NCQA Health Plan Accreditation
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Creating Value by Improving Health Care Quality

Purchasers, consumers and health plans pay a very high price for low quality or inefficient health care. The high—and rising—cost of health insurance frustrates purchasers, patients and plans alike. As a result, many employers are demanding greater price and performance transparency, along with clear evidence that they are getting a return on their significant investment in health coverage. In response, health plans are searching for ways to demonstrate their value. This is where NCQA comes in.

Since 1990, NCQA Health Plan Accreditation has been the nation’s most trusted independent source for driving health care improvement that results in bottom-line value for health care purchasers.

NCQA Accreditation is the most comprehensive evaluation of health plans in the nation, and is the only assessment program whose accreditation scores are based on actual results achieved on a set of clinical measures and consumer experience measures. NCQA-Accredited plans have a competitive advantage over nonaccredited plans that includes respected, third-party validation of their quality and a detailed roadmap for continuous improvement that drives value.

Today, about 120 million Americans (70.5% of all health plan members) are covered by an NCQA-AccREDITED health plan.
Why NCQA Accreditation?

Health plans operate in a highly competitive environment, often vying for business with local, regional and national firms. NCQA Accreditation helps health plans demonstrate their commitment to quality and accountability and provides extraordinary benefits in today’s market.

- NCQA’s Health Plan Accreditation is considered the industry’s gold standard.
- The standardized survey process for plans of all types is constantly fine-tuned to keep pace with the changing health care environment. Developed with the input and support of health plans, providers, purchasers, unions and consumer groups, NCQA standards are demanding and encourage continuous enhancement of a plan’s quality and value.

Meeting Employer Demands. Many employers—especially those in the Fortune 500—demand NCQA Accreditation as a condition of doing business. They want to maximize value, performance and transparency in their health care plan investment for their shareholders and for their employees and families. The National Business Coalition on Health’s widely used eValue8 Request for Information tool captures NCQA Accreditation status as an important indicator of a plan’s ability to leverage its resources and information to improve health and health care.

Meeting Regulator Demands. Federal and state regulators have used NCQA Accreditation standards as models for their own requirements. Forty states recognize NCQA Accreditation as meeting some or all of their requirements through deeming; a dozen of these mandate it. Medicare recognizes NCQA Accreditation through deeming for Medicare Advantage plans; the Federal Employees Health Benefit Program also recognizes NCQA Accreditation.

Meeting Consumer Demands. Consumers have begun to comparison shop, considering their health plan options and learning how well plans in their area perform. The NCQA Health Plan Report Card has results on hundreds of health plans, enabling consumers to make better and more informed decisions.

NCQA Accreditation: A Comprehensive Quality Scorecard

NCQA Accreditation Measures Five Areas of Performance

Staying Healthy: Health plan activities that help people maintain good health and avoid illness: Does the plan give its doctors guidelines about how to provide appropriate preventive health services? Do members receive appropriate tests and screenings?

Getting Better: Health plan activities that help people recover from illness: How does the plan evaluate new medical procedures, drugs and devices to ensure that patients have access to the most up-to-date care? Do doctors in the plan’s network advise patients to quit smoking?

Living With Illness: Health plan activities that help people manage chronic illness: Does the plan have programs in place to help patients manage chronic conditions like asthma? Do diabetics, who are at risk for blindness, receive eye exams as needed?

Access and Service: Health plan members’ access to needed care and good customer service: Are there enough primary care doctors and specialists to serve all plan members? Do members report problems getting needed care? How well does the plan follow up on grievances?

Qualified Providers: Health plan efforts to ensure that each doctor is licensed and trained to practice medicine and that plan members are happy with their doctors: Does the plan check whether physicians have had sanctions or lawsuits against them? How do plan members rate their personal doctors or nurses?

The free online report card at www.ncqa.org also includes plan information—locations, membership, product types, contact information—and summarized information in five categories of performance.
NCQA Health Plan Accreditation includes two major components on which a plan’s performance is scored: standards, an evaluation of the plan’s structure and processes to maintain and improve quality in five core areas; and Healthcare Effectiveness Data and Information Set (HEDIS®), an evaluation of the plan’s performance on process and outcomes in clinical care and member experience of care.

NCQA standards evaluate the following categories.

**Quality Management and Improvement**
- A health plan’s systems for continuous improvement of quality of care and service.
- How the plan makes sure that members have access to the care they need.
- Specific plan programs that help members with chronic illnesses (e.g., disease management and complex illness or trauma; case management).

**Utilization Management**
- How fair, consistent and prompt is the plan when it makes decisions about medical necessity for medical, behavioral health and pharmacy services?
- Does the plan use evidence-based clinical guidelines and clinical staff—including physicians—to make decisions?
- Does the plan have a process for members to appeal its medical necessity and coverage decisions?

**Credentialing**
- How thoroughly the plan investigates qualifications and practice history before allowing a physician to join its network.
- The plan’s process for ongoing evaluation of the physicians in its network.

**Members’ Rights and Responsibilities**
- Does the plan clearly inform its members about how to get care and use its services?
- Does the plan have a process to respond to member concerns and complaints?
- How the plan protects members’ personal information.

**Member Connections**
- How the plan distributes important information to members, such as their health status, plan resources, member care options and the cost of different services and prescription drugs.
- How the plan promotes wellness and prevention to its members.

HEDIS measures evaluate areas of care.
- Preventive services, such as child and adult immunizations, cancer screenings, prenatal care and smoking cessation.
- Treatment of acute illnesses, such as respiratory infection and pharyngitis in children and bronchitis in adults.
- Management of chronic illnesses, such as diabetes, high cholesterol, high blood pressure, asthma and depression.
- Patient experience2 with the services provided by the plan and by the physicians in the plan’s network: how quickly members can access care, how members rate their personal physician, the claims process, customer service and overall rating of the plan.

NCQA’s rigorous survey process consists of onsite and offsite evaluations conducted by a team of physicians and managed care experts. During the offsite survey, NCQA’s surveyors review the plan’s self-evaluation and other materials submitted to NCQA through the Interactive Survey System (ISS). The ISS is the first Web-based tool for health plan accreditation. The ISS provides guidance and feedback to the plan while it performs a survey-readiness evaluation against NCQA Accreditation standards. The survey team reviews the plan’s submitted documentation for compliance with the standards.

The onsite survey is a two-day visit, during which NCQA surveyors review materials that cannot be submitted via the ISS, such as actual case records, meeting minutes and other confidential documents.

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1 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
2 Based on CAHPS® (Consumer Assessment of Healthcare Providers and Systems), a standardized survey used by all plans.
3 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.

Following the survey, NCQA’s Review Oversight Committee analyzes the team’s findings and assigns an accreditation status.

**Excellent:** Organizations with programs for service and clinical quality that meet or exceed rigorous requirements for consumer protection and quality improvement. HEDIS results are in the highest range of national performance.

**Commendable:** Organizations with established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

**Accredited:** Organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take further action to achieve a higher accreditation status.

**Provisional:** Organizations with programs for service and clinical quality that meet basic requirements for consumer protection and quality improvement. Organizations awarded this status must take significant action to achieve a higher accreditation status.

**Denied:** Organizations whose programs for service and clinical quality do not meet NCQA requirements, according to the results of the Accreditation Survey.

**HEDIS and Accreditation**

More than 940 health plans, including 290 PPOs, covering about 120 million lives, submitted HEDIS data to NCQA in 2010. HEDIS measures health plan performance on important dimensions of health care, such as asthma medication use, controlling high blood pressure, antidepressant medication management and medication management. Recently, “relative resource use” measures were added to examine the amount plans spend for care for six conditions that contribute significantly to overall health care costs and lost productivity in the workplace.

Over the past decade, NCQA estimates that HEDIS quality improvements by health plans in beta-blocker treatment, cholesterol management, blood pressure control and HbA1c control have saved from 20,274 to 136,814 lives. Improvements like these represent real benefits for individuals and employers alike. In practical terms, smokers who are more consistently advised to quit are more likely to do so; heart attack victims are likely to live longer if their blood pressure and cholesterol are controlled; immunized children stay in school (reducing parental absenteeism) and grow up to be healthier adults.

**Plans with NCQA Accreditation provide quality care and service.** NCQA Accreditation is an indication of a plan’s commitment and ability to deliver value through quality improvement.
NCQA Accreditation pays dividends—not only to patients and their families, but also to employers seeking a healthier workforce and lower health care costs. In today’s marketplace, health plans cannot afford to simply offer low prices and wide provider networks alone.

Numerous studies have provided compelling evidence that investing in employees’ health pays off measurably. In fact, between 50,657 and 186,572 deaths could be prevented each year if all U.S. health plans delivered the same quality of care as the nation’s top 10 percent of plans reporting HEDIS data to NCQA.

By contracting with NCQA-Accredited health plans, employers know that their plans routinely engage in quality measurement activities and continuously work to improve the quality of care delivered to employees—assuring employees that their well-being is a priority.

No wonder major health care purchasers have made it clear they prefer to do business with an NCQA-Accredited plan: they know that accredited plans outperform nonaccredited plans on virtually all measures of clinical quality. For example, in 2008, NCQA-Accredited plans scored an average of 5 percentage points higher on HEDIS measures than nonaccredited plans.

These performance differences translate into improved health for workers and their families and lower labor costs for employers. By contracting with an NCQA-Accredited plan, a company with 8,000 employees could save as much as $529,000 in avoided sick days and another $393,000 in reduced labor replacement costs, as a result of improved preventive and clinical care.

NCQA-Accredited health plans demonstrate that they provide evidence-based care, make efficient use of resources, have high levels of customer satisfaction and deliver improved health outcomes. Through NCQA Accreditation and public reporting of each plan’s measurement and accreditation results, employers and consumers know that the plans they choose are transparent, accountable and committed to continuous quality improvement.


For more information about NCQA Health Plan Accreditation, visit www.ncqa.org or contact NCQA Customer Support at 888-275-7585.