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

Overview of Proposed Updates to Utilization Management (UM) Accreditation

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2026 Utilization Management (UM) Accreditation: *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 driven 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.

The NCQA Advantage

Proposed updates to UM Accreditation aim to align standards with the changing market landscape and stakeholder (states, employers, CMS, consumers) needs and regulatory requirements, 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.

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

NCQA's Utilization Management (UM) standards are aligned across three programs: UM Accreditation, Health Plan Accreditation and Managed Behavioral Healthcare Organization (MBHO) Accreditation to enable alignment, especially when one entity delegates one or multiple UM functions to another entity. The standards provide a strong foundation for organizations to establish and maintain a UM program that evaluates timeliness of decisions, key aspects of denial letters, appeal processes, and appropriate professionals involved in UM decisions among other areas.

Recently, there have been significant changes at the federal and state level related to the prior authorization process. For example, CMS' Interoperability and Prior Authorization final rule specifies expectations for health plans related to use of APIs, reporting of UM rates on health plan's websites and reduced timeframes for nonurgent request decisions. Similarly, approximately 30 states have enacted or are considering enacting legislation related to prior authorization.

In the context of these regulatory changes and NCQA's mission to enable appropriate and timely care within the scope of patient's benefit design, NCQA is proposing several UM standards updates. Because UM is a frequently delegated function, NCQA is aligning expectations across all programs to continue to enable strong automatic credit opportunities, patient protections and risk mitigation across all entities accountable for UM functions.

A Guide to the Updates

This section provides a high-level overview of significant updates proposed for all programs. Tables 1-2 summarize the proposed updates and include the applicable elements for all UM organizations and the applicable elements to each individual evaluation option. Marked-up changes for all UM Accreditation standards can be found in UM Accreditation 2026_Proposed Standards Updates.

UM Accreditation Program Design and Scoring Updates

Accreditation Seals: In addition to the standards updates, NCQA proposes to issue UM Accreditation statuses based on the functions the organization performs. For example, an entity that only conducts behavioral health decisions will be able to earn UM Accreditation – Behavioral Health Decisions. This allows more organizations to pursue UM Accreditation, simplifies scoring and the overall Accreditation process along with enabling greater transparency for all entities involved in the UM oversight process. To accomplish this change, NCQA is organizing the UM Accreditation standards into:

1. **Core Requirements, which will apply to any entity pursuing UM Accreditation.** At a high-level the standards include the following areas:
   - UM 1: Internal Quality Improvement Process.
   - UM 2: Privacy and Confidentiality.
   - UM 3: UM Program Evaluation.
   - UM 4: Clinical Criteria for UM Decisions.
   - UM 5: Communication Services.
   - UM 6: Appropriate Professionals.
   - UM 7: Information Integrity.
   - UM 8: Delegation of UM.
2. **Distinct Evaluation Options**. Organizations can select 1 or more of the following:
   - UMA 1: Approvals and Recommendations.
   - UMA 2: Behavioral Health Decisions.
   - UMA 3: Non-Behavioral Health Decisions.
   - UMA 4: Pharmacy Decisions.
   - UMA 5: Appeal Decisions.

Element Scoring: NCQA proposes aligning element scoring with 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 following table provides an overview of NCQA's approach to element scoring design:

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

Accreditation Status. NCQA will set a percentage threshold for earning UM Accreditation for one or more Evaluation Options. The percentage threshold will be a combination of elements in **Core** and in each of the **Evaluation Options.** For example, to earn UM Accreditation – Pharmacy Decisions, the organization will need to earn 80% across core elements and Pharmacy Decisions elements.

Additionally, NCQA plans to replace the 2-year UM Accreditation status with a Provisional Accreditation status for organizations that earn points within a specified percentage (e.g., below 80% and above 60%). Organizations that earn Provisional status will be evaluated within a 1-year period to determine if action has been taken to address deficiencies.

Program Design and Scoring Questions:

1. Do you support having Accreditation seals based on the UM Function performed?
2. Should NCQA consider Accreditation seals for other UM functions?
3. Do you support the proposed element scoring methodology?
4. Do you have any other feedback regarding the UM Accreditation product design, scoring or status updates.

Summary of Changes

- ***NEW Element:*** UM Data Collection and Analysis. Requires organizations to annually collect UM data indicators: overall approval rates, percent of services that require prior authorization, overall denial rates, denial reasons, overall approval rate, appeal overturn rates, timeliness of notifications. Although currently, there are no national standards to define these indicators, this new element is an initial step for NCQA to begin defining this data based on the CMS-0057-F (CMS Interoperability and Prior Authorization Final Rule). The goal is for organizations to have a longitudinal view of indicators to help identify opportunities for improvement, so patients have better experience with the UM process. This data will not be publicly reported or used for any other purpose. NCQA will not be comparing this data across organizations. Health plans pursuing Health Plan Accreditation will be required to collect and analyze this data as well and will depend on their delegates to complete this activity.
- ***NEW Element:*** UM Committee. Require organizations to annually meet with their UM Committee to evaluate the UM program and the results from the analysis of the organization's UM data. The committee identifies actions and follows up on recommendations, with the goal of identifying areas of friction that might contribute to member and practitioner challenges with the UM process.
- ***NEW Element:*** Implementation of Improvement Actions and Measurement of Effectiveness. Organizations must annually implement follow-up actions and interventions from the UM Committee element. Organizations must also evaluate the effectiveness of the interventions implemented.
- ***NEW Element:*** Non-Accredited Delegate Review. Organizations document and report, in the delegation worksheet, findings from the annual audit, corrective actions and completion of corrective actions, as appropriate, for all non-accredited delegates. The goal is to mitigate risk for organizations through consistent, ongoing tracking.
- ***Update:*** Timeliness of UM Decisions. Nonbehavioral, behavioral, and pharmacy elements will be updated to require nonurgent preservice request decisions to be completed in 7 calendar days (vs. 14 calendars for nonbehavioral and behavioral decisions and 15 calendar days for pharmacy decisions). These updates align with the CMS Interoperability Final Rule. NCQA is aware this update impacts multiple must-pass elements and may consider a glidepath to allow for implementation of the change.
- ***Update:*** Availability of Criteria. Organizations will be required to make criteria available to practitioners at the point of care (vs. upon request) to enable a more efficient, effective and timely prior authorization process.
- ***Update:*** Some elements will be retired to reduce organization burden and duplicative requirements, or because they do not increase program value due to how they are assessed.

UM Accreditation 2026: Proposed Standards Updates

Refer to UM Accreditation 2026 _Proposed Standards Updates for specific standards language.

Note: References to other standards within the elements use the 2025 UM Accreditation element titles.

Table 1. Crosswalk of UM Elements in UM Accreditation 2026 and UM Accreditation 2025.

UM CORE ELEMENTS: Applicable to all entities pursing UM Accreditation		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
UM 1: Internal Quality Improvement Process	**UMA 1: Internal Quality Improvement Process**	
UM 1, Element A: Quality Improvement Program Structure	UMA 1, Element A: Quality Improvement Program Structure	**No Updates**
UM 1, Element B: Analysis of Quality Activities	UMA 1, Element B: Analysis of Quality Activities	
UM 1, Element C: Action and Follow-Up on Opportunities	UMA 1, Element C: Action and Follow-Up on Opportunities	
UM 2: Privacy and Confidentiality	UMA 3: Privacy and Confidentiality	
UM 2, Element A: Confidentiality of Member Information	UMA 3, Element A: Confidentiality of Member Information	**No Updates**
UM 3: UM Program Evaluation	UM 1: Program Structure	
UM 3, Element A: Program Description	UM 1, Element A: Written Program Description	**New factors** • Factor 5: Bring accountability of UM functions under the UM Committee. • Factor 6: Organizations have a process for determining services that require prior authorization. **Targeted Questions:** • Do you support the inclusion of new factor 5? • Do you support the inclusion of new factor 6?
UM 3, Element B: UM Data Collection	No corresponding element	**New element** requiring organizations to annually calculate UM indicators separately for non-behavioral health, behavioral health, and pharmacy.

UM CORE ELEMENTS: Applicable to all entities pursing UM Accreditation		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
		• 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. **Targeted Questions:** • Do you support the inclusion of this new element? • Do you support the requirement be reported on an annual basis? • Do you support requiring the element be reviewed and scored by non-behavioral health, behavioral health, and pharmacy? Should NCQA require other dimensions for stratification? • Should NCQA require organizations to report the prior authorization data at the 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 including 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 3, Element C: Analysis of UM Data Collection	No corresponding element	**New element**: Perform quantitative and qualitative analysis and identify trends in UM indicators from Element B: UM Data Collection for continuous quality improvement.

UM CORE ELEMENTS: Applicable to all entities pursing UM Accreditation		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
		Targeted Question: Do you support the inclusion of this new element?
UM 3, Element D: UM Committee	No corresponding element	**New element**: UM Committee evaluates the organization's UM program and identifies actions based on the results of the analysis from Element C: Analysis of UM Data Collection. **Targeted Question:** Do you support the inclusion of this new element?
UM 3, Element E: Implementation of Improvement Actions	No corresponding element	**New element:** Organizations annually implement interventions based on the recommendations from the UM Committee. **Targeted Question:** Do you support the inclusion of this new element?
UM 3, Element F: Measurement of the Effectiveness of Interventions	No corresponding element	**New element:** Organizations evaluate the effectiveness of interventions implemented in Element E. **Targeted Question:** Do you support the inclusion of this new element?
UM 4: Clinical Criteria for UM Decisions	**UM 2: Clinical Criteria for UM Decisions**	
UM 4, Element A: UM Criteria	UM 2, Element A: UM Criteria	**No Updates**
UM 4, Element B: Availability of UM Criteria	UM 2, Element B: Availability of Criteria	Merged factors 1 and 2 and revised the element to require that criteria be available at the point of care, to reduce burden and facilitate patient access to care. **Targeted Questions** • Do you support consolidation of factors 1 and 2?

UM CORE ELEMENTS: Applicable to all entities pursing UM Accreditation		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
		• Do you support the requirement that UM criteria is made available at the point of care?
UM 4, Element C: Consistency in Applying Criteria	UM 2, Element C: Consistency in Applying Criteria	**No Updates**
UM 5: Communication Services	**UM 3: Communication Services**	
UM 5, Element A: Access to Staff	UM 3, Element A: Access to Staff	**New factor 6:** Require member navigation assistance with denials, appeals, and other UM questions. **Targeted Questions** Do you support the inclusion of new factor 6?
UM 6, Appropriate Professionals	**UM 4: Appropriate Professionals**	
UM 6, Element A: Licensed Health Professionals	UM 4, Element A: Licensed Health Professionals	**No Updates**
UM 6, Element B: Use of Practitioners for UM Decisions	UM 4, Element B: Use of Practitioners for UM Decisions	
UM 6, Element C: Use of Board-Certified Consultants	UM 4, Element F: Use of Board-Certified Consultants	
UM 7: UM Information Integrity	**UM 12: UM Information Integrity**	
UM 7, Element A: Protecting the Integrity of UM Denial Information	UM 12, Element A: Protecting the Integrity of UM Denial Information	**No Updates**
UM 7, Element B: Protecting the integrity of UM Appeal Information	UM 12, Element B: Protecting the integrity of UM Appeal Information	
UM 7, Element C: Information Integrity Training	UM 12, Element C: Information Integrity Training	
UM 7, Element D: Audit and Analysis—Denial Information	UM 12, Element D: Audit and Analysis—Denial Information	
UM 7, Element E: Improvement Actions—Denial Information	UM 12, Element E: Improvement Actions—Denial Information	

UM CORE ELEMENTS: Applicable to all entities pursing UM Accreditation		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
UM 7, Element F: Audit and Analysis—Appeal Information	UM 12, Element F: Audit and Analysis—Appeal Information	
UM 7, Element G: Improvement Actions—Appeal Information	UM 12, Element G: Improvement Actions—Appeal Information	
UM 8: Delegation of UM	**UM 13: Delegation of UM**	
UM 8, Element A: Delegation Agreement	UM 13, Element A: Delegation Agreement	**No Updates**
UM 8, Element B: Predelegation Evaluation	UM 13, Element B: Predelegation Evaluation	
UM 8, Element C: Review of the UM Program	UM 13, Element C: Review of the UM Program	
UM 8, Element D: Opportunities for Improvement	UM 13, Element D: Opportunities for Improvement	

UMA 1: Approvals/Recommendations Evaluation Accreditation - Applicable Elements		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
UMA 1, Element A: Notification of Nonbehavioral Healthcare Decisions	UM 5, Element A: Notification of Nonbehavioral Healthcare 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. **Targeted Question:** • 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?
UMA 1, Element B: Notification of Behavioral Healthcare Decisions	UM 5, Element B: Notification of Behavioral Healthcare 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

UMA 1: Approvals/Recommendations Evaluation Accreditation - Applicable Elements		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
		requests from 14 calendar days to 7 calendar days across all product lines, to align with the CMS Interoperability Rule. **Targeted Question:** • For factor 3, do you support the proposed update to the notification time frame across all product lines? • What is a feasible glidepath for implementation of the time frame update?
UMA 1, Element C: Notification of Pharmacy Decisions	UM 5, Element C: Notification of Pharmacy Decisions	**Factor 5 Update:** Revise the notification time frame for nonurgent preservice requests from 15 calendar days to 7 calendar days for commercial and Exchange. **Targeted Question:** • For factor 5, do you support the proposed update to the notification timeframe? • What is a feasible glidepath for implementation of the time frame update?
UMA 1, Element D: Relevant Information for Nonbehavioral Healthcare Decisions	UM 6, Element A: Relevant Information for Nonbehavioral Healthcare Decisions	**No Updates**
UMA 1, Element E: Relevant Information for Behavioral Healthcare Decisions	UM 6, Element B: Relevant Information for Behavioral Healthcare Decisions	
UMA 1, Element F: Relevant Information for Pharmacy Decisions	UM 6, Element C: Relevant Information for Pharmacy Decisions	

UMA 2: Behavioral Health Decisions Accreditation—Applicable Elements		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
UMA 2, Element A: Practitioner Review of Behavioral Healthcare Denials	UM 4, Element D: Practitioner Review of Behavioral Healthcare Denials	**No Updates**

UMA 2: Behavioral Health Decisions Accreditation—Applicable Elements		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
UMA 2, Element B: Notification of Behavioral Healthcare Decisions	UM 5, Element B: Notification of Behavioral Healthcare 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 requests from 14 calendar days to 7 calendar days across product lines, to align with the CMS Interoperability Rule. **Targeted Question:** • Do you support merging factors 3 and 4 and removing the product line reference to align with the other factors? • For factor 3, do you support the proposed update to the notification time frame across all product lines? • What is a feasible glidepath for implementation of the time frame update?
UMA 2, Element C: Relevant Information for Behavioral Healthcare Decisions	UM 6, Element B: Relevant Information for Behavioral Healthcare Decisions	**No Updates**
UMA 2, Element D: Discussing a Behavioral Healthcare Denial With a Reviewer	UM 7, Element D: Discussing a Behavioral Healthcare Denial With a Reviewer	**No Updates**
UMA 2, Element E: Written Notification of Behavioral Healthcare Denials	UM 7, Element E: Written Notification of Behavioral Healthcare Denials	
UMA 2, Element F: Written Notification of Behavioral Healthcare Appeal Rights/Process	UM 7, Element F: Written Notification of Behavioral Healthcare Appeal Rights/Process	

UMA 3: Nonbehavioral Health Decisions Accreditation—Applicable Elements		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
UM 3, Element A: Practitioner Review of Nonbehavioral Healthcare Denials	UM 4, Element C: Practitioner Review of Nonbehavioral Healthcare Denials	**No Updates**

UMA 3: Nonbehavioral Health Decisions Accreditation—Applicable Elements		
UMA 3, Element B: Notification of Nonbehavioral Healthcare Decisions	UM 5, Element A: Notification of Nonbehavioral Healthcare 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. **Targeted Question:** • For factor 3, do you support the proposed update to the notification time frame across all product lines? • What is a feasible glidepath for implementation of the time frame update?
UMA 3, Element C: Relevant Information for Nonbehavioral Healthcare Decisions	UM 6, Element A: Relevant Information for Nonbehavioral Healthcare Decisions	**No Updates**
UMA 3, Element D: Discussing a Denial With a Nonbehavioral Healthcare Reviewer	UM 7, Element A: Discussing a Denial With a Nonbehavioral Healthcare Reviewer	**No Updates**
UMA 3, Element E: Written Notification of Nonbehavioral Healthcare Denials	UM 7, Element B: Written Notification of Nonbehavioral Healthcare Denials	
UMA 3, Element F: Written Notification of Nonbehavioral Healthcare Appeal Rights/Process	UM 7, Element C: Written Notification of Nonbehavioral Healthcare Appeal Rights/Process	

UMA 4: Pharmacy Decisions Accreditation—Applicable Elements		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
UMA 4: Pharmacy Decisions		
UMA 4, Element A: Practitioner Review of Pharmacy Denials	UM 4, Element E: Practitioner Review of Pharmacy Denials	**No Updates**
UMA 4, Element B: Notification of Pharmacy Decisions	UM 5, Element C: Notification of Pharmacy Decisions	**Factor 5 Update:** Revise the notification time frame for nonurgent preservice requests from 15 calendar days to 7 calendar days for commercial and Exchange. **Targeted Questions:**

UMA 4: Pharmacy Decisions Accreditation—Applicable Elements		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
		• For factor 5, do you support the proposed update to the notification time frame? • What is a feasible glidepath for implementation of the time frame update?
UMA 4, Element C: Relevant Information for Pharmacy Decisions	UM 6, Element C: Relevant Information for Pharmacy Decisions	**No Updates**
UMA 4, Element D: Discussing a Pharmacy Denial With a Reviewer	UM 7, Element G: Discussing a Pharmacy Denial With a Reviewer	**No Updates**
UMA 4, Element E: Written Notification of Pharmacy Denials	UM 7, Element H: Written Notification of Pharmacy Denials	
UMA 4, Element F: Written Notification of Pharmacy Appeals Rights/Process	UM 7, Element I: Written Notification of Pharmacy Appeals Rights/Process	
UMA 4, Element G: Pharmaceutical Management Procedures	UM 11, Element A: Pharmaceutical Management Procedures	**No Updates**
UMA 4, Element H: Pharmaceutical Restrictions/Preferences	UM 11, Element B: Pharmaceutical Restrictions/Preferences	Revise element stem to "annually and within 30 calendar days after updates." **Targeted Question:** Do you support the proposed update to a frequency of 30 calendar days for updates?
UMA 4, Element I: Pharmaceutical Patient Safety Issues	UM 11, Element C: Pharmaceutical Patient Safety Issues	**No Updates**
UMA 4, Element J: Reviewing and Updating Procedures	UM 11, Element D: Reviewing and Updating Procedures	
UMA 4, Element K: Considering Exceptions	UM 11, Element E: Considering Exceptions	

UMA 5: Appeal Decisions Accreditation—Applicable Elements		
UM Accreditation 2026 Standard/Element	**UM Accreditation 2025 Standard/Element**	**Notable Updates, Rationale and Targeted Questions**
UMA 5, Element A: Internal Appeals	UM 8, Element A: Internal Appeals	**No Updates**
UMA 5, Element B: Notice of External Review Rights	UM 8, Element B: Notice of External Review Rights	
UMA 5, Element C: Preservice and Postservice Appeals	UM 9, Element A: Preservice and Postservice Appeals	**No Updates**
UMA 5, Element D: Timeliness of the Appeal Process	UM 9, Element B: Timeliness of the Appeal Process	**No Updates**
UMA 5, Element E: Appeal Reviewers	UM 9, Element C: Appeal Reviewers	**No Updates**
UMA 5, Element F: Notification of Appeal Decision/Rights	UM 9, Element D: Notification of Appeal Decision/Rights	**New factor 7:** Organizations must provide notice that members are not required to bear IRO costs. This factor was previously in UM 9, Element F: Appeals Overturned by the IRO. **Targeted Question:** Do you support inclusion of new factor 7 in this element? (formerly in retired 2025 element UM 9F: Appeals Overturned by IRO)

Table 2. Retired and Repurposed Elements from UM Accreditation 2025.

UM Accreditation 2025 Standard/Element	Reason for Retirement/Repurposed
UMA 2: Agreement and Collaboration With Clients	
UMA 2, Element A: Delegation Document	Retire this standard category: The standards duplicate delegation requirements in UM 13: Delegation of UM. **Targeted Question:** Do you support retiring these elements?
UMA 2, Element B: Submission of Documents for Oversight	
UMA 2, Element C: Routine Reporting	
UMA 2, Element D: Cooperating With Clients' QI Efforts	
UMA 2, Element E: Medical Record Access	
UMA 2, Element F: Communication to Practitioners	
UM 1: Program Structure	

UM Accreditation 2025 Standard/Element	Reason for Retirement/Repurposed
UM 1, Element B: Annual Evaluation	Incorporate this element into the following NEW elements: • UM 3, Element D: UM Committee • UM 3, Element E: Implementation of Improvement Actions • UM 3, Element F: Measurement of the Effectiveness of Interventions **Targeted Question** Do you support this update?
UM 5: Timeliness of UM Decisions	
UM 5 D: UM Timeliness Report	Incorporate into the following NEW element to consolidate all UM data in one place, allowing for a thorough and collective review: • UM 3, Element B: UM Data Collection. **Targeted Question:** Do you support this update?
UM 9: Appropriate Handling of Appeals	
UM 9 E: Final Internal and External Appeal Files	• **Retire this element.** Does not increase program value due to assessment method (organizations select files for review). • Move factor 3 to UMA 5, Element F: Notification of Appeal Decision/Rights. **Targeted Question:** Do you support retiring this element?
UM 9 F: Appeals Overturned by the IRO	**Retire this element.** Does not increase program value due to assessment method. **Targeted Question:** Do you support retiring this element?
UM 10: Evaluation of New Technology	
UM 10, Element A: Written Process	**Retire this element.** **Targeted Question:** Do you support retiring this element?

UM Accreditation 2025 Standard/Element	Reason for Retirement/Repurposed
UM 10, Element B: Description of the Evaluation Process	**Retire this element.** **Targeted Question:** Do you support retiring this element?

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:

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

Documents

Draft standards and explanations for updates can be found in: UM 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 UM Accreditation 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**).
   a. If you choose **Do not support**, include your rationale in the text box.
   b. 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 11:59 ET on March 25

Next Steps

The final Standards and Guidelines for UM Accreditation 2026 will be released in July 2025, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements for all programs will take effect for surveys starting July 1, 2026.