The webinar will begin shortly.

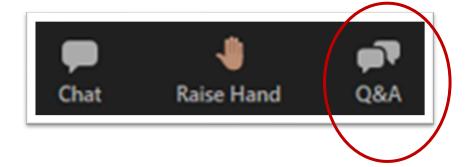# NCQA Public Comment Overview

Comment Period: October 21– December 5, 2025

NCQA Public Comment Overview

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Zoom Housekeeping
How to Submit Questions During the Webinar

1) Locate the 'Q&A' icon on the menu bar.

2) During the webinar, please submit questions via the 'Q&A' box.

3) Your question may be responded to live by one of the presenters or answered in the 'Q&A' box.

Today's Speakers

Amelia Bedri, MHSA
Senior Content Engineer,
Product Management

Kristen Swift, MHA
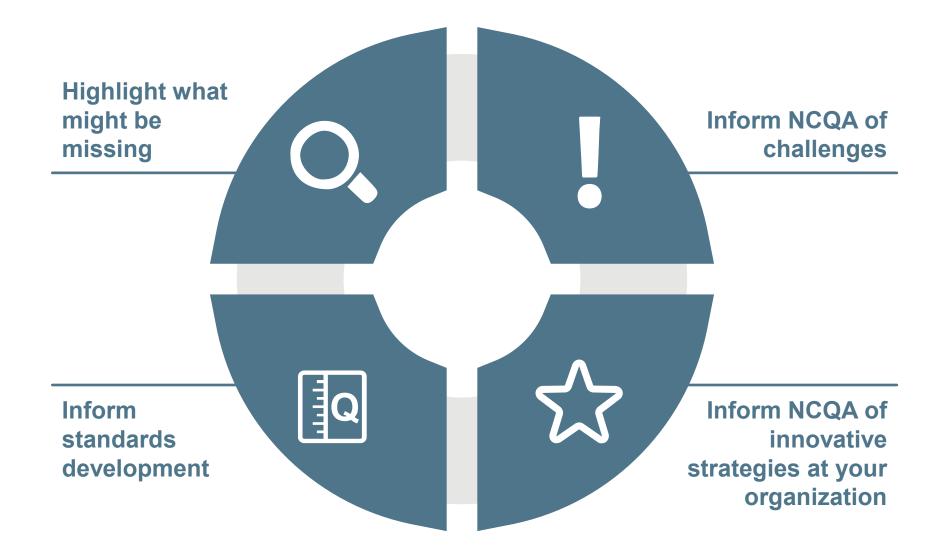Senior Manager,
Accreditation Policy

Elizabeth (Lizzie) Thomas, MBA
Accreditation Manager,
Evaluation Programs

Agenda

1 Introduction & Public Comment Themes

2 Overview of Program Updates
Health Plan Ratings
Artificial Intelligence Standards in 2027 HPA

3 How to Participate

4 Q&A

Why Participate?

Highlight what might be missing

Inform NCQA of challenges

Inform standards development

Inform NCQA of innovative strategies at your organization

Informed By Industry Experts & Public Feedback

NCQA Public Comment

October 21 – December 5

Testing with Customers

December 2025 – January 2026

Industry Groups Feedback

September – December 2025

NCQA Stakeholder Committees Feedback

September 2025
February 2026

Summary of Proposed Changes

Revised Measure "Groupings"
- Revised composite and subcomposite names to align with current and future measure development work.

New Measures
- 1 new measure proposed for inclusion.

Retired Measures
- 8 measures proposed for removal across product lines.

Measure Selection Guidelines

Qualitative Properties

- Clinical importance.
- Feasibility.
- Alignment with policy objectives.

Statistical Properties

- Reliability.
- Variation.
- Room for improvement.
- Consistently scoreable.

Eliminate Redundancy

- Remove highly correlated measures.
- Remove measures addressing the same concepts.

Use in External Programs

- CMS Star Ratings.
- Medicaid Core Set.
- Medicaid Quality Ratings System.
- Universal Measure Set.

Proposed Measure Changes for 2026 Ratings (HEDIS MY 2025)

Proposed for Removal from 2026 Ratings	
Measure	**Product Line(s)**
Potentially Harmful Drug-Disease Interactions in Older Adults	Medicare
Follow-Up After High-Intensity Care for Substance Use Disorder	Medicare

Proposed Measure Changes for 2027 Ratings (HEDIS MY 2026)

Proposed for Addition to 2027 Ratings	
Measure	**Product Line(s)**
Oral Evaluation, Dental Services (Total)	Medicaid

Proposed for Removal from 2027 Ratings	
Measure	**Product Line(s)**
Coordination of Care *(CAHPS)*	Commercial Medicare
Getting Care Quickly *(CAHPS)*	Commercial
Asthma Medication Ratio	Commercial Medicaid
Chlamydia Screening in Women	Commercial Medicaid
Fall Risk Management	Medicare
Weight Assessment and Counseling for Children/Adolescents *(BMI percentile)*	Commercial Medicaid

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Timeline

Sept 2025	Oct-Dec 2025	Feb 2026	March 2026
Committee approved sending proposed changes to Public Comment	Public Comment	Bring proposed changes to Evaluation Programs Committee for a final vote	Publish updated 2026 and 2027 Health Plan Ratings measure lists

Considerations for Future Ratings Methodology Updates

We want to hear from you!

What changes to Ratings do you recommend to limit burden on plans?

Should Health Plan Ratings include display only metrics?

Are there certain areas of ratings that need more, or less, weight?

Are there additional ways to capture patient experience?

What methods of recognizing quality improvement by a plan year over year would be a value add?

What topics would be complementary to Medicare Stars for Medicare Advantage plans?

How could Medicaid Ratings better support state priorities?

In what ways could ratings be made more actionable for plans, providers, and members?

To set up an informal interview with our Ratings methodology team, please email **Swift@ncqa.org.**

NCQA presented a set of AI questions in the following domains that represent critical principles in evaluating AI use:

- Auditing/Monitoring/Validation
- Error Handling and Incident Management in Production
- Bias Mitigation
- Transparency

108 comments

- Support for taking a risk-based approach, classifying AI use cases, aligning monitoring and response protocols based on the severity of harm risk, and avoiding being overly prescriptive in approaches to mitigating bias, risk, and member disclosures.

Example of Including Feedback

- *AI 1, Element A, factor 2:* A process for conducting risk assessment of use cases.
- *AI 1, Element A, factor 4:* A process for monitoring against predefined measurable metrics and for errors.

Polling Question

Is your organization utilizing AI in any of the following areas?

A. Utilization management, prior authorization

B. Case management

C. Population health

D. Credentialing

E. Member experience

F. Other (please explain in Q&A box)

Stakeholder Engagement To Date

Defining standards with the industry

June, July, September 2025:
AI Working Group

AI encompasses a diverse array of technologies and applications, **each with distinct contexts**

Focus on intersection of identifying **risk**:

– Type of technology
– Transparency and expandability
– Level of human involvement
– Implementation methods and governance structures.

April, June, September 2025:
AI Advisory Panel

Risk-based framework should **define controls**

Aligning the definition of AI –

Incorporate both **static** and **dynamic** models, most applications combine a blend of both.

NCQA

Implementation Plan: HPA 2027 and Beyond

*This approach is designed to incentivize **learning** and explore **feasible evidence** requirements in an evolving field.*

Testing during Public Comment:

Test the draft standards with organizations during the public comment period to better understand what **draft submissions may look like**.

Year 1 Introduction (2027):

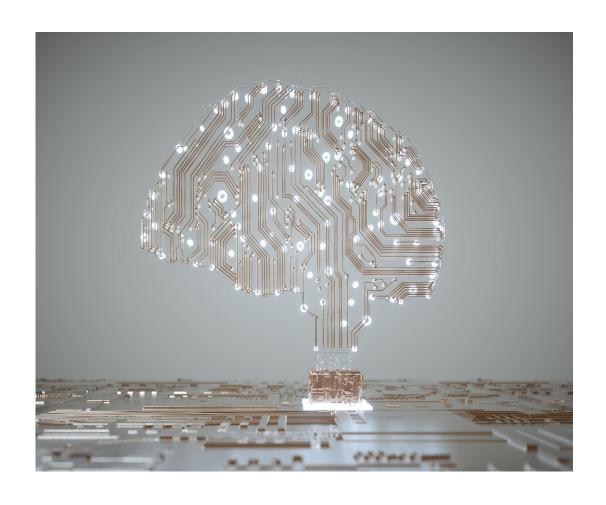Organizations **earn points** for submitting evidence but will **not be scored** on content of evidence.

Year 2 (2028):

Update standards and surveyor training based on Year 1 submissions to **attribute appropriate scoring** thresholds.

NCQA

Defining Artificial Intelligence

The NCQA standards define AI as:

"Artificial intelligence (AI) refers to machine-based systems that can make predictions, recommendations, or decisions that could be used to influence patient care and services."

AI Standards: High Risk Use Cases that Impact <u>Safety and Access</u>

The increasing complexity, scale, and autonomy of AI systems demands updated oversight.

AI 1: Program Structure

- Element A: AI Policies and Procedures
- Element B: Staff Training on AI Implementation and Monitoring

AI 2: AI Governance

- Element A: Governing body

AI 3: Pre-deployment Evaluation

- Element A: AI Deployment Readiness Assessment
- Element B: Pre-Deployment Risk Assessment

AI 4: Ongoing Monitoring and Interventions

- Element A: Ongoing Monitoring
- Element B: Taking Action

AI 1, Element A: Policies and Procedures

The organization develops and maintains policies and procedures that govern its AI usage and, at minimum, defines:

1. Permissible and impermissible use cases without a human in the loop.

2. A process for conducting a risk assessment of use cases.

3. A process for risk mitigation planning.

4. A process for monitoring against predefined measurable metrics and for errors.

5. Oversight of AI use by a governing body.

6. Senior-level staff involvement.

7. A process for informing members about critical errors.

Take Note:

- AI refers to machine-based systems that can make predictions, recommendations or decisions that could be used to influence patient care and services.

- Given the breadth of AI use cases, in year one, NCQA will focus evaluation on AI applications impacting patient safety and access within **UM, CM,** and **Pop Health**.

Scope of Evaluation & Use Cases

Utilization Management:

Supporting prior authorization decisions, medical necessity reviews, or predictive modeling for service utilization.

Population Health Management:

Segmenting populations, predicting risk, or personalizing outreach strategies.

Care Coordination and Case Management:

Identifying high-risk members, coordinating services, outreaching to members, monitoring adherence, or providing health education or advice.

Rather than listing explicit use cases under each, NCQA recognizes that technology is rapidly evolving, and new applications may emerge that warrant inclusion.

Impermissible Uses:

- *Software to make any denial decisions for medical necessity reviews; those must be made by an appropriate clinical professional.*

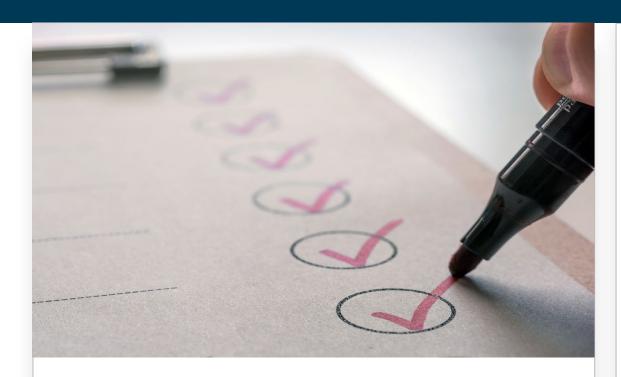- *Appeal decisions require same-or-similar specialist review.*

Polling Question:

By defining impermissible uses without a human in the loop, we can establish clear guardrails around areas that directly affect patient safety and access.

1. *Are there additional impermissible use cases lacking humans in the loop that should be explicitly mentioned?*

Risk Assessment: Identifying High-Risk Use Cases

Polling Question:

1. Is this the right criteria for identifying high-risk AI use cases?

Policies and procedures establish a "high-risk" category (i.e., where inaccurate results could compromise patient safety, outcomes or access).

The assessment must consider the following criteria:

1. **Type of AI technology** (e.g., rule-based, machine learning, generative models).

2. The AI technology's **level of autonomy** in decision making.

3. **Transparency and explainability** of how AI generates output.
4. The **potential for bias**, including discriminatory outcomes across demographic groups.
5. **Risk of harm** to members, including compromised safety, access or clinical outcomes.
6. **Data privacy and security** vulnerabilities, including risks to data handling, sharing and storage.
7. The **collaboration model** between the organization and the AI solutions or implementation vendor to monitor outcomes and manage risk.

Monitoring Frequency

Polling Question:

Should NCQA define a minimum frequency for monitoring high risk use cases?

The organization has a process for monitoring, escalating errors, taking action and reporting.

The organization determines the frequency and method of monitoring based on the categorization of risk assigned (low, medium, high).

AI 2, Element A: Governance

Factor 3: Ad hoc meetings

The organization's AI governing body:
1. Reviews and signs off on the AI technology and use cases prior to deployment.
2. Reviews ongoing performance and error reports.
3. Conducts ad hoc meetings to review incidents and critical errors.

It is critical to strike the right balance in establishing parameters for the governing body's role in monitoring, including frequency and scope.

AI 4, Element A: Ongoing Monitoring

	The organization evaluates the following in its assessment of the AI's performance:
1.	**Performance monitoring** • Evaluates the performance of the AI technology(s) for each use case. • Follows the frequency and method of monitoring as outlined in its policies.
2.	**Revalidates AI performance after modifications** • Re-validate the AI's performance anytime a modification is made including changes to the AI's decision logic, technology features, clinical guidelines, organizational, and regulatory policy changes. • Revalidation confirms the output remains accurate and complete.

AI 4, Element B: Taking Action

	For deficiencies identified in AI 4, Element A, the organization:
1.	**Conducts an analysis to determine the root cause.** • Perform a qualitative analysis to determine the cause of any identified performance deficiencies.
2.	**Takes action to address deficiencies, as appropriate.** • Document all actions taken or planned to address identified errors or performance deficiencies.

Polling Question:

Are organizations currently equipped to provide evidence of these activities?

Polling Question

Which of the proposed Standards would be the most challenging to provide evidence for?

A. AI 1: Program Structure

B. AI 2: AI Governance

C. AI 3: Pre-deployment Evaluation

D. AI 4: Ongoing Monitoring and Interventions

E. None

Standards & Guidelines Release Timeline

2025

Oct-Dec 2025

Public comment **(ends December 5)** and additional stakeholder engagement

Dec 2025

Testing standards with organization

2026

Jan 2026

Continued testing with organizations

Jan-June 2026

NCQA finalizes program updates based on feedback and receives committee and Board approval.

July 2026

NCQA releases:
- *AI Standards in 2027 Health Plan Accreditation*

2027

July 2027

Surveys begin:
- **HPA 2027**

Questions

To learn more about NCQA's AI initiatives or interested in testing the standards with us: Please contact AI@ncqa.org.

How to Participate in Public Comment

Step One

Step Two

PROPOSED HEALTH PLAN ACCREDITATION PROGRAM UPDATES

Shaping the Future of Health Plan Accreditation: NCQA's Approach to Artificial Intelligence

DOCUMENTS

- AI Standards in 2027 HPA Overview Memo
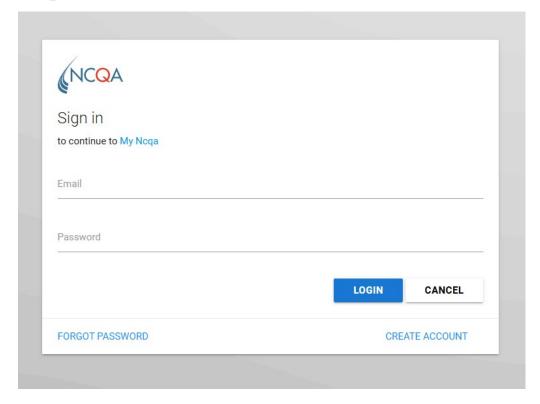- AI Standards in 2027 HPA Proposed Standards Updates

PROPOSED HEALTH PLAN RATINGS UPDATES

NCQA invites the public to comment on proposed changes to the required measures list for 2026 and 2027 Health Plan Ratings.

DOCUMENTS

- 2026/2027 Health Plan Ratings Overview Memo

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Go to My NCQA and enter your email address and password.

Review Public Comment Materials: https://www.ncqa.org/about-ncqa/contact-us/public-comments/ncqa-programs-public-comment/

Overview Documents: Provide an executive summary of updates along with questions

Proposed Standards Updates Document: Provide standards language with tracked changes

How to Participate in Public Comment

Step Three   *Step Four*

Once logged in, scroll down and click **Public Comments.**

Click **Add Comment** to open the comment box.

How to Participate in Public Comment

Step Five

Step Six
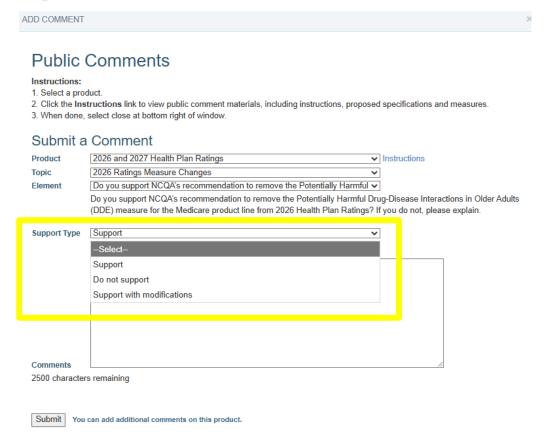
Click to select one or more programs from the drop-down box:
- New AI Standards in 2027 Health Plan Accreditation
- 2026 and 2027 Health Plan Ratings

Click to select your support option (**Support, Do not support, Support with modifications**).
- If you choose **Do not support**, include your rationale in the text box.
- If you choose **Support with modifications**, enter the suggested modification in the text box.

How to Participate in Public Comment

Step Seven

ADD COMMENT ✕

Public Comments

Instructions:
1. Select a product.
2. Click the **Instructions** link to view public comment materials, including instructions, proposed specifications and measures.
3. When done, select close at bottom right of window.

Submit a Comment

Product: 2026 and 2027 Health Plan Ratings   Instructions
Topic: 2026 Ratings Measure Changes
Element: Do you support NCQA's recommendation to remove the Potentially Harmful

Do you support NCQA's recommendation to remove the Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) measure for the Medicare product line from 2026 Health Plan Ratings? If you do not, please explain.

Support Type: Support

Comments
2500 characters remaining

Submit   You can add additional comments on this product.

Enter your comments in the **Comments section**
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.*

Step Eight

ADD COMMENT ✕

Public Comments

Instructions:
1. Select a product.
2. Click the **Instructions** link to view public comment materials, including instructions, proposed specifications and measures.
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Comments
2500 characters remaining

Submit   You can add additional comments on this product.

Close

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.**

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NCQA's Proposed Timeline for Retiring and Replacing HEDIS® Hybrid Measures

We're working with health care organizations to fully transition HEDIS reporting to digital format by MY 2030.

Our goal: Improve the accuracy, timeliness, actionability and affordability of quality measurement by shifting all measures to the ECDS and FHIR®/CQL digital formats.

NCQA plans to eliminate the hybrid reporting method by MY 2029. Learn more about the transition plan for the eight HEDIS measures that currently allow hybrid reporting.

Read the Blog

Tennessee Recognizes the Vital Role of Community Health Workers

Community health workers (CHWs) are essential in connecting people to health care and social services.

While many states have certification programs for CHWs, there are no national standards for the organizations that employ them.

Discover how the Tennessee Community Health Worker Association, with support from the state's Medicaid program (TennCare) and NCQA, launched an accreditation program aimed at achieving high-quality outcomes for CHWs and the communities they serve.

Read the Blog

NCQA

Thank you