



NCQA Disease Management Accreditation and Certification





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NCQA's flexible disease management (DM) evaluation programs include accreditation for organizations that offer comprehensive DM programs with services to patients, practitioners or both, and certification for organizations that provide specific DM functions. The program standards are built on NCQA's years of experience, detailed market research and input from health care industry experts and other stakeholders. Moreover, NCQA is the first DM accreditation organization to utilize performance measures to assess the impact of programs on care for people with asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart failure and ischemic vascular disease (IVD).¹ NCQA has incorporated standardized performance measures that address dimensions of care for people with these diseases into our latest DM standards. The DM performance measures also include preventive health measures for tobacco use, influenza vaccination and pneumococcal vaccination, which apply to people in each area.

There are two NCQA Accreditation options:

- **Patient and Practitioner-Oriented Accreditation:** For organizations that deliver comprehensive DM programs that include criteria for patient identification, evidence-based content, interventions directed at patients and practitioners and systems to support program operations.
- **Patient-Oriented Accreditation:** For organizations that deliver comprehensive DM services to patients and do not have regular contact with practitioners.

There are two NCQA Certification options:

- **Program Design Certification:** Contains requirements for development of DM content based on clinical guidelines. DM content distribution may incorporate printed, electronic, telephone or face-to-face methods.
- **Systems Certification:** Contains requirements for the design of clinical information systems used to support DM services.

¹ Organizations seeking NCQA DM Accreditation can earn the status "Accredited With Performance Reporting" for the above conditions. Organizations must submit measures annually to retain this status.

Why NCQA Disease Management Programs?

Organizations that have earned NCQA DM Accreditation and Certification meet or exceed NCQA standards. NCQA Accreditation and Certification allows organizations that offer quality DM programs and services to receive the market advantage and recognition from key industry players. Accreditation, certification and public reporting of measurement results tell employers and consumers that the DM programs they choose are transparent, accountable and committed to continuous quality improvement.

NCQA-Accredited DM organizations show that they:

- Provide comprehensive programs delivering evidence-based care
- Make efficient use of resources
- Have high levels of customer satisfaction
- Deliver improved health outcomes

NCQA-Certified DM organizations demonstrate that they:

- Provide evidence-based content and systems to support DM comprehensive programs
- Drive quality care and services by addressing patient safety and delivering improved services

Who can apply for NCQA Disease Management Accreditation and Certification?

- Disease management organizations
- Population health management organizations
- Health plans, including HMOs, PPOs and POS plans
- Managed behavioral healthcare organizations (MBHO)
- Provider organizations, including medical groups, hospitals and integrated delivery systems
- Pharmaceutical companies and pharmacy benefit managers (PBM)
- Software and biometric device companies
- Case management organizations

How to Apply²

Interested organization can download a free application for a DM Accreditation or Certification Survey at www.ncqa.org/publications, or contact NCQA Customer Support at 888-275-7585.

² Health plans and other organizations seeking NCQA Accreditation or Certification may receive delegation oversight relief when delegating to an NCQA-Accredited or Certified organization.



For more information about NCQA Disease Management Accreditation and Certification, visit www.ncqa.org.

NCQA Disease Management Standards

NCQA's DM standards are organized into seven categories.

1. Evidence-Based Programs (EB). Organizations should use the best clinical evidence to develop program content. Evidence-based programs principles include:

- Using evidence-based guidelines or standards of care in developing program content for patients and practitioners
- Ensuring that all content is consistent with adopted guidelines
- Ensuring appropriate practitioner oversight of programs

2. Patient Services (PT). Organizations should work with patients to encourage self-management behavior that enables good outcomes. Patient service principles include:

- Using available clinical data from the client organization or from eligible participants to identify potential participants and stratify them for assignment to different levels of service intensity
- Integrating relevant patient data to produce actionable patient-level information
- Enlisting and measuring active participation of eligible patients
- Supporting patient self-management with consumer-tested information, coaching, reminders and referrals
- Stating a commitment to patient rights, including the patient's right to opt out of the program, and expectations of patient responsibilities
- Encouraging patient and practitioner communication

3. Practitioner Services (PR). Organizations should support practitioners' care plans by providing actionable and timely information on their patients' conditions. Practitioner services principles include:

- Supporting practitioner decisions with evidence-based recommendations on care of chronic conditions
- Providing practitioners with feedback on care opportunities that must be addressed
- Stating a commitment to practitioner rights and encouraging practitioners to work with the program to coordinate patient care

4. Care Coordination (CC). Organizations should make care plan information accessible to patients and practitioners. Care coordination principles include:

- Giving patients information about their progress toward treatment goals
- Giving practitioners information about the condition and progress of their patients
- Coordinating referrals and providing relevant information to case management programs and other health resources

5. Measurement and Quality Improvement (MQ).

Organizations should measure patient and practitioner data to assess their experience and act to improve quality where necessary. Standards are designed to impose principles of good measurement that include:

- Measuring quality across the organization and for each condition managed
- Ensuring that all eligible participants are included in the measured population
- Using evaluative patient and practitioner data to assess experience with the DM program for quality improvement
- Measuring cost or efficiency of each program
- Analyzing performance data, acting to improve quality and demonstrating improvement in performance

6. Program Operations (OP). Organizations should support and maintain their DM programs by:

- Ensuring convenient access to the organization for patients and practitioners
- Considering patients with special needs
- Employing qualified personnel, giving them the necessary training
- Disclosing marketing activities
- Responding appropriately to patient and practitioner complaints
- Using available information to address patient safety issues
- Protecting the privacy of patient information

7. Performance Measurement (PM). Organizations should regularly assess their performance. (Organizations that meet this standard earn "Accredited With Performance Reporting" status.)