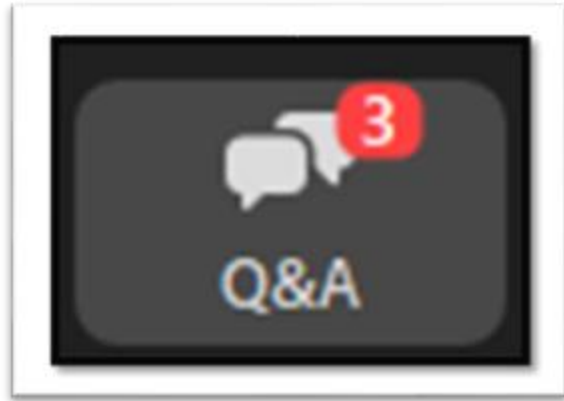




State Discussion: Public Comment for Updates to
NCQA Standards

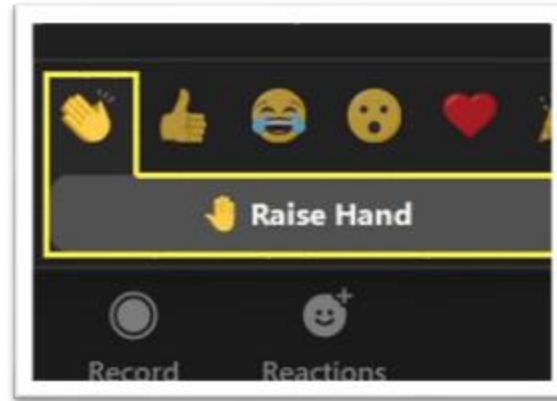
March 5, 2025

Housekeeping



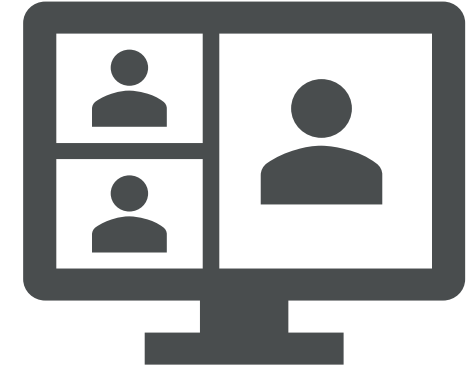
Ask Now

Enter your questions in the Q&A function in Zoom



Join In

To ask questions verbally, click on Zoom's "Raise Your Hand," and our team will unmute you.



Engage After

A recording of the event and slides/supporting materials will be sent to attendees.



Agenda

UTILIZATION MANAGEMENT UPDATES

**MANAGED BEHAVIORAL HEALTH ORGANIZATION
ACCREDITATION UPDATES**

HEALTH PLAN ACCREDITATION 2026 UPDATES

REQUIREMENTS FOR LTSS MEASURES



Utilization Management and Prior Authorization Updates in UM Accreditation 2026, Health Plan Accreditation 2026, MBHO Accreditation 2026

Amelia Bedri, Senior Program Content Engineer

NCQA UM Standards Guiding Principles

Patients are given access to clinically appropriate, equitable and timely care within the scope of their benefit design

Payers offer an efficient prior authorization process to enable optimal patient outcomes

The standards enable continuous quality improvement and burden reduction for physicians and patients

UM Public Comment Updates at a Glance

Across Utilization Management Accreditation, Health Plan Accreditation and Managed Behavioral Health Organization Accreditation

NEW Standards

UM Data Collection and Analysis

UM Committee

Implementation of Interventions

Measurement of Effectiveness

Non-NCQA Accredited Delegate Review

Updates to Existing Standards

Timeliness of UM Decisions

Making UM Criteria Available at the Point of Care

Assisting Members Navigate UM Decisions

Retiring Standards that are Duplicative

Clarifying Timeframe for Pharmaceutical Updates

UM Accreditation Program Redesign

Core Requirements

- Internal Quality Improvement Process
- Privacy and Confidentiality
- Program Evaluation
- Clinical Criteria for UM Decisions
- Communication Services
- Appropriate Professionals
- Information Integrity
- Delegation of UM



Accreditation Seal Options

Approvals and Recommendations



Behavioral Health Decisions



Non-Behavioral Health Decisions



Pharmacy Decisions

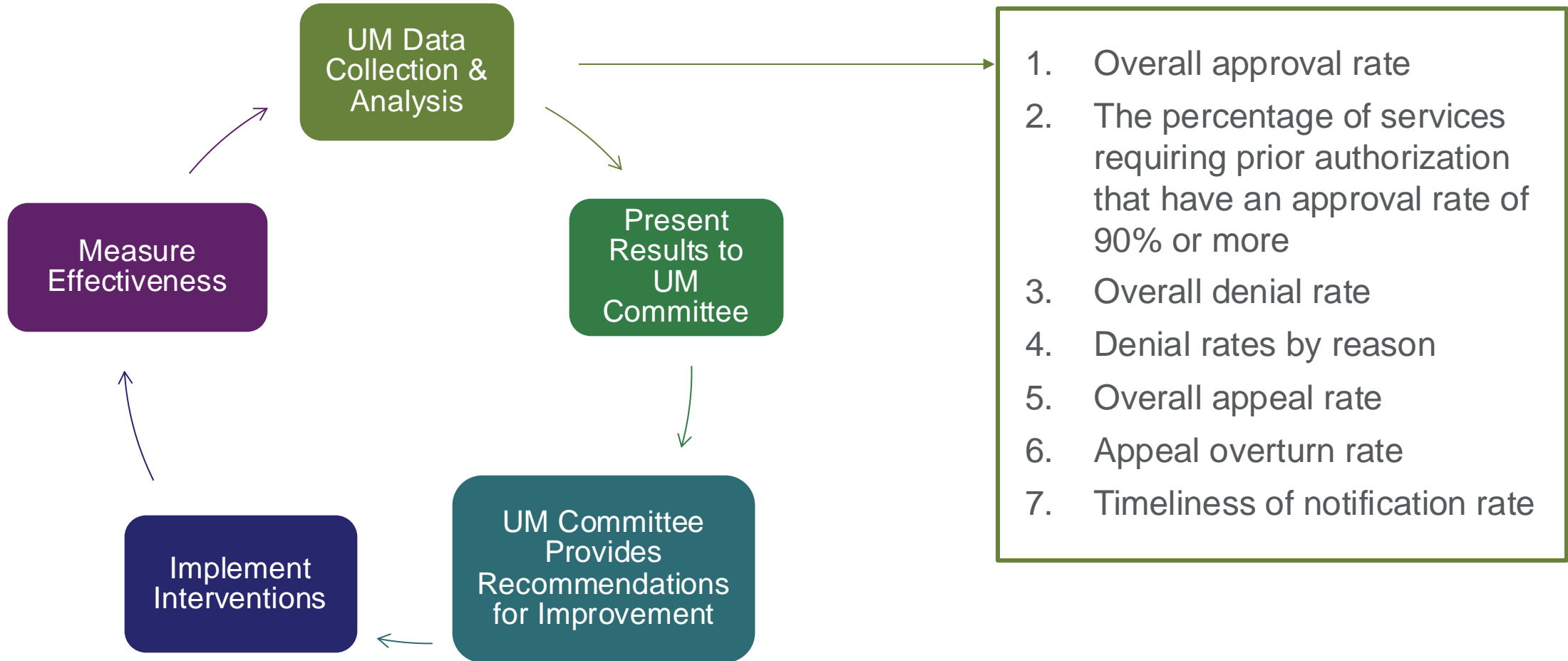


Appeal Decisions



NEW!

UM Data Collection, Analysis and Process Improvement



New Elements: UM Data Collection & Analysis

Intent: Organizations have a longitudinal view of indicators to help identify opportunities for improvement, so patients have better experience with the UM process.

NEW Element B: UM Data Collection

The organization annually calculates:

1. The overall approval rate.
2. The percentage of services requiring prior authorization that have an approval rate of 90% or more.
3. The overall denial rate.
4. Denial rates by reason.
5. The overall appeal rate.
6. The appeal overturn rate.
7. Timeliness of notification rate.

NEW Element C: Analysis of UM Data Collection

The organization annually performs analysis of the data from Element B.

Key points:

- This data will not be publicly reported or used for comparison across plans or product lines.
- Organizations earn Met score for submission of data for Element B.
- Applies to the organization's data and the data of all delegates.
- Is not limited to medical necessity determinations.
- Is applicable to all product lines.
- *Factor 7*: Previously UM 5, Element D (existing element).

Polling Question #1



1. Are these data elements helpful for your state in managing UM processes?
 - A. Yes.
 - B. No.
 - C. Unsure.
2. Is your state currently collecting these type of data elements?
 - A. Yes.
 - B. No.
 - C. Similar data elements.
 - D. Some but not all.
3. Are there data elements missing? Please indicate in the chat.

Update to Existing Elements - UM 5: Timeliness of UM Decisions

Revise the timeframes for nonurgent preservice decisions to 7 calendar days across all product lines in Non-Behavioral Health, Behavioral Health, and Pharmacy.

UM 5: Timeliness of UM Decisions	Current Timeframe <i>*Nonurgent preservice decisions</i>	NEW Timeframe <i>*Nonurgent preservice decisions</i>
Element A: Notification of <i>Non-Behavioral</i> Healthcare Decisions	<u>14 calendar days</u> *Applies to Medicaid and Medicare <u>15 calendar days</u> *Applies to Commercial and Exchange	<u>7 calendar days.</u> *Applies to Commercial, Exchange, Medicaid, and Medicare
Element B: Notification of <i>Behavioral</i> Healthcare Decisions	<u>14 calendar days</u> *Applies to Medicaid and Medicare <u>15 calendar days</u> *Applies to Commercial and Exchange	<u>7 calendar days.</u> *Applies to Commercial, Exchange, Medicaid, and Medicare
Element C: Notification of <i>Pharmacy</i> Decisions	<u>24 hours</u> *Applies to Medicaid <u>72 hours</u> *Applies to Medicare <u>15 calendar days</u> *Applies to Commercial and Exchange	<u>7 calendar days.</u> *Applies to Commercial, Exchange

Polling Question #2



Do you agree with aligning the timeframe for the commercial product line?

- A. Yes, I agree.
- B. No, I do not agree.
- C. Unsure.

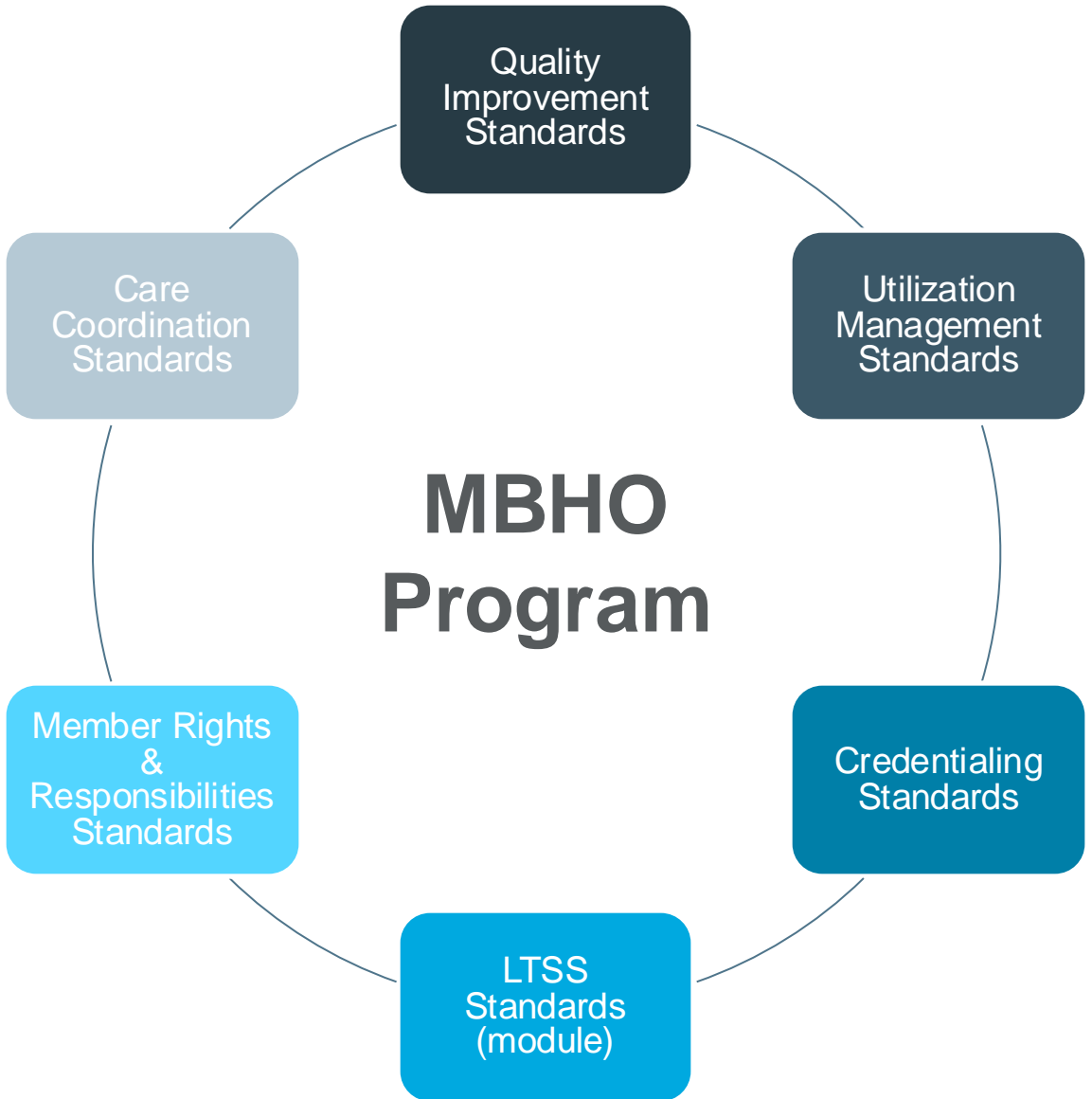


Managed Behavioral Health Accreditation 2026 and NET Updates to Health Plan Accreditation

Jeni Soucie, Senior Manager, Product Management
Maria Diaz, Content Engineer, Product Management

Managed Behavioral Health Care Organization (MBHO) Accreditation

Program Overview



Required in four states

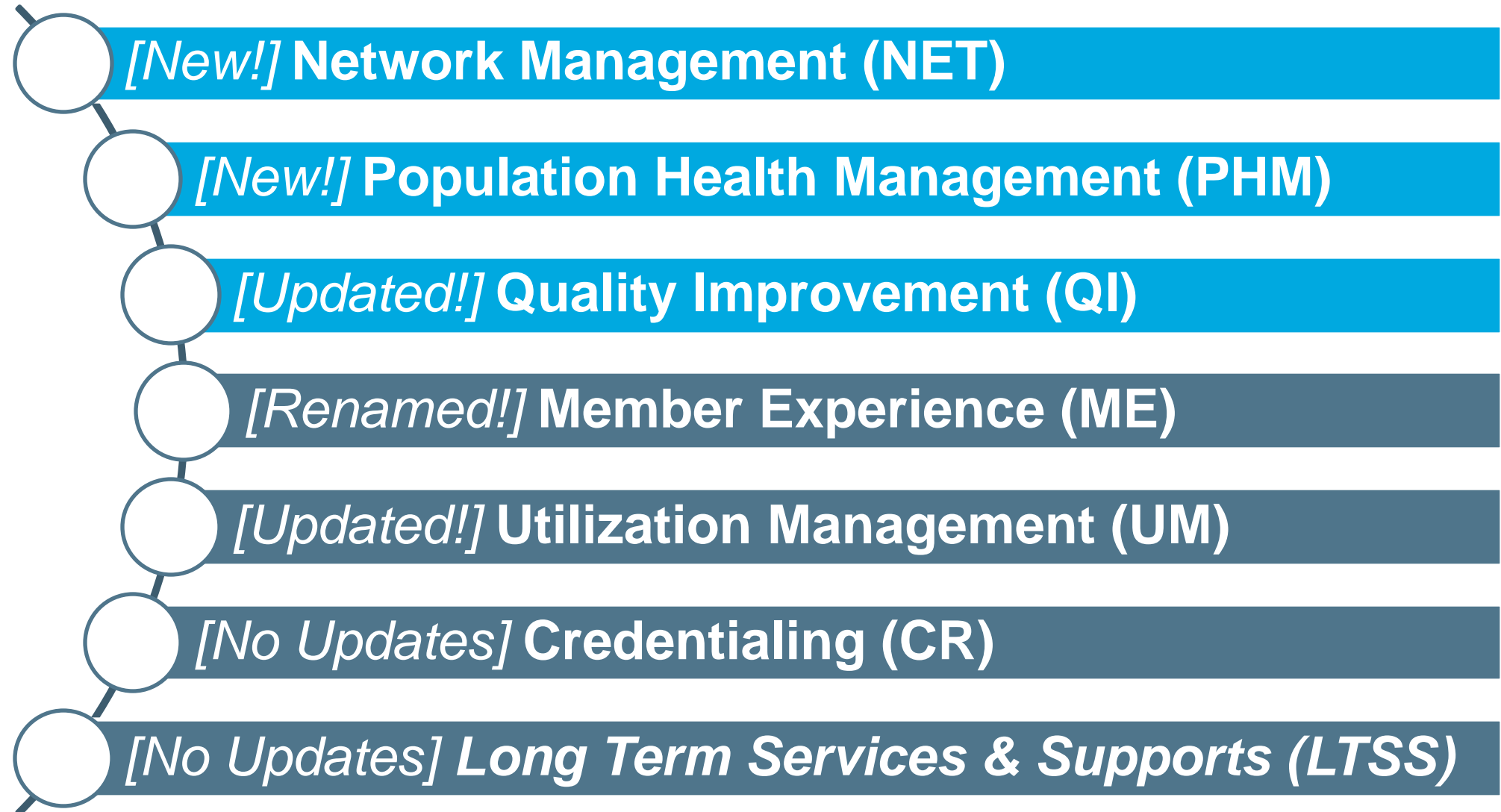


30 accredited organizations



160,739,172 covered lives

MBHO 2026 Standards Categories



Behavioral Health Accreditation

Quality Improvement (QI) Standards

The following standards have been moved to improve accountability, better reflect the scope of the requirements and create additional alignment across programs:

To NET:

- QI 3: Availability of Practitioners and Providers, and
- QI 4: Accessibility of Services will be moved to a new content area for Network Adequacy

To RR/ME:

- QI 5: Member Experience

To PHM:

- QI 6: Behavioral Health Screening,
- QI 7: Self-Management Support Tools, and
- QI 8 : Complex Case Management

Significant Revision & Retirement!

- **Retire** QI 9: Clinical Practice Guidelines and QI 11: Effectiveness of the QI Program
- **Significantly revise** QI 10: Clinical Measurement Activities

Updates to QI Section to Increase Focus on Measurement

Current Standard: Require 5/7 Measures

1. Follow-Up After Hospitalization for Mental Illness.
2. Adherence to Antipsychotic Medications for Individuals With Schizophrenia.
3. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications.
4. Follow-Up Care for Children Prescribed ADHD Medication (Continuation and Maintenance).
5. Initiation and Engagement of Substance Use Disorder Treatment
6. Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults.
7. Plan All-Cause Readmissions.

Proposed Updates Shared for Public Comment

Remove:

1. Initiation and Engagement of Substance Use Disorder Treatment
2. Follow-Up Care for Children Prescribed ADHD Medication (Continuation and Maintenance).
3. Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults.
4. Plan All Cause Readmission

Add:

1. Follow-Up After Emergency Department Visit for Substance Use
2. Follow-Up After High-Intensity Care for Substance Use Disorder
3. Follow-Up After Emergency Department Visit for Mental Illness
4. Diabetes Monitoring for People With Diabetes and Schizophrenia
5. Cardiovascular Monitoring for People With Diabetes and Schizophrenia
6. Metabolic Monitoring for Children and Adolescents on Antipsychotics
7. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

Remaining BH HEDIS Measures

Feedback Received to Explore Inclusion Post Public Comment:

1. Use of Opioids at High Dosage
2. Use of Opioids from Multiple Providers
3. Risk of Continued Opioid Use
4. Pharmacotherapy for Opioid Use Disorder
5. Initiation and Engagement of Substance Use Disorder Treatment

Other BH HEDIS Measures:

1. Depression Screening and Follow-Up for Adolescents and Adults
2. Prenatal Depression Screening and Follow-Up
3. Postpartum Depression Screening and Follow-Up
5. Depression Remission or Response for Adolescents & Adults
6. Diagnosed Mental Health Disorders
7. Unhealthy Alcohol Use Screening and Follow-Up
8. Diagnosed Substance Use Disorders

Polling Question #3



Do you agree with the proposed updates to the required HEDIS measures for MBHO?

- A. Yes, I agree.
- B. Yes, but not entirely. (Please indicate changes or suggestions in the chat.)
- C. No, I do not agree. (Please explain why in the chat.)

New Section: Population Health Management (PHM)

Increase accountability for organizations paying for BH services by building on the existing PHM standards from the QI section to go beyond data collection to action

PHM 1: Population Health Strategy

The org has a cohesive plan of action for addressing member needs across the continuum of care.

- Element A: Strategy Description
- Element B: Informing Members

PHM 2: Population Identification

The organization assesses the needs of its population and determines actionable categories for appropriate intervention.

- Element A: Data Integration
- Element B: Population Assessment
- Element C: Activities and Resources
- Element D: Segmentation

PHM 3: Delivery System Supports

The organization uses measurement of quality in clinical care and drives continuing improvement that positively affects member care.

- Element A: Practitioner or Provider Support
- Element B: Value Based Payment Arrangements

PHM 7: Population Health Management Impact

The organization has a systematic process to evaluate whether it has achieved its goals and to gain insights into areas needing improvement.

- Element A: Measuring Effectiveness
- Element B: Improvement and Action

Polling Question #4



Do you believe the new PHM standards are appropriate and feasible for organizations paying for behavioral health services?

- A. Yes.
- B. I'm not sure. (Please explain why in the chat.)
- C. No. (Please explain why in the chat.)

New Section: Network Management (NET)

NET 1: Availability of Practitioners and Providers

Element A: Cultural Needs and Preferences

- Include additional characteristics to assess members' needs such as veteran/military status, age, urban/rural geography & disabilities.

Element B: Availability and Accessibility

- Add number of claims submitted by individual practitioners to identify ghost networks *[new!]*
- Add proximity to public transportation in addition to driving time.

NET 2: Accessibility of Services

Element A: Assessment Against Access Standards

- Add timeframes to access appointments for crisis care, and percentage of appointments scheduled in the defined timeframes.
- Incorporate use of 988, mobile response teams & psychiatric emergency units for members in crisis or with non-life-threatening emergencies.

Element B: Assessment Against Accommodation Standards *[new!]*

- Evaluate appointment availability during standard operating hours, evenings, and weekends.

NET 3: Assessment of Network Adequacy *[new!]*

Element A: Assessment of Member Experience Accessing the Network

- Annually the organization identifies network gaps specific to geographic areas of types of practitioners/providers through analysis and OON requests and utilization

Element B: Opportunities to Improve Access to Behavioral Healthcare Services

- Annually, the organization prioritizes opportunities for improvement, implements at least one intervention and measures effectiveness

Polling Question #5



Do you believe the new NET standards are appropriate and feasible for organizations paying for behavioral health services?

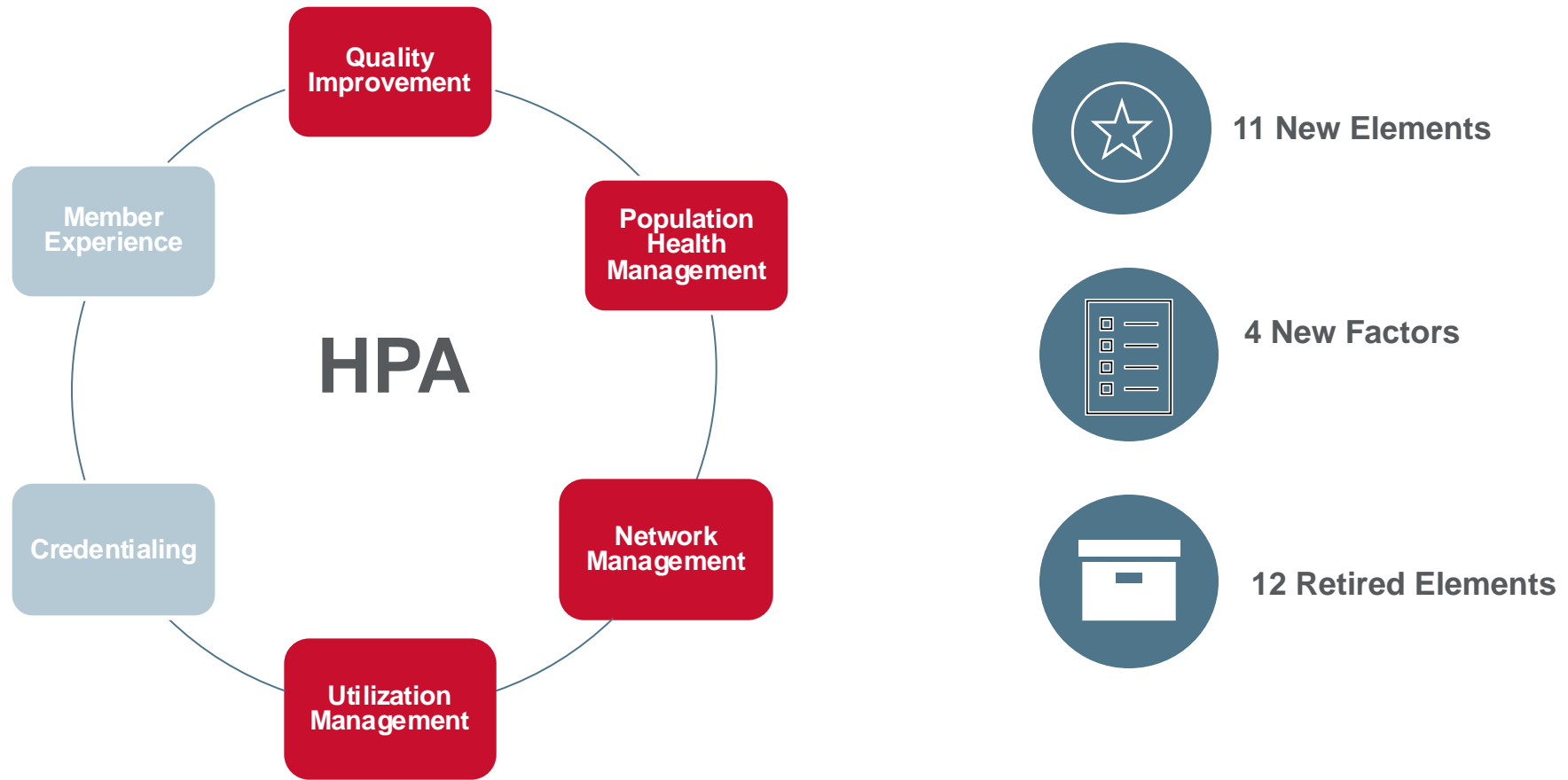
- A. Yes.
- B. I'm not sure. (Please explain why in the chat.)
- C. No (Please explain why in the chat.)



Health Plan Accreditation 2026 Updates

Tsveta Polhemus, AVP, Product Management

Health Plan Accreditation 2026 Updates At-A-Glance



Data Exchange and Usability Strategy

New Element

Intent

The organization develops a strategy for achieving and sustaining data exchange and usability that aligns with national standards and regulatory requirements.

Element A: Data Exchange and Usability Strategy Description

The organization's data exchange and usability strategy (i.e., interoperability) describes:

1. Objectives for business transformation use cases.
2. Governance and staff integration.
3. Application programming interface (API) implementation plan.

Factor 1. Business Cases:

- Quality improvement.
- Care coordination.
- Improved data exchange coverage.
- Expanding the universe of data collected and integrated through health information exchanges/networks.

Factor 2. Governance

- The staff responsible for translating mandated implementations into internal business use cases.
- The types of information reported to senior-level staff.
- The senior-level staff responsible for:
 - Data management.
 - Regulatory compliance.
 - Incident reporting and responses.
 - Patient privacy.

Factor 3. API Implementation Plan

- Patient Access FHIR API.
- Provider Access FHIR API.
- Prior Authorization FHIR API.
- Payer-to-Payer FHIR API.

Polling Question #6

Are you currently planning or implementing data exchange initiatives?



- A. Yes, we are planning data exchange initiatives.
- B. Yes, we are currently in the process of our data exchange initiative.
- C. No, we are not planning data exchange initiatives.
- D. What is a data exchange initiative? I would like to learn more.

Behavioral Health Data Sharing

New Element

Element C: Bidirectional Behavioral Health Data Sharing Arrangements

The organization demonstrates that it has at least one arrangement with a behavioral healthcare organization to exchange data bidirectionally for HEDIS measure performance.

All data required for at least one of the following HEDIS measures:

- Follow-Up After Hospitalization for Mental Illness (FUH).
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET).
- Follow-Up Care for Children Prescribed ADHD Medication (Continuation and Maintenance) (ADD-E).
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E).
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA).
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD).
- Plan All-Cause Readmissions (PCR).



LTSS HEDIS Measures—Public Reporting MY 2027

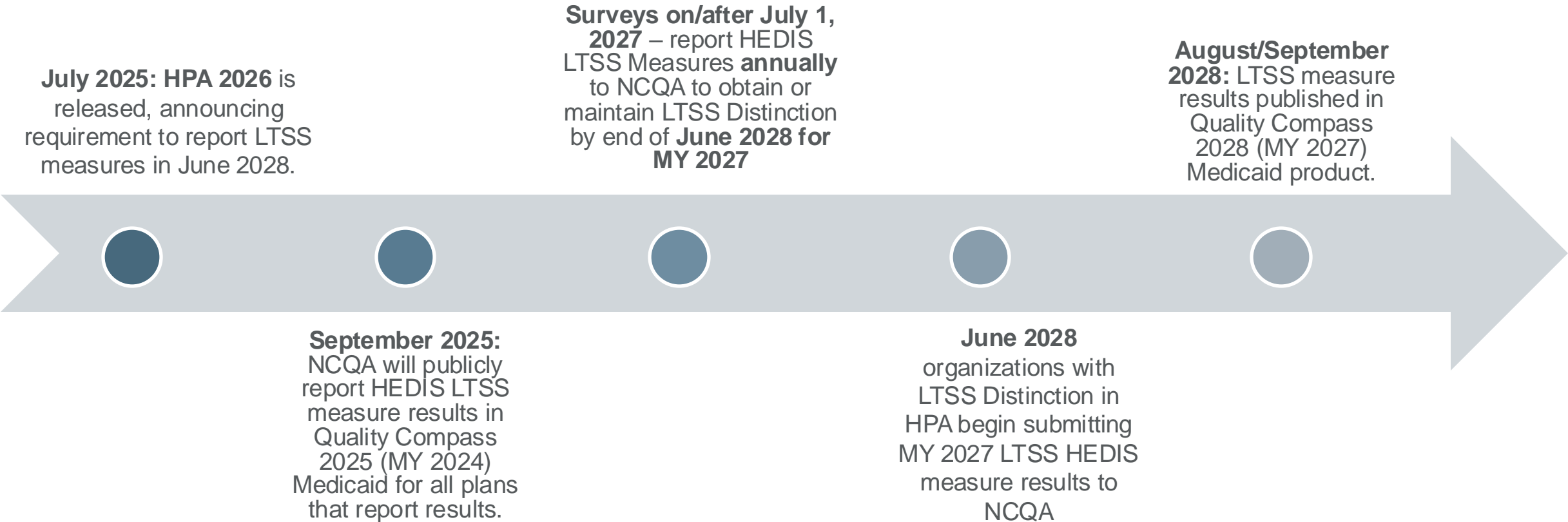
Kristen Swift, Senior Manager, Accreditation Policy

LTSS HEDIS Measures

- **LTSS-CAU:** Long-Term Services and Supports Comprehensive Assessment and Update
- **LTSS-CPU:** Long-Term Services and Supports Comprehensive Care Plan and Update
- **LTSS-SCP:** Long-Term Services and Supports Shared Care Plan With Primary Care Practitioner
- **LTSS-RAC:** Long-Term Services and Supports Reassessment/Care Plan Update After Inpatient Discharge

In Measurement Year 2023, 27 out of 56 plans with NCQA LTSS Distinction in Health Plan Accreditation reported HEDIS LTSS measure performance.

Require LTSS HEDIS Measure Reporting for plans seeking LTSS Distinction



Polling Question #7



Are you planning in the future to require HEDIS LTSS Measure reporting?

- A. Yes.
- B. No.
- C. Unsure.
- D. Already require the measures in our programs.

PCMH 2026

Proposed Updates

Best Practices from Virtual Primary Care

- **9** new criteria
- **1** modified criterion
 - *KM-14 Medication Reconciliation*

Alignment with Health Plan Accreditation

- **1** new criterion subcomponent
 - *CC-21 External Electronic Exchange of Information*
- **1** new area of updated guidance language
 - *KM-26 Community Resource List*
- **Goal** – Enhance opportunities for PCMH and Health Plan collaboration

Improved Guidance on Cadence Thresholds

- **46** new cadence thresholds
- **Goal** – Guide continuous improvement and relevant workflow evaluation/refresh

Retired Criteria

- **9** criteria
- Rarely utilized by customers, outdated, or both
- **Goal** – Maintain program relevance and reduce administrative burden

How to View Recommendations

- **NCQA's Public Comment Website:** <https://www.ncqa.org/about-ncqa/contact-us/public-comments/>

NCQA PROGRAMS PUBLIC COMMENT

NCQA invites public comment on Health Plan Accreditation (HPA), Patient-Centered Medical Home (PCMH) Recognition, Utilization Management Accreditation (UM), Managed Behavioral Health Organization Accreditation (MBHO), and Long-Term Services and Supports (LTSS) Distinction in Health Plan Accreditation, and industry feedback on artificial intelligence as part of our ongoing efforts to ensure transparency, inclusion and community input in the decision-making process.

Reviewers are asked to submit comments in writing through the My NCQA portal by **11:59 pm (ET), Tuesday, March 25, 2025.**

How to Submit Comments

- Your My.NCQA.org account (<https://my.ncqa.org/>)

Public Comments

Weigh in on changes to NCQA products and programs.

To see a list of current products and products available for public comments, visit [Open Public Comments](#)

Public Comments



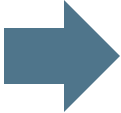
COMMENTS

10 records per page CSV Excel Search:

Id	Product	Topic	Element	Support	Created
You have no Comments					

Comments Found: 0 Previous Next

Add Comment



ADD COMMENT

Public Comments

Instructions:

1. Select a product.
2. Click the **Instructions** link to view public comment materials, including instructions, proposed specifications and measures.
3. When done, select close at bottom right of window.

Submit a Comment

Product: Updates to LTSS Distinction 2026 [Instructions](#)

Topic: Required Reporting

Element: For LTSS Distinction in Health Plan Accreditation, do you support the propo: [Instructions](#)

For LTSS Distinction in Health Plan Accreditation, do you support the proposal to require organizations to annually report the four HEDIS LTSS measures, for surveys on or after July 1, 2027?

Support Type: --Select--

Comments

2500 characters remaining

Submit You can add additional comments on this product.

Close



Questions

Polling Question #8



Would you be interested to talk to a NCQA State Affairs team member to discuss the changes presented today in more detail?

- A. Yes, I would like to meet.
- B. No, I would not like to meet.
- C. No, but I will be participating in public comment.
- D. Unsure if I would like to meet.

New and Exciting Opportunity!

Be on the lookout for an email from NCQA Public Policy to fill out a brief survey!

For those who complete the survey by May 1st, you will be entered into a raffle to **win one free registration ticket** to our Health Innovation Summit in San Diego, CA!



Subscribe to Our Newsletter!

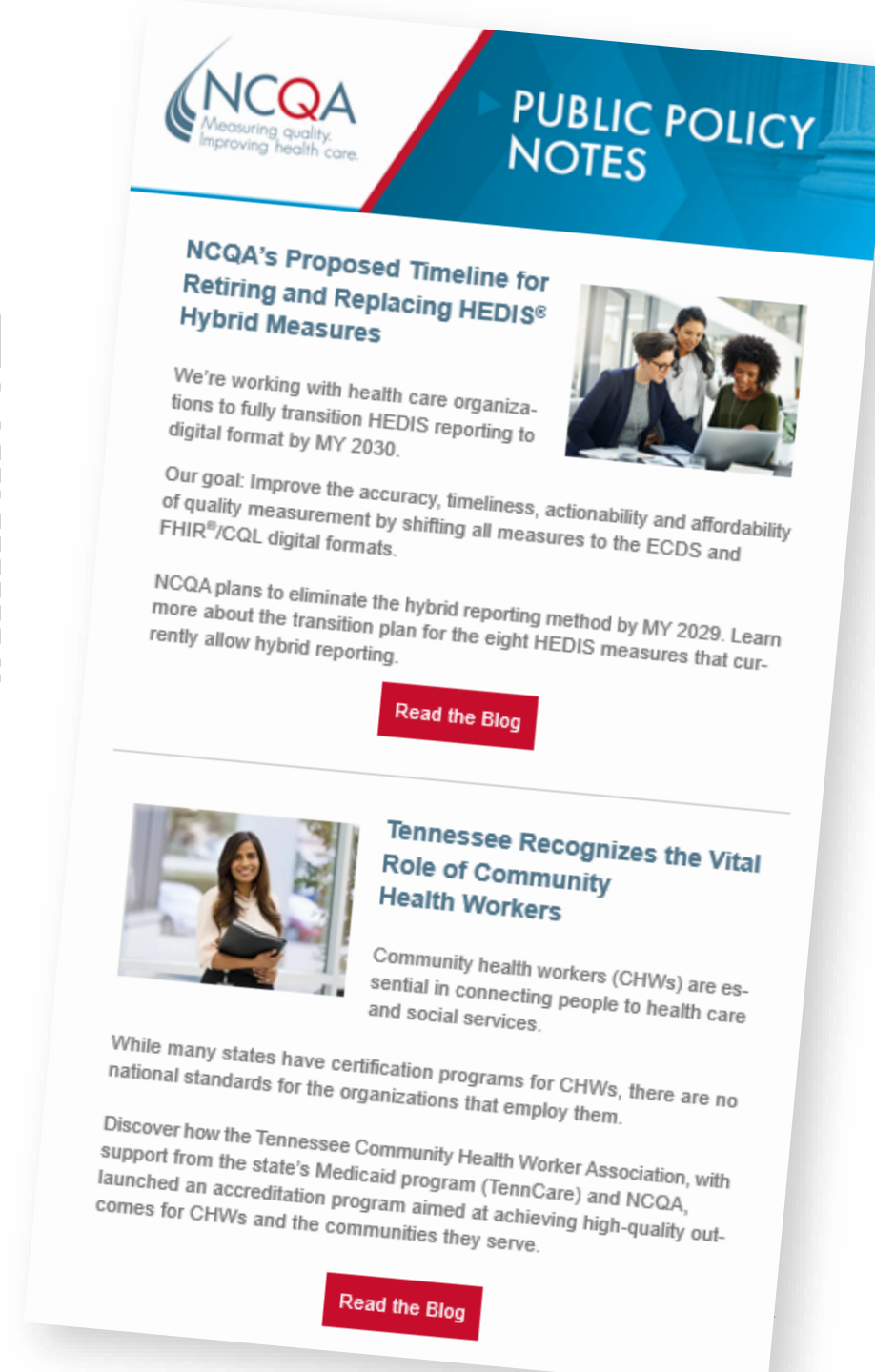
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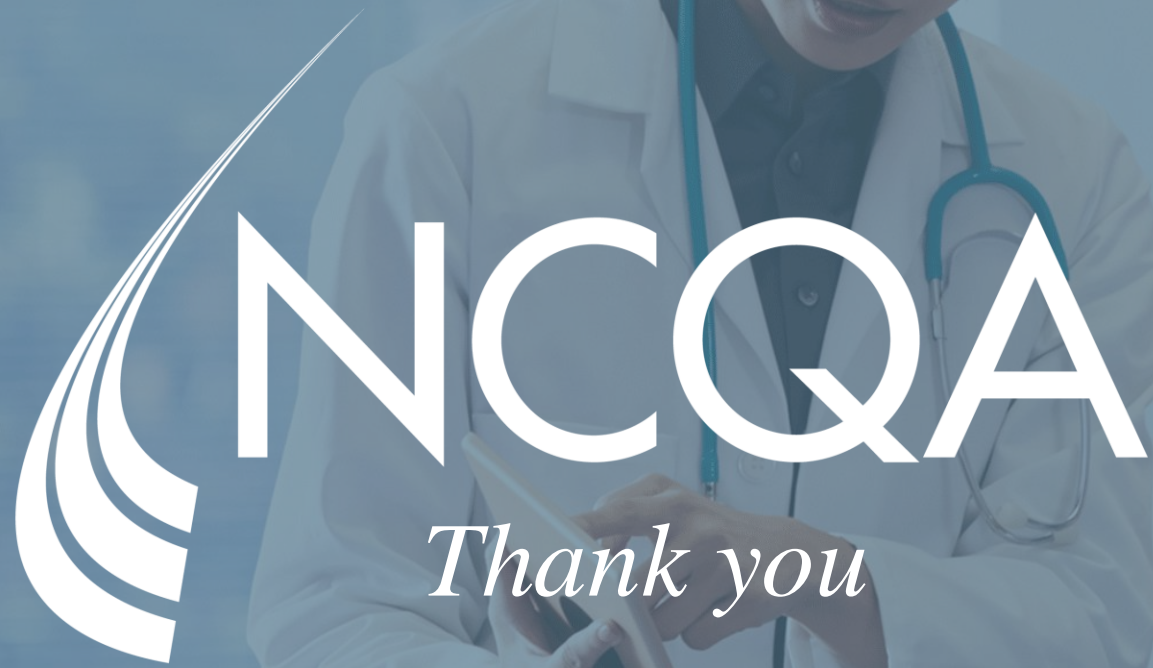


April 7-8, 2025
Baltimore, MD

Register now!
ncqaforum.org



October 13-15, 2025
San Diego, CA



NCCQA

Thank you

