States Using NCQA Accreditation for Commercial Plans

1. **Arizona**: Accredited plans performing utilization review are exempt from state utilization management requirements (State Law: 20-2502).

2. **California**: The California Public Employees’ Retirement System (CalPERS) requires contracted health plans to maintain NCQA accreditation, including HMOs and PPOs.

3. **Colorado**: Private accreditation may be considered as evidence of meeting some or all of the state requirements for HMOs concerning quality assurance, access to care, utilization review and credentialing. (State Regulation: 6 CCR 1011-2).

4. **Connecticut**: HMOs that have received one-year or higher level of accreditation from NCQA and also submit HEDIS are recognized as meeting quality assurance, complaint, prior authorization, and utilization review reporting requirements under Section 38a.-478c CT Code.

5. **Florida**: Accreditation is required for health plans serving the commercial market and health plans contracted with the Medicaid and state employee benefit programs (State Regulation 59A-12.0071). Rules for approved accrediting organizations (State Regulation: 59A-12.0072).

   Accreditation is also required for credentialing verification organizations (CVOs). (State Law: 456.047).

6. **Georgia**: NCQA accreditation is recognized for meeting certain state requirements for the state’s HMO certification process (Georgia Code 33-21-3b.1).

   Private Review Agents must demonstrate accreditation for the state certification requirement (State Regulations: 120-2-92-.01 to -.03).

   The Georgia Department of Community Health, Division of State Health Benefit Plan, requires contracted plans to be accredited by NCQA.

7. **Hawaii**: Accreditation is required for all health plans (State Law: 432E-11).


9. **Indiana**: NCQA accredited organizations may be deemed compliant with the state’s minimum requirements for utilization review organizations (27-8-17-14a). Accredited HMOs are deemed compliant with requirements for treatment policies, and primary care and (other) service access requirements (State Regulation: 27-13-36).

10. **Iowa**: A third-party payor which provides health benefits shall not conduct utilization review by contract with a third party that does not meet the requirements established for accreditation (State Regulation:191-70.3).

11. **Kansas**: External quality assessments are required for commercial health plans (State Law: 40-3211). NCQA accreditation meets this requirement.
12. **Kentucky**: Accreditation is recognized as meeting state utilization review requirements (KRS 304.17A-617). NCQA is a “nationally recognized accreditation organization” per KRS 304.17A-600.

13. **Maine**: NCQA standards are recognized as meeting state quality oversight requirements for commercial health plans (10-144 §109-1.05).

   For utilization review, carriers accredited by a nationally recognized accrediting organization may seek a waiver from some state requirements. (2-31 §850-8).

14. **Maryland**: Health plans may submit accreditation reports to demonstrate compliance with state requirements. (State Law: 19-705.1).

15. **Massachusetts**: Accreditation is recognized for meeting state requirements in UR, QI, and CR for commercial plans. (State Regulation: 211 CMR 52.05; UM 211 CMR 52.05).

16. **Michigan**: Select NCQA standards have been deemed equivalent to state quality requirements for commercial HMOs.

   Benefit plans offered by state or local government employers must provide case management services that meet the case management requirements of accrediting organizations (2007 Public Act 106; section 124.75).

17. **Minnesota**: The Minnesota Department of Health accepts compliance with many NCQA accreditation standards within the areas of quality improvement and utilization management as evidence of meeting state requirements. (State Law: 62Q.37)

18. **Missouri**: Accreditation is recognized for utilization review requirements and select quality improvement requirements related to network access. (UR State Regulation: 20 CSR 400-10.010; QI State Regulation: 20 CSR 400-7.095).

19. **Montana**: Accreditation is recognized for state quality improvement requirements for commercial plans (State Regulation: 33-36-301).

20. **Nebraska**: NCQA Accreditation and UM Certification meet the state's accreditation requirement for health plan licensure for plans performing utilization management (State Statute: 44-5420).

21. **Nevada**: Accreditation results are used to monitor commercial health plans (NRS 695C.310 / NAC695C.310).

22. **New Hampshire**: Licensed entities must adopt private accrediting organization standards as the minimal acceptable standards for licensure of commercial plans (420-E:3).

23. **New Jersey**: NCQA Accreditation is approved for external quality reviews required for commercial HMOs (State Regulation: 11:24-7.2)

24. **New Mexico**: Accreditation standards are recognized for meeting state requirements for commercial plans. (Access State Reg: 13.10.22.8; UM State Reg: 13.10.22.9; QI State Reg: 13.10.22.10).

25. **North Carolina**: The state’s Local Management Entities that provide behavioral health services are required to hold accreditation from a nationally recognized organization. NCQA Accreditation for Managed Behavioral Health Organizations fulfills this requirement. (DHHS Bulletin #036).
26. Ohio: Insuring organizations may show compliance with state quality assurance program requirements by submitting evidence of NCQA accreditation (ORC 1751.75). Insuring organizations may also show compliance with state utilization management requirements by submitting evidence of NCQA accreditation (ORC: 1751.821).

27. Oklahoma: The state will examine or require commercial plans to contract with independent organizations for the assessment of their quality assurance plans (State Regulation: 310:659-3-1); NCQA is an approved independent quality examiner.

28. Oregon: An insurer shall include in its annual quality reporting the following information required by ORS 743.814(3): (a) … accreditation surveys by national accreditation organizations.

29. Pennsylvania: NCQA review is required for all health plans.

30. Rhode Island: Accredited plans performing utilization review may request a waiver for the state’s utilization review application process. The application review includes assessments of utilization review staff, medical necessity standards, and policies and procedures for adverse determination and appeals. (State Regulation: R23-17.12-UR).

31. South Carolina: Per the Department of Insurance, NCQA accreditation satisfies the state quality examination requirement (SCCA 38-33-170B). HMOs providing benefits through the state employee insurance program are required to accredited by a private accreditation organization. NCQA accreditation satisfies this requirement.

32. Tennessee: Accredited plans are exempt from the state’s standards for utilization review agents. (State Statute: 56-6-705(b) – 4/25/08: statute amended to include NCQA via Public Chapter No. 812)

33. Texas: The Texas Department of Insurance mandates the use of NCQA’s credentialing standards by all health care plans in the state. Plans must follow the most current version of NCQA’s credentialing requirements from year to year.

The Department of Insurance also accepts private accreditation as evidence of a health plan’s compliance with state requirements determined to be equivalent to accreditation standards by the Department. (State Regulation 28 TAC § 21.4101 - 21.4106)

34. Utah: In order to operate in Utah, health maintenance organizations (HMOs) and “limited health plans” (LHPs) must obtain a certificate of authority (COA) from the Commissioner of Insurance and comply with Chapter 8 of Utah’s Insurance Code (Utah Code Annotated 31A-8-102). Pursuant to Chapter 8, state regulations require each HMO to develop a quality assurance plan (Utah Administrative Code R590-76-9). The HMO must arrange and pay for a review and certification of its quality assurance plan no later than 18 months after commencing operation with a COA and at least every three years. NCQA is a recognized accreditor (Section R590-76-9(1)(b)(iii)).

35. Vermont: For NCQA accredited plans, the Division will allow MCOs to be deemed to “meet” Rule 9-03 requirements if it can demonstrate that it was judged to be in “full” compliance with the equivalent NCQA requirements in its most recent NCQA accreditation review. (Rule H-2009-03 –Consumer Protection and Quality Requirements for MCOs)
States Using NCQA Accreditation for Commercial Plans

36. **Virginia**: Private organization accreditation is accepted in lieu of a state review for commercial plans (State Regulation: 12 VAC 5-408-100).

37. **West Virginia**: Accreditation is required for commercial HMOs (State Law 33-25A-17a).

By 2015, the Secretary of the Department of Health and Human Resources and the Insurance Commissioner shall select a single NCQA certified Credentials Verification Organization (CVO) to perform credentials verification for all plans. (HB4176/SB 346)