Date**), the date to start the onsite review (**Desired Survey Onsite Date**) and the **License Number**.

*If a product is not listed in the Product section, you cannot include it under the Survey section. If the **Survey Category** should be different from the one displayed, contact your ASAR.*

## How to Add/Edit Evaluation Products

**Evaluation Option** indicates the survey option for which your organization wants to apply.

**Step 1** **Evaluation Option: Health Plan Accreditation.** From the *Health Plan Accreditation Details* section, click **Edit** next to the selected Evaluation Products.

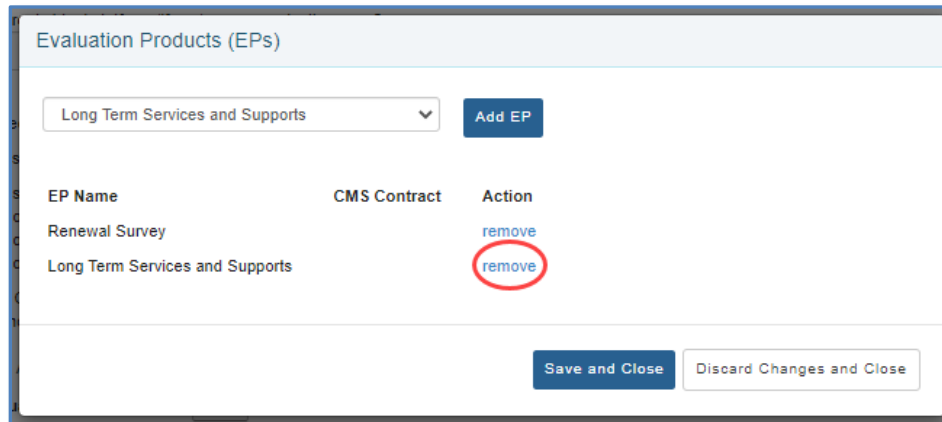
**Step 2** Review and select the appropriate Evaluation Option:

- **Interim.** For organizations new to NCQA Accreditation or whose NCQA Accreditation status has been expired for more than 2 years. The survey is limited to a subset of standards focused on policies and procedures. Interim status is effective for 18 months.
- **First.** For organizations new to NCQA Accreditation or whose NCQA Accreditation status has been expired for more than 2 years. The survey covers most standards, and organizations can achieve Full Accreditation status, which is effective for 36 months.
- **Renewal.** For organizations that currently hold an NCQA Health Plan Accreditation status. Organizations can achieve Full Accreditation status, which is effective for 36 months.
- **LTSS Distinction.** Supplemental to NCQA Health Plan Accreditation; based on review of an organization's LTSS program against the LTSS Distinction standards.
  - The organization has a current NCQA Accreditation status for the specific product and product line under the First or Renewal Evaluation Option, **or**
  - The organization is including the specific product and product line in the survey for which it is applying under the First or Renewal Evaluation Option.
- **Medicaid.**
  - The organization has a current NCQA Accreditation status for its Medicaid product line under the First or Renewal Evaluation Option, **or**
  - The organization is seeking Accreditation for its Medicaid product line under an Interim, First or Renewal Evaluation Option.
- **Medicare.** Any Medicare Advantage organization is eligible for an NCQA MA Deeming Survey if it has a SNP product.
  - Enter the CMS contract number (which begins with the letter "H" or the "R") you want to include in the survey in the text box to the right of **Medicare Advantage** on the list. To include more than one contract number, separate them with a semicolon.

**Step 3** From the drop-down menu, click to select **First**, **Interim**, **Renewal** or **LTSS**. Click **Add EP**. Click **Save and Close**.

## How to Remove an Evaluation Product

**Step 1** Click **Edit**. Next to the Evaluation Product you want to delete, click **remove** under **Action**.



EP Name	CMS Contract	Action
Renewal Survey		<a href="#">remove</a>
Long Term Services and Supports		<a href="#">remove</a>

## How to Add/Edit Selected Products for Each Evaluation Product

*This does not apply to CVO, UM-CR-PN or WHP.*

For Health Plan Accreditation, the Unit of Assessment indicates the product/product line combinations to be included in the survey for each Evaluation Product. Users select the product line/reporting product(s) they want to bring through survey for each Evaluation Product separately.

For other programs, the Unit of Assessment indicates the products or programs to be included in the survey. Refer to [How to Add User Defined Programs for Case Management and Population Health Program](#).

**Step 1** For Health Plan Accreditation: Go to **Health Plan Accreditation Details** under **Step 4: Survey Information**. Click **Edit** next to **Selected Evaluation Products (EPs)** at the left side of the screen, and select and save the Evaluation Products you want to include in the survey.

**Step 2** At the right side of the screen, click **Edit** next to **Selected Evaluation Product-Product Line/Reporting Product**.

**Step 3** At the top of the *Edit* screen, select an Evaluation Product and a corresponding product line/reporting product to survey. Click **Add UA**.

*To select more than one product line/reporting product for the same Evaluation Product, repeat step 3 and click **Add UA**. Each selection will appear in the list below the selection boxes.*

*To select product lines/reporting products to survey under other Evaluation Products, repeat steps 2–3.*

**Step 5** For products coming through the First or Renewal Evaluation Option: Click to choose the appropriate scoring option from the drop-down list and enter the HEDIS Sub IDs (if available).

*The scoring option for the Interim, LTSS, Medicaid and Medicare Evaluation Options should be Not Applicable.*

**Step 6** Click **Save and Close**.

Selected Evaluation Product Line/Reporting Product

Renewal Survey Exchange PPO Add UA

EP Name	UA Name	HEDIS Sub IDs	Action
Renewal Survey	Commercial HMO		remove
Renewal Survey	Exchange PPO		remove

Save and Close Discard Changes and Close

## How to Add User-Defined Programs for Case Management and Population Health Program

Users can identify the names of programs being brought forward for Case Management and Population Health Program under the **Selected Program** area of the *Survey* section. You can review, verify, edit and save information in this section.

- Step 1** Click **Edit** next to **Selected Program**. Enter the program name in the text box next to **Add User UA** and click **Add User UA**.
- Step 2** Enter the information for **Date in Operation** and **Number of Patients**. Click **Save and Close**.

## How to Remove a Product Line

- Step 1** Click **Edit**. Click **remove** under **Action**. Click **Save and Close**.

## How to Set, View and Edit Desired Survey Dates

Requested survey dates are assigned on a first-come, first-served basis and must be approved by NCQA.

The **Desired Survey Start Date** is the date when the organization wants to start the survey (the date when it will be ready to submit the completed survey tool). This date should be at least 6 months after the application is submitted. *Surveys always start on a Tuesday, so the start date should be on the Tuesday of the week of the survey.*

The **Desired Survey Onsite Date** is the first day of the onsite portion of the survey. This date is 7 weeks after the survey start date. *Onsite surveys normally start on a Monday, so the onsite date should be the Monday of the 7th week after the survey start date.*

- Step 1** Click in the box and navigate to the date you want by using the calendar, or enter the date in MMDDYYYY format. Click **Save**.

### When Selecting Survey Dates, Remember...

- No surveys start during the week of Thanksgiving or the week after Thanksgiving.
- No surveys start during the last 2 weeks of December.
- No onsite surveys are scheduled during the week of Thanksgiving, Christmas, New Year's, Easter, Mother's Day or Father's Day.
- Onsite survey dates should be adjusted to **8 weeks** for a survey that crosses over Thanksgiving or Christmas.
- Onsite survey dates should be adjusted to **9 weeks** for a survey that crosses over Thanksgiving and Christmas.
- No surveys or onsite surveys start on any major holiday.

## Survey Tool License

You must purchase a survey tool license for the product and standards year for which your organization is applying. Each accreditable entity must have its own license number.

The survey tool should correlate to the standards year for which you will be surveyed. For example, if you plan to undergo a survey submission in the 2022 standards year (July 1, 2022–June 30, 2023), purchase a 2022 license.

For Health Plan Accreditation products, purchase separate licenses for each Evaluation Option if your organization is applying to bring different products/product lines through different Evaluation Options.

*You are not required to purchase a survey tool for Add-On Surveys, Introductory Follow-Up Surveys or Resurveys. NCQA will provide the survey tool after the application has been processed.*

Organizations applying to add the LTSS Distinction module to a current Accreditation must purchase a license for the survey tool. Organizations applying for LTSS Distinction concurrent with a regular Health Plan Accreditation Survey are not required to purchase a separate license.

**Step 1** You must purchase a license for each Accreditation Survey cycle. Go to <https://store.ncqa.org/index.php/accreditation.html>.

*If you have purchased a license*, enter the license number (5 digits) for the appropriate product and standards year. Click **Save**.

Contact your ASAR if you have questions about how many survey tools to order.

## How to Review Your Application

**Step 1** Click the **Review** tab.

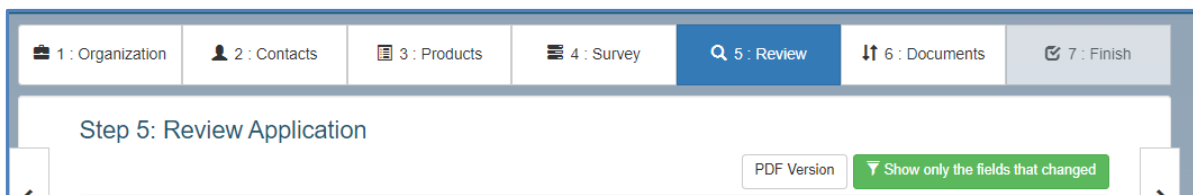
**Current Information** indicates the information prior to your session.

**Application Information** displays the current value for each field in your application.

Rows highlighted in green indicate changes found.

**Step 2** Review all changes. Click **Edit** to make changes.

Click **Show only the fields that changed** to see all changes at once.



## How to Use the Documents Section

**Step 1** Click the “Documents” tab.

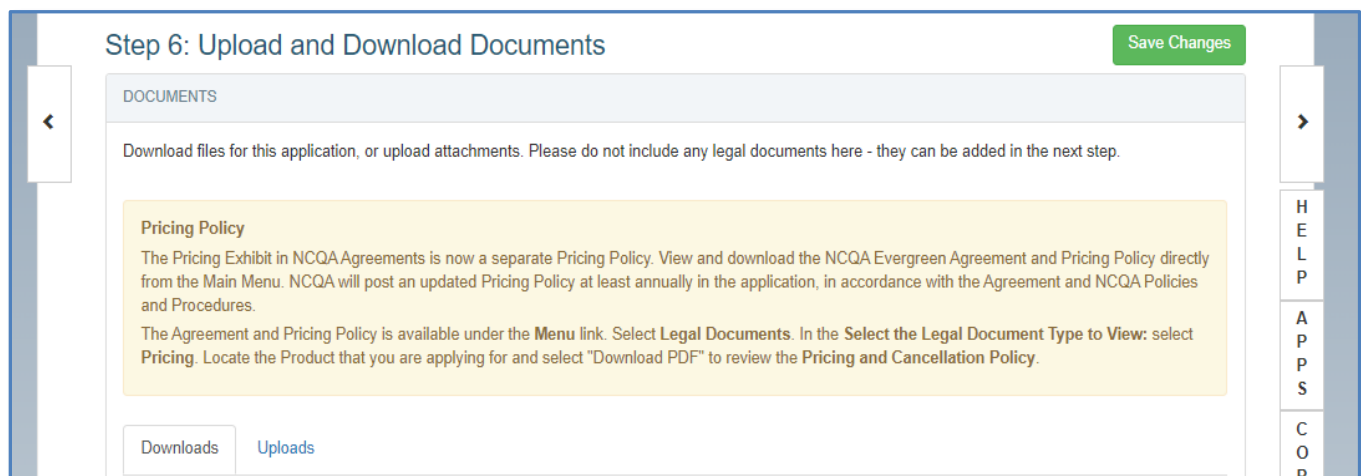
This section lets you upload/download files for the application. You can also enter comments about your application that will help in processing.

*Only pdf, doc, docx, xls, xlsx or txt files can be uploaded.*

If you are applying for a Corporate Survey, a Single Site Multiple Entity, a National or an Add-On Survey, download and complete the appropriate document, then upload it to the application tool.

*Unless you are applying for one of the survey types above, you do not need to attach any documents in this section.*

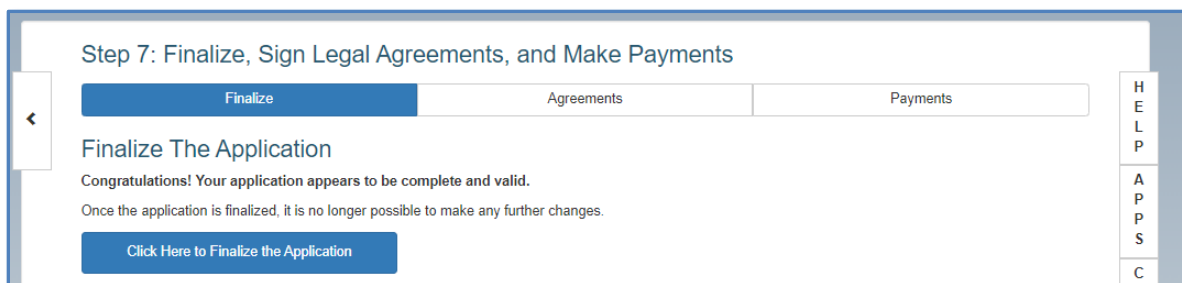
*Do not* include legal documents here; those can be added in the Finalization step.



## How to Finalize Your Application

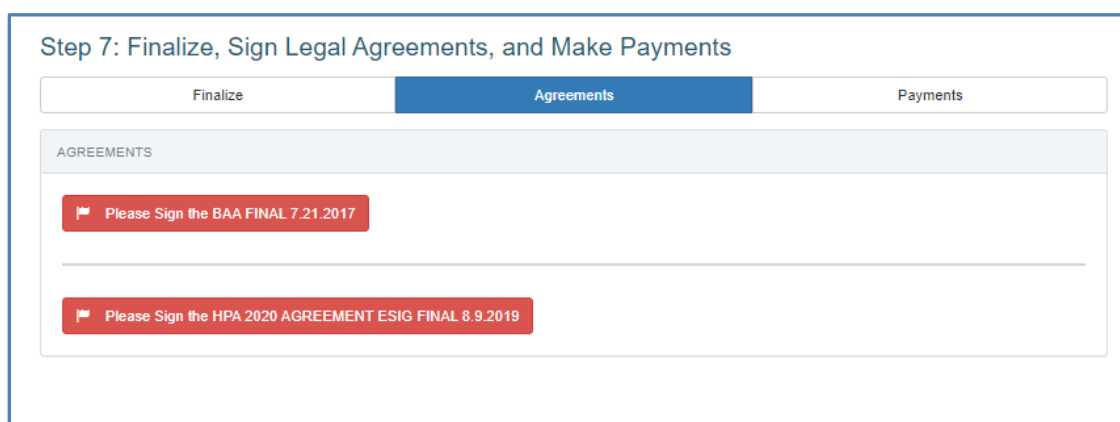
**Step 1** Click the **Finish** Tab. Click the **Finalize** button when all changes are confirmed.

*Do not click **Finalize** unless you are done with the previous sections. After you click **Finalize**, you cannot make changes to previous sections.*



**Step 2** After you click **Finalize**, the **Agreements** tab displays. Click the Agreement Document.

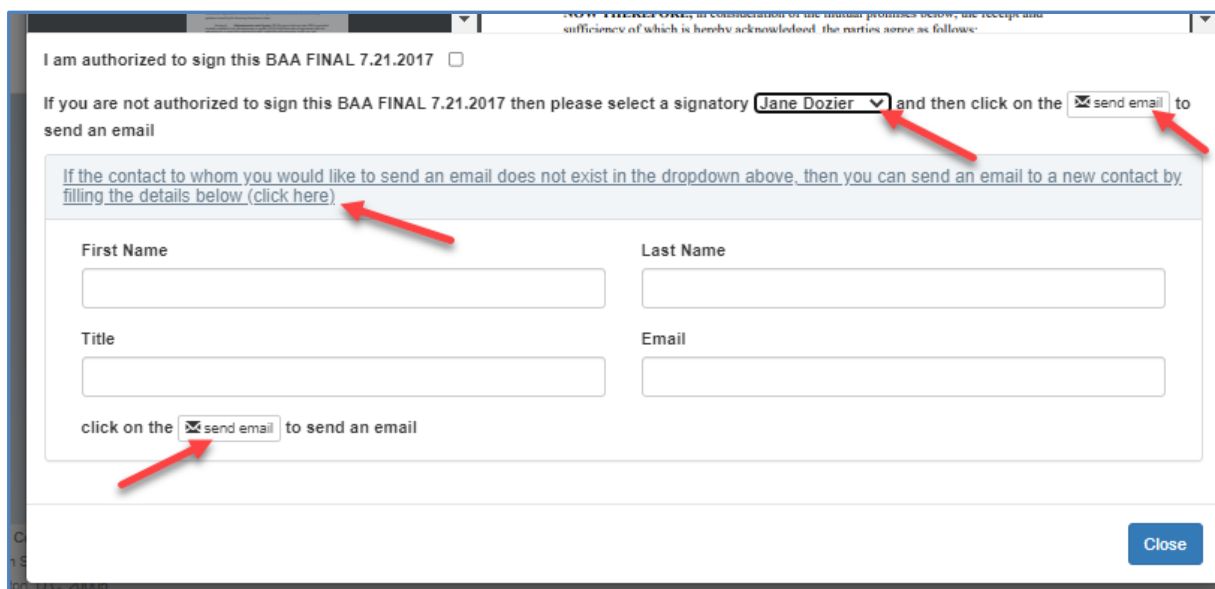
*If you are an authorized signer, click to **E-sign**.*



**Step 3** If you are not an authorized signer, follow the steps in [Signatory Role: Sign-Off](#).

## Signatory Role: Sign-Off.

**Step 1** Click to select a signatory from the **Choose...** drop-down list. Click **send email**.



When you receive an email with a link to the application tool, follow the steps below.

**Step 2** Click the link in the email. Log in or create a new account, if necessary.

*The signatory must be registered on My NCQA using the same email address in the application and must log in using the same email address in the application, or they will not be able to sign the Agreements.*

**Step 3** The *Pending Agreements* section will display and list all Agreements for which you are assigned as signatory. Click **View Agreements** or click the drop-down arrow to open and view the application.



**Step 4** Click the Agreement and click to check **I am authorized to sign** checkbox.

Click to e-sign the Agreement. The Accreditation/Certification contact will receive an email that the Agreement has been signed.

*If the signer does not have a signatory role, follow the steps in [How to Assign a Signatory Role](#).*

## How to Assign a Signatory Role

**Step 1** If the signatory is not on the contact list, the following message will display. Click the link.

If the contact to whom you would like to send an email does not exist in the dropdown above, then you can send an email to a new contact by filling the details below (click here)

**Step 2** Fill out the contact information and click **send email**. The signatory should follow steps 2–4 above.

If the contact to whom you would like to send an email does not exist in the dropdown above, then you can send an email to a new contact by filling the details below (click here)

First Name	Last Name
<input type="text"/>	<input type="text"/>
Title	Email
<input type="text"/>	<input type="text"/>

click on the **send email** to send an email

Close

## How to Complete Payment and Submit

**Step 1** After the Agreements have been signed, the *Payments* section will display the application fees.


Step 6: Finalize, Sign Legal Agreements, and Make Payments

Finalize Agreements **Payments**

HELP APPS COPY

#	Item	Amount	Order Number	Status
1	Health Equity Accreditation 2022 Application Fee	\$6,000.00		Awaiting Invoice
Total*		\$6,000.00		Awaiting Invoice

Create an Invoice

 **Create Invoice** [Click here to generate an invoice for this application](#)

\* If applicable, taxes will be applied to the invoice and final payment.



**Step 2** Click **Create Invoice** to generate an application fee. The invoice will also be emailed to the main point of contact (Accreditation/Certification contact).

If the application fee is "\$0," no fee is due and the application will submit automatically when you click **Create Invoice**.

*If you are paying by credit card, click **Pay Application Fee** and follow the instructions.*

*If you are paying by check, click the **Order Number** to generate a purchase order for the application fee. Download and forward the invoice and check information form to your Accounting area to fulfill the payment and send the check to NCQA. Include the invoice number when submitting the check payment.*

*When NCQA receives and records your payment, your application will automatically be submitted. Your organization's point of contact will receive a confirmation email that the application was submitted successfully.*

## How to Access the Application and Agreements After Submission

**Step 1** Go to the submitted application on the main *Application* screen and click **Downloads**.

**Step 2** Click **Download PDF** to view and download a copy of the application.

**Step 3** Click **Agreements/Payments** to view and download copies of the Agreements and Application Fee Order.

