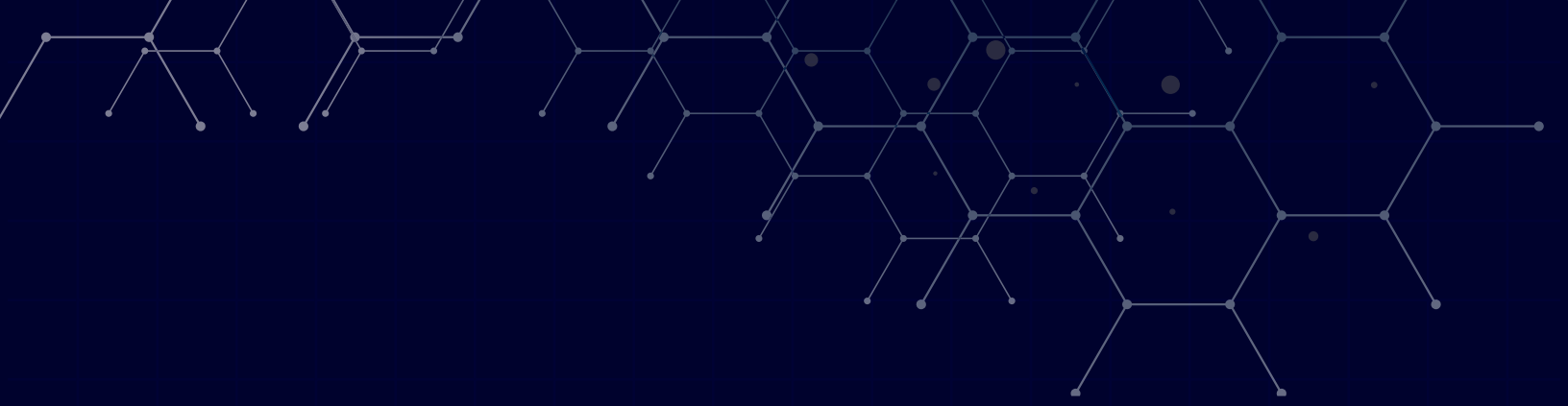




# **2026 NCQA** **Health Outcomes** **Readiness**

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**What Changed. What Matters.**  
**What to Do Now.**

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# Why This Matters Now



A practical readiness guide to help healthcare organizations understand what changed, where risk lives, and how to prepare for 2026 NCQA Health Outcomes Accreditation.

NCQA's Health Equity Accreditation programs are evolving. Beginning in 2026, organizations will have two solid frameworks to advance their health equity initiatives. Taking the place of Health Equity and Health Equity Plus Accreditation is **Health Outcomes Accreditation** and **Community-Focused Care Accreditation**. NCQA is signaling a shift from intent and process to **demonstrated outcomes, accessibility, and effectiveness**.

While the core purpose, reducing disparities and improving care, remains unchanged, **how organizations must demonstrate accountability has changed significantly**. New requirements related to disability data, accessibility, geographic classification, and evaluation introduce both risk and opportunity.

Organizations that wait until their survey year **WILL** struggle. Prepare now and position yourself for smoother surveys, stronger scores, and more defensible equity strategies.

- ▣ What materially changed in the 2026 NCQA standards
- ▣ Where organizations are most likely to lose points
- ▣ Why disability, geography, and evaluation now drive readiness
- ▣ How prepared organizations are responding today



# What Actually Changed

This update is not cosmetic. The 2026 standards introduce material changes that directly affect operations, documentation, data systems, and scoring. Key shifts include:



## From DEI Language to Outcome-Focused Training

Previous standards emphasizing “building a diverse staff” and DEI language were retired. In their place, NCQA now requires training that demonstrably improves care delivery, access, and service quality. Equity work is not eliminated—but it must be justified through outcomes and evidence.



## Disability Is Now Central

New standards require:

- ▣ Direct collection of disability status
- ▣ Direct collection of disability-related accommodations
- ▣ Demonstration of accessible care delivery and digital content

This represents one of the most significant scope expansions in the 2026 standards.



## Geography Must Be Classified and Used

Organizations must apply documented geographic classifications (e.g., rural/urban, RUCA codes, census tract) to identify and stratify disparities—not simply store address data.



## Evaluation Is No Longer Optional

Organizations must evaluate:

- ▣ The effectiveness of disparity-reduction interventions
- ▣ The root causes those interventions are intended to address



## Scoring Modifications Reflect Higher Expectations

The 2026 standards change how organizations are scored, not just what is required. Total available points increase from 31 to 40, with new points concentrated in disability access, accessibility, geographic stratification, and evaluation of intervention effectiveness.

# “IF YOU MISS THIS, YOU RISK FAILING”

These are the areas most frequently identified as readiness risks during early 2026 preparation.

|                                                                                     | Focus Area                   | What NCQA Now Expects                                            | Common Organizational Gaps                       |
|-------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------|--------------------------------------------------|
|    | <b>Disability Data</b>       | Function, identity, and accommodation needs collected accessibly | No scripts, inaccessible tools, no documentation |
|    | <b>Digital Accessibility</b> | Screen-reader friendly, plain language, usability testing        | PDFs and portals are not compliant               |
|  | <b>Training</b>              | Outcome-linked education beyond implicit bias                    | Generic DEI training without alignment           |
|  | <b>Evaluation</b>            | Root-cause analysis + effectiveness measurement                  | Reporting without learning                       |

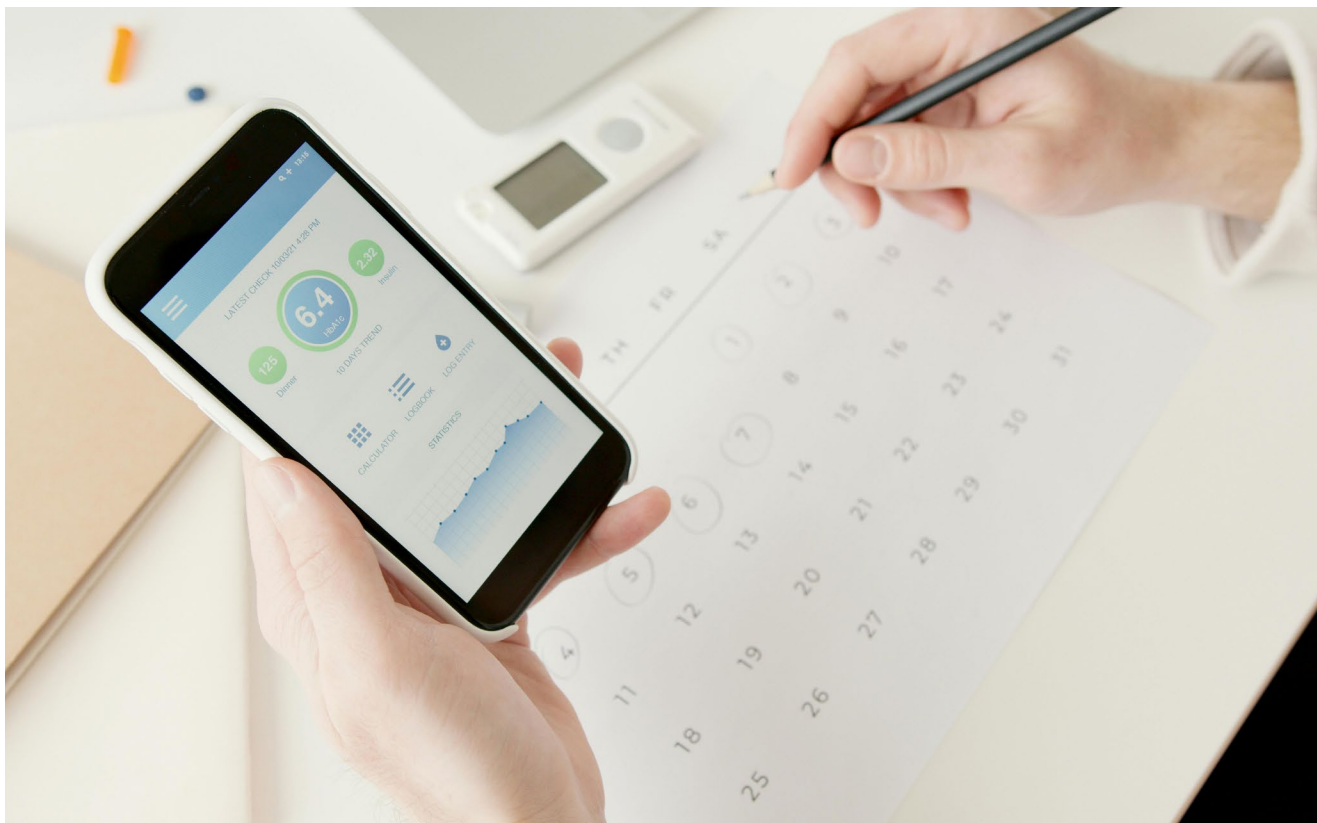


# What Prepared Organizations Are Doing Now

Organizations on track for 2026 or later surveys are already

- ▣ Auditing **data collection methods** for accessibility
- ▣ Mapping **disability accommodation workflows** across care settings
- ▣ Classifying geography using at least two meaningful frameworks
- ▣ Reviewing **digital content** (PDFs, portals, websites) for accessibility
- ▣ Aligning training content with **care delivery impact**
- ▣ Establishing **evaluation frameworks** before interventions launch

Preparation is no longer about volume. It is about alignment.



# 10-Question Readiness Snapshot

Answer quickly. Your first instinct is usually the right one.

Yes / In Progress / No

|                                                                                                        |                          |                          |                          |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. We can demonstrate an accessible collection of disability status data                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. We collect and store accommodation needs separately from disability identity                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Our digital content meets accessibility standards (screen reader, plain language)                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. We have documented geographic classification methods                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. We stratify at least one quality measure by disability or geography                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. We evaluate the effectiveness of at least one equity intervention                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Our training content aligns with care delivery outcomes                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. We have implementation plans where evidence is deferred                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Our documentation clearly maps to accreditation elements                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Our entire workforce, from leadership to the front line understands these changes and their impact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Mostly “No” or “In Progress”?

If you answered ‘No’ or ‘In Progress’ to more than three questions, your organization is already in the readiness window.

# How Organizations Are Responding

Healthcare organizations are addressing these changes through:



Health Outcomes Readiness Assessments



Targeted gap analyses



Documentation review and preparation



Mock scoring and survey simulations

The goal is not perfection; it is defensibility, clarity, and readiness.

## About Connected Consultants

Connected Consultants does not do performative compliance. We push healthcare organizations past check-the-box equity and into work that holds up under real survey conditions. Over the last several years, we have supported organizations through **both initial and renewal accreditation surveys**, helping teams move from as little as **4% readiness to successful submission**—including engagements that resulted in **near-perfect scores**.

We sit at the intersection of **health equity, quality, compliance, and evaluation**, and we are not afraid to say what others won't: if the work isn't documented, accessible, measurable, and defensible, it won't score. Our role is to tell the truth early, align strategy to standards, and help organizations deliver outcomes—not optics.

## Ready or at Risk?

Organizations preparing under outdated assumptions risk missed points, delayed surveys, and defensibility gaps. Readiness for 2026 requires action now—before documentation, data, and workflows are tested under new expectations.



Health Outcomes Readiness Assessment



Gap Analysis



Mock Scoring & Survey Simulation



# CAPABILITY STATEMENT

## > WHO WE ARE

Connected Consultants, LLC is a boutique healthcare consulting firm that pushes organizations beyond performative equity into measurable, sustainable results. We align equity, quality, and compliance to drive accreditation readiness, improve outcomes, and build stronger cultures—bridging the gap between strategy and action so leaders can deliver high-quality, equitable care.



## > CORE CAPABILITIES

### **Quality Improvement & Compliance Consulting**

We provide expert guidance to advance quality improvement, strengthen policies, and build sustainable strategies

### **Health Equity Accreditation & Readiness**

We guide organizations through accreditation, offering practical readiness assessments, targeted gap closure plans, and sustainable documentation systems.

### **Learning & Workforce Development**

We strengthen organizations through equity-focused training, efficient onboarding solutions, leadership development, scalable eLearning, and workforce engagement.

### **Strategic Partnerships & Thought Leadership**

We provide expertise in national health equity initiatives, strategic planning, and design communications and thought leadership strategies to elevate the impact of equity.

## WHY CHOOSE US?

### • **Proven Results**

Achieved near-perfect NCQA Health Equity scores and built compliance systems still in use years later.

### • **Cross Sector Experience**

Partnered with provider groups, health plans, startups, and community orgs ensuring adaptable solutions.

### • **Focus on Sustainability**

Our strategies are built for long-term impact, not quick fixes.

## NGIP/NAISC CODES

95856 – Healthcare Management Services

94807 – Administration, Healthcare

541611 – Administrative/General Management Consulting Services

541612 – Human Resources Consulting Services

611430 – Professional and Management Development Training

## > PAST PERFORMANCE

### **QMetrics/Sharp Health Plan**

Provided equity-focused quality and compliance consulting to prepare for accreditation for all 6 relevant elements.

### **Community Care Cooperative**

Guided the organization through NCQA Health Equity Accreditation, achieving 28/29 points.

### **MN State Operated Behavior Health System**

Providing equity-focused training, including a cultural humility keynote for 200 leaders

### **Eleanor Health**

Assessed readiness for health equity accreditation. Launched their Learning, DEIB/Health Equity departments

## > CERTIFICATIONS

- Certified Professional in Healthcare Quality
- Certified Healthcare Compliance: Scheduled 11/25
- NC HUB and SBE Certifications: Applications in Process



## CONTACT US

Ready to move beyond performative equity? Let's schedule a call.