Health Plan Accreditation

1st

Performance-based evaluation of health plans

1,100

More than 1,100 health plans have NCQA Accreditation

173 MILLION

More than 173 million people are in NCQA-Accredited health plans
Health Plan Accreditation

HPA 2020 GOALS

- Improved Evaluation & Transparency
- Focus on Implementation & Outcomes
- Reduce Administrative Burden
Summary of Updates

1. Align Health Plan Accreditation and Health Plan Ratings
2. Simplify scoring and score by product line
3. Add Must Pass Elements to Credentialing and Utilization Management to help ensure accuracy and timeliness
4. Reduce paperwork
5. Improve the experience
What’s Not Changing

Standards & Guidelines + Quality Measures + Member Experience
How Updates Get Made

1. Feedback & Research
2. NCQA Research & Assessment
3. Standards Committee Feedback
4. Standards Committee Approval for Public Comment
5. Further Research
6. NCQA Research & Assessment
7. Standards Committee Approval
8. NCQA Board Approval

Feedback From You
Scoring & Earning Accreditation
Health Plan 2020
Updates
Health Plan Accreditation

2019 and Earlier

50 POINTS

Standards and Guidelines
Structure/Process

50 POINTS

HEDIS®
Performance Measures (Clinical)

CAHPS® 5.0H
Patient Experience
Health Plan Accreditation

Starting in 2020

Accredited on Standards & Guidelines

80% in each standards category

HEDIS® & CAHPS®

0-5 stars

Accredited on Standards & Guidelines

80% in each standards category

HEDIS® & CAHPS®

0-5 stars
Health Plan 2020

Scoring

TODAY

Elements are worth a certain number of points, which varies and can be non-whole numbers.

This results in a lot of variance in numbers and complicated math to understand scoring.

2020

Elements are worth either 1 or 2 points.

- Met 🟢 = Earn All Applicable Points
- Partially Met 🟠 = Earn Half of Applicable Points
- Not Met ⚫ = Earn No Points

Scores per element will be easier to add, as they will be either:

0 0.5 1 2
NET 3, Element A: Assessment of Member Experience Accessing the Network

The organization annually identifies gaps in networks specific to geographic areas or types of practitioners or providers by:

1. Using analysis results related to member experience with network adequacy for nonbehavioral healthcare services from ME 7, Element C and Element D.

2. Using analysis results related to member experience with network adequacy for behavioral healthcare services from ME 7, Element E.

3. Compiling and analyzing nonbehavioral requests for and utilization of out-of-network services.

4. Compiling and analyzing behavioral healthcare requests for and utilization of out-of-network services.

<table>
<thead>
<tr>
<th>Met (2 points)</th>
<th>Partially Met (1 point)</th>
<th>Not Met (0 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization meets 3-4 factors</td>
<td>The organization meets 2 factors</td>
<td>The organization meets 0-1 factors</td>
</tr>
</tbody>
</table>
# Health Plan 2020

## Scoring Example

## Standard Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Max Category Points</th>
<th>80% of Max Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Management &amp; Improvement (QI)</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Population Health Management (PHM)</td>
<td>22</td>
<td>17.6</td>
</tr>
<tr>
<td>Network Management (NET)</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Utilization Management (UM)</td>
<td>42</td>
<td>33.6</td>
</tr>
<tr>
<td>Credentialing and Recredentialing (CR)</td>
<td>16</td>
<td>12.8</td>
</tr>
<tr>
<td>Member Experience (ME)</td>
<td>23</td>
<td>18.4</td>
</tr>
</tbody>
</table>

Sample Only – Actual Points May Vary

*Includes delegation elements.
If an element does not apply, the points are taken out for the total points.
Plans earn points toward their category total if element is “Met” or “Partially Met.”
Unlike previously, there is no total amount of points for accreditation.
Health Plan 2020

Earning Provisional Status

– Provisional Accreditation –

Quality Management and Improvement: 85%
Population Health Management: 85%
Network Management: 75%
Utilization Management: 70%
Credentialing: 100%
Member Experience: 90%
Health Plan 2020

Denial of Accreditation

--- Denied Accreditation ---

- Quality Management and Improvement: 85%
- Population Health Management: 40%
- Network Management: 75%
- Utilization Management: 70%
- Credentialing: 100%
- Member Experience: 90%
For organizations that bring through plans with multiple product lines:

<table>
<thead>
<tr>
<th>Element Score</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>Met</td>
<td>Met</td>
<td>Met</td>
</tr>
</tbody>
</table>

This helps clarify to plans, states and others where areas of concern lie, and helps plans better focus on areas that need improvement.
Health Plan 2020

Product Line Scoring

Element Scoring
Through HPA 2019

Score Calculator

Medicare  100
Medicaid  80
Commercial  50
Override Score  50%

Element Scoring
HPA 2020

UM 9A, Medicaid
Met

UM 9A, Medicare
Met

UM 9A, Commercial
Partially Met
Health Plan 2020

Product Line Scoring

**HPA 2020 Example**

- **Medicaid Score**
  - Scored 80% in each Standards Category

- **Medicare Score**
  - Scored less than 80% in at least one Standards Category

- **Commercial Score**
  - Scored 80% in each Standards Category, but failed 1 Must-Pass Element
  - Corrective Action Plan
## Health Plan 2020

### Product Line Scoring

<table>
<thead>
<tr>
<th>Standard</th>
<th>Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHM 1: PHM Strategy</td>
<td>A</td>
</tr>
<tr>
<td>PHM 3: Delivery System Supports</td>
<td>B</td>
</tr>
<tr>
<td>PHM 6: Population Health Management Impact</td>
<td>B</td>
</tr>
<tr>
<td>NET 3*: Assessment of Network Adequacy</td>
<td>A-C</td>
</tr>
<tr>
<td>UM 4*: Appropriate Professionals</td>
<td>C-E</td>
</tr>
<tr>
<td>UM 5*: Timeliness of UM Decisions</td>
<td>A-C</td>
</tr>
<tr>
<td>UM 6*: Clinical Information</td>
<td>A-C</td>
</tr>
<tr>
<td>UM 7*: Denial Notices</td>
<td>A-I</td>
</tr>
<tr>
<td>UM 9: Appropriate Handling of Appeals</td>
<td>A-D</td>
</tr>
<tr>
<td>ME 2: Subscriber Information</td>
<td>A</td>
</tr>
<tr>
<td>ME 7: Member Experience</td>
<td>C,E</td>
</tr>
</tbody>
</table>

*Newly reviewed by product line
Measures and Ratings

Health Plan 2020

Updates
## Health Plan 2020

### Timeline For Measure Reporting

<table>
<thead>
<tr>
<th>Survey Type</th>
<th>Previous Reporting Requirements</th>
<th>HPA 2020 Reporting Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim Accreditation</td>
<td>Plans with Interim Accreditation were not required to report HEDIS/CAHPS.</td>
<td>All plans must report HEDIS/CAHPS for the HEDIS reporting date after their first full year of Accreditation. Plans with fewer than 15,000 members are not required to report.</td>
</tr>
<tr>
<td>First Accreditation</td>
<td>All plans must report HEDIS/CAHPS for the HEDIS reporting date in their third year of accreditation. Plans with fewer than 15,000 members are not required to report.</td>
<td>All plans must report HEDIS/CAHPS for the HEDIS reporting date after their first full year of Accreditation. Plans with fewer than 15,000 members are not required to report.</td>
</tr>
</tbody>
</table>
Health Plan 2020

Statuses and Ratings

ACCREDITED
HEALTH PLAN
EXCELLENT

ACCREDITED
HEALTH PLAN
COMMENDABLE

ACCREDITED
HEALTH PLAN
ACCREDITED

HEALTH PLAN RATINGs

3
4
4.5
Health Plan Accreditation

Statues and Ratings

**TODAY**

Plans earn statuses that aren’t clear to the general public.

What the public sees:

- **ACCREDITED**
  - EXCELLENT
  - COMMENDABLE
  - ACCREDITED

What it means:

- **Excellent** 90-100 points
- **Commendable** 80-89.99 points
- **Accredited** 65-79.99 points

**2020**

Plans are accredited and earn a star rating based on HEDIS®/CAHPS® reporting.

What the public sees:

- **ACCREDITED**
  - 5 stars
- **ACCREDITED**
  - 4.5 stars
- **ACCREDITED**
  - 4 stars

24 | NCQA
## Health Plan Accreditation

*Timeline For Measure Reporting – Newly Accredited Plans*

<table>
<thead>
<tr>
<th>Accreditation Issued on or Between</th>
<th>First HEDIS Reporting Date</th>
<th>First Star Rating Released</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2020-June 30, 2021</td>
<td>June 2022</td>
<td>September 2023</td>
</tr>
<tr>
<td>July 1, 2021-June 30, 2022</td>
<td>June 2023</td>
<td>September 2024</td>
</tr>
<tr>
<td>July 1, 2022-June 30, 2023</td>
<td>June 2024</td>
<td>September 2025</td>
</tr>
<tr>
<td>July 1, 2023-June 30, 2024</td>
<td>June 2025</td>
<td>September 2026</td>
</tr>
<tr>
<td>July 1, 2024-June 30, 2025</td>
<td>June 2026</td>
<td>September 2027</td>
</tr>
</tbody>
</table>

Note: For newly accredited plans only. If you are already accredited and submitting HEDIS/CAHPS annually, keep doing so.
Health Plan Accreditation

Sample Timeline – Interim Accreditation

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>January</td>
<td>Interim Accreditation Issued.</td>
</tr>
<tr>
<td>2022</td>
<td>June</td>
<td>Submit HEDIS®/CAHPS®.</td>
</tr>
<tr>
<td>2022</td>
<td>July</td>
<td>Earn Health Plan Accreditation through First Evaluation option.</td>
</tr>
<tr>
<td>2022</td>
<td>September</td>
<td>Release of Star Rating is optional.</td>
</tr>
<tr>
<td>2023</td>
<td>June</td>
<td>Submit HEDIS®/CAHPS®.</td>
</tr>
<tr>
<td>2023</td>
<td>September</td>
<td>Star Rating released.</td>
</tr>
<tr>
<td>2024</td>
<td>June</td>
<td>Submit HEDIS®/CAHPS®.</td>
</tr>
<tr>
<td>2024</td>
<td>September</td>
<td>Star Rating released.</td>
</tr>
<tr>
<td>2025</td>
<td>June</td>
<td>Submit HEDIS®/CAHPS®.</td>
</tr>
<tr>
<td>2025</td>
<td>July</td>
<td>Maintain Accreditation by Renewing Your Recognition.</td>
</tr>
<tr>
<td>2025</td>
<td>September</td>
<td>Star Rating released.</td>
</tr>
</tbody>
</table>
Health Plan Accreditation

Statuses and Ratings
Health Plan Accreditation

Health Plan Ratings Methodology

Weighted average of all measures + Accreditation bonus = Overall rating score

<table>
<thead>
<tr>
<th>Plan Result</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan in top decile</td>
<td>5</td>
</tr>
<tr>
<td>Plan in top 3rd, but not in top 10th</td>
<td>4</td>
</tr>
<tr>
<td>Plan in middle 3rd</td>
<td>3</td>
</tr>
<tr>
<td>Plan in bottom 3rd, but not bottom 10th</td>
<td>2</td>
</tr>
<tr>
<td>Plan in bottom 10th</td>
<td>1</td>
</tr>
</tbody>
</table>
Requirements Changes

Health Plan 2020

Updates
## Health Plan 2020

**New Must-Pass Requirements**

### CREDENTIALING

<table>
<thead>
<tr>
<th>CR3</th>
<th>Element A: Verification of Credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Element B: Sanction Information</td>
</tr>
<tr>
<td></td>
<td>Element C: Credentialing Application</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CR4</th>
<th>Element A: Recredentialing Cycle Length</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CR1</th>
<th>Element C: Credentialing System Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>NEW ELEMENT!</strong></td>
</tr>
</tbody>
</table>

### UTILIZATION MANAGEMENT

<table>
<thead>
<tr>
<th>UM12</th>
<th>Element A: UM Denial System Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>NEW ELEMENT!</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Element B: UM Appeal System Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>NEW ELEMENT!</strong></td>
</tr>
</tbody>
</table>

- Added as must-pass in response to states and other stakeholders
- Helps strengthen consumer protections
Health Plan Accreditation

Other Changes

Member Experience (ME)

- QI 4: Member Experience, Elements C–F
- MEM 1: Functionality of Claims and Processing
- MEM 2: Pharmacy Benefit Information
- MEM 3: Personalized Information on the Health Plan Services
- RR 1: Statement of Member’s Rights and Responsibilities
- RR 2: Policies and Procedures for Complaints and Appeals
- RR 3: Subscriber Information
- RR 4: Marketing Information
Health Plan Accreditation

Reduction In Requirements

*Medicaid plans will be reviewed on 119 elements to align with Medicaid requirements under the Medicaid Managed Care Rule.
Improving the Experience
Health Plan 2020
Updates
Health Plan 2020

Improving the Experience

Improve the Experience + Simplify Survey Process

Improving the File Review Process

Single Document Library

Application and Survey Improvements for National Surveys

Linked License and Single Site, Multiple Entity (SSME) Unified View
<table>
<thead>
<tr>
<th>Date</th>
<th>What is Being Released</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2020</td>
<td>2020 Health Plan Survey Tool released (with standards included).</td>
</tr>
</tbody>
</table>

PURCHASE STANDARDS AT STORE.NCQA.ORG
Public Comment Feedback
Health Plan 2020 Updates
## Health Plan Accreditation

### Public Comment Feedback: What Didn’t Change

<table>
<thead>
<tr>
<th>Proposed for Public Comment</th>
<th>Adopted?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single scoring methodology for HPR and HPA</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Display health plan performance with 0-5 Stars</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Accelerate HEDIS/CAHPS reporting for plans new to NCQA Accreditation</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Set threshold for percentage of points plans must meet in each category of standards</td>
<td>●</td>
<td>80% threshold</td>
</tr>
<tr>
<td>Score and report Accreditation results by product line</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Change element scoring to met/partially met/not met</td>
<td>●</td>
<td>Plans can earn points for partially meeting a requirement.</td>
</tr>
<tr>
<td>Score UM file review elements by product line</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Retire 23 elements and 7 factors</td>
<td>●</td>
<td>Retired 22 elements and 7 factors</td>
</tr>
<tr>
<td>Reorganizing the standards</td>
<td>●</td>
<td>NCQA created a new category of standards called Member Experience.</td>
</tr>
<tr>
<td>Standards updates</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Use electronic reporting for UM timeliness elements</td>
<td>●</td>
<td>Instead, added 3 new UM and CR system control elements</td>
</tr>
<tr>
<td>Create attestation process for streamlined renewal surveys</td>
<td>●</td>
<td>Instead, NCQA reduced burden for plans coming through renewal survey.</td>
</tr>
<tr>
<td>Change the interim glidepath to accreditation</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>
Resources

Health Plan 2020 Updates
Join us

HQC
Health Care Quality Congress
An Official Conference by NCQA

October 2–4, 2019
Dallas, TX

Improving Population Health Through HEDIS® and Health Plan Accreditation

Register Today
healthcarequalitycongress.com
Questions
Thank you