

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

March 30, 2026

This document includes the corrections, clarifications and policy changes to the 2026 Health Plan Accreditation standards and guidelines. NCQA has identified the appropriate page number in the publication the standard/element head and subhead for each update. Updates have been incorporated into the Interactive Review Tool (IRT). NCQA operational definitions for correction, clarification and policy changes are as follows:

- A **correction (CO)** is a change made to rectify an error in the standards and guidelines.
- A **clarification (CL)** is additional information that explains an existing requirement.
- A **policy change (PC)** is a modification of an existing requirement.
- A **regulatory change (RC)** is a new requirement or a modification of an existing requirement to align with federal regulations.

An organization undergoing a survey under the 2026 Health Plan Accreditation standards and guidelines must implement corrections and policy changes within 90 calendar days of the IRT release date, unless otherwise specified. The 90-calendar-day advance notice does not apply to clarifications or FAQs, because they are not changes to existing requirements; nor does it apply to regulatory changes, because they align with federal regulations.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
79	Policies and Procedures	Suspending Accreditation	<p>Revise the fourth bullet to read:</p> <ul style="list-style-type: none"> • Allegations of fraud, falsified, misrepresented, or other improprieties regarding information submitted to NCQA to support Accreditation. <ul style="list-style-type: none"> ▪ Organizations found to have engaged in fraud, misrepresentation, or falsification of documentation may face the following penalties: <ol style="list-style-type: none"> 1. <i>First offense</i>: The organization risks immediate loss of Accreditation and, if revoked, will be ineligible to reapply for a minimum of 24 months (two years). 2. <i>Second offense</i>: The organization faces permanent loss of Accreditation and may be permanently barred from ever obtaining Accreditation again. <p>Add the following sentence to the end of the last paragraph: NCQA reserves the right to deny eligibility to revoked organizations from future NCQA Accreditation.</p>	CL	3/30/26
54	Policies and Procedures	Elements reviewed separately	<p>Revise the eighth bullet to read:</p> <ul style="list-style-type: none"> • UM 1, Elements B–H. 	CO	3/30/26
130	QI 3, Element B	Related information	<p>In the “Handling missing values” section, revise both cells of the “Calculation” column of the table to read:</p>	CO	3/30/26

Key = CO—Correction, CL—Clarification, PC—Policy Change, RC—Regulatory Change

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			"Not included in the 3.0 average calculation."		
131 132	QI 3, Element B	Explanation— Medicare measure list	Remove the following measure from the Medicare measure list: <ul style="list-style-type: none"> • Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)—7 days—Total Rate 	PC	3/30/26
135	QI 3, Element D	Scope of review— Documentation	Revise the second paragraph to read: NCQA also reviews CMS Proof Sheets as evidence the organization reported the required Exchange measures. The organization may choose to submit its IDSS reports as evidence of reporting the required measures, except for the Coordination of Care measure, which requires the CMS Proof Sheet as evidence of reporting.	CL	3/30/26
160	PHM 2, Element B	Look-back period	Revise the look-back period for Renewal Surveys to read: <i>For Renewal Surveys:</i> 24 months, factors 1-3 and 5-7; 6 months, factor 4.	CO	3/30/26
175	PHM 3, Element B	Scope of review— Documentation	Revise the language under the second paragraph of the Documentation section to read: <i>For factors 1, 2:</i> NCQA reviews reports or materials demonstrating that the organization provides support at least once during the prior 24 months to primary care practitioners, and reviews comparative quality information on selected specialties.	CL	3/30/26
179	PHM 3, Element C	Scope of review— Documentation	Revise the language under Documentation to read: <i>For First Surveys and Renewal Surveys:</i> NCQA reviews the organization's completed APM worksheet, demonstrating that the organization has at least one APM arrangement in place for each product line. Worksheets reflect a continuous 12-month period within the look-back period.	CL	3/30/26
202	PHM 5, Element D	Explanation—Factor 12	Revise the first paragraph to read: The organization begins the initial assessment within 30 calendar days of identifying a member for complex case management and completes the assessment within 60 calendar days of identifying the member. The organization must complete at least one factor within 30 calendar days of identification to meet this requirement. If the initial assessment begins after the first 30 calendar days of identifying the member, NCQA scores only factor 12 "No"; the remaining factors are not marked down.	CL	3/30/26
228	NET 1, Element A	Summary of Changes	Remove the SOC that states: Revised the explanation to clarify that factor 1 does not compare practitioner and member demographics.	CO	3/30/26

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285	UM 1, Element A	Exceptions	Update the first paragraph under the exceptions to read: <i>Factors 1-4, 7 and 8 are NA for Renewal Surveys for the commercial, Medicare and Exchange product lines.</i>	CO	3/30/26
280	UM 1, Element A	Explanation—Medical necessity review	Remove the second sub-bullet in the second paragraph under the medical necessity review section of the Explanation that reads: <i>Specialty dental and vision plan only: All dental and vision services covered under the benefits plan.</i>	CO	3/30/26
284	UM 1, Element A	Explanation—Factor 5	Revise the first paragraph in the factor 5 Explanation to read: The committee overseeing the UM program may be either the organization's UM or QI Committee. The committee includes participation of a senior-level physician (factor 3) and a designated behavioral healthcare practitioner (factor 4), as applicable. Add the following Note to the end of the factor 5 Explanation: Note: <i>The organization may have another committee, such as a Pharmaceutical and Therapeutics Committee, review specific rates for Element G (e.g., P&T committee reviews pharmaceutical rates).</i>	CL	3/30/26
293	UM 1, Element C	Exception	Add an exception for organizations that carve out or exclude behavioral healthcare as a second paragraph that reads: This element is NA if all purchasers of the organization's services carve out or exclude behavioral healthcare.	CO	3/30/26
296	UM 1, Element D	Exception	Add an exception for organizations that carve out or exclude pharmaceutical management as a second paragraph that reads: This element is NA if all purchasers of the organization's services carve out or exclude pharmaceutical management.	CO	3/30/26
298	UM 1, Element E	Explanation—UM appeal rate	Add the following text as the first sentence after "Rate inclusions" in the UM appeal rate section: <i>Rate inclusions.</i> Authorization of requests received by the organization and its delegates.	CL	3/30/26
299	UM 1, Element F UM 1, Element G	Explanation	Add the following as the first paragraph of the explanation: This element is a structural requirement .	CO	3/30/26

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300	UM 1, Element F	Exception	Add exceptions for organizations that carve out or exclude behavioral healthcare and/or pharmaceutical management. Factor 2 is NA if all purchasers of the organization's services carve out or exclude behavioral healthcare. Factor 3 is NA if all purchasers of the organization's services carve out or exclude pharmaceutical management.	CL	3/30/26
301	UM 1, Element G	Explanation	Add the following as the last paragraph under the explanation of Factors 1, 2: Review of UM rates and evaluation of UM program: The organization considers member and practitioner experience data when evaluating its UM program, and updates the program based on its evaluation.	CO	3/30/26
302	UM 1, Element H	Scope of Review	Revise the Documentation text to read: NCQA reviews the organization's evidence of actions planned or taken.	CL	3/30/26
302	UM 1, Element H	Explanation	Revise factors 1 and 2 Explanation text to read: Factor 1: UM program The organization implements, or plans to implement, at least one recommendation from the UM committee to improve its UM program (Element A). Factor 2: UM rates The organization implements, or plans to implement, at least one recommendation from the UM committee to address one of its UM rates (Elements B–E).	CL	3/30/26
302	UM 1, Element H	Exceptions	Revise the Exceptions section to read: This element is NA for Interim Surveys. Factor 1 is NA if the UM Committee did not identify any opportunities and did not recommend actions from its evaluation of the UM program. Factor 2 is NA if the UM Committee did not identify any opportunities and did not recommend actions from its evaluation of the UM rates. If the committee did not identify any opportunities and did not recommend actions from its evaluation of the UM program or UM rates, this must be evident in reports or meeting minutes.	CL	3/30/26
307	UM 2, Element B	Scope of Review	Revise the scope of review under documentation to read: <i>For First Surveys and Renewal Surveys:</i> NCQA reviews evidence that the organization makes criteria available electronically through an EHR, portal or	PC	3/30/26

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			<p>website. Acceptable evidence includes system reports or screenshots showing how criteria are accessed at the point of care.</p> <p>For the 2026 standards year only (surveys conducted on or between July 1, 2026, and June 30, 2027), organizations may submit a detailed implementation plan. The plan must include:</p> <ul style="list-style-type: none"> • A description of actions to make UM criteria available electronically at the point of care. • A timeline for implementation. 		
307	UM 2, Element B	Look-back period	<p>Revise the look-back period to read:</p> <p><i>For First Surveys and Renewal Surveys:</i> Prior to the survey date.</p>	CO	3/30/26
413	UM 9, Element D	Exceptions	<p>Revise the reference from “2025” to “2026” in the first bulleted exception for Factor 7 so that it reads:</p> <ul style="list-style-type: none"> • For appeal notifications before July 1, 2026. 	CO	3/30/26
417	UM 10, Element B	Look-back period	<p>Revise the look-back period for Renewal Surveys to read:</p> <p>For Renewal Surveys: 24 months, and 6 months for notification of updates within 30 days.</p>	CO	3/30/26
468	UM 12, Element E	Exceptions	<p>Revise the exceptions section to read:</p> <p>This element is NA if:</p> <ul style="list-style-type: none"> -The organization does not delegate UM activities. -All delegates are NCQA-Accredited organizations. <p><i>Factors 2 and 3 are NA for organizations that did not identify any corrective actions to implement for any non-NCQA Accredited delegate. NCQA evaluates whether this conclusion is reasonable, given assessment results.</i></p>	CL	3/30/26
493	CR 5, Element A	Explanation-Factor 3	<p>Add the following as the first paragraph under the "Factor 3: Sources for licensure sanction, limitations and expiration information" subhead:</p> <p>The organization monitors sanctions and licensure limitation information for all states in which the practitioner practices, even if those states are outside the organization’s service area or are not states where the practitioner provides care to the organization’s members.</p>	PC	3/30/26
1-1	Appendix 1	Element Points	<p>Add CR and ME requirements to the Element Points table.</p> <p>The full table is available here.</p> <p>Note: <i>This is an update to the e-publication only. The language is correct in IRT.</i></p>	CO	3/26/26

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2-15	Appendix 2	Table 2	<p>Revise the footnote in Table 2 for Renewal Surveys for NET 5, Elements A, B, E and F to read:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: black; color: white;">Health Plan Standards and Elements</th> <th style="background-color: black; color: white;">EVALUATION OPTION</th> </tr> <tr> <th colspan="2"></th> <th style="background-color: black; color: white;">Renewal</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td>Searchable Physician Web-Based Directory Data</td> <td style="text-align: center;">Y⁸</td> </tr> <tr> <td style="text-align: center;">B</td> <td>Physician Directory Updates</td> <td style="text-align: center;">Y⁸</td> </tr> <tr> <td style="text-align: center;">E</td> <td>Searchable Hospital Web-Based Directory Data</td> <td style="text-align: center;">Y⁸</td> </tr> <tr> <td style="text-align: center;">F</td> <td>Hospital Directory Updates</td> <td style="text-align: center;">Y⁸</td> </tr> </tbody> </table>	Health Plan Standards and Elements		EVALUATION OPTION			Renewal	A	Searchable Physician Web-Based Directory Data	Y ⁸	B	Physician Directory Updates	Y ⁸	E	Searchable Hospital Web-Based Directory Data	Y ⁸	F	Hospital Directory Updates	Y ⁸	CO	3/30/26
Health Plan Standards and Elements		EVALUATION OPTION																					
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E	Searchable Hospital Web-Based Directory Data	Y ⁸																					
F	Hospital Directory Updates	Y ⁸																					
2-20	Appendix 2	Table 3	<p>Add a footnote to Table 3 that reads: For NET 2, Element B, factor 5, automatic credit is available for organizations accredited in BHA. It is not available for organizations with MBHO Accreditation.</p>	CL	3/30/26																		
2-31	Appendix 2	Table 10	<p>Add factor 7 to the PHM 2, Element B row in Table 10 so that the text reads: <i>Factor 7: Identifies and assesses the needs of relevant member subpopulations.</i></p>	CO	3/30/26																		
2-31	Appendix 2	Table 10	<p>Add a footnote to Table 10 that reads: For NET 1, Element A, automatic credit is available for factors 1 and 3 only.</p>	CO	3/30/26																		
2-33	Appendix 2	Table 13	<p>Revise the language in the third column (NCQA-Recognized PCMH) for PHM 7, Element C, factor 4 in Table 13 to read: NA because of NCQA Recognition.</p>	PC	3/30/26																		
5-2	Appendix 5	Standards by Product Line and Survey Type	<p>Remove the gray shading for QI 2, Element C in the Renewal Survey boxes for the Medicaid, Medicare and Exchange product lines and for UM 12, Element E in the Interim Survey boxes for all product lines.</p>	CO	3/30/26																		

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22	Policies and Procedures	Other NCQA Programs	<p>Replace references to “Health Equity/Health Equity Plus Accreditation” with “Health Outcomes/Community-Focused Care Accreditation.”</p>	CL	11/17/25

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	Standards and Guidelines Appendices				
26	Policies and Procedures—Section 1: Eligibility and the Application Process	Eligibility for Accreditation	Revise the first bullet to read: <ul style="list-style-type: none"> Operates under an insurance license (e.g., HMO, POS, PPO, EPO) or under a certificate of authority or equivalent form or document authorizing it to offer its products in its service area. 	CL	11/17/25
28	Policies and Procedures—Section 1: Eligibility and the Application Process	How NCQA Defines an Accreditable Entity	Replace the first sentence with the following: NCQA determines the appropriate entity, or entities, that must seek and obtain Health Plan Accreditation status based on the legal entity, operational structure, product/product lines and delivery system that supports evaluation under the standards. NCQA reserves the right to determine, at its sole discretion, an entity or organization's eligibility for Accreditation. NCQA also reserves the right to determine what part of a legal entity constitutes an Accreditable entity. NCQA considers all the structural factors listed below when determining the Accreditable entity. The order of the factors below is not indicative of their importance in NCQA's determination.	CL	11/17/25
27	Policies and Procedures—Section 1: Eligibility and the Application Process	How NCQA Defines an Accreditable Entity—Legal entity	Revise the second and third paragraphs to read: If the legal entity operates in multiple states but otherwise operates as a centralized organization (same oversight and management structure; same staff, same policies and procedures, all the functions addressed in standards are performed under a corporate or central structure), NCQA conducts one survey for the legal entity; however, because the legal entity is required to report HEDIS/CAHPS by geographic unit, as defined below, NCQA may determine that there is more than one Accreditable entity. For multiple legal entities, NCQA may consider each legal entity as an Accreditable entity. NCQA may also determine that a single legal entity contains multiple Accreditable entities. For a legal entity without centralized operations, NCQA may determine that distinct operating units or service areas are the Accreditable entity.	CL	11/17/25
29	Policies and Procedures—Section 1: Eligibility and the Application Process	How NCQA Defines an Accreditable Entity—Licensure	Replace the text with the following: NCQA considers whether an organization holds a license, certificate of authority, certificate of compliance or equivalent document authorizing it to offer business in a service area. The organization may have one or multiple licenses or authorizations, especially if its service area crosses state lines. NCQA recognizes	CL	11/17/25

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			that there can be multi-state structures, however, for NCQA purposes, the Accreditable entity will typically be no larger than a state.												
30	Policies and Procedures—Section 1: Eligibility and the Application Process	How NCQA Defines an Accreditable Entity—Product/ product line	<p>Add the following as the fourth paragraph: NCQA considers regulatory requirements when determining the Accreditable entity for evaluation purposes and follows the general framework below. Organizations should describe any considerations that support a different framework.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Product Line</th> <th style="text-align: center;">Accreditable Entity</th> </tr> </thead> <tbody> <tr> <td>Commercial</td> <td>Specific to a defined service area that may be inclusive of multiple states within the Accreditable entity.</td> </tr> <tr> <td>Exchange</td> <td>Single or multiple states dictated by the HIOS Plan ID.</td> </tr> <tr> <td>Medicaid</td> <td>No larger than one state dictated by the Medicaid contract.</td> </tr> <tr> <td>Medicare</td> <td>Single or Multiple states dictated by the CMS contract.</td> </tr> </tbody> </table>	Product Line	Accreditable Entity	Commercial	Specific to a defined service area that may be inclusive of multiple states within the Accreditable entity.	Exchange	Single or multiple states dictated by the HIOS Plan ID.	Medicaid	No larger than one state dictated by the Medicaid contract.	Medicare	Single or Multiple states dictated by the CMS contract.	CL	11/17/25
Product Line	Accreditable Entity														
Commercial	Specific to a defined service area that may be inclusive of multiple states within the Accreditable entity.														
Exchange	Single or multiple states dictated by the HIOS Plan ID.														
Medicaid	No larger than one state dictated by the Medicaid contract.														
Medicare	Single or Multiple states dictated by the CMS contract.														
29	Policies and Procedures—Section 1: Eligibility and the Application Process	How NCQA Defines an Accreditable Entity—Geographic unit	<p>Revise the first paragraph and remove the second paragraph so the section reads: Performance varies geographically throughout the United States. To be meaningful to consumers and purchasers, results must reflect geographic variation. For PPO products—which may have a service area larger than a single state—the organization is required to report HEDIS/CAHPS results for geographic regions no larger than a state.</p>	CL	11/17/25										
61	Policies and Procedures—Section 3: The Survey Process	Artificial Intelligence Disclosure	<p>Add the following as a new section to the end of Section 3 of the Policies and Procedures: Artificial Intelligence Disclosure NCQA is committed to the responsible and transparent use of AI in health care and in our operations. To support accuracy, efficiency and quality, NCQA has implemented AI in the evaluation process. How NCQA Will Use AI AI technology will be used only to support surveyors by recognizing survey evidence, identifying trends and helping to ensure NCQA standards are met. The technology will be embedded in survey tools to evaluate submitted documents for evidence of compliance. AI technology will not identify issues, generate scores or perform any other aspect of the survey process. NCQA surveyors will verify</p>	CL	11/17/25										

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			<p>evidence of compliance during document review, and will make preliminary scoring determinations. The Review Oversight Committee (ROC) will be responsible for issuing final Accreditation decisions.</p> <p>Organizations will continue to submit documentation in NCQA’s survey tool, and will be responsible for highlighting and bookmarking documents to direct surveyors to evidence. Organizations will continue to have the right to review and comment on preliminary survey results before the survey report is sent to the ROC for the final decision.</p> <p>NCQA will continuously monitor feedback on the technology to improve its effectiveness and the user experience.</p> <p>How NCQA Will Protect Data</p> <p>Organizations must only submit de-identified information. NCQA will not request, collect or store an organization’s PHI in the survey tool. AI will search submitted documentation for evidence of compliance. Surveyors may review quoted sections and provide feedback on AI suggestions to document compliance and improve the technology. AI technology does not interpret or summarize evidence, and documentation in the survey tool will not be modified.</p>		
			<p>All submitted documentation shall be considered confidential between the organization and NCQA, and will be used only in accordance with the applicable Agreement for the NCQA Survey and the Policies and Procedures for the NCQA Survey, and will not be released except on (i) prior written authorization from the organization, or (ii) as required by law, provided NCQA shall give prompt notice of such requirement for the organization to have the opportunity to seek a protective order or other appropriate remedy.</p> <p>NCQA’s online survey system, the Interactive Review Tool (IRT), is safeguarded as part of NCQA’s certified ISO 27001 Information Security Management System (ISMS). ISO 27001 controls are a set of policies, processes and technologies designed to manage information security risks. Our ISMS incorporates these controls to protect the confidentiality, integrity and availability of both NCQA’s data and our customers’ data.</p> <p>For questions or feedback on NCQA’s use of AI in the evaluation process, contact Customer Support at 888-275-7585, or submit a question in the “My Questions” section at My NCQA.</p>		
68	Policies and Procedures—	Notifying NCQA of Reportable Events	Revise the first bullet and associated subbullets to read:	CL	11/17/25

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	Section 5: Additional information		<ul style="list-style-type: none"> • Any issuance by a state or federal regulatory agency of any of the following actions against the organization or its delegates for any NCQA-related activities (functions performed by the organization or its delegates) to meet a requirement in the NCQA standards and guidelines: <ul style="list-style-type: none"> – Sanctions, including suspension of enrollment. – Fine equal to or exceeding \$50,000 (or any new threshold announced by NCQA in policies and procedures). – Request for corrective action, where the substance of such action relates to the handling of UM decisions, network adequacy, quality improvement, benefit denials, complaints, grievances, appeals or other important patient safety matters. – Changes or suspensions in licensure or qualification status. – Violations of state or federal law that affect the scope of review under the standards and guidelines. 					
65	Policies and Procedures— Section 5: Additional information	Notifying NCQA of Reportable Events	Revise the fourth bullet to read: <ul style="list-style-type: none"> • Self-identification of systemic issues by the organization or its delegates affecting 5% or more of eligible CM, CR or UM files; for example, untimely UM denials or late recredentialing. 	CL	11/17/25			
65	Policies and Procedures— Section 5: Additional information	Notifying NCQA of Reportable Events	Add a fifth bullet that reads: <ul style="list-style-type: none"> • Significant changes in the organization affecting the ability to meet NCQA requirements. For example, significant changes in practitioner or provider network affecting Network Adequacy standards, or unsuccessful system or vendor implementation affecting any standards category. 	CL	11/17/25			
115	QI 1, Element E	Element stem	Revise the element title to read Trainings to Improve Care or Service Delivery .	PC	11/17/25			
115	QI 1, Element E	Element stem	Remove factor 1, “Promotes diversity in recruiting and hiring.”	PC	11/17/25			
115	QI 1, Element E	Element stem	Revise the element stem to read: The organization offers at least one training or education to employees focused on improving the quality of or experience with health care or services.	PC	11/17/25			
115	QI 1, Element E	Scoring	Revise the scoring table to read as follows: <table border="1" style="margin-left: auto; margin-right: auto; width: 80%; text-align: center;"> <tr> <td style="width: 33%;">Met</td> <td style="width: 33%;">Partially Met</td> <td style="width: 33%;">Not Met</td> </tr> </table>	Met	Partially Met	Not Met	PC	11/17/25
Met	Partially Met	Not Met						

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			The organization meets the requirement	No scoring option	The organization does not meet the requirement		
115	QI 1, Element E	Data source	Revise the data sources to read, “Materials, Reports”			PC	11/17/25
116	QI 1, Element E	Scope of review	Revise the scope of review to read: <i>For All Surveys:</i> NCQA reviews reports or materials (e.g., slides, emails, screenshots, distributed training resources) as evidence that at least one training or education was offered to its employees.			PC	11/17/25
116	QI 1, Element E	Look-back period	Revise the look-back period to read: <i>For All Surveys:</i> At least once during the prior year.			PC	11/17/25
116	QI 1, Element E	Explanation	<p>Revise the Explanation to read:</p> <p>This element is a structural requirement. The organization must present its own documentation.</p> <p>This element is scored “Met” if the organization seeking Health Plan Accreditation also has an NCQA Health Outcomes Accreditation status.</p> <p>The organization offers training or education to employees on at least one of the following topics:</p> <p>Culturally and linguistically appropriate practices that can improve the quality of health care and reduce disparities by assessing, respecting and responding to diverse cultural health beliefs, behaviors and needs (e.g., social, cultural, linguistic) when providing health care services.</p> <p>Unique health or health care needs of relevant subgroups in the member or patient population. The topic focus may address one subgroup (e.g., racial, ethnic, cultural, gender, disability-related, sexual orientation-related) or an intersectional subgroup (e.g., LGBTQIA+ adults, pediatric patients with disabilities, mental health needs of rural men 65+).</p> <p>Improving the impartiality of care or services. Understand, acknowledge and overcome positive or negative associations, attitudes, preferences or stereotypes that influence behavior and decisions—these may be implicit (unconscious) or explicit (conscious).</p> <p>Reducing ableism in care or services. Understand, acknowledge and overcome positive or negative associations, attitudes, preferences, stereotypes or practices that assign a higher value or quality of life to a socially constructed idea of</p>			PC	11/17/25

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			<p>“normal” bodies or minds, and perpetuate the perception that people with disabilities should be “fixed” to align with “normal.” [1] [2] [3]</p> <p>Inclusive, non-stigmatizing or respectful data collection practices. Collect member- or patient-level demographic data (race and ethnicity, language, sexual orientation, disability status, disability-related accommodations, and geography) through methods designed to respect the responding individual and reduce the potential for stigmatization.</p> <p>Trauma-informed practices. Recognize, understand and respond to the signs, symptoms, impacts and risks of traumatic life experiences on health and well-being.</p> <p>NCQA reviews reports or materials as evidence that at least one training or education is offered to employees. The organization determines the focus (e.g., relevant subpopulations, type of health needs), training type, format and timing of training or education.</p> <p>Trainings may be general to all employees, or tailored for different types of roles (e.g., customer service, user design, financial, policy). Training is not mandatory for employees, and the organization is not scored on the rate of employees who complete training.</p> <p>Exceptions None.</p> <p>Related information <i>Use of vendors for training or education.</i> If the organization contracts with a vendor to provide training or education, it provides access to the vendor’s documentation. NCQA does not consider the relationship to be delegation, and delegation oversight under <i>HO 8: Delegation of Program Activities</i> is not required. NCQA evaluates the vendor’s documentation against the requirements. Refer to <i>Vendors in Appendix 2: Delegation and Automatic Credit Guidelines</i>. 1https://www.ama-assn.org/system/files/health-equity-ableism-primer.pdf.</p>		
117	QI 1, Element E	Examples	<p>Revise the Examples to read:</p> <p>Focus areas of training/education <i>Culturally and linguistically appropriate practices</i></p> <ul style="list-style-type: none"> • Culturally and linguistically appropriate practices for recruiting practitioners, community health workers or advisory functions. 	PC	11/17/25

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			<ul style="list-style-type: none"> – The US Department of Health and Human Services offers free continuing education programs to help health care professionals provide culturally competent care. <p><i>Unique health or health care needs of relevant subgroups</i></p> <ul style="list-style-type: none"> • Examples of subgroup types: <ul style="list-style-type: none"> – Race. – Ethnicity. – National origin. – Religion. – Sexual orientation. – Gender. – Sex assigned at birth. – Organ diversity or anatomical status. • Examples of educational focus: <ul style="list-style-type: none"> – Cultural attitudes about institutional trust, modesty, gender norms or family roles. – Cultural behaviors related to faith, diet, adornment or dress. – Religious taboos or preferences for specific treatments, therapies or interventions. – Cultural or religious beliefs about health or healing. – Culturally responsive care practices and terminology for reproductive health. – Use of an anatomical inventory to guide effective and appropriate preventive health screenings (e.g., cervical cancer, depression) and clinical decision making. – Attitudes about institutional trust among LGBTQIA+ patients, and creating a welcoming care environment. – Male preventive care. – Diagnostic overshadowing. – The history of ableism in the traditional medical model of treatment. – Attitudes about institutional trust among persons with disabilities. 		

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			<ul style="list-style-type: none"> – Screening, examination, treatment or counseling for sexual or reproductive health needs for individuals with disabilities. – Examination, counseling or treatment for patients with intellectual or cognitive disabilities. – Use of physical accommodations during examination and treatment (e.g., height-adjustable exam table, transfer board, low stimulation environment). – Examination, counseling or treatment for patients who use auxiliary aids/services (e.g., text-to-speech app, white board, picture board, voice amplifier). – The role of designated support persons for patients with disabilities during examination, counseling and treatment. <p><i>Practices to reduce ableism in care or services</i></p> <ul style="list-style-type: none"> – Accessible user design (e.g., apps, websites, telehealth platforms, care encounter workflows). – Recognizing ableism in clinical decision-making policies, provision of care, decisions of resource allocation and investment, design of policies or workflows. <p><i>Inclusive, non-stigmatizing or respectful data collection practices</i></p> <p><i>Trauma-informed practices</i></p> <ul style="list-style-type: none"> • For member- or patient-facing staff (e.g., data collection, care encounters, care navigation). • Topics such as adverse childhood experiences, community violence, poverty or discrimination. <p>Materials demonstrating training/education offered</p> <ul style="list-style-type: none"> • Email from the Human Resources department to all staff, describing available trainings and how to access them. • Screenshots of training module content in the organization’s learning management or training system. • PDFs of training content. <p>Reports demonstrating completion of training</p> <ul style="list-style-type: none"> • Report showing the number or percentage of staff who completed each offered training. 		

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148	PHM 1, Element A	Factor text	Revise the factor 6 text to read, “How the organization addresses identified disparities.”	PC	11/17/25						
148	PHM 1, Element A	Scoring	<p><i>This SOC applies only to the e-pub.</i> Revise the scoring table to read as follows:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Met</th> <th>Partially Met</th> <th>Not Met</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">The organization meets 5-6 factors</td> <td style="text-align: center;">The organization meets 3-4 factors</td> <td style="text-align: center;">The organization meets 0-2 factors</td> </tr> </tbody> </table>	Met	Partially Met	Not Met	The organization meets 5-6 factors	The organization meets 3-4 factors	The organization meets 0-2 factors	CO	11/17/25
Met	Partially Met	Not Met									
The organization meets 5-6 factors	The organization meets 3-4 factors	The organization meets 0-2 factors									
149	PHM 1, Element A	Look-back period	Revise the look-back period for First Surveys and Renewal Surveys to read: <i>For First Surveys:</i> 6 months for factors 1, 2 and 4; prior to the survey date for factors 3, 5 and 6. <i>For Renewal Surveys:</i> 24 months for factors 1, 2 and 4; prior to the survey date for factors 3, 5 and 6.	PC	11/17/25						
150	PHM 1, Element A	Explanation— Factor 6	Revise the subhead and explanation of factor 6 to read: <i>Factor 6: Address identified disparities</i> The organization has a comprehensive PHM Strategy that describes its commitment or objectives for addressing identified disparities (unfair, avoidable differences).	PC	11/17/25						
153	PHM 1, Element A	Examples— Factor 6	Add an example for factor 6. <i>Factor 6: Address identified disparities</i> <i>Types of health care opportunities and outcomes</i> <ul style="list-style-type: none"> • Receipt of care or services. • Being offered screenings, language services, disability-related accommodations or social needs interventions. • Access to care or services (e.g., availability, usability, approval). • Receipt of culturally or linguistically appropriate interventions, care or services. • Experience interacting with organizational functions. • Preventive screening rates. 	PC	11/17/25						

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161	PHM 2, Element B	Explanation— Factors 3, 4	Replace “or” with “and/or” in the first sentence of the explanation so that it reads: The organization assesses the needs of members with disabilities in factor 3, and assesses the needs of members with serious mental illness (SMI) and/or serious emotional disturbance (SED) in factor 4.	CL	11/17/25						
175	PHM 3, Element B	Factor 4—Factor text, Explanation, Examples	Retire Factor 4 from Element B and remove all references to it from the factor text, explanation and examples.	PC	11/17/25						
175	PHM 3, Element B	Scoring	Revise the scoring to account for the removal of factor 4. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Met</th> <th>Partially Met</th> <th>Not Met</th> </tr> </thead> <tbody> <tr> <td>The organization meets 2-3 factors</td> <td>The organization meets 1 factor</td> <td>The organization meets 0 factors</td> </tr> </tbody> </table>	Met	Partially Met	Not Met	The organization meets 2-3 factors	The organization meets 1 factor	The organization meets 0 factors	PC	11/17/25
Met	Partially Met	Not Met									
The organization meets 2-3 factors	The organization meets 1 factor	The organization meets 0 factors									
177	PHM 3, Element B	Explanation— Related information	Replace “factor 3” with “factor 1” in the first sentence under Related information so that it reads: <i>Partners in Quality.</i> The organization receives automatic credit for factor 1 if it is an NCQA-designated Partner in Quality.	CL	11/17/25						
177	PHM 3, Element B	Explanation— Related information	Remove the third paragraph under “Related information” that reads: <i>Use of vendors for training on cultural competency, bias or inclusion.</i> If the organization contracts with a vendor to provide training on cultural competency, bias or inclusion for factor 4, it provides access to the vendor’s documentation. NCQA does not consider the relationship to be delegation, and delegation oversight is not required under <i>PHM 7: Delegation of PHM</i> . NCQA evaluates the vendor’s documentation against the requirements. Refer to <i>Vendors in Appendix 2: Delegation and Automatic Credit Guidelines</i> .	PC	11/17/25						
223	NET 1, Element A	Look-back period	Revise the look-back period for Renewal Surveys to read: 24 months for factors 1 and 3; at least once in the prior year for factor 2.	CO	11/17/25						
239	NET 2, Element B	Look-back period	Revise the look-back period for Renewal Surveys to read: 24 months for factors 1-4; at least once in the prior year for factor 5.	CO	11/17/25						
302	UM 1, Element H	Exceptions	Replace “Initial Surveys” with “Interim Surveys” in the first bullet of the exceptions.	CO	11/17/25						

Key = CO—Correction, CL—Clarification, PC—Policy Change, RC—Regulatory Change

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307	UM 2, Element B	Scope of review	Add as the last paragraph of the scope of review under “Documentation”: NCQA also reviews evidence that the organization makes criteria available electronically through an EHR, portal or website. Acceptable evidence includes system reports or screenshots showing how criteria are accessed at the point of care.	CL	11/17/25
307	UM 2, Element B	Explanation	Add the following immediately after the first paragraph: NCQA does not require organizations to distribute full proprietary external UM decision-making criteria if restricted by licensing agreements. However, individual criteria must be made electronically available promptly upon request and must be accessible at the point of care.	CL	11/17/25
370	UM 7, Element B	Exceptions	Remove “For Interim Surveys” from the exception for factor 3 and add “This element is NA for Interim Surveys.” as the first exception.	CO	11/17/25
412	UM 9, Element D	Explanation— Factors 6, 7	Revise the explanation for factors 6 and 7 to read: Factor 6: Additional appeal rights The notification describes members’ additional appeal rights if their appeal is denied. If the organization instructs the member to send appeals directly to an IRO, including MAXIMUS, this meets factor 6 if the organization provides information on where to send the appeal, and states applicable time frames. Factor 7: Cost of review If the next level of appeal is independent external review, the notification includes a statement that members are not required to bear costs of the IRO, including any filing fees, unless state law mandates that members pay an IRO filing fee. This factor applies to final-level of internal appeals. If state law mandates that members pay an IRO filing fee, the organization receives credit for this factor if it provides the state’s language. If notice of factor 7 is in the denial letter, and not in the appeal letter, the organization can provide the denial letter in this element to meet factor 7.	CL	11/17/25
432	UM 11, Element B	Explanation— Factor 5	Revise the second subbullet under the second bullet to read: – Self-identification of systemic issues affecting 5% or more of eligible UM files; for example, falsifying of UM request receipt dates or appeal notification dates.	CL	11/17/25

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			Refer to <i>Section 5: Notifying NCQA of Reportable Events</i> in the Policies and Procedures for details.		
460	UM 12, Element C	Explanation— Factor 5	Add the following as the fifth paragraph: The organization or delegate may audit more frequently using either methodology above. All audits must cumulatively cover the 12-month look-back period.	CL	11/17/25
467	UM 12, Element E	Explanation	Add a third sentence to the explanation that reads: For mail service delegates only, in lieu of an audit, the organization may document its review of the delegate’s automated timeliness report. If the report reflects an issue with timeliness, the organization identifies corrective actions and implements actions or plans to implement actions.	CL	11/17/25
482	CR 3, Element A	Explanation— Related information	Add the following as the first paragraph: <i>Compact licensure agreements (factor 1):</i> A licensure compact arrangement between states is acceptable if the practitioner’s licensure was primary source verified in the practitioner’s home state. NCQA reviews the compact agreement for evidence that the state (or states) accepts the home state’s license in lieu of state licensure.	CL	11/17/25
484	CR 3, Element B	Explanation— Factors 2, 3	Revise the sources for Medicaid sanctions (factor 2) and exclusions (factor 3) to read: Factor 2: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from any of the following sources: <ul style="list-style-type: none"> • State Medicaid agency. • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. Factor 3: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from any of the following sources: <ul style="list-style-type: none"> • State Medicaid agency. 	PC	11/17/25

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			<ul style="list-style-type: none"> • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB. 		
486	CR 3, Element C	Scope of review— Documentation	Revise the second paragraph to read: <i>For factor 6:</i> <ul style="list-style-type: none"> • Credentialing decisions made before July 1, 2025, will not be scored on this factor. • Credentialing decisions made on or after July 1, 2025, will be scored on this factor. However, the full 12-month look-back period will not be enforced until January 1, 2026, which is when the full 12-month window is reached. 	CL	11/17/25
493	CR 5, Element A	Explanation— Factors 1, 2	Revise the sources for Medicaid sanctions (factor 1) and exclusions (factor 2) to read: Factor 1: Sources for Medicare/Medicaid sanctions The organization obtains Medicaid sanction information from any of the following sources: <ul style="list-style-type: none"> • State Medicaid agency. • AMA Physician Master File. • FSMB. • NPDB. • SAM.gov. Factor 2: Sources for Medicare/Medicaid exclusions The organization obtains Medicaid exclusion information from any of the following sources: <ul style="list-style-type: none"> • State Medicaid agency. • List of Excluded Individuals and Entities maintained by OIG and available over the internet. • NPDB. 	PC	11/17/25
521	CR 9, Element A	Scope of review	Replace “UM” with “CR” in the last bullet under “For factor 4” in the scope of review so that it reads:	CO	11/17/25

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			All delegation agreements for surveys starting on or after July 1, 2027, must address the CR Information Integrity requirements.		
531	CR 9, Element C	Explanation—Factor 5	Add the following as the sixth paragraph: The organization or delegate may audit more frequently, using either methodology above. All audits must cumulatively cover the 12-month look-back period.	CL	11/17/25
581	ME 7, Element C	Scope of review	Revise the first sentence under product lines in the scope of review to read: <i>For First Surveys and Renewal Surveys:</i> This element applies to all product lines.	CO	11/17/25
603	LTSS 1, Element A	Factor text	Revise the factor 6 text to read: 6. How the organization addresses identified disparities.	PC	11/17/25
603	LTSS 1, Element A	Look-back period	Revise the look-back period for First Surveys and Renewal Surveys to read: <i>For First Surveys:</i> 6 months; prior to the survey date for factor 6. <i>For Renewal Surveys:</i> 24 months; prior to the survey date for factor 6.	PC	11/17/25
605	LTSS 1, Element A	Explanation—Factor 6	Revise the subhead and explanation of factor 6 to read: Factor 6: Address identified disparities The organization has a comprehensive strategy that describes its commitment to addressing identified disparities (unfair, avoidable differences).	PC	11/17/25
606	LTSS 1, Element A	Examples—Factor 6	Revise the subhead and text of the factor 6 Examples to read: Factor 6: Address identified disparities <i>Types of health care opportunities and outcomes</i> <ul style="list-style-type: none"> • Receipt of care or services. • Being offered screenings, language services, disability-related accommodations or social needs interventions. • Access to care or services (e.g., availability, usability, approval). • Receipt of culturally or linguistically appropriate interventions, care or services. • Experience interacting with organizational functions. 	PC	11/17/25
610	LTSS 1, Element D	Scope of review	Revise the first paragraph under “Documentation” in the scope of review so that it reads: <i>For All Surveys:</i> NCQA reviews the organization’s documented process for collecting individual’s demographic data and identifying threshold languages, and	CL	11/17/25

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			reviews reports or materials demonstrating that the organization collects these data and identifies threshold languages.																		
613	LTSS 1, Element D	Explanation—Factor 2	Add the following as the second sentence of the first paragraph: Threshold languages are all languages other than English spoken by 5% of the population or by 1,000 individuals, whichever is less.	CL	11/17/25																
720	MED 8, Element E	Explanation	Revise the first subhead to read: Distribution of notice to members	CL	11/17/25																
1-3	Appendix 1	Element Points for 2026	Revise the element title of QI 1, Element E to read: Trainings to Improve Care or Service Delivery	PC	11/17/25																
1-14	Appendix 1	Element Points for 2026	<p>Replace the asterisk with two asterisks in the Element Points table for ME 3, Elements A–C for Met, Partially Met and Not Met scores for First Surveys.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="background-color: #e0e0e0;">ME 3: Marketing Information</th> </tr> </thead> <tbody> <tr> <td style="width: 33%;">Materials and Presentations</td> <td style="width: 16.5%; text-align: center;">1**</td> <td style="width: 16.5%; text-align: center;">0.5**</td> <td style="width: 33%; text-align: center;">0**</td> </tr> <tr> <td>Communicating With Prospective Members</td> <td style="text-align: center;">1**</td> <td style="text-align: center;">0.5**</td> <td style="text-align: center;">0**</td> </tr> <tr> <td>Assessing Member Understanding</td> <td style="text-align: center;">1**</td> <td style="text-align: center;">0.5**</td> <td style="text-align: center;">0**</td> </tr> </tbody> </table>	ME 3: Marketing Information				Materials and Presentations	1**	0.5**	0**	Communicating With Prospective Members	1**	0.5**	0**	Assessing Member Understanding	1**	0.5**	0**	CO	11/17/25
ME 3: Marketing Information																					
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Assessing Member Understanding	1**	0.5**	0**																		
2-7	Appendix 2	Special Situations—Vendors	Remove the reference to factor 2 in the vendor list so that it reads, “QI, Element E.”	PC	11/17/25																
2-14	Appendix 2	Automatic Credit by Evaluation Option for delegating to an NCQA-Accredited health plan	Remove the footnote on PHM 3, Element B that reads, “PHM 3, Element B, factor 4 is scored NA for all surveys scheduled between February 12, 2025, and June 30, 2026”; renumbered the remaining footnotes.	CL	11/17/25																
2-21	Appendix 2	Automatic Credit for Delegating to an	Add a footnote to NET 1, Element D, in Table 3 that reads:	CL	11/17/25																

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		NCQA-Accredited MBHO, NCQA-Accredited UM, NCQA-Accredited CR or PN or NCQA-Certified CR or CVO	For NET 1, Element D, automatic credit is available for organizations accredited in BHA. It is not available for organizations with MBHO Accreditation.		
2-29	Appendix 2	Automatic Credit for an NCQA-Accredited Health Equity Organization Seeking Health Plan Accreditation	Revise the section head and title for Table 9 to read, “Automatic Credit for Delegating to an Organization With Health Outcomes Accreditation.”	CO	11/17/25
2-30	Appendix 2	Automatic Credit for an NCQA-Accredited Health Equity Organization Seeking Health Plan Accreditation	Revise the reference to PHM 1, Element A, factor 6 and remove the corresponding footnote in Table 10.	PC	11/17/25
2-45	Appendix 2	Delegation Oversight Requirements and Automatic Credit by Evaluation Option	Remove delegation standards (QI 4, PHM 7, NET 6, UM 12, CR 9, ME 8) from Tables 2–5, 7 and 8, and add them in a new “Table 21: Delegation Oversight Requirements and Automatic Credit by Evaluation Option.” Table 21 is available here .	CO	11/17/25
3-7	Appendix 3	2026 Health Plan Standards for MAC Survey	Revise the element title of QI 1, Element E to read, “Trainings to Improve Care or Service Delivery.”	PC	11/17/25
4-6	Appendix 4		Remove the definition of “equity” and the associated text.	CL	11/17/25
5-2	Appendix 5	2026 Standards by Product Line and Survey Type	Revised the element title of QI 1, Element E to read, “Trainings to Improve Care or Service Delivery.”	PC	11/17/25