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**To All Providers, Health Systems, Vendors, Digital Solutions, Payers, Patients,
Patient Advocates, Policymakers and Employers in the Digital Patient Engagement,
Wellness and Condition Management Space:**

The National Committee for Quality Assurance (NCQA) invites you to apply to join a new Working Group focused on digital patient engagement (including hybrid approaches), wellness and condition management.

NCQA will select a diverse group of stakeholders to participate in the group to support our efforts to refine and validate concepts that will shape new and existing NCQA programs.

All interested organizations should submit an application to participate as described in the attached Request for Participation (RFP): *Innovations in Wellness & Condition Management Stakeholder Working Group*.

If you are interested, submit your [Innovations in Wellness & Condition Management Working Group Application](#) by 5:00 p.m. (ET), September 10, 2025. Please direct questions to CareMgmtInnovation@ncqa.org.

NCQA will notify successful organizations of acceptance by September 15, 2025. Applications received after the required time and date might not be evaluated.

This Request for Participation (RFP) is NCQA's proprietary information and may not be used for any purpose other than responding to the RFP without the written permission of NCQA.

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REQUEST FOR PARTICIPATION

Innovations in Wellness & Condition Management Stakeholder Working Group (“Working Group”)

1. OVERVIEW

NCQA is issuing this Request for Participation (RFP) to engage industry leaders in a Working Group focused on engaging patients to promote their health and wellness, and support condition management through innovative, member-centered strategies—including digital tools. Participants will help NCQA identify, refine and validate emerging needs in digital patient engagement, and patient-centered wellness and condition management solutions. Participant insights will help shape NCQA’s approach to developing new programs and updating existing products.

Prevention and health condition management matter. Over \$730 billion in United States health care spending is linked to modifiable risk factors such as high blood pressure and poor diet.¹ In 2023, 76% of adults in the United States reported having at least one or more chronic conditions that significantly impact their well-being.² Digital patient engagement has been identified as one tool to support effective management of conditions and promotion of wellbeing. Engaging with a smartphone app, for example, can improve self-management of psychiatric and medical conditions and increase self-reported feelings of quality of life and empowerment.³ Through the Working Group, NCQA aims to learn how organizations are assessing, managing and delivering interventions to support wellness, health promotion and condition management that result in meaningful patient engagement and positive outcomes. Our focus will be hybrid and digital solutions that address health management rather than treatment. Additional topics will include key challenges, how to demonstrate meaningful return on investment on interventions and whether wellness and health promotion are viewed as distinct from condition management, or as part of a unified strategy. Through constructive, discussion-based working sessions, organizations will help define success in engaging patients for wellness and condition management, and share how NCQA can recognize and support success.

NCQA will limit participation in the Working Group to approximately 30 organizations. NCQA will retain complete independence and responsibility for the development of standards and requirements that arise from the group, including use of an expert committee to approve requirements. The Working Group will not serve as an expert panel for approval of requirements, and will not have any right to approve or vote on NCQA program requirements. Selected organizations are responsible for their own costs and expenses to participate in the Working Group.

Key Dates

Application Due: September 10, 2025.

Notification of Selected Organizations: September 15, 2025.

First Meeting: September 24, 2025.

Working Group Convenings: Up to three times through March 2026.

¹ Bolnick, H. J., Bui, A. L., Bulchis, A., Chen, C., Chapin, A., Lomsadze, L., Mokdad, A. H., Millard, F., & Dieleman, J. L. (2020). Health-care spending attributable to modifiable risk factors in the USA: An economic attribution analysis. *The Lancet Public Health*, 5(10). [https://doi.org/10.1016/s2468-2667\(20\)30203-6](https://doi.org/10.1016/s2468-2667(20)30203-6)

² Watson, K. B., Wiltz, J. L., Nhim, K., Kaufmann, R. B., Thomas, C. W., & Greenlund, K. J. (2025). Trends in multiple chronic conditions among US adults, by life stage, Behavioral Risk Factor Surveillance System, 2013–2023. *Preventing Chronic Disease*, 22. <https://doi.org/10.5888/pcd22.240539>

³ Brewer, LaPrincess C., Karen L. Fortuna, Clarence Jones, et al. 2020. “Back to the Future: Achieving Health Equity Through Health Informatics and Digital Health.” *JMIR mHealth and uHealth* 8 (1): e14512. <https://doi.org/10.2196/14512>

2. WHY THIS MATTERS

Population health exists along a continuum, frequently presented as a risk pyramid (Figure 1).⁴ As individuals move up the pyramid, the affected population decreases, but the health risk (conditions, comorbidities, disease severity) increases. Risk can be the function of non-modifiable factors, modifiable behaviors, environmental and upstream exposures and the presence of specific health conditions. Effective population health management requires approaches that help individuals stay at the lowest possible risk. Strategies and interventions designed to facilitate this may be unique to a specific clinical condition or population segment, but frequently overlap or share characteristics, as demonstrated in Figure 1.

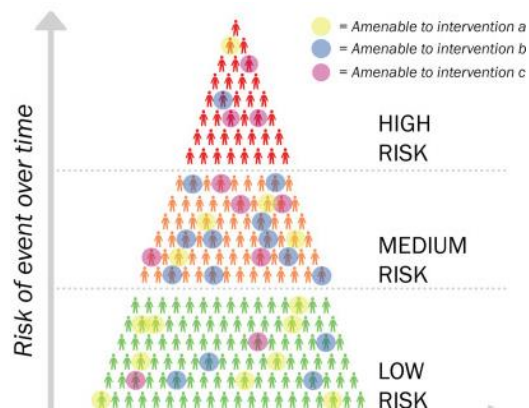


Figure 1. Example adapted from Orlowski et al, 2021

Over \$730 billion in US health care spending is linked to modifiable risk factors such as high blood pressure and poor diet.⁵ Cardiovascular disease is the leading cause of death in the US; 80% of premature heart disease and strokes can be prevented through lifestyle change. Wellness programs have been shown to decrease risk factors for heart disease, including cholesterol and high blood pressure. Every \$1 spent on wellness programs can save the health system around \$3 in medical costs.⁶

The US has a higher disease burden than other countries, particularly for chronic conditions like cardiovascular disease, COPD, diabetes, chronic kidney disease, liver diseases and asthma.⁷ In 2023, 76% of American adults

reported having at least one or more chronic conditions that impact their well-being.⁸ In addition, 90% of US annual health care expenditures are for chronic and mental health conditions, indicating that interventions targeting these areas can have substantial health and economic benefits.⁹ Diabetes diagnoses among US adults increased significantly from 1990–2022.⁷ In 2022, the estimated 38 million Americans with diabetes cost the US about \$413 billion in medical costs and lost productivity.⁹ For individuals with heart disease, costs are estimated to be around \$254 billion annually to our health system and \$168 billion in lost productivity.⁹

Vendors focused on wellness and condition management are well positioned to help employers, payers and health systems meet the needs of patients seeking support in staying healthy or managing conditions as they arise.

⁴ Orlowski, A., Snow, S., Humphreys, H., Smith, W., Jones, R. S., Ashton, R., Buck, J., & Bottle, A. (2021). Bridging the impactability gap in population health management: A systematic review. *BMJ Open*, 11(12), e052455. <https://doi.org/10.1136/bmjopen-2021-052455>

⁵ Bolnick, H. J., Bui, A. L., Bulchis, A., Chen, C., Chapin, A., Lomsadze, L., Mokdad, A. H., Millard, F., & Dieleman, J. L. (2020). Health-care spending attributable to modifiable risk factors in the USA: An economic attribution analysis. *The Lancet Public Health*, 5(10). [https://doi.org/10.1016/s2468-2667\(20\)30203-6](https://doi.org/10.1016/s2468-2667(20)30203-6)

⁶ Baicker, K., Cutler, D., & Song, Z. (2010). Workplace Wellness Programs Can Generate Savings. *Health Affairs*, 29(2), 304–311. <https://doi.org/10.1377/hlthaff.2009.0626>

⁷ Peterson-KFF. (2025). Health System Tracker. [https://www.healthsystemtracker.org/indicator/health-well-being/disability-adjusted-life-years/#Age-standardized%20disability%20adjusted%20life%20year%20\(DALY\)%20rate%20per%20100.000%20population.%202021](https://www.healthsystemtracker.org/indicator/health-well-being/disability-adjusted-life-years/#Age-standardized%20disability%20adjusted%20life%20year%20(DALY)%20rate%20per%20100.000%20population.%202021)

⁸ Watson, K. B., Wiltz, J. L., Nhim, K., Kaufmann, R. B., Thomas, C. W., & Greenlund, K. J. (2025). Trends in multiple chronic conditions among US adults, by life stage, Behavioral Risk Factor Surveillance System, 2013–2023. *Preventing Chronic Disease*, 22. <https://doi.org/10.5888/pcd22.240539>

⁹ CDC. (2024). Fast Facts: Health and Economic Costs of Chronic Conditions. <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>

3. BACKGROUND

NCQA's mission is to improve the quality of health care. With 35 years of experience, NCQA's reputation in quality assurance, and its deep expertise in developing health care quality measures and standards, represents our unique position to influence the growing digital patient engagement, wellness and condition management industry and foster trust among providers, payers, vendors, employers and policymakers.

NCQA's Healthcare Effectiveness Data and Information Set (HEDIS^{®10}) is the premier tool for monitoring the quality of health care. HEDIS was developed through a partnership between NCQA and public and private organizations representing health care consumers and purchasers, health plans and health care services researchers. Over 235 million people are enrolled in health plans that report HEDIS results.

NCQA's Health Plan Accreditation builds on more than 30 years of experience to provide a current, rigorous and comprehensive framework for essential quality improvement and measurement. The use of HEDIS data allows NCQA Health Plan Accreditation to effectively measure care and service performance. This focuses attention on activities that keep members healthy.

NCQA Certification programs evaluate the systems and processes that support data collection, surveys and quality improvement to validate accuracy to support HEDIS reporting. NCQA's Measure Certification program validates organizations' HEDIS, "Align. Measure. Perform. (AMP)" and other quality measure logic to help ensure accurate results—critical for health plans, providers and other organizations that rely on quality measurement data to make decisions for quality reporting and inform value-based contracting.

NCQA is a trusted provider of consensus-driven, non-partisan frameworks to evaluate health care quality. Amid strong policy support for wellness and chronic disease management, organizations are working to improve population health through digital patient engagement tools, data-driven interventions and comprehensive wellness programs. NCQA is poised to influence how health care organizations, payers and vendors develop, adopt and evaluate these approaches, setting trusted benchmarks that promote fairness, safety, transparency and improved health outcomes across populations.

NCQA will use the Working Group to convene stakeholders to foster exchange of insights on digital, patient-centered wellness and condition management solutions, including how to measure digital patient engagement in interventions. Their contributions will inform NCQA's evolving approach to the field, and help shape the evolution of new and existing NCQA programs (e.g., Wellness and Health Promotion).

4. PARTICIPANT CRITERIA

Applicant organizations that meet the following criteria may be considered for participation in the Working Group. NCQA seeks participation from providers, health systems, vendors (including digital solution vendors), payers, patients, patient advocates, policymakers and employers. We invite participation from organizations that are familiar with NCQA—including current customers—and from those who have not yet engaged with NCQA.

¹⁰HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

5. STAKEHOLDER WORKING GROUP

Expectations for Participating Organizations

NCQA's goal for the Working Group is to understand and refine key approaches, needs and best practices in digital patient engagement (including hybrid approaches) and patient-centered wellness and condition management solutions. Participants can promote their role in the Working Group with joint media releases with NCQA, and independently, with NCQA-approved statements.

Participants will be expected to share meaningful insights from their work and to contribute to discussions on emerging opportunities and challenges in digital patient engagement and patient-centered wellness and condition management solutions. Applicants must commit to participating in all activities, and agree to secure funding for any expenses associated with participation. Working Group members may be invited by NCQA staff to attend technical advisory panel meetings as non-voting observers.

Participants will share information about their organization's approach to digital patient engagement and patient-centered wellness and condition management solutions. Information shared with NCQA will be kept confidential; proprietary information shared with NCQA will not be disclosed to other participants. NCQA will use the shared information to support updates to existing programs or development of new programs to help ensure they align with industry needs.

Working Group participation is for informational purposes only. Participation will not convey to an organization an NCQA Validation/Certification/Evaluation/Pre-Evaluation status, or other formal status, for any NCQA evaluation program or CMS reporting requirement. Participants must comply with NCQA policies on disclosure and conflicts of interest. Participants must recognize that NCQA will maintain our independence, objectivity and commitment to a quality result. Participant preferences regarding program design, content or policies may be used in product updates or development at NCQA's discretion.

NCQA will limit participation to about 30 organizations. Participants are expected to attend a virtual convening on September 24, 2025, and to participate in up to three working sessions through the end of March 2026.

Resources Provided by NCQA

NCQA will provide leadership to the initiative, and facilitate active involvement by all participants, including:

- Hosting a virtual convening to bring all participants together.
- Hosting and facilitating ongoing Working Group calls via phone and video conference.
- Providing access to knowledge identified through the Working Group.
- Providing access to a Digital Learning Community, where participants can connect and exchange knowledge during the period covered by the convening.

Benefits of Participation

NCQA offers the following benefits of participation in the Working Group:

- The opportunity to play a direct role in shaping the future of digital patient engagement and patient-centered wellness and condition management standards and/or measures.
- Credit as a participant on NCQA web site(s).

- Discount to NCQA's Health Innovation Summit in San Diego in October 2025.

6. APPLICATION EVALUATION CRITERIA

Applicants must meet participant criteria, and must exemplify the experience and qualified representatives to support advancement of digital patient engagement, wellness and condition management. NCQA is seeking applications from organizations and not individuals. One representative from each organization may participate. The organization's representative must be identified in the organization's application.

NCQA will evaluate applications using the organization's responses to the following:

- Completion of all required responses in the format specified below in Section 8.
 - Executive summary containing a brief description of the applicant that includes its role in digital patient engagement, wellness and condition management; length of time it has been in business, its membership served and revenue; and current activities related to its role.
 - An overview of the applicant's commitment to, and relevant experience related to, engaging patients for condition management and promoting wellness and health.
 - An assessment of the applicant's skills and experience of key representatives as participants in the Working Group.

Relevant Experience

NCQA considers the applicant's role and reputation in the digital patient engagement, wellness and condition management industry. Relevant experience may include, but is not limited to, contracting with wellness or condition management vendors, administering wellness or condition management programs, evaluating wellness or condition management program effectiveness.

Key Representatives

NCQA considers the applicant's relevant background and experience of key staff who will represent the applicant in the Working Group. Key representatives must possess knowledge of the applicant's role in the industry, including its current priorities, initiatives and strategic direction.

Additional Documentation

NCQA may request supporting documentation from applicants. Proposals that do not comply with the requirements outlined herein will not be considered.

7. INVITATION TO PARTICIPATE

NCQA will send invitations to selected applicants to join the Working Group. All participants must sign NCQA's legal agreement for participation. Selected applicants will have the opportunity to accept or decline the participation terms at the time of invitation. If a selected applicant cannot agree to the terms of NCQA's participation agreement, NCQA may rescind the invitation and invite an alternative participant to join, or may decline to select an alternative. NCQA will announce the members of the Working Group and post information on the NCQA web site(s) and social media.

8. APPLICATION INSTRUCTIONS

Proposal specifications are as follows:

- A maximum of five pages of attached text.

Extensive appendices to an application are discouraged. Supporting materials, other than CVs of key representatives, will be reviewed at NCQA's discretion. Applications that merely restate the RFP will be considered nonresponses.

To facilitate review and evaluation, applications must be organized as follows:

- A cover letter containing the legal name and address of the applicant, the name and contact information of the individual authorized to respond to questions from NCQA and the name and contact information of the individual authorized to enter the formal participation agreement on behalf of the applicant, if selected. The cover letter may be attached to the online application.
- Information entered on the application:
 - An executive summary containing a brief description of the applicant that includes its role in digital patient engagement, wellness and condition management; length of time in business, membership served and revenue; and current activities related to its role.
 - A description of the applicant's relevant experience, in accordance with criteria and specifications in this RFP.
 - A description of the applicant's key representative, in accordance with this RFP.

This RFP does not commit NCQA to pay costs of preparing and submitting proposals, or for selection of participants. In response to an application, NCQA may:

- Approve the proposal and invite the applicant to participate in the Working Group.
- Ask for clarification on information in the application.
- Decline an application.

At its discretion, NCQA may choose to discontinue this RFP at any time, without obligation to prospective participants.