For Public Comment
August 4, 2025

Comments due 11:59 p.m. ET
September 1, 2025

Overview of Proposed Updates to 2026 Standards:

Health Equity Accreditation

NCQA Customer Support: 888-275-7585
www.ncqa.org

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Refer to the Health Equity and Health Equity Plus standards here.

2026 Health Equity Accreditation: *Overview of Proposed Updates*

About NCQA

NCQA believes that everyone deserves access to and opportunities for better health care, better choices and better health.

NCQA is an independent, nonprofit organization dedicated to improving health care quality. For 35 years, we have driven improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA's accreditations, standards and performance measurement tools reflect a straightforward formula for improvement: measurement, transparency, accountability.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans. Today, over 192 million Americans are enrolled in an NCQA-Accredited health plan, and 235 million Americans are enrolled in a health plan that reports measures from NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®), the most widely used performance measurement tool in health care.

Stakeholders Participating in Public Comment

NCQA shares these proposed updates for public comment to generate thoughtful feedback and constructive suggestions from interested parties. We welcome comments across different perspectives and experiences. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders. Please consider whether the requirements are feasible as written, are clearly articulated and are valuable to your organization's pursuit of high-quality care or your goals for your (or your community's) care. Please also highlight areas that might need clarification.

Background

NCQA's Health Equity Accreditation Program

NCQA's Health Equity Accreditation provides an actionable framework for health care organizations—health plans, health systems, accountable care organizations, Federally Qualified Health Centers (FQHC), case management organizations and more—to demonstrate (to patients or members, state regulators, payers and business partners) that they are accountable for elevating and formalizing health equity as an organizational priority. The program has two milestones; each confers a status:

- **Health Equity Accreditation** focuses on building a workforce that is well-equipped to support its health equity work; collecting data on member- or patient-level demographic data such as race, ethnicity, language, sexual orientation and gender identity; providing services that are responsive to members' cultural and linguistic needs; and identifying opportunities to reduce health disparities.
- **Health Equity Accreditation Plus** focuses on collecting data on community-level social risk factors and member- or patient-level social needs; establishing mutually beneficial partnerships with community-based organizations (CBO); and referring members or patients to resources that address upstream drivers of health ("social needs" or "social determinants") that have the most impact.

Adoption of this program has grown since its release in 2021, driven by Health Equity Accreditation mandates for health plans in 23 states and Health Equity Plus mandates in 4 states, as well as voluntary adoption by health plans, health systems, FQHCs and more. As of July 2025, 243 organizations have earned Accreditation status for Health Equity, and 34 organizations for Health Equity Plus status.

Evolving Industry Needs

Since January 2025, health care organizations have been navigating a rapidly evolving policy environment. In response to these changes, in April, NCQA issued temporary scoring modifications for a limited set of Accreditation program requirements, effective through June 30, 2026. Modifications narrowly focus on requirements directly related to federal policy changes, which some organizations might not be able to meet, regarding diversity, equity, inclusion programs and gender identity.

Modifications issued in April, and those proposed in this memo for surveys beginning July 1, 2026, do not change NCQA's broader commitment to raising the bar on overall population health by using data-driven methods to identify differences in outcomes and to address barriers that create or exacerbate these differences.

Updates proposed in this memo seek to help health care organizations:

- Sustain and grow their investment in the work described by the Accreditation;
- Address the disparities experienced by, and meet the needs of, populations with disabilities; and
- Respond to the needs, risks and challenges of the evolving policy landscape, in 2025 and beyond.

This memo describes the basis of recommendations to sustain and grow investments, and to address disparities and needs of populations with disabilities in the sections below; Recommendations to help health care organizations respond to the evolving policy environment, which are mentioned throughout this memo, were informed by:

- Structured qualitative interviews with 19 organizations (7 health plans, 4 FQHCs, 4 thought leaders or enablers, 3 health systems, 1 state), both Accredited and non-Accredited, which NCQA held between April and May 2025.
- Two surveys of Health Equity Accredited organizations held in April and May.

Overall, most interviewees and survey respondents continue to invest in and prioritize their commitment to work that has been described for the past several years as "health equity"—that everyone has the opportunity to achieve their best possible health—though the way that work is described or operationalized has been adapted to navigate changes in federal and state policies.

Interviewees and survey respondents—national health plans, in particular—also emphasized the challenge of navigating disparate or conflicting federal, state and organizational expectations since January. The majority of interviewees and survey respondents requested that NCQA better support their strategies for navigating regulatory restrictions or conflicts by providing flexibility in data or populations required by its programs.

A Guide to the Proposed Updates

2026 Health Equity Accreditation: Overview of Proposed Updates summarizes NCQA's proposed updates for the 2026 Health Equity Accreditation standards and guidelines.

- **Add new elements:** Ten for the Health Equity milestone, 5 for Health Equity Plus, that reflect industry priorities, challenges and needs. Proposed requirements address:
  - Data collection and interventions to identify disparities and meet the needs of populations with disabilities.
  - Use of geographic classification to identify disparities.
  - Integration of community health workers to address upstream drivers of health.
  - Using mature data analytics and measurement.

- **Revise, retire or replace existing requirements to help health care organizations:**
  - Align with emerging best practices.
  - Adapt to the evolving federal policy environment.
  - Provide flexibility in the data types or measures used to earn program credit.
  - Better reflect the operations and experience of care delivery organizations.
  - Improve program surveyability and clarity.

2026 Health Equity Accreditation: Summary of Proposed Standards Updates provides a detailed summary of proposed updates across the Health Equity and Health Equity Plus milestone standards, as well as rationales and targeted questions.

2026 Health Equity Accreditation: Summary of Questions for Public Comment provides a list of questions for respondents to address during this public comment period.

The following documents contain the full standards and guidelines proposed for 2026 *Health Equity Accreditation program* surveys, highlighted to demonstrate differences between proposed updates and current program requirements.

- 2026 Health Equity Accreditation: Standards Proposed for Public Comment.
- 2026 Health Equity Accreditation Plus: Standards Proposed for Public Comment.

Global Questions for Public Comment

As you review each proposed update to 2026 Health Equity Accreditation across both program milestones (Health Equity and Health Equity Plus), NCQA asks that respondents consider and provide comments on the following questions that globally apply across all proposed updates:

- Will the proposed updates help your organization meet its objectives or sustain its investments?
  - If so, how?
  - If not, why not?
- Are the expectations and scope of requirements feasible?
- Are the specified frequencies (e.g., annual) of requirements feasible?
- Are the requirements clearly written and framed in a manner representative of the organizations that perform the activities?
- Do proposed new elements or factors improve the value or relevance of the program for your organization?
- Do proposed updates to existing program requirements:
  - Make the program less valuable or relevant to your organization?
  - Substantially change the value, effectiveness or relevance of the required activity?
  - Reflect the way your organization operationalizes the requirement and/or submits survey evidence?
  - Make it less feasible for your organization to earn Accredited status?
- What else should NCQA know or consider as it makes decisions about the final standards?

Overview of Proposed New Requirements

NCQA proposes adding new content areas to reflect industry priorities, challenges and needs for identifying health disparities and best practices for data analysis and measurement.

Disability. In the Health Equity milestone standards, NCQA proposes the addition of 5 new elements and 17 new factors focused on data collection, measure stratification, training or education and processes to identify health disparities for persons with disabilities and to act to mitigate their root causes. Some requirements are intended to apply across all program segments (e.g., plans, hospitals); others are intended for use by health systems, hospitals, accountable care organizations, clinics and practices at the point of care.

- HE 1, Element B: Trainings to Improve Care or Service Delivery
- HE 1, Element C: Incentivizing Medical Education for Practitioners
- HE 2, Element D: Collection of Data on Disability Status
- HE 2, Element E: Collection of Data on Disability-Related Accommodations
- HE 2, Element G: Systems for Member- or Patient-Level Data
- HE 2, Element H: Privacy Protections for Demographic Data
- HE 2, Element I: Notification of Demographic Data Privacy Protections
- HE 3, Element A: Written Documents
- HE X, Element A: Availability of Disability Accommodations
- HE X, Element B: Accessible Digital Content
- HE X, Element C: Support for Disability Accommodations
- HE 4, Element A: Practitioner and Site-Level Information
- HE 4, Element B: Availability of Information on Practitioners and Care Sites
- HE 4, Element D: Information on Accessible Equipment
- HE 4, Element E: Enhancing Care Site Accessibility
- HE 5, Element A: Program Description
- HE 5, Element B: Annual Evaluation
- HE 6, Element B: Stratifying Measures to Assess Disparities
- HE 6, Element D: Assessing Language Services, Auxiliary Aids/Services and Accommodations
- HE 6, Element E: Evaluating Effectiveness of Interventions
- HE Plus 4, Element C: Process for Meaningful Stakeholder Involvement

Recommendations for the updates proposed in the elements above were informed by:

- Guidance from an expert focus group convened between April 2024 and April 2025 to provide perspectives from public health agencies and individuals, advocates and researchers representing the disability community.
- A comprehensive literature review of 1,400 abstracts and articles from peer-reviewed and grey literature.
- 28 semi-structured qualitative interviews of individuals, advocates and researchers representing the disability community (11); payers (8); state and public health agencies (7); and providers/associations for long-term services and supports (2).
- Public comment received in February 2025 for NCQA's new Disability Description of Membership (DDM) measure, which was published in HEDIS MY 2026 *Volume 2: Technical Specifications for Health Plans.*
- Nineteen structured quantitative interviews and 2 surveys conducted between April and June 2025 to better understand the impact of federal policy changes, in which half of interviewees and survey respondents reported disability data as a lens currently in use to identify measurable disparities.

Geographic Classification. In the Health Equity milestone standards, NCQA proposes the addition of 1 new element and 2 new factors focused on standardized collection, classification and measure stratification for geographic data for use in identifying disparities:

- HE 2, Element F: Classification of Geographic Data.

- HE 2, Element G: Systems for Member- or Patient-Level Data.
- HE 6, Element B: Stratifying Measures to Assess Disparities.

These recommendations were informed by the interviews and surveys conducted between April and June 2025, in which two thirds of survey respondents reported geographic classification as a lens currently in use to identify measurable disparities.

Demonstrating Maturity. In both the Health Equity and Health Equity Plus milestone standards, NCQA proposes the replacement of 1 existing element and addition of 3 elements intended to ensure accountability for analytics maturity and provide clear evidence of long-term value realization, particularly for Renewal customers. Updates include:

- **Replace** HE Plus 5, Element D: Assessing Referral Status for Disparities, which required stratification of social needs referral status by race, ethnicity, language, gender identity and sexual orientation, with new Element D: Assessing Disparities in Screening, Referrals and Interventions, which requires stratification of social needs screening, screen positives and social needs referral processes by at least one demographic characteristic for Initial Surveys and at least two demographic characteristics for Renewal Surveys.
- **Add:**
  - HE 6, Element C: Using Multi-Factor Analysis to Assess Disparities, which requires stratification by two demographic characteristics across two measures.
  - HE Plus 1, Element E: Reporting the SNS-E Measure, which requires health plans to report at least one indicator from the HEDIS Social Needs Screening and Intervention measure.
  - HE Plus 5, Element F: Assessing Effectiveness of Social Needs Referrals and Interventions, which requires organizations to annually identify, prioritize and act on opportunities to reduce health disparities related to social needs or to organizations' social needs referral process.

Community Health Workers. In the Health Equity Plus milestone standards, NCQA proposes the addition of four new elements under a new standard category, *HE Plus X: Integration of Community Health Workers*, intended to incentivize health care organizations to either implement rigorous, evidence-based and community-involved community health worker (CHW) programs or to partner with community-led CHW programs.

- Element A: Community Health Worker Program requires policies and procedures for the organization's employed CHWs that address scope of work, clinical or behavioral health integration, caseloads and tools or technology.
- Element B: Community Health Worker Recruitment and Hiring requires a standardized, community-based recruiting and hiring process for the organization's employed CHWs.
- Element C: Community Health Worker Training and Supports describes training, education and other supports for professional success and development of employed CHWs.
- Element D: Community Health Worker Supervision describes oversight and supervision for employed CHWs.

Each proposed element offers an exception for partnering with a CBO that employs CHWs, which is intended to mitigate concerns that higher-resourced health care organizations will compete with CBOs for CHW candidates.

Requirements for the updates proposed in the elements above are derived from certification standards developed by NCQA in collaboration with community stakeholders and community health workers, and validated through a state-level implementation pilot.

Overview of Updates to Existing Requirements

NCQA proposes additions, revisions and retirements to existing requirements that align with emerging best practices, adapt to the evolving policy environment, provide flexibility on data types and measures to increase applicability to different types of populations, maker requirements more reflective of care delivery settings and improve surveyability or clarity.

Updates to Align With Emerging Best Practices. These revisions and additions are recommended to align with updates to national data standards and elevate best practices practiced in the field. Updates include:

- **Revise** the focus of HE 2, Element A: Collection of Data on Race and Ethnicity (formerly HE 2, Element B) from OMB 1997 to OMB 2024 response options.
- **Add factor 2** (communication) and **factor 3** (funding and support), and expand the scope of **factor 5** (collaborative partnership evaluation) to HE Plus 2, Element D: Agreements with Partners to Deliver Resources/Interventions to separately score requirements in the factor 1 explanation and to reflect best practices for cultivating new community and health care partnerships practiced by Health Equity Accreditation Plus customers.

Updates to Adapt to the Evolving Policy Environment. These revisions and retirements seek to mitigate challenges that some Health Equity Accreditation customers may experience due to federal or state limitations on permissible terminology or activities. Revisions are intended to better explain the purpose and desired outcome of the activities currently scored in the 2024 program standards, using language that provides greater flexibility for organizations to interpret and apply these activities within their unique regulatory and population-centered contexts.

- **Retire and replace gender identity requirements.** Retire or replace existing requirements to collect standardized data on gender identity, only; keep requirements to collect and analyze data on sexual orientation. This update is not intended to restrict the use of gender identity data or to imply that it is not a meaningful lens with which to assess disparities, but rather to remove a minimum program expectation that is currently not feasible for most organizations. The recommendations below also reflect input received from the vast majority of interviewees an survey respondents, three quarters of whom rated data collection and use of this data type as infeasible. Updates include:
  - **Retire** HE 2, Element D: Collection of Data on Gender Identity.
  - **Remove** gender identity from the stem of the following requirements:
    - HE 2, Element H: Privacy Protections for Demographic Data (formerly HE 2, Element F).
    - HE 2, Element I: Notification of Demographic Data Privacy Protections (formerly HE 2, Element G).
  - **Replace** the focus on gender identity in HE 6, Element B: Stratifying Measures to Assess Disparities by adding a new factor with “one additional characteristic of the organization’s choice,” to provide organizations for whom this data remains relevant and attainable a pathway to receive credit for its use.
- **Reframe activities that require diversity or demographic representation.** Replace requirements that address diversity or demographic representation of staff, leadership and committees (i.e., workforce) with “direct experience, knowledge or expertise relevant to the needs of organization’s member or patient population” in the following elements:
  - HE 1, Element A: Building and Maintaining a Responsive Workforce (replaces HE 1, Element A: Building a Diverse Staff).
  - HE 5, Element A: Program Description, factor 1 (description of organization’s overall objectives) and factor 3 (process to involve community representatives).
  - HE 5, Element B: Annual Evaluation, factor 4 (review of analysis by community representatives).

  - HE Plus 4, Element A: Program Description, factor 3 (commitment to providing resources/interventions).
  - HE Plus 4, Element C: Process for Meaningful Stakeholder Involvement, factors 1-2 (representative stakeholder recruitment practices).
  - HE Plus 4, Element E: Program Evaluation, factor 6 (review of program effectiveness by community/consumer stakeholders).
- **Focus workforce training on responsive care or service delivery.** Reframe requirements that focus on workforce training for respectful, appropriate, and responsive care or service delivery, rather than on high-level concepts such as reducing bias or promoting inclusion. The updated training options reflect topics commonly applied by current customers, and topics identified through NCQA's literature review and interviews as essential to reducing health disparities.
  - **Replace** HE 1, Element B: Promoting Diversity, Equity and Inclusion Among Staff with Element B: Trainings to Improve Care or Service Delivery. This proposed new element focuses on applying health equity-related topics to care or service delivery, rather than high-level concepts such as reducing bias or promoting inclusion. Topics reflect approaches frequently applied by current customers, and a new focus highlighted by NCQA's literature review and interviews as integral to the success of new requirements for disability data.
  - **Add** HE 1, Element C: Incentivizing Medical Education for Practitioners, requiring Accredited organizations to incentivize or sponsor practitioners to complete medical education on the unique health/health care needs of specific demographic subgroups of categories relevant to the organization's population.
- **Focus practitioner requirements on patient choice and appropriateness of care.** Reframe requirements in *HE 4: Practitioner Network Responsiveness* as an expectation that organizations build and maintain care systems/networks that provide a choice of practitioners and care sites for members or patients to meet their diverse cultural, linguistic, accessibility and other needs.
  - **Add a factor** to the following elements to address practitioners' population-specific focus areas, training, credentials or services (e.g., completion of training on trauma-informed care, LGBTQIA+ friendly, immigrant or refugee health), in alignment with emerging best practices of Health Equity Accreditation customers.
    - HE 4, Element A: Practitioner and Site-Level Information (formerly Element A: Assessment and Availability of Information).
    - HE 4, Element B: Availability of Information on Practitioners and Care Sites (formerly Element A: Assessment and Availability of Information).
  - **Revise** the explanation of HE 4, Element C: Enhancing Network Responsiveness (formerly HE 4, Element B), **factor 2** (analyzes network capacity to meet the needs of members for culturally appropriate care) to define the scope of this activity as including practitioners' race/ethnicity and their population-specific focus areas, training, credentials or expertise.

Updates to Provide Flexibility. These additions and revisions seek to provide flexibility for organizations to select data types and measures that are most feasible and meaningful to their population and regulatory context.

- **Update the stem, factors and scoring** in the following elements to operationalize the inclusion of new data types and provide flexibility while retaining NCQA's current expectation that organizations perform well on four data types to earn an Accredited status.
  - HE 2, Element H: Privacy Protections for Demographic Data (formerly HE 2, Element F).
  - HE 2, Element I: Notification of Demographic Data Privacy Protections (formerly HE 2, Element G).

- **Add 8 factors** to HE 6, Element A: Reporting Stratified Measures to align the list of potential stratified measures with those available through HEDIS MY 2023, and to provide greater flexibility in selecting meaningful measures.
  - **Increase scoring** rigor by updating the Met scoring threshold from 2 to 4 measures, in alignment with current customer performance.

Updates to Improve Surveyability and Clarity.

- **Better adapt requirements to care delivery organizations.** Revise language and exceptions to better resonate with the terminology and operational realities of care delivery organizations across diverse settings.
  - **Change the terminology** of "individuals served" to "members or patients" throughout the Health Equity and Health Equity Plus standards to speak more directly to the population served by care delivery organizations, in response to feedback from care delivery customers that agnostic language is alienating.
  - **Revise** HE 4, Element C: Enhancing Network Responsiveness (formerly HE 4, Element B), **factor 1** (analyzes capacity of its network to meet the language needs of individuals) to read, "Analyzes its capacity to meet the language needs of members or patients at the point of care."
  - **Add an exception** for all non-health plans for the following requirements:
    - HE 4, Element A: Practitioner and Site-Level Information, factors 1–3 (collection of practitioner-level data on race, ethnicity, language and population-specific focus areas, training, credentials or services).
    - HE 4, Element B: Availability of Information, factors 1–3 (publishing practitioner-level data on race, ethnicity, language and population-specific focus areas, training, credentials or services).
    - HE 4, Element C: Enhancing Network Responsiveness, factor 2 (analyzing network capacity to meet culturally appropriate care needs).
- **Streamline requirements.** Revise language and reorder or combine requirements to reduce survey and documentation burden, and reflect how customers submit evidence.
  - **Split documented processes** for member- or patient-level data collection and corresponding evidence (reports or materials) into separately scored requirements. Reduce evidence submission burden for organizations with large or national footprints.
  - **Split each factor** that addresses direct data collection under *HE 2: Collection of Member- or Patient-Level Data* **into two factors.**
    - Element A: Collection of Data on Race and Ethnicity.
    - Element B: Collection of Data on Language.
    - Element C: Collection of Data on Sexual Orientation.
    - Element D: Collection of Data on Disability Status.
    - Element E: Collection of Data on Disability Accommodations.
  - **Move** evidence of reports or materials from HE Plus 1, Element C: Process for Collecting Social Needs Data (formerly titled, Collecting Social Needs Data) to new Element D: Evidence of Collecting Social Needs Data.
  - **Remove** inter-element references in element stems, factors and explanations throughout the Health Equity Accreditation Plus standards to improve program surveyability, feasibility and experience for surveyors, customers and NCQA staff.
  - **Combine** requirements to identify and compare community-level social risks and population-level social needs into a single element, HE Plus 1F: Assessing Community Social Risks and Social Needs (formerly HE Plus 1, Element D: Identifying Social Risks and Element E: Identifying Social Needs).

- **Combine** HE Plus 2, Element A: Social Risk Resource Assessment and Element B: Social Needs Resource Assessment into a single element, HE Plus 2, Element A: Social Resource Gap Assessment.
- **Reorder** HE 2, Element H: Systems for Patient- or Member-Level Data (formerly Element A: Systems for Individual-Level Data.
- **Reorder** HE Plus 2, Element B: Selecting Community-Based or Cross-Sector Initiatives (formerly Element F).
- **Reorder** HE Plus 2, Element E: Engaging with Community-Based or Cross-Sector Initiatives (formerly Element G).

Public Comment Instructions

Documents

The following documents contain the full standards and guidelines proposed for 2026 *Health Equity Accreditation program* surveys, highlighted to demonstrate differences between proposed updates and the current program requirements.

- *2026 Health Equity Accreditation: Standards Proposed for Public Comment.*
- *2026 Health Equity Accreditation Plus: Standards Proposed for Public Comment.*

Refer to *2026 Health Equity Accreditation: Summary of Questions for Public Comment* for the full list of questions for respondents to address during this public comment period.

Refer to *2026 Health Equity Accreditation: Summary of Proposed Standards Updates*, which provides a detailed summary of proposed updates across the Health Equity and Health Equity Plus milestone standards, as well as rationales and targeted questions.

2026 Health Equity Accreditation: How to Submit Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to http://my.ncqa.org and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select **Updates to 2026 Health Equity Accreditation** from the drop-down box:
5. Click to select the **Topic** (category) and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
   a. If you choose **Do not support**, include your rationale in the text box.
   b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.
   Note: *There is a 2,500-character limit for each comment. We suggest you develop your comments in Word to check your character limit; use the "cut and paste" function to copy your comment into the Comments box.*
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments must be entered by 11:59 ET on September 1, 2025.

Next Steps

The final Standards and Guidelines for 2026 Health Equity Accreditation are proposed for release in December 2025, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements for all programs are proposed to take effect for surveys starting July 1, 2026.