Health Plan Accreditation Updates
Overview

Health Plan Accreditation (HPA) 2019
# Table of Contents

Health Plan Accreditation Updates Overview

Our Mission: Improve the Quality of Health Care  

A Guide to the Updates

Appendix 1: Proposed Standard Changes for HPA 2019

The NCQA Advantage

Stakeholders Participating in Public Comment

Public Comment Feedback Instructions

HPA 2019: Proposed Standard Changes

Background

Summary of Requirements

QI 1, Element A: Program Structure

QI 3, Elements A, C: Health Services Contracting

UM 5, Elements A–D, H: Timeliness of UM Decisions

UM 5, Element H: Timeliness of UM Decisions

UM 12, Element A: Triage and Referral for Behavioral Healthcare

UM Standards: Must-Pass Elements Scoring

CR 1, Element A: Credentialing Policies

CR 6, Element A: Notification to Authorities and Practitioner Appeal Rights

MEM 3, Element B: Personalized Information on Health Plan Services

Delegation Standards, Element B: Provision of Member Data to the Delegate

Delegation Standards, Element C: Provisions for PHI

Public Comment Instructions

Public Comment Questions

Documents

How to Submit Comments

Next Steps
Health Plan Accreditation Updates Overview

Our Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For over 25 years, NCQA has been driving improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA’s programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans—health maintenance organizations (HMO), point-of-service (POS) organizations, preferred provider organizations (PPO)—using both standards and performance results. Today, more than 181 million Americans are enrolled in a NCQA-Accredited health plan.

A Guide to the Updates

Proposed updates to Health Plan Accreditation (HPA) 2019 include changes to existing requirements and removal of requirements.

Appendix 1: Proposed Standard Changes for HPA 2019

The corresponding section in the Overview details proposed changes, the background and rationale, and targeted questions for consideration. Appendix 1 details the proposed update language.

NCQA will also update all applicable products to align with the HPA updates:
- Managed Behavioral Healthcare Organization Accreditation (MBHO).

The NCQA Advantage

Proposed HPA updates aim to align standards with the changing market landscape, stakeholder needs and regulatory requirements, and assist organizations in their pursuit of quality care. The NCQA Accreditation seal is a sign to stakeholders—including employers, states and CMS—that organizations deliver high-quality care and have strong member protections.

Stakeholders Participating in Public Comment

NCQA shares draft standards for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA asks respondents to consider whether the requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.
Public Comment Feedback Instructions

Respond to topic and element-specific questions for each product on NCQA’s public comment website: http://publiccomments.ncqa.org. NCQA does not accept comments by mail, email or fax.

To record comments:

- Click to select the topic area from the **Products** drop-down menu:
  - Proposed Standard Changes for HPA 2019
- Click to select an **HPA element** from the **Topic** drop-down menu. Enter comments and support on overall changes.
- Targeted feedback is requested on some elements. Questions are noted as “Targeted Questions.” Click to select a targeted question under **Element**.
- Click to select a **support type** (e.g., support with modifications) and provide additional comments (optional).

*Appendix 1: Proposed Standard Changes for HPA 2019* contains related updates and explanations.
HPA 2019: Proposed Standard Changes

Background

Proposed changes to the 2019 health plan standards and guidelines were informed by feedback (e.g., via PCS) from health plan organizations, NCQA surveyors and stakeholders such as consumers, states and CMS. Changes include updates to existing requirements in the Utilization Management, Member Connections and Delegation categories, as well as removal of requirements in the Quality Improvement, Utilization Management, Credentialing and Delegation categories.

Summary of Requirements

Refer to Appendix 1 to review highlighted changes to all elements.

QI 1, Element A: Program Structure

NCQA recommends eliminating factors 3 (patient safety) and 9 (serving members with complex health needs). These factors are covered in PHM 1, Element A: Strategy Description.

Targeted question for QI 1A  Do you support eliminating QI 1, Element A, factors 3 and 9?

QI 3, Elements A, C: Health Services Contracting

NCQA recommends eliminating factor 2 (confidentiality policies) because organizations already share health information in accordance with HIPAA and other federal and state laws, and only disclose the minimum amount of PHI necessary for the NCQA’s Health Plan Accreditation.

Targeted question for QI 3A, C  Do you support eliminating QI 3, Elements A and C, factor 2?

UM 5, Elements A–D, H: Timeliness of UM Decisions

Currently, all product lines have the same 24-hour time frame for urgent concurrent decisions. In the early 2000s, NCQA aligned UM time frames with the Department of Labor Law (DOL) and applied these time frames to all product lines. However, the DOL regulations apply to ERISA plans (group health plans) and not to the Medicare and Medicaid product lines. CMS time frames for Medicare and Medicaid product lines differ.

NCQA recommends adding a factor for the Medicare and Medicaid product lines to specify a 72-hour time frame for urgent concurrent decisions. By changing the time frame from 24 hours to 72 hours, NCQA’s requirements will have greater alignment with CMS expectations for expedited requests (72 hours), potentially reducing burden on plans with these product lines. This change is critical: It helps avoid unnecessary denials due to limitations with obtaining needed information, and helps ensure that decisions are timely for members who are in the process of receiving care.

Targeted question for UM 5A–D, H  Do you support the proposal to change the time frame for urgent concurrent decisions to 72 hours for the Medicare and Medicaid product lines only?
UM 5, Element H: Timeliness of UM Decisions

NCQA recommends updating the element stem and scope of review to clarify the long-standing expectation of the requirement in that the element applies to nonbehavioral healthcare, behavioral healthcare and pharmacy UM decisions.

| Targeted question for UM 5H | Do you support the proposal to clarify the element stem and scope of review for UM 5, Element H? |

UM 12, Element A: Triage and Referral for Behavioral Healthcare

NCQA recommends eliminating Element A and redistributing the points to the remaining elements because organizations often facilitate referrals but do not have their own centralized triage and referral process.

| Targeted question for UM 12A | Do you support eliminating UM 12, Element A? |

UM Standards: Must-Pass Elements Scoring

UM must-pass elements represent important consumer protections. NCQA recommends raising the scoring threshold on all UM must-pass elements from 50% to 80%. NCQA’s current policy requires organizations that score lower than 50% on a must-pass element to submit a Corrective Action Plan (CAP), have their status changed to Provisional for the duration of the CAP period and undergo a Resurvey within 6–9 months. NCQA will continue to apply this policy with the adjusted must-pass scoring threshold.

| Targeted question for UM standards | What potential challenges, if any, might this change create for organizations? |

CR 1, Element A: Credentialing Policies

NCQA recommends eliminating factor 6 (delegating policies) because it is already a part of the CR delegation standards.

| Targeted question for CR 1A | Do you support eliminating CR 1, Element A, factor 6? |
CR 6, Element A: Notification to Authorities and Practitioner Appeal Rights

NCQA recommends eliminating CR 6, Element A, factors 2 (reporting to authorities) and 3 (a well-defined appeal process), to reduce burden on organizations.

The Health Care Quality Improvement Act (HCQIA) of 1986 requires medical malpractice payments and adverse actions to be reported to the National Practitioner Data Bank (NPDB).

“Authorities” in factor 2 include the NPDB, state or other regulatory body. Requiring organizations to have a process for reporting to NPDB is redundant, given the HCQIA requirement.

The components of a well-defined appeal process in factor 3 are also outlined in the HCQIA. Requiring organizations to describe their appeal process is redundant.

<table>
<thead>
<tr>
<th>Targeted question for CR 6A</th>
<th>Do you approve eliminating CR 6, Element A, factors 2 and 3?</th>
</tr>
</thead>
</table>

MEM 3, Element B: Personalized Information on Health Plan Services

NCQA recommends adding the frequency requirement “within one business day” into the element stem. Currently, this language is located in the explanation.

<table>
<thead>
<tr>
<th>Targeted question for MEM 3B</th>
<th>Do you support incorporating “within one business day” into the element stem?</th>
</tr>
</thead>
</table>

Delegation Standards, Element B: Provision of Member Data to the Delegate

NCQA recommends moving this requirement from Element B: Provision of Member Data to Element A: Delegation Agreement as a new factor. This change affects all standard categories.

Organizations have difficulty providing evidence (reports or materials) to meet this requirement because they do not get frequent requests to provide data. The move to Element A preserves the intent that member experience and clinical performance data must be made available, if requested, and must be documented as part of the delegation agreement.

<table>
<thead>
<tr>
<th>Targeted question for delegation standards, Elements A, B</th>
<th>Do you support moving the requirement from Element B to Element A as a new factor?</th>
</tr>
</thead>
</table>

Delegation Standards, Element C: Provisions for PHI

NCQA recommends eliminating this element across all categories.

Organizations receive “NA” if there is a Business Association Agreement (BAA) in place or if the organization does not share PHI. According to federal law, any covered entity (all health plans) must have a BAA if it shares PHI with another organization, so there is no situation where an organization would not receive “NA” on this element.

<table>
<thead>
<tr>
<th>Targeted question for delegation standards</th>
<th>Do you support eliminating Element C across all standard categories?</th>
</tr>
</thead>
</table>
Public Comment Instructions

Public Comment Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. NCQA encourages reviewers to provide insights on global issues related to the proposed HPA updates including:

1. Will the proposed HPA updates assist your organization in meeting its objectives? If so, how? If not, why not?
2. Are there key expectations not addressed in the proposed HPA requirements updates?
3. Do the proposed requirements align with your state’s managed care efforts?

Documents

Draft standards and explanations for updates can be found in Appendix 1: Proposed Standard Changes for HPA 2019.

How to Submit Comments

Submit all comments through NCQA’s Public Comment website (http://publiccomments.ncqa.org). NCQA does not accept comments via mail, email or fax.

All comments are due by 5 p.m. (ET) on April 3.

1. Go to the public comment database.
2. Enter your email address and contact information.
3. Click to select:
4. Click the Instructions link to the view public comment materials (including instructions, proposed specifications and measures).
5. Click to select the Topic and Element (i.e., question) on which to comment.
6. Click to select the support option (i.e., Support, Do not support, Support with modifications).
   - If you choose Do not support, include your rationale in the text box.
   - If you choose Support with modifications, enter the suggested modification in the text box.
7. Enter your comments in the Comments box.
   Note: There is a 2,500 character limit for each comment. Be concise in your feedback. We suggest you develop your comments in Word to check your character limit, and save a copy for reference. Cut and paste your comment into the Comments box.
8. If you are submitting more than one comment, click the Submit and Return button. When you have submitted all comments, click Submit and Logout. You will receive an email notification with your submitted comments.

Next Steps

The final Standards and Guidelines for HPA 2019 will be released in July 2018, following approval by the NCQA Standards Committee and the Board of Directors.
Requirements for HPA 2019 take effect July 1, 2019.

Organizations coming forward for accreditation after this date must meet the new requirements.