

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

March 30, 2026

This document includes the corrections, clarifications and policy changes to the 2026 Utilization Management Accreditation standards and guidelines. NCQA has identified the appropriate page number in the publication and 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
72	UM 3, Element E	Exceptions	Add the following as the first exception: Factor 1 is NA for appeal only organizations that do not process initial UM requests for any clients.	CL	3/30/26
74	UM 3, Element G	Scope Review	Revise the first sentence of the Scope of review to read: <i>This element only applies to organizations seeking UM Accreditation—Nonbehavioral Health Decisions, Behavioral Health Decisions, Pharmacy Decisions, Appeal Decisions, and Recommendations/Approvals.</i>	CO	3/30/26
74	UM 3, Element G	Scope of review	Add the following as the last paragraph of the Scope of review: <i>For Recommendations/Approvals only organizations, NCQA reviews factor 2 and the component of factor 3 relating to the UM program.</i>	CL	3/30/26
	UM 3, Element H	Scope of review	Revise the first sentence of the Scope of review to read: <i>This element only applies to organizations seeking UM Accreditation—Nonbehavioral Health Decisions, Behavioral Health Decisions, Pharmacy Decisions, Appeal Decisions, and Recommendations/Approvals.</i>	CO	3/30/26
75	UM 3, Element H	Exception	Add an exception for factor 2 that reads: Factor 2 is NA for organizations seeking UM Accreditation—Recommendations/Approvals.	CL	3/30/26
88	UM 6, Element B	Exception	Add a new exception that reads:	CL	3/30/26

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

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			This element does not apply to organizations that only make approval decisions or approval recommendations.		
119	UM 8, Element B	Explanation	<p>Add the following new subhead and text immediately above the Exceptions subhead:</p> <p>Amended agreements</p> <p>If the organization amends the delegation agreement to include additional UM activities within the look-back period, it performs a predelegation evaluation for the additional activities before the implementation date of the new or amended agreement.</p>	CL	3/30/26
XX	UMA 6, Element B UMA 6, Element C	Scope of review	<p>Add the following header and text immediately after the fourth paragraph of the Scope of review:</p> <p>Timeliness of notification</p> <p><i>For non-behavioral and behavioral approval decisions, NCQA reviews and scores the organization’s approval notifications for timeliness against the time frames specified in factors 1-5 in this element.</i></p> <p><i>For Factor 4, the 7-calendar-day time frame applies to files processed by the organization or its delegate(s) on or after July 1, 2026. Files processed before July 1, 2026, are scored against the previous time frame requirement of 14 calendar days.</i></p> <p><i>For pharmacy approval decisions, NCQA reviews and scores the organization’s approval notification for timeliness against the time frames for notifying members and practitioners of pharmacy UM decisions in UMA 3, Element B, which are also provided in the Explanation of this element).</i></p>	CO	3/30/26
XX	UMA 6, Element B UMA 6, Element C	Explanation	<p>Revise the subhead “<i>Factors 1-5: Timeliness of Notification</i>” to read; “<i>Timeliness of notification</i>” and add the following timeframes as the first paragraph:</p> <p><i>For pharmacy recommendations, the organization adheres to the following time frames (UMA 3, Element B) for notifying members and practitioners of pharmacy UM decisions:</i></p> <ul style="list-style-type: none"> • For commercial and Exchange urgent concurrent decisions, the organization gives electronic or written notification of the decision to members and practitioners within 24 hours of the request. • For Medicare Part B and Medicaid urgent concurrent decisions, the organization gives electronic or written notification of the decision to members and practitioners within 24 hours of the request. • For commercial and Exchange urgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 72 hours of the request. 	CO	03/26/30

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			<ul style="list-style-type: none"> • For Medicare Part B and Medicaid urgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 24 hours of the request. • For commercial and Exchange nonurgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 15 calendar days of the request. • For Medicare Part B nonurgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 72 hours of the request. • For Medicaid nonurgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 24 hours of the request. • For postservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 30 calendar days of the request. • For Medicare Part D urgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 24 hours of receipt of the request. • For Medicare Part D nonurgent preservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 72 hours of receipt of the request. • For Medicare Part D postservice decisions, the organization gives electronic or written notification of the decision to members and practitioners within 14 calendar days of receipt of the request. 																	
1-1	Appendix 1	Element Points for 2026	Revise the element points for Renewal Surveys for UM 1, Element B to read: <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #333; color: white;"> <th colspan="5" style="text-align: center;">Renewal Survey Points</th> </tr> <tr style="background-color: #333; color: white;"> <th style="width: 5%;"></th> <th style="width: 45%;">Standard/Element</th> <th style="width: 15%;">Met</th> <th style="width: 15%;">Partially Met</th> <th style="width: 20%;">Not Met</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">B</td> <td style="text-align: center;">Analysis of Quality Activities</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> </tr> </tbody> </table>	Renewal Survey Points						Standard/Element	Met	Partially Met	Not Met	B	Analysis of Quality Activities	NA	NA	NA	CO	3/30/26
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1-1	Appendix 1	Element Points for 2026	<p>Revise the points for Renewal Surveys UM 4, Element B to read:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2"></th> <th colspan="3" style="text-align: center;">Renewal Survey Points</th> </tr> <tr> <th></th> <th>Standard/Element</th> <th>Met</th> <th>Partially Met</th> <th>Not Met</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>Availability of UM Criteria</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>			Renewal Survey Points				Standard/Element	Met	Partially Met	Not Met	B	Availability of UM Criteria	1	0.5	0	CO	3/30/26
		Renewal Survey Points																		
	Standard/Element	Met	Partially Met	Not Met																
B	Availability of UM Criteria	1	0.5	0																
3-2	Appendix 3	About Delegation	<p>Add the following subhead and text under the third paragraph:</p> <p>Activities That May Not Be Delegated</p> <p>Delegation is not permitted for the following standards, elements or factors:</p> <ul style="list-style-type: none"> • UM 1: Internal Quality Improvement Process. • UM 8: Delegation of UM.[1] <p>[1] Delegation oversight must be performed by the organization, but delegates may be given the authority to oversee subdelegates. This authority is specified in the delegation agreement. Refer to <i>Subdelegation</i>.</p>	CL	3/30/26															
Previously Posted Update																				
Page	Standard/Element	Head/Subhead	Update	Type of Update	IRT Release Date															
5	Overview	Other NCQA Programs	Replace “Health Equity” with “Health Outcomes” and replace “Health Equity Plus” with “Community-Focused Care” as Accreditation programs.	CL	11/17/25															
32	Policies and Procedures—Section 3: The Survey Process	File review universe	<p>Revise the Note in the second paragraph to read:</p> <p>Note: For corporations or their departments that conduct centralized UM functions for their affiliated entities, NCQA requires an enhanced file review with a minimum review of 75 files across applicable file review requirements. NCQA runs a random selection of 90 files for the enhanced UM file review.</p>	CL	11/17/25															
54	UM 3, Element A	Scope of review	<p>Add the following as the first paragraph:</p> <p>NCQA reviews the organization’s written UM program description.</p>	CL	11/17/25															
77	UM 4, Element A	Look-back period	<p>Add a look-back period for Renewal Surveys that reads:</p> <p><i>For Renewal Surveys:</i> 24 months.</p>	CL	11/17/25															

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79	UM 4, Element B	Scope of review	Add as the last paragraph of the scope of review: NCQA also reviews evidence that the organization makes the criteria available electronically through 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
80	UM 4, 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
93	UM 7, Element A	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. Refer to <i>Section 5: Notifying NCQA of Reportable Events</i> in the Policies and Procedures for details.	CL	11/17/25
122	UM 8, 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
228	UMA 5, Element E	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.	CL	11/17/25

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			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.		
241	UMA 6, Element C	Element stem	Revise the element stem to read, "The organization adheres to the following time frames for electronic or written notification of UM recommendations to clients:"	CL	11/17/25