**NC Medicaid**

**Report Information**

**PHP Information**

Health Plan ID:

Health Plan Name:

Health Plan Contact:

Health Plan Contact Email:

Report Period Start Date:

Report Period End Date:

Date Completed:

Report Name: NCQA Accreditation Reports

Report Description: Quarterly Accreditation update, including accreditation status; accreditation level; accreditation survey type, if applicable; accreditation results (corrective action plans, summaries of findings), if applicable; and accreditation expiration date.

Report ID: QAV004-J

Business Unit: Care & Quality

Reporting Frequency: Quarterly

Report Due Date: Report due within 30 days of the end of

the quarter (or on the next business day if

that day falls on a holiday and/or a

weekend)

File Naming Convention: PHPID\_QAV004-J-##\_ NCQA Accreditation Rpt\_YYYY\_MMDD

File Format: Text Document

# Section A: Health Plan Report Card\*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Plan Name** | **Accreditation Status** | **Evaluation Product** | **Scored On** | **Status Modifier** | **Insurance Type** | **Product Type** | **Expiration Date** | **Next Review Date** |
|  |  |  |  |  |  |  |  |  |

*\*Valid values can be found at* [*NCQA Report Cards: Health Plans*](https://reportcards.ncqa.org/#/health-plans/list)*.*

# Section B: Accreditation Activities Conducted

*List activities completed by the organization to achieve NCQA accreditation for the reporting period requested.*

# Section C: Accreditation Findings

*Summarize findings and resolutions identified during evaluation to achieve NCQA accreditation for the reporting period requested.*

# Section D: Corrective Action Plans (CAPs)

*Detail CAP in response to accreditation findings and corresponding progress performed by the organization to achieve NCQA accreditation for the reporting period requested.*

**Version:**

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| Document version number | v1.0 | |  |  |  |  |  |  |  |  |  |  |
| Date of most recent update | 1/30/2019 | |  |  |  |  |  |  |  |  |  |  |
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| **Version Notes** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date** | **Section updated** | **Change** |  |  |  |  |  |  |  |  |  |  |
| 1/30/2019 | Initial Document Draft | Original |  |  |  |  |  |  |  |  |  |  |
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