Telehealth Module in Health Plan Accreditation

Overview

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Our Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For 30 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. Today, approximately 176 million Americans are enrolled in a NCQA-Accredited health plan.

Organizations Accredited by NCQA demonstrate their commitment to delivering high-quality care through one of the most comprehensive evaluations in the industry. NCQA standards are a roadmap for improvement—organizations use them to perform a gap analysis and align improvement activities with areas that are most important to states and employers, such as network adequacy and consumer protection.

Telehealth Background

COVID-19 severely restricted patients' access to in-person care with an estimated 70% of in-person visits being cancelled and acted as a catalyst for the massive adoption of telehealth. According to McKinsey, consumer adoption of telehealth increased from 11% in 2019 to 46% during the pandemic. This shift has led to increases of more than 50-175 times in telehealth visits as reported by health systems, primary care and behavioral practices.[1] Many factors have contributed to the rapid adoption of telehealth, including CMS relaxing telemedicine restrictions (e.g., allowing clinicians to practice across state lines, loosening privacy regulations) and widespread coverage and reimbursement.

The use of telehealth among health plans varies and has changed significantly over the course of the pandemic. Some health plans that were part of large, integrated systems had their own telehealth platforms prior to COVID. Other plans had or expanded contracts with telehealth platforms and are using their network of providers to offer telehealth services to members whose primary care physicians and specialists were not able to offer them. Some plans found that many of their physician groups were already equipped with a platform and ready to continue to provide care via telehealth; some recently announced "virtual care first" designs.

Although telehealth has the potential to improve outcomes and access to care for 60 million individuals who live in areas with limited physical access to care,[2] this modality of care can also perpetuate existing issues such as fragmented care, poor care coordination and disparities. NCQA believes that to give payers, purchasers and consumers greater confidence in telehealth services, it is important to standardize expectations around patient safety, access and delivery of high-quality services while giving plans the ability to innovate on other important aspects of telehealth service delivery.

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[1] McKinsey COVID-19 Consumer Survey, April 27, 2020.
[2] Virtual Health: A look at the next frontier of care delivery. McKinsey. June 11, 2020. https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/virtual-health-a-look-at-the-next-frontier-of-care-delivery

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Obsolete After January 13, 2021

Telehealth Module in Health Plan Accreditation

In addition to Health Plan Accreditation, NCQA offers modules and Distinctions for organizations that want to demonstrate that they can deliver high-quality services in:

- Long-Term Services and Supports (via LTSS Distinction).
- Medicaid plan compliance with the Medicaid Managed Care Rule (via the Medicaid Module).
- Medicare Advantage plan compliance (via the Medicare Advantage module).

NCQA proposes a Telehealth Module in Health Plan Accreditation to help plans demonstrate that their telehealth networks provide safe, equitable and coordinated care by credentialed physicians. For employers, managed care states and other purchasers, this Module will offer visibility into the quality of a plan's telehealth services and networks.

Like the other modules and distinctions in Health Plan Accreditation, the Telehealth Module will be voluntary. Health plans could complete it as an Add-On Survey to an existing Accreditation status before their next scheduled HPA Survey. Health plans who are already in the process of undergoing a survey may also pursue the Telehealth Module.

Proposed Eligibility:

- Prerequisite: Health plans that have earned Health Plan Accreditation.
- Health plans that offer virtual/telehealth networks.
- Health plans that offer telehealth as a benefit through a vendor network of practitioners and/or through in-network, "brick-and-mortar" practitioners.

Module Standard Categories

NCQA has identified six categories of standards that lay the foundation for quality measurement of health plan telehealth networks and services.

Standards Category	Overview
1. Access & Equity	The health plan: • Offers telehealth for primary care, behavioral healthcare and specialty care visits and access to urgent care telehealth services 24 hours a day, 7 days a week, 365 days a year. • Evaluates and informs members of wait times for telehealth appointments by type. • Assesses members' readiness to use telehealth services and works to reduce potential disparities to access. • Provides members with information about available telehealth practitioners, how to obtain telehealth services, how to submit a complaint and other information.
2. Credentialing	The health plan: • Has a process for requiring practitioners to obtain training specific to delivering telehealth services. • Has a process for evaluating and selecting licensed independent practitioners.

Standards Category	Overview
	• Verifies information to ensure that practitioners have the legal authority and relevant training and experience to provide quality care. • Monitors state sanctions, restrictions on licensure and limitations on practitioners' scope of practice.
3. Member Experience	The health plan: • Assesses member complaints related to telehealth. • Assesses member experience with telehealth services and practitioners.
4. Care Coordination	The health plan has a process for: • Assessing information sharing between practitioners who provide telehealth services and members' PCPs. • Assessing test tracking and follow-up by practitioners providing telehealth services.
5. Patient Safety	The health plan: • Has procedures for practitioners to assess members' ability and willingness to have a telehealth visit. • Specifies the types of practitioners appropriate for conditions treated via telehealth. • Analyzes the effectiveness of its telehealth services.
6. Platform Capabilities	The health plan: • Has a process for the use and disclosure of health information and tells members how their health information will be used. • Uses or supports telehealth platforms that can facilitate synchronous visits and transmit clinical information to other systems and care settings, among other capabilities.

Stakeholders Participating in Public Comment

Public comment is integral to the development of NCQA standards and measures. NCQA actively seeks input from all interested parties during the development process and integrates recommendations in the final version of its programs.

Public Comment Instructions

Refer to *Appendix 7: Telehealth Module in Health Plan Accreditation* *Proposed Standards* for a full list of proposed requirements.

Public Comment Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions. Many comments lead to changes in our standards and policies. The public comment review process makes our standards stronger and more worthwhile for all stakeholders.

Feedback on Global Issues

NCQA requests reader thoughts and insights on global issues related to the proposed telehealth module, including:

- Is the scope of requirements reasonable and consistent with health plan functions?
- Does your health plan have the necessary systems to meet the proposed standards? If not, which standards are most challenging to meet?
- Are there areas that should be assessed in addition to the proposed telehealth standards?
- As telehealth advances health care's move into the digital age, what are the best approaches for using digital tools to improve the patient experience?

Targeted Questions for Health Plans

Access & Equity

1. ***AE 3, Element A: Member Telehealth Readiness Assessment.*** Besides surveying members to assess their readiness to use telehealth, are there other ways plans could complete this assessment?

2. ***AE 3, Element B: Equitable Access***. Are there ways health plans can reduce potential disparities in access to telehealth services in addition to or instead of the proposed requirements?

3. ***AE 3, Element C: Practitioner Telehealth Readiness.*** Should the standards address specific areas related to practitioner training?

4. ***AE 3, Element D: Linguistic Needs.*** In Health Plan Accreditation's NET 1, Element A: Cultural Needs and Preferences, health plans assess the cultural, ethnic, racial and linguistic needs of members and adjust network practitioner availability. Could assessment results from this element help plans establish members' needs for telehealth networks?

5. ***AE 3, Element E: Telehealth Benefit and Practitioner Information***. The proposed element requires health plans to make information available to members on their website or via the telehealth platform. Should plans determine how (i.e., the modality) they provide this information?

Member Experience

1. ***ME 1, Element B: Telehealth Complaints Assessment.*** The proposed element requires complaints to be analyzed across five predetermined categories (e.g., quality of telehealth service). Are these categories appropriate? Should other categories be included?

2. ***ME 2, Element A: Member Experience Assessment***. The proposed element requires plans to evaluate member experience with telehealth services and practitioners across five areas (e.g., ease of arranging a telehealth visit). Are these proposed areas appropriate? Should other areas be included?

Care Coordination

1. Are proposed care coordination elements appropriate for health plans? If not, how could care coordination be evaluated more appropriately when the practitioner providing telehealth services is not the member's usual PCP?

Patient Safety

1. Should the standards address other areas related to patient safety?

2. Should patient safety be evaluated in other or additional ways to proposed requirements, or instead of proposed requirements?

Platform Capabilities

1. Should the standards address other areas related to platform capabilities?

Submitting Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to http://my.ncqa.org and enter your email address and password.

2. Once logged in, scroll down and click **Public Comments**.

3. Click **Add Comment** to open the comment box.

4. Select the following product from the drop-down box:
   a. **Telehealth Module in HPA.**

5. Click to select the **Topic** and **Element** (question) on which you would like to comment.

6. Click to select your support option (**Support, Do not support, Support with modifications**).
   a. If you choose **Do not support**, include your rationale in the text box.
   b. 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. We suggest you develop your comments in Word to check your character limit; use the "cut and paste" function to copy your comment into the Comments box.

8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments must be entered by Wednesday, January 13, at 11:59 p.m. ET

Next Steps

All suggestions will be considered. The final Telehealth Module in Health Plan Accreditation will be released in spring 2021, following approval by the NCQA Standards Committee and the NCQA Board of Directors.