For Public Comment
June 21–July 22, 2022
Comments due 11:59 p.m. ET
June 2022

Proposed Standards Updates for Health Equity Accreditation 2023

Overview

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Table of Contents

Background and Overview of Public Comment

The Quality and Equity Connection

NCQA has been driving quality improvement throughout the health care system for more than three decades, helping to advance 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, primary care and specialty practices and a variety of other health care organizations that support the delivery or management of health care services. Today, approximately 176 million Americans are enrolled in a NCQA-Accredited health plan and 130 million Americans are seen by an NCQA-Recognized practice.

NCQA believes that equity is an integral part of what distinguishes high-quality from low-quality care and that "high-quality care" and "equitable care" are synonymous. Delivering equitable care means having structures, processes and outcomes that do not vary in quality because of individual characteristics or identities such as race/ethnicity, language, gender identity, sexual orientation, age, religion, aspect of disability or socioeconomic status.[1]

Inequities in care are "produced and sustained by deeply entrenched social systems that intentionally and unintentionally prevent people from reaching their full potential," including racism, sexism, classism, trans or homophobia, ableism, xenophobia and others.[2] These "isms" are pervasive in American institutions and systems whose policies and practices affect the distribution of power and resources (social, medical, economic and environmental), and result in inequitable outcomes for individual and community health. These resulting harms are also directly perpetuated and exacerbated by health care institutions through technology, and policies and practices that either benefit or disadvantage, engage or exclude, support or limit access, and encourage or discourage individuals in ways that result in inequitable care. Every health care organization has a responsibility to examine how its own policies, practices and technology perpetuate or exacerbate health inequities and improve the equitability of the health care services it provides.

For this reason, in 2021, NCQA published its standards and guidelines for Health Equity Accreditation 2022, a new program intended as an actionable framework for a wide range of health care organizations—including health plans, health systems, hospitals, managed behavioral healthcare organizations, population health organizations, wellness organizations and more—to develop standardized structures, processes and goals that provide the foundation for identifying opportunities to reduce health inequities and improve the cultural and linguistic appropriateness of care.

A Guide to the Proposed Updates

For surveys beginning July 1, 2023, NCQA recommends making a limited number of updates to Health Equity Accreditation, focused on two key areas:

- Evolving program expectations and improving clarity.
- Establishing expectations for delegation.

This memo provides background for each of the proposed updates and asks targeted questions. *Appendix 1: Proposed Standard Changes for HEA 2023* details the updated standards language described in this memo.

Stakeholders Participating in Public Comment

NCQA shares proposed changes in public comment to generate thoughtful commentary and constructive suggestions from interested parties. NCQA relies on input from all types of stakeholders—including organizations eligible for Health Equity Accreditation, regulators, patients/members, advocates, academics, policymakers, and more—to makes our standards stronger and more meaningful.

NCQA asks respondents to consider whether proposed requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

Global Questions

As you review *Appendix 1: Proposed Standard Changes for HEA 2023*, NCQA asks you to consider the following global questions:

1. Do you agree with each proposed update?
2. Could any proposed update have the potential to create, perpetuate or exacerbate health inequities?
3. Could any proposed update have a potentially negative impact on a specific population, group or type of organization?
4. Are any proposed updates unclear or confusing?
5. Would you like to see additional activities required for 2023? For 2024?

Proposed Updates for Health Equity Accreditation 2023

Revisions to Improve Clarity and Update Terminology

NCQA proposes replacing "disparities" with "inequities" throughout the standards to align with terminology considered most appropriate for health equity work by industry thought leaders such as the American Medical Association.[2] The terminology used to discuss health equity is important because it sets the tone for how an organization understands, interprets and then acts on its analysis. For example, "disparities" typically refer to differences. In contrast, "inequities," are explicitly defined as health differences that are avoidable, unnecessary, unfair and unjust. The term "disparities" also ignores the historical context, political processes and unjust nature of some health outcomes, diminishing the organization's ability to consider the structural and systemic causes of differences in health outcomes. Using the term "inequities" changes the narrative about health equity by moving the context of social justice from the margins to the center of focus.

Proposed Change	Applicable Location
Revise the standard category's description and intent statement for clarity; use current terminology.	• HE 5: Culturally and Linguistically Appropriate Services Programs • HE 6: Reducing Health Care Disparities
Update the standard category title to replace "Disparities" with "Inequities."	• HE 6: Reducing Health Care Disparities
Update the element title to replace "Disparities" with "Inequities."	• HE 6, Element B: Use of Data to Assess Disparities • HE 6, Element D: Use of Data to Measure CLAS and Disparities
Replace "disparities" with "inequities" throughout, to align with current industry terminology.	• HE 5, Element A: Program Description *(Factor 3)* • HE 6, Element A: Reporting Stratified Measures *(Element stem)* • HE 6, Element B: Use of Data to Assess Disparities *(Element stem)* • HE 6, Element D: Use of Data to Measure CLAS and Disparities *(Element stem; factors 1, 3, 5)*

Targeted Questions

1. Do you support the proposed revisions for the standard description and intent statement in HE 5: Culturally and Linguistically Appropriate Services Programs and HE 6: Reducing Health Care Disparities?
2. Do you support replacing "disparities" with "inequities" throughout the standards and guidelines?

Revisions to Element and Factor-Level Requirements

NCQA also proposes changes that evolve the rigor of certain requirements and clarify NCQA's expectations.

Proposed Change	Applicable Location	Rationale
Add "retention" to required processes ("recruiting and hiring").	HE 1, Element A: Building a Diverse Staff (Factor 1)	In addition to recruitment and hiring practices, retention processes are an opportunity to be intentional about how an organization builds—as well as maintains—a diverse workforce.
Specify that "workforce" includes "staff, leadership, committees and governance bodies."	HE 1, Element A: Building a Diverse Staff (Factor 1)	Expanding the requirement from "workforce" to each position level that composes the organization's workforce improves clarity, aligns with the expectations in factors 2 and 3, and gives organizations the opportunity to consider how position levels may have specific and different needs for supporting diversity.
Remove "all" from "all individuals" and require direct data collection for adults over 18 years old, at minimum.	• HE 2, Element D: Collection of Data on Gender Identity (Element stem; factors 2–4) • HE 2, Element E: Collection of Data on Sexual Orientation (Factor 2)	Collecting data on sexual orientation and gender identity is important for all individuals, including pediatric and adolescent individuals, however, there is currently no consensus on the minimum age at which it is meaningful to collect this data. Collecting this data in pediatric/adolescent populations also carries potential risks such as patient safety. 18 years old is the minimum age for which CMS requires this data to be collected and reported by Federally Qualified Health Centers.
Change the requirement to analysis of "one or more" valid measures of clinical performance by race/ethnicity to "two or more."	HE 6, Element B: Use of Data to Assess Disparities (Factor 1)	Health plans are exempt from performing factor 1 but are required in a similar element (HE 6, Element A) to analyze at least two HEDIS measures stratified by race/ethnicity to score Met. This update in Element B aligns the performance expectations for all other eligible organization types with the current threshold applicable to health plans.

Targeted Questions

1. Do you support revising element HE 1A: Building a Diverse Staff (*Factor 1*), adding retention processes to hiring practices, and specifying that "workforce" includes "staff, leadership, committees and governance bodies."?
2. Do you support revising elements HE 2D: Collection of Data on Gender Identity (*element stem; factors 2-4)* and HE 2E: Collection of Data on Sexual Orientation (*Factor 2)* to remove "all" from "all individuals" require direct data collection for adults over 18 years old?
3. Do you support revising element HE 6B: Use of Data to Assess Disparities (*Factor 1)* to increase the analysis requirement to be "two or more" valid measures of clinical performance by race/ethnicity?

Revisions to Scoring and Evidence

Proposed Change	Applicable Location	Rationale
Retire detailed implementation plan as permissible evidence for sexual orientation and gender identity requirements (in lieu of reports or materials) for Renewal Surveys after June 30, 2023 and Initial Surveys after June 30, 2024.	• HE 2, Element A: Systems for Individual-Level Data *(Factors 3, 4)* • HE 2, Element D: Collection of Data on Gender Identity • HE 2, Element E: Collection of Data on Sexual Orientation • HE 2, Element G: Notification of Privacy Protections	The detailed implementation plan was included as a glidepath for Health Equity Accreditation 2022 only, to allow organizations time to plan and execute collection and use of data on sexual orientation and gender identity. However, NCQA has decided to extend the implementation plan glidepath for Initial Surveys until June 30, 2024.

Targeted Questions

1. Do you agree that the glidepath for activities that use data on sexual orientation and gender identity (HE 2, Elements A, D, E and G) should be retired for Renewal Surveys after July 1, 2023? For Initial Surveys after July 1, 2024?

Establishing Expectations for Delegation

NCQA also recommends establishing expectations for how organizations work together and leverage each other's expertise to perform Health Equity Accreditation activities, including:

- *Delegation oversight.* Expectations for oversight of functions delegated to another entity.
- *Automatic credit.* Allowing two NCQA-Accredited organizations to share automatic credit (one organization receives full credit for meeting an element or a portion thereof, based on credit earned by the other entity on the same element).
- *Structural elements*. Designating structural requirements (essential programs, processes and procedures for which the organization must provide its own documentation).
- *Requirements ineligible for delegation*. Elements/factors that must be performed by the organization and not by a delegate.

Delegation Oversight

Delegation oversight standards require the organization seeking Accreditation to oversee the performance of its delegates to ensure that NCQA requirements are met. Although Health Equity Accreditation has traditionally been silent on the role of oversight when organizations leverage the capabilities of delegates to perform the program standards, delegation oversight standards are a staple of NCQA Accreditation programs such as Health Plan Accreditation and others.

For surveys beginning July 1, 2023, NCQA proposes adding a new standard category, *HE 7: Delegation of Health Equity Activities,* with the following elements that mirror existing expectations in other NCQA Accreditation programs.

- Element A: Delegation Agreement.
- Element B: Predelegation Evaluation.
- Element C: Review of Performance.
- Element D: Opportunities for Improvement.

Targeted Questions

1. Do you support adding a new standard category, HE 7: Delegation of Health Equity Activities and including each of the proposed elements?

Automatic Credit Opportunities

Organizations can receive automatic credit for certain elements/factors from another entity that earned credit for the same element/factor. Health Equity Accredited organizations can confer automatic credit to entities seeking NCQA's Health Plan and MBHO Accreditation, but NCQA currently does not allow organizations seeking Health Equity Accreditation to receive automatic credit from other Accredited entities.

For 2023, NCQA proposes allowing automatic credit to be shared from a Health Equity Accredited organization with another organization undergoing survey for the elements/factors in the table below. NCQA's expectation is that the organization and Accredited delegates, in conjunction, perform the function for 100% of the population in the scope for the survey (for a health plan, the product lines being surveyed), pursuant to exceptions or limitations required by state or federal contracts, regulations or statutes.

Although other NCQA Accreditation programs allow automatic credit to apply with a threshold of 70% or more, NCQA recommends a higher bar of 100% for Health Equity Accreditation because of the risk of creating inequities. The program activities are intended to demonstrate that the organization is accountable for continuously identifying opportunities to provide more equitable health care, services and outcomes for its entire population.

Table 1. Elements Eligible for Automatic Credit

HE 1: Organizational Readiness	
A	Building a Diverse Staff *(Factor 2)*
HE 2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data	
B	Collection of Data on Race/Ethnicity *(Factors 1–4)*
C	Collection of Data on Language *(Factors 1–4)*
D	Collection of Data on Gender Identity *(Factors 1–4)*
E	Collection of Data on Sexual Orientation
G	Notification of Privacy Protections
HE 3: Access and Availability of Language Services	
A	Written Documents
B	Spoken Language Services
C	Support for Language Services
D	Notification of Language Services
HE 4: Practitioner Network Cultural Responsiveness	
A	Assessment and Availability of Information *(Factors 1–5)*
B	Enhancing Network Responsiveness *(Factors 1–3)*

HE 6: Reducing Health Care Inequities	
A	Reporting Stratified Measures
B	Use of Data to Assess Health Care Inequities
C	Use of Data to Monitor and Assess Services
D	Use of Data to Measure CLAS and Health Care Inequities *(Factors 1, 2)*

Targeted Questions

1. Should there be a maximum number/percentage of elements allowed as automatic credit for organizations seeking Health Equity Accreditation?
2. Do you agree with NCQA's required threshold of 100% to earn automatic credit (pursuant to limitations or exceptions required by state/federal contracts, regulations and statutes)?

Structural and Non-Delegated Requirements

In addition to designating requirements appropriate for delegation, NCQA proposes that certain requirements be designated "structural" and certain requirements be ineligible for delegation:

- *Structural elements* are essential programs, processes and procedures for which the organization must provide its own documentation as evidence. The organization may delegate a function or activity associated with a structural element, but must require its delegates to adhere to the same standard of performance.
- *Requirements ineligible for delegation* are core activities that must be performed by the organization seeking Accreditation.

Structural Elements	Elements/Factors That May Not Be Delegated
HE 1, Element B: Promoting Diversity, Equity and Inclusion Among Staff	• HE 1, Element A: Building a Diverse Staff *(Factors 1, 3)*
HE 2, Element F: Privacy Protections for Data	• HE 2, Element A: Systems for Individual-Level Data
HE 3, Element A: Written Documents	• HE 2, Element B: Collection of Data on Race/Ethnicity *(Factor 5)*
HE 3, Element C: Support for Language Services	• HE 2, Element C: Collection of Data on Language *(Factor 5)*
HE 5, Element A: Program Description	• HE 4, Element A: Assessment and Availability of Information *(Factor 6)*
HE 5, Element B: Annual Evaluation	• HE 4, Element B: Enhancing Network Responsiveness *(Factor 4)* • HE 7, Element A: Delegation Agreement • HE 7, Element B: Predelegation Evaluation • HE 7, Element C: Review of Performance • HE 7, Element D: Opportunities for Improvement

Targeted Questions

1. Do you agree with the elements NCQA proposes be designated structural? If not, please describe which elements and why.
2. Do you agree with the elements and factors that NCQA proposes be ineligible for delegation? If not, please describe which elements/factors and why.

Public Comment Instructions

How to Submit Comments

NCQA reviews all feedback submitted during the public comment period. To submit your comments:

1. Go to My NCQA 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. Click to select **Proposed Updates for Health Equity Accreditation 2023** from the drop-down box.
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**).
   - 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. 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 July 22, at 11:59 p.m. ET

Next Steps

The final Standards and Guidelines for Health Equity Accreditation 2023 will be released in November 2022, following approval by the NCQA Standards Committee and the Board of Directors. The new requirements proposed above will take effect for surveys starting on July 1, 2023.

References

[1]Slonim, A.D., and M.M. Pollack. 2005. "Integrating the Institute of Medicine's Six Quality Aims into Pediatric Critical Care: Relevance and Applications." *Pediatric Critical Care Medicine* 6(3):264–9. doi:10.1097/01.PCC.0000160592.87113.C6

[2]American Medical Association, AAMC Center for Health Justice. 2021. *Advancing Health Equity: A Guide to Language, Narrative and Concepts.* https://www.ama-assn.org/about/ama-center-health-equity/advancing-health-equity-guide-language-narrative-and-concepts-0

