



**For Public Comment**  
March 5 – April 17, 2026  
Comments due 11:59 p.m. ET  
April 17, 2026

# Overview of Proposed Standards Updates:

## *Patient-Centered Medical Home Recognition*

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# PCMH Recognition

## Overview of Proposed Standards Updates

### About NCQA

NCQA is an independent, nonprofit organization dedicated to improving health care quality. For almost four decades, we have 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 Accreditation and Recognition programs, standards and performance measurement tools reflect a straightforward formula for improvement: measurement, transparency, accountability.

Today, approximately 130 million Americans are seen by an NCQA-Recognized practice across the United States and its territories. In addition, 235 million Americans are enrolled in a health plan that reports measures from NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®), the most widely used performance measurement tool in health care.

### The NCQA Advantage

Proposed updates to 2027 Patient-Centered Medical Home (PCMH) Recognition 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 high-quality care. The NCQA Recognition seal is a sign that organizations deliver high-quality, person-centered care that puts patients at the forefront.

### 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 clearly articulated, and to highlight areas that might need clarification.

### Background

More than 53,000 clinicians and 8,900 practices across all 50 states, the District of Columbia and 3 U.S. territories (Guam, Puerto Rico, U.S. Virgin Islands) use NCQA's PCMH Recognition program to build and maintain a culture of continuous improvement, deliver team-based and patient-centered care, operate more efficiently, reduce costs and succeed in value-based contracts. PCMH Recognition is adopted and supported by broader industry partners, including HRSA which sponsors 3,000 recognized practices, and 11 states that incentivize or reward practices for attaining or maintaining Recognition.

PCMH Recognition comprises 6 concepts describing fundamental activities practices must continuously perform:

**Team-Based Care and Practice Organization (TC).** The practice provides continuity of care; communicates its roles and responsibilities to patients/families/caregivers; and organizes and trains staff to work to the top of their license to provide patient-centered care as part of the medical home.

**Knowing and Managing Your Patients (KM).** The practice captures and analyzes information about the patients and community it serves and uses the information to deliver evidence-based care that supports population needs and provision of culturally and linguistically appropriate services.

**Patient-Centered Access and Continuity (AC).** The PCMH model expects continuity of care. Patients/families/caregivers have 24/7 access to clinical advice and appropriate care facilitated by their designated clinician/care team and supported by access to their medical record. The practice considers the needs and preferences of the patient population when establishing and updating standards for access.

**Care Management and Support (CM).** The practice identifies patient needs at the individual and population levels to effectively plan, manage and coordinate patient care in partnership with patients/families/caregivers. Emphasis is placed on supporting patients at highest risk.

**Care Coordination and Care Transitions (CC).** The practice systematically tracks tests, referrals and care transitions to achieve high-quality care coordination, lower costs, improve patient safety and ensure effective communication with specialists and other providers in the medical neighborhood.

**Performance Measurement and Quality Improvement (QI).** The practice establishes a culture of data-driven performance improvement on clinical quality, efficiency and patient experience, and engages staff and patients/families/caregivers in quality improvement activities.

Within these concepts are 39 core (required) and 65 elective criteria, which describe structures, functions and activities that demonstrate a practice operates as a medical home. To achieve Recognition, practices must:

- Meet all core criteria, *and*
- Earn 25 credits in elective criteria across 5 out of 6 concepts. Practices have a selection of 65 elective criteria, each worth 1, 2 or 4 credits. A mix of 1-credit and 2-credit electives may be completed to meet the elective minimum.

## A Guide to the Updates

PCMH Recognition standards evolve annually to ensure they meet the changing needs of practices, payers and purchasers. For evaluations beginning January 1, 2027, NCQA proposes updating 3 core criteria and retiring 1 elective criterion in the Care Management and Support (CM) concept:

- CM 01: Identifying Patients for Care Management (core).
- CM 02: Monitoring Patients for Care Management (core).
- CM 04: Person-Centered Care Plans (core).
- CM 07: Patient Barriers to Goals (elective).

Proposed updates aim to address challenges some practices experience when applying current criteria across diverse clinical contexts (e.g., health conditions, populations, case mix). They are designed to better clarify the purpose and expected outcomes of the Care Management concept's activities and to support individualized, meaningful care plans that reflect varied patient population needs.

For a full list of updates, refer to the table below.

## Summary of Proposed Criteria Updates

### Updates Applicable to PCMH 2027

Refer to [2027 PCMH Recognition: Proposed Standards Updates](#).

Table 1. Summary of 2027 Proposed Updates by Criterion

Criteria	Proposed Updates	Rationale
<p><b>CM 01: Identifying Patients for Care Management (Core)</b></p> <p>Considers the following when establishing a systematic process and criteria for identifying patients who may benefit from care management (must include at least three):</p> <ul style="list-style-type: none"> <li>A. Behavioral health conditions.</li> <li>B. High cost/high utilization.</li> <li>C. Poorly controlled or complex conditions.</li> <li>D. Social determinants of health.</li> <li>E. Referrals by outside organizations.</li> </ul>	<p>Add, “pediatric-specific practice-sites must include at least two,” to the end of the criterion stem.</p>	<p>Many PCMH Recognized pediatric sites find it difficult to identify patients for care management using more than two of the provided categories for care management, as pediatric patient populations often lack the variety of care management opportunities typically found in adult populations.</p>
<p><b>CM 02: Monitoring Patients for Care Management (Core)</b></p> <p>Monitors the percentage of the total patient population identified through its process and criteria,” and specifies that the practice must identify at least 30 patients in the numerator.</p>	<p>Revise Guidance from “The practice must identify at least 30 patients in the numerator” to “At minimum, a practice must identify at least 30 patients must be identified for care management, or 1% of its total patient population, whichever is smaller.”</p> <p>Remove the following text from the Guidance: “With NCQA approval, small practices or satellite sites may share a care management population if fewer than 30 patients meet the criteria defined in CM 01.”</p>	<p>NCQA currently reviews reports from a minimum of 30 patients as evidence of care planning activities. This volume is challenging for small practices and/or satellite sites that offer limited hours. If a site cannot meet the patient minimum, NCQA may approve a combination of evidence from another related site, a manual process that is burdensome for both NCQA staff and PCMH-Recognized practices.</p> <p>The proposed update is intended to better scale documentation requirements to the size of the practice/site and negate the need for an exception process.</p>
<p><b>CM 04: Person-Centered Care Plans (Core)</b></p> <p>Establishes a person-centered care plan for at least 75% of patients identified for care management.</p>	<p>Improve clarity by replacing, “identified for care management,” with, “engaged in care management,” in the criterion stem.</p> <p>Revise Guidance to specify the minimum requirements for person-centered care plans as follows:</p> <p>Replace “expected clinical outcomes/prognosis (e.g., lower A1c by 2 points)” and “patient treatment goals to</p>	<p>PCMH-Recognized practices frequently express that the two types of prescribed goals in this criterion are unclear and are misaligned with the needs of patients identified for care management due to behavioral health conditions or social determinants of health.</p> <p>The proposed replacement of expected clinical outcomes/prognosis and patient treatment goals to meet</p>

Criteria	Proposed Updates	Rationale
	<p>meet clinical outcome (e.g., exercising 3x/week)” with “A SMART goal (specific, measurable, attainable, relevant, time-limited) that is relevant to the care plan, mutually agreed on by the patient/family/caregiver and the primary provider, and informs the expected outcome(s) and/or patient treatment goal(s).”</p> <p>Add “names and roles of care team members.”</p> <p>Add “barriers to care” (currently scored as a standalone elective criterion under CM 07: Patient Barriers to Goals).</p>	<p>clinical outcome with a SMART goal is intended to clarify the intent of care plan goals and to support clinicians and patients in jointly defining goals that reflect clinical and nonclinical needs.</p> <p>The proposed addition of “names and roles of care team members” and “barriers to care” are intended to better align this criterion with components used in current industry best practices for care plan documentation. Additionally, the elective criterion <i>CM 07: Patient Barriers to Goals</i> was already in use by 78% of transforming practices in 2024 and 2025, signaling that a majority of customers currently incorporate barriers to care in person-centered care plans.</p>
<p><b>CM 07: Patient Barriers to Goals (Elective)</b> Identifies and discusses potential barriers to meeting goals in at least 75% of individual care plans.</p>	<p>Retire this criterion and add requirements to core criterion CM 04.</p>	<p>NCQA seeks to require evidence of these activities as a component of core criterion CM 04.</p>

## 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

Refer to [2027 PCMH Recognition: Proposed Standards Updates](#) for the full draft standards.

Refer to [2027 PCMH Recognition: Summary of Questions for Public Comment](#) for the full list of questions for public comment.

### 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 <https://my.ncqa.org/>.
2. Once logged in, click to select **Public Comments**.
3. Click **Add Comment**.
4. Select the name of the organization you are submitting comments for.
5. Click the **Instructions** link to view public comment materials, including instructions and proposed measure specifications.
6. Click **Take Survey**.
7. Review the process instructions and click the **Begin** button.
8. Answer the questions you would like to provide feedback on; required questions will be marked with a red asterisk.
  - a. Select your support option (e.g., Support, Do Not Support, Support with Modifications).  
**Note:** If you chose **Do Not Support**, include the reason in the text box. If you chose **Support with Modifications**, enter the suggested modifications in the text box.
  - b. Enter comments in the **Comments** box.  
**Note:** Comments allow up to 50,000 characters.
9. Click **Next** at the bottom of the page. Repeat **step 8** for each page.  
**Note:** Use the **Back** button if you would like to change a response.
10. On the final page, click **Submit**.

**All comments must be entered by 11:59 ET on April 17, 2026.**

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## Next Steps

The final Standards and Guidelines for 2027 Updates to PCMH Recognition will be released in 2026, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements for all programs will take effect for evaluations starting January 1, 2027.