



Policy and Procedure No: QM 24.2		Revision No: 2
Division: Care Management		
Department: Quality Management		
Title: PHC-CA National Committee for Quality Assurance Accreditation		
Effective Date: 1/1/2024		
Supersedes Policy No: QM 24.0, QM 24.1		
Reviewed/Revised by: Sandra Holzner		Review/Revision Date: 8/14/2026
Approving Committee: Quality Management Committee		Date: 9/18/2026
Executive Oversight Committee Date: 9/22/2026		

Purpose:

To affirm that PHC California (the Health Plan) will achieve full National Committee for Quality Assurance Accreditation (NCQA) Health Plan Accreditation (HPA) and NCQA Health Equity Accreditation no later than January 1, 2026; and to describe the Health Plan's NCQA-related obligations pursuant to its contract with the Department of Health Care Services (DHCS).

Policy:

1. The Health Plan will submit NCQA HPA and Health Equity Accreditation results to DHCS every three (3) years once NCQA Accreditation is achieved.
2. The Health Plan will complete any additional NCQA accreditation programs as directed by DHCS.
3. The Health Plan will provide evidence of interim NCQA HPA approval within (5) five working days of receipt.
4. The Health Plan will provide DHCS with the following components of its NCQA HPA and Health Equity Accreditation status and reviews within thirty (30) calendar days of the receipt of the completed report from NCQA:
 - a. Accreditation status;
 - b. Survey type;
 - c. Results of the review;
 - d. Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) summary level data;
 - e. Recommended actions or improvements;
 - f. Corrective Action plans and summaries of findings; and
 - g. Expiration date of the accreditation.
5. The Health Plan will notify DHCS of the date of its NCQA site visit within fifteen (15) calendar days of confirmation of the site visit by NCQA.

6. The Health Plan will make all written materials submitted to NCQA available to DHCS and allow DHCS representative(s) to participate in the NCQA audit activities, including but not limited to, the NCQA site visit.
7. The Health Plan will notify DHCS of any change in NCQA HPA and Health Equity Accreditation status within thirty (30) calendar days of receipt of the final NCQA report. In addition to complying with any corrective actions imposed by NCQA, the Health Plan will comply with any corrective actions imposed by DHCS to address a change in the Health Plan's accreditation status.
8. In the event the Health Plan engages any fully delegated subcontractors or downstream contractors, the Health Plan will require those entities to also have NCQA accreditation and will oversee their accreditation status.
9. NCQA Readiness:
 - a. The Health Plan maintains continuous readiness for NCQA accreditation through a structured monitoring and oversight process designed to evaluate ongoing compliance with applicable NCQA standards and requirements through the following methods:
 - i. Conduct ongoing monitoring of compliance with NCQA requirements throughout the accreditation cycle.
 - ii. Establish defined performance measures, monitoring activities, and evidence requirements for applicable standards.
 - iii. Periodically validates that policies, procedures, reports, committee documentation, files, and other supporting evidence demonstrate operational compliance.
 - iv. Identify, document, escalate, and remediate deficiencies in a timely manner.
 - v. Monitor corrective actions through completion and validate that corrective actions are effective and sustainable.
 - vi. Maintain documentation in a manner that supports timely retrieval and submission during NCQA surveys and other accreditation activities.
 - vii. Report significant readiness risks and identified deficiencies to the Quality Improvement and Health Equity Committee (QIHEC) and the Executive Oversight Committee of the Board of Directors (EOC).

Procedure:

1. The National Quality Director or designee serves as the Health Plan's primary point of contact with representatives of NCQA. Responsibilities include:
 - a. Completing the NCQA application
 - b. Communicating to Health Plan staff the schedule of deliverables, surveys and site reviews
 - c. Ensuring prompt and complete submission of requirements

- d. Fielding requests for additional information
 - e. Coordinating on-site visits by NCQA personnel
- 2. The National Quality Director or designee and the Compliance Officer or designee are jointly responsible for notifications and document submissions to DHCS as described in the policies above.
- 3. NCQA Readiness
 - a. At least annually, the Health Plan shall assess readiness against applicable NCQA standards. The assessment shall include, as applicable:
 - i. Review of applicable NCQA standards and updates;
 - ii. Confirmation of responsible business owners;
 - iii. Review of policies and procedures;
 - iv. Validation of required reports and performance measures;
 - v. Review of committee minutes and governance documentation;
 - vi. Review of files, records, and other evidence demonstrating implementation;
 - vii. Assessment of delegated activities when applicable;
 - viii. Identification of evidence or operational gaps; and
 - ix. Assessment of previously identified deficiencies and corrective actions.

Definitions:

- 1. Health Equity Accreditation: Accreditation is aimed at building an internal culture that supports health equity; creates and offers language services and provider networks mindful of individuals' cultural and linguistic needs; and strives to reduce health inequities and improve care.
<https://www.ncqa.org/programs/health-equity-accreditation/>

Monitoring:

- 1. The Health Plan shall maintain a centralized NCQA readiness tracker or equivalent mechanism to support ongoing monitoring throughout the accreditation cycle.
 - a. Monitoring shall occur quarterly and include, at a minimum, the applicable NCQA standard or requirement, responsible business owner, required evidence, current compliance and readiness status, date of most recent validation, identified gaps or risks, corrective actions and responsible owners, target completion dates, and validation or closure status.
 - b. Results of quarterly monitoring, including identified risks, deficiencies, and corrective action status, shall be reported to the QIHEC to support ongoing oversight and sustained

accreditation readiness.

2. This policy is updated as necessary, reviewed and approved annually by QIHEC.

Reference(s):

1. DHCS Contract 23-30211, Exhibit A, Attachment III, Section 2.2.8 National Committee for Quality Assurance Accreditation

Review History:

Date	Version	Agency	Purpose	Response
12/08/2023	24.0	Dept. of Health Care Services (DHCS)	2024 Operational Readiness (O/R) R.0046	Approved
09/22/2025	24.1	N/A	Clerical updates	N/A
9/2/2026	24.2	DHCS	DHCS Medical Audit Corrective Action Plan	Pending
9/18/2026	24.2	Quality Improvement and Health Equity Committee (QIHEC)	Review changes for Medical Audit CAP	Approved
9/22/2026	24.2	Executive Oversight Committee	Review changes for Medical Audit CAP	Approved