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2026 Health Outcomes Readiness Snapshot

What changed in NCQA's equity accreditation, where organizations get caught, and a 10-question check you can run this week.

FOR HEALTH PLAN QUALITY, ACCREDITATION & EQUITY LEADERS

40
total points in the 2026 Health Outcomes standards

80%
of applicable points needed to be Accredited

7/1/26
new standards apply to surveys on or after this date

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New name. Harder test.

On January 15, 2026, NCQA renamed Health Equity Accreditation to **Health Outcomes Accreditation**, and Health Equity Plus to **Community-Focused Care Accreditation**. Surveys on or after July 1, 2026 use new standards, now worth **40 points**, and you still need **80%** to be accredited.

1. **Disability is now its own standard**
   A new standard (HO 4) asks how you arrange accommodations, support members before and during care, and make vital digital content accessible.
   NEW

2. **More data, collected respectfully**
   HO 2 adds disability status, accommodation needs and at least two geographic classifications. Race and ethnicity move to the 2024 federal categories; gender identity is retired.
   EXPANDED

3. **The network gets physical**
   HO 5 adds information on accessible equipment and steps to improve care-site accessibility.
   NEW

4. **Disparity work must show results**
   HO 7 asks you to stratify by disability and geography, act on a disparity and its root cause, and evaluate whether it worked.
   RAISED BAR

5. **Training must be offered to everyone**
   Every employee is offered at least one training a year on a topic that improves care or reduces disparities.
   REFOCUSED

24 **state agencies** contractually require health plans to hold Health Outcomes Accreditation, and 4 more require Community-Focused Care, as reported by NCQA as of November 2025.

> **The label changed. The obligation didn't.**

Miss these, and your score shows it.

Four areas where we most often see teams lose points under the 2026 standards.

AREA	WHAT SURVEYORS LOOK FOR	WHERE TEAMS FALL SHORT
Disability data	Disability status and accommodation needs collected and stored separately, with "choose not to disclose" and "no answer yet" tracked distinctly	• One yes/no field, no script for staff, accommodation needs buried in free-text notes
Accessible digital content	Vital information in plain language, screen-reader formats, captions, large text and easy-to-find access features, with usability testing by real users	• Scanned PDFs, uncaptioned video, no testing with people who use assistive technology
Geography	At least two geographic classifications (e.g., census tract, rural-urban codes) used to stratify results	• Addresses stored but never classified or analyzed
Disparity interventions	An intervention aimed at a disparity and its root cause, plus an evaluation of whether it worked	• Reports that describe gaps but never test a fix

JUNE
30
2027

You have a relief year. Use it to build.

Disability-status collection isn't scored for surveys before June 30, 2027, and several related items are also on hold between July 1, 2026 and June 30, 2027. Build, test and document now, so your first scored survey isn't your first attempt.

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How ready are you? 10 questions, 10 minutes.

Mark each statement **Yes**, **In progress** or **No**.

STATEMENT	YES	IN PROGRESS	NO
1 We know our next NCQA survey date and which 2026 standards apply to us.	☐	☐	☐
2 We collect disability status and accommodation needs as separate fields.	☐	☐	☐
3 Staff have a script for asking about disability respectfully, including "choose not to disclose."	☐	☐	☐
4 We have a process to arrange accommodations before scheduled visits or calls.	☐	☐	☐
5 Our vital member information is available in plain language and screen-reader-ready formats.	☐	☐	☐
6 We have tested our accessible formats with people who use them.	☐	☐	☐
7 Addresses are classified with at least two geographic methods (e.g., census tract, rural-urban codes).	☐	☐	☐
8 We can stratify at least one quality measure by disability and one by geography.	☐	☐	☐
9 We have one disparity intervention aimed at a root cause, with an evaluation plan written before launch.	☐	☐	☐
10 Every employee was offered at least one qualifying training in the past year, and we can show the evidence.	☐	☐	☐

8–10 Yes

You're in good shape. A file review will confirm it.

4–7 Yes

You have a foundation and some gaps. Prioritize now.

0–3 Yes

Start with a gap assessment this quarter.

Not sure how to score yourself? Bring your answers to a free 30-minute readines
calendly.com/connectedconsultants-/complimentary-discovery-call

From gap to file-ready.

START HERE · FREE

30-minute readiness review

We walk through your 10 answers together and name your top three priorities.

6 WEEKS

HOA 2026 gap assessment

An element-by-element review against the 2026 standards, with a prioritized work plan and a documentation map.

AS NEEDED

Build support

Disability data and accommodation workflows, accessible content review, stratification and root-cause intervention design, and staff training.

Why work with us

- Quality, compliance and equity expertise on one team (CPHQ, CHC, DHA).
- We've built these functions inside health plans and care organizations, not just advised on them.
- Accessibility and plain-language expertise. Our deliverables meet the standard they describe.

Book your free readiness review

Bring this checklist. Leave with your top three priorities.

Book now

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Based on NCQA, *2026 Standards and Guidelines for Health Outcomes and Community-Focused Care Accreditations* (effective for surveys on or after July 1, 2026). This summary is for planning purposes only and is not affiliated with or endorsed by NCQA.