NCQA Corrections, Clarifications and Policy Changes to the 2026 HPA Standards and Guidelines

November 17, 2025

This document includes the corrections, clarifications and policy changes to the 2026 Health Plan Accreditation standards and guidelines. NCQA has identified the appropriate page number in the publication 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.
- A ***regulatory change (RC)*** is a new requirement or a modification of an existing requirement to align with federal regulations.

An organization undergoing a survey under the 2026 Health Plan Accreditation 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; nor does it apply to regulatory changes, because they align with federal regulations.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
22	*Policies and Procedures* *Standards and Guidelines* *Appendices*	*Other NCQA Programs*	*Replace references to "Health Equity/Health Equity Plus Accreditation" with "Health Outcomes/Community-Focused Care Accreditation."*	**CL**	**11/17/25**
26	*Policies and Procedures—Section 1: Eligibility and the Application Process*	*Eligibility for Accreditation*	*Revise the first bullet to read:* • *Operates under an insurance license (e.g., HMO, POS, PPO, EPO) or under a certificate of authority or equivalent form or document authorizing it to offer its products in its service area.*	**CL**	**11/17/25**
28	*Policies and Procedures—Section 1: Eligibility and the Application Process*	*How NCQA Defines an Accreditable Entity*	*Replace the first sentence with the following:* *NCQA determines the appropriate entity, or entities, that must seek and obtain Health Plan Accreditation status based on the legal entity, operational structure, product/product lines and delivery system that supports evaluation under the standards. NCQA reserves the right to determine, at its sole discretion, an entity or organization's eligibility for Accreditation. NCQA also reserves the right to determine what part of a legal entity constitutes an Accreditable entity.* *NCQA considers all the structural factors listed below when determining the Accreditable entity. The order of the factors below is not indicative of their importance in NCQA's determination.*	**CL**	**11/17/25**

<table>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td>27</td><td>Policies and Procedures—Section 1: Eligibility and the Application Process</td><td>How NCQA Defines an Accreditable Entity—Legal entity</td><td>Revise the second and third paragraphs to read:
If the legal entity operates in multiple states but otherwise operates as a centralized organization (same oversight and management structure; same staff, same policies and procedures, all the functions addressed in standards are performed under a corporate or central structure), NCQA conducts one survey for the legal entity; however, because the legal entity is required to report HEDIS/CAHPS by geographic unit, as defined below, NCQA may determine that there is more than one Accreditable entity.
For multiple legal entities, NCQA may consider each legal entity as an Accreditable entity. NCQA may also determine that a single legal entity contains multiple Accreditable entities. For a legal entity without centralized operations, NCQA may determine that distinct operating units or service areas are the Accreditable entity.</td><td>CL</td><td>11/17/25</td></tr>
<tr><td>29</td><td>Policies and Procedures—Section 1: Eligibility and the Application Process</td><td>How NCQA Defines an Accreditable Entity—Licensure</td><td>Replace the text with the following:
NCQA considers whether an organization holds a license, certificate of authority, certificate of compliance or equivalent document authorizing it to offer business in a service area. The organization may have one or multiple licenses or authorizations, especially if its service area crosses state lines. NCQA recognizes that there can be multi-state structures, however, for NCQA purposes, the Accreditable entity will typically be no larger than a state.</td><td>CL</td><td>11/17/25</td></tr>
<tr><td>30</td><td>Policies and Procedures—Section 1: Eligibility and the Application Process</td><td>How NCQA Defines an Accreditable Entity—Product/ product line</td><td>Add the following as the fourth paragraph:
NCQA considers regulatory requirements when determining the Accreditable entity for evaluation purposes and follows the general framework below. Organizations should describe any considerations that support a different framework.
<table>
<tr><th>Product Line</th><th>Accreditable Entity</th></tr>
<tr><td>Commercial</td><td>Specific to a defined service area that may be inclusive of multiple states within the Accreditable entity.</td></tr>
<tr><td>Exchange</td><td>Single or multiple states dictated by the HIOS Plan ID.</td></tr>
<tr><td>Medicaid</td><td>No larger than one state dictated by the Medicaid contract.</td></tr>
<tr><td>Medicare</td><td>Single or Multiple states dictated by the CMS contract.</td></tr>
</table></td><td>CL</td><td>11/17/25</td></tr>
</table>

NCQA Corrections, Clarifications and Policy Changes to the 2026 HPA Standards and Guidelines

November 17, 2025

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
29	*Policies and Procedures—Section 1: Eligibility and the Application Process*	*How NCQA Defines an Accreditable Entity—Geographic unit*	*Revise the first paragraph and remove the second paragraph so the section reads:* *Performance varies geographically throughout the United States. To be meaningful to consumers and purchasers, results must reflect geographic variation.* *For PPO products—which may have a service area larger than a single state—the organization is required to report HEDIS/CAHPS results for geographic regions no larger than a state.*	**CL**	**11/17/25**
61	*Policies and Procedures—Section 3: The Survey Process*	*Artificial Intelligence Disclosure*	*Add the following as a new section to the end of Section 3 of the Policies and Procedures:* **Artificial Intelligence Disclosure** *NCQA is committed to the responsible and transparent use of AI in health care and in our operations. To support accuracy, efficiency and quality, NCQA has implemented AI in the evaluation process.* **How NCQA Will Use AI** *AI technology will be used only to support surveyors by recognizing survey evidence, identifying trends and helping to ensure NCQA standards are met. The technology will be embedded in survey tools to evaluate submitted documents for evidence of compliance. AI technology will not identify issues, generate scores or perform any other aspect of the survey process. NCQA surveyors will verify evidence of compliance during document review, and will make preliminary scoring determinations. The Review Oversight Committee (ROC) will be responsible for issuing final Accreditation decisions.* *Organizations will continue to submit documentation in NCQA's survey tool, and will be responsible for highlighting and bookmarking documents to direct surveyors to evidence. Organizations will continue to have the right to review and comment on preliminary survey results before the survey report is sent to the ROC for the final decision.* *NCQA will continuously monitor feedback on the technology to improve its effectiveness and the user experience.* **How NCQA Will Protect Data** *Organizations must only submit de-identified information. NCQA will not request, collect or store an organization's PHI in the survey tool. AI will search submitted documentation for evidence of compliance. Surveyors may review quoted sections and provide feedback on AI suggestions to document compliance and improve the technology. AI technology does not interpret or summarize evidence, and documentation in the survey tool will not be modified.*	**CL**	**11/17/25**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			All submitted documentation shall be considered confidential between the organization and NCQA, and will be used only in accordance with the applicable Agreement for the NCQA Survey and the Policies and Procedures for the NCQA Survey, and will not be released except on (i) prior written authorization from the organization, or (ii) as required by law, provided NCQA shall give prompt notice of such requirement for the organization to have the opportunity to seek a protective order or other appropriate remedy. *NCQA's online survey system, the Interactive Review Tool (IRT), is safeguarded as part of NCQA's certified ISO 27001 Information Security Management System (ISMS). ISO 27001 controls are a set of policies, processes and technologies designed to manage information security risks. Our ISMS incorporates these controls to protect the confidentiality, integrity and availability of both NCQA's data and our customers' data.* *For questions or feedback on NCQA's use of AI in the evaluation process, contact Customer Support at 888-275-7585, or submit a question in the "My Questions" section at My NCQA.*		
68	*Policies and Procedures—Section 5: Additional information*	*Notifying NCQA of Reportable Events*	*Revise the first bullet and associated subbullets to read:* • *Any issuance by a state or federal regulatory agency of any of the following actions against the organization or its delegates for any NCQA-related activities (functions performed by the organization or its delegates) to meet a requirement in the NCQA standards and guidelines:* – *Sanctions, including suspension of enrollment.* – *Fine equal to or exceeding $50,000 (or any new threshold announced by NCQA in policies and procedures).* – *Request for corrective action, where the substance of such action relates to the handling of UM decisions, network adequacy, quality improvement, benefit denials, complaints, grievances, appeals or other important patient safety matters.* – *Changes or suspensions in licensure or qualification status.* – *Violations of state or federal law that affect the scope of review under the standards and guidelines.*	**CL**	**11/17/25**
65	*Policies and Procedures—Section 5: Additional information*	*Notifying NCQA of Reportable Events*	*Revise the fourth bullet to read:* • *Self-identification of systemic issues by the organization or its delegates affecting 5% or more of eligible CM, CR or UM files; for example, untimely UM denials or late recredentialing.*	**CL**	**11/17/25**

<table>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td>65</td><td>Policies and Procedures—Section 5: Additional information</td><td>Notifying NCQA of Reportable Events</td><td>Add a fifth bullet that reads:
Significant changes in the organization affecting the ability to meet NCQA requirements. For example, significant changes in practitioner or provider network affecting Network Adequacy standards, or unsuccessful system or vendor implementation affecting any standards category.</td><td>CL</td><td>11/17/25</td></tr>
<tr><td>115</td><td>QI 1, Element E</td><td>Element stem</td><td>Revise the element title to read Trainings to Improve Care or Service Delivery.</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>115</td><td>QI 1, Element E</td><td>Element stem</td><td>Remove factor 1, “Promotes diversity in recruiting and hiring.”</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>115</td><td>QI 1, Element E</td><td>Element stem</td><td>Revise the element stem to read:
The organization offers at least one training or education to employees focused on improving the quality of or experience with health care or services.</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>115</td><td>QI 1, Element E</td><td>Scoring</td><td>Revise the scoring table to read as follows:<table><tr><th>Met</th><th>Partially Met</th><th>Not Met</th></tr><tr><td>The organization meets the requirement</td><td>No scoring option</td><td>The organization does not meet the requirement</td></tr></table></td><td>PC</td><td>11/17/25</td></tr>
<tr><td>115</td><td>QI 1, Element E</td><td>Data source</td><td>Revise the data sources to read, “Materials, Reports”</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>116</td><td>QI 1, Element E</td><td>Scope of review</td><td>Revise the scope of review to read:
For All Surveys: NCQA reviews reports or materials (e.g., slides, emails, screenshots, distributed training resources) as evidence that at least one training or education was offered to its employees.</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>116</td><td>QI 1, Element E</td><td>Look-back period</td><td>Revise the look-back period to read:
For All Surveys: At least once during the prior year.</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>116</td><td>QI 1, Element E</td><td>Explanation</td><td>Revise the Explanation to read:
This element is a structural requirement. The organization must present its own documentation.
This element is scored “Met” if the organization seeking Health Plan Accreditation also has an NCQA Health Outcomes Accreditation status.
The organization offers training or education to employees on at least one of the following topics:
Culturally and linguistically appropriate practices that can improve the quality of health care and reduce disparities by assessing, respecting and responding to diverse cultural health</td><td>PC</td><td>11/17/25</td></tr>
</table>

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			beliefs, behaviors and needs (e.g., social, cultural, linguistic) when providing health care services. **Unique health or health care needs of relevant subgroups** *in the member or patient population. The topic focus may address one subgroup (e.g., racial, ethnic, cultural, gender, disability-related, sexual orientation-related) or an intersectional subgroup (e.g., LGBTQIA+ adults, pediatric patients with disabilities, mental health needs of rural men 65+).* **Improving the impartiality of care or services.** *Understand, acknowledge and overcome positive or negative associations, attitudes, preferences or stereotypes that influence behavior and decisions—these may be implicit (unconscious) or explicit (conscious).* **Reducing ableism in care or services.** *Understand, acknowledge and overcome positive or negative associations, attitudes, preferences, stereotypes or practices that assign a higher value or quality of life to an socially constructed idea of "normal" bodies or minds, and perpetuate the perception that people with disabilities should be "fixed" to align with "normal."* [1] [2] [3] **Inclusive, non-stigmatizing or respectful data collection practices.** *Collect member- or patient-level demographic data (race and ethnicity, language, sexual orientation, disability status, disability-related accommodations, and geography) through methods designed to respect the responding individual and reduce the potential for stigmatization.* **Trauma-informed practices.** *Recognize, understand and respond to the signs, symptoms, impacts and risks of traumatic life experiences on health and well-being.* *NCQA reviews reports or materials as evidence that at least one training or education is offered to employees. The organization determines the focus (e.g., relevant subpopulations, type of health needs), training type, format and timing of training or education.* *Trainings may be general to all employees, or tailored for different types of roles (e.g., customer service, user design, financial, policy). Training is not mandatory for employees, and the organization is not scored on the rate of employees who complete training.* **Exceptions** *None.* **Related information** *Use of vendors for training or education. If the organization contracts with a vendor to provide training or education, it provides access to the vendor's documentation. NCQA does not consider the relationship to be delegation, and delegation oversight under HO 8: Delegation*		
			of Program Activities is not required. NCQA evaluates the vendor's documentation against the requirements. Refer to Vendors in Appendix 2: Delegation and Automatic Credit Guidelines. [1] https://www.ama-assn.org/system/files/health-equity-ableism-primer.pdf.		

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
117	*QI 1, Element E*	*Examples*	*Revise the Examples to read:* **Focus areas of training/education** *Culturally and linguistically appropriate practices* • *Culturally and linguistically appropriate practices for recruiting practitioners, community health workers or advisory functions.* – *The US Department of Health and Human Services offers free continuing education programs to help health care professionals provide culturally competent care.* *Unique health or health care needs of relevant subgroups* • *Examples of subgroup types:* – *Race.* – *Ethnicity.* – *National origin.* – *Religion.* – *Sexual orientation.* – *Gender.* – *Sex assigned at birth.* – *Organ diversity or anatomical status.* • *Examples of educational focus:* – *Cultural attitudes about institutional trust, modesty, gender norms or family roles.* – *Cultural behaviors related to faith, diet, adornment or dress.* – *Religious taboos or preferences for specific treatments, therapies or interventions.* – *Cultural or religious beliefs about health or healing.* – *Culturally responsive care practices and terminology for reproductive health.* – *Use of an anatomical inventory to guide effective and appropriate preventive health screenings (e.g., cervical cancer, depression) and clinical decision making.* – *Attitudes about institutional trust among LGBTQIA+ patients, and creating a welcoming care environment.* – *Male preventive care.* – *Diagnostic overshadowing.* – *The history of ableism in the traditional medical model of treatment.*	**PC**	**11/17/25**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			– *Attitudes about institutional trust among persons with disabilities.* – *Screening, examination, treatment or counseling for sexual or reproductive health needs for individuals with disabilities.* – *Examination, counseling or treatment for patients with intellectual or cognitive disabilities.* – *Use of physical accommodations during examination and treatment (e.g., height-adjustable exam table, transfer board, low stimulation environment).* – *Examination, counseling or treatment for patients who use auxiliary aids/services (e.g., text-to-speech app, white board, picture board, voice amplifier).* – *The role of designated support persons for patients with disabilities during examination, counseling and treatment.* *Practices to reduce ableism in care or services* – *Accessible user design (e.g., apps, websites, telehealth platforms, care encounter workflows).* – *Recognizing ableism in clinical decision-making policies, provision of care, decisions of resource allocation and investment, design of policies or workflows.* *Inclusive, non-stigmatizing or respectful data collection practices* *Trauma-informed practices* • *For member- or patient-facing staff (e.g., data collection, care encounters, care navigation).* • *Topics such as adverse childhood experiences, community violence, poverty or discrimination.* **Materials demonstrating training/education offered** • *Email from the Human Resources department to all staff, describing available trainings and how to access them.* • *Screenshots of training module content in the organization's learning management or training system.* • *PDFs of training content.* **Reports demonstrating completion of training** • *Report showing the number or percentage of staff who completed each offered training.*		

<table>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td>148</td><td>PHM 1, Element A</td><td>Factor text</td><td>Revise the factor 6 text to read, “How the organization addresses identified disparities.”</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>148</td><td>PHM 1, Element A</td><td>Scoring</td><td>This SOC applies only to the e-pub.
Revise the scoring table to read as follows:<table><tr><th>Met</th><th>Partially Met</th><th>Not Met</th></tr><tr><td>The organization meets 5-6 factors</td><td>The organization meets 3-4 factors</td><td>The organization meets 0-2 factors</td></tr></table></td><td>CO</td><td>11/17/25</td></tr>
<tr><td>149</td><td>PHM 1, Element A</td><td>Look-back period</td><td>Revise the look-back period for First Surveys and Renewal Surveys to read:
For First Surveys: 6 months for factors 1, 2 and 4; prior to the survey date for factors 3, 5 and 6.
For Renewal Surveys: 24 months for factors 1, 2 and 4; prior to the survey date for factors 3, 5 and 6.</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>150</td><td>PHM 1, Element A</td><td>Explanation—Factor 6</td><td>Revise the subhead and explanation of factor 6 to read:
Factor 6: Address identified disparities
The organization has a comprehensive PHM Strategy that describes its commitment or objectives for addressing identified disparities (unfair, avoidable differences).</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>153</td><td>PHM 1, Element A</td><td>Examples—Factor 6</td><td>Add an example for factor 6.
Factor 6: Address identified disparities
Types of health care opportunities and outcomes
Receipt of care or services.
Being offered screenings, language services, disability-related accommodations or social needs interventions.
Access to care or services (e.g., availability, usability, approval).
Receipt of culturally or linguistically appropriate interventions, care or services.
Experience interacting with organizational functions.
Preventive screening rates.</td><td>PC</td><td>11/17/25</td></tr>
</table>

NCQA Corrections, Clarifications and Policy Changes to the 2026 HPA Standards and Guidelines

November 17, 2025

<table>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td>161</td><td>PHM 2, Element B</td><td>Explanation—Factors 3, 4</td><td>Replace “or” with “and/or” in the first sentence of the explanation so that it reads:
The organization assesses the needs of members with disabilities in factor 3, and assesses the needs of members with serious mental illness (SMI) and/or serious emotional disturbance (SED) in factor 4.</td><td>CL</td><td>11/17/25</td></tr>
<tr><td>175</td><td>PHM 3, Element B</td><td>Factor 4—Factor text, Explanation, Examples</td><td>Retire Factor 4 from Element B and remove all references to it from the factor text, explanation and examples.</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>175</td><td>PHM 3, Element B</td><td>Scoring</td><td>Revise the scoring to account for the removal of factor 4.
<table><tr><th>Met</th><th>Partially Met</th><th>Not Met</th></tr><tr><td>The organization meets 2-3 factors</td><td>The organization meets 1 factor</td><td>The organization meets 0 factors</td></tr></table></td><td>PC</td><td>11/17/2025</td></tr>
<tr><td>177</td><td>PHM 3, Element B</td><td>Explanation—Related information</td><td>Replace “factor 3” with “factor 1” in the first sentence under Related information so that it reads:
Partners in Quality. The organization receives automatic credit for factor 1 if it is an NCQA-designated Partner in Quality.</td><td>CL</td><td>11/17/25</td></tr>
<tr><td>177</td><td>PHM 3, Element B</td><td>Explanation—Related information</td><td>Remove the third paragraph under “Related information” that reads:
Use of vendors for training on cultural competency, bias or inclusion. If the organization contracts with a vendor to provide training on cultural competency, bias or inclusion for factor 4, it provides access to the vendor’s documentation. NCQA does not consider the relationship to be delegation, and delegation oversight is not required under PHM 7: Delegation of PHM. NCQA evaluates the vendor's documentation against the requirements. Refer to Vendors in Appendix 2: Delegation and Automatic Credit Guidelines.</td><td>PC</td><td>11/17/2025</td></tr>
<tr><td>223</td><td>NET 1, Element A</td><td>Look-back period</td><td>Revise the look-back period for Renewal Surveys to read:
24 months for factors 1 and 3; at least once in the prior year for factor 2.</td><td>CO</td><td>11/17/25</td></tr>
<tr><td>239</td><td>NET 2, Element B</td><td>Look-back period</td><td>Revise the look-back period for Renewal Surveys to read:
24 months for factors 1-4; at least once in the prior year for factor 5.</td><td>CO</td><td>11/17/25</td></tr>
<tr><td>302</td><td>UM 1, Element H</td><td>Exceptions</td><td>Replace “Initial Surveys” with “Interim Surveys” in the first bullet of the exceptions.</td><td>CO</td><td>11/17/25</td></tr>
</table>

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
307	*UM 2, Element B*	*Scope of review*	*Add as the last paragraph of the scope of review under "Documentation":* *NCQA also reviews evidence that the organization makes criteria available electronically through an EHR, portal or website. Acceptable evidence includes system reports or screenshots showing how criteria are accessed at the point of care.*	**CL**	**11/17/25**
307	*UM 2, Element B*	*Explanation*	*Add the following immediately after the first paragraph:* *NCQA does not require organizations to distribute full proprietary external UM decision-making criteria if restricted by licensing agreements. However, individual criteria must be made electronically available promptly upon request and must be accessible at the point of care.*	**CL**	**11/17/25**
370	*UM 7, Element B*	*Exceptions*	*Remove "For Interim Surveys" from the exception for factor 3 and add "This element is NA for Interim Surveys." as the first exception.*	**CO**	**11/17/25**
412	*UM 9, Element D*	*Explanation—Factors 6, 7*	*Revise the explanation for factors 6 and 7 to read:* ***Factor 6:*** **Additional appeal rights** *The notification describes members' additional appeal rights if their appeal is denied.* *If the organization instructs the member to send appeals directly to an IRO, including MAXIMUS, this meets factor 6 if the organization provides information on where to send the appeal, and states applicable time frames.* ***Factor 7:*** **Cost of review** *If the next level of appeal is independent external review, the notification includes a statement that members are not required to bear costs of the IRO, including any filing fees, unless state law mandates that members pay an IRO filing fee.* *This factor applies to final-level of internal appeals.* *If state law mandates that members pay an IRO filing fee, the organization receives credit for this factor if it provides the state's language.* *If notice of factor 7 is in the denial letter, and not in the appeal letter, the organization can provide the denial letter in this element to meet factor 7.*	**CL**	**11/17/25**
432	*UM 11, Element B*	*Explanation—Factor 5*	*Revise the second subbullet under the second bullet to read:* – *Self-identification of systemic issues affecting 5% or more of eligible UM files; for example, falsifying of UM request receipt dates or appeal notification dates. Refer to Section 5: Notifying NCQA of Reportable Events in the Policies and Procedures for details.*	**CL**	**11/17/25**
460	*UM 12, Element C*	*Explanation—Factor 5*	*Add the following as the fifth paragraph:*	**CL**	**11/17/25**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
			The organization or delegate may audit more frequently using either methodology above. All audits must cumulatively cover the 12-month look-back period.		
467	*UM 12, Element E*	*Explanation*	*Add a third sentence to the explanation that reads:* *For mail service delegates only, in lieu of an audit, the organization may document its review of the delegate's automated timeliness report. If the report reflects an issue with timeliness, the organization identifies corrective actions and implements actions or plans to implement actions.*	**CL**	**11/17/25**
482	*CR 3, Element A*	*Explanation—Related information*	*Add the following as the first paragraph:* *Compact licensure agreements (factor 1): A licensure compact arrangement between states is acceptable if the practitioner's licensure was primary source verified in the practitioner's home state. NCQA reviews the compact agreement for evidence that the state (or states) accepts the home state's license in lieu of state licensure.*	**CL**	**11/17/25**
484	*CR 3, Element B*	*Explanation—Factors 2, 3*	*Revise the sources for Medicaid sanctions (factor 2) and exclusions (factor 3) to read:* ***Factor 2:*** **Sources for Medicare/Medicaid sanctions** *The organization obtains Medicaid sanction information from any of the following sources:* • *State Medicaid agency.* • *AMA Physician Master File.* • *FSMB.* • *NPDB.* • *SAM.gov.* ***Factor 3:*** **Sources for Medicare/Medicaid exclusions** *The organization obtains Medicaid exclusion information from any of the following sources:* • *State Medicaid agency.* • *List of Excluded Individuals and Entities maintained by OIG and available over the internet.* • *NPDB.*	**PC**	**11/17/25**

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
486	*CR 3, Element C*	*Scope of review—Documentation*	*Revise the second paragraph to read:* *For factor 6:* • *Credentialing decisions made before July 1, 2025, will not be scored on this factor.* • *Credentialing decisions made on or after July 1, 2025, will be scored on this factor. However, the full 12-month look-back period will not be enforced until January 1, 2026, which is when the full 12-month window is reached.*	**CL**	**11/17/25**
493	*CR 5, Element A*	*Explanation—Factors 1, 2*	*Revise the sources for Medicaid sanctions (factor 1) and exclusions (factor 2) to read:* ***Factor 1:* Sources for Medicare/Medicaid sanctions** *The organization obtains Medicaid sanction information from any of the following sources:* • *State Medicaid agency.* • *AMA Physician Master File.* • *FSMB.* • *NPDB.* • *SAM.gov.* ***Factor 2:* Sources for Medicare/Medicaid exclusions** *The organization obtains Medicaid exclusion information from any of the following sources:* • *State Medicaid agency.* • *List of Excluded Individuals and Entities maintained by OIG and available over the internet.* • *NPDB.*	**PC**	**11/17/25**
521	*CR 9, Element A*	*Scope of review*	*Replace "UM" with "CR" in the last bullet under "For factor 4" in the scope of review so that it reads:* *All delegation agreements for surveys starting on or after July 1, 2027, must address the CR Information Integrity requirements.*	**CO**	**11/17/25**
531	*CR 9, Element C*	*Explanation—Factor 5*	*Add the following as the sixth paragraph:* *The organization or delegate may audit more frequently, using either methodology above. All audits must cumulatively cover the 12-month look-back period.*	**CL**	**11/17/25**
581	*ME 7, Element C*	*Scope of review*	*Revise the first sentence under product lines in the scope of review to read:* *For First Surveys and Renewal Surveys: This element applies to all product lines.*	**CO**	**11/17/25**
603	*LTSS 1, Element A*	*Factor text*	*Revise the factor 6 text to read:* *6. How the organization addresses identified disparities.*	**PC**	**11/17/25**

NCQA Corrections, Clarifications and Policy Changes to the 2026 HPA Standards and Guidelines

November 17, 2025

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
603	*LTSS 1, Element A*	*Look-back period*	*Revise the look-back period for First Surveys and Renewal Surveys to read:* *For First Surveys: 6 months; prior to the survey date for factor 6.* *For Renewal Surveys: 24 months; prior to the survey date for factor 6.*	**PC**	**11/17/25**
605	*LTSS 1, Element A*	*Explanation—Factor 6*	*Revise the subhead and explanation of factor 6 to read:* ***Factor 6: Address identified disparities*** *The organization has a comprehensive strategy that describes its commitment to addressing identified disparities (unfair, avoidable differences).*	**PC**	**11/17/25**
606	*LTSS 1, Element A*	*Examples—Factor 6*	*Revise the subhead and text of the factor 6 Examples to read:* ***Factor 6:* Address identified disparities** *Types of health care opportunities and outcomes* • *Receipt of care or services.* • *Being offered screenings, language services, disability-related accommodations or social needs interventions.* • *Access to care or services (e.g., availability, usability, approval).* • *Receipt of culturally or linguistically appropriate interventions, care or services.* • *Experience interacting with organizational functions.*	**PC**	**11/17/25**
610	*LTSS 1, Element D*	*Scope of review*	*Revise the first paragraph under "Documentation" in the scope of review so that it reads:* *For All Surveys: NCQA reviews the organization's documented process for collecting individual's demographic data and identifying threshold languages, and reviews reports or materials demonstrating that the organization collects these data and identifies threshold languages.*	**CL**	**11/17/25**
613	*LTSS 1, Element D*	*Explanation—Factor 2*	*Add the following as the second sentence of the first paragraph:* **Threshold languages** *are all languages other than English spoken by 5% of the population or by 1,000 individuals, whichever is less.*	**CL**	**11/17/25**
720	*MED 8, Element E*	*Explanation*	*Revise the first subhead to read:* **Distribution of notice to members**	**CL**	**11/17/25**
1-3	*Appendix 1*	*Element Points for 2026*	*Revise the element title of QI 1, Element E to read:* **Trainings to Improve Care or Service Delivery**	**PC**	**11/17/25**

<table>
<tr><th>Page</th><th>Standard/Element</th><th>Head/Subhead</th><th>Update</th><th>Type of Update</th><th>IRT Release Date</th></tr>
<tr><td>1-14</td><td>Appendix 1</td><td>Element Points for 2026</td><td>Replace the asterisk with two asterisks in the Element Points table for ME 3, Elements A–C for Met, Partially Met and Not Met scores for First Surveys.
<table>
<tr><th colspan="4">ME 3: Marketing Information</th></tr>
<tr><td>Materials and Presentations</td><td>1**</td><td>0.5**</td><td>0**</td></tr>
<tr><td>Communicating With Prospective Members</td><td>1**</td><td>0.5**</td><td>0**</td></tr>
<tr><td>Assessing Member Understanding</td><td>1**</td><td>0.5**</td><td>0**</td></tr>
</table></td><td>CO</td><td>11/17/25</td></tr>
<tr><td>2-7</td><td>Appendix 2</td><td>Special Situations—Vendors</td><td>Removed the reference to factor 2 in the vendor list so that it reads, “QI, Element E.”</td><td>PC</td><td>11/17/25</td></tr>
<tr><td>2-14</td><td>Appendix 2</td><td>Automatic Credit by Evaluation Option for delegating to an NCQA-Accredited health plan</td><td>Removed the footnote on PHM 3, Element B that reads, “PHM 3, Element B, factor 4 is scored NA for all surveys scheduled between February 12, 2025, and June 30, 2026”; renumbered the remaining footnotes.</td><td></td><td></td></tr>
<tr><td>2-21</td><td>Appendix 2</td><td>Automatic Credit for Delegating to an NCQA-Accredited MBHO, NCQA-Accredited UM, NCQA-Accredited CR or PN or NCQA-Certified CR or CVO</td><td>Add a footnote to NET 1, Element D, in Table 3 that reads:
For NET 1, Element D, automatic credit is available for organizations accredited in BHA. It is not available for organizations with MBHO Accreditation.</td><td>CL</td><td>11/17/25</td></tr>
<tr><td>2-29</td><td>Appendix 2</td><td>Automatic Credit for an NCQA-Accredited Health Equity Organization Seeking Health Plan Accreditation</td><td>Revise the section head and title for Table 9 to read, “Automatic Credit for Delegating to an Organization With Health Outcomes Accreditation.”</td><td>CO</td><td>11/17/25</td></tr>
</table>

NCQA Corrections, Clarifications and Policy Changes to the 2026 HPA Standards and Guidelines

November 17, 2025

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
2-30	*Appendix 2*	*Automatic Credit for an NCQA-Accredited Health Equity Organization Seeking Health Plan Accreditation*	*Revise the reference to PHM 1, Element A, factor 6 and remove the corresponding footnote in Table 10.*	**PC**	**11/17/25**
2-45	*Appendix 2*	*Delegation Oversight Requirements and Automatic Credit by Evaluation Option*	*Remove delegation standards (QI 4, PHM 7, NET 6, UM 12, CR 9, ME 8) from Tables 2–5, 7 and 8, and add them in a new "Table 21: Delegation Oversight Requirements and Automatic Credit by Evaluation Option."* *Table 21 is available here.*	**CO**	**11/17/25**
3-7	*Appendix 3*	*2026 Health Plan Standards for MAC Survey*	*Revise the element title of QI 1, Element E to read, "Trainings to Improve Care or Service Delivery."*	**PC**	**11/17/25**
4-6	*Appendix 4*		*Remove the definition of "equity" and the associated text.*	**CL**	**11/17/25**
5-2	*Appendix 5*	*2026 Standards by Product Line and Survey Type*	*Revised the element title of QI 1, Element E to read, "Trainings to Improve Care or Service Delivery."*	**PC**	**11/17/25**