NCQA Corrections, Clarifications and Policy Changes to the 2019 PHP Standards and Guidelines

March 31, 2025

This document includes the corrections, clarifications and policy changes to the 2019 Population Health Program Accreditation standards and guidelines. NCQA has identified the appropriate page number in the publication and the standard/element head and subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

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

An organization undergoing a survey under the 2019 standards and guidelines must implement corrections and policy changes within 90 calendar days of the IRT release date, unless otherwise specified. The 90-calendar-day advance notice does not apply to clarifications or FAQs, because they are not changes to existing requirements.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
25	Policies and Procedures —Section 2: Scoring and Status Requirements	Responsible Use of Artificial Intelligence	Revise the "Responsible Use of Artificial Intelligence" text to read: NCQA supports the use of technological advancements that improve the quality and equity of health care operations and delivery. Artificial intelligence may be useful in this regard, but there are risks to consider and mitigate. Many AI frameworks have been established to address these risks. NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework may be helpful. The Coalition for Health AI is also a useful resource. NCQA may consider use of AI in determining Accreditation/Certification status, even though current NCQA standards do not specifically address AI. For example, with regard to utilization management, NCQA standards require appropriately licensed professionals (not AI) to make medical necessity denial decisions. Other activities that require human decision making, and where AI is used, may be an area for NCQA to consider.	**CL**	**3/31/25**

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8	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Accreditation—Eligibility for international organizations	Revise the second paragraph to read: NCQA limits evaluation to organizations that operate in and outside the United States, and limits award of NCQA status to an organization's U.S. operations. Organizations that do not operate in the United States (i.e., conduct no activities in the U.S., including in states and territories; conduct no operations for U.S. members and clients) or have no members, patients or clients in the United States are not eligible for NCQA Population Health Program Accreditation. NCQA does not evaluate operations of organizations that do not operate in the United States, or that do not have U.S. members, patients or clients.	**CL**	**3/25/24**
8	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Accreditation	Add the following new subhead and text at the end of "Eligibility for Accreditation." **Eligibility for international organizations** NCQA standards evaluate performance of U.S. health care organizations and their U.S. operations only. Organizations that apply for and participate in an NCQA Survey must agree to comply with all applicable U.S. federal, state and other applicable laws, and must agree that the use of NCQA products and services shall for all purposes be governed, interpreted, construed and enforced solely and exclusively in accordance with U.S. laws and regulations, without regard to conflicts of law provisions thereof. NCQA limits evaluation to organizations that operate in and outside the United States, and limits award of NCQA status to an organization's U.S. operations. Organizations that do not operate in the United States (i.e., conduct all activities in the U.S., including in states and territories; conduct operations for U.S. members and clients) or have members, patients or clients in the United States are not eligible for NCQA Population Health Program Accreditation. NCQA does not evaluate operations of organizations that do not operate in the United States, or that do not have U.S. members, patients or clients. When determining eligibility of an organization with both U.S. and foreign operations, NCQA applies the following criteria: 1. The applicant organization must be the accountable (responsible) entity for performing NCQA-reviewed functions, and must describe how it meets NCQA's definition of an accreditable, certifiable or eligible entity. A parent, holding or shell company may not be eligible to apply.	**CL**	**11/14/22**

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			2. The applicant organization must be a U.S. company, or be owned by a U.S. company, and provide services in the United States. An applicant organization that is not a U.S. company, but is owned by a U.S. company, must be domiciled in the United States by holding a business license or registration in at least one U.S. state or territory. The organization must submit evidence to reflect incorporation, registration or licensure to satisfy this criterion. To be listed on NCQA's public report card, the applicant organization must have a United States address for a facility, business office or administrative location. NCQA does not allow organizations to list an address of a personal residence or U.S. statutory agent unless the organization conducts NCQA-reviewed functions from the address. 4. If any function to be reviewed is performed outside the United States, the organization must have the capability to complete the onsite survey (and/or any tour) virtually, and to present all required files electronically. Because NCQA does not travel outside the country for onsite reviews, the applicant organization must coordinate a virtual review to satisfy onsite requirements, which may include staff interviews or site tours, as described in NCQA standards. All virtual reviews must be conducted in English or with English translations for the NCQA survey team. 5. The applicant organization must meet all other eligibility criteria specified in the preceding section. Any organization with U.S. and foreign operations that meets the criteria above may apply for an NCQA Survey, and may include functions performed outside the United States in its NCQA Survey.		
10	Policies and Procedures —Section 1: Eligibility and the Application Process	Applying for an NCQA Survey —Processing criteria	Replace the text with the following: NCQA only processes a complete application, which includes: • The application for NCQA Population Health Program Accreditation Survey. • A signed Agreement for NCQA Population Health Program Accreditation Survey ("the Agreement"). • A signed Business Associate Agreement. • The application fee.	**CL**	**3/30/20**

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			Note: *The signed legal agreements establish the terms and conditions that all organizations must accept to participate in the survey, and that will apply for the length of the Accreditation. NCQA does not accept edits to the Agreements unless state or other applicable law requires modifications.* *An organization that has a legal conflict with a term or provision may submit to NCQA for review and consideration of a waiver or revision. Requests must be submitted with evidence of the legal conflict at least 12 months before the requested survey date and must be approved by NCQA. Signed Agreements will remain in effect for resurveys and any subsequent renewals. An organization may be required to resign the legal agreements if there is lapse in its Accreditation status.*		
15	Policies and Procedures —Section 2: Scoring and Status Requirements	A Standard's Structure—Data Source	Revise the definition of "documented process" to read: Documented process—Policies and procedures, process flow charts, protocols and other mechanisms that describe an actual process used by the organization. Policies and procedures are a formal documented process adopted by the organization that describes the course of action the organization will follow and the methods that will be carried out to achieve the policy objectives. If the scope of review indicates that policies and procedures are reviewed, a formal policy and procedure document must be provided as evidence to demonstrate performance. Policies and procedures must include an effective date.	**CL**	**11/22/21**
13	Policies and Procedures —Section 2: Scoring and Status Requirements	Corrective action	Replace the text with the following: In certain circumstances, NCQA may require corrective action and submission of a corrective action plan (CAP) by the organization. Corrective actions are steps taken to improve performance when an organization does not meet specific NCQA Accreditation requirements. Failure to timely comply with requested corrective action may result in a lower score or reduction or loss of Accreditation status. A CAP is considered complete when NCQA notifies the organization that all identified deficiencies are resolved and corrective actions have been implemented. If the CAP is not completed within the agreed-on time frame, the organization must notify NCQA of the reason.	**CL**	**11/23/20**

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			The ROC determines completion of the CAP. If the CAP is considered incomplete, the ROC may extend the CAP, reduce the organization's status or issue a Denied Accreditation status as specified below. **If the Organization… The ROC May…** Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP. Extend the CAP or reduce the organization's status from Accredited to Denied. Does not complete the CAP after an extension, ***or*** Is unwilling or unable to formulate a satisfactory CAP within the required time frame, ***or*** Makes no attempt to complete an agreed-on CAP. Issue a Denied Accreditation status.		
13	Policies and Procedures —Section 2: Scoring and Status Requirements	Accreditation Status	Add the following subhead and text as the last section under this subhead: **Corrective Action** In certain circumstances, NCQA may require corrective action by the organization. Corrective action are steps taken to improve performance when an organization does not meet specific NCQA accreditation requirements. Failure to comply timely with requested corrective action may result in a lower score or reduction or loss of accreditation status.	**PC**	**7/29/19**
16	Policies and Procedures —Section 2	A Standard's Structure—Look-back period	Add the following subhead and text immediately below ***Meeting the look-back period for records or files***. ***Expanding the look-back period for records and files*** For Renewal Surveys, if the organization has fewer than 40 files when it submits its completed survey tool, NCQA expands the look-back period in 6-month increments to allow more files to be included in the file universe. (This extension is optional for Initial Surveys.) The extension does not go past the date when the organization completed its last survey. •	**CL**	**3/29/21**

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			• If the extension yields a file universe of fewer than 8 files, all files are reviewed, results are documented in the survey tool as a comment or issue and file review elements are scored NA. • If the extension yields a file universe of at least 8 files but fewer than 40, the normal 8/30 file review process applies. • If the extension yields a file universe of fewer than 30 files and the first 8 files do not meet the requirements, all files are reviewed. File review element scores are based on file review results.		
17	Policies and Procedures—Section 2: Scoring and Status Requirements	A Standard's Structure—Must-Pass Elements	Remove the second paragraph, which reads: If an organization does not meet the must-pass threshold for any must-pass element, a status modifier of "Under Corrective Action" will be displayed after the applicable status (e.g., Accredited—Under Corrective Action) until NCQA confirms that the organization has completed a corrective action plan.	**PC**	**11/25/19**
21	Policies and Procedures—Section 2: Scoring and Status Requirements	Declining Accreditation status	Revise the section title "Declining Accreditation status" to "Declining the status (applicable only to Introductory Initial Survey Evaluation Option)"; revise the text to read: Organizations surveyed under the Introductory Initial Survey Evaluation Option may select one of the following options: 1. Accept the resulting Accreditation status. 2. Decline the resulting Accreditation status (without penalty and undergo an Introductory Follow-Up Survey within 12 months of receipt of the final survey report). • An organization that declines Accreditation status under the Introductory Initial Survey Evaluation Option may accept the scores for specific elements that received a score of 80% or 100% and apply them toward an Introductory Follow-Up Survey on the remaining elements within 12 months of receipt of the final survey report. If an organization has reason to believe that the scoring of any standard does not accurately reflect its survey performance, the organization may request Reconsideration. If the organization decides to request Reconsideration, it must	**CL**	**7/29/24**

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			do so before sending notice to NCQA of a decision to decline its status. Refer to *Reconsideration.* The organization may accept or decline the resulting Reconsideration status decision. If the organization decides to decline the status, it must undergo an Introductory Follow-Up Survey within 12 months. Organizations have 30 calendar days from receipt of the results to reply to NCQA with their decision to accept, decline or request Reconsideration of the resulting status.		
23	Policies and Procedures —Section 2: Scoring and Status Requirements	Accreditation Status—Corrective action	Revise the first paragraph to read: In certain circumstances, NCQA may require the organization to take corrective actions and submit a CAP. **Corrective actions** are steps taken to improve performance when specific NCQA Accreditation requirements are not met. Corrective action requests are not specific to failed must-pass elements, which are also addressed during the CAP Survey process. Specific to interrater reliability (IRR) issues during the survey process, if an organization is found to be noncompliant during its survey, and the issue was not identified during a previous survey where the same requirement was reviewed and evaluated with evidence provided by the organization that was the same as or similar to the evidence provided previously, NCQA may require the organization to submit a corrective action plan addressing the noncompliant requirement. In most cases, this will not adversely impact the organization's Accreditation status. Failure to timely comply with requested corrective action requests may result in a lower score, or reduction or loss of Accreditation status. Refer to	**CL**	**3/27/23**
24	Policies and Procedures —Section 2: Accreditation Scoring and Status Requirements	Other Information NCQA May Consider	Add the following new section head and text between "Other Information NCQA May Consider" and "Notification to Regulatory Agencies." **Responsible Use of Artificial Intelligence** NCQA supports the use of technological advancements that improve the quality and equity of health care operations and delivery. Artificial intelligence may be useful in this regard, but there are risks to consider and mitigate. Many AI frameworks have been established to address these risks. The White House also issued an executive order with broad guiding principles, and specific health care industry roles, for the Department of Health and Human Services.	**CL**	**7/29/24**

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			NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework, a key reference in the executive order, may be helpful. The Coalition for Health AI is also a useful resource. NCQA may consider use of AI in determining Accreditation/Certification status, even though current NCQA standards do not specifically address AI. For example, with regard to utilization management, NCQA standards require appropriately licensed professionals (not AI) to make medical necessity denial decisions. Other activities that require human decision making, and where AI is used, may be an area for NCQA to consider. *Interrater Reliability* in *Section 5: Additional Information* for the definition of and information about interrater reliability.		
27	Policies and Procedures—Section 3: The Survey Process	Offsite survey	Revise the section to read: The organization must submit a complete survey tool (including self-assessed scores and supporting evidence) to NCQA on the scheduled survey start date (submission date). The survey team conducts an initial review of all information and evidence submitted, and documents findings and questions in the survey tool. During a survey conference call with the survey team, the organization has the opportunity to address surveyor questions and initial findings. The organization may also submit additional supporting evidence, if needed to resolve outstanding issues. Any additional supporting evidence must be submitted by the due date for submitting responses to the survey team's outstanding questions and initial findings. The organization may not introduce new evidence after this point in the survey process. The organization should not attach documents to the survey tool that contain protected health information (PHI) or other personal identifiable information (PII), as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations. If original documentation contains PHI or PII, the organization must de-identify the information prior to submission. All documentation provided to NCQA during the survey process must be in English, or with English translation.	**CL**	**7/29/24**

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27	Policies and Procedures—Section 3: The Survey Process	Survey process results	Revise the first and second paragraphs to read: Preliminary results received or generated for a survey readiness evaluation are preliminary and do not constitute a final score for NCQA Accreditation/ Certification. NCQA notifies the organization when the ROC determines the organization's Accreditation/Certification status. The organization may only use results from the readiness evaluation for internal business purposes (to examine, review and otherwise analyze its business operations), and may not use, disclose, represent or otherwise communicate these results to any third party for any other purpose. The ROC reviews the preliminary results with all relevant information to determine Accreditation/ Certification. NCQA does not allow release of preliminary results to third parties as representative of survey results or findings presented in the final report. The organization may not use reports or numeric results to represent that it is NCQA Accredited/Certified without a final NCQA Accreditation/Certification decision, as described above.	**CL**	**11/18/24**
29	Policies and Procedures—Section 3: The Survey Process	Documents dated after submission	Revise the section to read: The organization may only submit information that existed at the time of the original survey submission; it may not introduce information that did not exist at the time of the original survey submission. Evidence submitted in response to the survey team's initial questions and findings must have existed at survey submission. The organization may not alter or update evidence to address an issue, but may bookmark or highlight this information.	**CL**	**7/29/24**
28	Policies and Procedures—Section 3: The Survey Process	Onsite survey	Revise the section to read: The onsite review date is usually scheduled for 7 weeks after submission of the survey tool. The onsite review is primarily a file review, but might also require review of additional information, staff interviews or system queries. The onsite survey can be conducted either in person or virtually, depending on the organization's preferences and ability to present files electronically. The onsite review must be conducted in English, and all records or files that are part of the review must be provided in English, or with English translation.	**CL**	**7/29/24**

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29	Policies and Procedures—Section 3: The Survey Process	File review results	Revise the bullet under "File review results" to read: PHP 5, Element A: Providing Individual Interventions.	**CO**	**7/29/24**

29	Policies and Procedures —Section 3: The Survey Process	Comments about errors or omissions	Revise the section to read: NCQA gives the organization access to preliminary survey results in the IRT for review and comment. The organization has 10 calendar days to submit comments regarding factual errors or omissions before the survey report is sent to the Review Oversight Committee (ROC) for the final status decision. The organization comment process is not an opportunity to introduce new supporting evidence that was not included in the survey submission or provided in response to initial survey team issues. NCQA only considers comments and supporting evidence that are related to factual errors or omissions in the preliminary report and based on information and evidence presented during the survey.	**CL**	**7/29/24**
32	Policies and Procedures —Section 3: The Survey Process	Materials not accepted during Reconsideration	Revise the section to read: To protect the integrity of the Accreditation process, NCQA does not accept materials during Reconsideration that did not exist at the time of the original completed survey tool submission. The organization may not submit—and the Reconsideration Committee does not consider—documentation that represents actions taken by the organization after it submitted the survey tool. The organization may not introduce new or additional supporting evidence that was not available during the survey (i.e., with original submission of evidence, or in response to the survey team's questions and initial findings).	**CL**	**7/29/24**
29	Policies and Procedures —Section 4: Reporting Results	Reporting Status to the Public —Right to release and publish	Revise the third paragraph to read: NCQA publicly reports Denied Accreditation for one year (unless the organization declines its status under the Introductory Survey option) or until the status is replaced as the result of another survey. An organization that dissolves or ceases to exist is removed from public reporting.	**CL**	**7/29/19**

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29	Policies and Procedures—Section 4: Reporting Results	Reporting Status to the Public—Right to release and publish	Add the following as the fourth paragraph: NCQA publicly reports expired status and that the organization was previously Accredited and has chosen not to undergo a survey to renew its status or the organization has chosen to withdraw its status before expiration of its Accreditation cycle.	**PC**	**11/25/19**
29	Policies and Procedures—Section 4: Reporting Results	Reporting Status to the Public—Right to release and publish	Add the following as the fourth paragraph: NCQA will also report when an organization is required to complete corrective actions. Failure to comply timely with requested corrective action may result in a lower score or reduction or loss of accreditation status.	**PC**	**7/29/19**
35	Policies and Procedures—Section 6: Additional Information	Notifying NCQA of Reportable Events	Revise the third subbullet under the first bullet to read: • Request for corrective action where the substance of such corrective action relates to the organization's handling of important patient safety matters.	**CL**	**7/29/19**
36	Policies and Procedures—Section 6: Additional Information	Notifying NCQA of Reportable Events	Add the following as a new second and third paragraph: Reporting obligations are effective upon issuance of the notice of sanctions, issuance of a fine or request for corrective action. The notification requirement is not paused as a result of any appeal or negotiations with the applicable regulatory authority. All Reportable Events must be submitted through My NCQA (https://my.ncqa.org).	**CL**	**7/25/22**
36	Policies and Procedures—Section 6: Additional Information	Notifying NCQA of Reportable Events—Annual Attestation of Compliance With Reportable Events	Revise the information in this section to read: On an annual basis, the organization must also complete an attestation signed by an officer or other authorized signatory of the organization affirming that it has notified NCQA of all Reportable Events specified within NCQA policies and procedures. Failure to comply with Reportable Events submission or annual attestation requirements may result in suspension or revocation of Accreditation status. Annually, NCQA will send an email reminder to the designated Accreditation contact to complete the annual attestation on My NCQA (https://my.ncqa.org). The attestation must be completed within 30 days of the email notification.	**CL**	**7/25/22**

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37	Policies and Procedures —Section 6: Additional Information		Add the following new section header and text between the "Notifying NCQA of Reportable Events" and "Discretionary Survey" sections **Interrater Reliability** NCQA strives for consistency in the Accreditation/Certification process and across all surveys. NCQA defines "interrater reliability" (IRR) as the extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated. To support consistency, NCQA will continue to clarify standards and educate surveyors. Organizations preparing for survey should also review all applicable standards, including changes between standards years and related NCQA corrections, clarifications, and policy changes, as well as FAQs, focusing on the standards' intent, scored elements and factors, explanations, and type of evidence (data sources) required to demonstrate that a requirement is met. **Reporting IRR Issues to NCQA** Report suspected IRR issues to NCQA during the following survey stages: • When the organization responds to initial issues (following the conference call with the surveyor and ASC). • During the organization review and comment stage (during the post-survey review process). • During a Reconsideration (after the survey is completed). Issues may be reported in the survey tool (IRT) or by submitting a case to My NCQA (https://my.ncqa.org). To protect the integrity of the Accreditation process, NCQA does not accept materials in an IRR report that did not exist at the time of the original completed survey tool submission.	**CL**	**7/25/22**

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			As a reminder, file review results may not be disputed or appealed once the onsite survey is complete, whether completed in-person or virtually. If you suspect an IRR issue related to a file review element, the issue should be reported during the onsite survey. NCQA performs an expedited review of reported IRR concerns on non-file review elements to ensure timely and accurate Accreditation/ Certification decisions. Based on review of a potential issue, NCQA may: 1. *If NCQA's scoring was inconsistent for non-file review elements,* issue a one-time exception for scoring of the standard, and require a Corrective Action Plan (CAP). NCQA reserves the right to determine if scoring was inconsistent. 2. *If no inconsistency is found,* maintain the standard score. NCQA analyzes IRR information to identify opportunities to clarify requirements or enhance surveyor education.		
38	Policies and Procedures —Section 6	Mergers and Acquisitions	Revise the email address in the third paragraph to read: SIG@ncqa.org	**CO**	**3/28/22**
39	Policies and Procedures —Section 6: Additional Information	Suspending Accreditation	Revise the first sentence under the "Grounds for immediate suspension" subhead to read: Grounds for recommending suspension of status pending a Discretionary Survey include, but are not limited to:	**CL**	**7/25/22**
39	Policies and Procedures —Section 6: Additional Information	Suspending Accreditation	Add the following as a new sixth bullet under the "Grounds for immediate suspension" subhead: • Failure to comply with Reportable Events submission or annual attestation completion requirements.	**CL**	**7/25/22**
39	Policies and Procedures —Section 6: Additional Information	Revoking Accreditation	Revise the sixth bullet under "Grounds for revocation" to read: • The organization violates other published NCQA policies, including failure to submit Reportable Events or completion of annual attestation.	**CL**	**7/25/22**

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41	PHP 1, Element A,	Explanation	Add the following as the second paragraph: Factor 1 is a critical factor; if this critical factor is scored "no" the organization's score cannot exceed 20% for each program.	**CL**	**7/25/22**
41,48, 51, 60, 62, 71, 72, 74, 75, 77, 78, 80	PHP 1, Element A PHP 1, Element D PHP 2, Element A PHP 5, Element A PHP 6, Element A PHP 7, Element G PHP 8, Elements A–D PHP 9, Elements A, B	Look-back period	Revise the look-back period to read: *For Initial Surveys:* 6 months. *For Renewal Surveys:* 12 months.	**PC**	**11/23/20**
44	PHP 1, Element B	Look-back period	Revise the look-back period to read: *For Renewal Surveys:* At least once in the prior 24 months.	**CL**	**7/27/20**
45	PHP 1, Element B	Exceptions	Remove the subbullet under the third bullet, which reads: – The organization validates that its operations are current with the state or purchaser requirements.	**CL**	**3/29/21**
46	PHP 1, Element C	Look-back period	Revise the look-back period to read: *For all surveys:* 12 months.	**CO**	**3/30/20**
46	PHP 1, Element C	Look-back period	Revise the look-back period to read: *For Initial Surveys:* 12 months. *For Renewal Surveys:* 24 months.	**PC**	**11/23/20**
46	PHP 1, Element C	Lookback period	Revise the look-back period for Renewal Surveys to read: *For Renewal Surveys:* At least once during the prior 24 months.	**CL**	**7/25/22**

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47	PHP 1, Element C	Explanation	Add the following "Related information" subhead and text below the Explanation: **Related information** If the organization's program is based on evidence or standards set by the state or another purchaser, the organization validates that its operations are current with state or purchaser requirements and provides evidence of its review as it relates to factors 1-4.	**CL**	**3/29/21**
49	PHP 1, Element D	Explanation—Factors 1, 2	Revise the Explanation for factors 1 and 2 to read: ***Factor 1*: Organization Services** No additional explanation required. ***Factor 2*: Eligibility to participate** The organization must list specific eligibility requirements for program participation (e.g., "You have been enrolled in this program because you have X diagnosis, your doctor referred you or you are in XX cohort").	**CL**	**11/23/20**
51	PHP 2, Element A	Data source	Revise the text to read: Reports, Materials	**CL**	**11/23/20**
51	PHP 2, Element A	Scope of review	Revise the following text to read: NCQA reviews reports or materials (e.g., screenshots) for evidence that the organization integrates data and data types from the sources listed in the factors, or has the capability to integrate data and data types. The organization may submit one example or multiple examples that demonstrate integration from all data types and sources.	**CL**	**11/23/20**
52	PHP 2, Element A	Explanation—Factors 6, 7: Data collection	Revise the first sentence to read: The organization integrates relevant or necessary data from other programs to identify eligible individuals and determine care needs.	**CL**	**3/29/21**
52	PHP 2, Element A	Related information	Add a "Related information" section and the following text: The data sources that meet factors 1–9 may not be used to meet factor 10.	**CL**	**3/30/20**

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52	PHP 2, Element A	Examples	Add an example for factor 9 as a second example that reads: **Information collected from individuals, practitioners and client organizations** • Data collected from individuals may be notes, emails or other communication, or self-reported health information (e.g., goals, weight changes, food tracking). • Data collected from practitioners may include patient progress notes. • Data collected from client organizations may be covered in other factors in PHP 2, Element A, or may include additional data (e.g., other benefits, enrollment in other programs, demographics).	**CL**	**11/23/20**
53	PHP 3, Elements A	Scope of review	Revise the first paragraph to read: *For all surveys:* NCQA reviews the organization's most recent annual assessment reports.	**CL**	**11/22/21**
53	PHP 3, Element A	Explanation	Add the following as the first paragraph: Factors 1 and 2 are critical factors; if one critical factor is scored "no" the organization's score cannot exceed 50% for the element. If both critical factors are scored "no," the organization's score cannot exceed 0% for the element.	**CL**	**7/25/22**
54	PHP 3, Element A, factor 2	Explanation—Factor 2: Identifying and assessing characteristics and needs of subpopulations	Revise the Explanation to read: The organization uses the assessment of the member population to identify and assess the characteristics and needs of relevant subpopulations. A subpopulation is a group of individuals within the membership that share common characteristics. The organization's assessment describes how it determined the subpopulation is relevant to its membership as a whole. The organization includes at least two relevant subpopulations in its assessment, and considers at least two characteristics or needs for each.	**CL**	**11/23/20**
56	PHP 3, Element B	Scope of review	Revise the first paragraph to read: NCQA reviews committee meeting minutes or similar documents showing activity and resource review and updates.	**CL**	**11/22/21**

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60	PHP 5, Element A	Scope of review	Revise the second paragraph of the scope of review to read: NCQA scores this element once based on an assessment of randomly selected files from all programs brought forward for accreditation.	**CL**	**11/23/20**
60	PHP 5, Element A	Explanation	Revise the first bullet under "Files excluded from review" to read: • Eligible individuals whom it cannot locate or contact after three or more attempts across a 2-week period, within the first 30 calendar days after identification, through at least two of the following mechanisms: – Telephone. – Regular mail. – Email. – Fax.	**CL**	**3/28/22**
60	PHP 5, Element A	Explanation—Files excluded from review	Replace "after identification" with "after enrollment" in the first bullet.	**CL**	**11/20/23**
61	PHP 5, Element A	Exceptions	Revise the exception to read: The file is NA if the individual's stratification level does not include interventions. **SOC:** Clarified that the exception is per file and not for the entire element.	**CL**	**11/18/24**
62	PHP 6, Element A	Scope of review	Revise the second paragraph to read: For each program the organization brings forward for Accreditation, NCQA also reviews and scores three reports or other evidence that the organization communicated with the practitioner on record during the look-back period, or reviews all reports or other evidence if the organization communicated with practitioners fewer than three times.	**CL**	**7/29/19**
62	PHP 6, Element A	Explanation	Add the following as a second paragraph in the explanation: If an organization is prohibited from communicating directly with the individual's practitioner, the organization must communicate information about care opportunities with the individual for discussion with their practitioner.	**CL**	**7/27/20**

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64	PHP 7, Element A	Scope of review	Revise the second paragraph of the scope of review to read: NCQA scores this element for each program the organization brings forward for Accreditation. Each measure is scored against all factors. The score for the element is the average of the scores for all measures for each program.	**CL**	**11/23/20**
64	PHP 7, Element A	Explanation—Factor 1: Relevant process or outcome	Revise the second bullet under the note to read: • If the organization uses SF-8®, SF-12®, SF-36® or the VR-12 to measure health status, results may count for two measures of effectiveness: one each for physical and mental health functioning.	**CL**	**7/29/19**
66	PHP 7, Element B	Scope of review	Revise the scope of review to read: NCQA reviews the organization's most recent annual monitoring report that includes an analysis of all programs the organization brings forward for Accreditation.	**CL**	**3/25/19**
67, 68, 69	PHP 7, Elements C–E	Scope of review	Revise the first sentence of the scope of review to read: NCQA reviews the organization's most recent annual monitoring report during the look-back period.	**CL**	**11/23/20**
69	PHP 7, Element E	Scope of review	Revise the first paragraph to read: *For Renewal Surveys:* NCQA reviews the organization's most recent annual monitoring report during the look-back period.	**CL**	**11/22/21**
69	PHP 7, Element E	Scope of review	Revise the second paragraph to read: NCQA also reviews the organization's plan for acting on opportunities.	**CL**	**7/31/23**
69	PHP 7, Element E	Look-back period	Revise the Renewal Survey look-back period to read: *For Renewal Surveys:* At least once during the prior year.	**CL**	**11/22/21**
69	PHP 7, Element E	Exceptions	Add the following as the second paragraph: This element is NA if the organization has no opportunities to improve performance. NCQA evaluates whether this conclusion is reasonable, given assessment results.	**CL**	**7/29/19**

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70	PHP 7, Element F	Scope of review	Revise the second paragraph to read: If the organization measures participation separately for each client, NCQA reviews at least one report per client for a total of three clients, during the look-back period for each program, or reviews all reports if the organization has fewer than three clients for the program.	**CL**	**7/29/19**
71	PHP 7, Element G	Scope of review	Revise the scope of review to read: NCQA reviews up to three reports or materials for up to three separate clients sent during the look-back period. The reports or materials demonstrate evidence that the organization is transparent about how it measures program effectiveness. NCQA scores this element for each program the organization brings forward for Accreditation. The score for the element is the average of the scores for all programs.	**CL**	**7/27/20**
80	PHP 9, Element B	NCQA-Accredited delegates	Add "NCQA-Prevalidated Health IT Solutions" to the sentence so the text reads: NCQA scores this element 100% if all delegates are NCQA-Accredited, or are NCQA-Prevalidated Health IT Solutions, unless the element is NA.	**CL**	**7/27/20**
81	PHP 9, Element C	NCQA-Accredited delegates	Add the following text as the second paragraph: NCQA scores factor 3 "yes" if all delegates are NCQA-Prevalidated Health IT Solutions.	**CL**	**7/27/20**
81	PHP 9, Element C	Scope of review	Revise the scope of review to read: NCQA reviews reports from a sample of up to four randomly selected delegates, or reviews all delegates if the organization has fewer than four. NCQA reviews the organization's most recent annual review, audit, performance evaluation and semiannual evaluation. The score for the element is the average of the scores for all delegates.	**CL**	**11/23/20**
82	PHP 9, Element D	Scope of review	Revise the scope of review to read: NCQA reviews reports for opportunities for improvement, if applicable, from up to four randomly selected delegates, or from all delegates, if the organization has fewer than four, and for evidence that the organization took appropriate action to resolve issues.	**CL**	**11/23/20**
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			NCQA reviews the organization's most recent annual review and follow-up on improvement opportunities. The score for the element is the average of the scores for all delegates.		
83	PHP 9, Element D	NCQA-Accredited delegates	Add "NCQA-Prevalidated Health IT Solutions" to the sentence so the text reads: NCQA scores this element 100% if all delegates are NCQA-Accredited health plans or organizations, or are NCQA-Prevalidated Health IT Solutions, unless the element is NA.	**CL**	**7/27/20**
1-2	Appendix 1—Standard and Element Points for 2019	Table 1: PHP standard and point allocation	Revise the note below the table to reference IRT instead of ISS as follows: *For display purposes only, all points are rounded to three decimal places. NCQA does not allow these figures to be used to determine the official score. Only the IRT may be used to determine the official score.	**CO**	**3/25/19**
2-3	Appendix 2—Delegation and Automatic Credit Guidelines	Definitions	Add the following as a new definition: **Previously unidentified delegate** A contracted delegate identified during a survey that was not initially reported by the organization in the NCQA delegation worksheet.	**CL**	**3/28/22**
2-7	Appendix 2—Delegation and Automatic Credit Guidelines	How NCQA Evaluates Delegation—Delegation oversight—De facto delegation	Revise the following subhead and first paragraph to read: **Previously unidentified delegates and de facto delegation** If NCQA identifies previously unidentified delegates or de facto delegation at any point after selecting the delegates (including during the offsite survey), NCQA reserves the right to review oversight of the previously unidentified delegates or de facto delegates by selecting them at random to include up to two delegates in addition to the four originally selected.	**CL**	**3/28/22**

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2-15	Appendix 2—Delegation and Automatic Credit Guidelines	MBHO Elements Eligible for Automatic Credit	Revise the Table 9 title and contents to read: ***Table 9: MBHO delegating to an NCQA-Accredited PHP organization*** **MBHO Standard Eligible Elements** **QI 6: Behavioral Health Screening** Element A: Screening Programs[3] *Factor 1: A screening program that addresses coexisting mental health and substance use disorders* *Factor 2: A second screening program* Element B: Program Description Element C: Programs Based on Scientific Literature **QI 8: Complex Case Management** Element A: Population Assessment Element B: Activities and Resources	**CO**	**3/28/22**
4-2	Appendix 4—Glossary		Update the definition of "documented process" to read: Policies and procedures, process flow charts, protocols and other mechanisms that describe the methodology used to complete a task.	**CL**	**11/22/21**
4-3	Appendix 4—Glossary		Add the following as a definition: **carve out:** A payer's (e.g., employer, Medicaid, Medicare) exclusion of a health care program or service from an organization's benefits plan, making another entity responsible for the program or service.	**CL**	**7/27/20**
4-4	Appendix 4—Glossary		Add the term de-identify that reads: Removal of individual identifiers. Under the HIPAA Privacy Rule, protected health information is de-identified if all individual identifiers are removed. There are 18 categories of identifiers that include name; street address and ZIP code; telephone and fax number; dates (except year) directly related to a person, including date of birth and dates of service; email address and URL; Social Security Number; medical record number and account number; vehicle identifiers, including license plate number; device identifiers and serial number; and any other unique identifying number, characteristic or code. SOC: Added the term "de-identify" to the glossary.	**CL**	**11/18/24**

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4-6	Appendix 4—Glossary		Add the following as a new definition: **interrater reliability:** The extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated.	**CL**	**7/25/22**
4-6	Appendix 4—Glossary		Update the definition of "policies and procedures" to read: A formal documented process adopted by the organization that describes the course of action the organization will follow and the methods that will be carried out to achieve the policy objectives. If the scope of review indicates that policies and procedures are reviewed, a formal policy and procedure document must be provided as evidence to demonstrate performance. Policies and procedures must include an effective date.	**CL**	**11/22/21**