For Public Comment
February 25–March 25, 2025
Comments due 11:59 p.m. ET
March 25

Overview of Proposed Updates in 2026 MBHO Accreditation/ Behavioral Health Accreditation

Note: *This publication is protected by U.S. and international copyright laws. You may reproduce this document for the sole purpose of facilitating public comment.*

©2021 by the National Committee for Quality Assurance
1100 13th Street NW, Third Floor
Washington, DC 20005

All rights reserved. Printed in U.S.A.

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

Table of Contents

You can find the standards here MBHO Accreditation 2026 Proposed Standards Updates and the public comment questions here 2025 Accreditation and Recognition Public Comment Questions.

2026 MBHO/Behavioral Health Accreditation Updates
Overview of Proposed Updates

NCQA's Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For 35 years, NCQA has been driving improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA's programs and services 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.

The NCQA Advantage

Proposed updates to MBHO aim to create greater alignment across NCQA's Accreditation programs and across payers, address emerging market and stakeholder needs, and to assist organizations in their pursuit of quality care. The NCQA Accreditation seal is a sign that organizations deliver high-quality care and have strong member protections.

Guide to Updates

2026 Proposed Standard Updates

The corresponding section in the *Overview* details proposed updates, provides the background and rationale and asks targeted questions for consideration. *MBHO Accreditation 2026 Proposed Standards Updates* details the updated standard language.

Stakeholders Participating in Public Comment

NCQA shares these updates for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

Background

A core challenge facing Americans in need of behavioral health services is a lack of access to effective care. Demand is substantial. In 2021, an estimated 22% of adults had a mental health condition; 7.6% experienced co-occurring substance use disorder and mental illness.[1] An estimated 47% of adults live in a mental health workforce shortage area; only 47% of adults with mental illness and 65% of adults with serious mental illness receive treatment.[1,2] Almost half of psychiatrists do not take insurance, creating an

[1] National Alliance on Mental Illness. 2023. *Mental Health by the Numbers.* https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/#:~:text=22.8%25%20of%20U.S.%20adults%20experienced,2021%20(14.1%20million %20people).
[2] Phillips, L. 2023. *A Closer Look At the Mental Health Provider Shortage.* https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/a-closer-look-at-the-mental-health-provider-shortage#:~:text=According%20to%20data%20from%20the,practitioners%20to%20remove%20this%20designation.

additional barrier to care.[3] To support payer and regulator response to this crisis, NCQA proposes updates to Managed Behavioral Healthcare Organization (MBHO) Accreditation to better define what it means to have an accessible and available network that meets the needs of the organization's members and to measure quality of the care and services provided. MBHO Accreditation, launched in 2000, is currently mandated by four states. The program accredits 30 organizations nationally, covering over 160 million lives.

Product Design and Scoring Updates

NCQA will update the program name from "Managed Behavioral Healthcare Organization Accreditation" to "Behavioral Health Accreditation" to encourage non-MBHO entities that pay for behavioral health services to complete this program. Additionally, NCQA will update the standard categories to more closely align with Health Plan Accreditation. We will create a separate category for Network Adequacy; integrate Care Coordination into Quality Improvement, create a Population Health Management category; and rename Member Rights and Responsibilities to Member Experience.

NCQA will revise MBHO's scoring to more closely align with scoring for other payer programs, such as Health Plan Accreditation. NCQA will revise the scoring from percentages to met, partially met, and assign each standard a value of 1 or 2 points. The threshold for receiving accreditation will remain the same, requiring organizations to meet 80% of applicable points across the whole program to receive accredited status. The following tables provide an overview of NCQA's approach to updating the scoring.

Table 1. MBHO Updated Scoring

Current Scoring	Updated Scoring
100%	Met
80%	
50%	Partially Met
20%	Not Met
0%	

Targeted Questions

1. Do you support changing the name of this product from "Accreditation in Managed Behavioral Healthcare Organization" to "Behavioral Health Accreditation? If not, why not?
2. Do you support the proposed updates to the standards categories and scoring methodology? If not, why not?

[3] Kanagaraj, M. 2020. *Here's Why Mental Healthcare Is So Unaffordable & How COVID-19 Might Help Change This.* https://info.primarycare.hms.harvard.edu/perspectives/articles/mental-health-unaffordable#:~:text=Despite%20over%2090%25%20of%20 general,suitable%2C%20in%2Dnetwork%20referrals.

MBHO/Behavioral Health Accreditation 2026
Proposed Standard Updates

Updates Applicable to MBHO/Behavioral Health Accreditation 2026

Table 2 provides an overview of our proposed updates. *MBHO Accreditation 2026 Proposed Standards Updates* provides our detailed revisions to the program.

Areas for updates include:

1. **Quality Management and Improvement (QI):** This existing standards category of MBHO will be significantly revised, integrating several Care Coordination (CC) standards and moving several existing QI standards to more appropriate sections, including Network Management and Population Health Management. Updates will streamline requirements and sharpen the focus on moving organizations toward standardized measurement of QI activities.

2. **Population Health Management (PHM)*:*** This standards category will be created in MBHO to implement greater alignment across NCQA's payer programs. The PHM category of standards will increase accountability for organizations paying for behavioral health services by building on existing QI standards to encourage organizations to go beyond data collection to action. Standards in this category will either be adapted from Health Plan Accreditation's 2025 PHM standards or moved from MBHO's QI section.

3. **Network Management (NET):** This standards category is developed using standards from MBHO's Quality Management and Improvement, Care Coordination (now part of QI) and Members' Rights and Responsibilities standards (now Member Experience), along with existing Network Management standards from Health Plan Accreditation. The NET category will help create greater alignment across NCQA's payer-level programs and increase accountability for organizations that manage networks of behavioral health providers.

4. **Member Experience**: This standards category will be the new name for the former Member's Rights and Responsibilities standards section. The content will remain the same, with the exception of RR4: Practitioner and Provider Directories, which will be moved to the NET category. All remaining standards will be prefaced with ME. The renaming of this standards category will create greater alignment across NCQA's payer programs and more accurately reflect the content covered in the standards.

Table 2. Content Updates to MBHO/Behavioral Health Accreditation 2026

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
QUALITY IMPROVEMENT STANDARDS			
QI 1: Program Structure and Operations	QI 1: Program Structure and Operations	QI 1, Element F will be retired.	
QI 1, Element A: QI Program Structure	QI 1, Element A: QI Program Structure	NO UPDATES	
QI 1, Element B: Annual Work Plan	QI 1, Element B: Annual Work Plan	NO UPDATES	
QI 1, Element C: Annual Evaluation	QI 1, Element C: Annual Evaluation	NO UPDATES	
QI 1, Element D: QI Committee Responsibilities	QI 1, Element D: QI Committee Responsibilities	NO UPDATES	
QI 1, Element E: Sharing Evaluation Results	QI 1, Element E: Sharing Evaluation Results	NO UPDATES	
QI 1, Element F: Promoting Organizational Diversity, Equity and Inclusion	QI 1, Element F: Promoting Organizational Diversity, Equity and Inclusion	Retired due to recent executive order.	
QI 2: Health Services Contracting	QI 2: Health Services Contracting	NO UPDATES	
QI 2, Element A: Practitioner Contracts	QI 2, Element A: Practitioner Contracts	NO UPDATES	
QI 2, Element B: Provider Contracts	QI 2, Element B: Provider Contracts	NO UPDATES	
QI 3: Coordination of Behavioral Healthcare	CC 1: Coordination of Behavioral Healthcare	Moved from CC section to QI section to create greater alignment across NCQA's payer programs.	
QI 3, Element A: Data Collection	CC 1, Element A: Data Collection	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
QI 3, Element B: Opportunities for Coordination	CC 1, Element B: Opportunities for Coordination	NO UPDATES	
QI 3, Element C: Improving Coordination	CC 1, Element C: Improving Coordination	NO UPDATES	
QI 3, Element D: Measuring Effectiveness	QI 3, Element, D: Measuring Effectiveness	NO UPDATES	
QI 4: Collaboration Between Behavioral Healthcare and Medical Care	CC 2: Collaboration Between Behavioral Healthcare and Medical Care	Moved from CC section to QI section to create greater alignment across NCQA's payer programs	
QI 4, Element A: Data Collection	CC 2, Element A: Data Collection	Language updates to increase clarity (ex. "use" vs. prescribe" medication)	
QI 4, Element B: Collaboration Between Behavioral Health and Medical Care	CC 2, Element B: Collaboration Between Behavioral Health and Medical Care	NO UPDATES	
QI 4, Element C: Measuring Effectiveness	CC 2, Element C: Measuring Effectiveness	NO UPDATES	
QI 5: Clinical Measurement Activities	QI 10: Clinical Measurement Activities	Elements A and B of this standard will be retired. Element C will be significantly revised.	
QI 5: Element A: Performance Measures	QI 10, Element C: Performance Measures	NCQA recommends revising the requirements for measures that meet this requirement by: • Moving this element to Element A under this standard, since it will be the only element. • Removing the following HEDIS measures: – Initiation and Engagement of Substance Use Disorder Treatment. – Follow-Up Care for Children Prescribed ADHD Medication (Continuation and Maintenance). – Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults. – Plan All Cause Readmission.	Do you support NCQA requiring the use of HEDIS specifications? If you do not support due to feasibility, which specifications are not feasible?

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
		• Adding the following HEDIS measures to better reflect the scope of MBHOs and data available to organizations.: – Follow-Up After Emergency Department Visit for Substance Use – Follow-Up After High-Intensity Care for Substance Use Disorder – Follow-Up After Emergency Department Visit for Mental Illness – Diabetes Monitoring for People With Diabetes and Schizophrenia – Cardiovascular Monitoring for People With Diabetes and Schizophrenia – Metabolic Monitoring for Children and Adolescents on Antipsychotics – Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	
QI 6: Delegation of QI	QI 12: Delegation of QI	NO UPDATES	
QI 6, Element A: Delegation Agreement	QI 12, Element A: Delegation Agreement	NO UPDATES	
QI 6, Element B: Predelegation Evaluation	QI 12, Element B: Predelegation Evaluation	NO UPDATES	
QI 6, Element C: Review of the QI Program	QI 12, Element C: Review of the QI Program	NO UPDATES	
QI 6, Element D: Opportunities for Improvement	QI 12, Element D: Opportunities for Improvement	NO UPDATES	
No corresponding standard	QI 9: Clinical Practice Guidelines	Retire standard. This standard was previously retired in Health Plan Accreditation and will be replaced with other, more relevant standards, such as those added in the PHM section, that offer a more meaningful way to assess the quality of care provided by the organization. Retirement of this standard will not have any impact on clinical practice guidelines required for purposes beyond the organization's internal quality improvement	Do you support retiring this standard?
No corresponding element	QI 10, Element A: Process for Data Collection and Integration	Retire Element. This element was previously retired in Health Plan Accreditation and how the organization collects and integrates data from various sources and will now be addressed in PHM 2.	Do you support retiring this element?
No corresponding element	QI 10, Element B: Clinical Quality Improvements	Retire Element. This element was previously retired in Health Plan Accreditation. How organizations work to improve clinical issues will now be addressed in PHM7.	Do you support retiring this element?

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
No corresponding standard	QI 11, Effectiveness of the QI Program	Retire Standard. This standard was previously retired in Health Plan Accreditation.	
No corresponding standard	QI 11, Element A: Meaningful Clinical Improvements	Retire element. Improvements in a clinical area will now be captured in PHM 7.	Do you support retiring this element and addressing relevant content in PHM7?
No corresponding standard	QI 11, Element B: Meaningful Service Improvements	Retire element. Meaningful service improvements will now be captured in ME 3.	Do you support retiring this element and addressing relevant content in the ME3?
No corresponding standard	CC 4: Delegation Standard	Retire standard. Delegation of any remaining Care Coordination standards will be captured in the QI 6.	
POPULATION HEALTH MANAGEMENT STANDARDS			
PHM 1: PHM Strategy	***No corresponding standard***	New standard. Integration of this requirement creates alignment with other payer programs and offers tangible requirements that reflect the importance of organizations knowing their population/members. This standard supports moving from data collection to action as it requires use of data already collected in other standards such as Behavioral Health Screening, Case Management, NET (characteristics, needs) and ME. It also creates an opportunity to share what they are doing to meet member needs and how they support practitioners.	Do you support the inclusion of this new standard?
PHM 1, Element A: Strategy Description	***No corresponding element***	New element	Do you support the inclusion of this new element?
PHM 1, Element B: Informing Members	***No corresponding element***	New element	Do you support the inclusion of this new element?
PHM 2: Population Identification	***No corresponding standard***	New standard. Integration of this standard will help ensure relevant aspects of retired elements continue to be surveyed (QI 10, Element A), creates alignment across payer programs, highlights the importance of organizations understanding their populations and provides an opportunity for the organization to share and receive credit for how they are meeting their members needs.	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
PHM 2, Element A: Data Integration	***No corresponding element***	New element	
PHM 2, Element B: Population Assessment	***No corresponding element***	New element	Do you support changing the word "disturbance" to "disability" in factor 4? Why or why not?
PHM 2, Element C: Activities and Resources	***No corresponding element***	New element	
PHM 2, Element D: Segmentation	***No corresponding element***	New element	Should NCQA require factor 1 for behavioral health organizations? Why or why not?
PHM 3: Delivery System Supports	***No corresponding standard***	New standard. Integration of this standard will create the opportunity for organizations to highlight their collaboration with medical care and services, how they support their practitioners, and their ability to share data and participate in value-based arrangements.	
PHM 3, Element A: Data Sharing	***No corresponding element***	New element	Should NCQA require factor 3 for behavioral health organizations? Why or why not?
PHM 3, Element B: Value-Based Payment Arrangements	***No corresponding element***	New element	Should NCQA include this element for behavioral health organizations? Why or why not?
PHM 4: Behavioral Health Screening	QI 6: Behavioral Health Screening	This standard has not been updated, but it has been relocated from QI to PHM as the content of this standard is more appropriate for PHM.	
PHM 4, Element A: Screening Process	QI 6, Element A: Screening Process	NO UPDATES	
PHM 4, Element B: Program Description	QI 6, Element B: Program Description	NO UPDATES	
PHM 4, Element C: Programs Based on Scientific Literature	QI 6, Element C: Programs Based on Scientific Literature	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
PHM 4, Element D: Distribution of Program Information to Practitioners and Providers	QI 6, Element D: Distribution of Program Information to Practitioners and Providers	NO UPDATES	
PHM 5: Self-Management Tools	QI 7: Self-Management Tools	This standard has not been updated, but it has been relocated from QI to PHM as the content of this standard is more appropriate for PHM.	
PHM 5, Element A: Topics of Tools	QI 7, Element A: Topics of Tools	NO UPDATES	
PHM 6: Complex Case Management	QI 8: Complex Case Management	This standard has not been updated, but it has been relocated from QI to PHM as the content of this standard is more appropriate for PHM.	
PHM 6, Element A: Population Assessment	QI 8, Element A: Population Assessment	NO UPDATES	
PHM 6, Element B: Activities and Resources	QI 8, Element B: Activities and Resources	NO UPDATES	
PHM 6, Element C: Program Description	QI 8, Element C: Program Description	NO UPDATES	
PHM 6, Element D: Identifying Members for Case Management	QI 8, Element D: Identifying Members for Case Management	NO UPDATES	
PHM 6, Element E: Access to Case Management	QI 8, Element E: Access to Case Management	NO UPDATES	
PHM 6, Element F: Case Management Systems	QI 8, Element F: Case Management Systems	NO UPDATES	
PHM 6, Element G: Case Management Process	QI 8, Element G: Case Management Process	NO UPDATES	
PHM 6, Element H: Initial Assessment	QI 8, Element H: Initial Assessment	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
PHM 6, Element I: Case Management—Ongoing Management	QI 8, Element I: Case Management—Ongoing Management	NO UPDATES	
PHM 6, Element J: Measuring Effectiveness	QI 8, Element J: Measuring Effectiveness	NO UPDATES	
PHM 7: Population Health Management Impact	***No corresponding standard***	New standard. Integration of this standard creates alignment with other payer programs, provides tangible requirements for organizations to demonstrate they know their population and how to provide high quality care. This standard supports moving from data collection to action as it requires use of data already collected in other standards.	Do you support the inclusion of this new standard?
PHM 7, Element A: Measuring Effectiveness	***No corresponding element***	New element	Do you support the inclusion of this new element?
PHM 7, Element B: Improvement and Action	***No corresponding element***	New element	Do you support the inclusion of this new element?
PHM 8: Delegation of PHM	***No corresponding standard***	New standard. This standard will be added to assess delegation of PHM standards should these standards be delegated.	Do you support the inclusion of this new standard?
PHM 8, Element A: Delegation Agreement	***No corresponding element***	New element	Do you support the inclusion of this new element?
PHM 8, Element B: Predelegation Agreement	***No corresponding element***	New element	Do you support the inclusion of this new element?
PHM 8, Element C: Review of PHM Program	***No corresponding element***	New element	Do you support the inclusion of this new element?
PHM 8, Element D: Opportunities for Improvement	***No corresponding element***	New element	Do you support the inclusion of this new element?
NETWORK MANAGEMENT STANDARDS			

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
NET 1: Availability of Practitioners and Providers	QI 3: Availability of Practitioners and Providers	This standard has been updated and relocated from QI to NET as the content of this standard is more appropriate for NET.	
NET 1, Element A: Cultural Needs and Preferences	QI 3, Element A: Cultural Needs and Preferences	NCQA recommends expanding the language for clarity and scope of factor 1 by: • Adding "characteristics may include: veteran/military status, age (child/adolescent/older adult), urban/rural geography and disabilities." to the explanation. • Adding "The intent of this assessment is not to report a comparison of demographics of practitioners and members." to the explanation.	Do you support requiring the collection of additional characteristics such as age, urban/rural geography, disability, and veteran/military status? Are there additional characteristics we should consider? Should NCQA require organizations to meet four needs? If not, why not?
NET 1, Element B: Availability and Accessibility	QI 3, Element B: Ensuring Availability	NCQA recommends revising the explanation for factor 1, types of practitioners and providers, by: • Replacing "At a minimum, it includes MD, doctoral-level, non-MD and non-doctoral level, non-MD practitioners; and inpatient, residential and ambulatory provider organizations" with, "It includes psychiatrists, clinical psychologists, psychiatric nurse practitioners, social workers, peer support specialists, and inpatient, residential and ambulatory provider organizations." NCQA recommends expanding the scope of requirements for factor 2, Standards for the number of behavioral healthcare practitioners and providers, by: • Replacing "The Organization expresses the standard for number of practitioners and providers in one of the following ways" with "the organization expresses the standard for number of practitioners and providers in the following ways." • Adding "The percentage of practitioners who have submitted in-network claims for unique members."	Should NCQA require organizations to define all types of behavioral health practitioners and providers, not just high-volume practitioners and providers? Why or why not? Do you support a new data collection template to capture ghost networks, in addition to ratios Should NCQA require organizations to meet two of the four requirements

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
		NCQA recommends expanding the scope of requirements for factor 3, Standards for geographic distribution of behavioral healthcare practitioners and providers, by: • Replacing, "the organization expresses the standard for geographic distribution of practitioners and providers in one of two ways" with "the organization expresses the standard for geographic distribution of practitioners and providers in two of four ways." • Adding "proximity of practitioner or provider site to public transportation" • Adding "availability of telehealth practitioner or providers.	listed in factor 3? If not, why not?
NET 2: Accessibility of Services	QI 4: Accessibility of Services	This standard has been updated and relocated from QI to NET as the content of this standard is more appropriate for NET.	
NET 2, Element A: Assessment Against Access Standards	Assessment Against Access Standards	NCQA recommends revising the language and scope of this element by: • Replacing, "Using valid methodology, the organization annually evaluates access to appointments for behavioral healthcare by: "Collecting data about members' ability to access care for a non-life-threatening emergency within 6 hours, urgent care within 48 hours, initial visit for routine care within 10 business days and follow-up routine care" with, "Using valid methodology, the organization annually collects and analyzes data to evaluate access to appointments for behavioral healthcare for: o 1. Care for a crisis. o 2. Non-life threatening emergency within 6 hours. o 3. Urgent care within 48 hours. o 4. Initial visit for routine care within 10 business days. o 5. Follow-up routine care. Adding a separate factor for each type of care (1-5). NCQA recommends revising the language and scope for factor 1 by: • Adding, "The organization incorporates 988 Suicide and Crisis Lifeline into it's response for members in crisis or with non-life threatening emergencies. The organization emphasizes the use of crisis intervention teams, behavioral health urgent care, psychiatric EDs, and mobile response teams." To the explanation.	For factors 1-5, do you support the proposed new requirement describing the use of alternatives to the emergency department, when possible?

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
		• Replacing, "For the care for a non-life threatening emergency component of factor 1, if the organization directs members in crisis or with non-life threatening emergencies the emergency department (ED), NCQA reviews the organization's report, policies or other documentation.", with "For factor 1, if the organization directs members in crisis or with non-life threatening emergencies to the 988 Suicide and Crisis Lifeline, behavioral health urgent care, psychiatric ED, mobile crisis response teams, or the emergency department (ED), NCQA reviews the organization's report, policies or other documentation." In the scope of review.	
NET 2, Element B: Assessment Against Accommodation Standards	***No corresponding element***	NCQA recommends integrating a new element to evaluate scheduling flexibility within the network: "The organization evaluates whether appointment availability (operating hours, scheduling, and other practices) align with member needs, by: 1. Collecting data about practitioner's availability to schedule appointments during standard working hours, evenings, weekends. 2. Analyzing the data."	Do you support the inclusion of this new element titled "Assessment Against Accommodation Standards"?
NET 3: Assessment of Network Adequacy	***No corresponding standard***	New standard. Integration of this new standard will support NCQA is assessing whether the organization provides members with an adequate network for the behavioral health care services.	
NET 3, Element A: Assessment of Member Experience Accessing the Network	***No corresponding element***	New element	Do you support the inclusion of this new element?
NET 3, Element B: Opportunities to Improve Access to Behavioral Health Services	***No corresponding element***	New element	Do you support the inclusion of this new element?
NET 4: Continued Access to Care	CC 3: Continued Access to Care	This standard has been relocated from QI to NET as the content of this standard is more appropriate for NET. There are no updates.	
NET 4, Element A: Notification of Termination	CC 3, Element A: Notification of Termination	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
NET 4, Element B: Continued Access to Practitioners	CC 3, Element B: Continued Access to Practitioners	NO UPDATES	
NET 4, Element C: Care Transitions	CC 3, Element C: Care Transitions	NO UPDATES	
NET 5: Practitioner and Provider Directories	RR 4: Practitioner and Provider Directories	This standard has been updated and relocated from QI to NET as the content of this standard is more appropriate for NET.	
NET 5, Element A: Practitioner Directory Data	RR 4, Element A: Practitioner Directory Data	NCQA recommends revising the language and expanding the scope for factor 4 in the explanation by: • Replacing, "The directory is not required to list subspecialty." With "The directory lists a subspecialty, area of expertise, or focus for practitioners." NCQA recommends expanding the scope for factor 9 in the explanation by: • Adding, "The directory also states if a practitioner provides telehealth and in-person appointments.", for organizations to list this service in the directory."	Should NCQA require organizations to list practitioners' areas of expertise? Why or why not? Should NCQA require organizations to include telehealth and in-person appointments in the directory?
NET 5, Element B: Practitioner Directory Updates	RR 4, Element B: Practitioner Directory Updates	NO UPDATES	
NET 5, Element C: Assessment of Practitioner Directory Accuracy	RR 4, Element C: Assessment of Practitioner Directory Accuracy	NCQA Recommends revising the language and scope of this element by: • Replacing, "Using valid methodology, the organization performs an annual evaluation of its practitioner directories…" with "Using valid methodology, the organization performs an evaluation at least every 6 months of its practitioner directories..." • Replacing, "*For Initial Surveys:* At least once during the prior year." with "*For Initial Surveys:* At least once during within the past 6 months" in the Look-Back Period.	Do you support revising the evaluation requirement from annually to every 6 months?
NET 5, Element D: Identifying and Acting on Opportunities	RR 4, Element D: Identifying and Acting on Opportunities	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
NET 5, Element E: Searchable Practitioner Web-Based Directory	RR 4, Element E: Searchable Practitioner Web-Based Directory	Retire element. The requirements in this element will be integrated into NET 5, Element A.	Do you support retiring this element (formerly RR5 Element E) and integrating its content into NET5 Element A: Practitioner Directory Data?
NET 5, Element F: Hospital Directory Data	RR 4, Element F: Provider Directory Data	NCQA recommends revising the scope of this element by: • Replacing, "The organization has a web-based provider directory that includes for the following information to help members and prospective members choose a provider:" with "The organization has a web-based provider directory that includes search capabilities for the following information to help members and prospective members choose a provider:" • Adding a factor for "Facility Type", for organizations to list the facility type in the directory.	Do you support the inclusion of this new factor for facility type?
NET 5, Element G: Provider Directory Updates	RR 4, Element G: Provider Directory Updates	NO UPDATES	
NET 5, Element H: Searchable Provider Web-Based Directory	RR 4, Element H: Searchable Provider Web-Based Directory	Retire element. The requirements in this element will be integrated into NET 5, Element F.	Do you support retiring this element (formerly RR4, Element H) and integrating its content into NET5 Element F: Hospital Directory Data?
NET 5, Element I: Usability Testing	RR 4, Element I: Usability Testing	NO UPDATES	
NET 5, Element J: Availability of Directories	RR 4, Element J: Availability of Directories	NO UPDATES	
NET 6: Delegation of NET	***No corresponding standard***	New standard. This standard will be added to assess delegation of NET standards should these standards be delegated.	Do you support the inclusion of this new standard?
NET 6, Element A: Delegation Agreement	***No corresponding element***	New element	Do you support the inclusion of this new element?

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
NET 6, Element B: Predelegation Agreement	***No corresponding element***	New element	Do you support the inclusion of this new element?
NET 6, Element C: Review of Delegated Activities	***No corresponding element***	New element	Do you support the inclusion of this new element?
NET 6, Element D: Opportunities for Improvement	***No corresponding element***	New element	Do you support the inclusion of this new element?
UTILIZATION MANAGEMENT STANDARDS			
UM 1: Program Structure	UM 1: Utilization Management Structure		

UM 1, Element A: Program Description	UM 1, Written Program Description	• Formerly "Written Program Description."
		• Factor and explanation updates.
		  o Factor 3: Bring accountability of UM functions under the UM Committee.
		  o Factor 4: Note a process for evaluating how organizations determine requests that require prior authorization
			Do you support the inclusion of new factor 3?
			
			Do you support the inclusion of new factor 4?

	UM 1, Element B: Annual Evaluation	Retired and replaced with UM 1 Element A above.	
UM 1, Element B: UM Data Collection	***No corresponding element***	New element. New element requiring organizations to annually calculate UM indicators separately for Medicare, Medicaid, Exchange, and commercial. • UM indicators include: • Overall approval rate. • Percent of services that require prior authorization, with an approval rate of 90% or more. • Overall denial rate. • Denial rates by reason. • Overall appeal rate. • Appeals overturn rate. • Timeliness of notification rates.	Do you support the inclusion of this new element? Do you support the requirement to be reported on an annual basis? For factor 2, should NCQA require organizations to report the prior authorization data at the

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
			procedural level, the individual code level within a procedure, or across all codes subject to prior authorization? For factor 2, do you support the 90% approval rate? If not, should NCQA consider a different threshold? For factor 4, do you support the proposed categories of reasons for denials? If not, should NCQA consider include other denial reasons? Do you support moving SY 2025 Element UM 5D: Timeliness Report to factor 7? For factor 7, do you support expanding the scope to all UM denial decisions not limited to medical necessity determinations?
UM 1, Element C: Analysis of UM Data Collection	***No corresponding element***	New element. Organizations must perform a quantitative and qualitative analysis and identify trends in the UM indicators from Element B for continuous quality improvement.	Do you support the inclusion of this new element?

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
UM 1, Element D: UM Committee	***No corresponding element***	New element. The UM Committee evaluates the organization's UM program and identifies actions based on the results of the analysis from Element C.	Do you support the inclusion of this new element?
UM 1, Element E: Implementation of Improvement Actions	***No corresponding element***	New element. Organizations annually implement interventions based on the recommendations from the UM Committee.	Do you support the inclusion of this new element?
UM 1, Element F: Measurement of Effectiveness	***No corresponding element***	New element. Organizations evaluate the effectiveness of interventions implemented in Element E.	Do you support the inclusion of this new element?
UM 2: Clinical Criteria for UM Decisions	UM 2: Clinical Criteria for UM Decisions	Factor updates	
UM 2, Element A: UM Criteria	UM 2, Element A: UM Criteria	NO UPDATES	
UM 2, Element B: Availability of Criteria	UM 2, Element B: Availability of Criteria	Merged factors 1 and 2 and revised the element to require criteria to be available at the point of care, which will reduce burden and facilitate access to care for patients.	Do you support consolidation of factors 1 and 2? Do you support the requirement that UM criteria are made available at the point of care?
UM 2, Element C: Consistency in Applying Criteria	UM 2, Element C: Consistency in Applying Criteria	NO UPDATES	
UM 3: Communication Services	UM 3: Communication Services	Factor updates	
UM 3, Element A: Access to Staff	UM 3, Element A: Access to Staff	New factor. Factor 6 requires patient navigation assistance with denials, appeals and other UM questions.	Do you support inclusion of a new factor 6?
UM 4: Appropriate Professionals	UM 4: Appropriate Professionals	NO UPDATES	
UM 4, Element A: Licensed Health Professionals	UM 4, Element A: Licensed Health Professionals	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
UM 4, Element B: Use of Practitioners for UM Decisions	UM 4, Element B: Use of Practitioners for UM Decisions	NO UPDATES	
UM 4, Element C: Practitioner Review of Denials	UM 4, Element C: Practitioner Review of Denials	NO UPDATES	
UM 4, Element D: Use of Licensed Consultants	UM 4, Element D: Use of Licensed Consultants	NO UPDATES	
UM 5: Timeliness of UM Decisions	UM 5: Timeliness of UM Decisions	Element and factor updates	
UM 5, Element A: Notification of Decisions	UM 5, Element A: Notification of Decisions	*Factor 3 and 4 Updates:* Revise factor 3 and 4 to remove the product line reference and update the notification time frame for nonurgent preservice requests from 14 calendar days to 7 calendar days across all product lines, to align with the CMS Interoperability Rule.	For factor 3, do you support the proposed update to the notification timeframe across all product lines? What is a feasible glidepath for implementation of the time frame update?
UM 5, Element B: UM Timeliness Report	UM 5, Element B: UM Timeliness Report	Incorporate into new Element B: UM Data Collection. Move this element to new element (UM 1, Element B: UM Data Collection, factor 7) to consolidate all UM data indicators in one place, allowing for a thorough and collective review.	Do you support repurposing UM 5, Element B: Timeliness Report to NEW UM 1, Element B: UM Data Collection, factor 7?
UM 6: Clinical Information	UM 6: Clinical Information	NO UPDATES	
UM 6, Element A: Relevant Information	UM 6, Element A: Relevant Information	NO UPDATES	
UM 7: Denial Notices	UM 7: Denial Notices	NO UPDATES	
UM 7, Element A: Discussing a Denial With a Reviewer	UM 7, Element A: Discussing a Denial With a Reviewer	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
UM 7, Element B: Written Notification of Denials	UM 7, Element B: Written Notification of Denials	NO UPDATES	
UM 7, Element C: Written Notification of Appeal Rights/Process	UM 7, Element C: Written Notification of Appeal Rights/Process	NO UPDATES	
UM 8: Policies for Appeals	UM 8: Policies for Appeals	NO UPDATES	
UM 8, Element A: Internal Appeals	UM 8, Element A: Internal Appeals	NO UPDATES	
UM 9: Appropriate Handling of Appeals	UM 9: Appropriate Handling of Appeals	Element and factor updates	
UM 9, Element A: Preservice and Postservice Appeals	UM 9, Element A: Preservice and Postservice Appeals	NO UPDATES	
UM 9, Element B: Timeliness of the Appeal Process	UM 9, Element B: Timeliness of the Appeal Process	NO UPDATES	
UM 9, Element C: Appeal Reviewers	UM 9, Element C: Appeal Reviewers	NO UPDATES	
UM 9, Element D: Notification of Appeal Decision/Rights	UM 9, Element D: Notification of Appeal Decision/Rights	New factor 7. Factor 7 requires organizations to provide notice that members do not bear IRO costs. This factor was previously in UM 9, Element E.	Do you support moving UM 9, Element E, factor 3 to UM 9, Element D? Do you support inclusion of new factor 7 in this element? (formerly in retired 2025 element UM 9F: Appeals Overturned by IRO)
UM 9, Element E: Final Internal and External Appeal Files	UM 9, Element E: Final Internal and External Appeal Files	Retire element. Element does not increase program value due to how it is assessed (organizations select files for review).	Do you support retirement of all factors in UM 9E other than factor 3 (proposed for movement to UM 9D: Notification of Appeal Decisions/Rights)?

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
UM 9, Element F: Appeals Overturned by the IRO	UM 9, Element F: Appeals Overturned by the IRO	Retire element. Element does not increase program value due to how it is assessed (organizations select files for review).	Do you support retirement of UM 9, Element F: Appeals Overturned by the IRO?
UM 10: Evaluation of New Technology	UM 10: Functionality of Claims Processing	Proposed name change from "UM 10: Functionality of Claims Processing" to "UM 10: Evaluation of New Technology".	
UM 10, Element A: Functionality: Website	UM 10, Element A: Functionality: Website	NO UPDATES	
UM 10, Element B: Functionality: Telephone Requests	UM 10, Element B: Functionality: Telephone Requests	NO UPDATES	
UM 11: UM Informational Integrity	UM 11: UM Information Integrity	NO UPDATES	
UM 11, Element A: Protecting the Integrity of UM Denial Information	UM 11, Element A: Protecting the Integrity of UM Denial Information	NO UPDATES	
UM 11, Element B: Protecting the Integrity of UM Appeal Information	UM 11, Element B: Protecting the Integrity of UM Appeal Information	NO UPDATES	
UM 11, Element C: Information Integrity Training	UM 11, Element C: Information Integrity Training	NO UPDATES	
UM 11, Element D: Audit and Analysis—Denial Information	UM 11, Element D: Audit and Analysis—Denial Information	NO UPDATES	
UM 11, Element E: Improvement Actions—Denial Information	UM 11, Element E: Improvement Actions—Denial Information	NO UPDATES	
UM 11, Element F: Audit and Analysis—Appeal Information	UM 11, Element F: Audit and Analysis—Appeal Information	NO UPDATES	
UM 11, Element G: Improvement Actions—Appeal Information	UM 11, Element G: Improvement Actions—Appeal Information	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
UM 12: Delegation of UM	UM 12: Delegation of UM	NO UPDATES	
UM 12, Element A: Delegation Agreement	UM 12, Element A: Delegation Agreement	NO UPDATES	
UM 12, Element B: Predelegation Evaluation	UM 12, Element B: Predelegation Evaluation	NO UPDATES	
UM 12, Element C: Review of the UM Program	UM 12, Element C: Review of the UM Program	NO UPDATES	
UM 12, Element D: Opportunities for Improvement	UM 12, Element D: Opportunities for Improvement	NO UPDATES	
MEMBER EXPERIENCE STANDARDS			
ME 1: Statement of Members' Rights and Responsibilities	RR 1: Statement of Members' Rights and Responsibilities	NO UPDATES	
ME 1, Element A: Rights and Responsibilities Statement	RR 1, Element A: Rights and Responsibilities Statement	NO UPDATES	
ME 1, Element B: Distribution of Rights Statement	RR 1, Element B: Distribution of Rights Statement	NO UPDATES	
ME 2: Subscriber Information	RR 3: Subscriber Information	NO UPDATES	
ME 2, Element A: Subscriber Information	RR 3, Element A: Subscriber Information	NO UPDATES	
ME 2, Element B: Distribution of Subscriber Information	RR 3, Element B: Distribution of Subscriber Information	NO UPDATES	
ME 2, Element C: Interpreter Services	RR 3, Element C: Interpreter Services	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
ME 3: Member Experience	RR 2: Policies and Procedures for Complaints and Appeals	NCQA recommends creating this standard in Member Experience by: • Combining current language and requirements from all elements in RR 2: Policies for Complaints and Appeals and QI 5: Member Experience. o RR 4, Element A: Policies and Procedures for Complaints o RR 4, Element B: Policies and Procedures for Appeals o QI 5, Element A: Annual Assessment, factors 1 and 2 (as element C) o QI 5, Element B: Scope of Survey (as element D) o QI 5, Element C: Improvement Activities (as element D) • Updating the Scope of Review to include all requirements from RR 2 and QI 5. • Removing former QI 5, Element A, factor 3, Compiles and analyzes requests for and utilization of out-of-network services, as this is now addressed within the addition of NET 3: Assessment of Network Adequacy.	Do you support the inclusion of this new standard?
ME 3, Element A: Policies and Procedures for Complaints	RR 2, Element A: Policies and Procedures for Complaints	NO UPDATES	
ME 3, Element B: Policies and Procedures for Appeals	RR 2, Element B: Policies and Procedures for Appeals	NO UPDATES	
ME 3, Element C: Annual Assessment	QI 5, Element A: Annual Assessment	Factor 3: "Compiles and analyzes requests for and utilization of out-of-network services" has been retired as its now covered in NET 3.	Do you support the retirement of this element?
ME 3, Element D: Scope of Survey	QI 5, Element B: Scope of Survey	NO UPDATES	
ME 3, Element E: Improvement Activities	QI 5, Element C: Improvement Activities	NO UPDATES	
ME 4: Delegation of Member Experience	RR 5: Delegation of RR	NO UPDATES	
ME 4, Element A: Delegation Agreement	RR 5, Element A: Delegation Agreement	NO UPDATES	

MBHO 2026 Standard/Element	Corresponding MBHO 2025 Standard/Element	Update and Rationale	Targeted Questions
ME 4, Element B: Predelegation Evaluation	RR 5, Element B: Predelegation Evaluation	NO UPDATES	
ME 4, Element C: Review of Performance	RR 5, Element C: Review of Performance	NO UPDATES	
ME 4, Element D: Opportunities for Improvement	RR 5, Element D: Opportunities for Improvement	NO UPDATES	

Public Comment Instructions

Public Comment Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. NCQA encourages reviewers to provide insights on global issues related to the proposed updates including:

- Will the proposed updates assist your organization in meeting its objectives? If so, how? If not, why not?
- Are there key expectations not addressed in the proposed requirements?

Global Questions

- Do you support changing the name of this product from Accreditation in Managed Behavioral Healthcare Organization to Behavioral Health Accreditation? Why or why not?
- Do you support our proposed updates to scoring methodology? If not, why?
- Do you support the proposed reorganization of the QI, CC, RR standards to create additional alignment across NCQA payer programs?
- Do you support the addition of PHM and NET standards categories? If not, why?
- Do you support renaming Members' Rights and Responsibilities to Member Experience to create greater alignment across NCQA payer programs?

Documents

Draft standards and explanations for updates can be found in: *Appendix 1: MBHO Accreditation 2026 Proposed Standards Updates*

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 one or more of the following from the drop-down box:
   - **Updates to BH Accreditation (Formerly MBHO) 2026**
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support, Do not support, Support with modifications**).
   1. If you choose **Do not support**, include your rationale in the text box.
   2. 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 Monday, March 24, at 11:59 p.m. ET

Next Steps

The final Standards and Guidelines for MBHO/Behavioral Health Accreditation 2026 will be released in November 2025, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements for Health Plan Accreditation 2026, MBHO 2026 take effect July 1, 2026.