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ALL PLAN LETTER

DATE: January 2, 2026

TO: All Health Equity and Quality (HEQ) Program Reporting Plans and their Subcontracted Plans¹

FROM: Nathan Nau
Deputy Director, Office of Plan Monitoring

SUBJECT: APL 26-001 – National Committee for Quality Assurance Accreditation Compliance Filing

The purpose of this All Plan Letter (APL) is to inform health plans of the filing requirements for submitting the NCQA Accreditation Compliance Form (Form) and documentation of National Committee for Quality Assurance (NCQA) accreditation to demonstrate compliance with Health and Safety Code section 1399.871(d).² Health plans must submit the Form and supporting documentation to the Department of Managed Health Care (DMHC), pursuant to the instructions below, no later than February 2, 2026.

This APL does not apply to the following health plans:

- Health plans that only offer Medi-Cal products or provide services only for Medi-Cal beneficiaries.³
- Health plans that only offer Medicare Advantage products or provide services only for Medicare Advantage beneficiaries.
- The following specialized health plans: dental, vision, chiropractic, acupuncture, or Employee assistance Programs (EAPs).⁴
- Health plans exempted from meeting the January 1, 2026 accreditation requirement for their Commercial lines of business.⁵

¹ Health plans not subject to this APL are listed in the introductory section.

² References herein to “section” are to sections of the California Health and Safety Code, unless otherwise noted.

³ NCQA accreditation for Medi-Cal plans is subject to the Department of Health Care Services’ requirements pursuant to Welfare and Institutions Code section 14184.203.

⁴ Behavioral health plans, including subcontracted plans that perform behavioral health services on behalf of a primary plan, are subject to the NCQA accreditation requirement.

⁵ The NCQA refers to Commercial, Medicaid, and Exchange as “product lines.”

I. Background

Assembly Bill (AB) 133 (Committee on Budget, 2021) added sections 1399.870-1399.874, Health Equity and Quality, to the Health and Safety Code. Section 1399.871(d) requires that health care service plans and their subcontracted health care service plans have and maintain NCQA accreditation on or before January 1, 2026. After July 27, 2021, health plans newly licensed with the DMHC, approved to offer a new product line, and/or delegated to perform new functions on behalf of another health plan, must obtain NCQA accreditation inclusive of those new operations within two (2) years or by January 1, 2026, whichever is later.⁶ More information about specific accreditation requirements can be found in Sections III.C and III.D of APL 24-013 (Revised October 1, 2025).

II. NCQA Accreditation Compliance Filing

By February 2, 2026, health plans must submit a Health Equity and Quality filing, via the DMHC's e-Filing Web Portal, titled "NCQA Accreditation Compliance Filing." The filing should consist of the following:

A. Exhibit E-1 Summary of e-Filing Information

Each e-Filing must include an Exhibit E-1, Summary of e-Filing Information, providing a summary description of the filing. Within the Exhibit E-1, include the following:

1. Provide the purpose of the filing.

Example: "The purpose of this filing is to submit the NCQA Accreditation Compliance Form and supporting documents."

2. Provide the following affirmations:

- a. **For Primary Plans that deliver hospital, medical, or surgical services:** Affirm the health plan has NCQA Health Plan Accreditation (HPA) for all of its DMHC-licensed products (Commercial and Exchange). If not, identify the DMHC-licensed products (Commercial and Exchange) that are not HPA accredited, and for each one explain why.⁷
- b. **For Behavioral Health Plans:** Affirm the health plan has NCQA Managed Behavioral Healthcare Organization (MBHO) Accreditation for all of its DMHC-licensed products (Commercial and Exchange). If

⁶ AB 133 became effective July 27, 2021.

⁷ The NCQA also offers Health Equity Accreditation. While not currently required, the DMHC strongly encourages health plans to obtain Health Equity Accreditation. Note that, effective January 15, 2026, "Health Equity Accreditation" will be renamed "Health Outcomes Accreditation" and "Health Equity Accreditation Plus" will be renamed "Community-Focused Care Accreditation."

not, identify the DMHC-licensed products (Commercial and Exchange) that are not MBHO accredited, and for each one explain why.

- c. **For Subcontracted Health Plans that do not have HPA and/or MBHO:** Affirm the health plan is NCQA-accredited for all of the functions it is delegated to perform on behalf of a DMHC-licensed primary plan (Commercial and Exchange) and for which the NCQA offers accreditation. If not, identify the functions for which the health plan is not accredited, and for each one explain why.
3. If the health plan has any NCQA accreditation(s) with an effective date after January 1, 2026, explain why.
4. Where the health plan has any status **other than** the following, provide: (1) an explanation for not yet having full accreditation status, and (2) an approximate date when the health plan expects to be fully accredited:
 - Accredited
 - Accredited – 2 Years
 - Accredited – 3 Years
 - Full
5. A list of all supporting documents submitted with the filing.
6. Any other information the health plan believes would demonstrate compliance with section 1399.871(d) and assist the DMHC with its review of this filing.

B. NCQA Accreditation Compliance Form

Each NCQA Accreditation Compliance Filing must include a completed NCQA Accreditation Compliance Form (Form) submitted as an Exhibit E-10 Health Equity and Quality – Miscellaneous. The Form, which collects information on health plan compliance with section 1399.871(d)'s accreditation requirement, is available on the "Downloads" page of the e-Filing Web Portal under the "Compliance" section and "Assembly Bill 133 – Health Equity and Quality" subsection. Health plans must download, complete, and save the Form before submitting it to the DMHC.

C. Supporting Documentation

For each NCQA accreditation type a health plan identifies in the Form, the health plan must submit an NCQA Decision Letter or other official correspondence from the NCQA related to the health plan's accreditation status. If a health plan asserts that it does not meet eligibility requirements for an NCQA accreditation required by the DMHC, the health plan must submit official correspondence from the NCQA related to the health plan's ineligibility. All supporting documents must be submitted as an Exhibit E-10 Health Equity and Quality – Miscellaneous.

Information on renewing and updating the Form and supporting documentation will be provided in a future APL.

If you have any questions about this APL, please contact the DMHC Health Equity and Quality Team at HEQ@dmhc.ca.gov.