

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

November 22, 2021

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
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
53	PHP 3, Elements A	Scope of review	Revise the first paragraph to read: <i>For all surveys:</i> NCQA reviews the organization's most recent annual assessment reports.	CL	11/22/21
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
69	PHP 7, Element E	Scope of review	Revise the first paragraph to read: <i>For Renewal Surveys:</i> NCQA reviews the organization's most recent annual monitoring report during the look-back period.	CL	11/22/21

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69	PHP 7, Element E	Look-back period	Revise the Renewal Survey look-back period to read: <i>For Renewal Surveys:</i> At least once during the prior year.	CL	11/22/21
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
4-6	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
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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>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.</p> <p>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.</p>	CL	3/30/20

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Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date						
13	Policies and Procedures—Section 2: Scoring and Status Requirements	Corrective action	<p>Replace the text with the following:</p> <p>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.</p> <p>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.</p> <p>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.</p> <table border="1"> <thead> <tr> <th>If the Organization...</th> <th>The ROC May...</th> </tr> </thead> <tbody> <tr> <td>Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.</td> <td>Extend the CAP or reduce the organization's status from Accredited to Denied.</td> </tr> <tr> <td>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.</td> <td>Issue a Denied Accreditation status.</td> </tr> </tbody> </table>	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.	CL	11/23/20
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13	Policies and Procedures—Section 2: Scoring and Status Requirements	Accreditation Status	<p>Add the following subhead and text as the last section under this subhead:</p> <p>Corrective Action</p> <p>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.</p>	PC	7/29/19
16	Policies and Procedures—Section 2	A Standard's Structure—Look-back period	<p>Add the following subhead and text immediately below <i>Meeting the look-back period for records or files</i>.</p> <p><i>Expanding the look-back period for records and files</i></p> <p>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.</p> <ul style="list-style-type: none"> • 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. <p>File review element scores are based on file review results.</p>	CL	3/29/21
17	Policies and Procedures—Section 2: Scoring and Status Requirements	A Standard's Structure—Must-Pass Elements	<p>Remove the second paragraph, which reads:</p> <p>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.</p>	PC	11/25/19
17	Policies and Procedures—Section 2:	A Standard's Structure—Must Pass Elements	<p>Add the following as the second paragraph:</p> <p>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</p>	PC	7/29/19

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

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	Scoring and Status Requirements		<p>the applicable status (e.g., Accredited—Under Corrective Action) until NCQA confirms that the organization has completed a corrective action plan.</p> <p>Updated on November 25, 2019.</p>		
29	Policies and Procedures—Section 4: Reporting Results	Reporting Status to the Public—Right to release and publish	<p>Revise the third paragraph to read:</p> <p>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.</p>	CL	7/29/19
29	Policies and Procedures—Section 4: Reporting Results	Reporting Status to the Public—Right to release and publish	<p>Add the following as the fourth paragraph:</p> <p>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.</p>	PC	11/25/19
29	Policies and Procedures—Section 4: Reporting Results	Reporting Status to the Public—Right to release and publish	<p>Add the following as the fourth paragraph:</p> <p>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.</p>	PC	7/29/19
35	Policies and Procedures—Section 6: Additional Information	Notifying NCQA of Reportable Events	<p>Revise the third subbullet under the first bullet to read:</p> <p>Request for corrective action where the substance of such corrective action relates to the organization's handling of important patient safety matters.</p>	CL	7/29/19
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	<p>Revise the look-back period to read:</p> <p><i>For Initial Surveys:</i> 6 months.</p> <p><i>For Renewal Surveys:</i> 12 months.</p>	PC	11/23/20

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44	PHP 1, Element B	Look-back period	Revise the look-back period to read: <i>For Renewal Surveys:</i> 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: <i>For all surveys:</i> 12 months.	CO	3/30/20
46	PHP 1, Element C	Look-back period	Revise the look-back period to read: <i>For Initial Surveys:</i> 12 months. <i>For Renewal Surveys:</i> 24 months.	PC	11/23/20
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

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Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
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
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 <ul style="list-style-type: none">• 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
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

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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
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
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

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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
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

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82	PHP 9, Element D	Scope of review	<p>Revise the scope of review to read:</p> <p>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.</p> <p>NCQA reviews the organization's most recent annual review and follow-up on improvement opportunities.</p> <p>The score for the element is the average of the scores for all delegates.</p>	CL	11/23/20
83	PHP 9, Element D	NCQA-Accredited delegates	<p>Add "NCQA-Prevalidated Health IT Solutions" to the sentence so the text reads:</p> <p>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.</p>	CL	7/27/20
1-2	Appendix 1—Standard and Element Points for 2019	Table 1: PHP standard and point allocation	<p>Revise the note below the table to reference IRT instead of ISS as follows:</p> <p>*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.</p>	CO	3/25/19
4-3	Appendix 4—Glossary		<p>Add the following as a definition:</p> <p>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.</p>	CL	7/27/20