Updates Applicable to 2026 Health Equity Accreditation

Refer to:

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

Table 1. Proposed Updates to Standards for 2026 Health Equity Accreditation

Standard/Element	Proposed Update	Rationale and Questions
OVERALL UPDATES		
Throughout the Health Equity Accreditation and Health Equity Accreditation Plus standards and guidelines.	**Update** "individuals served" to "members or patients."	**Better adapt requirements to care delivery organizations.** Change the terminology of "individuals served" to "members or patients" to speak more directly to the population served by care delivery organizations. **Question** 1. Do you support changing "individuals served" to "members or patients" throughout the Health Equity and Health Equity Plus standards?
Throughout the Health Equity Accreditation Plus standards and guidelines.	**Remove** inter-element references in element stems, factors and explanations.	**Improve surveyability and clarity.**
HE 1: ORGANIZATIONAL READINESS		
Standard description	**Revise** to read, "The organization builds, trains and maintains a workforce with direct experience, knowledge or expertise relevant to the needs of its members."	**Adapt to the evolving policy environment.** Revise to better describe the intent of activities formerly referenced by broader terminology. **Question:** 4. Do you support the proposed revisions?
Standard intent	**Revise** to read, "The organization has a workforce capable of supporting its goals to provide opportunities for all members or patients to achieve their best possible health."	

Standard/Element		Proposed Update	Rationale and Questions
	Building a Diverse Staff *(formerly HE 1, Element A)*	**Retire element.**	**Adapt to the evolving policy environment.** Replace former Element A with a new requirement that better describes the intent of activities formerly referenced using broader terminology: developing and maintaining a workforce with direct experience, knowledge or expertise capable of responding to the needs of the organization's member or patient population. **Questions:** 5. Do you support this element replacing former element HE 1A: Building a Diverse Staff? 6. Does the language proposed for the new element make it less feasible for your organization to demonstrate compliance by July 2026? 7. Do you support the proposed Met scoring threshold of 3-4 factors?
A	Developing and Maintaining a Responsive Workforce *(replaces HE 1, Element A: Building a Diverse Staff)*	***NEW ELEMENT***	
	Promoting Diversity, Equity, and Inclusion Among Staff *(formerly HE 1, Element B)*	**Retire element.**	**Adapt to the evolving policy environment; add content for disability.** Replace former Element B with new, expanded requirements that focus workforce training on respectful, appropriate and responsive care or service delivery, rather than abstract concepts such as reducing bias or promoting inclusion. New training options reflect topics commonly applied by current customers and highlighted by NCQA's literature review and interviews as important to reducing health disparities. The new element raises the Met scoring performance threshold from one to two topics and expands the scope from staff to the organization's entire workforce. **Questions:** 8. Do you support this element replacing former element HE 1B: Promoting Diversity, Equity and Inclusion Among Staff? 9. Do you support the proposed Met scoring threshold of 2-5 factors?
B	Trainings to Improve Care or Service Delivery *(replaces HE 1, Element B: Promoting Diversity, Equity and Inclusion Among Staff)*	***NEW ELEMENT***	

Standard/Element		Proposed Update	Rationale and Questions
C	Incentivizing Medical Education for Practitioners	***NEW ELEMENT***	**Adapt to the evolving policy environment; add content for disability.** Unlike Element B, which focuses on training the organization's workforce in general, this element requires that the organization either incentivize or sponsor practitioners to complete continuing medical education on the unique care needs of relevant member/patient subpopulations. Personal characteristics such as race, ethnicity, culture, gender, sexual orientation and disability status have a bearing on individuals' heath beliefs, behaviors and needs. Practitioners' lack of knowledge or formal medical education about these beliefs, behaviors and needs—and strategies to understand and navigate related challenges—are potential drivers of unfair differences between the way some members/patients vs. others access or experience health care opportunities and outcomes. **Questions:** 10. Do you support the inclusion of this new element? 11. Do you support the proposed Met scoring threshold of 1-4 factors? 12. Does your organization currently incentivize or sponsor practitioners (employed or contracted) to complete medical education on factors 1–4?
HE 2: COLLECTION OF MEMBER- OR PATIENT-LEVEL DATA			
Standard title		**Revise title** from *HE 2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data*.	**Improve surveyability and clarity.** Streamline to be more agnostic of data types, given proposed additions and removals.
Standard description		**Revise** to read, "The organization gathers member- or patient-level demographic data using standardized methods."	
Standard intent		**Revise** to read, "The organization collects information that helps it identify population-level disparities and provide patient-centered, culturally and linguistically appropriate and accessible care or services."	**Add content for disability.** Expand the original scope (culturally and linguistically appropriate services) to "appropriateness and accessibility" to be inclusive of more population-focused and disparity-sensitive data types and interventions, and to support organizations' ability to select data quality lenses that are most meaningful for their population and regulatory priorities.

Standard/Element		Proposed Update	Rationale and Questions
			Question: 13. Do you support the proposed revisions?
HE 2, Element A: Collection of Data on Race and Ethnicity. HE 2, Element B: Collection of Data on Language. HE 2, Element C: Collection of Data on Sexual Orientation.		**Create new factors** to separately score evidence of direct data collection processes and evidence of implementation (i.e., reports or materials).	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** Streamline surveys and scoring for organizations with large or national footprints, while continuing to validate implementation at the regional, Accredited-entity level. **Question:** 14. Does scoring evidence of data collection under a separate factor reduce burden for large or national organizations with multiple Accredited entities?
A	Collection of Data on Race and Ethnicity *(formerly HE 2 Element B)*	**Revise stem** language. **Add factor 2** (evidence previously scored under factor 1). **Revise factors 3, 4 and 6** to align with updated terminology in HEDIS Volume 2. **Revise factors 1, 2 and 5** to update the focus from use of 1997 to 2024 OMB race and ethnicity categories. **Revise scoring** (Met, Partially Met, Not Met) to account for the new factor.	**Improve surveyability and clarity.** Standardize language used across data collection elements and clarify expectations for evidence by standardizing action verbs (“evaluate” vs. “assess”). **Update to align with emerging best practices.** Update the focus of factors 1, 2 and 5 to align with new race and ethnicity data collection guidance released by the OMB in 2024, in alignment with the HEDIS Race/Ethnicity Description of Membership (RDM) measure. **Questions:** 15. Do you support updating factors 1, 2 and 5 to align with OMB 2024 categories? 16. Do you support all proposed revisions in the element stem and factors?
B	Collection of Data on Language *(formerly HE 2 Element C)*	**Revise stem** language. **Add factor 2** (evidence previously scored under factor 1). **Revise factors 4–5** to clarify a time frame of “at least every 3 years.”	**Improve surveyability and clarity.** Standardize language used across data collection elements and clarify expectations for evidence by standardizing action verbs (“evaluate” vs. “assess”). Specify time frames in the factor to align with the Explanation. Revise factors 3-4 to clarify the scope as a percentage of the population (5% and 1%) in the service area or members/patients (1,000 and 200), whichever is less.

	Standard/Element	Proposed Update	Rationale and Questions
		Revise factor 5 to align with updated terminology in HEDIS Volume 2. **Revise scoring** (Met, Partially Met, Not Met) to account for new factor.	**Question** 17. Do you support all proposed revisions in the element stem and factors?
	Collection of Data on Gender Identity *(formerly HE 2 Element D)*	**Retire element.**	**Update to adapt to the evolving policy environment.** Retire required standardized data collection for gender identity, sex assigned at birth and pronouns. **Question** 18. Do you support retirement of this element?
C	Collection of Data on Sexual Orientation *(formerly HE 2 Element E)*	**Revise stem and factors 1–2**. **Add factor 3** (evidence previously scored under factor 2). **Revise scoring** (Met, Partially Met, Not Met) to account for new factor.	**Improve surveyability and clarity.** Standardize language used across data collection elements and clarify expectations for evidence by standardizing action verbs (“evaluate” vs. “assess”). **Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** Move evidence of direct data collection from factor 2 (direct data collection) to new factor 3 to streamline surveys and scoring for organizations with large or national footprints, while continuing to validate implementation at the regional, Accredited-entity level.
D	Collection of Data on Disability Status	***NEW ELEMENT***	**Add content for disability.** Expand the selection of data types so organizations can select data quality lenses that are most meaningful for their population and regulatory priorities. A multifaceted approach (both disability function and identity) to data collection is proposed to mitigate concerns by NCQA’s qualitative interviews and expert advisory group that relying on functional data alone is inadequate for identifying everyone in the disability community who is experiencing a health disparity. While frameworks on disability identity data are less established than functional data, for which there is a widely used core question set from the American Community Survey, some state agencies and health care organizations in the field have introduced disability identity questions to supplement their questions on functional disability.

Standard/Element		Proposed Update	Rationale and Questions
			Together, these data are intended for use in identifying disparities in clinical performance and experience measures, measuring the effectiveness of interventions, resource and benefit planning, and interoperable exchange of data between different types of organizations that co-manage individuals with complex care/service needs across settings. **Questions:** 19. Do you support the inclusion of this new element? 20. Do you support the proposed Met scoring threshold of 4-8 factors? 21. Do you agree with the minimum list of response options for factor 4? 22. Do you agree with the inclusion of factor 6? 23. Does your organization use any of the estimated methods described in factor 6?
E	Collection of Data on Disability-Related Accommodations	***NEW ELEMENT***	**Add content for disability.** Expand the selection of data types so organizations can select data quality lenses that are most meaningful for their population and regulatory priorities. These data are intended to proactively provide patients with needed accommodations at the point of care and to plan resources and benefits. **Questions:** 24. Do you support the inclusion of this new element? 25. Do you support the proposed Met scoring threshold of 3-5 factors? 26. What use cases (if any) would make collection of these data meaningful for health plans? 27. Are the supports described by the minimum response categories in factors 2 and 4 feasible for your organization to provide at the point of care (if applicable)? 28. Are there other physical accommodations not listed under factor 2 that your organization currently provides?

Standard/Element		Proposed Update	Rationale and Questions
			29. Does your organization collect information on sign language interpretation (factor 4) as a subset of language needs in HE 2B: Collection of Data on Language?
F	Classification of Geographic Data	***NEW ELEMENT***	**Add content for geographic classification.** Expand the selection of data types so organizations can select data quality lenses that are most meaningful for their population and regulatory priorities. **Question:** 30. Do you support the inclusion of this new element? 31. Do you support the proposed Met scoring threshold of 2-4 factors? 32. Does your organization use RUCA codes to assign geographic categories for members/patients?
G	Systems for Member- or Patient-Level Data *(formerly HE 2 Element A)*	**Move position** from Element A to Element G. **Retire factor 3** (gender identity). **Add factors 4–8.** **Revise scoring** (Met, Partially Met, Not Met) to account for new factors.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** Reorder element to reflect the way customers submit evidence as secondary to evidence of data collection. **Add content for disability and geographic classification.** Electronic systems with standardized fields for patient- or member-level data enable health care organizations to exchange data to co-manage individuals with complex care/service needs across settings, facilitate measurement and quality improvement activities and make it easier for patient-facing staff and practitioners to proactively plan accommodations for care encounters. **Questions:** 33. Do you support the retirement of former factor 3 (gender identity)? 34. Do you support the inclusion of factors 4-8? 35. Do you support the proposed Met scoring threshold of 4-8 factors? 36. Does your member- or patient-level system (e.g., EHR) currently allow you to report on factor 3 (sexual orientation) at the population level?

Standard/Element		Proposed Update	Rationale and Questions
H	Privacy Protections for Demographic Data *(formerly HE 2, Element F)*	**Revise stem** to move requirements from factors. **Add factors 1–5** to move required data types from stem. **Add new data types** (disability status/identity, physical accommodations, auxiliary aids/services). **Remove gender identity** as a data type. **Revise scoring** to account for new factors.	**Update to adapt to the evolving policy environment; update to provide flexibility.** Swap the position of required data types and required activities in the element stem and factors to provide flexibility in scoring by data type, while still requiring organizations to perform all three required activities (access, permissible use, impermissible use). Remove gender identity as a required data type, but add disability status, physical accommodations and auxiliary aids. Update scoring to provide flexibility for organizations to miss one required data type. **Questions** 37. Do you support the proposed revisions to the stem and factors 1-3? 38. Do you support the inclusion of new factors 4-5? 39. Do you support the proposed Met scoring threshold of 4-5 factors?
I	Notification of Demographic Data Privacy Protections *(formerly HE 2, Element G)*	**Revise stem** to move requirements from factors. **Add factors 1-5** to move required data types from stem. **Add new data types** (disability status/identity, physical accommodations, auxiliary aids/services) **Remove gender identity** as a data type. **Revise scoring** to account for new factors. **Update scope of** communication content to include "state and public health agencies."	
HE 3: ACCESS AND AVAILABILITY OF LANGUAGE SERVICES			
Standard description		Revise language to replace "materials" with "information" add "its members or patients"; remove "of individuals."	**Improve surveyability and clarity.**
Standard intent		Replace "individuals" with members or patients and add "regardless of their language preferences or needs."	
A	Written Documents	**Revise** language and **reorder** stem and **factors 1, 4, 6.** **Add factors 2, 3, 5.**	**Improve surveyability and clarity.** Revise language and order of stem and factors 1 and 4-6; add factors 2 and 5 to improve clarity and address commonly-missed existing requirements.

Standard/Element		Proposed Update	Rationale and Questions
		Add to Explanation scope of vital information for care delivery organizations. **Revise scoring** to account for new factors.	**Add content for disability.** Add factor 2 to expand the selection of data types so organizations can select data quality lenses that are most meaningful for their population and regulatory priorities. **Better adapt requirements to care delivery organizations.** Add to scope of vital information to more directly address care delivery organization operations. **Questions:** 40. Do you support the revisions proposed for the element stem and factors 4-6? 41. Do you support the inclusion of new factors 2, 3 and 5? 42. Do you support the proposed Met scoring threshold of 3-6 factors? 43. Is it feasible for care delivery organizations to operationalize the proposed minimum list for vital information (Explanation) for factors 1-6?
B	Spoken Language Services	**Revise stem.** **Add factors 1–2.** **Add to Explanation scope of organizational functions for care delivery organizations.** **Revise scoring** to account for new factors.	**Improve surveyability and clarity.** Revise stem language and add factors 1–2 to separately score commonly missed existing requirements. **Better adapt requirements to care delivery organizations.** Add to scope of organizational functions to more directly address care delivery organization operations. **Questions:** 44. Do you support the proposed inclusion of factors 1-2? 45. Do you support the proposed Met scoring threshold of 3-6 factors? 46. Is it feasible for care delivery organizations to operationalize the proposed minimum list for organizational functions (Explanation) for factors 1-2?

Standard/Element		Proposed Update	Rationale and Questions
D	Notification of Language Services	**Revise stem**	**Improve surveyability and clarity.** Revise stem and Explanation to clarify the scope as 1% of the population in the service area or 200 members or patients, in alignment with HE 2, Element B: Collection of Data on Language. **Question:** 47. Do you support the revisions proposed for the element stem?
HE X: ACCESS AND AVAILABILITY OF DISABILITY ACCOMMODATIONS *(NEW)*			
A	Availability of Disability Accommodations	***NEW ELEMENT***	**Add content for disability.** Improve patient experience at the point of care for persons with disabilities and reduce preventable delays to receiving needed care or services. **Questions:** 48. Do you support the inclusion of this new element? 49. Do you support the proposed Met scoring threshold of 1-2 factors? 50. Is it feasible for your organization to demonstrate implementation of these activities by July 2026? If not ("do not support"), when is feasible? 51. Is the minimum list of planned functions (Explanation) meaningful and feasible?
B	Accessible Digital Content	***NEW ELEMENT***	**Add content for disability.** Ensure that digital mediums where care is received, or where communications are accessed or made (e.g., kiosks, mobile apps, websites), have options for functionality to accommodate people with disabilities (e.g., screen-reader friendliness, options for large font) that improve their experience, remove barriers to access and reduce delays to receiving needed care or services. Align with new requirements released by HHS in May 2024, with the goal of giving people with disabilities ready access to the same kinds of health care experiences and information as their peers. **Questions:** 52. Do you support the inclusion of this new element?

Standard/Element		Proposed Update	Rationale and Questions
			53. Do you support the proposed Met scoring threshold of 3-6 factors? 54. Is the minimum list of digital content feasible and meaningful?
C	Support for Disability Accommodations	***NEW ELEMENT***	**Add content for disability.** Improve patient experience at the point of care for persons with disabilities and reduce preventable delays to receiving needed care or services. Practitioner or office staff knowledge of offering, providing or using physical accommodations or auxiliary aids for in-person encounters was frequently cited in NCQA's qualitative interviews as a barrier for persons with disabilities to easily accessing high-quality care and health care experiences without stigma. **Questions:** 55. Do you support the inclusion of this new element? 56. Do you support the proposed Met scoring threshold of 3-6 factors? 57. Is the inclusion of factors 3 and 5 feasible and meaningful?
HE 4: PRACTITIONER AND CARE SITE RESPONSIVENESS			
Standard Title		**Revise title** from *Practitioner Network and Cultural Responsiveness.*	**Focus practitioner requirements on patient choice and appropriateness of care; align with emerging best practices.** **Question:** 58. Do you support the proposed revisions?
Standard description		**Revise** to read, "The organization collects data on practitioners and care sites to assess its ability to meet the needs and preferences of its members or patients."	
Standard intent		**Revise** to read, "The organization builds and maintains practitioner networks or care systems that are capable of supporting the organization's ability to meet the cultural, linguistic and accessibility needs of its members or patients.	
A	Practitioner and Site-Level Information	**Update element title.** **Update stem, factor 1 and 4** for clarity.	**Focus practitioner requirements on patient choice and appropriateness of care; align with emerging best practices.**

Standard/Element		Proposed Update	Rationale and Questions
		Move factors 4-6 to new Element B. **Add factor 3 (population-specific focus areas)** **Add factor 5** (auxiliary aids and services) **Revise scoring** to account for new/removed factors. **Add exception f**or care delivery organizations (factors 1–3).	Add factor 3 (population-specific focus areas, training, credentials or services) 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. Align with emerging best practices for practitioner directories among Health Equity Accreditation customers and better describe the intent of activities formerly referenced by broader terminology: direct experience, knowledge or expertise capable of responding to the needs of the organization's member or patient population. **Add content for disability.** Add site-level auxiliary aids and services to the information collected and published about care sites. **Update to improve surveyability and clarity.** Move current factors 4–6 from current HE 2, Element A: Availability of Information to a new element to streamline survey experience and accommodate the addition of new content addressing auxiliary aids and services. **Better adapt requirements to care delivery organizations.** Add an exception for non-health plans for factors 1–3 (making information available on practitioner data on race, ethnicity, language and population-specific focus areas, training, credentials or services) based on customer feedback about feasibility. **Questions (Element A):** 59. Do you support moving factors 4-6 to a new element HE 4B: Availability of Information on Practitioners and Care Sites? 60. Do you support the proposed Met scoring threshold of 3-5 factors? 61. Do you support revisions proposed for the element stem and factor 4? 62. Do you support the inclusion of new factors 3 and 5? **Questions (Element B):** 63. Do you support the inclusion of this new element? 64. Do you support the proposed Met scoring threshold of 3-6 factors? 65. Do you support the inclusion of factors 4, 5 and 6?
B	Availability of Information on Practitioners and Care Sites	***NEW ELEMENT***	

	Standard/Element	Proposed Update	Rationale and Questions
			66. Does your organization currently collect and publish directory data on physical accommodations or accessible site features (e.g., wheel-chair accessible parking or ramps)?
C	Enhancing Network Responsiveness *(formerly HE 4 Element B)*	**Revise factors 1–2** language and scope. **Add exception** for care delivery organizations (factor 2).	**Better adapt requirements to care delivery organizations.** Reframe factor 1 (analyzes capacity to meet language needs) to focus on the point of care, which is proposed to better resonate with care delivery organizations and clarify the intent that language needs may be addressed through a combination of practitioners' languages and care sites' bilingual staff or language services. **Question:** 67. Do you support proposed updates to the language and scope of factors 1-2? Add an exception for non-health plans for factor 2 (analyzing network capacity to meet culturally appropriate care needs) based on customer feedback about feasibility. **Focus practitioner requirements on patient choice and appropriateness of care; align with emerging best practices.** Revise the explanation for factor 2 (analyzing network capacity to meet culturally appropriate care needs) to define the scope of this activity as including practitioners' race/ethnicity and their population-specific focus areas, training, credentials or expertise.
D	Information on Accessible Equipment	***NEW ELEMENT***	**Add content for disability.** Improving experience with and access to care for people with disabilities requires that care sites meet needed accommodations during examination and treatment by having accessible MDE, exam tables and scales. Lack of accessible versions of this specific equipment was repeatedly cited in the literature review, qualitative interviews and focus group as barriers to receiving high-quality care and humanizing experiences with care. These requirements align with a final rule released by HHS in 2024. Similar to existing requirements that organizations act to address gaps in the language capacity and cultural responsiveness of their practitioner networks, NCQA proposes that care delivery organizations act on the
E	Enhancing Care Site Accessibility	***NEW ELEMENT***	

Standard/Element	Proposed Update	Rationale and Questions
		insights identified by a gap analysis of capacity for accessible equipment across in-person care sites. **Questions (Element D)** 68. Do you support the inclusion of this new element? 69. Do you support the proposed Met scoring threshold of 2-3 factors? 70. Is it feasible for your organization to demonstrate this activity by July 2026? **Questions (Element E)** 71. Do you support the inclusion of this new element? 72. Do you support the proposed Met scoring threshold of 3-5 factors? 73. Is it feasible for your organization to demonstrate this activity by July 2026?
HE 5: PROGRAM TO IMPROVE SERVICE APPROPRIATENESS AND ACCESSIBILITY		
Standard title	**Revise title** from *Culturally and Linguistically Appropriate Services Programs.*	**Add content for disability.** Expand the original scope (culturally and linguistically appropriate services) to "appropriateness and accessibility" to be inclusive of more population-focused and disparity-sensitive data types and interventions, and to support organizations' ability to select data quality lenses that are most meaningful for their population and regulatory priorities. **Question:** 74. Do you support the proposed revisions?
Standard description	**Revise** to read, "The organization has clearly defined processes, goals and responsibilities for continuously improving the appropriateness and accessibility of its services."	
Standard intent	**Revise** to read, "The organization has the infrastructure to monitor and improve its ability to meet member or patient needs."	
A Program Description	**Revise stem**. **Revise factors 1, 3, 4.** **Add factor 2.** **Revise scoring** to account for new factor.	**Adapt to the evolving policy environment.** Update factor 1 (description of the organization's overall objectives) and factor 3 (process to involve community members) to better describe the intent of activities formerly referenced by broader terminology: meaningful involvement and guidance from stakeholders such as community

Standard/Element		Proposed Update	Rationale and Questions
			residents, members/patients, community-based partners with direct experience, knowledge or expertise relevant to the organization's structures for processes such as goal-setting, prioritization, root cause analysis and partner selection.. **Add content for disability.** Expand the original scope (culturally and linguistically appropriate services) to "appropriateness and accessibility" to be inclusive of more population-focused and disparity-sensitive data types and interventions, and to support organizations' ability to select data quality lenses that are most meaningful for their population and regulatory priorities. Operationalizing accessibility (e.g., establishing communication and engagement methods, designing physical and virtual spaces) is complex, so planning, implementation and maintenance of appropriately accessible organizational functions requires direction by an individual with experience and expertise. **Questions:** 75. Do you support the proposed revisions for the element stem? 76. Do you support the proposed revisions for factors 1 and 3? 77. Do you support the inclusion of factor 2? 78. Do you support the proposed revisions for factor 4?
B	Annual Evaluation	**Revise stem** language and scope. **Revise factor 1** language and scope. **Revise factor 4** language**.**	**Adapt to the evolving policy environment.** Update factor 4 (review of analysis by community representatives) to better describe the intent of activities formerly referenced by broader terminology: meaningful involvement and guidance from stakeholders such as community residents, members/patients, community-based partners with direct experience, knowledge or expertise. **Add content for disability.** Expand the original scope (culturally and linguistically appropriate services) to "appropriateness and accessibility" to be inclusive of more population-focused and disparity-sensitive data types and interventions, and to support organizations' ability to select data quality lenses that are most meaningful for their population and regulatory priorities.

Standard/Element		Proposed Update	Rationale and Questions
			Update to improve surveyability and clarity. Update stem and factor 4 language to improve clarity. **Question:** 79. Do you support the proposed revisions for the element stem and factors 1 and 4?
HE 6: REDUCING HEALTH DISPARITIES			
Standard description		**Revise** to read, "The organization uses data to focus its quality improvement efforts on reducing health disparities and improving the accessibility and appropriateness of its services."	**Add content for disability.** Expand the original scope (culturally and linguistically appropriate services) to "appropriateness and accessibility" to be inclusive of more population-focused and disparity-sensitive data types and interventions, and to support organizations' ability to select data quality lenses that are most meaningful for their population and regulatory priorities. **Question:** 80. Do you support the proposed revisions?
Standard intent		**Revise** to read, "The organization uses data to prioritize opportunities for improvement and measure the effectiveness of interventions."	**Update to improve surveyability and clarity.**
A	Reporting Stratified Measures	**Add factors 2–5, 8, 9, 11, 13.** **Revise scoring** to account for new factors; **raise Met performance** to a minimum of 4 measures.	**Update to provide flexibility; demonstrate maturity.** Add 8 measures to the list of potential measures stratified by race and ethnicity from HEDIS MY 2023 to provide greater flexibility in selecting meaningful measures. Raise the Met performance threshold to 4 factors to support organizations in demonstrating data analytical maturity. **Questions:** 81. Do you support the inclusion of 8 new measures as factors for this element? 82. Is the new Met threshold of 4 or more measures feasible for your organizations?

Standard/Element		Proposed Update	Rationale and Questions
B	Stratifying Measures to Assess Disparities	**Update the element title.** **Revise stem** to replace "race/ethnicity, gender identity and/or sexual orientation" with "on member or patient characteristics." **Remove** factor 3 reference to "gender identity." **Add factors 4–6** (disability status, geographic classification, an additional characteristic). **Revise factor 7** to replace "race/ethnicity or preferred language" with "a characteristic of the organization's choice." **Revise factor 7 scope** from one to two measures. **Revise scoring** to account for new factors.	**Adapt to the evolving policy environment; updates to provide flexibility.** Remove "gender identity" from factor 3 (clinical measure stratified by gender identity and/or sexual orientation) and add new factor 6 (an additional characteristic) to offer flexibility for organizations to use other data lenses not required by this program as minimums **Add content for disability and geographic classification.** Add factor 4 (disability) and factor 5 (geographic classification) to expand the selection of data types so organizations can select data quality lenses that are most meaningful for their population and regulatory priorities. **Questions:** 83. Do you support the proposed Met scoring threshold of 4-7 factors? 84. For factor 1, is it feasible for non-HEDIS-reporting entities (e.g., care delivery organizations) to demonstrate analysis of four or more measures, stratified by race and ethnicity? 85. Do you support the proposed revisions to the element stem and factors 1-2? 86. Do you support the proposed revisions to factor 3? 87. Do you support the inclusion of factors 4 and 5? 88. Is it meaningful to include stratification by an additional characteristic of the organization's choice (factor 6)? 89. Do you support the proposed revisions to the scope and number of measures for factor 7?
C	Using Multi-Factor Analysis to Assess Disparities	***NEW ELEMENT***	**Demonstrate maturity.** This element is proposed to help Renewing organizations demonstrate data analytics maturity compared to organizations undergoing an Initial Survey. **Questions:** 90. Do you support the inclusion of this new element for Renewal surveys, only? 91. Do you support the proposed Met scoring threshold of 3-5 factors?

	Standard/Element	Proposed Update	Rationale and Questions
D	Assessing Language Services, Auxiliary Aids/Services and Accommodations *(formerly HE 6, Element C: Use of Data to Monitor and Assess Services)*	**Update the element title.** **Add factors 4, 5, 7.** **Revise scoring** to account for new factors.	**Add content for disability.** Expand the selection of data types so organizations can select data quality lenses that are most meaningful for their population and regulatory priorities. **Questions:** 92. Do you support the inclusion of new factors 4, 5, and 7? 93. Is it feasible for care delivery organizations to operationalize the proposed minimum list for organizational functions (Explanation) for factors 1-3?
E	Evaluating Effectiveness of Interventions *(formerly HE 6 Element D: Use of Data to Measure Effectiveness of Interventions)*	**Update the element title.** **Revise in stem and factors 2, 4, 6** to expand scope of activities and results used in the assessment. **Revise factor 3, 5 language** to clarify intent.	**Add content for disability.** Expand the original scope (culturally and linguistically appropriate services) to "appropriateness and accessibility" to be inclusive of more population-focused and disparity-sensitive data types and interventions, and to support organizations' ability to select data quality lenses that are most meaningful for their population and regulatory priorities. These requirements directly address a key need highlighted in many of NCQA's qualitative interviews: proving that specific interventions are effective, and should be funded, sponsored and incentivized. **Adapt to the evolving policy environment.** Update language to better describe the intent of activities formerly referenced by broader terminology. **Questions** 94. Do you support the proposed revisions to the element stem? 95. Do you support the proposed revisions to factors 1-6? 96. Do the revisions proposed for factors 1, 3, and 5 substantially change the value, effectiveness or relevance of this element or the Accreditation program?

Standard/Element		Proposed Update	Rationale and Questions
HE 7: DELEGATION OF PROGRAM ACTIVITIES			
Standard title		**Revise title** from *Delegation of Health Equity.*	**Align with updates to terminology and scope** in *HE 5: Program to Improve Service Appropriateness and Accessibility*. **Question** 97. Do you support the proposed revisions?
Standard description		**Revise** to read, "If the organization delegates NCQA-required activities for its program to improve service appropriateness and accessibility, there is evidence of oversight of the delegated activities."	
Standard intent		**Revise** to read, "The organization remains responsible for and has appropriate structures and mechanisms to oversee delegated health equity activities for its program to improve service appropriateness and accessibility."	
A	Delegation Agreement	**Update scoring.**	**Demonstrate higher performance.** **Question:** 98. Do you support the proposed revisions to scoring?
D	Opportunities for Improvement	**Update scoring.**	
HE PLUS 1: COLLECTION AND ANALYSIS OF COMMUNITY AND MEMBER- OR PATIENT-LEVEL DATA			
Standard title		**Revise title** from *Collection, Acquisition and Analysis of Community and Individual Data.*	**Update to improve surveyability and clarity.**
Standard description		**Revise** to read, "The organization collects and analyzes data and collects individual data to segment or stratify its population and to understand the similarities and differences between the social risks of the community and the social needs of the individuals it serves its members or patients.	
Standard intent		**Revise** to read, "The organization collects data to make data-driven decisions about social risks and social needs it prioritizes and partnerships it selects.	

Standard/Element		Proposed Update	Rationale and Questions
B	Acquiring Communities' Social Risk Data	**Revise stem** to remove inter-element references. **Revise factor 1** to add to scope. **Reorder factors 2–3.** **Change scope** of communities required for evidence of data source stratification and partner endorsement.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** **Questions:** 99. Do you support the proposed revisions to factor 1? 100. Is it feasible to demonstrate demographic stratification of at least one data source for each community? 101. Is it feasible to demonstrate partner endorsement of at least one data source for each community?
C	Process for Collecting Social Needs Data	**Update the element title.** **Move** requirements for evidence of implementation to new element D: Evidence of Collecting Social Needs Data. **Revise the stem** to align with *HE 2: Collection of Member- or Patient-Level Data*.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** Move evidence of reports or materials from HE Plus 1, Element C: Process for Collecting Social Needs Data to separately-scored the organization's process for data collection and implementation of its process (i.e., reports or materials). **Question:** 102. Does scoring evidence of data collection under a separate element HE Plus 1D: Evidence of Collecting Social Needs Data reduce burden for large or national organizations with multiple Accredited entities?
D	Evidence of Collecting Social Needs Data *(formerly Identifying Social Needs)*	***NEW ELEMENT***	
E	Reporting Social Needs Screening and Intervention	***NEW ELEMENT***	**Demonstrate maturity.** These updates are proposed to help Renewing organizations demonstrate data analytics maturity compared to organizations undergoing an Initial Survey. **Questions:** 103. Do you support the inclusion of this new element? 104. Is it feasible for your organization to report this measure by HEDIS MY 2026?

Standard/Element		Proposed Update	Rationale and Questions
	Identifying Social Needs *(formerly HE Plus 1, Element E)*	**Move** requirements to new Element F: Assessing Community Social Risks and Social Needs.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** Combine requirements to identify and compare community-level social risks and population-level social needs into a single element**.** **Questions:** 105. Do you support combining former elements HE Plus 1D (Identifying Social Risks) and 1E (Identifying Social Needs) into a single element, as proposed?
F	Assessing Community Social Risks and Social Needs *(formerly HE Plus 1, Element D: Identifying Social Risks and Element E: Identifying Social Needs)*	**Update the element title.** **Move stem** requirements to factor 1. **Add factors 2–3** from former Element D: Identifying Social Risks. **Revise scoring** to account for new factors.	
G	Identifying Subpopulations *(formerly HE Plus 1, Element F: Population Segmentation or Risk Stratification)*	**Update the element title.** **Revise the stem** to remove inter-element reference. **Revise factors 1–2** to clarify timing of activity in alignment with Element F. **Add factor 3** to separately score a hidden requirement, with expanded scope. **Revise scoring** to account for new factors.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** **Questions:** 106. Do you support the proposed revisions to factors 1-2? 107. Do you support inclusion of new factor 3? 108. Do you support the proposed Met scoring threshold of 2-3 factors?
H	Prioritizing Social Risks and Social Needs *(formerly HE Plus Element G)*	**Revise stem** to remove inter-element reference. **Revise factors 1–2** language for clarity.	**Update to improve surveyability and clarity.**
HE PLUS 2: CROSS-SECTOR PARTNERSHIPS AND ENGAGEMENT			
Standard intent		**Revise** to read, "The organization establishes and maintains community-based partnerships that are mutually beneficial, supportive and appropriate for the communities and members they serve."	**Update to improve surveyability and clarity.**
A	Social Resource Gap Assessment *(formerly HE Plus 2, Element A: Social Risk Resource Assessment and Element B: Social Need Resource Assessment)*	**Update the element title.** **Combine requirements** from former Elements A-B. **Revise stem** language for clarity.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** Combine HE Plus 2, Element A: Social Risk Resource Assessment and Element B: Social Needs Resource Assessment into a single element to reflect the way customers present evidence.

Standard/Element		Proposed Update	Rationale and Questions
		Add factors 2, 4, 6. **Revise factors 1, 3, 5** to distinguish from factors 2, 4, 6. **Revise scoring** to account for new factors. **Clarified frequency is "annual" not "at least annually."**	**Questions:** 109. Do you support combining former elements HE Plus 2A (*Social Risk Resource Assessment*) and 2B (*Social Need Resource Assessment*) into a single element, as proposed? 110. Do you support the proposed revisions to the stem and factor-level language? 111. Do you support the proposed Met scoring threshold of 4-6 factors?
	Social Risk Resource Assessment *(formerly HE Plus 2, Element A)*	**Retire element.** **Combine** requirements under Element A.	
B	Selecting Community-Based or Cross-Sector Initiatives *(formerly HE Plus 2, Element F)*	**Revise stem** language for clarity. **Revise factors 1–2** language to remove element references.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** **Question:** 112. Do you support the proposed revisions to the stem and factors 1-2?
C	Selecting Appropriate Partners to Deliver Resources/Interventions	**Revise stem** for clarity. **Revise factors 1–3** language to remove element references.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** **Question:** 113. Do you support the proposed revisions to the stem and factors 1-3?
D	Agreements with Partners to Deliver Resources/Interventions	**Revise stem and factor 4** language for clarity. **Revise factor 1** language to reflect addition of factors 2-3. **Make factor 1** a critical factor. **Add factor 2.** **Add factor 3** to score components of factor 1 separately. **Expand scope of factor 5.** **Revise scoring** to account for new factors.	**Update to Align With Emerging Best Practices.** 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 reflect best practices for new community and health care partnership practiced by Health Equity Accreditation Plus customers. **Questions:** 114. Do you support the proposed revisions to the stem and factor 4? 115. Do you support the designation of factor 1 as a critical factor? 116. Do you support the inclusion of new factors 2 and 3? 117. Do you support the proposed revisions to the scope of factor 5?

	Standard/Element	Proposed Update	Rationale and Questions
		Remove evidence sample requirement from Scope of Review.	118. Do you support the proposed Met scoring threshold of 2-5 factors?
E	Engaging with Community Based or Cross-Sector Initiatives *(formerly HE Plus 2, Element G)*	**Revise stem and factors 1–2** language for clarity.	**Update to improve surveyability and clarity.** **Question:** 119. Do you support the proposed revisions to the stem and factors 1-2?
F	Engaging with Partners to Deliver Resources/Interventions *(formerly HE Plus 2, Element E)*		**Update to improve surveyability and clarity.** **Question:** 120. Do you support the proposed revisions to the stem and factors 1-2?
HE PLUS X: INTEGRATION OF COMMUNITY HEALTH WORKERS			
A	Community Health Worker Program	***NEW ELEMENT***	**Add content for CHWs.** The requirements in these elements are based on certification requirements developed by NCQA in partnership with community and CHWs and were tested through a state-level implementation pilot. Their use in NCQA's Health Equity Accreditation Plus program is intended to incentivize health care organizations that are accountable for addressing member/patient social needs and community-level social risks to integrate CHWs into these efforts through rigorous, evidence-based practices or community-led partnership. **Questions:** 121. Do you support the inclusion of these elements as required for all Health Equity Accreditation Plus customers (who do not meet the stated exception)? Or should these requirements be offered as an optional Distinction for customers of either Health Equity Accreditation or Plus? 122. Would your organization meet the terms of the exception outlined in Elements A-D? 123. **Element A:** Do you support the proposed Met scoring threshold of 2-3 factors?
B	Community Health Worker Recruitment and Hiring	***NEW ELEMENT***	
C	Community Health Worker Training and Supports	***NEW ELEMENT***	
D	Community Health Worker Supervision	***NEW ELEMENT***	

Standard/Element	Proposed Update	Rationale and Questions
		124. **Element A:** Do you support the designation of factor 6 as a critical factor? 125. **Element B:** Do you support the proposed Met scoring threshold of 2-3 factors? 126. **Element C:** Do you support the proposed Met scoring threshold of 2-3 factors? 127. **Element C:** Do you support the designation of factor 1 as a critical factor? 128. **Element D:** Do you support the proposed Met scoring threshold of 2-3 factors? 129. **Element D:** Do you support the designation of factor 1 as a critical factor?
HE PLUS 3: DATA MANAGEMENT AND INTEROPERABILITY		
Standard description	**Revise** language to replace "individuals" with "members or patients."	**Better adapt requirements to care delivery organizations.**
Standard intent		
A Privacy and Security Protections for Data		
B Bidirectional Data Sharing		
C Community Privacy, Security and Data Sharing Protections		
HE PLUS 4: PROGRAM TO MITIGATE SOCIAL RISKS AND ADDRESS SOCIAL NEEDS		
Standard description	**Revise** to read, "The organization has clearly defined structures, processes, and goals and responsibilities for continuously improving its program to mitigate social risks and address social needs."	**Update to improve surveyability and clarity.** **Question:** 130. Do you support the proposed revisions?

Standard/Element		Proposed Update	Rationale and Questions
Standard intent		**Revise** to read, "The organization has the infrastructure to engages the communities and individuals members or patients it serves to improve the program's ability to mitigate social risks and address social needs."	
A	Program Description	**Revise stem** for clarity. **Revise factor 1 scope** to remove inter-element reference**.** **Revise factor 2 scope** to remove involvement of a DEI officer in the program description. **Revise factor 3** language and scope.	**Adapt to the evolving policy environment.** Update factor 3 (commitment to providing resources/interventions) to better describe the intent of activities formerly referenced by broader terminology: responding to the needs of the organization's member or patient population. **Questions:** 131. Do you support the proposed revisions to the stem? 132. Do you support the proposed revisions to factor 3? 133. Do the revisions proposed for factor 3 substantially change the way your organization would demonstrate compliance for this activity compared to the current requirements?
B	Annual Work Plan	**Revise scoring** to allow Partially Met for 4–5 factors.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** Balance the weight of this requirement relative to the weight of annual work requirement evidence in HE 2. **Question:** 134. Do you support the proposed Partially Met scoring threshold of 4-5 factors?
C	Process for Meaningful Stakeholder Involvement	**Revise stem and factor 2** language for clarity. **Change scope of factors 1–2.** **Revise factor 3** language and scope.	**Adapt to the evolving policy environment.** Update the scope of factors 1 and 2 (representative stakeholder recruitment practices) to better describe the intent of activities formerly referenced by broader terminology: meaningful involvement and guidance from stakeholders such as community residents, members/patients, community-based partners with direct experience, knowledge or expertise relevant to the organization's structures for processes such as goal-setting, prioritization, root cause analysis and partner selection.

Standard/Element		Proposed Update	Rationale and Questions
			Add content for disability. Expand the scope of factor 3 to align with framing for accessibility used in Health Equity Accreditation. **Question:** 135. Do you support proposed revisions to the stem and factor 2-3? 136. Do the revisions proposed for factors 1-2 substantially change the way your organization would demonstrate compliance for these activities compared to the current requirements?
D	Meaningful Stakeholder Engagement	**Revise scope of factors 1–2** to remove inter-element reference.	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.**
E	Program Evaluation	**Swap order of factors 6–7** to align with similar requirements in HE 2, Element B. **Revise factor 4 scope** to remove inter-element reference. **Revise scope of review to replace "most recent program" with "prior and most recent annual program."** **Revise factors 6–7 scope and placement.** **Revise terminology in factors 1 and 3.** **Revise factor 4 to remove Element D reference.** **Revise factor 7 to include "overall."**	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** **Adapt to the evolving policy environment.** Update factor 6 (review of program effectiveness by community/consumer stakeholders) to better describe the intent of activities formerly referenced by broader terminology: meaningful involvement and guidance from stakeholders such as community residents, members/patients, community-based partners with direct experience, knowledge or expertise. **Question:** 137. Do you support the proposed revisions to factor 6 (formerly factor 7)?
HE PLUS 5: REFERRALS, OUTCOMES AND IMPACT			
Standard description		**Revise** to read, "The organization refers individuals members or patients to social needs resources, accepts tracks the progress of referrals from community-based organizations to track progress and evaluates the effectiveness of the referral process."	**Update to improve surveyability and clarity.**
Standard intent		**Replace** "individuals" with "members or patients."	

Standard/Element		Proposed Update	Rationale and Questions
A	Identifying Resources to Address Social Needs	**Revise stem** for clarity. **Expand scope of expectations** in Explanation for clarity about the requirement's intent.	**Update to improve surveyability and clarity.** **Question:** 138. Do you support proposed revisions to the stem?
B	Facilitating Social Need Referrals	**Update the element title.** **Revise factors 1 and 2** to replace "individuals" with "members or patients."	**Update to improve surveyability and clarity.**
C	Tracking Referral Status	Revise stem to replace "individuals" with "member or patient." Revise explanation for clarity.	
	Assessing Referral Status for Disparities *(formerly HE Plus 5, Element D)*	**Retire element.**	**Demonstrate maturity.** Replace Element D: Assessing Referral Status for Disparities with a new element that expands 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. These updates are proposed to help Renewing organizations demonstrate data analytics maturity compared to organizations undergoing an Initial Survey, and they highlight key areas where disparities in opportunities or outcomes around social needs may be measured. **Questions:** 139. Do you support retiring former Element D? 140. Do you support the inclusion of new Element D? 141. Do you support the proposed Met scoring threshold of 2-6 factors? 142. Which characteristics would your organization choose to demonstrate the activities in factors 2, 4, and 6?
D	Assessing Disparities in Screening, Referrals and Interventions	***NEW ELEMENT***	
E	Evaluating Bidirectional Partnership	**Revise stem and factors 1–4** language for clarity. **Revise factor 2 scope** to include ableism as an optional focus. **Discontinue sample evidence review.**	**Streamline requirements to reduce burden, mitigate risk of lost points and reflect how customers submit evidence.** Align with the expectation of "at least one" from a related element, HE Plus 2, Element D.

Standard/Element		Proposed Update	Rationale and Questions
		Revise factor 3-4 scope to remove inter-element references. **Revise evidence** for factor 5.	**Questions:** 143. Do you support proposed updates to the element stem and factors 3-4? 144. Do you support proposed updates to factor 2?
F	Assessing Effectiveness of Social Needs Referrals and Interventions	***NEW ELEMENT***	**Demonstrate maturity.** This element is proposed to help Renewing organizations demonstrate data analytics maturity compared to organizations undergoing an Initial Survey and to establish multi-year measurement of effectiveness of social needs interventions. These requirements align with HE 6, Element E: Use of Data to Measure Effectiveness of Interventions (formerly HE 6, Element D). **Questions:** 145. Do you support the inclusion of this new element? 146. Do you support the proposed Met scoring threshold of 3-6 factors? 147. Does your organization currently perform the activities described in factors 1-6?