

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

March 30, 2020

This document includes the corrections, clarifications and policy changes to the 2019 PHP standards and guidelines. NCQA has identified the appropriate page number in the printed publication and the standard and head—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.

An organization undergoing a survey under the 2019 PHP 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
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: <ul style="list-style-type: none">• 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. <p><i>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.</i></p> <p><i>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.</i></p>	CL	3/30/2020
46	PHP 1, Element C	Look-back period	Revise the look-back period to read: <i>For all surveys: 12 months.</i>	CO	3/30/2020

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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	3/30/2020
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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	7/29/2019
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	11/25/2019
47	Policies and Procedures—Section 2: Scoring and Status Requirements	A Standard’s Structure—Must Pass Elements	Add the following as the second paragraph: 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. Updated the issue on November 25, 2019.	PC	7/29/2019
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	7/29/2019
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	11/25/2019

Key = CO—Correction, CL—Clarification, PC—Policy Change

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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 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	7/29/2019
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	7/29/2019
62	PHP 6, Element A	Scope or 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	7/29/2019
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	7/29/2019
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	3/25/2019
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	7/29/2019

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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	7/29/2019
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	3/25/2019