

NCQA Corrections, Clarifications and Policy Changes to the 2026 Health Outcomes and Community-Focused Care Standards and Guidelines
March 30, 2026

This document includes the corrections, clarifications and policy changes to the 2026 Health Outcomes and Community-Focused Care 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 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.

Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date
5	Policies and Procedures	Overview—Clarifications to the Appendices	Remove the sixth bullet under the subhead for Appendix 2: Delegation and Automatic Credit Guidelines within the Notable Changes for 2026 that states: “Revised the direction of automatic credit applicability.”	CO	3/30/26
65	HO 2, Element A	Data source	Remove “Materials” as a data source.	CL	3/30/26
81	HO 2, Element D	Scope of review	Revise the scope of review for Renewal Surveys for factor 4 and combined the scope of review for factor 4 for Initial Surveys and Renewal Surveys to read: <i>For Initial Surveys and Renewal Surveys:</i> For factor 4, NCQA reviews IDSS reports from the most recent HEDIS reporting year.	CO	3/30/26
97	HO 2, Element H	Exceptions	Add a subhead to the third and fourth paragraphs of the Exceptions to clarify that these exceptions apply to care delivery organizations. <u>Care delivery organizations</u> "Needed physical accommodations" is NA for factor 5 for care delivery organizations that do not provide in-person health care services or case management. "Needed auxiliary aids/services" is NA for factor 5 for care delivery organizations that do not provide real-time, synchronous health care services or case management.	CL	3/30/26
99	HO 2, Element I	Look-back period	Revise the look-back period for Renewal Surveys to read: <i>For Renewal Surveys:</i> 24 months; prior to the survey date for factors 4 and 5.	CO	3/30/26
110	HO 3, Element B	Reference link	Replace the link at the bottom of the page with the following: https://www.ncihc.org/standards-of-practice	CL	3/30/26

NCQA Corrections, Clarifications and Policy Changes to the 2026 Health Outcomes and Community-Focused Care Standards and Guidelines
March 30, 2026

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113	HO 3, Element D	Scope of review	Revise the scope of review for Renewal Surveys and combined the scope of review for Initial Surveys and Renewal Surveys to read: <i>For Initial Surveys and Renewal Surveys:</i> NCQA reviews the most recent distribution of information on the availability of language services.	CO	3/30/26
115	HO 4, Element A	Explanation	Add as the first paragraph: This element may not be delegated.	PC	3/30/26
116	HO 4, Element A	Explanation	Revise the third paragraph of the Explanation to read: The organization's documented process addresses the same response options it used to collect data on patients' needed physical accommodations and auxiliary aids/services (<i>HO 2, Element E: Collection of Data on Disability-Related Accommodations</i>).	CO	3/30/26
126	HO 5, Element A	Look-back period	Revise the look-back period for Initial Surveys and Renewal Surveys for factors 1 and 2 to read: <i>For Initial Surveys:</i> 6 months for factors 1-3; prior to the survey date for factor 4 and the distribution component of factors 1 and 2. <i>For Renewal Surveys:</i> 24 months for factors 1-3; 6 months for the nondiscrimination component under factor 2; prior to the survey date for factor 4 and the distribution component of factors 1 and 2.	CO	3/30/26
129	HO 5, Element B	Look-back period	Revise the look-back period for factors 4 and 5 for Initial Surveys and Renewal Surveys to read: <i>For Initial Surveys:</i> 6 months for factors 1-3; prior to the survey for factors 4 and 5. <i>For Renewal Surveys:</i> 24 months for factors 1-3; prior to the survey for factors 4 and 5.	CO	3/30/26
136	HO 5, Element D and E	Exceptions	Revise the second bullet of the Exceptions to read: <ul style="list-style-type: none"> • Care delivery organizations that do not: <ul style="list-style-type: none"> ○ Own or operate in-person clinical or behavioral care sites or have any in-person sites that use or provide medical or psychiatric services, medical equipment, or exam rooms. 	CL	3/30/26
145	HO 6, Element B	Scope of review	Revise the scope of review for Renewal Surveys to read: <i>For Renewal Surveys:</i> NCQA reviews the organization's most recent annual written evaluation report.	CO	3/30/26
145	HO 6, Element B	Look-back period	Revise the look-back period to read: <i>For All Surveys:</i> At least once during the prior year.	CO	3/30/26
147	HO 7, Element A	Explanation	Add as the first paragraph:	PC	3/30/26

NCQA Corrections, Clarifications and Policy Changes to the 2026 Health Outcomes and Community-Focused Care Standards and Guidelines
March 30, 2026

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			This element may not be delegated.		
150	HO 7, Element B	Scoring	Revise the Partially Met scoring to read: The organization meets 2-3 factors.	CO	3/30/26
151	HO 7, Element B	Look-back period	Revise the look-back period for factor 3 for Renewal Surveys to read: <i>For Renewal Surveys:</i> 24 months for factors 1-2; at least once during the prior year for factors 3–7.	CO	3/30/26
157	HO 7, Element D	Scope of review	Correct the scope of review for factors 1-6 for Renewal Surveys and combined the scope of review for Initial Surveys and Renewal Surveys to read: <i>For Initial Surveys and Renewal Surveys:</i> <ul style="list-style-type: none"> • For factors 1-6: NCQA reviews the organization’s most recent annual assessment report. • For factors 5 and 6: The organization may submit a plan for evaluation of interventions instead of an assessment report. 	CO	3/30/26
163	HO 8, Element A	Explanation	Revise the third paragraph of the explanation to read: The delegation agreement describes all delegated health outcomes activities. A generic policy statement about the content of delegated arrangements does not meet the intent.	CO	3/30/26
163	HO 8, Element A	Explanation—Factor 2	Revise the first paragraph of the Explanation for factor 2 to read: The delegation agreement or an addendum thereto or other binding communication between the organization and the delegate specifies the health outcomes activities:	CO	3/30/26
163	HO 8, Element A	Explanation—Factor 2	Revise the third bullet of the first paragraph of the Explanation for factor 2 to read: The organization may include a general statement in the agreement addressing retained functions (e.g., the organization retains all other health outcomes functions not specified in this agreement as the delegate’s responsibility).	CO	3/30/26
163	HO 8, Element A	Explanation—Factor 3	Revise the second bullet of the first paragraph of the Explanation for factor 3 to read: What information is reported by the delegate about health outcomes delegated activities.	CO	3/30/26
165	HO 8, Element B	Explanation	Revise the fourth paragraph under “Predelegation evaluation” to read: If the organization amends the delegation agreement to include additional health outcomes activities within the look-back period, it performs a predelegation evaluation for the additional activities.	CO	3/30/26
166	HO 8, Element C	Factor 1	Revise factor 1 to read: Annually reviews its delegate’s health outcomes program.	CO	3/30/26
166	HO 8, Element C	Summary of Changes	Revise the first bullet under the “Summary of Changes” to read: Revised the look-back period for Renewal Surveys.	CO	3/30/26
166	HO 8, Element C	Look-back period	Revise the look-back period to read: <i>For Initial Surveys:</i> At least once during the prior year. <i>For Renewal Surveys:</i> 24 months.	CO	3/30/26

NCQA Corrections, Clarifications and Policy Changes to the 2026 Health Outcomes and Community-Focused Care Standards and Guidelines
March 30, 2026

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166	HO 8, Element C	Explanation—Factor 1	Revise the factor 1 subhead in the Explanation to read: <i>Factor 1: Review of health outcomes program</i>	CO	3/30/26
167	HO 8, Element D	Summary of Changes	Remove the second bullet under the “Summary of Changes” to read: Revised the look-back period for Renewal Surveys.	CO	3/30/26
167	HO 8, Element D	Look-back period	Revise the look-back period to read: <i>For Initial Surveys: At least once during the prior year.</i> <i>For Renewal Surveys: 24 months.</i>	CO	3/30/26
173	CFC 1, Element B	Look-back period	Revise the incorrect reference to factor 3 in the “prior to the survey date” look-back period, replacing it with factor 2, so that the look-back period reads: <i>For All Surveys: At least once during the prior 36 months for factors 1 and 3; prior to the survey date for factor 2.</i>	CO	3/30/26
174	CFC 1, Element B	Reference link	Replace the link at the bottom of the page with the following: https://www.cdc.gov/public-health-gateway/php/public-health-strategy/public-health-strategies-for-community-health-assessment-health-improvement-planning.html	CL	3/30/26
196	CFC 2, Element D	Factor 1	Add an asterisk to Factor 1 to indicate it is a critical factor and revise the factor to read: 1. Each organization’s roles and responsibilities.*	CL	3/30/26
197	CFC 2, Element D	Look-back period	Revise the look-back period for factors 2 and 3 for Renewal Surveys to read: <i>For Renewal Surveys: 24 months for factors 1, 4 and 5; prior to the survey date for factors 2 and 3.</i>	CO	3/30/26
208	CFC 3, Element B	Reference link	Replace the link at the bottom of the page with the following: https://healthit.gov/interoperability/	CL	3/30/26
213	CFC 4, Element A	Look-back period	Revise the look-back period for factor 3 for Renewal Surveys to read: <i>For Renewal Surveys: 24 months for factors 1, 2 and 4; prior to the survey date for factor 3.</i>	CO	3/30/26
2-2	Appendix 2	Activities That May Not Be Delegated	Revise the second bullet text to read: <ul style="list-style-type: none"> HO 5: Practitioner Network and Care Site Responsiveness, Element C, factor 4 and Element E, factor 5. 	CO	3/30/26
2-2	Appendix 2	Activities That May Not Be Delegated	Add to the Activities That May Not Be Delegated the following elements: <ul style="list-style-type: none"> HO 4: Access and Availability of Disability Accommodations, Element A HO 7: Reducing Health Care Disparities, Element A 	PC	3/30/26

NCQA Corrections, Clarifications and Policy Changes to the 2026 Health Outcomes and Community-Focused Care Standards and Guidelines
March 30, 2026

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2-10	Appendix 2	Table 1: Automatic credit for an organization that is NCQA-Accredited in Health Outcomes delegating to an organization that is NCQA-Accredited in Health Outcomes	Add HO 2, Element D to Table 1, along with a footnote that states: "For HO 2, Element D, automatic credit is only available for NCQA Accredited delegates surveyed on or after July 1, 2027."	CL	3/30/26
2-9 2-10	Appendix 2	Table 1: Automatic credit for an organization that is NCQA-Accredited in Health Outcomes delegating to an organization that is NCQA-Accredited in Health Outcomes	Remove the following: HO 2, Elements H and I HO 3, Elements A and C	CO	3/30/26
3-2	Appendix 3		Add a definition for care delivery organization that reads: Care delivery organization – An organization that provides or facilitates direct patient care, including but not limited to: - Health systems. – Clinically integrated organizations. – Accountable care organizations. – Hospitals. – Hospital systems. – Medical centers. – Primary or specialty care practices and clinics. – Federally Qualified Health Centers.	CL	3/30/26
5-2	Appendix 5	Table 1: Elements in Health Outcomes Accreditation required to be reviewed at the Accreditable Entity level	Remove the following from Table 1: HO 8, Elements A-D	CO	3/30/26

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5-3	Appendix 5	Table 2: Elements in Community-Focused Care Accreditation required to be reviewed at the Accreditable Entity level	Add the following to Table 1: CFC 4, Element E	CO	3/30/26