

We will begin momentarily

### **Meet the NCQA Team**



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### **Overview of Public Comment**

Open now until September 1st at 11:59 pm EST

# 2026 Health Equity Accreditation/Plus

- New requirements
- Updates to existing requirements

# Other 2026 Accreditation Programs

- 2026 Health Plan Accreditation
- 2026 Behavioral Health Accreditation (formerly MBHO)
- 2026 Distinction for LTSS
- 2026 Accreditation for Case Management of LTSS
- 2026 Wellness and Health Promotion Accreditation/Certifications

# 2026 Physician and Hospital Quality Certification

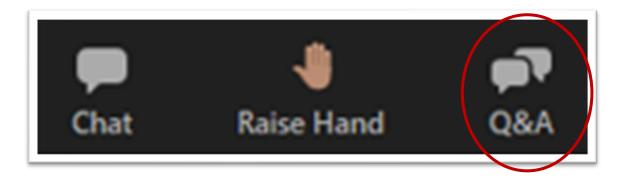
- Updates to scoring
- Retirements



### **Zoom Housekeeping**

How to Submit Questions During the Webinar

- Locate the 'Q&A' icon on the menu bar.
- 2. During the webinar, please submit questions via the 'Q&A' box.



# **Polling Question**



Is your organization currently accredited in any of the following NCQA programs? (select all that apply)

- A. Health Equity Accreditation
- B. Health Equity Accreditation Plus
- C. Health Plan Accreditation
- D. Behavioral Health Accreditation (formerly MBHO Accreditation)
- E. Distinction in Long-Term Services and Supports
- F. Accreditation of Case Management for LTSS
- G. Wellness and Health Promotion Accreditation/Certification
- H. Not currently accredited



# Proposed Updates to 2026 Health Equity Accreditation



### NCQA's Health Equity Accreditation Program

### Two milestones, one framework





Framework to use standardized data collection to identify disparities, drive action and measure improvement

23 states + D.C. require or use Health Equity
Accreditation; 4 require
Health Equity Plus

# Multicultural Health Care Distinction (2010-2021)

- Grounded in Culturally and linguistically appropriate services (CLAS)
- Data on race, ethnicity and language

# Health Equity Accreditation (2021)

Program terminology updates and content expansion:

- Grounded in building a healthequity focused organizational culture to support CLAS
- Data on sexual orientation and gender identity

# Health Equity Accreditation *Plus* (2022)

New optional program milestone:

- Grounded in community partnerships and upstream drivers of health ("SDOH")
- Data on social needs (member/patient), social risks (community)

### Looking ahead (2026)

Program terminology updates and content expansion:

- Grounded in evolving market needs and best practices
- Expand data types and measurement activities
- Build flexibility to navigate regulatory/local needs



### **Objectives for Proposed Updates and New Requirements**



Address disparities and needs for additional populations



Build more flexibility into the program to meet your needs



**Differentiate the capabilities** of renewing organizations



Help you navigate evolving policy environment



Help your organization sustain investments



### **Proposed New Requirements**

Span Multiple Populations and Best Practices

### **Populations with Disabilities**

- Collect data on disability: function, identity and needed accommodations
- Stratify measures to identify disparities
- Provide access to accommodations for care and communication at the point of care
- Assess care site capacity for accessible equipment

### **Geographic Classification**

- Assess standardized geographic classifications (e.g., rural, urban)...
- ...For use in stratifying measures to identify disparities

### **Mature Data Analytics**

- Multi-factor analyses to identify disparities
- Identifying disparities in who is screened for upstream factors (e.g., SDOH), experiences needs and receives interventions
- Evaluating effectiveness of interventions to improve referral process for social needs referrals

### **Community Health Workers**

 Evidence-based structures, processes and supports for integrating employed community heath workers.



### **Proposed Updates to Existing Requirements**

Align with Industry Best Practices, Improve Surveyability, Navigate Evolving Needs and Provide Flexibility

### **Industry Best Practices**

- Collect/map race and ethnicity data to 2024 OMB
- New factors for agreements with partners to deliver social needs resources
- Publish practitioners' population-specific focus areas, training, credentials, services in directories
- Increase minimum number of stratified HEDIS measures health plans use from 2 to 4

### Navigate/Adapt

- No longer require collection and stratification of data by gender identity
- Revise activities that require diversity or demographic representation to give organizations more flexibility to navigate different populations and regulatory contexts
- Focus workforce training on responsive care delivery

### **Surveyability and Clarity**

- Score evidence for data collection processes and materials/reports under separate factors
- Revise terminology and add new exceptions (HE 4) to better accommodate care delivery organizations
- Remove inter-element references throughout HE Plus
- Combine and reorder elements in HE Plus 1-2

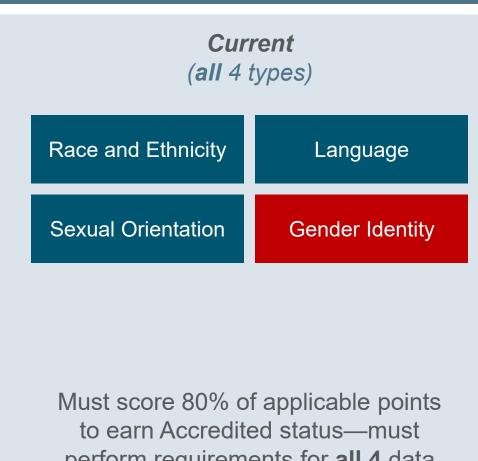
### **Flexibility**

- Expand list of stratified HEDIS measures health plans may choose to identify disparities by race and ethnicity
- Revise structure of data privacy protections and notifications elements to accommodate new data types
- Set program scoring to require data collection/analysis for at least four out of five data types to earn 80%

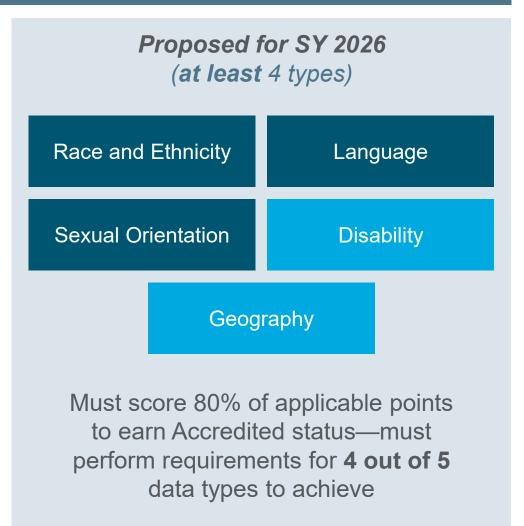


### Flexibility to Accommodate Different Populations

### Required Data Types: Health Equity Accreditation



perform requirements for all 4 data types to achieve



# Health Equity Accreditation Plus Proposed New Requirements



### Add New Element HE Plus 1E: Reporting the SNS-E Measure

Demonstrating Data Analytics Maturity

The organization **annually reports** the HEDIS Social Needs Screening and Intervention (**SNS-E**) **measure**, including:

- 1. The **screening** indicator.
- 2. The social needs **intervention** indicator.

Met	Partially Met	Not Met
1-2 factors	No scoring option	0 factors

Glidepath: NA for all SY 2026 surveys

### **Screening and Intervention Indicators**

**Domains:** food, housing and transportation

**Screening.** Percentage of **members screened** using prespecified instruments or assessed by a practitioner at least once during the measurement period for needs.

Intervention. Percentage of members with positive screen or identified need who received a corresponding intervention on or up to 30 days after date the need was screened or identified as positive (31 days total).

### **HE Plus X: Integration of Community Health Workers (NEW)**

New standard category, four new elements

### Intent

The organization integrates employed community health workers as part of its workforce to address social needs, improve health outcomes or reduce health care disparities.

### **Summary of Requirements (Elements A-D)**

- CHW program policies and procedures (scope of work, caseloads, tools, safety protocols).
- Community-involved recruitment and hiring.
- Training and supports.
- Supervision.

All four elements may be NA if organization partners with community-based organizations that employ community health workers

Glidepath: NA for all SY 2026 surveys

### Working to Track and Sustain Investments (Standard Category HE Plus 5)

Requirements to track and improve social needs interventions and outcomes over time

## Element D: Assessing Disparities in Screening, Referrals and Interventions

### **Annually identify disparities by:**

- Receipt of a social needs screening
- Screening positive for a social need
- Social needs referral status

Stratification by one characteristic of the organization's choice (all surveys) and by two characteristics (Renewal surveys)

Glidepath: Met scoring, implementation plan in lieu of reports

Stratification by two characteristics NA for initial surveys

## Element F: Assessing Effectiveness of Social Needs Referrals and Interventions

### Annually identify and prioritize opportunities to:

- Reduce health disparities related to social needs
- Improve its social needs referral process

**Implement at least one intervention** to address disparities and improve referral process

**Evaluate effectiveness of an intervention** to address disparities and improve referral process

Glidepath: Met scoring, implementation plan in lieu of reports for intervention and evaluation of effectiveness



# Health Equity Accreditation Proposed New Requirements



### Add New Element HE 1C: Incentivizing Medical Education for Practitioners

The organization **incentivizes or sponsors practitioners** to complete medical education on the unique health or health care needs of:

1.	At least one racial, ethnic or cultural subgroup
	relevant to its member or patient population.

- 2. At least one **gender or sexual orientation subgroup** relevant to its member or patient population.
- 3. Patients with **disabilities**.
- 4. Patients in rural geographies.

Met	Partially Met	Not Met
1-4 factors	No option	0 factors

Glidepath: NA for all SY 2026 surveys

### Add New Element HE 2F: Classification of Geographic Data

New data type to identify disparities

The organization's methods for evaluating the geographic classification of members or patients include:

- 1. A process for collecting direct ZIP code data from all members or patients.
- 2. Evidence of direct ZIP code data collection.
- **3.** A process to determine geographic classification for all members or patients.
- 4. Evidence of determining geographic classifications.

Met	Partially Met	Not Met
2-4 factors	1 factor	0 factors



**Optional** use of standardized classifications (USDA's Rural-Urban Commuting Area codes)

Glidepath: implementation plan

### **Demonstrating Data Analytics Maturity**

New data analytics activities to identify disparities and measure effectiveness of interventions

### Add New Element HE 6C: Using Multi-Factor Analysis to Assess Disparities (NEW)

The organization **annually** performs a **multi-factor analysis** to **assess health disparities** by:

- 1. Identifying intersectional subgroups of at least two relevant demographic characteristics.
- 2. Selecting at least two meaningful and relevant measures.
- 3. Stratifying the measures identified in factor 2 by the intersectional subgroups identified in factor 1.
- 4. Analyzing each stratified measure in factor 3 to determine if there are disparities.
- **5. Evaluating key similarities and differences** between identified intersectional subgroups across the two stratified measures.

**Element scored NA** for Initial Surveys

### Example: Factor 1 Subgroups

Spoken Language	Rural	Metro Non- Urban	Metro Urban
Cantonese	Cantonese/ Rural	Cantonese/ Metro Non- Urban	Cantonese/ Metro Urban
English	English/Rural	English/Metro Non-Urban	English/ Metro Urban
Hindi	Hindi/Rural	Hindi/Metro Non-Urban	Hindi/Metro Urban
Mandarin	Mandarin/ Rural	Mand/Metro Non-Urban	Mandarin/ Metro Urban
Spanish	Spanish/ Rural	Spanish/Metro Non-Urban	Spanish/ Metro Urban
All Other Languages	All Other Languages/ Rural	All Other Languages/Me tro Non-Urban	All Other Languages/ Metro Urban

### New Collection of Disability-Related Data (Standard Category HE 2)

# **Element D: Collection of Data on Disability Status**

Data collection method accessible to members/patients with intellectual, visual, and auditory disabilities.\*

Collect member- or patient-level data on:

- Disability function.
- Disability identity.

Process for estimating disability status using imputed methods, if direct data for less than 80% of members/patients.

Report HEDIS measure Disability Description of Membership (DDM), if applicable.

**Glidepath**: implementation plan

# **Element E: Collection of Data on Disability- Related Accommodations**

Data collection method accessible to members/patients with intellectual, visual, and auditory disabilities.\*

Collect member- or patient-level data on:

- Needed physical accommodations.
- Needed auxiliary aids.

Physical accommodations scored NA for organizations that do not provide in-person services

**Auxiliary aids scored NA** for organizations that do not provide synchronous services

Glidepath: implementation plan



### New Standard HE X: Access and Availability of Disability Accommodations

Services and supports for members/patients with disabilities

Element A: Availability of Disability Accommodations

Process to make available in advance of planned in-person or virtual interactions:

- Physical accommodations.
- · Auxiliary aids and services.

**Element scored NA** if no planned inperson or virtual services provided

Physical accommodations scored NA if no in-person care/services provided

Element B: Accessible Digital Content

### Makes vital information available in:

- Plain language.
- Screen-reader accessible formats.
- Speech-to-text functionality (audio/video formats).

Easy-to-find accessibility functionality/formats:

Process to test usability of functions/formats for intended audience.

**Glidepath**: implementation plan

Element C: Support for Disability Accommodations

### Share patient-level data with practitioners:

- Physical accommodations.
- Auxiliary aids/services.

Offer training on use of physical accommodations and auxiliary aids/services during health care encounters to:

- Practitioners.
- Patient-facing staff.

**Glidepath**: implementation plan

**Element scored NA** if organization does not employ/contract with practitioners

Training for patient-facing staff scored NA if no in-person care/services provided

### New Site-Level Accessible Equipment (Standard Category HE 4)

Quality improvement for organizational accessibility (care delivery, only)

### **Element D: Information on Accessible Equipment**

**Annually collect information about volume** (available at each site) of:

- Height-adjustable exam tables or chairs.
- Accessible weight scales or weight measurement equipment.
- Accessible medical diagnostic equipment.

### **Element E: Enhancing Network Accessibility**

### **Annually analyze capacity of each site** to provide:

- Height-adjustable exam tables or chairs.
- Accessible weight scales or weight measurement equipment.
- · Accessible medical diagnostic equipment.

Annually develop a plan to address identified gaps.

Annually act to address gaps based on plan.

Both Elements NA for health plans and organizations that don't own in-person clinical/BH care sites.

No threshold for adequate capacity.

Action to address gaps NA for SY 2026 surveys



# Health Equity Accreditation Updates to Existing Requirements



### Practitioner and Site-Level Information (Standard Category HE 4)

Data collection and physician directory requirements

### **Summary of SY 2024 Requirements (Element A)**



### **Summary of Proposed Updates to SY 2026 (Elements A-B)**

### Collect practitioner-level data on:

- Race and ethnicity.
- Languages fluent for medical care.

Collect site-level data on available language services.

### **Publish information on:**

- Practitioner languages.
- Practice language services.

Make available on request: practitioner race and ethnicity.

SY 2026 Glidepath: scoring

### Collect practitioner-level data on:

- Race and ethnicity.
- Languages fluent for medical care.
- Population-specific focus areas, training, credentials, services.

### Collect site-level data on:

- Available language services.
- Available auxiliary aids or services.

#### Publish information on:

- Practitioner languages.
- Practitioner population-specific focus areas, training, credentials, services.
- Practice language services.
- Available auxiliary aids or services.

Make available on request: practitioner race and ethnicity.

Have a web-based search function for at least one data point.



### Update HE 6, Element A: Reporting Stratified Measures

### Provide more choices and raise the bar on Met performance

The organization **annually reports HEDIS measures** and **determines if health care disparities exist for** each HEDIS measure, stratified by race and ethnicity:

- 1. Colorectal Cancer Screening (COL, COL-E).
- 2. Adult Immunization Status (AIS-E).
- 3. Immunizations for Adolescents (IMA-E).
- 4. Breast Cancer Screening (BCS-E).
- 5. Asthma Medication Ratio (AMR).
- 6. Controlling High Blood Pressure (CBP).
- 7. Assessment for Patients with Diabetes (GSD).
- 8. Follow-Up After ED Visits for Substance Use (FUA).
- 9. Pharmacotherapy for Opioid Use Disorder (POD).
- 10. Prenatal and Postpartum Care (PPC).
- 11. Initiation and Engagement of Substance Use Disorder Treatment (IET).
- 12. Child and Adolescent Well Care Visits (WCV).
- 13. Well-Child Visits in the First 30 Months of Life (W30).

Add 8 new measure options

Raise Met scoring threshold from 2-5 to 4-13 factors (measures)

Element NA for non-health plans and Exchange plans

### **Update HE 6, Element B: Stratifying Measures to Assess Disparities**

Formerly titled, "Use of Data to Assess Disparities"

### **Summary of SY 2024 Requirements**



**Annually stratify measures** to determine if health care disparities exist:

- Race and ethnicity: two or more clinical performance measures
- Preferred language: one or more clinical performance measures
- Gender identity and/or sexual orientation: one or more clinical performance measures
- **4. Race and ethnicity or preferred language**: one or more individual *experience* measures

SY 2026 Glidepath: scoring (Met for 4-7 factors)

### **Summary of Proposed Updates to SY 2026**

**Annually stratify measures** to determine if health care disparities exist:

- Race and ethnicity: two or more clinical performance measures
- Preferred language: one or more clinical performance measures
- Sexual orientation: one or more clinical performance measures
- **4. Disability status**: one or more clinical performance measures
- **5. Geographic classification**: one or more clinical performance measures
- **6.** A characteristic of the organization's choice: one or more clinical performance measures
- 7. A characteristic of the organization's choice: two or more individual experience measures



### **Adapt to Changing Industry Needs: Expand Focus of Activities**

		Current (2024)	Proposed for 2026
HE 1	Recruiting and Hiring	Support diversity	relevant direct experience, knowledge or expertise
HE 1	Workforce Culture	Improve workforce diversity, equity, inclusion or cultural humility	improve representation of relevant lived experience, knowledge or expertise
HE 1	Workforce Training	CLAS; Reducing bias; Promoting inclusion;	CLAS; Improving impartiality; Reducing ableism; Respectful data collection; Trauma-informed care
HE 5 HE Plus 4	Program Objectives	Serving a culturally and linguistically diverse population	Meeting population's cultural, linguistic, accessibility and other relevant needs or preferences
HE 5 HE Plus 4	Community Involvement	Members of the culturally diverse community	Community representatives with relevant direct experience, knowledge and expertise



# Proposed Updates to Other 2026 Accreditations



### Revise Expectations for Workforce Recruitment, Hiring and Training

In Health Plan Accreditation and Behavioral Health Accreditation (formerly MBHO)

### **Current Requirements (Not Scored)** QI 1E: Promoting Organizational DEI



### **Proposed Updates to SY 2026** QI 1E: Developing and Maintaining a Responsive Workforce

The organization develops and maintains a workforce

The organization:

- Promotes diversity in recruiting and hiring.

2.	Offers training to employees on cultural
	competency, bias or inclusion.

res	sponsive to the needs of its member	s by:
1	Having a process to recruit and hire a	workforce wit

- direct experience, knowledge or expertise relevant to the needs of its population.
- Offering training or education to all employees on culturally and linguistically appropriate practices, trauma-informed practices or reducing bias.

Met	Partially Met	Not Met
1-2 factors	No scoring option	0 factors

Met	Partially Met	Not Met
1-2 factors	No scoring option	0 factors

Aligned updates would be made in Behavioral Health Accreditation (QI 1, Element F)



# Revise Expectations for Staffing (Standard Category LTSS 6: Staffing, Training and Verification)

Accreditation in Case Management for Long-Term Services and Supports

### **Current Requirements**

### Intent Statement

The organization builds a diverse and inclusive staff, and provides training and oversight to staff so their interactions with individuals are evidence based and supported by professional standards.

### LTSS 6A: Building a Diverse Staff

The organization has recruiting and hiring processes that support diversity, equity and inclusion in the organization's workforce.

### Proposed Updates to SY 2026

### Intent Statement

The organization builds a workforce responsive to its population's needs, and provides training and oversight to staff so their interactions with individuals are evidence based and supported by professional standards.



### LTSS 6A: Building a Responsive Staff

The organization has processes to recruit and hire a workforce with direct experience, knowledge or expertise relevant to the needs of its population.



### Revise Expectations for Health Equity in PHM, CM, and LTSS Strategies

Health Plan Accreditation, LTSS Distinction, CM-LTSS Accreditation

### PHM 1, Element A: Strategy Description

### The strategy describes:

- Goals and populations targeted for each of the four areas of focus.\*
- 2. Programs or services offered to members.
- 3. Three activities that support practitioners, providers or community-based organizations.
- 4. How member programs are coordinated.
- How members and practitioners are informed about available PHM programs.
- 6. How the organization promotes health equity addresses health disparities and their root causes.

### Aligned updates would be made in:

- LTSS Distinction, Element LTSS
   1A: Program Description.
- CM-LTSS Accreditation, Element LTSS 1A: Program Description.

Met	Partially Met	Not Met
5-6 factors	3-4 factors	0-2 factors



### Revise Element PHM 3A: Practitioner or Provider Collaboration and Support

### Health Plan Accreditation

### **Current Scoring**

Met	Partially Met	Not Met
<b>3-4</b> factors	1-2 factors	0 factors

### **Proposed Scoring**

Met	Partially Met	Not Met	
2-3 factors	1 factor	0 factors	

### PHM 3, Element A: Practitioner or Provider Collaboration and Support

The organization supports practitioners or providers in its network to achieve population health management goals by:

- 1. Providing practice transformation support to primary care practitioners.
- 2. Providing comparative quality information on selected specialties.
- 3. Defining roles and responsibilities to achieve collaborative care management with provider partners.
- 4. Providing training on equity, cultural competency, bias, diversity or inclusion.

### Revise Expectations for Client Engagement (Standard Category WHP 1)

Wellness and Health Promotion Accreditation/Certifications

### WHP 1, Element A: Assessment

The organization assesses the client organization against the following factors to provide feedback and recommendations for an effective wellness and health promotion program.

- 1. Leadership engagement.
- 2. Communication strategies.
- 3. Corporate culture.
- 4. Work facilities and policies.
- 5. Existing wellness and health promotion program.
- 6. Benefit design.
- 7. Workforce demographics.
- 8. Resources.

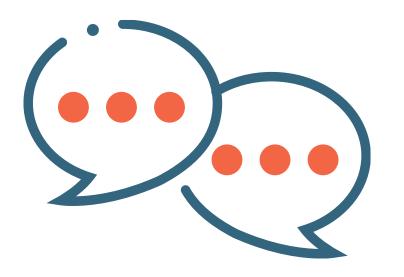
### **Current Scoring**

100%	80%	50%	20%	0%
8	7	4-6	2-3	0-1
factors	factors	factors	factors	factors

### **Proposed Scoring**

100%	80%	50%	20%	0%
7	6	4-5	2-3	0-1
factors	factors	factors	factors	factors





Q&A

### **Submit Public Comment**

Open Until September 1st, 11:59 ET

### <u>Visit NCQA's Public</u> <u>Comment Information Page</u>

### NCQA Programs Public Comment

NCQA seeks public comment from a variety of stakeholders on the proposed updates for NCQA's Programs and Health Plan Ratings. Reviewers are asked to submit comments in writing through <a href="mailto:my.ncqa.org">my.ncqa.org</a> portal by 11:59 pm (ET), Monday, September 1, 2025.

• <u>2026 Health Equity Accreditation: Overview of Proposed Updates</u> summarizes standards updates proposed for 2026 Health Equity Accreditation and Health Equity Accreditation Plus.

Refer to the following documents for the full standards and guidelines proposed for 2026 Health Equity Accreditation program surveys:

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

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

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



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### Use My.NCQA to Submit Comments



