



Exchange Add-on Survey Frequently Asked Questions (FAQs)

Basics

What is the Exchange Add-on Survey?

The Exchange Add-on Survey is a streamlined accreditation approach available for organizations that currently have NCQA Health Plan Accreditation for any product line (commercial, Medicaid or Medicare) and wants to add its Exchange product line to its existing Accreditation.

What is evaluated in the Exchange Add-on Survey?

The Exchange Add-on Survey evaluates plans on a subset of standards and elements listed in Section 7 of the NCQA HPA Exchange Add-on Survey Application. For an organization that will administer its Exchange product line in the same manner as it administers existing NCQA-Accredited product lines, NCQA will award Accreditation to the Exchange product line without conducting a formal survey. An organization qualifies for auto accreditation if it attests that it will administer 70% or more of the elements listed in Section 7 in the same manner.

How does the scoring work? If a health plan conducts 70% of the elements the same (56 elements out of 80), will the plan receive auto accreditation?

Yes, if the health plan attests that it will conduct at least 70% of elements the same as its currently accredited product, then the plan will receive auto accreditation through the Exchange Add-on Survey.

What if I do not qualify for auto accreditation because less than 70% of elements listed will be administered differently?

If an organization does not qualify for auto accreditation for its Exchange product line, NCQA will survey those elements that it will administer differently using NCQA's existing add-on survey process. The survey will only consist of the off-site portion of the survey process and will not include a file review.

Is NCQA Accreditation “product to product”? So, if an HMO is accredited must its Exchange product be the same (HMO)?

No. NCQA Accreditation for the Exchange product is not considered “product to product.” As long as the organization attests that it will perform at least 70% of the elements in its Exchange product the same as its currently accredited product and both products are from the same legal entity, then the Exchange product can receive automatic accreditation.

Will there be different statuses (e.g., Excellent, Commendable, etc)?

Plans that pursue the Exchange Add-on accreditation are capped at “Accredited” status. Until HEDIS and CAHPS are scored in Exchange accreditation, plans are not eligible for “Commendable” or “Excellent” status.

What happens after the Exchanges Add-on Survey accreditation status expires?

The Exchange Add-on accreditation status is valid until your existing NCQA accredited product expires. Once this occurs, you must bring your Exchange product through the Renewal Evaluation Option which would include submission of HEDIS and CAHPS results starting in 2015.

What are the benefits to a health plan applying for both the regular accreditation and Exchange Add-on next year (2013)?

1. Allows organizations to market Exchange product as NCQA Accredited to Exchanges and potential members.
2. Allows organizations to meet Exchange accreditation requirements, for those Exchanges that require Exchange specific Accreditation.
3. It's a streamlined and efficient process, where plans attest that they will operate their Exchange the same as their accredited product. Unless there are many differences, NCQA will not review further documentation.

Are private Exchanges included in the Exchange product accreditation?

Only public Exchanges are included in the Exchange product accreditation at this time.

How is the Exchange Add-on Survey different from the regular Add-on Survey?

The Exchange Add-on Survey is a streamlined version of the regular Add-on Survey:

1. Plans do not submit HEDIS/CAHPS.
2. Since HEDIS/CAHPS are not submitted, plans are capped at "Accredited" status.
3. NCQA reviews documentation of standards **only** when the organization manages functions differently from key elements. (The Application defines which standards are required and how many functions are permitted to be performed differently).
4. No file review for the Exchange product line.

Qualification/Timeline Questions

If a plan currently has Health Plan accreditation for Commercial HMO/POS, can it use the Exchange Add-on process to accredit an Exchange PPO under the same legal entity?

Yes, if the health plan attests that it will conduct at least 70% of elements the same as its currently accredited product and it is the legal entity, then the plan will receive auto accreditation through the Exchange Add-on Survey.

If a plan goes through its renewal survey in 2013, can it use the Exchange Add-on simultaneously with the renewal survey?

It depends on when the renewal survey is scheduled during the 2013 calendar year.

If the renewal is scheduled **prior** to July 1, 2013, then the organization should submit the Exchange Add-on application.

If the renewal is scheduled **after** July 1, 2013, then the organization does not need the Exchange Add-on survey and it can bring your Exchange product in concurrently with your other NCQA Accredited products.

If a health plan has Commercial accreditation that expires in January 2014, with a renewal review scheduled in October 2013, and wants to accredit its Exchange product prior to the 4th quarter in 2013, what are the options?

The simplest way to acquire Exchange accreditation is to bring the Exchange product through concurrently with the Commercial product during your October 2013 renewal. This will ensure a one step, streamlined process.

If an organization would like to have its Exchange product accredited prior to this date, it can submit its Exchange Add-on Survey now. However, since the organization's Commercial product will expire in January 2014, its Exchange Add-on status will only be valid till then and the organization will have to bring its Exchange product through renewal anyways.

We are accredited for our HMO which is a delegated model. Our Exchange product will be a non-delegated PPO. Is there a threshold of difference between the different models that is allowed?

Organizations must administer 70% or more of the elements the same. If an organization delegates functions for its product that is currently NCQA-Accredited and it plans on not delegating functions for its Exchange product, then NCQA considers those elements as being administered differently.

I only have my Commercial HMO accredited. Can I bring my Exchange PPO through the Exchange Add-on Survey?

Yes. As long as the organization will administer its Exchange product line in the same manner as it administers existing NCQA-Accredited product lines.

What if you do not have any NCQA Accredited product, but you would like to bring your Exchange product line through for NCQA Accreditation?

The plan will need to complete NCQA's Health Plan Accreditation program. Please go to <http://www.ncqa.org/tabid/689/Default.aspx> for more information.

Timing

When is the first date that I can submit my application for the Exchanges Add-on Survey?

The application is currently available and can be submitted anytime; however, NCQA will not begin Exchange Add-on surveys until after January 1, 2013. Note that applications will only be accepted

through December 31, 2013, as the Exchange Add-on Survey is a temporary strategy to help plans receive accreditation to qualify for Exchanges.

How long does it take to receive an accreditation status?

Once you submit your application, NCQA will determine if your organization is eligible for auto accreditation. If you apply before February 1, 2013 and NCQA determines your organization is eligible for auto accreditation then NCQA will award the accreditation status in the first quarter of 2013. If you apply after February 1, 2013 and NCQA determines your organization is eligible for auto accreditation then NCQA will award the accreditation status about two months after you apply.

If upon review of your application, NCQA determines that your organization is eligible for auto accreditation, NCQA staff will contact you to schedule a date to start your Exchange Add-on survey and issue an ISS tool to you to complete and submit on the start date. If your organization achieves accreditation then the status will be awarded about three months after the start of the survey.

Note that NCQA posts accreditation status updates on its Web site once a month on the 15th of each month for statuses effective as of the end of the previous month.

What is the duration of the Exchanges Add-on Survey accreditation status?

The Exchanges Add-on Survey accreditation status is valid until your existing accredited product's accreditation status expires.

For example:

- *You have Commercial HMO accreditation, which expires in January 2015.*
- *You bring in your Exchange HMO for accreditation now, through the Exchanges Add-on Survey.*
- *Your accreditation status for the Exchange product line is valid until your Commercial HMO expires in January 2015.*

Application Specific Questions

If you have two separate legal entities (i.e., one legal entity for the HMO and Medicare lines of business and one legal entity for the POS and PPO lines of business) and a product in each legal entity is Accredited, will the organization have to submit two separate applications – one for each legal entity?

Yes, you will need to submit two applications – one for each legal entity. NCQA Accreditation is at the product/product line level, meaning issuer level (i.e., Commercial PPO, Commercial HMO, etc.)

We currently have NCQA Accreditation for our HMO/POS product lines. If we pursue PPO accreditation of an Exchange product, it would be under a separate legal entity. Would this make a difference with the application process?

Yes, your organization will need to submit a separate application for the new legal entity.

Our plan scheduled the Health Plan Accreditation survey for Commercial/Medicaid/Medicare products in March 2013. Should we be submitting our Exchange Add-on application after that time, or prior?

Organizations can apply for the Exchange Add-on survey at anytime during the 2013 calendar year.

Should an accredited health plan carve out members from our Commercial, Medicaid or Medicare HEDIS submissions until NCQA establishes the Exchange HEDIS process or should we include Exchange members in the denominators for current HEDIS processing?

Any members enrolled in an organization's commercial, Medicaid or Medicare product line should be included in its HEDIS results, as appropriate based on the HEDIS technical specifications. NCQA considers an Exchange as a separate product line so members enrolled in the Exchange product line should not be included in the HEDIS results for any other product line. NCQA will release more guidance on HEDIS for Exchanges in the future.

If we take a state through the Exchange Add-on application for a HMO Medicare plan and we only have Medicare PPO accreditation, will we go through a complete 24 month look back period for that state?

No. There is no look back period for the Exchange Add-on application. If the Exchange Add-on review requires documentation review, then the review will focus on documented processes and not reports or materials.

Pricing

What is the cost of the Exchange Add-on Survey?

The total cost of auto-accreditation of Exchanges (no documentation review) is \$15,000. The application submission fee is \$10,000, which is due at the time you submit your application. The remaining base fee of \$5,000 is due at the time of the survey date. Organizations may also submit the full base fee of \$15,000 at once. Please see the Exchange Add-on application for additional information on pricing, including if a documentation review is required and for multi-state PPOs.

Access to Application

How do I start the start this process?

Plans can begin the Exchange Add-on Survey process by downloading the 2013 Health Plan Add-On Application for Exchanges. This application is available on the NCQA Website within the Publications & Products tab. You may also access the application from the following link:
<https://inetshop01.pub.ncqa.org/publications/product.asp?dept%5Fid=2&pf%5Fid=10014%2D150%2D13>

Policy Focused Questions

Do you have a list of states that are going to require Exchange-specific accreditation?

At this time, we are not aware of any states that are going to require NCQA's Exchange specific accreditation for plans with Commercial or Medicaid accreditation before 2016. However, after 2016, plans will have to have Exchange specific accreditation.

When do states have to determine whether they will run their own Exchange?

States must inform the Department of Health and Human Services (HHS) by November 16, 2012 if they will establish a State Based Exchange model. States must inform HHS by February 15, 2013 if they will establish a State Partnership Exchange model.

Does NCQA or HHS have any guidelines for what Exchange products are allowed to be reported as combined or is that totally the plan's choice?

Combining product lines (e.g., HMO, PPO, POS) applies to HEDIS and CAHPS reporting. The federal government has not released guidance on whether products can be combined for federal quality measure requirements. NCQA is waiting on federal guidance to inform our guidelines on combining.

Contact Information

Who can I contact if I would like to learn if the Exchange Add-on Survey is the correct path for my plan?

Ledia Tabor, Director of Quality Solutions Group (Exchanges) at Tabor@ncqa.org or 202-995-1725
Jennifer Zutz, Analyst of Quality Solutions Group (Exchanges) at Zutz@ncqa.org or 202-955-1720

Who can I contact if I would like assistance filling out the Exchange Add-on Survey application?

For questions about the NCQA application process, eligibility, and scheduling your survey, please use the Policy Clarification Support (PCS) system. The PCS allows NCQA staff to receive, track and respond to application and scheduling inquiries. Use this link to enter your application and scheduling questions: http://app04.ncqa.org/pcs/web/asp/TIL_ClientLogin.asp.