

Wellness and Condition Management - Draft Standards

Table of Contents
Core Content

<i>WCM 1: Transparency With Client Organizations</i>	1
Element A: Scope and Services	1
Element B: Incentive Management	2
Element C: Performance Measure Reporting	3
<i>WCM 2: Data Exchange and Integration</i>	6
Element A: Information on Data Capabilities	6
Element B: Implementation of Data Exchange and Integration	8
<i>WCM 3: Privacy and Artificial Intelligence Governance</i>	10
Element A: Uses and Disclosures	10
Element B: Informing Eligible Individuals	12
Element C: AI Governance	13
<i>WCM 4: Rights and Responsibilities</i>	15
Element A: Eligible Individual Rights	15
Element B: Eligible Individual Complaints	16
Element C: Advertising and Financial Ownership Arrangements	18
Element D: Sources of Marketing Information	20
<i>WCM 5: Population Assessment and Targeting</i>	22
Element A: Population Assessment	22
Element B: Identification of Needs	26
<i>WCM 6: Access and Availability of Services</i>	29
Element A: Language Services	29
Element B: Accessible Digital Content	32
<i>WCM 7: Measuring Outcomes</i>	36
Element A: Participant Experience	36
Element B: Action and Remeasurement of Participant Experience	38
Element C: Enrollment and Participation Measures	39
Element D: Return on Investment Measures	41
<i>HA 1: Health Assessment</i>	44
Element A: HA Components	44
Element B: HA Disclosure	48
Element C: HA Results	49
Element D: Formats	51
Element E: Frequency of HA Completion	52
Element F: Review and Update Process	53
<i>HA 2: Screening for Social Needs</i>	54
Element A: Process for Collecting Social Needs Data	54
Element B: Evidence of Collecting Social Needs Data	57
<i>HA 3: Measuring Engagement With HAs</i>	58
Element A: HA Measures	58
<i>DE 1: Self-Management Tools</i>	60
Element A: Topics of Tools	60
Element B: Gamification in Self-Management Tools	62
Element C: Reviewing Gamification Effects	64
<i>DE 2: Health Coaching</i>	65
Element A: Health Coaching Scope	65
Element B: Initial Training for Coaches	67

Element C: Monitoring and Training for Coaches	69
Element D: Health Coaching Information System.....	71
Element E: External Referral Facilitation	73
Element F: Information for Referral.....	74
<i>DE 3: Evidence-Based Content</i>	<i>76</i>
Element A: Evidence-based Content	76
Element B: Content to Support Social Needs	77
Element C: Review and Update Process	79
Element D: Formats	80
Element E: Digital Content Library	81
<i>DE 4: Social Needs Referrals</i>	<i>82</i>
Element A: Facilitating Social Needs Referrals	82
Element B: Tracking Referral Status.....	85
<i>DE 5: Care Team and Device Integration</i>	<i>86</i>
Element A: Care Team Support and Coordination	86
Element B: Device Integration.....	87
Element C: Device Data Use and Permissions.....	88
<i>DE 6: Measuring Intervention Outcomes</i>	<i>90</i>
Element A: Goal Setting Process	90
Element B: Goal Setting Measures	91
Element C: Risk Reduction Measures	92
Element D: Healthy Habits Measures	93
Element E: Screening and Prevention Measures	95
Element F: Clinical Outcome Measures.....	98

WCM 1: Transparency With Client Organizations

The organization maintains transparency with client organizations about its offerings.

Intent

The organization provides information to help client organizations understand its offerings, including information on scope and services, incentive management, and performance measure reporting.

Element A: Scope and Services

The organization communicates to client organizations:

1. The scope of its wellness or condition management offerings.
2. The services in its wellness or condition management offerings.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Documented process, Materials

Scope of review NCQA reviews the organization’s policies and procedures for communicating the scope and services of its offerings to client organizations, and reviews three materials as evidence of disclosing the information to client organizations or reviews all materials if the organization has fewer than three.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Factor 1: Scope**

The organization’s scope describes the focus of its wellness or condition management offerings, including the populations that they are designed for (e.g., clinical, demographic, community) and the health needs that they address.

Factor 2: Services

The organization’s services include specific programs, interventions, tools, or resources the organization provides within their offerings, including detail on offered formats (e.g., digital, hybrid, synchronous, asynchronous) and routine outcomes tracked for each program or program type.

Exceptions

None.

Related information

None.

Examples

Factor 1: Scope

- The organization provides wellness and condition management offerings that support preventive health, chronic condition management, and behavior change support, with specific offerings tailored to the needs of older adults.
- The organization provides maternal-health offerings that support eligible individuals through pregnancy and postpartum. Offerings are available with support for English, Spanish, Polish, Hindi and Arabic speakers.

Factor 2: Services

- The organization delivers services including synchronous interactive health coaching, asynchronous self-management tools, and personalized education content, delivered via digital formats (interactive website, mobile applications). Routine outcomes include member engagement rates as measured through goal setting, and patient-reported health status.
- The organization delivers services including digital health assessments and including screening for social needs using validated instruments. Routine outcomes include completion rate and change in assessed health risk.

Element B: Incentive Management

The organization communicates its capability to manage the following types of incentives to client organizations:

1. Monetary awards.
2. Nonmonetary awards.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Documented process, Materials

Scope of review NCQA reviews the organization’s policies and procedures for communicating its capability to manage incentives to client organizations, and reviews three materials as evidence of disclosing the information to client organizations or reviews all materials if the organization has fewer than three.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Factors 1, 2: Monetary and nonmonetary awards**

Monetary incentives include cash or gift certificates. Nonmonetary incentives may include, but are not limited to, points awarded for participating in or completing program activities that can be redeemed for merchandise in an awards catalog.

If an organization does not manage incentives, disclosing this to client organizations meets the intent of this element.

Exceptions

None.

Related information

Use of vendors for incentives. NCQA does not consider it to be delegation if the organization contracts with a vendor to provide incentives, but accepts the vendor’s documentation as the organization’s and evaluates them against the requirements.

Federal rules and regulations related to the use of incentives in wellness programs:

- *HIPAA:* Health Insurance Portability and Accountability Act of 1996.
- *GINA:* Genetic Information Nondiscrimination Act of 2008.
- *ERISA:* Employee Retirement Income Security Act of 1974.

Examples

Factor 1: Monetary awards

- Redeeming obtained wellness points for premium reduction.
- Cash payment or gift cards for completion of a Health Assessment.

Factor 2: Nonmonetary awards

- Time off from work to participate in wellness activities or as a reward for completing activities.
- Recognition of accomplishments.
- Redeeming earned wellness points for premium access to a digital mindfulness app.
- Redeeming earned wellness points for a complimentary month at a partner fitness center.

Element C: Performance Measure Reporting

The organization provides client organizations with annual reports that incorporate all performance measures and include:

1. Current measure results for the client organization’s population.
2. Comparison with norms or benchmarks.
3. Prior measure results for the client organization’s population.

Scoring	Met	Partially Met	Not Met
	The organization meets 2-3 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Reports

Scope of review NCQA reviews the organization’s most recent performance measure report for at least one client organization.

Look-back period

For Initial and Renewal Surveys: Prior to the survey date.

Explanation

Reports

Reports help determine whether wellness and condition management offerings are effective and if they are achieving their intended impact.

The organization meets the requirements of the element for all measures it reports to its client organizations.

Factor 1: Measure results

The organization distributes reports to client organizations that include:

- Client-specific measure results.
- NCQA WCM Performance Measure results. The organization reports NCQA WCM Performance Measure results exactly as specified in *Appendix 3: Technical Specifications for WCM*. These measures are specified by NCQA and are required to report.
 - **Health Assessment Module:** For organizations completing the Health Assessment Module, the NCQA WCM Performance Measures include:
 - Health Assessment Completion.
 - Prevalence of Core Risks Identified on HAs.
 - Number of Core Risks Identified on HAs.
 - **Digitally Enabled Engagement Module:** For organizations completing the Digitally Enabled Engagement Module, the NCQA WCM Performance Measures include:
 - Risk Reduction—BMI Reduction and Maintenance.
 - Risk Reduction—Smoking or Tobacco Use Quit Rate.
 - Risk Reduction—Physical Activity Level.
 - Risk Reduction—Overall.
 - Goal Initiation.
 - Goal Attainment.

If organizations complete both modules, they must report all measures required for each module.

Factor 2: Comparison with norms and benchmarks

The organization’s report compares measure results with benchmarks or a set standard or with its own data. The organization may compare client organization data with data from all client organizations in its book of business for whom a similar population (e.g., measure denominator) is assessed, with client organizations of a similar size or with client organizations that have a similar incentive structure.

Factor 3: Prior measure results

The report:

- Shows the client organization’s population from the current year.
- Tracks changes over time through comparison of prior and current measure results.

- The level of comparison depends on the length of time the organization has supported the client organization.

The organization is not required to compare prior measure results for the NCQA WCM Performance Measures in its first year of implementation of the measures.

Exceptions

This element is NA if the organization is unable to produce an annual report due to the survey date occurring within one year of the product's release.

Factor 3 is NA if:

- The organization does not have prior measure results for comparison in the following circumstances:
 - All client organizations are new clients.
 - The organization is undergoing an Initial Survey.
- The organization is submitting WCM Performance Measure results for the first time and did not previously report results for these measures to clients.

Related information

Use of vendors for reporting services. NCQA does not consider it to be delegation if the organization works collaboratively with vendors to perform the functions related to reporting performance measure results to clients; however, authority may not be delegated or given solely to the vendor to perform.

Examples

Presentation of results and comparisons

- Charts.
- Tables.
- Graphs.

WCM 2: Data Exchange and Integration

The organization shares information with client organizations about its data exchange and integration capabilities and implements those functions.

Intent

The organization communicates and implements their data exchange and integration capabilities to support coordinated care and information sharing.

Element A: Information on Data Capabilities

The organization communicates its current data exchange and integration capabilities to client organizations that include:

1. Types of data sources exchanged and integrated.
2. Supported data formats.
3. Data security and protection measures.
4. Onboarding process for data exchange.
5. Organization types that the organization exchanges data with.

Scoring	Met	Partially Met	Not Met
	The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 0-2 factors

Data source Documented process

Scope of review NCQA reviews the organization’s policies and procedures for communicating data exchange and integration capabilities to client organizations.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Data exchange** is the electronic transmission and receipt of information between systems, using any structured digital format (e.g., flat files, CSVs, messages, or APIs) over a computer network or secure transfer mechanism.
Data integration is the ability to combine, harmonize, and use data from multiple sources or databases in a unified way.

Factor 1: Types of data sources

The organization’s policies and procedures describe the types of data sources that the organization exchanges or integrates.

Factor 2: Supported formats

The organization’s policies and procedures describe the data formats that the organization exchanges or integrates.

Factor 3: Security measures

The organization's policies and procedures describe the security measures implemented to protect all data.

Factor 4: Onboarding process

The organization's policies and procedures describe the onboarding process for data exchange with client organizations, including processes for establishing and testing the exchange.

Factor 5: Organization types

The organization's policies and procedures describe the organization types that they exchange data with, and the data sources shared with each organization. At minimum, the organization's policies and procedures describe at least 3 organization types that they share data with to demonstrate coordination of care, including at least one health plan.

The organization may exchange data with, but is not limited to exchanging data with:

- Behavioral health organizations.
- Care delivery organizations.
- Pharmacy benefit managers.
- Disease management organizations.
- Data aggregators.
- Incentive management companies.
- Community organizations.

Exceptions

None.

Related information

None.

Examples**Factor 1: Types of data sources**

- Medical and behavioral claims or encounter data.
- Pharmacy claims.
- Laboratory results.
- Health appraisal results.
- Electronic health records.
- Program activity records within the organization.
- Program-obtained patient reported outcomes.
- Biometric data.
- Demographic data.
- Referral sources.

Factor 2: Supported formats

- CSV—Comma-Separated Values
- HL7 v2—Health Level Seven Version 2 Messages
- CDA—Clinical Document Architecture
- FHIR—Fast Health Information Resource
- JSON—JavaScript Object Notation
- XML—Extensible Markup Language
- X12—ANSI X12 Electronic Data Interchange Transactions
- DICOM—Digital Imaging and Communications in Medicine
- Flat files

Factor 3: Security measures

- Multi-factor authentication.
- Encryption.
- Periodic audits.

Factor 5: Organization types

- Behavioral health organizations.
- Care delivery organizations.
- Health plans.
- Pharmacy benefit managers.
- Disease management organizations.
- Data aggregators.
- Incentive management companies.
- Community organizations.

Element B: Implementation of Data Exchange and Integration

The organization demonstrates that it has implemented data exchange and integration according to its policies and procedures outlined in Element A.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Reports

Scope of review NCQA reviews reports as evidence of implementing data exchange and integration according to its policies and procedures with at least three client organizations.

Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.
Explanation	<p>This element may not be delegated.</p> <p>Data exchange is the electronic transmission and receipt of information between systems, using any structured digital format (e.g., flat files, CSVs, messages, or APIs) over a computer network or secure transfer mechanism.</p> <p>Data integration is the ability to combine, harmonize, and use data from multiple sources or databases in a unified way.</p> <p>The organization provides evidence that it has exchanged and integrated the data sources and file formats specified in its policies and procedures outlined in Element A.</p> <p>Exceptions</p> <p>None.</p> <p>Related information</p> <p>None.</p>
Examples	<p>Data exchange and integration</p> <ul style="list-style-type: none">• The organization exchanged demographic information and laboratory results with its client organization through FHIR, and the client organization confirmed successful receipt and integration of all transmitted data.

WCM 3: Privacy and Artificial Intelligence Governance

The organization protects the confidentiality of information on eligible individuals and has a process for governing artificial intelligence (AI) use.

Intent

The organization uses and discloses sensitive information of eligible individuals appropriately and has a process for governing AI use to protect eligible individuals.

Element A: Uses and Disclosures

The organization has implemented a process for the use and disclosure of health information needed for routine and regular operations, including:

1. Identifying the minimum information necessary for the organization’s operations.
2. Procedures for oral communication involving sensitive information.
3. Procedures for secure transmission of sensitive information.
4. Procedures for accessing sensitive information.
5. Procedures for storing sensitive information.
6. Setting timetables for retention of sensitive information.
7. Procedures for return or destruction of sensitive information no longer needed for business purposes.
8. Procedures for ensuring that client organizations receive only aggregate information directly from the organization.
9. Procedures for handling restriction requests of eligible individuals regarding the use and disclosure of sensitive information.
10. Procedures for auditing or reviewing access to sensitive information to verify that such access is appropriate.

Scoring	Met	Partially Met	Not Met
	The organization meets 8-10 factors	The organization meets 5-7 factors	The organization meets 0-4 factors

Data source Documented process

Scope of review NCQA reviews the organization’s policies and procedures in place for using and disclosing health information needed for routine and regular operations.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Sensitive information** includes PHI, as defined under HIPAA regulations, and other personal, private health information.

Factor 1: Minimum information necessary

The organization's policies and procedures identify the minimum amount and type of sensitive information needed to fulfill the organization's obligations to its client organizations.

Factor 2: Procedures for oral communication

The organization's policies and procedures describe the use and handling of oral sensitive information.

Factors 3–7:

No additional explanation required.

Factor 8: Procedures for aggregating information

The organization only reports aggregate information to client organizations, in a format that does not permit the release of sensitive information about an individual. The organization has a process for verifying that identifiable information is not shared with client organizations. Organizations offering wellness and condition management services rely on accurate information from eligible individuals—who are more likely to report accurate information to an organization that agrees it will not share individually identifiable health information or other sensitive information, including health-status related information, with client organizations.

Factor 9: Procedures for restrictions regarding use and disclosure

The organization's policies and procedures describe the process for handling restriction requests of eligible individuals and can integrate these requests into its business processes. NCQA does not require the organization to agree to all restriction requests regarding the use or disclosure of sensitive information but the organization's process must address how the organization handles the restriction request and response to the eligible individual.

Factor 10: Procedures for auditing or reviewing

To verify that its policies and procedures are being followed by staff, the organization has a process for auditing or reviewing staff access to sensitive information.

Exceptions

None.

Related information

None.

- Examples**
- Factor 2: Protections for sensitive oral information**
- Policies regarding staff discussions about PHI outside of the organization’s offices (e.g., elevators, hallways).
 - Procedures for staff verification that the intended recipient has been contacted before revealing or discussing sensitive information.
- Policies and procedures:**
- IT security policies.
 - Data protection policies.

Element B: Informing Eligible Individuals

The organization provides information to eligible individuals about how their health information will be used. Information includes:

1. Routine uses and disclosures of sensitive information.
2. Uses and disclosures of sensitive information as allowed under law or customer contract.
3. Protections the organization has implemented for sensitive information in all formats.
4. Assurances that health information identifying specific eligible individuals is not directly shared with client organizations.

Scoring	Met	Partially Met	Not Met
	The organization meets 4 factors	The organization meets 2-3 factors	The organization meets 0-1 factors

Data source Materials

Scope of review NCQA reviews evidence that the organization provided the required information to eligible individuals for at least one client organization.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation

Statements of protection

For wellness and condition management activities to be effective, eligible individuals must provide accurate and candid information about their health status, and therefore must be confident that this information will not be used for inappropriate or potentially damaging purposes.

Factors 1–3: Use and disclosure of sensitive information

No additional explanation required.

Factor 4: Assurances regarding sharing information

The organization assures eligible individuals that it will:

- Maintain the confidentiality of sensitive information.
- Not use such information for purposes prohibited by law or contract.
- Not provide information to client organizations, except in aggregate.

The organization may notify eligible individuals of how their information will be used once they are enrolled in a wellness and condition management program or service, or upon initial contact with the eligible individual.

Assurance may be provided in individual materials, although not all statements of assurance must be expressed in the same materials; they may be general descriptions of protections and may be customized to reflect the organization’s specific contractual obligations.

Exception

This element is NA if no clients request the functions and the organization does not have direct contact with eligible individuals. To receive an NA, the organization must provide documentation stating that it is not permitted to communicate directly with eligible individuals.

Related information

None.

Examples

Factors 1–4: Communication mechanisms

- Newsletters.
- Handbooks.
- Websites.

After this element, there will be content covering AI use. The element below is an example. This content may change prior to launch. The final text will be aligned with what is included in Health Plan Accreditation.

Element C: AI Governance

The organization’s AI governing body:

1. Reviews and signs off on AI technology, use cases and associated workflows before deployment.
2. Reviews ongoing performance and error reports.
3. Conducts ad hoc meetings to review incidents and critical errors.

Scoring	Met	Partially Met	Not Met
	The organization meets 3 factors	The organization meets 1-2 factors	The organization meets 0 factors

Data source Reports

Scope of review	NCQA reviews governing body meeting minutes for evidence the governing body discussed factors 1–3.
Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.
Explanation	The organization is not required to create an AI governing body if there is an existing governing body that includes AI governance in its scope. AI oversight must be clearly defined in the governing body's responsibilities.

Factor 1: Pre-deployment sign-off

The organization's AI governing body reviews and approves the AI technology, use cases and associated workflows before deployment. This may include reviewing testing results, the collaboration model between the organization and the AI solutions vendor, confirming there is a human in the loop, as appropriate, and contingency plans.

Factor 2: Performance and error report

The AI governing body reviews performance and error reports that include:

- Bias detection.
- Drift detection.
- Error rates.
- Ethical concerns.
- Override rates.
- Performance drops.
- Security breaches.

Factor 3: Ad hoc meeting

A critical incident that prompts an ad hoc governing body meeting within 48 hours includes one or more of the following criteria:

- **Harm or near-harm.** A reportable event involving injury to a patient or significant adverse outcome.
- **Systemic integrity breach.** Unauthorized access, potential data breach or system failure that affects operational or data integrity.
- **Reports.** Formal reports submitted for ethical or safety concerns.

Exception

This element is NA if the organization does not utilize AI in their offerings.

Related information

None.

Examples	None.
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WCM 4: Rights and Responsibilities

The organization maintains policies that address rights of eligible individuals and the complaint process, as well as disclosure information about its marketing, advertising and sponsorship relationships.

Intent

The organization informs eligible individuals of their rights and how to file a complaint, and clearly differentiates between materials containing health advice and marketing materials.

Element A: Eligible Individual Rights

The organization distributes information to eligible individuals that addresses the following rights:

1. The right to receive information about the organization, including services provided on behalf of the client organization; organization staff and staff qualifications; and any contractual relationships.
2. The right to decline participation or disenroll from services offered by the organization.
3. The right to be treated courteously and respectfully by organization staff.
4. The right to communicate complaints to the organization and receive instructions on how to use the complaint process that includes the organization’s standards of timeliness for responding to and resolving complaints and quality issues.

Scoring	Met	Partially Met	Not Met
	The organization meets 3-4 factors	The organization meets 1-2 factors	The organization meets 0 factors

Data source	Documented process, Materials
Scope of review	NCQA reviews the organization’s policies and procedures and evidence that the organization informed eligible individuals of their rights.
Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.
Explanation	<p>Distribution of rights</p> <p>The organization has a policy for distributing rights information to eligible individuals. If there are different statements for different services or clients, all statements must contain the factors in this element, although they may be worded differently.</p> <p>The organization distributes a rights statement to all eligible individuals. By clarifying rights, the organization helps to create a structure of cooperation among all involved parties.</p>

The organization may distribute its rights statement through any of the following methods:

- In writing by mail, fax or email.
- On the web or app platform, if it notifies eligible individuals in writing that the information is available.

Exceptions

None.

Related information

None.

Examples

Distribution of written information

- A welcome letter containing the rights statement is sent to eligible individuals.
- A wellness newsletter containing the rights statement is sent to eligible individuals.
- The rights statement is published on the organization’s website or app platform, which contains a statement that the organization notifies eligible individuals that the information is available online.

Element B: Eligible Individual Complaints

The organization has a documented process to:

1. Receive and document complaints from eligible individuals.
2. Investigate complaints that are relevant to the organization.
3. Triage and refer complaints that are not relevant to the organization to the appropriate parties, if applicable.
4. Notify and update eligible individuals on the progress of the investigation.
5. Resolve complaints within timeliness standards.

Scoring	Met	Partially Met	Not Met
	The organization meets 4-5 factors	The organization meets 3 factors	The organization meets 0-2 factors

Data source Documented process

Scope of review NCQA reviews the organization’s policies and procedures for handling complaints from eligible individuals.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation Complaints are oral or written expressions of dissatisfaction. The organization may use other terms for complaints, such as grievances or concerns. A formal complaint system provides a method for expressing dissatisfaction with the organization.

Factor 1: Receiving complaints

The organization’s policies and procedures address how the organization receives complaints, including how they are logged into the system and categorized.

Factor 2: Investigating complaints

The organization’s policies and procedures address the process for investigating complaints that are relevant to the organization, including triage to the appropriate department in the organization.

Factor 3: Triaging complaints to external parties

The organization’s policies and procedures address the process for investigating complaints that are not relevant to the organization, including triage to the appropriate external parties.

Factor 4: Notifying eligible individuals

The organization’s policies and procedures address how the organization notifies eligible individuals of the progress of the investigation and the resolution of a complaint.

Factor 5: Resolving complaints

The organization’s policies and procedures address the turnaround time for resolving different types of complaints.

Exceptions

None.

Related information

None.

Examples **Factor 1: Receiving complaints**

- Methods of receiving complaints
 - Telephone.
 - Mail.
 - Fax.
 - Email.
 - App platforms.
- Categories of complaints
 - Routine inquiries.
 - Dissatisfaction.

Factor 2: Investigating complaints

- Process for investigating
 - Initial contact.
 - Evidence collection.
 - Follow-up.

Element C: Advertising and Financial Ownership Arrangements

The organization discloses any advertising, marketing, or financial ownership arrangements between it and other entities. The disclosure includes:

1. Whether the organization advertises or markets in client organization and eligible individual materials.
2. Whether the organization has any financial ownership arrangements.

	Met	Partially Met	Not Met
Scoring	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Materials

Scope of review NCQA reviews the organization’s materials for evidence that it discloses information required by factors 1 or 2.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Factor 1: Disclosure of advertising or marketing**

Advertising is presenting or promoting products or services to eligible individuals or client organizations.

Marketing is bringing together buyers and sellers to exchange or transfer products. The organization is advertising or marketing if it offers products or services at a discounted rate or at no charge, and:

- Profits from the sale of the products or services, or
- Has a financial interest in the sale of the products and services (i.e., has financial ownership arrangements with the provider of the products or services).

The organization is not marketing or advertising if, as part of its wellness and condition management offerings, it:

- Provides products or services at no charge and for which it has no financial interest.
- Uses materials it developed or that were developed by its vendors. NCQA does not consider the vendor’s name on materials to be advertising.

If the organization does not advertise, market or promote products or services, it distributes a disclosure statement to this effect, to all client organizations and eligible individuals. This requirement is met if the organization includes this statement in public disclosure declarations:

- In wellness and condition management materials.
- On its website or app platform.
- In its client contracts.

If the organization does not include the declaration in public disclosure statements, it provides the information upon request from client organizations or eligible individuals and communicates that the information is available.

Factor 2: Disclosure of financial arrangements

Financial ownership arrangements occur when an organization owns, or is owned by, another organization.

The organization discloses to its client organizations and eligible individuals any financial ownership arrangements with other entities engaged in advertising, marketing or providing goods or services offered through the organization.

The organization discloses the nature of the financial ownership arrangement (i.e., it is owned by another entity, it receives a financial incentive for referring to another entity) in its declaration.

If the organization does not have any financial ownership arrangements with other entities, as stated above, it distributes an affirmative statement to this effect, to all client organizations and eligible individuals.

The organization may disclose financial arrangements:

- In wellness and condition management materials.
- On its website or app platform.
- In its client contracts.

If the organization does not include the declaration in public disclosure statements, it provides the information upon request, and communicates that the information is available.

Exception

None.

Related information

None.

Examples

Disclosure of marketing and advertising

- Disclaimer that the organization does not advertise or market products, goods and services.

Disclosure of financial arrangements

- Disclaimer that the organization has no financial arrangements with other organizations to advertise or market products, goods and services.

Element D: Sources of Marketing Information

When making claims about the health benefits of its offerings, the organization identifies sources of evidence for its claims.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Materials

Scope of review NCQA reviews evidence of identified sources for any claims the organization makes about the health benefits of its offerings.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization identifies sources of research or other evidence to support claims that its products or services improve health and lists sources on marketing or advertising materials. This includes all digital or print marketing or advertising materials.

Exception

This element is NA if the organization does not make any claims about the health benefits of its programs.

Related information

None.

Examples **Sources**

- Research completed by the organization.
- Independent third-party evaluation.
- Articles from peer-reviewed journals.
- Scientific evidence from clinical literature:
 - *Journal of the American Medication Association (JAMA).*
 - *New England Journal of Medicine (NEJM).*
 - *Annals of Internal Medicine.*
 - *Pediatrics* (American Academy of Pediatrics).
 - *Journal of the American College of Cardiology.*
 - *Diabetes* (American Diabetes Association).

- Scientific evidence from government research sources.
 - National Institutes of Health (NIH).
 - Food and Drug Administration (FDA).
 - Centers for Disease Control and Prevention (CDC).

WCM 5: Population Assessment and Targeting

The organization identifies the wellness and condition management needs of eligible individuals and determines targeted activities for eligible individuals.

Intent

The organization identifies the unique wellness and condition management needs of eligible individuals.

Element A: Population Assessment

The organization annually:

1. Assesses the characteristics and needs, including the social needs, of its eligible individual population.
2. Assesses the needs of child and adolescent eligible individuals.
3. Assesses the needs of eligible individuals with disabilities.
4. Assesses the needs of eligible individuals with serious mental illness or serious emotional disturbance.
5. Assesses the needs of eligible individuals of racial or ethnic groups.
6. Assesses the needs of eligible individuals with limited English proficiency.
7. Identifies and assesses the needs of relevant subpopulations.

Scoring	Met	Partially Met	Not Met
	The organization meets 5-7 factors	The organization meets 2-4 factors	The organization meets 0-1 factors
Data source	Documented process		
Scope of review	NCQA reviews the organization’s policies and procedures for conducting a population assessment and the organization’s most recent annual assessment reports.		
Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.		
Explanation	<p>Annually, the organization uses data at its disposal (e.g., claims, encounters, lab, pharmacy, utilization management, socioeconomic data, demographics) to identify the needs of its population.</p> <p>Factor 1: Characteristics and needs</p> <p>To determine the necessary structure and resources for its program, the organization’s assessment includes social needs and other population characteristics.</p> <p>Social needs are the nonclinical needs eligible individuals identify as essential to their well-being. This may include, but is not limited to, financial insecurity,</p>		

food insecurity, housing instability, access to transportation, or interpersonal safety. An individual's social needs are related to the social risks they experience and to their intersectional identities or characteristics (e.g., race, ethnicity, religious affiliation, preferred language, sexual orientation, disability status, age, veteran status, dual eligibility status). Two eligible individuals who experience the same social risks may have different social needs.

Factor 2: Needs of children and adolescents

The organization assesses the needs of eligible individuals 2–19 years of age (children and adolescents). If the organization's regulatory agency's definition of children and adolescents is different from NCQA's, the organization uses the regulatory agency's definition. The organization provides the definition to NCQA, which determines whether the organization's needs assessment is consistent with the definition.

Factor 3: Individuals with disabilities

The organization assesses the needs of eligible individuals with disabilities. These individuals have particularly acute needs for care coordination.

Factor 4: Individuals with serious mental illness or serious emotional disturbance

The organization assesses the needs of eligible individuals with serious mental illness or serious emotional disturbance. These individuals have particularly acute needs for care coordination, and intense resource use (e.g., inpatient stays, polypharmacy, emergency department visits).

Factor 5: Members of racial or ethnic groups

The organization may use direct or indirect data collection to assess the needs of racial or ethnic groups of its population. The organization may collect data directly, at various points of interaction with eligible individuals, or indirectly, from third-party sources. The organization describes needs that may be relevant or specific to individual experiences or cultures from identified racial or ethnic groups.

Factor 6: Assess the needs of individuals with limited English proficiency

The organization assesses and describes the needs of its eligible individuals with limited English proficiency. To assess limited English proficiency, the organization must first collect data on its population's language profile. The organization may use direct or indirect data collection to determine the languages spoken and read by its members. The organization then utilizes the data to determine the needs of individuals whose primary language is a language other than English.

Factor 7: Identifying and assessing characteristics and needs of subpopulations

A **subpopulation** is a group of individuals within the population who share characteristics. The organization uses its assessment of the population (factor 1) to identify and assess the characteristics and needs of relevant subpopulations. The organization includes at least two relevant subpopulations

in its assessment, and considers at least two characteristics or needs for each. The subpopulations identified in factor 7 must be different from those outlined in factors 2–6. The organization’s assessment describes how it determined that the subpopulation is relevant to its population as a whole.

Exception

This element is NA for organizations that do not provide a full population assessment as part of their offerings. To receive an NA, the organization must provide documentation stating that a population assessment is out of scope for its organization.

Factors 2 and 4 are NA for offerings that do not serve children or adolescents or individuals with serious emotional disturbance.

Related information

None.

Examples

Factors 1, 7: Relevant characteristics

Social needs include, but are not limited to:

- Resources to meet daily needs.
- Safe housing.
- Local food markets.
- Access to educational, economic and job opportunities.
- Access to health care services.
- Quality of education and job training.
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities.
- Transportation options.
- Public safety.
- Social support.
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government).
- Exposure to crime, violence and social disorder (e.g., presence of trash and lack of cooperation in a community).
- Socioeconomic conditions.
- Residential segregation.
- Language/literacy.
- Access to mass media and emerging technologies.
- Culture.

Other characteristics:

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change).

- Built environment, such as buildings, sidewalks, bike lanes and roads.
- Worksites, schools and recreational settings.
- Housing and community design.
- Exposure to toxic substances and other physical hazards.
- Physical barriers, especially for people with disabilities.
- Aesthetic elements (e.g., good lighting, trees, benches).
- Multiple chronic conditions or severe injuries.
- Eligibility categories included in Medicaid managed care (e.g., TANF, low-income, SSI, other disabled).
- Nature and extent of carved out benefits.
- Types of Special Needs Plan (SNP) (e.g., dual eligible, institutional, chronic).
- Age.
- Race.
- Ethnicity.
- Language preference.

Factor 3: Individuals with disabilities

Disabilities may include, but are not limited to:

- Vision or hearing loss.
- Ambulatory status.
- Partial or total loss of the use of limbs (quadriplegia, paraplegia).
- Back injury.
- Immune system disorder (e.g., HIV/AIDS, lupus, rheumatoid arthritis).
- Neurological disorder (e.g., multiple sclerosis, cerebral palsy, Parkinson's disease, epilepsy).

Factor 5: Assessment of race, ethnicity

Direct data collection sources:

- Enrollment forms, when not prohibited by state law.
- Complex case management intake forms.
- Surveys or focus groups.

Indirect data collection sources:

- U.S. Census data on the racial/ethnic composition of the population.
- Published health statistics, health services research, data provided by plan sponsors or government agencies.
- Estimation methods such as:
 - *Geocoding*: Using an individual's home address to infer other information, including race/ethnicity.

- *Surname analysis*: Using an individual’s last name to infer other information, including race/ethnicity.

Factor 6: Assess the needs of members with limited English proficiency

Direct data collection sources:

- Surveys and focus groups.
- Usage of translation services by Member Services as an indicator of language preference.

Indirect data collection sources:

- State-level census or community-level data.
- The Modern Language Association Language Map (http://www.mla.org/map_main).

Element B: Identification of Needs

The organization has a process for identifying wellness and condition management needs of eligible individuals and developing targeted interventions. The organization’s process describes the:

1. Types of data sources used.
2. Criteria established for determining the type and topic of interventions.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Documented process

Scope of review *For factor 1:* NCQA reviews the organization’s documented process for using available data sources to identify wellness and condition management needs.
For factor 2: NCQA reviews the organization’s documented process in place for developing criteria.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Identification of needs**
The scope and intensity of wellness and condition management services recommended will depend on an eligible individual’s needs and the services available. For example, for a smoker, interventions may include health coaching for smoking cessation, whereas for an individual at low risk for illness, interventions may include preventive health services information.

Factor 1: Types of data sources

The organization describes the data sources used to identify health needs.

Factor 2: Criteria

The organization has a process for developing or adapting criteria for determining the type and topic of health intervention. NCQA does not evaluate the appropriateness of the organization's criteria.

Exceptions

None.

Related information

None.

Examples**Factor 1: Types of data sources**

- Clinical data
 - Claims data (e.g., codes identifying practitioner smoking cessation treatment).
 - Medical records data.
- Demographic data
 - Age (e.g., the organization uses age to direct age-appropriate education and activities to eligible individuals).
 - Sex.
 - Job category.
- Referral sources
 - Disease management organizations.
 - Practitioners.
 - Managed behavioral healthcare organizations.
 - Employee assistance programs.
 - Other wellness and health promotion programs.
- Self-reported data
 - Health assessment data.
- Biometric data
 - Blood pressure reading performed at a health fair.
 - Blood cholesterol level determined at a health fair.
 - Glucose levels collected through a continuous glucose monitoring (CGM) device.
 - Body weight measurements collected through a connected smart scale.
 - Heart rate measurements collected via a wearable smart watch.

Factor 2: Criteria

- Behavior change models.
 - Prochaska and DiClemente Transtheoretical Model.
 - Knowledge-Attitude Behavior Model.
 - Health Belief Model.
 - Theory of Reasoned Action.

- Social Cognitive Theory.
- Degree of risk thresholds.
- Interaction of health needs.

WCM 6: Access and Availability of Services

The organization provides information and services in the languages and formats that eligible individuals need.

Intent

The organization communicates effectively with eligible individuals, regardless of their individual needs.

Element A: Language Services

The organization has a process for communicating effectively with eligible individuals that includes:

1. Assessing the written and spoken language needs of eligible individuals.
2. Translation of vital written information into the languages read by eligible individuals.
3. Use of competent translators for written information.
4. Use of competent translators or bilingual staff for spoken information.

Scoring	Met	Partially Met	Not Met
	The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Documented process, Reports, Materials

Scope of review *For factor 1:* NCQA reviews the organization’s documented process in place for assessing the language needs of eligible individuals.

For factor 2: NCQA reviews three materials demonstrating that the organization translates vital information into the languages read by eligible individuals.

For factors 3 and 4:

- *If the organization uses internal translation services,* NCQA reviews the organization’s documented process in place throughout the look-back period for assessing translator competency, and reports or materials as evidence that the organization followed its documented process.
- *If the organization uses external translation services,* NCQA reviews materials or reports as evidence of the external translator’s competency (e.g., contract describing the vendor’s competency assessment process, professional certificates).

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Factor 1: Identifying languages spoken**

The organization has a documented process for assessing the written and spoken language needs of eligible individuals. The organization’s process may,

but is not limited to, use surveys of eligible individuals, demographic data, or U.S. Census data.

Organizations who have completed WCM 5, Element A, Factor 6 (Assessing language needs) are not required to complete this requirement.

Factor 2: Written translation services

The organization provides translation services for vital written information in the languages read by eligible individuals, including up to 15 languages read by at least 1% of the population or 200 eligible individuals, whichever is fewer.

Vital information

Vital information may be entire documents or portions of documents, and includes:

- Core functions:
 - Information about eligibility for services and participation criteria.
 - Information about how to use and access the organization’s services.
 - Templates of notices pertaining to changes in service.
 - Information about the right to file a complaint, grievance or appeal (e.g., the portion of the notice that does not contain individual-specific information).
 - Consent forms.
 - Health history forms.
 - Information about estimated or actual costs.
- Service-specific functions:
 - Self-management tools, coaching materials, and education materials must have vital information available in plain language.
 - This includes, but is not limited to, information needed for an eligible individual to identify the purpose of the content, follow required instructions, and use the service or tool safely.

Factors 3, 4: Translator competence

A translation is performed by a translator who is proficient in the source and target languages. Whether the organization uses internal translators or contracts with a vendor to translate documents, it must have a mechanism to assess the competency of the translator in the source and target language or procure competent translation services. If technology solutions are used for translation, a process must be in place to validate the accuracy and appropriateness of the translation. Use of contracted interpretation services is not considered delegation.

Exceptions

Factor 1 is NA for organizations who have completed WCM 5, Element A, Factor 6.

Related information

None.

Examples

Factor 2: Written translation services

- Forms.
- Screening tools.
- Self-management tool directions.
- Educational materials with critical information.

Factors 3, 4: Using competent translators

- Job descriptions demonstrate how the organization or translation service employs translators certified by the American Translators Association.
- The contract specifies how the translation service ensures translator competence.

Element B: Accessible Digital Content

The organization makes digital content accessible to eligible individuals by having:

1. Vital information available in plain, easy-to-understand language.
2. Vital information available in screen reader-accessible formats.
3. Speech-to-text functionality available for vital information in audio or video formats.
4. Large-scale text functionality.
5. Easy-to-find accessibility functions or formats.
6. A process to test the usability of accessibility functionality or formats for the intended audience.

Scoring	Met	Partially Met	Not Met
	The organization meets 3-6 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Documented process, Materials

Scope of review

For factor 1-3: NCQA reviews the organization’s documented process in place throughout the look-back period for making digital content available through easy-to-understand language, screen reader-accessible formats and speech-to-text functionality. NCQA also reviews materials (e.g., screenshots, PDFs, user guides) demonstrating that the organization follows its documented process.

For factors 4-5: NCQA reviews materials (e.g., screenshots, PDFs, user guides) demonstrating the organization offers large-scale text functionality for digital content and that accessibility functions or formats that require activation by the user are easy to find.

For factor 6: NCQA reviews the organization’s documented process for testing the usability of vital information, functionality or formats described in factors 1–5 for their intended audience.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Digital content**

Digital content includes information available and communicated to patients or members through digital mediums, including:

- Websites.
- Mobile apps or platforms.
- Patient/participant portals.
- Downloadable files (e.g., PDFs).
- Kiosk, tablets or other in-person interfaces.

Vital information

Vital information may be entire documents or portions of documents, and includes:

- Core functions:
 - Information about eligibility for services and participation criteria.
 - Information about how to use and access the organization’s services.
 - Templates of notices pertaining to changes in service.
 - Information about the right to file a complaint, grievance or appeal (e.g., the portion of the notice that does not contain individual-specific information).
 - Consent forms.
 - Health history forms.
 - Information about estimated or actual costs.
- Service-specific functions:
 - Self-management tools, coaching materials, and education materials must have vital information available in plain language.
 - This includes, but is not limited to, information needed for an eligible individual to identify the purpose of the content, follow required instructions, and use the service or tool safely.

Factor 1: Plain, easy-to-understand language

Plain language is a way of speaking and writing that makes health care information easier for everyone to understand. It uses language that the average person would understand and does not include abbreviations, acronyms or health care procedure codes that an average person would not understand.

Use of plain language improves accessibility for people with cognitive or intellectual disabilities, supports screen reader accessibility and removes communication barriers for people whose primary language is not English.

Factor 2: Screen reader accessibility

Screen readers use software that turns digital content into spoken words or Braille, allowing individuals with blindness or low vision to access and interact with digital content.

Factor 3: Speech-to-text formats for audio or video formats

Speech-to-text formats turn real-time, synchronous or asynchronous digital content provided in audio or video formats into equivalent text descriptions or translations, allowing individuals who are deaf or hard of hearing to access and interact with sound content.

Factor 4: Large-scale text functionality

The organization offers functionality to make the text of digital content larger.

Factor 5: Easy-to-find accessibility functionality or formats

The organization prominently places accessibility functionality or formats requiring user selection or activation and makes them easily discovered by the intended audience.

Some accessibility functionality or formats may be designed to be passively available to users (e.g., screen-reader friendliness), while others require that users actively select or activate them. These “active” functionalities (e.g., large-scale text) cannot be used by the intended audience when they are difficult or time-consuming to find, or not discoverable using the abilities of the intended audience.

Factor 6: Testing usability

The organization describes its process for testing the functionality or formats required in factors 1–5 for usability by the intended audience.

Exceptions

None.

Related information

Use of vendors to test usability of functions or formats. If the organization contracts with a vendor or external consultant to meet factor 6, it provides the vendor or external consultant’s documentation for evaluation. NCQA does not consider the relationship to be delegation. NCQA evaluates the vendor’s documentation against the requirements.

Factor 6: Testing usability.

Guidelines on usability testing for online tools:

- www.usability.gov

Usability testing methods:

- Focus groups.
- Cognitive testing and surveys that focus on specific tools.

Web Content Accessibility Guidelines (WCAG):

- WCAG 2 is a globally recognized standard that provides guidance for ensuring web content is accessible to all users, including those with disabilities. While NCQA does not require compliance with WCAG 2, organizations are encouraged to use it as a resource.

For more information: [WCAG 2 Guidelines](#).

Examples

Factor 6: Testing usability

- Testing conducted by individuals representative of intended audiences.
- Ease of navigation to important information.
 - Number of pages that must be navigated to locate or access important information.
 - Ability to locate or access important information with the use of assistive technologies (e.g., screen reader).
- Ease of navigation to accessibility formats or functions.

- Number of clicks or swipes required to locate, select or activate the functionality or feature.
- Number of pages that must be navigated to locate, select or activate the functionality or feature.
- Location of mechanism (e.g., button, toggle) to activate functionality or feature.
- Size of mechanism used to activate the functionality or feature.
- Ability to activate the functionality or feature, hands-free (e.g., a user that cannot use a mouse or tap a screen).
- Intuitiveness of content organization.
- Understandability of content

WCM 7: Measuring Outcomes

The organization has a quality improvement process to evaluate program effectiveness and identify, measure and act on opportunities to improve processes and outcomes.

Intent

The organization uses participant experience results, participation measures and return on investment measures to evaluate its performance, and works continually to improve its offerings.

Element A: Participant Experience

At least annually, the organization collects and analyzes feedback on participant experience with its wellness or condition management offerings.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Documented process, Reports

Scope of review NCQA reviews the organization’s documented process of its data collection methodology and its most recent annual participant experience assessment report.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization considers components of participant experience such as program usefulness, ease of enrollment, relevance of offerings, clarity of materials, quality of interactions with organization staff, respect for cultural preferences, and perceived safety of privacy and data.

Analyzing participant feedback

A participant is an eligible individual who receives services from or engages in activities provided by the organization. The organization collects and analyzes participant feedback from two or more of the following sources:

- Inquiries.
- Complaints.
- Regular contact working with participants.
- Surveys.
- Participation rates.

Population for data collection

Data are collected across programs and services to identify organization-wide opportunities for improvement. The organization must define its measurement population by selecting three programs or services that serve three distinct

clients. If the organization offers multiple types of programs or services (e.g., health coaching, health appraisals, and education materials), the selections must include more than one type of offering. If the organization offers only one type of program or service (e.g., health appraisals only), that single offering may be used for all three clients.

The selected clients and offerings constitute the required population for all measurement standards. The organization must use this same population consistently across all measurement activities.

In its methodology description, the organization shows the population, sample size, sampling technique, method of administration (e.g., telephone or mail, administered by an outside vendor or by the organization) and response rates, if applicable.

NCQA reviews the organization's documented process describing its data collection methodology to determine if the methodology is sound enough to produce valid and reliable results.

Analysis of participant feedback

Analysis of findings is more than a display of data or a report of results or conclusions. It includes a first-level, quantitative data analysis that incorporates aggregate results and trends over time and compares the results against standards or goals for each factor. Tests of statistical significance are not required, but may be useful when analyzing trends in satisfaction data.

The organization also conducts a root cause analysis or barrier analysis if results do not meet the organization's goals. Analysis includes organization staff who understand the processes that may present barriers to improvement.

Exceptions

None.

Related information

None.

Examples

None.

Element B: Action and Remeasurement of Participant Experience

Based on the results of its analysis of participant experience from Element A, the organization:

1. Identifies at least one opportunity to act on to improve performance.
2. Implements at least one intervention to improve performance.
3. Remeasures to determine at least one intervention’s impact on performance.

Scoring	Met	Partially Met	Not Met
	The organization meets 3 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source	Reports
Scope of review	<i>For Renewal Surveys:</i> NCQA reviews the organization’s most recent annual participant experience assessment report.
Look-back period	<i>For Renewal Surveys:</i> Prior to the survey date.
Explanation	<p>Factor 1: Opportunities for improvement</p> <p>The organization uses its analysis from Element A to identify at least one opportunity for improving its participant experience assessments.</p> <p>Factor 2: Intervention</p> <p>The organization implements at least one intervention that addresses an opportunity identified in factor 1.</p> <p>Factor 3: Remeasurement</p> <p>The organization remeasures to determine the effectiveness of at least one intervention, using methods consistent with the initial assessments.</p> <p>Exceptions</p> <p>This element is NA:</p> <ul style="list-style-type: none"> • For Initial Surveys. • If no opportunities for improvement are identified. <p>– NCQA evaluates whether this conclusion is reasonable given assessment results.</p> <p>Related information</p> <p>None.</p>
Examples	None.

Element C: Enrollment and Participation Measures

The organization defines at least two enrollment and participation measures and annually uses data and the following methods to evaluate engagement with offerings:

1. Defines two or more valid enrollment and participation measures.
2. Conducts an annual evaluation of performance on two or more valid measures of enrollment and participation.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Completed *Program Measure Template*, Documented process, Reports

Scope of review *For factor 1:* NCQA reviews the completed *Program Measure Template* and documented process describing the organization’s method for conducting an annual analysis.
For factor 2: NCQA reviews the organization’s most recent annual measurement report describing the results of its analysis.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization specifies its method for defining and annually evaluating measures. Enrollment and participation measures assess the extent to which eligible individuals entered and actively engaged in programs or services during a defined measurement period. Examples of these measures include, but are not limited to:

- The percentage of individuals who enrolled in the program and completed at least one program activity during the measurement period.
- The rate at which enrolled individuals disengaged from the program for a defined period and re-entered by resuming participation during the measurement period.
- The percentage of individuals who used at least one digital feature (e.g., login, content view, messaging) during the measurement period.

Refer to *Appendix X: Program Measure Template* for required documentation for defining measures.

Population for data collection

Data are collected across programs and services to identify organization-wide opportunities for improvement. The organization must define its measurement population by selecting three programs or services that serve three distinct clients. If the organization offers multiple types of programs or services (e.g., health coaching, health appraisals, and education materials), the selections must include more than one type of offering. If the organization offers only one type of program or service (e.g., health appraisals only), that single offering may be used for all three clients.

The selected clients and offerings constitute the required population for all measurement standards. The organization must use this same population consistently across all measurement activities.

Valid enrollment and participation measures

The measures must:

- Address a relevant process or outcome.
- Produce a quantifiable result.
- Be population based.
- Use data and a method that are valid for the process or outcome being measured.

Factor 1: Defining measures

The organization completes all required fields in the *Program Measure Template* (Appendix X) to describe the specifications and methodology behind its measures.

The organization uses either individual-level data or information systems to identify individuals captured in the measure's numerator and denominator.

Factor 2: Evaluating performance

The organization describes its method for conducting an annual analysis of findings from the measures defined in Factor 1. This includes a first-level, quantitative data analysis that incorporates aggregate results and a comparison based on a selected subgroup characteristic (e.g. age group, sex). This may include comparing the best-performing subsample or a predefined benchmark or reference group.

A **quantitative analysis** is a comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis draws 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.

The method must also include an approach for evaluating the impact of changes to program or intervention design on measured outcomes. This approach may include both conceptual justification (e.g., conceptual model, theory of action) or quantitative justification (e.g., pre-post analysis).

Exceptions

None.

Related information

None.

Examples

The organization identifies the percentage of eligible individuals that enroll in the organization's programs or services as a target measure. The organization defines the numerator of the measure based on reference to key literature, and the denominator based on patients eligible to enroll in programs. The

organization selects sex as the subgroup criteria for evaluation. To evaluate the impact of program intervention refinements throughout the year, the organization leverages the *eHealth Literacy* model as a framework to assess impact.¹

Element D: Return on Investment Measures

The organization defines at least two return on investment (ROI) measures and annually uses data and the following methods to evaluate organizational impact:

1. Defines two or more valid ROI measures.
2. Conducts an annual evaluation of performance on two or more valid measures of ROI.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Completed *Program Measure Template*, Documented process, Reports

Scope of review *For factor 1:* NCQA reviews the completed *Program Measure Template* and documented process describing the organization's method for conducting an annual analysis.

For factor 2: NCQA reviews the organization's most recent annual measurement report describing the results of its analysis.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization specifies its method for defining and annually evaluating measures. ROI measures quantify the financial value of a program or service. ROI measures include, but are not limited to, measures such as:

- Total cost of care.
- Medical cost savings.
- Reduction in medication costs.
- Hospital readmission rate.
- Emergency department visit rate.
- Other utilization measures tied to cost savings.

Refer to *Appendix X: Program Measure Template* for required documentation for defining measures.

Population for data collection

Data are collected across programs and services to identify organization-wide opportunities for improvement. The organization must define its measurement population by selecting three programs or services that serve three distinct clients. If the organization offers multiple types of programs or services (e.g., health coaching, health appraisals, and education materials), the selections

¹<https://pmc.ncbi.nlm.nih.gov/articles/PMC11937704/>

must include more than one type of offering. If the organization offers only one type of program or service (e.g., health appraisals only), that single offering may be used for all three clients.

The selected clients and offerings constitute the required population for all measurement standards. The organization must use this same population consistently across all measurement activities.

Valid ROI measures

If the organization uses measures other than HEDIS, the measures must:

- Address a relevant process or outcome.
- Produce a quantifiable result.
- Be population based.
- Use data and a method that are valid for the process or outcome being measured.

Factor 1: Defining measures

The organization completes all required fields in the *Program Measure Template* (Appendix X) to describe the specifications and methodology behind its measures.

The organization uses individual-level data or information systems to identify individuals captured in the measure's numerator and denominator. If costs are used in either the numerator or denominator definition, the cost perspective (e.g., cost to patient, cost to health system, cost to payer, societal cost) must be defined.

Factor 2: Evaluating performance

The organization describes its method for conducting an annual analysis of findings from the measures defined in Factor 1. This includes a first-level, quantitative data analysis that incorporates aggregate results and a comparison based on a selected subgroup characteristic (e.g. age group, gender). This may include comparing the best-performing subsample or a predefined benchmark or reference group.

A **quantitative analysis** is a comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis draws 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.

The method must also include an approach for evaluating the impact of changes to program or intervention design on measured outcomes. This approach may include both conceptual justification (e.g., conceptual model, theory of action) or quantitative justification (e.g., pre-post analysis).

Exceptions

None.

Related information

None.

Examples

The organization identifies diabetes-related emergency department visit as a target measure. The organization specified eligible visits based on medical claims including facility type and diagnosis codes, referencing prior published peer-reviewed studies, and a denominator of eligible participating member-months. The organization selects primary language as the subgroup criteria for evaluation. To evaluate the impact of program intervention refinements throughout the year, the organization calculates a monthly rolling 3-month rate and trends over time, evaluating ROI before and after intervention design changes.

HA 1: Health Assessment

The organization administers a health assessment (HA) to eligible individuals as a means of measuring and improving health.

Intent

The organization helps eligible individuals manage their health by administering an HA, disclosing how the information will be used and protecting it in accordance with privacy policies.

Element A: HA Components

The organization’s HA includes questions about the following information:

1. Individual demographics.
2. Personal health information and history.
3. Self-perceived health status.
4. Health behaviors to identify effective behavioral change strategies.
5. Disability status.
6. Preventive care.
7. Psychosocial risks.

Scoring	Met	Partially Met	Not Met
	The organization meets 5-7 factors	The organization meets 3-4 factors	The organization meets 0-2 factors
Data source	Documented process, Materials		
Scope of review	<p>NCQA reviews the organization’s HA that is available throughout the look-back period.</p> <p>If the organization can provide a “test” or “demo” log-on ID, NCQA reviews the organization’s performance through that mechanism. If the organization cannot provide a test or demo log-on, NCQA reviews the organization’s website or screen shots, supplemented with documents specifying the required features and functions of the site. If screen shots provided include detailed explanations of how the site works, there is no need to provide supplemental documents.</p>		
Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.		
Explanation	The organization’s HA includes questions that address all the factors in this requirement. The organization provides evidence that it can perform all activities evaluated by this element, even if it does not provide services to any client organization or a client does not purchase an HA that addresses all areas listed in the factors.		

Health assessment

HAs help identify at-risk and high-risk individuals, determine focus areas for timely intervention and prevention efforts and monitor risk change over time. They are also an educational tool that can engage eligible individuals in making healthy behavior changes.

The questions required by the factors gather the necessary information to determine individuals' overall risk or wellness, allowing the organization to tailor services and activities.

Factor 1: Demographics

The organization's HA includes individual demographic questions. At a minimum, the assessment addresses the following:

- Age.
- Gender.
- Race.
- Ethnicity.
- Language.

It may, but is not required to, also include additional demographic questions that provide pertinent information to the program or service.

Factor 2: Personal health information and history

The organization's HA includes questions about the individual's personal health information, including biometric data. At a minimum, biometric data must include height, and either weight or waist circumference.

The organization's HA includes questions about hospitalizations, and any diagnoses and treatments that may be affecting the patient's health.

Factor 3: Self-perceived health status

The organization's HA includes questions about self-perceived health status. Self-perceived health status is an individual's assessment of their current health status and well-being.

Factor 4: Health behaviors

The organization's HA includes questions on topics that they are prepared to address through behavior change interventions. At a minimum, the assessment addresses the following:

- Tobacco use (including vaping and e-cigarette use).
- Physical activity.
- Nutrition.
- Alcohol consumption.
- Safety behaviors.
- The behavior of the organization's choice (e.g. sleep, stress-management, medication adherence).

Factor 5: Assessment for disabilities

The organization's HA includes questions that assess disabilities to help the organization provide special services, materials or equipment to individuals as needed. At a minimum, the assessment addresses hearing and vision impairment.

Factor 6: Preventive care

The organization's HA includes questions that align with current evidence-based recommendations for preventive care. This includes assessing whether individuals are up to date on recommended screenings, immunizations, and other preventive services appropriate for their age, sex, and risk factors. At a minimum, the assessment addresses:

- Cancer screenings (e.g., breast, cervical, and colorectal).
- Routine vaccinations.

Factor 7: Psychosocial risks

The organization's HA includes questions about psychosocial risks. At a minimum, this includes questions about stress and depression. The assessment may, but is not required to, include questions about additional risk factors, such as anger, loneliness, fatigue and poor work-life balance.

Exceptions

None.

Related information

None.

Examples**Factor 1: Individual demographics**

- What is your age?
- What is your gender?
- What is your race?
- What is your ethnicity?
- What is your primary language?
- What is the highest level of education you have completed?
- What is your level of household income?
- What is your marital status?
- How many children do you have?

Factor 2: Personal health information and history

- Biometric questions
 - What is your height?
 - What is your weight?
 - What is your weight circumference?
 - What is your blood pressure?

- What is your blood glucose level?
- What is your lipid profile?
- Other questions
 - Do you have any of the following conditions?
 - Have you had any of the following conditions?
 - Are you currently receiving treatment or taking any medications?
 - When were you last hospitalized?

Factor 3: Self-perceived health status

- SF 20® questions or other questions where individuals rate their health status on a relative scale.

Factor 4: Health behaviors

Questions assessing an individual's habits related to:

- Vaping and e-cigarette use.
- Physical activity.
- Nutrition.
- Alcohol consumption.
- Safety behaviors (e.g. seat-belt use, wearing protective equipment, fall risk prevention).
- Sleep habits.
- Sexual health behaviors.
- Screen time.
- Injury-prevention behaviors.

Factor 5: Assessment for disabilities

Do you currently have difficulty with any of the following?

- Hearing.
- Seeing, even when wearing glasses.
- Concentrating, remembering or making decisions.
- Walking or climbing stairs
- Dressing or bathing.
- Cooking for oneself.
- Feeding oneself.
- Using the toilet.
- Doing errands alone, such as shopping or visiting a doctor's office.
- Communicating or being understood using your usual language.
- Understanding when someone speaks in your usual language.
- Other difficulties when doing activities throughout your day, please describe.
- Don't know.

- Choose not to disclose at this time.
- Additional options, as the organization deems appropriate.

Factor 6: Preventive care

- Cancer screenings:
 - Have you had a mammogram within the recommended timeframe for your age group?
 - Has a clinician ever recommended additional cancer screenings based on your personal or family history?
- Immunizations:
 - Are you up to date on your influenza vaccination for this year?
 - Have you received a COVID-19 vaccine or booster within the recommended timeframe?

Factor 7: Psychosocial risks

- How often do you feel overwhelmed by stress in your daily life?
- Over the past two weeks, how often have you felt down, sad, or hopeless?
- How often do you feel nervous or anxious?

Element B: HA Disclosure

The organization’s HA includes the following information:

1. An explanation of how the information obtained from the HA will be used.
2. Disclosure of the parties to whom the information may be provided and for what purpose.
3. An opportunity for the eligible individual to consent or decline to have information used and disclosed.

Scoring	Met	Partially Met	Not Met
	The organization meets 3 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Materials

Scope of review NCQA reviews the organization’s HA that is available throughout the look-back period. If the organization can provide a “test” or “demo” log-on ID, NCQA reviews the organization’s performance through that mechanism. If the organization cannot provide a test or demo log-on, NCQA reviews the organization’s website or screen shots, supplemented with documents specifying the required features and functions of the site. If screen shots provided include detailed explanations of how the site works, there is no need to provide supplemental documents.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation *Factor 1: Use of HA information*

No additional explanation required.

Factor 2: Information recipients

Organizations and eligible individuals are identified by role and are not required to be identified by name.

Factor 3: Right to consent or decline

The HA includes a statement that the eligible individual may accept or decline participation or a notice that completion and submission implies consent to the HA's stated use. If the opportunity to consent or decline is associated with HA completion, eligible individuals have access to the organization's definition of "HA completion."

Exceptions

None.

Related information

None.

Examples *Factor 2: Parties to whom information may be provided*

- An organization that contracts directly with a client organization may disclose information to the individual's health plan. Because the client organization may change health plans, the organization may state that it might "disclose information to the individual's health plan," instead of identifying the plan by name.
- An organization that has a direct relationship with providers may disclose information to an eligible individual's primary care physician. Because the individual may change primary care physicians, the organization may state that it might "disclose information to the individual's primary care physician," instead of identifying the physician by name.

Element C: HA Results

The organization provides evidence-based HA results to eligible individuals or practitioners. Results include the following information:

1. An overall summary describing the individual's wellness profile and risk factors.
2. Information on how to reduce risk by changing specific health behaviors with recommended targets for improvement.
3. Reference information that can help the individual understand the HA results and learn more about their specific health risks.
4. A comparison to the individual's previous results, if applicable.

Scoring	Met	Partially Met	Not Met
	The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Reports, Materials

Scope of review NCQA reviews HA results.
 If the organization can provide a “test” or “demo” log-on ID, NCQA reviews the organization’s performance through that mechanism. If the organization cannot provide a test or demo log-on, NCQA reviews the organization’s website or screen shots of web functionality, supplemented with documents specifying the required features and functions of the site. If screen shots provided include detailed explanations of how the site works, there is no need to provide supplemental documents.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization provides evidence that it can perform all activities evaluated by this element, even if it does not provide services to any client organization.
 Practitioners with whom HA results may be shared, with the eligible individual’s consent, include case managers, physicians, nurses, and other healthcare professionals.

Factor 1: Overall summary of risk and wellness profile

HA results include:

- An evidenced-based summary or profile of the eligible individual’s overall level of risk or wellness.
- Specific information or data that, with the eligible individual’s consent, will be shared with the eligible individual’s practitioner. The information should be in a format suitable for sharing with providers.

Factor 2: Reducing risk and changing behavior

HA results identify specific behaviors or strategies that can lower each identified risk factor and include recommended targets for improvement.

Factor 3: Reference information

HA results include additional resources or information external to the organization that eligible individuals can use to learn more about their specific health risks and behaviors to improve their health and well-being.

Factor 4: Comparing HA results

If an eligible individual previously completed an HA administered by the organization, the current report compares results with the previous report and provides this comparison to the individual.

Exception

Factor 4 is NA if the organization has not previously administered an HA.

Related information

None.

Examples

Factor 3: Reference information

- Educational materials, digital services or community resources.

Element D: Formats

The organization makes HAs available in format(s) that meet the needs of their eligible individual population.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Documented process, Materials

Scope of review NCQA reviews the organization’s documented process for determining the HA formats that meet the needs of eligible individuals, and reviews evidence of the formats the organization uses.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization’s documented process describes how it determines the formats that meet the needs of its eligible individual population.
The organization makes HAs available in format(s) that meet the needs of eligible individuals. This may include digital formats, printed copies, or by telephone. Evidence may include screenshots, telephone scripts, or IVR-based HAs. The HA must contain the same content, regardless of format.

Exceptions

None.

Related information

None.

Examples

None.

Element E: Frequency of HA Completion

The organization has the capability to administer the HA to contracted client organizations annually.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Documented process, Reports, Materials

Scope of review NCQA reviews the organization’s policies and procedures for administering annual HAs or reviews evidence that the organization administered an annual HA.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization provides evidence that it can perform all activities evaluated by this element, even if it does not provide services to client organization.

Administering the HA

Systems are in place that enable eligible individuals to complete HAs annually.

Exceptions

None.

Related information

None.

Examples **Evidence of capability to administer**

- Contracts that specify at least annual administration of the HA.
- Reports that demonstrate at least annual administration of the HA.

Element F: Review and Update Process

The organization reviews and updates the HA every two years, and more frequently if new evidence is available.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Documented process, Reports, Materials

Scope of review NCQA reviews the organization’s policies and procedures for reviewing and updating its HA.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Review of new information**
 The organization reviews published evidence, if any, before the date of the next biennial review.

Evaluation of evidence-based information

NCQA reviews materials to see if they are evidence based. The organization meets the requirement for “evidence-based” information if recognized sources are cited prominently in the health appraisal. The organization may also provide documentation of its documented process for selecting recognized sources that details the types of sources used to develop or adopt materials.

Update of HA

The organization uses review findings to update its HA at least every two years.

Exceptions

None.

Related information

None.

Examples **Evidence of review**

- Analysis of HA against current or new evidence.
- Documentation in meeting minutes or reports showing that review and update occurred.

HA 2: Screening for Social Needs

The organization collects data on the social needs of its eligible individuals.

Intent

The organization collects data about eligible individual social needs to inform the development of targeted interventions.

Element A: Process for Collecting Social Needs Data

The organization has a process for collecting direct data on the unmet social needs of eligible individuals, including:

1. Financial insecurity.
2. Food insecurity.
3. Housing stability.
4. Access to transportation.
5. Interpersonal safety.
6. An additional domain.

Scoring	Met	Partially Met	Not Met
	The organization meets 4-6 factors	The organization meets 3 factors	The organization meets 0-2 factors

Data source Documented process

Scope of review NCQA reviews the organization’s documented process in place for collecting data on eligible individual social needs.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Social needs** are the nonclinical needs eligible individuals identify as essential to their well-being. This may include, but is not limited to, financial insecurity, food insecurity, housing instability, access to transportation, or interpersonal safety. An individual’s social needs are related to the social risks they experience and to their intersectional identities or characteristics (e.g., race, ethnicity, religious affiliation, preferred language, sexual orientation, disability status, age, veteran status, dual eligibility status). Two eligible individuals who experience the same social risks may have different social needs.

Although it is voluntary for eligible individuals to report social needs, the organization must attempt to collect this information. The organization may collect data directly at multiple points of interaction with individuals and through multiple mechanisms, using as many channels as are available.

Factors 1–6

The organization has a documented process for direct collection of data on individual social needs.

Direct data collection describes methods that ask individuals to self-disclose information about themselves (e.g., through enrollment or registration forms, surveys, data collection scripts, customer service calls, case management intake forms, health assessments).

If an individual is unable to provide a response to a direct request (e.g., due to age or functional inability to communicate), data collected from the individual's caregiver is considered direct data collection.

An individual's response of "Other" or "Decline to Answer" is considered direct data because it is collected from the individual.

A direct data collection framework includes:

- A description of the population or subset of individuals from whom data will be collected.
- A defined process for soliciting information from individuals in the instance that a response was requested but not provided.
- When data will be collected.
- Where data will be collected (setting).
- How (e.g., method for collection) and by whom (e.g., case worker or member services staff) data will be collected.
- Questions that will be used to collect data, including a script to guide staff who collect or assess data verbally, when applicable.

Organizations may use a screening tool specified for use in reporting NCQA's HEDIS measure *Social Need Screening and Intervention (SNS-E)*, but are not required to.

The organization may receive, exchange or use data stored, collected or assessed by sources such as CMS, state or local agencies, community-based organizations, payers, Federally Qualified Health Centers, health systems, hospitals, integrated delivery systems, provider networks, EHRs, HIEs and case management systems that have made a direct request for social needs information from members or patients.

Factor 6: An additional domain

The organization collects data on an additional social needs domain and describes that data's relevance to the population or membership served. Additional social needs domains may include, but are not limited to, barriers to achieving health, including experiences with discrimination, bias or racism, access to essential utilities (e.g., electricity, water), or access to technology-based services.

Exceptions

None.

Related information

None.

Examples **Factors 1–6**

While use of these specific instruments are not required to meet this Element, the HEDIS *Social Need Screening and Intervention (SNS-E)* measure requires use of the following validated instruments, which use standardized terminology to support data sharing and interoperability:

- American Academy of Family Physicians (AAFP) Social needs Screening Tool.²
- American Academy of Family Physicians (AAFP) Social needs Screening Tool—short form Accountable Health Communities (AHC) Health-Related Social needs (HRSN) Screening Tool³ created by CMS to support the CMS Accountable Health Communities Model.
- Children’s Health Watch Housing Stability Vital Signs™.
- Comprehensive Universal Behavior Screen (CUBS).
- Health Leads Screening Panel®.
- Hunger Vital Sign™¹ (HVS).
- Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-PAI)—version 4.0 (CMS).
- Norwalk Community Health Center Screening Tool (NCHC).
- Outcome and assessment information set (OASIS) form—version E—Start of Care (CMS).
- Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences (PRAPARE)⁴ from the National Association for Community Health Centers.
- Safe Environment for Every Kid (SEEK)[®].
- U.S. Household Food Security Survey [U.S. FSS].
- We Care Survey.
- WellRx Questionnaire.
- PROMIS[®].

Catalogs of social needs screening and assessment tools include:

- *Systematic Review of Social Risk Screening Tools* by the Kaiser Permanente Washington Health Research Institute, in collaboration with the Social Interventions Research & Evaluation Network (SIREN).⁵
- The *Social Needs Screening Tool Comparison Table*, compiled by SIREN, summarizes characteristics for several of the most widely used social health screening tools, including by intended population or setting, social health domains covered and number of questions about each domain.⁶

²https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/hops19-physician-form-sdoh.pdf

³<https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>

⁴<https://www.nachc.org/research-and-data/prapare>

⁵<https://sdh-tools-review.kp.washingtonresearch.org/>

⁶<https://sirennetwork.ucsf.edu/tools-resources/resources/screening-tools-comparison>

Element B: Evidence of Collecting Social Needs Data

The organization demonstrates direct data collection of the unmet social needs of eligible individuals, including:

1. Financial insecurity.
2. Food insecurity.
3. Housing stability.
4. Access to transportation.
5. Interpersonal safety.
6. An additional domain.

Scoring	Met	Partially Met	Not Met
	The organization meets 4-6 factors	The organization meets 3 factors	The organization meets 0-2 factors

Data source Reports, Materials

Scope of review NCQA reviews reports or materials demonstrating direct data collection.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation ***Factors 1–6***
 The organization demonstrates, through reports or materials, that it collects direct data on the unmet social needs of eligible individuals, according to its documented process in Element A.

Exceptions

None.

Related information

None.

Examples None.

HA 3: Measuring Engagement With HAs

The organization measures eligible individual engagement with health assessments.

Intent

The organization measures eligible individual engagement with health assessments to identify health risks and guide targeted interventions.

Element A: HA Measures

The organization annually measures the following NCQA WCM Performance Measures:

1. Health Assessment Completion.
2. Prevalence of Core Risks Identified on Health Assessments.
3. Number of Core Risks Identified on Health Assessments.

Scoring	Met	Partially Met	Not Met
	The organization meets 3 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Reports

Scope of review NCQA reviews the organization’s most recent measure report.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization annually measures the following specified WCM Performance Measures:

1. Health Assessment Completion.
2. Prevalence of Core Risks Identified on Health Assessments.
3. Number of Core Risks Identified on Health Assessments.

The organization documents information about its performance on the measures. NCQA reviews the WCM 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 this Element.

Refer to *Appendix 3: Technical Specifications for WCM* for measure descriptions and specifications.

Exceptions

None.

Related information

None.

Examples

None.

DE 1: Self-Management Tools

The organization has self-management tools available to help eligible individuals manage their health.

Intent

The organization provides interactive self-management tools to help eligible individuals stay healthy and reduce risk.

Element A: Topics of Tools

The organization offers self-management tools that provide eligible individuals or caregivers with information on at least the following wellness and condition management areas and demonstrate how the tools help individuals achieve their health goals.

1. Healthy weight (BMI) maintenance.
2. Smoking and tobacco use cessation.
3. Encouraging physical activity.
4. Healthy eating.
5. Managing stress.
6. Avoiding at-risk drinking.
7. Identifying depressive symptoms.
8. An additional topic tailored to the organization’s offerings.

Scoring	Met	Partially Met	Not Met
	The organization meets 5-8 factors	The organization meets 3-4 factors	The organization meets 0-2 factors

Data source Documented process, Materials

Scope of review NCQA reviews the organization’s policies and procedures for developing self-management tools, and reviews the organization’s self-management tools.

If the organization can provide a “test” or “demo” log-on ID, NCQA reviews the organization’s performance through that mechanism. If the organization cannot provide a test or demo log-on, NCQA reviews the organization’s website or screen shots, supplemented with documents specifying the required features and functions of the site. If screen shots provided include detailed explanations of how the site works, there is no need to provide supplemental documents.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Self-management tools**

Self-management tools help eligible individuals or caregivers determine risk factors, provide guidance on health issues, recommend ways to improve health or support reducing risk or maintaining low risk. They are interactive resources

that automatically collect or allow individuals to enter specific personal information and provide individual results based on the information.

These tools may be accessed through an organization's platform, app, portal, or may be physical tools, such as paper-based resources. This includes devices, such as wearables, that help individuals manage their health and reduce risk.

The organization's policies and procedures and materials show evidence of self-management tools addressing the required topics. The organization's documented process describes how the features and design of the tools are intended to help individuals achieve their health goals.

Factor 1: Healthy weight

The organization's policies and procedures describe how it helps individuals adopt sustainable habits to maintain a healthy weight range.

Factor 2: Smoking and tobacco use

The organization's policies and procedures describe how it provides strategies and support to help individuals quit tobacco use and vaping.

Factor 3: Physical activity

The organization's policies and procedures describe how it provides guidance on how to integrate movement and exercise into daily routines to improve health.

Factor 4: Healthy eating

The organization's policies and procedures describe how it provides education about making balanced nutrition choices, meal planning, and portion awareness.

Factor 5: Managing stress

The organization's policies and procedures describe how it helps individuals identify and practice approaches that foster healthier responses to life's challenges.

Factor 6: Avoiding at-risk drinking

The organization's policies and procedures describe how it helps individuals adopt safe drinking practices or abstinence to promote health.

Factor 7: Identifying depressive symptoms

The organization's policies and procedures describe how it provides education about the signs of depression and how to seek support.

Factor 8: An additional topic

The organization's policies and procedures address an additional topic of the organization's choice.

Exceptions

None.

Related information

None.

Examples**Self-management tools**

- Wearable devices.
- Mobile health apps.
- Bluetooth-enabled blood pressure cuffs.
- Smart scales.
- Continuous glucose monitors.
- Interactive quizzes.
- Worksheets that can be personalized.
- Online logs of physical activity.
- Calorie-intake diary.
- Portion-size charts.
- “Mood logs.”

Factor 8: Additional topic

- Sleep habits.
- Financial wellbeing.
- Maternal health.

Element B: Gamification in Self-Management Tools

The organization has a process for incorporating gamification into its self-management tools and integrates gamification in alignment with that process.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Documented process, Materials

Scope of review NCQA reviews the organization’s documented process in place throughout the look-back period that outlines the organization’s process for incorporating gamification into its self-management tools.

NCQA reviews the organization’s materials, such as screen shots of program interfaces or other materials, that show the integration of gamification.

Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.
Explanation	<p>Gamification is the process of adding games or game-like elements to something (such as a task) to encourage participation.</p> <p>The organization outlines the specific gamification elements it uses in their self-management tools to encourage participation. The organization describes the goals of these elements, including how each element is intended to motivate short or long-term user engagement.</p> <p>Exceptions</p> <p>This element is NA if the organization does not utilize gamification strategies in its self-management tools.</p> <p>Related information</p> <p>Research has shown that gamification can have a positive impact on health behaviors, such as physical activity.^{7,8} However, more research is needed to determine its overall impact and long-term effectiveness in sustaining behavior change.</p>
Examples	<p>Gamification elements</p> <ul style="list-style-type: none">• Points• Badges• Streaks• Leaderboards• Challenges• Rewards/Incentives• Peer recognition• Feedback loops• Avatars

⁷<https://pmc.ncbi.nlm.nih.gov/articles/PMC6096297/#s0085>

⁸<https://idi.upenn.edu/our-work/research-updates/how-playing-games-may-save-peoples-lives/>

Element C: Reviewing Gamification Effects

At least once every 2 years, the organization reviews the effect of its gamification strategies.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement
Data source	Documented process		
Scope of review	NCQA reviews the organization’s policies and procedures detailing the specific period of review. NCQA reviews the organization’s process for evaluating the effect of the gamification strategies the organization utilizes.		
Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.		
Explanation	Reviews may be specific to a client organization or span the organization’s clients.		
	Gamification effects		
	There is variable evidence to support the use of gamification strategies, including incentive use, in health programs and interventions. Organizations can contribute to the evidence base by evaluating the effect of these strategies in their interventions and using the results to update their strategies.		
	Exception		
	This element is NA if the organization does not utilize gamification strategies in its self-management tools.		
	Related information		
	None.		
Examples	None.		

DE 2: Health Coaching

The organization provides coaching services to help eligible individuals make lifestyle changes.

Intent

The organization provides coaching services to help eligible individuals develop skills to make healthy choices and improve their health.

Element A: Health Coaching Scope

The organization offers health coaching services to enable behavior change for the following health topics:

1. Healthy weight (BMI) maintenance.
2. Smoking and tobacco use cessation.
3. Physical activity.
4. Healthy eating.
5. Managing stress.
6. Avoiding at-risk drinking.
7. Identifying depressive symptoms.
8. An additional topic tailored to the organization's offerings.

Scoring	Met	Partially Met	Not Met
	The organization meets 5-8 factors	The organization meets 3-4 factors	The organization meets 0-2 factors

Data source Documented process, Materials

Scope of review NCQA reviews the organization's policies and procedures for providing health coaching services for the required health topics, and evidence that the organization performs health coaching on the required topics.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Health coaching**

Health coaching offers ongoing motivation and support for changing characteristics and behaviors related to factors 1–8.

The organization's policies and procedures describe the method of delivery of their coaching program, including if it is in-person, telephonic, virtual (e.g. video calls, messaging with a coach), or digital (e.g. utilizes an AI-supported chatbot). If it is a digital coaching program, the policies and procedures describe how the organization ensures human oversight of the coaching program.

The organization's policies and procedures and materials show evidence of health coaching on the required topics.

Factor 1: Healthy weight

The organization's policies and procedures describe how it helps individuals adopt sustainable habits to maintain a healthy weight range.

Factor 2: Smoking and tobacco use

The organization's policies and procedures describe how it provides strategies and support to quit tobacco use and vaping.

Factor 3: Physical activity

The organization's policies and procedures describe how it provides guidance on how to integrate movement and exercise into daily routines to improve health.

Factor 4: Healthy eating

The organization's policies and procedures describe how it provides education about making balanced nutrition choices, meal planning, and portion awareness.

Factor 5: Managing stress

The organization's policies and procedures describe how it helps individuals identify and practice approaches that foster healthier responses to life's challenges.

Factor 6: Avoiding at-risk drinking

The organization's policies and procedures describe how it helps individuals adopt safe drinking practices or abstinence to promote health.

Factor 7: Identifying depressive symptoms

The organization's policies and procedures describe how it provides education about the signs of depression and how to seek support.

Factor 8: An additional topic

The organization's policies and procedures address an additional topic of the organization's choice.

Exceptions

None.

Related information

None.

Examples**Factor 8: Additional topic**

- Sleep habits.
- Financial well-being.
- Maternal health.

Element B: Initial Training for Coaches

The organization provides initial training to health coaches that addresses at least the following:

1. Confidentiality.
2. Emergency situations.
3. Evidence that supports health promotion topics.
4. Coaching strategies that utilize behavioral change models and goal setting.
5. The referral process.
6. Culturally and linguistically appropriate coaching practices.
7. Supervising AI-assisted coaching tools.

Scoring	Met	Partially Met	Not Met
	The organization meets 5-7 factors	The organization meets 3-4 factors	The organization meets 0-2 factors

Data source Documented process, Materials

Scope of review NCQA reviews the organization’s policies and procedures and materials demonstrating that the topics are covered in initial training.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Training health coaches**

Training addresses a comprehensive scope of health topics, skills and organization policies. Health coaches are not required to meet minimum requirements or have specific credentials.

Factor 1: Confidentiality

The initial training program includes confidentiality information that is consistent with *WCM 3: Privacy and AI Governance* and with HIPAA rules and regulations.

Factor 2: Emergency situations

The organization teaches coaches its process for handling emergency situations. This is critical for ensuring that individuals get needed care if they have an emergency.

Factor 3: Evidence-based topics

The organization uses evidence-based training for health coaches that includes at least four of the required health areas (weight loss or healthy weight [BMI] maintenance, smoking and tobacco use cessation, physical activity, healthy eating managing stress, avoiding at-risk drinking, identifying depressive symptoms and a topic of the organization’s choice).

Citing recognized sources in the training curriculum fulfills the requirement that the training be evidence based. If the organization's materials do not cite recognized sources, NCQA reviews the organization's documented process for selecting recognized sources that details the types of sources used to develop or adopt materials.

Factor 4: Coaching strategies

The organization trains coaches in strategies that utilize behavior change theories and models to guide changes in behavior and reduce risk. Training includes goal setting, where coaches learn to ask questions that help assess individual behavior and to develop action plans and goals that meet individual needs.

Factor 5: Referrals

The organization trains coaches to recognize when referrals are needed, identify appropriate resources, and ensure proper follow-up after referral.

Factor 6: Culturally and linguistically appropriate practices

The organization considers the cultural, ethnic, racial and linguistic needs of its eligible individuals. These elements influence beliefs related to health and wellness. The organization trains coaches to be respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse individuals.

Factor 7: AI-assisted coaching

When coaching is delivered through AI-assisted tools (e.g. chatbots), the organization maintains a documented process for training personnel to appropriately supervise automated coaching content across program populations and subgroups identified in the population assessment. This includes how to:

- Identify and triage emergency situations to the appropriate staff.
- Escalate concerns with AI-generated content to the appropriate staff.
- Ensure AI-assisted coaching content is culturally and linguistically appropriate.

Exceptions

Factor 7 is NA if the organization does not utilize AI-assisted coaching tools.

Related information

None.

Examples**Factor 2: Emergency situations**

- Individual threatens harm to self or others.
- Physically abusive situations.

Factor 4: Coaching strategies

- Motivational interviewing techniques.
- Cognitive behavioral therapy techniques.
- Behavioral change models informing strategies
 - Prochaska and DiClemente Transtheoretical Model.
 - Knowledge-Attitude Behavior Model.
 - Health Belief Model.
 - Theory of Reasoned Action.
 - Social Cognitive Theory.

Factor 5: Identification for referrals

- The process for how coaches identify individuals who would benefit from referral.
- The process for how the organization handles referrals.
- The process for coaches to follow-up on referrals.

Factor 6: Cultural competence training

- Learning different communication styles.
- Cultural differences based on client demographics.

Element C: Monitoring and Training for Coaches

The organization’s process for monitoring performance and providing training updates to health coaches includes the following:

1. Ongoing performance monitoring and semiannual feedback.
2. Annual training on the topics included in initial training.
3. Monitoring of AI-assisted coaching tools, when applicable.

	Met	Partially Met	Not Met
Scoring	The organization meets 3 factors	The organization meets 1-2 factors	The organization meets 0 factors

Data source	Documented process
Scope of review	NCQA reviews the organization’s policies and procedures for monitoring performance and providing training updates to health coaches.
Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.

Explanation Performance monitoring and training programs are designed to help staff meet or exceed expected job performance levels.

Factor 1: Ongoing performance monitoring and feedback

Ongoing performance monitoring is continuous, regular or periodic interaction between health coaches and individuals to provide support for changing behavior that affects health. To maintain and improve the quality of services offered, the organization has a process for monitoring coaching performance on an ongoing basis. The organization’s process includes how, and how often, it monitors performance and how it provides feedback to coaches. Feedback is provided to coaches at least semiannually and may be written or verbal. The organization maintains documentation of feedback.

Factor 2: Annual training

At minimum, the organization provides annual training to health coaches that includes topics addressed in Element B.

Training occurs when there are updates to the evidence base, when new information is gathered or to refresh knowledge (e.g., annual training on HIPAA rules and regulations reminds coaches of the importance of individual confidentiality).

Factor 3: Monitoring of AI-assisted tools

The organization has processes in place to monitor automated coaching content across the program populations, as well as by key subgroups identified in the organization’s population assessment.

The monitoring process must include:

- Defined time frames for review of AI-assisted coaching interactions.
- Identification of staff responsible for monitoring and oversight.
- Policies and procedures for escalating identified errors or safety concerns.

Exceptions

Factor 3 is NA if the organization does not utilize AI-assisted coaching tools.

Related information

None.

Examples **Factor 1: Ongoing performance monitoring and feedback**

- Individual satisfaction scores.
- Percentage of individual goals met.
- Feedback on recorded calls.

Factor 2: Annual training

- Review of motivational interviewing techniques.

- Changes to evidence base regarding smoking and tobacco use cessation techniques.
- Role-play emergency situations.

Element D: Health Coaching Information System

The organization's health coaching information system gives coaches the ability to view, input or edit the following eligible individual information:

1. Demographics.
2. Contact preferences.
3. HA results.
4. Contact history log.
5. Behavioral change goals and barriers to achieving goals.
6. Planned follow-up schedule.
7. Job characteristics.
8. Health and social support organizations available for referral.

Scoring	Met	Partially Met	Not Met
	The organization meets 6-8 factors	The organization meets 3-5 factors	The organization meets 0-2 factors

Data source Documented process

Scope of review NCQA reviews the organization's policies and procedures and reviews evidence that the organization uses a health coaching information system.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Health coaching information system**

Health coaches need to know certain information about individuals to help them change behaviors. The information system allows tracking and documenting of individuals' goals and progress. It also provides coaches with information about the resources available to individuals, including external resources and health organizations available for referral.

Factor 1: Demographics

The organization collects demographic details, including preferred language, to ensure culturally and linguistically appropriate coaching.

Factor 2: Contact preferences

The organization collects individuals' preferred communication methods to ensure effective outreach.

Factor 3: HA results

The organization collects HA results to inform personalized coaching and goal setting. HA results may be administered internally or obtained from an external organization, such as the individual's care team or other partner organizations.

Factor 4: Contact history log

The organization collects a log of messages to and from eligible individuals to ensure consistent communication and maintain context.

Factor 5: Goals and barriers

The organization collects individuals' health goals and the physical, emotional, or social barriers to achieving them.

Factor 6: Follow-up schedule

The organization collects follow-up schedules for both internal and external appointments to support care coordination and follow-up.

Factor 7: Job characteristics

The organization collects job characteristics of eligible individuals.

Factor 8: Organizations for referral

The organization collects social and health organizations available for referral, connecting eligible individuals to additional support.

Exceptions

None.

Related information

None.

Examples**Factor 5: Barriers**

- Financial resources available to help change behaviors.
- Individual's literacy level.
- Special needs in the areas of hearing and vision impairment.

Factor 7: Job characteristics

- Whether the individual works a nontraditional shift (e.g., overnight, 12-hour).
- Type of physical activity required (e.g., the individual performs manual labor, lifts heavy objects, sits at a desk).

Factor 8: Health and social support organizations available for referral

- Disease management organizations.
- Case management organizations.
- Employee assistance programs.
- Managed behavioral healthcare organizations.
- Employer-discounted gyms.
- Alcoholics Anonymous.
- Weight Watchers.

Element E: External Referral Facilitation

The organization’s health coaches facilitate individual referrals to resources and have a follow-up process to determine whether individuals act on referrals.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Documented process, Reports, Materials

Scope of review NCQA reviews the organization’s policies and procedures and evidence that health coaches facilitate individual referrals and follow-up.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation

Referral to resources

Eligible individuals may benefit from applicable referrals to available resources. The organization’s health coaches facilitate individual referral to other health organizations, when appropriate, and when the client organization provides information about external referral organizations. Referrals are based on guidelines developed with the client organization.

The organization’s policies and procedures specify the process for health coaches to follow up with individuals (i.e., when and how) after a referral to a health resource. The organization may specify that follow-up is not applicable in all situations. For example, if the referral is facilitated by a live, person-to-person transfer by the health coach, there is confirmation that the individual made contact with the other health resource.

Facilitation and follow-up

No additional explanation required.

Exceptions

None.

Related information

None.

Examples

Facilitation and follow-up

- Provide individuals with health resource contact information.
- Phone call or secure email to the individual confirming that the individual contacted the health resource organization.

Resources

- Disease or condition management organizations.
- Employee assistance programs.
- Case management programs.
- Behavioral healthcare programs.
- National or community resources.
- Care delivery organizations.

Element F: Information for Referral

The organization’s written process for communication between health coaches and referral organizations includes:

1. Obtaining individual permission to share information.
2. Sharing the reason for referral.
3. Sharing relevant HA results.
4. Sharing the current action plan developed with a health coach.

Scoring	Met	Partially Met	Not Met
	The organization meets 4 factors	The organization meets 2-3 factors	The organization meets 0-1 factors

Data source Documented process

Scope of review NCQA reviews the organization’s policies and procedures for communication between health coaches and referral organizations.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Communication between health coaches and referral organizations**
 The organization has a process for providing referral organizations individual-specific information. Sharing information prevents the need for the referral organization to reassess the eligible individual, and ensures that the referral organization is aware of the individual’s plan with the health coach.

Factors 1–4.

No additional explanation required.

Exceptions

None.

Related information

None.

Examples

Referral organizations

- Practitioners.
- Disease management organizations.
- Employee assistance programs.
- Case management organizations.
- Behavioral healthcare organizations.

DE 3: Evidence-Based Content

The organization’s content is evidence-based and offered in formats that meet the needs of their eligible individual population.

Intent

The organization develops its content using evidence-based research to support informed behavior change for eligible individuals.

Element A: Evidence-based Content.

The organization has a process for providing content that is:

1. Evidence-based.
2. Reviewed by subject matter experts.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Documented process, Materials

Scope of review NCQA reviews the organization’s policies and procedures for developing evidence-based content and having content reviewed by subject matter experts. NCQA reviews materials as evidence that the organization follows their process.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation Content includes self-management tools, health coaching materials, educational resources, and other materials the organization develops to support individuals in managing their health.

Factor 1: Evidence-based information

The organization’s policies and procedures describe the process for selecting the types of recognized sources used to develop content. Materials must cite recognized sources.

Factor 2: Review by subject matter experts

The organization’s policies and procedures describe the process the organization uses to have content reviewed by subject matter experts. The process includes the method for selecting subject matter experts and the criteria used in selection.

Exceptions

None.

Related information

Use of vendors for content review. NCQA does not consider it to be delegation if the organization contracts with a vendor to provide content review but accepts the vendor's documentation as the organization's and evaluates them against the requirements.

Examples**Factor 1: Evidence-based information**

- Research completed by the organization.
- Independent third-party evaluation.
- Articles from peer-reviewed journals.
- Scientific evidence from clinical literature:
 - *Journal of the American Medication Association (JAMA).*
 - *New England Journal of Medicine (NEJM).*
 - *Annals of Internal Medicine.*
 - *Pediatrics (American Academy of Pediatrics).*
 - *Journal of the American College of Cardiology.*
 - *Diabetes (American Diabetes Association).*
- Scientific evidence from government research sources.
 - National Institutes of Health (NIH).
 - Food and Drug Administration (FDA).
 - Centers for Disease Control and Prevention (CDC).

Factor 2: Review by subject matter experts

- Board-certified practitioners.
- Interdisciplinary governance boards.
- Researchers who have peer-reviewed publications and hold an advanced degree.
- Licensed clinical social worker.

Element B: Content to Support Social Needs

The organization provides content addressing:

1. Food is medicine.
2. An additional social needs domain of the organization's choice.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factor

Data source Materials

Scope of review NCQA reviews the organization's materials that address social needs.

Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.
Explanation	<p>Content includes self-management tools, health coaching materials, educational resources, and other materials the organization develops to support individuals in managing their health.</p> <p>Factor 1: Food is medicine</p> <p>The organization provides content related to food is medicine approaches.</p> <p>Factor 2: One additional domain</p> <p>The organization provides content on another social needs domain of the organization’s choice. This domain must be informed by the organization’s evaluation of their program populations.</p> <p>Exceptions</p> <p>None.</p> <p>Related information</p> <p>According to the Office of Disease Prevention and Health Promotion, food is medicine encompasses a broad range of approaches that promote optimal health and healing and reduce disease burden by providing nutritious food—in conjunction with human services, education, and policy changes—through collaboration at the nexus of health care and community.”</p> <p>Common FIM interventions include referral and enrollment assistance to food programs, nutrition education and counseling, and the direct provision of healthy food to individuals.</p> <p>For more information about food is medicine, refer to https://odphp.health.gov/foodismedicine.</p>
Examples	<p>Factor 1: Food is medicine</p> <ul style="list-style-type: none">• Tip sheet for meal planning.• Video on how to read nutrition labels.• Guide to accessing food is medicine programs.• Recipe book.• App-based food diary. <p>Factor 2: An additional domain</p> <p>The organization identified that lack of social support and social isolation were prevalent among older adults in their program population. Based on this knowledge, it selects social isolation as its additional domain and provides supportive resources including education on the impact of isolation and loneliness on well-being and links to virtual buddy programs for seniors.</p>

Element C: Review and Update Process

The organization reviews and updates their content at least every two years, or whenever new evidence is available.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement
Data source	Documented process		
Scope of review	NCQA reviews the organization’s policies and procedures for reviewing and updating content.		
Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.		
Explanation	<p>Content includes self-management tools, health coaching materials, educational resources, and other materials the organization develops to support individuals in managing their health.</p> <p>Review of new information</p> <p>The organization reviews any published evidence before the date of the next biennial review.</p> <p>Evaluation of evidence-based information</p> <p>Content is based on current evidence in the industry. The organization’s policies and procedures contain a statement about how the organization initiates the review process when new evidence is published before the required 2-year review date.</p> <p>Exceptions</p> <p>None.</p> <p>Related information</p> <p>None.</p> <p>Examples</p> <p>None.</p>		

Element D: Formats

The organization's content is offered in the format(s) that meet the needs of their eligible individual population.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement
Data source	Documented process, Materials		
Scope of review	NCQA reviews the organization's documented process for offering content that meets the needs of their eligible individual population and materials that show evidence of formats. NCQA accepts screen shots, telephone scripts, or other materials.		
Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.		
Explanation	Content includes self-management tools, health coaching materials, educational resources, and other materials the organization develops to support individuals in managing their health.		
	The organization's documented process describes how it determines which formats meet the needs of its eligible individual population.		
	Based on the identified needs, the organization ensures that content is provided in appropriate formats, including digital, telephonic, virtual, or print. The organization must provide all necessary formats to meet the needs of its eligible individual population. The content must be the same in all formats.		
	For a health coaching program, the format is the principal method of communication between the health coach and the individual (i.e., the method used by the health coach to conduct coaching sessions). This may include in-person, telephonic, virtual (e.g. video calls, messaging with a coach), or digital (e.g. utilizes an AI-supported chatbot).		
	Exceptions		
	None.		
	Related information		
	None.		
Examples	Formats		
	<ul style="list-style-type: none"> • Print. • Digital. • Telephonic. • Virtual. 		

Element E: Digital Content Library

The organization maintains a centralized, digital content library to house content.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement
Data source	Materials		
Scope of review	NCQA reviews the organization’s centralized content library. If the organization can provide a “test” or “demo” log-on ID, NCQA reviews the organization’s performance through that mechanism. If the organization cannot provide a test or demo log-on, NCQA reviews the organization’s website or screen shots of web functionality, supplemented with documents specifying the required features and functions of the site. If screen shots provided include detailed explanations of how the content library works, there is no need to provide supplemental documents.		
Look-back period	<i>For Initial and Renewal Surveys:</i> Prior to the survey date.		
Explanation	<p>The organization maintains a centralized, digital content library that houses content and resources. Individuals must be able to access this content on their own and it must be available in a digital format (e.g. online or software-based). The library may be AI-driven or traditional.</p> <p>An AI-driven content library automatically organizes and delivers educational materials tailored to each individual’s specific health needs.</p> <p>A traditional content library organizes content into fixed categories and requires individuals to manually search for or access the materials.</p> <p>Exceptions</p> <p>None.</p> <p>Related information</p> <p>None.</p>		
Examples	<ul style="list-style-type: none"> A nutrition-focused wellness organization has a centralized content library on its website where individuals can assess independently access healthy recipes and nutrition education. 		

DE 4: Social Needs Referrals

The organization refers eligible individuals to social needs resources and tracks the progress of referrals.

Intent

The organization and its partners help eligible individuals with social needs obtain access to resources and interventions.

Element A: Facilitating Social Needs Referrals

The organization implements a process for referring eligible individuals to social needs resources and interventions, or for accepting referrals from partner organizations that provide resources and interventions, that includes:

1. Confirming that the eligible individual agrees the identified social need is a priority.
2. Obtaining the eligible individual's consent to the referral.
3. Communicating the minimum expectations of the organization and its partners during the referral process.
4. Communicating the minimum expectations of the eligible individual during the referral process.

Scoring	Met	Partially Met	Not Met
	The organization meets 2-4 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Documented process, Materials

Scope of review *For factors 1–4:* NCQA reviews the organization's documented process for referring eligible individuals to community partners.
For factors 3 and 4: NCQA reviews a detailed implementation plan, including a timeline for communicating expectations with eligible individuals.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization has a documented process for referring eligible individuals to social needs resources and interventions provided directly by the organization and its partners, in a manner that respects their priorities and goals, autonomy and privacy. The documented process also describes how the organization accepts referrals from partner organizations, if applicable.

Respecting autonomy includes empowering individuals to have a central role in decision making during the referral process and acknowledging decisions that differ from the organization's recommendations, including the decision to not receive a referred resource or intervention.

Implementation plan

The plan must include:

- A detailed description of the actions the organization will take to communicate expectations to members or patients, as outlined in factors 3 and 4.
- Draft language of the communication.
- A timeline for communicating with eligible individuals.

Factors 1, 2

At a minimum, the organization's process contains the following information:

- Whether the organization uses a third-party platform or vendor to facilitate the referral process.
- That the organization confirms with eligible individuals that identified needs reflect their priorities.
- That the organization confirms the eligible individuals consent to be referred to the resource or intervention.
- That, if an eligible individual does not agree that an identified need reflects their priorities, or does not consent to a referral, the organization collaborates with them to:
 - Identify their priorities.
 - Identify their reasons for not consenting to the resource or intervention.
- Documentation of findings from collaboration with the eligible individual as applicable.

Factors 3, 4

Communicating expectations helps eligible individuals understand what to expect from the organization and its partners during the referral process, and information they must provide for an effective referral.

Organizations should consider accessible and appropriate methods of communicating expectations to eligible individuals (e.g., options to accommodate individuals with visual disabilities or low literacy, who do not have permanent housing or do not speak English).

For factor 3, the organization has a process to communicate how:

- The organization and its partners keep the individual's information secure during the referral process.
- The individual can communicate at any time to the organization and its partners that the resource or intervention addressed by the referral is not wanted, effective or appropriate.
- The individual's progress and completion of the referral is tracked by the organization and its partners.
- How collected information is used by the organization and its partners.

For factor 4, the organization has a process to communicate minimum expectations that include:

- Providing the organization and its partners with the information necessary to perform the referral.
- Notifying the organization and its partners, as applicable, if the individual no longer uses, wants or needs the resource or intervention provided by the referral.

Exceptions

Organizations who do not complete social needs screenings for eligible individuals. To receive an NA, the organization must provide documentation stating that social needs screening is out of scope for its organization.

Related information

None.

Examples

Factors 1–4

A script for staff (e.g., care managers, nurse practitioners, community health workers, care navigators) to read at the time of referrals.

Factors 3, 4

A written notification shared with all individuals at the time of enrollment in a care management program that provides referrals for social needs resources or interventions.

Social needs interventions:

- Food is medicine services (medically tailored meal services, produce prescriptions, nutrition counseling programs).
- Transportation assistance.
- Financial assistance.
- Other community-based supports.

Element B: Tracking Referral Status

The organization collaborates with partner organizations to track the status of individual referrals.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Reports

Scope of review NCQA reviews reports demonstrating that the organization collaborated with at least one partner to track eligible individual referral statuses.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization collaborates with its partners to track the status of referrals to social resources and interventions and from community partners to the organization. The organization presents evidence for the partners with which it tracks social needs referral status, but is not required to track referral status with all partners. Collaborative tracking of social needs referral status includes confirming that the referral request was received and that the service was received or accessed (if this information is available).

The organization demonstrates tracking using one of the following methods:

- Reports from the partner organization involved in the referral.
- Internal reports for individuals referred from partner organizations.
- Reports from shared referral platforms or systems.
- Reports from the patient that they received the referral.

Exceptions

None.

Related information

None.

Examples Examples of referral status may include, but are not limited to:

- Individual not yet contacted.
- Individual contacted.
- Resource/intervention/service scheduled.
- Resource/intervention/service attended, received or accessed.
- Referral issued but resource/intervention/service has not been scheduled, attended, received or accessed.
- Referral issued but no resource/intervention/service available.

DE 5: Care Team and Device Integration

The organization integrates care teams and devices into its offerings to support wellness and condition management.

Intent

The organization integrates care teams and devices to provide clinical support and monitor the health status of eligible individuals.

Element A: Care Team Support and Coordination

The organization provides team-based care or clinical support to support eligible individuals.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Documented process, Report

Scope of review NCQA reviews the organization's documented process for utilizing team-based care or clinical support to support eligible individuals. NCQA reviews reports as evidence of implementation of team-based care or clinical support to support eligible individuals.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The care team model should consider the scope of the program or services provided by the organization and disciplines or specialties should reflect the needs and preferences of the eligible individual population.

At minimum, the organization's documented process should include:

- How the organization determines whether care teams are made up of internal staff, external staff (including an eligible individual's existing care team), or a combination of both.
- How the organization determines care team needs, including the disciplines and specialties needed to support eligible individuals.
- How the organization monitors or verifies care team credentials.
- How the organization receives consent from the eligible individual or caregiver for communication and data sharing with the care team.

Exceptions

None.

Related information

None.

Examples For a digital maternal health program:

We use a combination of internal and external staff to build the care team that best supports each individual's pregnancy. We tailor our care team model based on the individual's needs, connecting them with nurses, doulas, lactation consultants, behavioral health specialists, and care coordinators. We verify the credentials of all staff within our network to ensure high-quality care. Before sharing any data, we request consent through in-app prompts so individuals can determine how their data is shared with their care team.

For a digital diabetes management program:

We support individuals by coordinating with their existing external care team, which may include a primary care provider, endocrinologist, diabetes educator, or dietitian. Based on individual needs, we supplement the patient's current care by supporting care coordination and goal setting. We obtain explicit patient consent before sharing any health information with external providers.

Element B: Device Integration

The organization has a process to identify appropriate digital tools or devices to integrate into care support.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Documented process

Scope of review NCQA reviews the organization's documented process for identifying appropriate digital tools or devices to integrate into care support.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization's policies and procedures describe the organization's process for identifying appropriate digital tools or devices that could benefit eligible individuals.

NCQA does not prescribe the process, but it may include assessing the:

- Usability of the tool or device.
- Accessible functions or formats of the tool or device.
- Cost of the tool or device.
- Data integration capabilities of the tool or device.
- Accuracy of tool or device measurements.
- Alignment of the tool or device with the clinical needs of individuals.

- Approval of the tool or device by a regulatory authority.
- Privacy features of the tool or device.

Exceptions

This element is NA if the organization offers no programs that integrate or directly collect data from digital devices.

Related information

None.

Examples

Digital devices or tools

- Continuous glucose monitors.
- Continuous blood pressure monitors.
- Activity trackers.
- Biometric wearables.
- Sleep trackers.
- Smart scales.

Element C: Device Data Use and Permissions

The organization has policies and procedures addressing its process for:

1. Informing individuals or caregivers how it intends to use their device data.
2. Obtaining consent from individuals or caregivers for device data use.
3. Sharing device data with the individual's care team, with consent.
4. Tracking receipt of individual device data.
5. Tracking removal of individual device data.

Scoring	Met	Partially Met	Not Met
	The organization meets 4-5 factors	The organization meets 2-3 factors	The organization meets 0-1 factors

Data source Documented process

Scope of review NCQA reviews the organization's policies and procedures for informing eligible individuals or their caregiver how it intends to use device data and asking for consent for data use.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation **Factor 1: Informing individuals or caregivers**

The organization's policies and procedures describe the process for informing individuals or caregivers how it obtains, tracks, stores, and uses individual data received from a digital tool or device and for notifying individuals or caregivers if its process changes.

Factor 2: Obtaining consent

The organization's policies and procedures describe the process for obtaining consent from individuals or caregivers for device data use.

Factor 3: Sharing device data

The organization's policies and procedures describe the process for sharing the device data with the individual's care team, after consent has been obtained.

Factor 4: Receipt of data

The organization's policies and procedures describe the process for tracking when data from an individual's device is received and recorded.

Factor 5: Removal of data

The organization's policies and procedures describe the process for tracking when data from an individual's device is removed. This includes securely removing all individual data before a device is given to another user.

Exceptions

This element is NA if the organization offers no programs that integrate or directly collect data from digital devices.

Related information

None.

Examples None.

DE 6: Measuring Intervention Outcomes

The organization evaluates the engagement and clinical outcomes associated with its interventions.

Intent

The organization evaluates the outcomes of its interventions to assess their impact on the health of eligible individuals.

Element A: Goal Setting Process

The organization has a process for developing goals through active engagement with individuals and caregivers that meet individual needs, preferences and values.

Scoring	Met	Partially Met	Not Met
	The organization meets the requirement	NA	The organization does not meet the requirement

Data source Documented process

Scope of review NCQA reviews the organization's documented process for developing goals through active engagement with eligible individuals and caregivers.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization's documented process for developing goals should consider the individuals:

- Risks identified through health assessment, coaching, or other data
- Health goals including wellness goals (e.g. weight management) or condition management goals (e.g. controlling blood pressure).
- Lifestyle management goals such as healthy eating, exercise, and incorporating stress management techniques.
- Strengths and barriers tied to social determinants of health, lifestyle, support, family dynamics, and preferences.
- Preferred method of communication.
- Access to community resources (e.g., community health workers).
- Technology access and integration (if any) of digital supports, including use of self-management support tools.
- Caregiver input, to the extent desired by the eligible individual.

Documented goals should be personalized, structured, measurable goals identified by the individual or caregiver. Programs may use the SMART goal framework (e.g., goals are specific, measurable, attainable, relevant and time bound) to ensure goals meet the standard.

Exceptions

None.

Related information

None.

Examples

None.

Element B: Goal Setting Measures

The organization annually measures the following NCQA WCM Performance Measures to assess engagement:

1. Goal Initiation.
2. Goal Attainment.

Scoring

Met	Partially Met	Not Met
The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source

Report

Scope of review

NCQA reviews the organization's most recent measure report.

Look-back period*For Initial and Renewal Surveys:* Prior to the survey date.**Explanation**

The organization annually measures the following specified WCM Performance Measures:

1. Goal Initiation.
2. Goal Attainment.

The organization documents information about its performance on the measures. NCQA reviews the WCM 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 this Element.

Refer to *Appendix 3: Technical Specifications for WCM* for measure descriptions and specifications.

Exceptions

None.

Related information

None.

Examples None.

Element C: Risk Reduction Measures

The organization annually measures the following NCQA WCM Performance Measures to determine the effectiveness of its intervention:

1. Risk Reduction—BMI Reduction and Maintenance.
2. Risk Reduction—Smoking or Tobacco Use Quit Rate.
3. Risk Reduction—Physical Activity Levels.
4. Risk Reduction—Overall.

Scoring	Met	Partially Met	Not Met
	The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors

Data source Documented process, Reports

Scope of review For factors 1–4, NCQA reviews the organization’s most recent measure report.

Look-back period For Initial and Renewal Surveys: Prior to the survey date.

Explanation **Factors 1-4:**

The organization annually measures the following specified WCM Performance Measures:

1. Risk Reduction—BMI Reduction and Maintenance.
2. Risk Reduction—Smoking or Tobacco Use Quit Rate.
3. Risk Reduction—Physical Activity Levels.
4. Risk Reduction—Overall.

The organization documents information about its performance on the measures. NCQA reviews the WCM 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 this Element.

Refer to *Appendix 3: Technical Specifications for WCM* for measure descriptions and specifications.

Exceptions

None.

Related information

None.

Examples

None.

Element D: Healthy Habits Measures

The organization defines at least two healthy habit measures and annually uses data and the following methods to evaluate the impact of interventions:

1. Defines two or more valid measures of healthy habits.
2. Conducts an annual evaluation of performance on two or more valid measures of healthy habits.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Completed *Program Measure Template*, Documented Process, Reports

Scope of review *For factor 1:* NCQA reviews the completed *Program Measure Template* and documented process describing the organization's method for conducting an annual analysis.

For factor 2: NCQA reviews the organization's most recent annual measurement report describing the results of its analysis.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization specifies its method defining and annually evaluating measures to assess impact of programs on improving healthy habits. Healthy habits are behaviors that support physical, mental, and emotional well-being. These include behaviors such as, but not limited to, getting adequate sleep, managing stress, avoiding risky substances, staying socially connected, eating a nutritious diet and adhering to medications.

Refer to *Appendix X: Program Measure Template* for required documentation for defining measures.

Population for data collection

Data are collected across programs and services to identify organization-wide opportunities for improvement. The organization must define its measurement population by selecting three programs or services that serve three distinct clients. If the organization offers multiple types of programs or services (e.g., health coaching, health appraisals, and education materials), the selections must include more than one type of offering. If the organization offers only one type of program or service (e.g., health appraisals only), that single offering may be used for all three clients.

The selected clients and offerings constitute the required population for all measurement standards. The organization must use this same population consistently across all measurement activities.

Valid healthy habits measures

If the organization uses measures other than HEDIS, the measures must:

- Address a relevant process or outcome.
- Produce a quantifiable result.
- Be population based.
- Use data and a method that are valid for the process or outcome being measured.

Factor 1: Measures of healthy habits

The organization completes all required fields in the *Program Measure Template (Appendix X)* to describe the specifications and methodology behind its measures. If the organization is using one or more HEDIS measures, the HEDIS Measure Name and associated Measurement Year must be documented. In such cases, only changes from the HEDIS-defined specifications must be described, such as revisions to denominator definitions, exclusions, or subgroup stratifications.

The organization uses individual-level data or information systems to identify individuals captured in the measure's numerator and denominator.

Factor 2: Annual performance evaluation

The organization describes its method for conducting an annual analysis of findings from the measures defined in Factor 1. This includes a first-level, quantitative data analysis that incorporates aggregate results and a comparison based on a selected subgroup characteristic (e.g. age group, gender). This may include comparing the best-performing subsample or a predefined benchmark or reference group.

A **quantitative analysis** is a comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis draws 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.

The method must also include an approach for evaluating the impact of changes to program or intervention design on measured outcomes. This approach may include both conceptual justification (e.g., conceptual model, theory of action) or quantitative justification (e.g., pre-post analysis).

Exceptions

None.

Related information

None.

Examples HEDIS measure:

- The organization identifies *Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)* as a target measure, given program focus on patients with cardiovascular disease. The organization refines the denominator to include members with meaningful engagement during the 9-month program intervention period. The organization selects preferred language as the subgroup criteria for evaluation. To evaluate impact of program intervention refinements throughout the year, the organization leverages the *Health Belief Model* as a framework to assess barriers to individual achievement of outcomes.⁹

Non-HEDIS measure:

- The organization evaluates the six pillars of lifestyle medicine and identifies improved sleep quality as a target measure for the restorative sleep pillar.¹⁰ The organization defines the numerator of the measure based on reference to key literature, and the denominator based on patients who set a program goal. The organization selects sex as the subgroup criteria for evaluation. To evaluate the impact of program intervention refinements throughout the year, the organization leverages the *eHealth Literacy* model as a framework to assess impact.¹¹

Element E: Screening and Prevention Measures

The organization defines at least two screening and prevention measures and annually uses data and the following methods to evaluate the impact of interventions:

1. Defines two or more valid measures of screening and prevention.
2. Conducts an annual evaluation of performance on two or more valid measures of screening and prevention.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Completed *Program Measure Template*, Documented process, Reports

Scope of review *For factor 1:* NCQA reviews the completed *Program Measure Template* and documented process describing the organization's method for conducting an annual analysis.

For factor 2: NCQA reviews the organization's most recent annual measurement report describing the results of its analysis.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

⁹ <https://journals.sagepub.com/doi/10.1177/109019817400200405>

¹⁰ <https://lifestylemedicine.org/about-lifestyle-medicine/>

¹¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC11937704/>

Explanation The organization specifies its method defining and annually evaluating measures to assess impact of programs on screening and prevention targets. Screening and prevention activities are activities that help identify health risks early to reduce the onset or impact of disease. Screening and prevention activities include activities such as cancer screenings, blood pressure screenings, depression screenings, immunizations, and preventive care visits. Refer to Appendix X: *Program Measure Template* for required documentation for defining measures.

Population for data collection

Data are collected across programs and services to identify organization-wide opportunities for improvement. The organization must define its measurement population by selecting three programs or services that serve three distinct clients. If the organization offers multiple types of programs or services (e.g., health coaching, health appraisals, and education materials), the selections must include more than one type of offering. If the organization offers only one type of program or service (e.g., health appraisals only), that single offering may be used for all three clients.

The selected clients and offerings constitute the required population for all measurement standards. The organization must use this same population consistently across all measurement activities.

Valid screening and prevention measures

If the organization uses measures other than HEDIS, the measures must:

- Address a relevant process or outcome.
- Produce a quantifiable result.
- Be population based.
- Use data and a method that are valid for the process or outcome being measured.

Factor 1: Measures of screening and prevention

The organization completes all required fields in the *Program Measure Template (Appendix X)* to describe the specifications and methodology behind its measures. If the organization is using one or more HEDIS measures, the HEDIS Measure Name and associated Measurement Year must be documented. In such cases, only changes from the HEDIS-defined specifications must be described, such as revisions to denominator definitions, exclusions, or subgroup stratifications.

The organization uses individual-level data or information systems to identify individuals captured in the measure's numerator and denominator.

Factor 2: Annual performance evaluation

The organization describes its method for conducting an annual analysis of findings from the measures defined in factor 1. This includes a first-level, quantitative data analysis that incorporates aggregate results and a comparison based on a selected subgroup characteristic (e.g. age group,

gender). This may include comparing the best-performing subsample or a predefined benchmark or reference group.

A **quantitative analysis** is a comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis draws 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.

The method must also include an approach for evaluating the impact of changes to program or intervention design on measured outcomes. This approach may include both conceptual justification (e.g., conceptual model, theory of action) or quantitative justification (e.g., pre-post analysis).

Exceptions

None.

Related information

None.

Examples

HEDIS measure:

- The organization identifies Depression Screening and Follow-Up (DSF-E) as a target measure. The organization refines the denominator to include members with meaningful engagement during the 6-month program intervention period. The organization selects Age as the subgroup criteria for evaluation and defines subgroup categories as 5-year age bands. To evaluate impact of program intervention refinements throughout the year, the organization leverages the *eHealth Literacy* model as a framework to assess impact.¹²

Non-HEDIS measure:

- The organization identifies Screening for Digital Health Readiness as a target measure. The organization defines the numerator of the measure based on reference to key literature, and the denominator based on patients who set a program goal. The organization selects sex as the subgroup criteria for evaluation. To evaluate the impact of program intervention refinements throughout the year, the organization leverages the *eHealth Literacy* model as a framework to assess impact.¹²

¹²<https://pmc.ncbi.nlm.nih.gov/articles/PMC11937704/>

Element F: Clinical Outcome Measures

The organization defines at least two clinical outcome measures and annually uses data and the following methods to evaluate the impact of interventions:

1. Defines two or more valid clinical outcome measures.
2. Conducts an annual evaluation of performance on two or more valid measures of clinical outcomes.

Scoring	Met	Partially Met	Not Met
	The organization meets 2 factors	The organization meets 1 factor	The organization meets 0 factors

Data source Completed *Program Measure Template*, Documented Process, Reports

Scope of review *For factor 1:* NCQA reviews the completed *Program Measure Template* and documented process describing the organization's method for conducting an annual analysis.

For factor 2: NCQA reviews the organization's most recent annual measurement report describing the results of its analysis.

Look-back period *For Initial and Renewal Surveys:* Prior to the survey date.

Explanation The organization specifies its method defining and annually evaluating measures to assess impact of programs on outcome targets. Clinical outcomes are measurable changes in an individual's health status or overall wellbeing. This includes outcomes such as reduced LDL cholesterol level, improved HbA1c levels, improved mental health functioning, controlled blood pressure, and other outcomes.

Refer to *Appendix X: Program Measure Template* for required documentation for defining measures.

Population for data collection

Data are collected across programs and services to identify organization-wide opportunities for improvement. The organization must define its measurement population by selecting three programs or services that serve three distinct clients. If the organization offers multiple types of programs or services (e.g., health coaching, health appraisals, and education materials), the selections must include more than one type of offering. If the organization offers only one type of program or service (e.g., health appraisals only), that single offering may be used for all three clients.

The selected clients and offerings constitute the required population for all measurement standards. The organization must use this same population consistently across all measurement activities.

Valid clinical outcome measures

If the organization uses measures other than HEDIS, the measures must:

- Address a relevant process or outcome.
- Produce a quantifiable result.
- Be population based.
- Use data and a method that are valid for the process or outcome being measured.

Factor 1: Outcome measures

The organization completes all required fields in the *Program Measure Template (Appendix X)* to describe the specifications and methodology behind its measures. If the organization is using one or more HEDIS measures, the HEDIS Measure Name and associated Measurement Year must be documented. In such cases, only changes from the HEDIS-defined specifications must be described, such as revisions to denominator definitions, exclusions, or subgroup stratifications.

The organization uses individual-level data or information systems to identify individuals captured in the measure's numerator and denominator.

Factor 2: Annual performance evaluation

The organization describes its method for conducting an annual analysis of findings from the measures defined in Factor 1. This includes a first-level, quantitative data analysis that incorporates aggregate results and a comparison based on a selected subgroup characteristic (e.g. age group, gender). This may include comparing the best-performing subsample or a predefined benchmark or reference group.

A **quantitative analysis** is a comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis draws 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.

The method must also include an approach for evaluating the impact of changes to program or intervention design on measured outcomes. This approach may include both conceptual justification (e.g., conceptual model, theory of action) or quantitative justification (e.g., pre-post analysis).

Exceptions

None.

Related information

None.

Examples**HEDIS measure:**

- The organization identifies Controlling High Blood Pressure (CBP) as a target measure. The organization refines the denominator to include members with meaningful engagement during the 6-month program intervention period. The organization selects Age as the subgroup criteria for evaluation and defines subgroup categories as 5-year age bands. To evaluate impact of program intervention refinements throughout the year, the organization compares performance among cohorts who received revised interventions to those who received the original program using regression analysis.

Non-HEDIS measure:

- The organization identifies the number of individuals who remain in a “healthy” risk category (e.g., low-risk, no new conditions identified) on a follow-up health appraisal after an initial baseline assessment. The organization defines the numerator of the measure based on reference to key literature, and the denominator based on patients who set a program goal. The organization selects sex as the subgroup criteria for evaluation. To evaluate the impact of program intervention refinements throughout the year, the organization leverages the *eHealth Literacy* model as a framework to assess impact.¹³

¹³ <https://pmc.ncbi.nlm.nih.gov/articles/PMC11937704/>