Experience with NCQA’s Public Comment (Not Program Specific)

1. Can you tell us about your experience with NCQA’s public comment system?
2. What do you find most challenging about NCQA’s public comment?
3. What would be a better way to provide feedback?

2025 HP Accreditation

QI Standards

1. Do you support replacing existing QI 3, Elements A–C, and QI 4, Elements A–C with the proposed new QI 3, Elements A–C draft standards?

UM Standards

1. For UM 5: Timeliness for Urgent Concurrent Requests, do you support revising the urgent concurrent time frame to 72 hours and eliminating the extension conditions for the commercial and Exchange product lines?
2. For UM 12: UM Information Integrity, do you support replacing the existing UM System Controls requirements with the proposed new UM Information Integrity draft standards?
3. For UM 12, Element A: Protecting the Integrity of UM Denial Information, do you support NCQA’s specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?
4. For UM 12, Element B: Protecting the Integrity of UM Appeal Information, do you support NCQA’s specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?
5. For UM 12, Element C: Information Integrity Training, do you support the inclusion of the training requirement?
6. For UM 12, Element D: Audit and Analysis—Denial Information, do you support moving the must-pass requirement from the policies and procedures to the auditing element?
7. For UM 12, Element F: Audit and Analysis—Appeal Request Dates and Notification, do you support moving the must-pass requirement from the policies and procedures to the auditing element?
8. For UM 12, Element F: Audit and Analysis—Appeal Request Dates and Notification, do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?

CR Standards

1. CR 1, Element A: Practitioner Credentialing Guidelines: Do you support adding factor 6: Criteria for ongoing monitoring notifications to the credentialing committee?
2. CR 1, Element A: Practitioner Credentialing Guidelines: Do you support moving the Appropriate documentation section from the Related Information section and making it factor 13?
3. CR 1, Element B: Practitioner Rights: Should NCQA make any changes?
4. CR 2, Element A: Credentialing Committee: Do you support requiring the Credentialing Committee to review sanctions, complaints and other adverse events found during ongoing monitoring and make recommendations about actions?

5. CR 3, Element A: Verification of Licensure: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, please provide specific feedback.

6. CR 3, Element B: Verification of DEA or CDS: Should NCQA make changes?

7. CR 3, Element C: Verification of Education and Training: Do you support requiring verification of fellowship, if applicable?

8. CR 3, Element D: Verification of Board Certification Status: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, please provide specific feedback.

9. CR 3, Element E: Verification of Work History: Do you support shortening the Credentialing timeframe to 90 calendar days?

10. CR 3, Element F: Verification of Malpractice History: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, please provide specific feedback.

11. CR 3, Element G: Verification of State Licensing Sanctions: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, please provide specific feedback.

12. CR 3, Element H: Verification of Medicare and Medicaid Sanctions and Exclusions: Do you support adding exclusions to the element title, stem and explanation?

13. CR 3, Element H: Verification of Medicare and Medicaid Sanctions and Exclusions: Do you support shortening the Credentialing timeframe to 90 calendar days?

14. CR 3, Element H: Verification of Medicare and Medicaid Sanctions and Exclusions: Should NCQA require other sources?

15. CR 3, Element H: Verification of Medicare and Medicaid Sanctions and Exclusions: Should NCQA require "all" sources instead of "any" sources?

16. CR 3, Element I: Credentialing Application: Do you support the credentialing application to include a practitioners' race, ethnicity and languages spoken?

17. CR 3, Element A: Verification of Credentials and Element B: Sanction Information: Do you support making each factor in Elements A and B their own element?

18. CR 4, Element A: Recredentialing Cycle Length: Should NCQA make changes?

19. CR 5, Element A: Ongoing Monitoring: Do you support a new element for reporting findings to the Credentialing Committee quarterly, and taking action on identified sanctions, complaints or other adverse events?

20. CR 6, Element A: Actions Against Practitioners. Should NCQA make changes to this element?


22. For CR 8: Credentialing Information Integrity, do you support replacing the existing CR System Controls requirements with the proposed new CR Information Integrity draft standards?

23. For CR 8, Element A: Protecting the Integrity of Credentialing Information, do you support NCQA’s specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?

24. For CR 8, Element B: Information Integrity Training, do you support the inclusion of the training requirement?

25. For CR 8, Element C: Audit and Analysis, do you support moving the must-pass requirement from the policies and procedures to the auditing element?
26. For CR 8, Element C: Audit and Analysis, do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?

27. CR 9: Element A: Delegation Agreement and Element B: Predelegation Evaluation: Do you support the proposed changes?

28. CR 9: Element C: Review of Delegate’s Credentialing Activities: Do you support specification of inappropriate documentation and updates? Should other inappropriate documentation and updates be included?

29. CR 9: Element D: Opportunities for Improvement: Should NCQA make any changes to this element?

2025 MBHO Accreditation

UM Standards

1. For UM 5: Timeliness for Urgent Concurrent Requests, do you support revising the urgent concurrent time frame to 72 hours and eliminating the extension conditions for the commercial and Exchange product lines?

2. For UM 11: UM Information Integrity, do you support replacing the existing UM System Controls requirements with the proposed new UM Information Integrity draft standards?

3. For UM 11, Element A: Protecting the Integrity of UM Denial Information, do you support NCQA’s specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?

4. For UM 11, Element C: Information Integrity Training, do you support the inclusion of the training requirement?

5. For UM 11, Element D: Audit and Analysis—Denial Information, do you support moving the must-pass requirement from the policies and procedures to the auditing element?

6. For UM 11, Element D: Audit and Analysis—Denial Information, do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?

7. For UM 11, Element F: Audit and Analysis—Appeal Request Dates and Notification, do you support moving the must-pass requirement from the policies and procedures to the auditing element?

8. For UM 11, Element F: Audit and Analysis—Appeal Request Dates and Notification, do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?

CR Standards

1. CR 1, Element A: Practitioner Credentialing Guidelines: Do you support adding factor 6: Criteria for ongoing monitoring notifications to the credentialing committee? Do you support moving the Appropriate documentation section from the Related Information section and making it factor 13?

2. CR 1, Element B: Practitioner Rights: Should NCQA make any changes?

3. CR 1, Element C: Credentialing System Controls and Element D: Credentialing System Controls Oversight: Do you support replacing the existing CR systems controls requirements with the proposed CR information integrity draft standards?
4. CR 2, Element A: Credentialing Committee: Do you support requiring the Credentialing Committee to review sanctions, complaints and other adverse events found during ongoing monitoring and make recommendations about actions?

5. CR 3, Element A: Verification of Licensure: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, please provide specific feedback.

6. CR 3, Element B: Verification of DEA or CDS: Should NCQA make changes?

7. CR 3, Element C: Verification of Education and Training: Do you support requiring verification of fellowship, if applicable?

8. CR 3, Element D: Verification of Board Certification Status: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, please provide specific feedback.

9. CR 3, Element E: Verification of Work History: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, please provide specific feedback.

10. CR 3, Element F: Verification of Malpractice History: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, please provide specific feedback.

11. CR 3, Element G: Verification of State Licensing Sanctions: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, please provide specific feedback.

30. CR 3, Element H: Verification of Medicare and Medicaid Sanctions and Exclusions: Do you support adding exclusions to the element title, stem and explanation?

12. CR 3, Element H: Verification of Medicare and Medicaid Sanctions and Exclusions: Do you support shortening the Credentialing timeframe to 90 calendar days?

13. CR 3, Element H: Verification of Medicare and Medicaid Sanctions and Exclusions: Should NCQA require other sources?

14. CR 3, Element H: Verification of Medicare and Medicaid Sanctions and Exclusions: Should NCQA require “all” sources instead of “any” sources?

15. CR 3, Element I: Credentialing Application: Do you support the credentialing application to include practitioners’ race, ethnicity and languages spoken?

16. CR 3, Element A: Verification of Credentials and Element B: Sanction Information: Do you support making each factor in Elements A and B their own element?

17. CR 4, Element A: Recredentialing Cycle Length: Should NCQA make changes?

18. CR 5, Element A: Ongoing Monitoring: Do you support a new element for reporting findings to the Credentialing Committee quarterly, and taking action on identified sanctions, complaints or other adverse events?

19. CR 6, Element A: Actions Against Practitioners: Should NCQA make changes to this element?

20. CR 7: Assessment of Organizational Providers, Element A: Review and Approval of Provider, Element B: Behavioral Healthcare Providers, Element C: Assessing Behavioral Healthcare Providers: Should NCQA make changes to these elements?

21. For CR 8: Credentialing Information Integrity: Do you support replacing the existing CR System Controls requirements with the proposed new CR Information Integrity draft standards?

22. For CR 8, Element A: Protecting the Integrity of Credentialing Information, do you support NCQA’s specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?

23. CR 8, Element B: Information Integrity Training, do you support the inclusion of the training requirement?

24. CR 8, Element C: Audit and Analysis, do you support moving the must-pass requirement from the policies and procedures to the auditing element?
25. CR 8, Element C: Audit and Analysis, do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?

26. CR 9: Element A: Delegation Agreement and Element B: Predelegation Evaluation: Do you support the proposed changes?

27. CR 9: Element C: Review of Delegate’s Credentialing Activities: Do you support specification of inappropriate documentation and updates? Should other inappropriate documentation and updates be included?

28. CR 9: Element D: Opportunities for Improvement: Should NCQA make any changes to this element?

2025 UM Accreditation

1. For UM 5: Timeliness for Urgent Concurrent Requests, do you support revising the urgent concurrent time frame to 72 hours and eliminating the extension conditions for the commercial and Exchange product lines?

2. For UM 12: UM Information Integrity, do you support replacing the existing UM System Controls requirements with the proposed new UM Information Integrity draft standards?

3. For UM 12, Element A: Protecting the Integrity of UM Denial Information, do you support NCQA’s specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?

1. For UM 12, Element B: Protecting the Integrity of UM Appeal Information, do you support NCQA’s specification of inappropriate documentation and updates? Are there other inappropriate documentation and updates that should be included?

2. For UM 12, Element C: Information Integrity Training, do you support the inclusion of the training requirement?

3. For UM 12, Element D: Audit and Analysis—Denial Information, do you support moving the must-pass requirement from the policies and procedures to the auditing element?

4. For UM 12, Element D: Audit and Analysis—Denial Information, do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?

5. For UM 12, Element F: Audit and Analysis—Appeal Request Dates and Notification, do you support moving the must-pass requirement from the policies and procedures to the auditing element?

6. For UM 12, Element F: Audit and Analysis—Appeal Request Dates and Notification, do you support requiring a standardized annual frequency for auditing of inappropriate documentation and updates?

2025 Credentialing Accreditation and CVO Certification

Program Status Questions

1. Do you support individual Credentialing Certifications instead of a single CVO Certification program?

2. Will having a single program with Accreditation/Certification options make it easier to understand NCQA’s requirements?

3. For organizations new to NCQA: Will your organization benefit from having the option to pursue an Interim Accreditation status for Credentialing Accreditation?

4. Do you support the 3-year Credentialing Certification status update?
5. Do you support moving from a 2-year to a 3-year Certification status, with a 3-year look-back period?
6. Do you support removing the 2-year status for Credentialing Accreditation and replacing it with Provisional status?
7. How can NCQA help reduce credentialing burden?
8. Please provide any other feedback that will help NCQA improve the value of its credentialing programs to patients, organizations, states, CMS and others.

Elements Applicable to Credentialing Accreditation and to All Credentialing Certifications

1. Explanation of CR 1, Element A: Quality Improvement Program Structure: Do you support the SMART goal updates?
2. CR 1, Element B: Analysis of Quality Activities: Do you support the annual frequency update?
3. Do you support replacing the existing CR systems controls requirements with the proposed CR information integrity draft standards?
4. CR 2, Element A: Delegation Agreement Element B: Submission of Documents for Oversight, Element C: Routine Reporting, Element D: Cooperating with Client QI Efforts: Should NCQA make any changes to these elements?
5. CR 2, Element E: Medical Records Access and Element F: Communication to Practitioners, do you support retiring these elements?
6. CR 3, Element B: Information Integrity Training: Do you support specification of inappropriate documentation and updates? Should other inappropriate documentation and updates be included?
7. CR 3, Element B: Information Integrity Training: Do you support inclusion of the training requirement?
8. CR 3, Element C: Audit and Analysis: Do you support moving the must-pass requirement from the policies and procedures to the auditing element?
9. CR 3, Element D: Improvement Actions: Do you support requiring annual frequency for auditing for inappropriate documentation and updates?
10. CR 4, Element A: Delegation Agreement and Elements A and CR 4, Element C: Review of Delegate’s Credentialing Activities: Do you support these changes?
11. CR 4, Element A: Delegation Agreement or D: Opportunities for Improvement: Should NCQA make changes to these elements?

Elements Applicable to Credentialing Accreditation

1. CRA 1, Element A: Credentialing Guidelines: Do you support the proposed changes? If you do not support, please provide specific feedback at the factor level.
2. CRA 2, Element A: Credentialing Committee: Do you support requiring the Credentialing Committee to review sanctions, complaints and other adverse events found during ongoing monitoring?
3. CRA 3, Element A: Credentialing Application: Do you support collecting practitioners’ race, ethnicity and languages spoken in the credentialing application?
4. CRA 3, Element B: Practitioner Rights: Should NCQA make any changes?
5. CRA 4, Element A: Verification of Licensure: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, provide specific feedback.
6. CRA 4, Element B: Verification of DEA or CDS: Should NCQA make changes?
7. CRA 4, Element C: Verification of Education and Training: Do you support requiring fellowship information, if applicable?
8. CRA 4, Element D: Board Certification Status: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, provide specific feedback.
9. CRA 4, Element E: Work History: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, provide specific feedback.
10. CRA 4, Element F: Malpractice History: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, provide specific feedback.
11. CRA 4, Element G: State Licensing Sanctions: Do you support shortening the Credentialing timeframe to 90 calendar days? If not, provide specific feedback.
12. CRA 4, Element H: Medicare and Medicaid Sanctions and Exclusions: Do you support proposed changes? Should NCQA require other sources? Should NCQA require “all” sources instead of “any” sources?
13. CRA 5, Element A: Ongoing Monitoring: Do you support the proposed changes? If not, please provide specific feedback.
14. CRA 5, Element A: Ongoing Monitoring: Do you support a new element for reporting findings to the Credentialing Committee quarterly, and taking action on identified sanctions, complaints or other adverse events?
15. CRA 5, Element C: Actions Against Practitioners: Should NCQA make any changes?
16. CRA 6, Recredentialing Cycle, Elements A–E: Should NCQA make any changes?

Elements Applicable to Credentialing Certifications

1. CRC 1, Element A: Element A: Policies and Procedures: Do you support having a process for ensuring that time-sensitive information is no more than 60 calendar days old?
2. CRC 1, Element A: Element A: Policies and Procedures: Do you support a new factor to require a process for documenting information and activities in credentialing files?
3. CRC 1, Element B: Review and Approval by a Governing Body or CRC 4, Element A Verifying Education and Training: Should NCQA make any changes?
4. CRC 2, Element A: Verifying Licensure: Do you support shortening the verification timeframe to 60 days?
5. CRC 3, Element A: DEA/CDS Verification (file review): Should NCQA make any changes?
6. CRC 4, Element A: Verifying Education and Training: Should NCQA make any changes?
7. CRC 5, Element A: Verifying Board Certification Status: do you support shortening the verification time frame to 60 days?
8. CRC 6, Element A: Verifying Work History: Do you support shortening the verification time frame to 60 days?
9. CRC 8, Element A: Verifying and Reporting State Licensing Board Sanctions: Do you support shortening the verification time frame to 60 days?
10. CRC 9, Element A: Verifying Medicare and Medicare Sanctions: Do you support shortening the verification time frame to 60 days?
11. CRC 10: Processing Application and Attestation (file review): Should NCQA make any changes?
12. CRC 11: Application and Attestation Content: Do you support adding factor 7 for obtaining information on practitioner race, ethnicity and languages spoken?
13. CRC 12, Element A: Policies and Procedures: Do you support the proposed changes?
14. CRC 12, Element B: Ongoing Monitoring: Should NCQA require other sources? Should NCQA require “all” sources instead of “any” sources?
15. CRC, Element C: Do you support adding Medicaid exclusions to the types of information that organizations collect and report on?

Health Plan Ratings 2024 and 2025

2024 and 2025 HPR Measure List

1. URI: Do you support NCQA’s recommendation to remove the Appropriate Treatment for Upper Respiratory Infection (URI) measure from the Medicaid product line?
2. HBD, GSD: Do you support NCQA’s recommendation to replace the Hemoglobin A1c Control for Patients With Diabetes (HBD) measure with the Glycemic Status Assessment for Patients With Diabetes (GSD) measure for all product lines?
3. COL, ADD, APM: Do you support NCQA’s recommendation to replace the COL, ADD and APM measures with the ECDS reporting versions of the measures for all applicable product lines?
4. LBP: Do you support NCQA’s recommendation to add the Use of Imaging Studies for Low Back Pain (LBP) measure for the Medicare product line?
5. ACP: Do you support NCQA’s recommendation to add the Advance Care Planning (ACP) measure for the Medicare product line?
6. LDM: Do you support NCQA’s recommendation to add the Language Diversity of Membership (LDM) measure for all three product lines?
7. PDS-E: Do you support NCQA’s recommendation to add both the Screening and Follow-Up rates of the Postpartum Depression Screening and Follow-up (PDS-E) measure for the commercial and Medicaid product lines?
8. DSF-E: Do you support NCQA’s recommendation to add both the Screening and Follow-Up rates of the Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) measure for all three product lines?

General Questions

1. Do you have any additional feedback regarding the Health Plan Ratings measure list and/or methodology?

Proposed New Program: HE Partner Certification

Core Elements in HEC 1, HEC 2 and HEC 3

1. HEC 1, Element A: Do you support inclusion of this requirement as a core element?
2. HEC 2, Element A: Do you support inclusion of this requirement as a core element?
3. HEC 2, Element B: Do you support inclusion of this requirement as a core element?
4. HEC 3, Element A: Do you support inclusion of this requirement as a core element?
5. HEC 3, Element B: Do you support inclusion of this requirement as a core element?
6. HEC 3, Element C: Do you support inclusion of this requirement as a core element?
7. HEC 3, Element D: Do you support inclusion of this requirement as a core element?
8. Are any core elements in HEC 1, HEC 2 and HEC 3 inappropriate for certain organization types? (Please list/explain)
9. Are any elements in HEC 1, HEC 2 and HEC 3 not valuable for a delegate, vendor or partner to demonstrate? (Please list/explain)
10. Would any proposed core elements prevent your organization from achieving a Certified status? (Support = Yes, please explain; Do not Support = No; Support with Modification = Some other answer)
11. Are the requirements in the proposed core elements appropriate and relevant for all proposed Certified elements?
12. Do you support the proposed scoring of Met/Not Met for all core elements in HEC 1, HEC 2, and HEC 3? (Support = Yes for all; Support with Modification = No for one or more elements, please explain; Do not Support = No for all)
13. Do you support the designation of all core elements in HEC 1, HEC 2, and HEC 3 as must-pass? (Support = Yes for all; Support with Modification = No for one or more elements, please explain; Do not Support = No for all)

Certifications in HEC 4

9. HEC 4, Elements A-F: Would a Certified status for all of these elements be meaningful for your organization? (Support = Yes, all of them; Support with Modifications = Only some are meaningful, please explain; Do Not Support = None are meaningful)
10. HEC 4, Elements A and B: Should these activities be designated core elements instead of Certifications? (Support = Yes, both; Support with Modifications = Only one, please explain; Do Not Support = Neither, please explain)
11. HEC 4, Elements A and B: Should these activities be four separate elements with one demographic characteristic per element? (Support = Yes; Do Not Support = No, please explain; Support with Modifications = Some other answer, please explain)
12. HEC 4, Elements A-F: Do you support the proposed scoring for all of these elements? (Support = Yes for all; Support with Modification = No for one or more elements, please explain; Do not Support = No for all)

Certifications in HEC 5

13. HEC 5, Elements A-D: Would a Certified status for all of these elements be meaningful for your organization? (Support = Yes, all of them; Support with Modifications = Only some are meaningful, please explain; Do Not Support = None are meaningful)
14. HEC 5, Elements A-D: Do you support the proposed scoring for all of these elements? (Support = Yes for all; Support with Modification = No for one or more elements, please explain; Do not Support = No for all)

Certifications in HEC 6

15. HEC 6, Elements A and B: Would a Certified status for both of these elements be meaningful for your organization? (Support = Yes, both; Support with Modifications = Only one is meaningful, please explain; Do Not Support = Neither is meaningful)
16. HEC 6, Elements A and B: Do you support the proposed scoring for both of these elements? (Support = Yes for both; Support with Modification = No for one element, please explain; Do not Support = No for both)

Certifications in HEC 7

17. HEC 7, Elements A-E: Would a Certified status for all of these elements be meaningful for your organization? (Support = Yes, all of them; Support with Modifications = Only some are meaningful, please explain; Do Not Support = None are meaningful)
18. HEC 7, Elements A-E: Do you support the proposed scoring for all of these elements? (Support = Yes for all; Support with Modification = No for one or more elements, please explain; Do not Support = No for all)

Certifications in HEC 8
19. HEC 8, Elements A-I: Would a Certified status for all of these elements be meaningful for your organization? (Support = Yes, all of them; Support with Modifications = Only some are meaningful, please explain; Do Not Support = None are meaningful)

20. HEC 8, Elements A-I: Do you support the proposed scoring for all of these elements? (Support = Yes for all; Support with Modification = No for one or more elements, please explain; Do not Support = No for all)

Certifications in HEC 9

21. HEC 9, Elements A-D: Would a Certified status for all of these elements be meaningful for your organization? (Support = Yes, all of them; Support with Modifications = Only some are meaningful, please explain; Do Not Support = None are meaningful)

22. HEC 9, Elements A-D: Do you support the proposed scoring for all of these elements? (Support = Yes for all; Support with Modification = No for one or more elements, please explain; Do not Support = No for all)

General Questions

23. Would this program help your organization identify potential delegates, vendors or partners? (Support = Yes, please explain; Do not Support = No, please explain; Support with Modification = NA or some other answer)

24. Which Certifications are most valuable for a delegate, vendor or partner to earn? (Please list/explain)

25. Which Certifications best represent your organization's capabilities? (Please list/explain)

26. Which Certifications best align with your organization's objectives? (Please list/explain)

27. Would any proposed requirement prevent your organization from achieving a Certified status? (Please indicate which Certification element and requirement)

28. Are there any activities not proposed as core elements that should be required for all organizations seeking Certification? (Please explain)

29. Do you support the review of evidence in Certification elements across a sample of up to four clients for Initial and Renewal Surveys? (Support = Yes; Support with Modifications = Only for some certifications, please explain; Do not Support = No)

30. Is an Interim Certified status (resulting from an Interim Survey) valuable to your organization? (Support = Yes; Support with Modifications = Only for some certifications, please explain; Do not Support = No)

31. Are Certifications valuable if they do not confer automatic credit (i.e., Certifications in HEC 8 and HEC 9)? (Support = Yes; Support with Modifications = Some are valuable, please explain; Do Not Support = No)

Global Questions

32. Are the requirements clearly written and framed in a manner representative of the organizations that perform the activities?

33. Are the requirements feasible?

34. Will proposed activities or language used in the standards perpetuate or exacerbate health inequities?

35. Are key expectations not addressed in the proposed requirements?

36. If your organization is interested in pursuing this program, when would you be prepared for the survey?

37. Is there anything else NCQA should consider or be aware of as it builds this program?