

NCQA Population Health Management Requirements: Data Collection, Assessment, and Population Segmentation/Risk Stratification

Activity: Data Integration

NCQA Element and Scoring	NCQA Requirements	Additional NCQA Guidance
<p>PHM 2 Element A</p> <p>To fully meet the criteria the organization must meet 3-7 factors.</p>	<p>The organization integrates the following data for use in population management:</p> <ol style="list-style-type: none"> 1. Medical and behavioral claims or encounters 2. Pharmacy claims 3. Laboratory results 4. Health appraisal results 5. Electronic Health Records 6. Health services programs within the organization 7. Advanced data sources 	<p>Data integration is combining data from multiple sources databases. Data may be combined from multiple systems and sources (e.g., claims, pharmacy), across care sites (e.g., inpatient, ambulatory, home) and across domains (e.g., clinical, business, operational).</p> <p>The organization may limit data integration to the minimum necessary to identify eligible members and determine and support their care needs.</p>

Activity: Population Assessment

NCQA Element and Scoring	NCQA Requirements	Additional NCQA Guidance
<p>PHM 2: Element B</p> <p>To fully meet the criteria the organization must meet 3-5 factors.</p>	<p>The organization annually:</p> <ol style="list-style-type: none">1. Assesses the characteristics and needs, including social determinants of health, of its member population2. Identifies and assesses the needs of relevant sub-populations3. Assesses the needs of child and adolescent members4. Assesses the needs of members with disabilities5. Assesses the needs of members with serious and persistent mental illness	<p>At least 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>

Activity: Population Segmentation and Risk Stratification

NCQA Element	NCQA Requirements	Additional NCQA Guidance
<p>PHM 2: Element D</p> <p>This element is scored as met or not met.</p>	<p>At least annually, the organization segments or stratifies its entire population into subsets for targeted intervention.</p> <p>Population segmentation divides the population into meaningful subset using information collected through population assessment and other data sources.</p> <p>Risk stratification uses the potential risk or risk status of individuals to assign them to tiers or subsets. Members in specific subsets may be eligible for programs or receive specific services.</p>	<p>Segmentation and risk stratification result in the categorization of individuals with care needs at all levels and intensities. Segmentation and risk stratification are means of targeting resources and interventions to individuals who can most benefit from them. Either process may be used to meet this element.</p> <p>Segmentation and stratification use the findings from the population assessment and data integration (e.g., clinical and behavioral data, population and social needs) to determine programs or services for which members are eligible. Although these methods may include utilization/resource use or cost information. Methods that use only cost information for segmentation and stratification do not meet the intent of this element.</p>