2027 Health Plan Accreditation

Public Comment Questionnaire — Split by Subheading

The template below lists each public comment question included in the National Committee for Quality Assurance (NCQA) 2027 Health Plan Accreditation and reflects the corresponding responses submitted through NCQA's web-based public comment form.

Background Questions

Background Questions

#	Topic / Element	Question / Prompt	Response
1	Background Questions	Which best describes your organization?	Government-State

Global Questions

Global Questions

#	Topic / Element	Question / Prompt	Response
1	Global Questions	To what extent do you support the proposed reductions? Strongly support Support Neutral Do not support Strongly do not support	Neutral. The proposed changes generally preserve core program expectations and accountability while increasing flexibility in how health plans demonstrate compliance. As NCQA implements these reductions, it will be critical to monitor unintended impacts and report findings publicly, including variability in how health plans demonstrate compliance and any performance degradation. This will reassure regulators and purchasers that burden-reduction efforts balance efficiency with meaningful oversight. Additionally, California public purchasers (Covered California, the California Department of Health Care Services (DHCS), and the California Public Employees' Retirement System (CalPERS)) encourage NCQA to maintain a focus on member experience and access to care so that burden-reduction efforts do not reduce visibility into issues that directly affect members. For example, the Kaiser Family Foundation (KFF) recently analyzed prior authorization burden-reduction efforts that have left unresolved barriers related to patient awareness, data privacy, and security

			concerns (Pestaina, K., Lo, J., Wallace, R., & Long M. (2024, May 2). We also encourage NCQA to pay close attention to how these burden-reduction efforts may impact cost, considering health care affordability challenges remain widespread among U.S. adults (Sparks, G., Lopes, L., Montero, A., Presiado, M., & Hamel, L. (2026, April 30). Americans' Challenges with Health Care Costs. KFF. https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/).
2	Global Questions	To what extent do the proposed changes help reduce administrative burden, improve clarity and support more focused, meaningful evaluation?	Significantly helps. The proposed changes would lessen administrative burden by eliminating documentation-intensive requirements, providing greater flexibility in how compliance is demonstrated, and directing Accreditation efforts toward activities that offer greater insight into health plan performance.
3	Global Questions	Do proposed reductions preserve meaningful oversight of core capabilities across the Accreditation life cycle (First Surveys, Interim Surveys, Renewal Surveys)?	Somewhat, but only to a limited extent. California public purchasers urge caution with any proposed reductions, as streamlining should not come at the expense of meaningful oversight across the Accreditation life cycle. Reductions that lessen visibility into core capabilities during First Surveys, Interim Surveys, or Renewal Surveys may weaken accountability and increase the risk that important performance or compliance issues go unidentified over time.
4	Global Questions	Do you support carrying proposed changes through to other affected NCQA Accreditation programs, where applicable?	Yes. Applying these changes across other Accreditation programs, where appropriate, promotes consistency in expectations, reduces duplicative review activities, and supports a more streamlined experience for health plans participating in multiple Accreditation programs.
5	Global Questions	Could proposed reductions create unintended risks, gaps or confusion for organizations or surveyors?	Yes, and the risks should not be understated. Proposed reductions could create unintended gaps and confusion for both organizations and surveyors by increasing discretion in how compliance is demonstrated and by limiting review of areas that may still warrant continued attention at Renewal Surveys. If not carefully designed, these changes could weaken consistency in survey application, reduce comparability across organizations, and allow important performance or compliance issues to go undetected until they become more significant.

Content-Related Questions

Quality Improvement — QI 3: Continuity and Coordination of Care

#	Topic / Element	Question / Prompt	Response
QI 3: Continuity and Coordination of Care	QI 3, Element E	Do you support retiring this element?	Support with Modifications. As drafted, continuity and coordination are more meaningfully assessed through broader requirements that evaluate whether an organization has durable processes for communication, care planning, referral management, follow-up, and closed-loop coordination. As NCQA continues to develop Advanced Primary Care (APC) Standards for APC Accreditation, we encourage it to prioritize cross-cutting standards and measures that assess whether primary care is functioning effectively across settings, rather than layering on narrower elements that only apply episodically. In our view, continuity and coordination are foundational capabilities of advanced primary care and are better assessed through core APC expectations such as referral management, transitions of care, integrated care planning, behavioral health integration, and continuity-focused outcome measures.

Population Health Management

PHM 5: Complex Case Management

#	Topic / Element	Question / Prompt	Response
PHM 5: Complex Case Management	PHM 5, Element A—Access to Case Management	Do you support retiring this element from Renewal Surveys?	Support with Modifications. Retiring PHM-5, Element A for Renewal Surveys while maintaining this requirement for First and Interim Surveys reduces administrative burden associated with reviewing activities that consistently show high performance. As this change is implemented, NCQA should continue to assess whether access to complex care management services remains sufficiently evaluated through other standards and survey activities.
PHM 5: Complex	PHM 5, Element C—Case Management Process	Do you support removing the conclusion for each factor requirement?	Support. This reduces unnecessary administrative burden while preserving NCQA's ability to evaluate case management processes and focuses accreditation efforts on substantive

Case Management			program performance rather than documentation expectations that have no impact on scoring.
PHM 5: Complex Case Management	PHM 5, Element D—Initial Assessment	Do you support removing the conclusion for each factor requirement?	Support. This reduces unnecessary administrative burden while maintaining a requirement for thorough evaluation of initial assessments.

Network Management

NET 4: Continued Access to Care

#	Topic / Element	Question / Prompt	Response
NET 4: Continued Access to Care	NET 4, Element A—Notification of Termination	Do you support retiring this element from Renewal Surveys?	Do not Support. California public purchasers support ongoing oversight beyond the initial and interim surveys to ensure that members receive timely notification of provider terminations, including paper notification for members without reliable electronic access.
NET 4: Continued Access to Care	NET 4, Element B—Continued Access to Practitioners	Do you support retiring this element from Renewal Surveys?	Do not Support. Given the importance of continuity of care, continued oversight is needed to ensure accredited plans maintain members' continuity of care in the event of practitioner terminations.

NET 5: Physician and Hospital Directories

#	Topic / Element	Question / Prompt	Response
NET 5: Physician and Hospital Directories	NET 5, Element G—Usability Testing	Do you support retiring this element?	Do not Support. Oversight must be maintained to ensure that members with differing language needs and preferences are able to both access and navigate provider and physician directories with ease. Whether or not there are significant changes to member demographics, California public purchasers strongly encourage requiring evidence that health plans are actively providing language options to meet the language needs of their members and enrollees.

NET 5: Physician and Hospital Directories	NET 5, Element H—Availability of Directories	Do you support retiring this element?	Do not Support. The complete removal and retirement of this element and lack of oversight may cause physician and provider directories to contain outdated or incorrect information. Enrollees may require access to another format or method (i.e., print, telephone, screen reader-compatible, assistive support or resources) to search for and select an in-network provider. California public purchasers strongly encourage the maintenance or revision of this element to ensure all enrollees will be able to utilize physician or provider directories, particularly in states without applicable regulatory requirements to ensure this breadth of modality.

Utilization Management

UM 1: Program Structure

#	Topic / Element	Question / Prompt	Response
UM 1: Program Structure	UM 1, Element A—Program Description	Do you support adding factor 9 to strengthen transparency around AI-generated outputs?	Support with Modifications. We support strengthening transparency around AI-generated outputs to ensure oversight, governance, and accountability in utilization management processes. Factor 9 is critical to mitigating risks like bias and errors and fostering trust in AI-driven outcomes. However, since health plans can currently pass accreditation without addressing Factor 9, we strongly recommend making it a mandatory "critical factor" for all plans. Additionally, while we support physician or practitioner reviews in medical necessity denials, refinements are needed to address operational challenges and ensure timely access to care. Mandatory compliance with Factor 9 would better safeguard against inappropriate denials and enhanced accountability.

UM 2: Clinical Criteria for UM Decisions

#	Topic / Element	Question / Prompt	Response
UM 2: Clinical Criteria for UM Decisions	UM 2, Element A—Clinical Criteria for UM Decisions	Do you support retiring this element from Renewal Surveys?	Do not Support. While the approach is practical and efficient in eliminating duplicate policy reviews during Renewal, it may compromise the thorough evaluation of foundational requirements that are critical to an effective utilization management (UM) program. The use of clinical criteria for UM decisions is a cornerstone of a well-functioning UM process and consistent assessment is essential to ensure quality and appropriateness of care. Its removal from Renewal surveys may overlook ongoing importance and create gaps in oversight. We are not convinced that eliminating such a critical element from Renewal surveys justifies the administrative efficiencies gained.

UM 4: Appropriate Professionals

#	Topic / Element	Question / Prompt	Response
UM 4: Appropriate Professionals	UM 4, Element F—Use of Board-Certified Consultants	Do you support retiring this element from Renewal Surveys?	Do not Support. This element is critical to the integrity of the evaluation process and the effectiveness of a UM program. While retaining it for First and Interim Surveys ensures that foundational practices are reviewed during critical stages, retirement from Renewal Surveys eliminates an essential safeguard for ongoing accountability. Instead, we suggest strengthening the requirement by ensuring that a higher percentage of complex UM decisions are reviewed by same-specialty board-certified reviewers. This approach would better address the need for appropriate specialists in decision-making and ensure that critical UM elements are thoroughly assessed.

UM 5: Timeliness of UM Decisions

#	Topic / Element	Question / Prompt	Response
UM 5: Timeliness of UM Decisions	UM 5, Element C, factor 3—Notification of Pharmacy Decisions	Do you support changing the time frame for urgent preservice decisions from 72 hours to 24 hours to align with CMS?	Support with Modifications. This update establishes a more streamlined and consistent approach for urgent care decision-making, ensuring timely access to care for urgent medical needs by reducing the decision-making time frame. Aligning this policy with the Centers for Medicare & Medicaid Service's proposed rule helps minimize confusion between regulatory and accreditation standards while improving operational efficiency. However, we recommend including a clear definition of "urgent" to ensure consistent interpretation and application across health plans, further enhancing clarity and effectiveness.

UM 10: Procedures for Pharmaceutical Management

#	Topic / Element	Question / Prompt	Response
UM 10: Procedures for Pharmaceutical Management	UM 10, Element A—Pharmaceutical Management Procedures	Do you support retiring this element from Renewal Surveys?	No response.
UM 10: Procedures for Pharmaceutical Management	UM 10, Element B—Pharmaceutical Restrictions/ Preferences	Does the revised element stem clarify the required timing for updates?	Support. The revision clarifies the required timing for the updates.
UM 10: Procedures for Pharmaceutical Management	UM 10, Element D—Procedures for Pharmaceutical Management	Do you support retiring this element?	Do not Support. Although many health plans carve out pharmacy functions to their pharmacy benefits manager, it is also common to retain certain elements, including formulary oversight. In addition, all health plans maintain oversight of their medical pharmacy benefit. We recommend retaining this element unless NCQA can clarify how appropriate review and monitoring of this critical benefit would continue.
UM 10: Procedures for Pharmaceutical Management	UM 10, Element E—Considering Exceptions	Do you support retiring this element from Renewal Surveys?	Do not Support. This element is critical to the integrity of a functioning pharmacy Utilization Management program, ensuring that members have access to medications denied based on protocols, through the medical necessity pathway.

			While retaining it for First and Interim Surveys ensure foundational practices are reviewed during critical stages, retirement from Renewal Surveys eliminates an essential safeguard for ongoing accountability.

Credentialing

CR 2: Credentialing Committee

#	Topic / Element	Question / Prompt	Response
CR 2: Credentialing Committee	CR 2, Element A—Credentialing Committee	Do you support replacing the evidence required for this element with the Credentialing Committee charter?	Do not Support. While replacing the evidence required for this element with a Credentialing Committee charter would reduce administrative burden, it allows for weaker evidence of operation and less visibility into peer review. Without reviewing meeting minutes, it would be harder to verify decision-making, as meeting minutes provide evidence that a meeting has occurred and justification of decisions. A charter alone would not provide insight into operational practice. As proposed, this change would allow health plans to have a compliant charter on file without having to demonstrate that the committee is meeting consistently in practice. California public purchasers recommend that NCQA consider modifying CR 2, Element A, to keep the charter requirement and provide clear minimum documentation elements tied to the actual health plan operation.

CR 7: Assessment of Organizational Providers

#	Topic / Element	Question / Prompt	Response
CR 7: Assessment of Organizational Providers	CR 7, Element A—Assessing Medical Providers	Do you support allowing virtual modalities to conduct quality assessment?	No response.

CR 7: Assessment of Organizational Providers	CR 7, Element D—Assessing Medical Providers	Do you support allowing virtual modalities to conduct quality assessment?	No response.
CR 7: Assessment of Organizational Providers	CR 7, Element E—Assessing Behavioral Healthcare Providers	Do you support allowing virtual modalities to conduct quality assessment?	No response.

Member Experience

ME 3: Marketing Information

#	Topic / Element	Question / Prompt	Response
ME 3: Marketing Information	ME 3, Element A—Materials and Presentations	Do you support retiring this element from the Member Experience category and moving the requirement to the Medicaid Module?	Do not Support. The proposal, as written, would reduce oversight into non-Medicaid lines. The proposed revision weakens accountability around realistic member expectations. In the 2024 NCQA Health Plan Accreditation Standards for Member Experience Element A, health plans must ensure that members have a realistic expectation of how the health plan operates. Retirement and the move of this element would make this expectation less visible in the Member Experience Standard. California public purchasers recommend keeping this element unless NCQA can clarify this revision in a manner that would explain how the commercial/exchange marketing accuracy would still be reviewed to ensure that there is not a gap in consumer protections.
ME 3: Marketing Information	ME 3, Element B—Communicating with Prospective Members	Do you support retiring this element from the Member Experience category and moving the requirement to the Medicaid Module?	Do not Support. The proposal, as written, reduces the oversight in non-Medicaid product lines. The retirement and move of Element B would weaken visibility into communications to prospective members in non-Medicaid product lines. California public purchasers recommend keeping this element to ensure protections for prospective and current members.

ME 3: Marketing Information	ME 3, Element C—Assessing Member Understanding	Do you support retiring this element from the Member Experience category and moving the requirement to the Medicaid Module?	Do not Support. The proposal, as written, reduces the oversight in non-Medicaid product lines. The retirement and move of Element C would weaken visibility in how members understand the information they are receiving from health plans. The removal of Element C would reduce emphasis on consumer feedback about comprehension of materials.

ME 4: Functionality of Claims Processing

#	Topic / Element	Question / Prompt	Response
ME 4: Functionality of Claims Processing	ME 4, Element A—Functionality: Website	Do you support retiring this element?	Do not Support. California public purchasers recommend keeping this element for all surveys. Given the impact claims processing can have on member experience, access to benefits, and understanding of coverage and cost-sharing responsibilities, NCQA should continue to assess claims processing functionality to maintain appropriate oversight of this core operational capability.
ME 4: Functionality of Claims Processing	ME 4, Element B—Functionality: Telephone Requests	Do you support retiring this element?	Do not Support. California public purchasers recommend keeping this element for all surveys. Given the impact claims processing can have on member experience, access to benefits, and understanding of coverage and cost-sharing responsibilities, NCQA should continue to assess claims processing functionality to maintain appropriate oversight of this core operational capability.

ME 5: Pharmacy Benefit Information

#	Topic / Element	Question / Prompt	Response
ME 5: Pharmacy Benefit Information	ME 5, Element A—Pharmacy Benefit Information: Website	Do you support retiring this element?	Do not Support. California public purchasers recommend keeping this element for all surveys. Because pharmacy information directly affects members' understanding of medication coverage, cost-sharing, and treatment options, NCQA should ensure these capabilities remain sufficiently evaluated.

ME 5: Pharmacy Benefit Information	ME 5, Element B—Pharmacy Benefit Information: Telephone	Do you support retiring this element?	Do not Support. California public purchasers recommend keeping this element for all surveys because pharmacy information directly affects members' understanding of medication coverage, cost-sharing, and treatment options, NCQA should ensure these capabilities remain sufficiently evaluated.
ME 5: Pharmacy Benefit Information	ME 5, Element C—Pharmacy Benefit Updates	Do you support retiring this element?	Do not Support. California public purchasers recommend keeping this element for all surveys, because pharmacy information directly affects members' understanding of medication coverage, cost-sharing, and treatment options, NCQA should ensure these capabilities remain sufficiently evaluated.

ME 6: Personalized Information of Health Plan Services

#	Topic / Element	Question / Prompt	Response
ME 6: Personalized Information of Health Plan Services	ME 6, Element A—Functionality: Website	Do you support retiring this element from Renewal Surveys?	Do not Support. NCQA should ensure that mechanisms remain in place to assess how health plans provide individualized information on an annual basis that supports members in navigating health services and benefits.
ME 6: Personalized Information of Health Plan Services	ME 6, Element B—Functionality: Telephone	Do you support retiring this element from Renewal Surveys?	Do not Support. NCQA should ensure that mechanisms remain in place to assess how health plans provide individualized information on an annual basis that supports members in navigating health services and benefits.

ME 7: Member Experience

#	Topic / Element	Question / Prompt	Response
ME 7: Member Experience	ME 7, Element C—Annual Assessment of Nonbehavioral Healthcare	Do you support removing the five prescriptive categories for complaints and appeals?	Do not Support. California public purchasers support annual reviews of member complaints, appeals and experience in a structured format, to strengthen nonbehavioral healthcare member experience oversight. Using standardized categories

	Complaints and Appeals		for reporting complaints and appeals provides consistent reporting across comparable plans and provides visibility for plan-specific performance. It is unclear how member experience complaints and appeals would be reported without these structured categories.
ME 7: Member Experience	ME 7, Element E—Annual Assessment of Behavioral Healthcare and Services	Do you support removing the five prescriptive categories for complaints and appeals?	Do not Support. California public purchasers support annual reviews of member complaints, appeals and experience in a structured format, to strengthen behavioral healthcare member experience oversight. Using standardized categories for reporting complaints and appeals provides consistent reporting across comparable plans and provides visibility for plan-specific performance. It is unclear how member complaints and appeals would be reported consistently without these structured categories.