

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

March 27, 2023

This document includes the corrections, clarifications and policy changes to the 2020 Wellness and Health Promotion standards and guidelines. NCQA has identified the appropriate page number in the publication and the standard/element head and subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

- A **correction (CO)** is a change made to rectify an error in the standards and guidelines.
- A **clarification (CL)** is additional information that explains an existing requirement.
- A **policy change (PC)** is a modification of an existing requirement.

An organization undergoing a survey under the 2020 WHP Standards and guidelines must implement corrections and policy changes within 90 calendar days of the IRT release date, unless otherwise specified. The 90-calendar-day advance notice does not apply to clarifications or FAQs, because they are not changes to existing requirements.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
23	Policies and Procedures—Section 2: Accreditation, Scoring and Status Requirements	Determining Accreditation/Certification Status—Corrective action	<p>In certain circumstances, NCQA may require the organization to take corrective actions and submit a CAP. Corrective actions are steps taken to improve performance when specific NCQA Accreditation requirements are not met. Corrective action requests are not specific to failed must-pass elements, which are also addressed during the CAP Survey process.</p> <p>Specific to interrater reliability (IRR) issues during the survey process, if an organization is found to be noncompliant during its survey, and the issue was not identified during a previous survey where the same requirement was reviewed and evaluated with evidence provided by the organization that was the same as or similar to the evidence provided previously, NCQA may require the organization to submit a corrective action plan addressing the noncompliant requirement.</p> <p>In most cases, this will not adversely impact the organization's Accreditation status. Failure to timely comply with requested corrective action requests may result in a lower score, or reduction or loss of Accreditation status. Refer to <i>Interrater Reliability</i> in <i>Section 5: Additional Information</i> for the definition and information about interrater reliability.</p>	CL	3/27/23

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16	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Accreditation and Certification	<p>Add the following new subhead and text at the end of “Eligibility for Accreditation.”</p> <p>Eligibility for international organizations</p> <p>NCQA standards evaluate performance of U.S. health care organizations and their U.S. operations only. Organizations that apply for and participate in an NCQA Survey must agree to comply with all applicable U.S. federal, state and other applicable laws, and must agree that the use of NCQA products and services shall for all purposes be governed, interpreted, construed and enforced solely and exclusively in accordance with U.S. laws and regulations, without regard to conflicts of law provisions thereof.</p> <p>NCQA limits evaluation to organizations that operate in and outside the United States, and limits award of NCQA status to an organization’s U.S. operations. Organizations that do not operate in the United States (i.e., conduct all activities in the U.S., including in states and territories; conduct operations for U.S. members and clients) or have members, patients or clients in the United States are not eligible for Wellness and Health Promotion Accreditation. NCQA does not evaluate operations of organizations that do not operate in the United States, or that do not have U.S. members, patients or clients.</p> <p>When determining eligibility of an organization with both U.S. and foreign operations, NCQA applies the following criteria:</p> <ol style="list-style-type: none"> 1. The applicant organization must be the accountable (responsible) entity for performing NCQA-reviewed functions, and must describe how it meets NCQA’s definition of an accreditable, certifiable or eligible entity. A parent, holding or shell company may not be eligible to apply. 2. The applicant organization must be a U.S. company, or be owned by a U.S. company, and provide services in the United States. An applicant organization that is not a U.S. company, but is owned by a U.S. company, must be domiciled in the United States by holding a business license or registration in at least one U.S. state or territory. The organization must submit evidence to reflect incorporation, registration or licensure to satisfy this criterion. 3. To be listed on NCQA’s public report card, the applicant organization must have a United States address for a facility, business office or administrative location. NCQA does not allow organizations to list an address of a 	CL	11/14/22

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			<p>personal residence or U.S. statutory agent unless the organization conducts NCQA-reviewed functions from the address.</p> <p>4. If any function to be reviewed is performed outside the United States, the organization must have the capability to complete the onsite survey (and/or any tour) virtually, and to present all required files electronically. Because NCQA does not travel outside the country for onsite reviews, the applicant organization must coordinate a virtual review to satisfy onsite requirements, which may include staff interviews or site tours, as described in NCQA standards. All virtual reviews must be conducted in English or with English translations for the NCQA survey team.</p> <p>5. The applicant organization must meet all other eligibility criteria specified in the preceding section.</p> <p>Any organization with U.S. and foreign operations that meets the criteria above may apply for an NCQA Survey, and may include functions performed outside the United States in its NCQA Survey.</p>		
22	Policies and Procedures—Section 2: Accreditation, Scoring and Status Requirements	Corrective action	<p>Replace the text with the following:</p> <p>In certain circumstances, NCQA may require corrective action and submission of a corrective action plan (CAP) by the organization.</p> <p>Corrective actions are steps taken to improve performance when an organization does not meet specific NCQA Accreditation requirements. Failure to timely comply with requested corrective action may result in a lower score or reduction or loss of Accreditation or Certification status.</p> <p>A CAP is considered complete when NCQA notifies the organization that all identified deficiencies are resolved and corrective actions have been implemented. If the CAP is not completed within the agreed-on time frame, the organization must notify NCQA of the reason.</p> <p>The ROC determines completion of the CAP. If the CAP is considered incomplete, the ROC may extend the CAP, reduce the organization's status or issue a Denied Accreditation or Certification status as specified below.</p>	CL	11/23/20

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			<table><tr><th>If the Organization...</th><th>The ROC May...</th></tr><tr><td>Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.</td><td>Extend the CAP or reduce the organization's status from Accredited or Certified to Denied.</td></tr><tr><td>Does not complete the CAP after an extension, or Is unwilling or unable to formulate a satisfactory CAP within the required time frame, or Makes no attempt to complete an agreed-on CAP.</td><td>Issue a Denied Accreditation or Certification status.</td></tr></table>		If the Organization...	The ROC May...	Formulates a satisfactory CAP but fails to adequately implement it within the time frame specified in the CAP.	Extend the CAP or reduce the organization's status from Accredited or Certified to Denied.	Does not complete the CAP after an extension, or Is unwilling or unable to formulate a satisfactory CAP within the required time frame, or Makes no attempt to complete an agreed-on CAP.	Issue a Denied Accreditation or Certification status.		
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25	Policies and Procedures—Section 2: Accreditation, Scoring and Status Requirements	Must-Pass Elements	Revise the text in the paragraph under the table to read: Organizations coming through for NCQA Certification must also achieve at least 50% for each element in the following standards, as applicable: <ul style="list-style-type: none">• WHP 5, Health Appraisals.• WHP 7, Self-Management Tools.• WHP 8, Health Coaching.		CL	11/23/20						
25	Policies and Procedures—Section 2: Accreditation, Scoring and Status Requirements	Must-Pass Elements	Add the following language under the bullets in the second paragraph that reads: For example, for organizations seeking WHP Certification for Health Appraisals, all elements in WHP 5 are considered must-pass; the organization must achieve at least 50% for each element.		CL	7/26/21						
34	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events	Add the following as a new second and third paragraph: Reporting obligations are effective upon issuance of the notice of sanctions, issuance of a fine or request for corrective action. The notification requirement is not paused as a result of any appeal or negotiations with the applicable regulatory authority.		CL	7/25/22						

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			All Reportable Events must be submitted through My NCQA (https://my.ncqa.org).		
34	Policies and Procedures—Section 5: Additional Information	Notifying NCQA of Reportable Events—Annual Attestation of Compliance With Reportable Events	<p>Revise the information in this section to read:</p> <p>On an annual basis, the organization must also complete an attestation signed by an officer or other authorized signatory of the organization, affirming that it has notified NCQA of all Reportable Events specified within NCQA policies and procedures. Failure to comply with Reportable Events submission or annual attestation requirements may result in suspension or revocation of Accreditation/Certification status.</p> <p>Annually, NCQA will send an email reminder to the designated Accreditation/Certification contact to complete the annual attestation on My NCQA (https://my.ncqa.org). The attestation must be completed within 30 days of the email notification.</p>	CL	7/25/22
35	Policies and Procedures—Section 5: Additional Information		<p>Add the following new section head and text between “Notifying NCQA of Reportable Events” and “Discretionary Survey.”</p> <p>Interrater Reliability</p> <p>NCQA strives for consistency in the Accreditation/Certification process and across all surveys.</p> <p>NCQA defines “interrater reliability” (IRR) as the extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated.</p> <p>To support consistency, NCQA will continue to clarify standards and educate surveyors. Organizations preparing for survey should also review all applicable standards, including changes between standards years and related NCQA corrections, clarifications, and policy changes, as well as FAQs, focusing on the standards’ intent, scored elements and factors, explanations, and type of evidence (data sources) required to demonstrate that a requirement is met.</p>	CL	7/25/22

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			<p>Reporting IRR Issues to NCQA</p> <hr/> <p>Report suspected IRR issues to NCQA during the following survey stages:</p> <ul style="list-style-type: none"> • When the organization responds to initial issues (following the conference call with the surveyor and ASC). • During the organization review and comment stage (during the post-survey review process). • During a Reconsideration (after the survey is completed). <p>Issues may be reported in the survey tool (IRT) or by submitting a case to My NCQA (https://my.ncqa.org).</p> <p>To protect the integrity of the Accreditation process, NCQA does not accept materials in an IRR report that did not exist at the time of the original completed survey tool submission.</p> <p>As a reminder, file review results may not be disputed or appealed once the onsite survey is complete, whether completed in-person or virtually. If you suspect an IRR issue related to a file review element, the issue should be reported during the onsite survey.</p> <p>NCQA performs an expedited review of reported IRR concerns on non-file review elements to ensure timely and accurate Accreditation/ Certification decisions. Based on review of a potential issue, NCQA may:</p> <ol style="list-style-type: none"> 1. <i>If NCQA's scoring was inconsistent for non-file review elements</i>, issue a one-time exception for scoring of the standard, and require a Corrective Action Plan (CAP). NCQA reserves the right to determine if scoring was inconsistent. 2. <i>If no inconsistency is found</i>, maintain the standard score. <p>NCQA analyzes IRR information to identify opportunities to clarify requirements or enhance surveyor education.</p>		

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39	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation/Certification	Revise the first sentence under the “Grounds for immediate suspension” subhead to read: Grounds for recommending suspension of status include, but are not limited to:	CL	7/25/22
39	Policies and Procedures—Section 5: Additional Information	Suspending Accreditation/Certification	Add the following as a new sixth bullet under the “Grounds for immediate suspension” subhead: <ul style="list-style-type: none"> • Failure to comply with Reportable Events submission or annual attestation completion requirements. 	CL	7/25/22
39	Policies and Procedures—Section 5: Additional Information	Revoking Accreditation/Certification	Revise the sixth bullet under “Grounds for revocation” to read: <ul style="list-style-type: none"> • The organization violates other published NCQA policies, including failure to submit Reportable Events or completion of annual attestation. 	CL	7/25/22
38	Policies and Procedures—Section 5	Mergers and Acquisitions	Revise the email address in the second paragraph to read: SIG@ncqa.org	CO	3/28/22
55	WHP 1, Element G	Explanation—Factor 1: Measure results	Revise the second bullet to read: <ul style="list-style-type: none"> • NCQA WHP Performance Measures results. 	CL	11/22/21
124	WHP 9, Element C	Factor 2: Not marketing or advertising	Revise the second paragraph under the factor 2 explanation to read: If the organization does not advertise, market or promote products or services, it distributes a disclosure statement to this effect, to all customers. This requirement is met if the organization includes this statement in public disclosure declarations: <ul style="list-style-type: none"> • In the organization’s wellness and health promotion materials, or • On the organization’s website, or • In the organization’s client contracts. If the organization does not include the declaration in public disclosure statements, it provides the information upon request from customers, and notifies customers that the information is available.	CL	7/25/22
124	WHP 9, Element C	Factor 2: Not marketing or advertising	Revised the third paragraph to read: If the organization does not include the declaration in public disclosure statements, it provides the information upon request from customers, and notifies customers that the information is available.	CL	7/25/22

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135	WHP 12, Element A	Summary of Changes	Revise the first bullet under “Clarifications” in the Summary of Changes section to read: <ul style="list-style-type: none"> Added “annually” to the element stem to clarify that organizations must annually measure WHP Performance Measures and submit results to NCQA at the time of survey. 	CL	7/26/21
136	WHP 12, Element A	Explanation	Revise the first sentence in the second paragraph of the Explanation to read: NCQA assesses whether the organization annually measures the WHP Performance Measures and calculates the results.	CL	11/23/20
136	WHP 12, Element A	Explanation	Revise the second paragraph in the Explanation to read: The organization annually measures the WHP Performance Measures and documents information about its performance on the measures. NCQA reviews the WHP Performance Measures Reporting Tool submitted by the organization during the survey process which contains the most recent and previous year’s annual measurements, as applicable. Annual measurements are not required to be submitted to NCQA outside the survey process. The Performance measure results are not required to be audited. Documentation of annual measurements should be attached to Element A.	CL	7/26/21
136	WHP 12, Element A	Explanation	Remove the following language under the Explanation: Annual resubmission The organization submits measure results annually, at the time of its survey.	CL	7/26/21
143	WHP 13, Element E	Exceptions	Add the following as an exception: This element is NA if the organization has no opportunities to improve performance. NCQA evaluates whether this conclusion is reasonable, given assessment results.	CL	3/28/22
146, 148, 149	WHP 14, Elements B–D	Summary of Changes	Revise the second bullet under <i>Clarifications</i> in the <i>Summary of Changes</i> to read: <ul style="list-style-type: none"> Relettered elements in WHP 14 to account for the 2019 retirement of WHP 14, Element B, “Provisions for PHI.” 	CL	11/23/20

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4-1	Appendix 4—Delegation and Automatic Credit Guidelines	Definitions	<p>Add the following as a new definition:</p> <p>Previously unidentified delegate</p> <p>A contracted delegate identified during a survey that was not initially reported by the organization in the NCQA delegation worksheet.</p>	CL	3/28/22
4-4	Appendix 4—Delegation and Automatic Credit Guidelines	How NCQA Evaluates Delegation—Delegation oversight—De facto delegation	<p>Revise the following subhead and first paragraph to read:</p> <p>Previously unidentified delegates and de facto delegation</p> <p>If NCQA identifies previously unidentified delegates or de facto delegation at any point after selecting the delegates (including during the offsite survey), NCQA reserves the right to review oversight of the previously unidentified delegates or de facto delegates by selecting them at random to include up to two delegates in addition to the four originally selected.</p>	CL	3/28/22
6-4	Appendix 6—Glossary		<p>Add the following as a new definition:</p> <p>interrater reliability: The extent to which two or more independent surveyors produce similar results when assessing whether the same requirement is met—the level of confidence that similarly trained individuals would be likely to produce similar scores on the same standards for the same product when the same evidence is evaluated.</p>	CL	7/25/22
6-4	Appendix 6—Glossary		<p>Add the following two definitions:</p> <p>Qualitative analysis An examination of the underlying reason for or cause of results, including deficiencies or processes that may present barriers to improvement or cause failure to reach a stated goal. Qualitative analysis must draw conclusions about why the results are what they are and involves staff responsible for executing a program or process. Also called a causal, root cause or barrier analysis.</p> <p>Quantitative analysis A comparison of numeric results against a standard or benchmark, trended over time. Quantitative analysis must draw conclusions about what results mean. Unless specified, tests of statistical significance are not required, but may be useful when analyzing trends. NCQA does not require that results be trended for Initial Surveys.</p>	CL	11/14/22