



**For Public Comment**  
**March 5–April 17, 2026**

**Comments due 11:59 p.m. ET**  
**April 17, 2026**

# **Overview of Proposed Updates to Accreditation Standards and Programs:**

## ***Wellness and Condition Management***

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## **Wellness and Condition Management: Overview of Proposed Updates**

### **NCQA's Mission: Improve the Quality of Health Care**

Almost 40 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.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans. Today, over 180 million Americans are enrolled in an NCQA-Accredited health plan.

### **The NCQA Advantage**

Wellness and Condition Management, an evolution of the Wellness Health Promotion Accreditation, aims to align standards and metrics with the changing digital health market landscape and stakeholder (states, employers, CMS, consumers) needs and regulatory requirements, and to assist organizations in their pursuit of quality care and improved outcomes. 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 new Wellness and Condition Management program was developed out of our longstanding Wellness and Health Promotion Accreditation program. The new program is designed to assess vendors' ability to empower members in managing their own health across the risk continuum, accounting for risk factors and condition-specific needs. Wellness and Condition Management will create a common quality framework for purchasers and vendors.

The program will have core standards and two modules, Health Assessment and Digitally Enabled Engagement. Both modules will feature metrics, and the Digitally Enabled Engagement module will include two de novo metrics of member engagement. The evolution of the program's content was dictated by robust customer and market engagement, and reflects the increasing use of digital vendors by health plans, systems and employers

NCQA proposes updates to Wellness and Condition Management Accreditation in the following areas:

- Wellness and Condition Management Program Design
- Wellness and Condition Management Standards
- Wellness and Condition Management Metrics

The updated programs will be released in July 2026, with an effective survey date on or after January 2027.

## A Guide to the Updates

### Wellness and Condition Management Program Design Updates

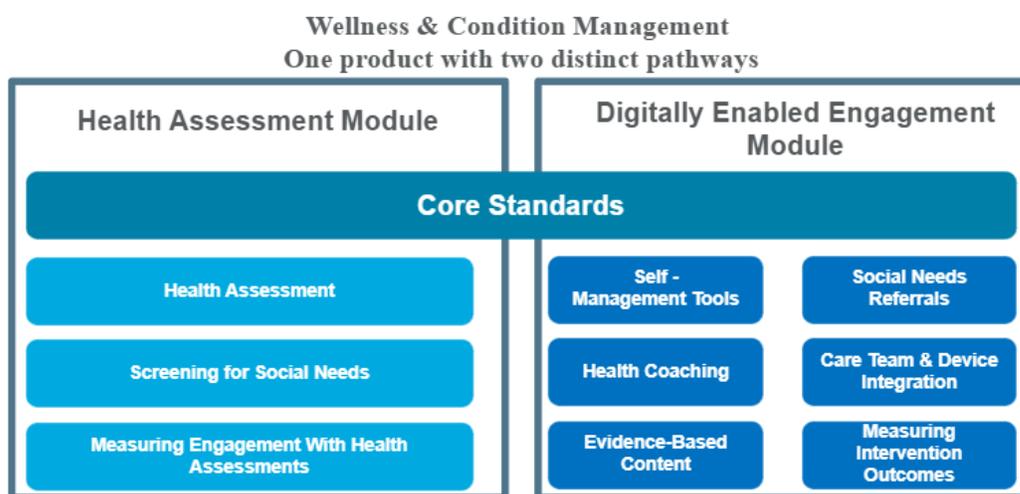
The updated program will retain the Wellness and Health Promotion product's focus on vendors and the ability for organizations to opt into content that is most relevant to their business. The new program design is substantially simplified, aligning with a more focused target customer that can benefit from standardized quality programs, and including two modules: Health Assessment and Digitally Enabled Engagement (Figure 1). Organizations may participate in one or both modules.

**Core Standards:** Evaluate organization transparency, data exchange and integration, privacy and confidentiality, participant rights and responsibilities, population assessment, accessible services and measurement of program outcomes.

**Health Assessment Module:** Evaluates an organization's ability to conduct comprehensive health assessments that inform individualized interventions.

**Digitally Enabled Engagement Module:** Evaluates an organization's capability to deliver personalized, interactive support that promotes healthy behaviors and reduces member risk.

Figure 1.



The program's content was informed by evidence and engagement with the market, clinicians, and consumers. The proposed standards and measurement approach reflects evidence and best practice identified through literature reviews, interviews, working groups and a measurement learning collaborative. Across these activities, consistent themes emerged: the need for more digital-friendly, accessible requirements; stronger alignment with other NCQA products; inclusion of social drivers of health and caregiver roles; flexible data-sharing expectations; responsible use of AI; integration with care teams and devices; and a greater focus on measuring engagement, outcomes and return on investment. Development efforts clarified the underlying challenges posed by lack of trust across the health technology ecosystem and a lack of shared quality infrastructure, and the ways a standards based program could support future success.

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## Wellness and Condition Management Standards Updates

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The revised standard framework shifts from prescriptive requirements toward more flexible and transparent expectations, while still holding organizations accountable for quality, equity and measurable impact.

Seven core standards apply across all pathways, establishing a consistent foundation for transparency, data practices, privacy, population assessment, accessible services, and outcomes. To support alignment with different business models, organizations may pursue Accreditation through one or both optional modules: the Health Assessment module, for organizations that administer assessments and screenings, and the Digitally Enabled Engagement module for organizations delivering interactive digital or hybrid interventions.

Refer to Attachment: [2027 WCM Program: Proposed Standards Updates](#)

For a full list of updates, refer to Table 1 below.

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## Wellness and Condition Management Measurement Strategy

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Both the Health Assessment and Digitally Enabled Engagement modules share a focus on measurement, integrated throughout the program in two ways.

1. *For processes and outcomes that are consistent across program implementation*, organizations must report pre-specified metrics to NCQA: health and wellness metrics retained from the Wellness and Health Promotion program and two de novo behavioral engagement metrics, Goal Setting and Goal Attainment. Metrics are based on consensus that goal setting represents a clear indicator of authentic, person-centered engagement. They help assess whether members are demonstrating activation through goal setting, and whether they are supported to reach their goals.
2. *For outcomes that may vary by program design or target clinical population*, organizations must use a metric specification template to clearly document selected metric definitions. This includes elements such as evidence base, inclusion and exclusion criteria and the definition of metric “success” (e.g., numerator).

Refer to Attachment: *2027 WCM Program: Measure Specifications*

## Wellness and Condition Management 2026: Proposed Standards Updates

### Updates Applicable to Wellness and Condition Management 2026

Refer to:

- [2027 WCM Program: Proposed Standards Updates](#)

**Table 1. Wellness and Condition Management Standards Summary Table**

Standard	Elements	Standard Source	Standard Intent Statement
<b>Core Content:</b> Assesses functions such as client transparency, data exchange and integration, privacy and confidentiality, participant rights and responsibilities, population assessment, accessible services and measuring program outcomes.			
<b>WCM 1: Transparency With Client Organizations</b>	A: Scope and Services B: Incentive Management C: Performance Measure Reporting	Derived from existing WHP content.	The organization provides information to help client organizations understand its offerings, including information on scope and services, incentive management and performance measure reporting.
<b>WCM 2: Data Exchange and Integration</b>	A: Information on Data Capabilities B: Implementation of Data Exchange and Integration	Derived from existing WHP content.	The organization communicates and implements its data exchange and integration capabilities to support coordinated care and information sharing.
<b>WCM 3: Privacy and AI Governance</b>	A: Uses and Disclosures B: Informing Eligible Individuals C: AI Governance (TBD)	Derived from existing WHP content. New content designed to align with proposed updates to HPA	The organization uses and discloses sensitive information of eligible individuals appropriately and has a process for governing AI use to protect eligible individuals.
<b>WCM 4: Rights and Responsibilities</b>	A: Eligible Individual Rights B: Eligible Individual Complaints C: Advertising and Financial Ownership Arrangements D: Sources of Marketing Information	Derived from existing WHP content.	The organization informs eligible individuals of their rights and how to file a complaint, and clearly differentiates between materials containing health advice and marketing materials.
<b>WCM 5: Population Assessment and Targeting</b>	A: Population Assessment B: Identification of Needs	Derived from existing WHP content. Population Assessment is new content from HPA.	The organization identifies the unique wellness and condition management needs of eligible individuals.
<b>WCM 6: Access and Availability of Services</b>	A: Language Services B: Accessible Digital Content	New content, concepts from Health Outcomes Accreditation.	The organization communicates effectively with participants, regardless of their individual needs.

Standard	Elements	Standard Source	Standard Intent Statement
<b>WCM 7: Measuring Outcomes</b>	A: Participant Experience B: Action and Remeasurement of Participant Experience C: Enrollment and Participation Measures D: Return on Investment Measures	Derived from existing WHP content. Addition of new measures.	The organization uses participant experience results, participation measures and return on investment measures to evaluate its performance, and works continually to improve its offerings.
<b>Health Assessment Module:</b> Assesses the organization's ability to conduct detailed health assessments that are used to inform health interventions.			
<b>Health Assessment 1: Health Assessment</b>	A: Health Assessment Components B: Health Assessment Disclosure C: Health Assessment Results D: Formats E: Frequency of Health Assessment Completion F: Review and Update Process	Derived from existing WHP content.	The organization helps eligible individuals manage their health by administering an HA, disclosing how the information will be used and protecting it in accordance with privacy policies.
<b>Health Assessment 2: Screening for Social Needs</b>	A: Process for Collecting Social Needs Data B: Evidence of Collecting Social Needs Data	New content, pulled from CFC.	The organization collects data about eligible individual social needs to inform the development of targeted interventions.
<b>Health Assessment 3: Measuring Engagement With Health Assessments</b>	A: Health Assessment Measures	Derived from existing WHP content.	The organization measures eligible individual engagement with health assessments to identify health and guide targeted interventions.
<b>Digitally Enabled Engagement Module:</b> Assesses the organizational capabilities to deliver interventions that promote healthy behaviors and reduce risk for eligible individuals.			
<b>DE 1: Self-Management Tools</b>	A: Topic of Tools B: Gamification in Self-Management Tools C: Reviewing Gamification Effects	Derived from existing WHP content. Gamification is new content.	The organization provides interactive self-management tools to help eligible individuals stay healthy and reduce risk.
<b>DE 2: Health Coaching</b>	A: Health Coaching Scope B: Initial Training for Coaches C: Monitoring and Training for Coaches D: Health Coaching Information System E: External Referral Facilitation F: Information for Referral	Derived from existing WHP content.	The organization provides coaching services to help eligible individuals develop skills to make healthy choices and improve their health.

Standard	Elements	Standard Source	Standard Intent Statement
<b>DE 3: Evidence-Based Content</b>	A: Evidence-Based Content B: Content to Support Social Needs C: Review and Update Process D: Formats E: Digital Content Library	Derived from existing content. Social Needs Content and Digital Content Library are new content.	The organization develops its content using evidence-based research to support informed behavior change for eligible individuals.
<b>DE 4: Social Needs Referrals</b>	A: Facilitating Social Needs Referrals B: Tracking Referral Status	New content from HOA.	The organization and its partners help eligible individuals with social needs obtain access to resources and interventions.
<b>DE 5: Care Team and Device Integration</b>	A: Care Team Support and Coordination B: Device Integration C: Device Data Use and Permissions	New content.	The organization integrates care teams and devices to provide clinical support and monitor the health status of eligible individuals.
<b>DE 6: Measuring Intervention Outcomes</b>	A: Goal Setting Process B: Goal Setting Measures C: Risk Reduction Measures D: Healthy Habit Measures E: Screening and Prevention Measures F: Clinical Outcome Measures	Derived from existing WHP content. Addition of new measures.	The organization evaluates the outcomes of its interventions to assess their impact on the health of eligible individuals.

**Table 2. Alignment Between Wellness and Condition Management and Other NCQA Products for Potential Autocredit**

Wellness and Condition Management Standards	Other NCQA Program Standards
WCM 6, Element A: Population Assessment	HPA PHM 2, Element B: Population Assessment
Health Assessment 1, Element E: Frequency of Health Assessment Completion	HPA PHM 4, Element A: Frequency of Health Appraisal Completion
Health Assessment 2, Elements A-C—Social Needs Screening	CFC 1, Elements C-E: Social Needs Screening
Engaged Intervention 1, Element A: Topics of Tools	HPA PHM 4, Element B: Topics of Self-Management Tools
Engaged Intervention 4, Elements A-B—Social Needs Referrals	CFC 5, Elements B-C: Social Needs Referrals

**Note:** Additional elements align conceptually with other NCQA products, where applicable.

## 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

Find the draft standards at: [2027 WCM Program: Proposed Standards Updates](#)

Find the measurement specifications (for NCQA-defined measures) at: [2027 WCM Program – Measure Specifications](#)

Find the program measure template (for organization-defined measures) at: [2027 WCM Program – Measure Template](#)

Find the questions for public comment: [2027 WCM Program – Public Comment Questions](#)

### 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, with no proposed changes, Support, if the following change is made, Do Not Support).

**Note:** If you chose **Do Not Support**, include the reason in the text box. If you chose **Support**, if the following change is made, 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.**

## Next Steps

The final Standards and Guidelines for Wellness and Condition 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 surveys starting January 2027.