NCQA Corrections, Clarifications and Policy Changes to the 2020 WHP Standards and Guidelines

March 31, 2025

This document includes the corrections, clarifications and policy changes to the 2020 Wellness and Health Promotion 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 2020 WHP 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
29	Policies and Procedures —Section 2: Accreditation, 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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16	Policies and Procedures —Section 1: Eligibility and the Application Process	Eligibility for Accreditation and Certification	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	**CL**	**11/14/22**
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16	Policies and Procedures —Section 1: Eligibility and the Application Process	Eligibility for Accreditation and Certification	Revise the sixth bullet to read: Operates without discrimination on the basis of gender, sexual orientation, race, creed or national origin.	**CL**	**3/25/24**
16	Policies and Procedures —Section 1: Eligibility and the Application Process	Eligibility for Accreditation and Certification—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 Wellness and Health Promotion Accreditation or Certification. 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. 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. 3. 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.	**CL**	**3/25/24**

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			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.		
23	Policies and Procedures —Section 2: Accreditation, Scoring and Status Requirements	Declining status	Revise the section head "Declining status" to "Declining 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/Certification status. 2. Decline the resulting Accreditation/Certification 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/Certification status under the Introductory Survey Evaluation Option may accept the scores for specific elements that received a score of 80% or 100% and apply them toward an Introductory Follow-Up Survey on the remaining elements within 12 months of receipt of the final survey report. If an organization has reason to believe that the scoring of any standard does not accurately reflect its survey performance, the organization may request Reconsideration. If the organization decides to request Reconsideration, it must do so before sending notice to NCQA of a decision to decline its status. Refer to *Reconsideration.*	CL	7/29/24

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			The organization may accept or decline the resulting Reconsideration status decision. If the organization decides to decline the status, it must undergo an Introductory Follow-Up Survey within 12 months. Organizations have 30 calendar days from receipt of the results to reply to NCQA with their decision to accept, decline or request Reconsideration of the resulting status.		
22	Policies and Procedures —Section 2: Accreditation, 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 or Certification 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. 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 or Certification 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 or Certified to Denied.	**CL**	**11/23/20**

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			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 or Certification status.		
23	Policies and Procedures—Section 2: Accreditation, Scoring and Status Requirements	Determining Accreditation/ Certification Status—Corrective action	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 *Interrater Reliability* in *Section 5: Additional Information* for the definition and information about interrater reliability.	**CL**	**3/27/23**
25	Policies and Procedures—Section 2: Accreditation, Scoring and Status Requirements	Must-Pass Elements	Revise the text in the paragraph under the table to read: Organizations coming through for NCQA Certification must also achieve at least 50% for each element in the following standards, as applicable: • WHP 5, Health Appraisals. • WHP 7, Self-Management Tools. • WHP 8, Health Coaching.	**CL**	**11/23/20**
25	Policies and Procedures—Section 2: Accreditation, Scoring and Status Requirements	Must-Pass Elements	Add the following language under the bullets in the second paragraph that reads: For example, for organizations seeking WHP Certification for Health Appraisals, all elements in WHP 5 are considered must-pass; the organization must achieve at least 50% for each element.	**CL**	**7/26/21**

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30	Policies and Procedures—Section 2: Accreditation Scoring and Status Requirements	Other Information NCQA May Consider	Add the following new section head and text between "Other Information NCQA May Consider" and "Notification to Regulatory Agencies." **Responsible Use of Artificial Intelligence** NCQA supports the use of technological advancements that improve the quality and equity of health care operations and delivery. Artificial intelligence may be useful in this regard, but there are risks to consider and mitigate. Many AI frameworks have been established to address these risks. The White House also issued an executive order with broad guiding principles, and specific health care industry roles, for the Department of Health and Human Services. NCQA expects organizations that use AI to implement a framework and policies that are fair and equitable to members. Although NCQA does not mandate use of a specific AI framework, the NIST AI Risk Management Framework, a key reference in the executive order, may be helpful. The Coalition for Health AI is also a useful resource. NCQA may consider use of AI in determining Accreditation/Certification status, even though current NCQA standards do not specifically address AI. For example, with regard to utilization management, NCQA standards require appropriately 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**	**7/29/24**
30	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	**CL**	**11/18/24**
			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.		

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33	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. Refer to "de-identify" in *Appendix 6: Glossary.* All documentation provided to NCQA during the survey process must be in English, or with English translation.	**CL**	**7/29/24**
34	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.	**CL**	**7/29/24**

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			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.		

34	Policies and Procedures—Section 3: The Survey Process	Onsite survey (Accreditation only)	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**
35	Policies and Procedures—Section 3: The Survey Process	Comments regarding 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**
37	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.	**CL**	**7/29/24**

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			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). All Reportable Events must be submitted through My NCQA (https://my.ncqa.org).		

34	Policies and Procedures—Section 5: 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/ Certification status. Annually, NCQA will send an email reminder to the designated Accreditation/ Certification 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**
35	Policies and Procedures—Section 5: Additional Information		Add the following new section head and text between "Notifying NCQA of Reportable Events" and "Discretionary Survey." **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.	**CL**	**7/25/22**

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			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. 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 yoususpect 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.		
39	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation/ Certification	Revise the first sentence under the "Grounds for immediate suspension" subhead to read: Grounds for recommending suspension of status include, but are not limited to:	**CL**	**7/25/22**

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39	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation/ Certification	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 5: Additional Information	Revoking Accreditation/ Certification	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**
38	Policies and Procedures—Section 5	Mergers and Acquisitions	Revise the email address in the second paragraph to read: SIG@ncqa.org	**CO**	**3/28/22**
55	WHP 1, Element G	Explanation—Factor 1: Measure results	Revise the second bullet to read: • NCQA WHP Performance Measures results.	**CL**	**11/22/21**
124	WHP 9, Element C	Factor 2: Not marketing or advertising	Revise the second paragraph under the factor 2 explanation to read: If the organization does not advertise, market or promote products or services, it distributes a disclosure statement to this effect, to all customers. This requirement is met if the organization includes this statement in public disclosure declarations: • In the organization's wellness and health promotion materials, ***or*** • On the organization's website, ***or*** • In the organization's client contracts. If the organization does not include the declaration in public disclosure statements, it provides the information upon request from customers, and notifies customers that the information is available.	**CL**	**7/25/22**
124	WHP 9, Element C	Factor 2: Not marketing or advertising	Revised the third paragraph to read: If the organization does not include the declaration in public disclosure statements, it provides the information upon request from customers, and notifies customers that the information is available.	**CL**	**7/25/22**

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135	WHP 12, Element A	Summary of Changes	Revise the first bullet under "Clarifications" in the Summary of Changes section to read: • Added "annually" to the element stem to clarify that organizations must annually measure WHP Performance Measures and submit results to NCQA at the time of survey.	**CL**	**7/26/21**
136	WHP 12, Element A	Explanation	Revise the first sentence in the second paragraph of the Explanation to read: NCQA assesses whether the organization annually measures the WHP Performance Measures and calculates the results.	**CL**	**11/23/20**
136	WHP 12, Element A	Explanation	Revise the second paragraph in the Explanation to read: The organization annually measures the WHP Performance Measures and documents information about its performance on the measures. NCQA reviews the WHP Performance Measures Reporting Tool submitted by the organization during the survey process which contains the most recent and previous year's annual measurements, as applicable. Annual measurements are not required to be submitted to NCQA outside the survey process. The Performance measure results are not required to be audited. Documentation of annual measurements should be attached to Element A.	**CL**	**7/26/21**
136	WHP 12, Element A	Explanation	Remove the following language under the Explanation: **Annual resubmission** The organization submits measure results annually, at the time of its survey.	**CL**	**7/26/21**
143	WHP 13, Element E	Exceptions	Add the following as an exception: This element is NA if the organization has no opportunities to improve performance. NCQA evaluates whether this conclusion is reasonable, given assessment results.	**CL**	**3/28/22**
146, 148, 149	WHP 14, Elements B–D	Summary of Changes	Revise the second bullet under *Clarifications* in the *Summary of Changes* to read: • Relettered elements in WHP 14 to account for the 2019 retirement of WHP 14, Element B, "Provisions for PHI."	**CL**	**11/23/20**

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4-1	Appendix 4—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**
4-4	Appendix 4—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**
6-4	Appendix 6—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**
6-4	Appendix 6—Glossary		Add the following two definitions: **qualitative analysis** An examination of the underlying reason for or cause of results, including deficiencies or processes that may present barriers to improvement or cause failure to reach a stated goal. Qualitative analysis must draw conclusions about why the results are what they are and involves staff responsible for executing a program or process. Also called a causal, root cause or barrier analysis. **quantitative analysis** A comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis must draw conclusions about what results mean. Unless specified, tests of statistical significance are not required, but may be useful when analyzing trends. NCQA does not require that results be trended for Initial Surveys.	**CL**	**11/14/22**