NCQA
Measuring quality.
Improving health care.

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Updates to PCMH Recognition 2026

Proposed New Elective Criteria and Alignment to Virtual Care Best Practices

- TC (New): Patient Consent. Do you support the inclusion of this new criterion?
- KM (New): Prescribing Patterns. Do you support the inclusion of this new criterion?
- KM (New): Interpreter Services. Do you support the inclusion of this new criterion?
- KM (New): Virtual Care Training. Do you support the inclusion of this new criterion?
- AC (New): Appropriate Modality of Care. Do you support the inclusion of a new criterion?
- AC (New): Information for Appeals. Do you support the inclusion of this new criterion?
- AC (New): Services Covered by Insurance. Do you support the inclusion of this new criterion?
- QI (New): Assessment of Clinician and Care Team Experience. Do you support the inclusion of this new criterion?
- QI (New): Goals and Actions to Improve Clinician and Care Team Experiences. Do you support the inclusion of a new criterion?
- KM 14: Medication Reconciliation. Do you support the proposed threshold of at least 90% of patients reviewed and reconciled at each visit (replacing previous threshold of *at least 80%*)?

Proposed Retirements

- TC 03: External PCMH Collaborations. Do you support retirement of this criterion?
- TC 09: Medical Home Information. Do you support retirement of this criterion?
- KM 08: Patient Materials. Do you support retirement of this criterion?
- KM 15: Medication Lists. Do you support retirement of this criterion?
- KM 18: Controlled Substance Review. Do you support retirement of this criterion?
- KM 25: School/Intervention Agency Engagement. Do you support retirement of this criterion?
- KM 28: Case Conferences. Do you support retirement of this criterion?
- CC 12: Co-Management Arrangements. Do you support retirement of this criterion?
- QI 18: Electronic Submission of Measures. Do you support retirement of this criterion?

Proposed Updates to Align With Health Plan Accreditation

- KM 26: Community Lists. Do you support the inclusion of payer-supported resources in this criterion?
- CC 21: External Electronic Exchange of Information. Do you support the proposed inclusion of payers in the scope of this criterion?

Proposed Updates to Cadence to Ensure Ongoing Transformation

- TC 06: Individual Patient Care Meetings/ Communication (*twice a week).* Do you support adding this cadence to this activity?
- TC 07: Staff Involvement in Quality Improvement (annually). Do you support adding this cadence to this activity?
- KM 02: Comprehensive Health Assessment (annually). Do you support adding this cadence to this activity?
- KM 03: Depression Screening (annually). Do you support adding this cadence to this activity?
- KM 04: Behavioral Health Screenings (annually). Do you support adding this cadence to this activity?
- KM 05: Oral Health Assessment (annually). Do you support adding this cadence to this activity?
- KM 06: Predominant Conditions (annually). Do you support adding this cadence to this activity?
- KM 07: Social Determinants of Health (annually). Do you support adding this cadence to this activity?
- KM 09: Diversity (annually). Do you support adding this cadence to this activity?
- KM 11: Population Needs B. Educates practice staff on health literacy (annually). Do you support adding this cadence to this activity?
- KM 11: Population Needs C. Educates practice staff in cultural competence (annually). Do you support adding this cadence to this activity?
- KM 17: Medication Responses and Barriers (all relevant visits). Do you support adding this cadence to this activity?
- KM 21: Community Resource Needs (annually). Do you support adding this cadence to this activity?
- KM 23: Oral Health Education (all relevant visits). Do you support adding this frequency to this activity?
- KM 26: Community Resource List (annually, as needed). Do you support adding this cadence to this activity?
- KM 27: Community Resource Assessment (annually). Do you support adding this cadence to this activity?
- AC 01: Access Needs and Preferences (annually). Do you support adding this cadence to this activity?
- AC 09: Equity of Access (annually). Do you support adding this cadence to this activity?
- AC 11: Patient Visits with Clinician/Team (annually). Do you support adding this cadence to this activity?
- AC 13: Panel Size Review and Management (annually). Do you support adding this cadence to this activity?
- AC 14: External Panel Review and Reconciliation (annually). Do you support adding this cadence to this activity?
- CM 01: Identifying Patients for Care Management (annually). Do you support adding this cadence to this activity?
- CM 02: Monitoring Patients for Care Management (annually). Do you support adding this cadence to this activity?
- CM 03: Comprehensive Risk Stratification (annually). Do you support adding this cadence to this activity?
- CM 04: Person-Centered Care Plans (twice a year). Do you support adding this cadence to this activity?
- CM 05: Written Care Plans (twice a year). Do you support adding this cadence to this activity?
- CM 06: Patient Preferences and Goals (twice a year). Do you support adding this cadence to this activity?
- CM 07: Patient Barriers to Goals *(twice a year).* Do you support adding this cadence to this activity?
- CM 08: Self-Management Plan (twice a year). Do you support adding this cadence to this activity?
- CM 10: Person-Centered Outcomes Approach (twice a year). Do you support adding this cadence to this activity?

- CM 11: PCO: Monitoring and Follow-Up (twice a year). Do you support adding this cadence to this activity?
- CC 06: Commonly Used Specialists Identification (annually). Do you support adding this cadence to this activity?
- CC 07: Performance Information for Specialist Referrals (annually). Do you support adding this cadence to this activity?
- CC 14: Identifying Unplanned Hospital and ED Visits (near time of admission). Do you support adding this cadence to this activity?
- QI 03: Appointment Availability Assessment (annually). Do you support adding this cadence to this activity?
- QI 04: Patient Experience Feedback (annually). Do you support adding this cadence to this activity?
- QI 05: Health Disparities Assessment (annually). Do you support adding this cadence to this activity?
- QI 07: Vulnerable Patient Feedback (annually). Do you support adding this cadence to this activity?
- QI 08: Goals and Actions to Improve Clinical Quality Measures (annually). Do you support adding this cadence to this activity?
- QI 09: Goals and Actions to Improve Resource Stewardship (annually). Do you support adding this cadence to this activity?
- QI 10: Goals and Actions to Improve Appointment Availability (annually). Do you support adding this frequency cadence to this activity?
- QI 11: Goals and Actions to Improve Patient Experience (annually). Do you support adding this cadence to this activity?
- QI 13: Goals and Actions to Improve Disparities in Care/ Service (annually). Do you support adding this frequency cadence to this activity?
- QI 15: Reporting Performance Within the Practice (annually). Do you support adding this cadence to this activity?
- QI 16: Reporting Performance Publicly or With Patients (annually). Do you support adding this cadence to this activity?
- QI 17: Patient/Family/ Caregiver Involvement in Quality Improvement (annually). Do you support adding this cadence to this activity?
- QI 18: Electronic Submission of Measures *(annually).* Do you support adding this cadence to this activity?

Global Questions

- Will the proposed updates assist your organization in meeting its objectives? If so, how? If not, why not?
- Are there key expectations not addressed in the proposed requirements?
- Are the requirements feasible?
- Are the requirements clearly written and framed in a manner representative of the organizations that perform the activities?

Updates to UM Accreditation 2026

UM 3: UM Program Evaluation

- UM 3A: Program Description. Do you support the inclusion of new factor 5?
- UM 3A: Program Description. Do you support the inclusion of new factor 6?
- UM 3B: UM Data Collection. Do you support the inclusion of this new element?
- UM 3B: UM Data Collection. Do you support the requirement be reported on an annual basis?
- UM 3B: UM Data Collection. Do you support requiring the element be reviewed and scored by non-behavioral health, behavioral health, and pharmacy? Should NCQA require other dimensions for stratification?
- UM 3B: UM Data Collection. Should NCQA require organizations to report the prior authorization data at the procedural level, the individual code level within a procedure, or across all codes subject to prior authorization?
- UM 3B: UM Data Collection. For factor 2, do you support the 90% approval rate? If not, should NCQA consider a different threshold?
- UM 3B: UM Data Collection. For factor 4, do you support the proposed categories of reasons for denials? If not, should NCQA consider include other denial reasons?
- UM 3B: UM Data Collection. Do you support moving SY 2025 Element UM 5D: Timeliness Report to factor 7?
- UM 3B: UM Data Collection. For factor 7, do you support expanding the scope to all UM denial decisions not limited to medical necessity determinations?
- UM 3C: Analysis of UM Data Collection. Do you support the inclusion of this new element?
- UM 3D: UM Committee. Do you support the inclusion of this new element?
- UM 3E: Implementation of Improvement Actions. Do you support the inclusion of this new element?
- UM 3F: Measurement of the Effectiveness of Interventions. Do you support the inclusion of this new element?

UM 4: Clinical Criteria for UM Decisions

- UM 4B: Availability of UM Criteria. Do you support consolidation of factors 1 and 2?
- UM 4B: Availability of UM Criteria. Do you support the requirement that UM criteria are made available at the point of care?

UM 5: Communication Services

- UM 5A: Access to Staff. Do you support the inclusion of new factor 6?

UMA 1: Approvals/ Recommendations

- UMA 1A: Notification of Nonbehavioral Healthcare Decisions. For factor 3, do you support the proposed update to the notification time frame across all product lines?
- UMA 1A: Notification of Nonbehavioral Healthcare Decisions. What is a feasible glidepath for implementation of the time frame update?
- UMA 1B: Notification of Behavioral Healthcare Decisions. For factor 3, do you support the proposed update to the notification time frame across all product lines?
- UMA 1B: Notification of Behavioral Healthcare Decisions. What is a feasible glidepath for implementation of the time frame update?

- UMA 1C: Notification of Pharmacy Decisions. For factor 5, do you support the proposed update to the notification timeframe?
- UMA 1C: Notification of Pharmacy Decisions. What is a feasible glidepath for implementation of the time frame update?

UMA 2: Behavioral Health Decisions

- UMA 2B: Notification of Behavioral Healthcare Decisions. Do you support merging factors 3 and 4 and removing the product line reference to align with the other factors?
- UMA 2B: Notification of Behavioral Healthcare Decisions. For factor 3, do you support the proposed update to the notification time frame across all product lines?
- UMA 2B**:** Notification of Behavioral Healthcare Decisions. What is a feasible glidepath for implementation of the time frame update?

UMA 3: Non-Behavioral Health Decisions

- UMA 3B: Notification of Nonbehavioral Healthcare Decisions. For factor 3, do you support the proposed update to the notification timeframe across all product lines?
- UMA 3B: Notification of Nonbehavioral Healthcare Decisions. What is a feasible glidepath for implementation of the time frame update?

UMA 4: Pharmacy Decisions

- UMA 4B: Notification of Pharmacy Decisions. For factor 5, do you support the proposed update to the notification timeframe?
- UMA 4B: Notification of Pharmacy Decisions. What is a feasible glidepath for implementation of the time frame update?
- UMA 4H: Pharmaceutical Restrictions/Preferences. Do you support the proposed update to a frequency of 30 calendar days for updates?

UMA 5: Appeal Decisions

- UMA 5F: Notification of Appeal Decision/Rights. Do you support inclusion of new factor 7 in this element? (formerly in retired 2025 element UM 9F: Appeals Overturned by IRO)

Proposed Retirements and Repurposed Elements

- Do you support retirement of SY 2025 Element UMA 2A: Delegation Document?
- Do you support retirement of SY 2025 Element UMA 2B: Submissions of Documents for Oversight?
- Do you support retirement of SY 2025 Element UMA 2C: Routine Reporting?
- Do you support retirement of SY 2025 Element UMA 2D: Cooperating With Clients' QI Efforts?
- Do you support retirement of SY 2025 Element UMA 2E: Medical Record Access?
- Do you support retirement of SY 2025 Element UMA 2F: Communication to Practitioners?
- Do you support retirement of SY 2025 Element UM 9F: Appeals Overturned by the IRO?
- Do you support retirement of SY 2025 Element UM 10A: Written Process?
- Do you support retirement of SY 2025 Element UM 10B: Description of the Evaluation Process?
- Do you support repurposing SY 2025 Element UM 5D: Timeliness Report to SY 2026 NEW Element UM 3B: UM Data Collection, factor 7?
- Do you support repurposing SY 2025 Element UM 1B: Annual Evaluation to SY 2026 NEW Elements 3D–F?

Global Questions

- Do you support having Accreditation seals based on the UM Function performed?
- Should NCQA consider Accreditation seals for other UM functions?
- Do you support the proposed element scoring methodology?
- Do you have any other feedback regarding the UM Accreditation product design, scoring or status updates.
- How can NCQA help reduce UM burden?
- What would improve the value of NCQA's UM Accreditation to patients, organizations, states, CMS and others?
- Will the proposed updates assist your organization in meeting its objectives? If so, how? If not, why not?
- Are there key expectations not addressed in the proposed requirements?
- Do you have feedback on elements not mentioned here?

Updates to Behavioral Health Accreditation 2026 (Formerly MBHO Accreditation)

QI Standard Category

QI 5: Clinical Measurement Activities

- QI 5A: Performance Measures. Do you support NCQA requiring the use of HEDIS specifications? If you do not support due to feasibility, which specifications are not feasible?

QI 9: Clinical Practice Guidelines

- QI 9: Do you support retiring this standard?

QI 10: Clinical Measurement Activities

- QI 10A: Process for Data Collection and Integration. Do you support retiring this element?
- QI 10B: Clinical Quality Improvements. Do you support retiring this element?

QI 11: Effectiveness of the QI Program

- QI 11A: Meaningful Clinical Improvements. Do you support retiring this element and addressing relevant content in PHM7?
- QI 11B: Meaningful Service Improvements. Do you support retiring this element and addressing relevant content in the ME3?

PHM Standard Category

PHM 1: PHM Strategy

- PHM 1: PHM Strategy. Do you support the inclusion of this new standard?
- PHM 1A: Strategy Description. Do you support the inclusion of this new element
- PHM 1B: Informing Members. Do you support the inclusion of this new element?

PHM 2: Population Identification

- PHM 2B: Population Assessment. For factor 4, do you support changing the word disturbance to disability? Why or why not?
- PHM 2D: Segmentation: Should NCQA require factor 1 for behavioral health organizations? Why or why not?

PHM 3: Delivery System Supports

- PHM 3A: Practitioner or Provider Support: Should NCQA require factor 3 for behavioral health organizations? Why or why not?
- PHM 3B: Value-Based Payment Arrangements. Should NCQA include this element for behavioral health organizations? Why or why not?

PHM 7: Population Health Management Impact:

- PHM 7: Population Health Management Impact. Do you support the inclusion of this new standard?
- PHM 7A: Measuring Effectiveness. Do you support the inclusion of this new element?
- PHM 7B: Improvement and Action. Do you support the inclusion of this new element?

PHM 8: Delegation of PHM.

- PHM 8: Delegation of PHM. Do you support the inclusion of this new standard?
- PHM 8A: Delegation Agreement. Do you support the inclusion of this new element?
- PHM 8B: Predelegation Agreement. Do you support the inclusion of this new element?
- PHM 8C: Review of PHM Program. Do you support the inclusion of this new element?
- PHM 8D: Opportunities for Improvement. Do you support the inclusion of this new element?

NET Standard Category

NET 1: Availability of Practitioners and Providers

- NET 1A: Cultural Needs and Preferences. For factor 1, do you support requiring the collection of additional characteristics such as age, urban/rural geography, disability, and veteran/military status? Are there additional characteristics we should consider?
- NET 1A: Cultural Needs and Preferences. For factor 1, should NCQA require organizations to meet four needs? If not, why?
- NET 1B: Availability and Accessibility. Should NCQA require organizations to define all types of behavioral health practitioners and providers, not just high-volume practitioners and providers? Why or why not?
- NET 1B: Availability and Accessibility. Do you support a new data collection template to capture ghost networks, in addition to ratios?
- NET 1B: Availability and Accessibility. For factor 3, should NCQA require organizations to meet two of the four requirements listed? If not, why?

NET 2: Accessibility of Services

- NET 2A: Assessment Against Access Standards. For factors 1-5, do you support the proposed new requirement describing the use of alternatives to the emergency department, when possible?
- NET 2B: Assessment Against Accommodation Standards. Do you support the inclusion of this new element?

NET 3: Assessment of Network Adequacy

- NET 3A: Assessment of Member Experience Accessing the Network. Do you support the inclusion of this new element?
- NET 3B: Opportunities to Improve Access to Behavioral Health Services. Do you support the inclusion of this new element?

NET 5: Practitioner and Provider Directories

- NET 5A: Practitioner Directory Data. Should NCQA require organizations to list practitioners' areas of expertise? Why or why not?
- NET 5A: Practitioner Directory Data. Should NCQA require organizations to include telehealth and in-person appointments in the directory?
- NET 5C: Assessment of Practitioner Directory Accuracy. Do you support revising the evaluation requirement from annually to every 6 months?
- NET 5E: Searchable Practitioner Web-Based Directory. Do you support retiring this element (formerly RR5 Element E) and integrating its content into NET 5 Element A: Practitioner Directory Data?
- NET 5F: Provider Directory Data. Do you support the inclusion of the new factor 2 for facility type?
- NET 5H: Searchable Provider Web-Based Directory. Do you support retiring this element (formerly RR4, Element H) and integrating its content into NET 5 Element F: Hospital Directory Data?

NET 6: Delegation of NET

- NET 6A: Delegation Agreement. Do you support the inclusion of this new element?
- NET 6B: Predelegation Agreement. Do you support the inclusion of this new element?
- NET 6C: Review of Delegated Activities. Do you support the inclusion of this new element?
- NET 6D: Opportunities for Improvement. Do you support the inclusion of this new element?

UM Standard Category

UM 1: Program Structure

- UM 1A: Program Description. Do you support the inclusion of new factor 3?
- UM 1A: Program Description. Do you support the inclusion of new factor 4?
- UM 1B: UM Data Collection. Do you support the inclusion of this new element?
- UM 1B: UM Data Collection. Do you support the requirement to be reported on an annual basis?
- UM 1B: UM Data Collection. For factor 2, should NCQA require organizations to report the prior authorization data at the procedural level, the individual code level within a procedure, or across all codes subject to prior authorization?
- UM 1B: UM Data Collection. For factor 2, do you support the 90% approval rate? If not, should NCQA consider a different threshold?
- UM 1B: UM Data Collection. For factor 4, do you support the proposed categories of reasons for denials? If not, should NCQA consider include other denial reasons?
- UM 1B: UM Data Collection. Do you support moving SY 2025 Element UM 5B: Timeliness Report to factor 7?
- UM 1B: UM Data Collection. For factor 7, do you support expanding the scope to all UM denial decisions, not limited to medical necessity determinations?
- UM 1C: Analysis of UM Data Collection. Do you support the inclusion of this new element?

- UM 1D: UM Committee. Do you support the inclusion of this new element?
- UM 1E: Implementation of Improvement Actions. Do you support the inclusion of this new element?
- UM 1F: Measurement of Effectiveness. Do you support the inclusion of this new element?

UM 2: Clinical Criteria for UM Decisions

- UM 2B: Availability of Criteria. Do you support consolidation of factors 1 and 2?
- UM 2B: Availability of Criteria. Do you support the requirement that UM criteria are made available at the point of care?

UM 3: Communication Services

- UM 3A: Access to Staff. Do you support inclusion of a new factor 6?

UM 5: Timeliness of UM Decisions

- UM 5A: Notification of Decisions. For factor 3, do you support the proposed update to the notification timeframe across all product lines?
- UM 5A: Notification of Decisions. What is a feasible glidepath for implementation of the time frame update?
- UM 5B: UM Timeliness Report. Do you support repurposing UM 5, Element B: Timeliness Report to NEW UM 1, Element B: UM Data Collection, factor 7?

UM 9: Appropriate Handling of Appeals

- UM 9D: Notification of Appeal Decision/Rights. Do you support moving UM 9, Element E, factor 3 to UM 9, Element D?
- UM 9D: Notification of Appeal Decision/Rights. Do you support inclusion of new factor 7 in this element? (formerly in retired 2025 element UM 9F: Appeals Overturned by IRO)
- UM 9E: Final Internal and External Appeal Files. Do you support retirement of all factors in UM 9E other than factor 3 (proposed for movement to UM 9D: Notification of Appeal Decisions/Rights)?
- UM 9F: Appeals Overturned by the IRO. Do you support retirement of UM 9, Element F: Appeals Overturned by the IRO?

ME Standard Category

ME 3: Member Experience:

- Do you support the inclusion of existing elements into a new Standard titled Member Experience?
- ME 3C: Annual Assessment. Do you support the retirement of this element?

Global Questions

- Do you support changing the name of this product from Accreditation in Managed Behavioral Healthcare Organization to Behavioral Health Accreditation? Why or why not?
- Do you support our proposed updates to scoring methodology? If not, why?
- Do you support the proposed reorganization of the QI, CC, RR standards to create additional alignment across NCQA payer programs?
- Do you support the addition of PHM and NET standards categories? If not, why?

- Do you support renaming Members' Rights and Responsibilities to Member Experience to create greater alignment across NCQA payer programs?
- Will the proposed updates assist your organization in meeting its objectives? If so, how? If not, why not?
- Are there key expectations not addressed in the proposed requirements?

Updates to Health Plan Accreditation 2026

QI Standard Category

QI 2: Health Services Contracting

- QI 2C: Bidirectional Behavioral Health Data Sharing Arrangements. Do you support the inclusion of this new element?
- QI 2C: Bidirectional Behavioral Health Data Sharing Arrangements. Does your organization already share behavioral health data bidirectionally? If not, what are the biggest challenges?

QI 4: Data Exchange and Usability

- QI 4A: Data Exchange and Usability Strategy. Do you support the inclusion of this new element?
- QI 4A: Data Exchange and Usability Strategy. Is your organization working on implementing business transformation cases as outlined by NCQA? If not, what is a major barrier that you are experiencing?
- QI 4A: Data Exchange and Usability Strategy. Does your organization already have governance and staff integration to enable collaboration between the quality and data exchange teams?
- QI 4A: Data Exchange and Usability Strategy. Does your organization have implementation plans to meet the timeframes for CMS' regulated FHIR APIs?

PHM Standard Category

PHM 1: PHM Strategy

- PHM 1A: Strategy Description. For factor 3, what additional activities should NCQA consider? Which of the proposed activities should not be included? Why?
- PHM 1A: Strategy Description. For factor 5, how does your organization currently notify practitioners of available PHM programs?
- PHM 1B: Informing Members. Do you support the proposed scoring update for this element?

PHM 2: Population Identification

- PHM 2A: Data Integration. For factor 5, is it feasible for your organization to demonstrate that you are able to integrate EHR data for 10% of members? If not, what would be a more appropriate threshold?
- PHM 2A: Data Integration. For factor 7, does your organization currently access data from one of the specified sources? Which ones?

PHM 3: Delivery System Supports

- PHM 3A: Data Sharing. Do you support the inclusion of this new element?
- PHM 3A: Factor 1. What are key barriers to sharing case management data as specified?
- PHM 3A: Factor 2. What are key barriers to sharing utilization data as specified?
- PHM 3A: Factor 3. What are key barriers to sharing quality data as specified?

- PHM 3B: Practitioner or Provider Engagement and Support. For factor 2, do you support retirement of this factor?
- PHM 3B: Practitioner or Provider Engagement and Support. For factor 5, do you support retirement of this factor?
- PHM 3B: Practitioner or Provider Engagement and Support. For factor 1, are there other practice transformation support activities that NCQA should consider? What are best practices that have delivered positive results?
- PHM 3B: Practitioner or Provider Engagement and Support. Do you support inclusion of factor 3?
- PHM 3B: Practitioner or Provider Engagement and Support. Does your organization currently define roles and responsibilities to help achieve collaborate care management with provider partners? What are best practices that have shown good results?
- PHM 3B: Practitioner or Provider Engagement and Support. Do you support requiring organizations to define roles and responsibilities for collaborative case management?
- PHM 3C: Alternative Payment Models. Do you support the proposed updates to this element?
- PHM 3D: Alternative Payment Models Growth. Do you support the inclusion of this new element?

PHM 4: Wellness and Prevention

- PHM 4B: Topics of Self-Management Tools. Do you support the proposed scoring update for this element?

PHM 6: Population Health Management Impact

- PHM 6B: Improvement and Action. For factor 1, do you support the proposed updates to this factor?
- PHM 6B: Improvement and Action. For factor 2, do you support the proposed updates to this factor?

NET Standard Category

NET 1: Availability of Practitioners

- NET 1A: Cultural Needs and Preferences. For factor 1, do you support requiring the collection of additional characteristics such as age, urban/rural geography, disability, and veteran/military status? Are there additional characteristics we should consider?
- NET 1A: Cultural Needs and Preferences. For factor 1, should NCQA require organizations to meet four needs? If not, why?
- NET 1D: Availability and Accessibility in Behavioral Healthcare. Do you support the proposed updates?
- NET 1D: Availability and Accessibility in Behavioral Healthcare. Should NCQA require organizations to define all types of behavioral health practitioners and providers, not just high-volume practitioners and providers? Why or why not?
- NET 1D: Availability and Accessibility in Behavioral Healthcare. Do you support a new data collection template to capture ghost networks, in addition to ratios?
- NET 1D: Availability and Accessibility in Behavioral Healthcare. For factor 3, should NCQA require organizations to meet two of the four requirements listed? If not, why?

NET 2: Accessibility of Services

- NET 2B: Access to Behavioral Healthcare. Do you support the proposed updates?
- NET 2B: Access to Behavioral Healthcare. For factors 1-5, do you support the proposed new requirement describing the use of alternatives to the emergency department, when possible?

- NET 2D: Assessment Against Accommodation Standards for Behavioral Health. Do you support adding this new requirement?
- NET 2D: Assessment Against Accommodation Standards for Behavioral Health. Do you support the inclusion of this new element?

NET 3: Assessment of Network Adequacy

- NET 3C: Opportunities to Improve Access to Behavioral Healthcare Services. Do you support the proposed updates?

NET 5: Physician and Hospital Directories

- NET 5A: Physician Directory Data. Do you support the proposed updates?
- NET 5A: Physician Directory Data. Should NCQA require organizations to list practitioners' areas of expertise? Why or why not?
- NET 5A: Physician Directory Data. Should NCQA require organizations to include telehealth and in-person appointments in the directory?
- NET 5C: Assessment of Physician Directory Accuracy. Do you support the proposed updates?
- NET 5F: Hospital Directory Data. Do you support the proposed updates?
- NET 5I: Usability Testing. Do you support the proposed scoring update?
- NET 5J: Availability of Directories. Do you support retiring this element from Medicare, commercial and Exchange lines of business?

UM Standard Category

UM 1: Program Structure

- UM 1A: Program Description. Do you support the inclusion of new factor 5?
- UM 1A: Program Description. Do you support the inclusion of new factor 6?
- UM 1B: UM Data Collection. Do you support the inclusion of this new element?
- UM 1B: UM Data Collection. Do you support the requirement to be reported on an annual basis?
- UM 1B: UM Data Collection. Do you support requiring the element to be reviewed and scored by Medicare, Medicaid, Exchange, and Commercial? Should NCQA require other dimensions for stratification?
- UM 1B: UM Data Collection. For factor 2, should NCQA require organizations to report the prior authorization data at the procedural level, the individual code level within a procedure, or across all codes subject to prior authorization?
- UM 1B: UM Data Collection. For factor 2, do you support the 90% approval rate? If not, should NCQA consider a different threshold?
- UM 1B: UM Data Collection. For factor 4, do you support the proposed categories of reasons for denials? If not, should NCQA consider include other denial reasons?
- UM 1B: UM Data Collection. Do you support moving UM 5, Element D: Timeliness Report to factor 7?
- UM 1B: UM Data Collection. For factor 7, do you support expanding the scope to all UM denial decisions not limited to medical necessity determinations?
- UM 1C: Analysis of UM Data Collection. Do you support the inclusion of this new element?
- UM 1D: UM Committee. Do you support the inclusion of this new element?
- UM 1E: Implementation of Improvement Actions. Do you support the inclusion of this new element?
- UM 1F: Measurement of Effectiveness. Do you support the inclusion of this new element?

- UM 1B: Annual Evaluation (SY 2015): Do you support repurposing UM 1, Element B: Annual Evaluation to UM 1, Elements D-F?

UM 2: Clinical Criteria for UM Decisions

- UM 2B: Availability of Criteria. Do you support consolidation of factors 1 and 2?
- UM 2B: Availability of Criteria. Do you support the requirement that UM criteria are made available at the point of care? What are the biggest barriers to meeting this requirement?

UM 3: Communication Services

- UM 3A: Access to Staff. Do you support inclusion of a new factor 6?

UM 5: Timeliness of UM Decisions

- UM 5A: Notification of Nonbehavioral Healthcare Decisions. For factor 3, do you support the proposed update to the notification timeframe across all product lines?
- UM 5A: Notification of Nonbehavioral Healthcare Decisions. What is a feasible glidepath for implementation of the time frame update?
- UM 5B: Notification of Behavioral Healthcare Decisions. For factor 3, do you support the proposed update to the notification timeframe across all product lines?
- UM 5B: Notification of Behavioral Healthcare Decisions. What is a feasible glidepath for implementation of the time frame update?
- UM 5C: Notification of Pharmacy Decisions. For factor 5, do you support the proposed update to the notification timeframe?
- UM 5C: Notification of Pharmacy Decisions. What is a feasible glidepath for implementation of the time frame update?
- UM 5D: UM Timeliness Report. Do you support repurposing UM 5, Element D: Timeliness Report to NEW UM 1, Element B: UM Data Collection, factor 7?

UM 9: Appropriate Handling of Appeals

- UM 9D: Notification of Appeal Decision/Rights. Do you support moving UM 9, Element E, factor 3 to UM 9, Element D?
- UM 9D: Notification of Appeal Decision/Rights. Do you support inclusion of new factor 7 in this element? (formerly in retired 2025 element UM 9F: Appeals Overturned by IRO)
- UM 9E: Final Internal and External Appeal Files. Do you support retirement of all factors in UM 9E other than factor 3 (proposed for movement to UM 9D: Notification of Appeal Decisions/Rights)?
- UM 9F: Appeals Overturned by the IRO. Do you support retirement of UM 9, Element F: Appeals Overturned by the IRO?

UM 11: Procedures for Pharmaceutical Management

- UM 11B: Pharmaceutical Restrictions/Preferences. Do you support the proposed update to a frequency of 30 calendar days for updates?

UM 13: UM Delegation of UM

- UM 13E: Non-Accredited Delegate Review. Do you support the inclusion of this new element?

ME Standard Category

ME 2: Subscriber Information

- ME 2A: Subscriber Information. Do you support retirement of this element for Medicare, commercial and Exchange lines of business for Renewal Surveys?
- ME 2B: Distribution of Subscriber Information. Do you support retirement of this element Retire element for Medicare, commercial and Exchange lines of business for Renewal Surveys?
- ME 2C: Interpreter Services. Do you support retirement of this element for Medicare, commercial and Exchange lines of business?

ME 3: Marketing Information

- ME 3A: Materials and Presentations. Do you support retirement of this element for Medicare, commercial and Exchange lines of business for First and Renewal Surveys?
- ME 3B: Communicating with Prospective Members. Do you support retirement of this element for Medicare, commercial and Exchange lines of business for First and Renewal Surveys?
- ME 3C: Assessing Member Understanding. Do you support retirement of this element for Medicare, commercial and Exchange?

ME 5: Pharmacy Benefit Information

- ME 5C: QI Process on Accuracy of Information. Do you support retirement of this element for all product lines?

Global Questions

- Will the proposed updates assist your organization in meeting its objectives? If so, how? If not, why not?
- Are there key expectations not addressed in the proposed requirements?

Updates to LTSS Distinction 2026

Required Reporting

- For LTSS Distinction in Health Plan Accreditation, do you support the proposal to require organizations to annually report the four HEDIS LTSS measures, for surveys on or after July 1, 2027?

Questions on Artificial Intelligence

Auditing/Monitoring/ Validation

- Should risk determination dictate the volume, method, and frequency of monitoring?

Error Handling/Incident Management in Production (i.e. used for health care operations or care delivery)

- Should response protocols differ by severity of error (e.g., minor inaccuracies vs. severe failures)?

Bias Mitigation

- Should organizations evaluate data entered into the AI model and proactively detect, document and mitigate bias?

- Should organizations document inherent bias in the data and describe how they limit risk of bias?

Transparency

- Should organizations be required to disclose use of AI to members?
- Should AI errors be disclosed to patients based on categorization (e.g., minor inaccuracies vs. severe failures)?

Global Questions

- How does your organization define AI solutions? Do you include deterministic models, or only large language models?
- What are the AI use cases at your organization?
- Who are the individuals that make up AI governance, and what do they oversee?