

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

November 17, 2025

This document includes the corrections, clarifications and policy changes to the 2026 Utilization Management Accreditation standards and guidelines. NCQA has identified the appropriate page number in the publication and 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 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.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
5	Overview	Other NCQA Programs	Replace “Health Equity” with “Health Outcomes” and replace “Health Equity Plus” with “Community-Focused Care” as Accreditation programs.	CL	11/17/25
32	Policies and Procedures —Section 3: The Survey Process	File review universe	Revise the Note in the second paragraph to read: Note: <i>For corporations or their departments that conduct centralized UM functions for their affiliated entities, NCQA requires an enhanced file review with a minimum review of 75 files across applicable file review requirements. NCQA runs a random selection of 90 files for the enhanced UM file review.</i>	CL	11/17/25
54	UM 3, Element A	Scope of review	Add the following as the first paragraph: NCQA reviews the organization’s written UM program description.	CL	11/17/25
77	UM 4, Element A	Look-back period	Add a look-back period for Renewal Surveys that reads: <i>For Renewal Surveys:</i> 24 months.	CL	11/17/25
79	UM 4, Element B	Scope of review	Add as the last paragraph of the scope of review: NCQA also reviews evidence that the organization makes the criteria available electronically through 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

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80	UM 4, 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
93	UM 7, Element A	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 <i>Section 5: Notifying NCQA of Reportable Events</i> in the Policies and Procedures for details.	CL	11/17/25
122	UM 8, Element C	Explanation—Factor 5	Add the following as the fifth 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
228	UMA 5, Element E	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
241	UMA 6, Element C	Element stem	Revise the element stem to read, "The organization adheres to the following time frames for electronic or written notification of UM recommendations to clients:"	CL	11/17/25