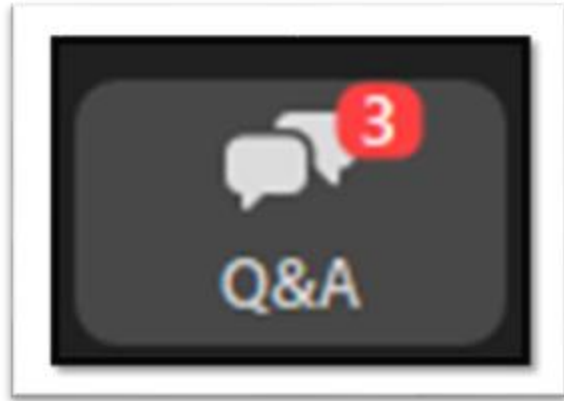


The background of the slide is a photograph of a female doctor in a white lab coat with a teal stethoscope, looking down at a tablet. A male patient is partially visible on the right side of the frame, looking towards the doctor. A semi-transparent blue horizontal band is overlaid across the middle of the image, containing the title text.

NCQA Supports Medicaid: Tools to Streamline State Compliance and Reporting

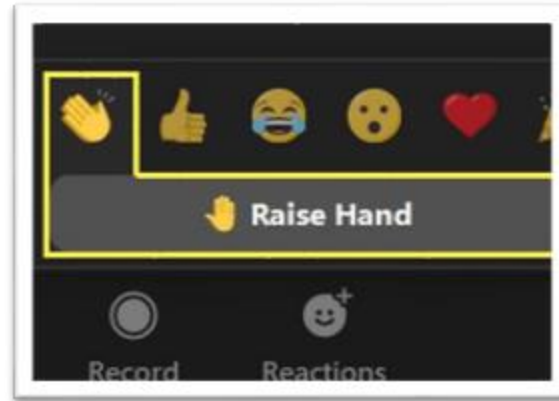
October 1, 2025

Housekeeping



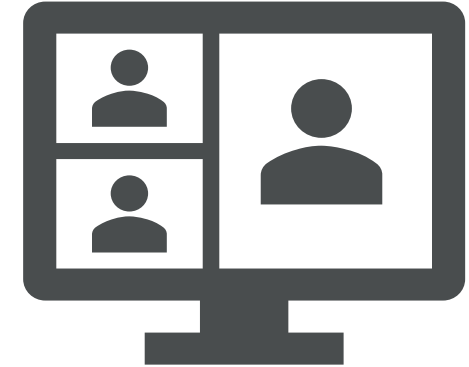
Ask Now

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

THE VALUE OF NONDUPLICATION MEDICAID MANAGED CARE TOOLKIT MEDICAID MODULE

UTILIZATION MANAGEMENT STANDARD CHANGES & ALIGNMENT WITH FEDERAL RULES

The Value of Nonduplication

Nonduplication allows states to leverage the expertise of accrediting organizations

Nonduplication streamlines compliance for states by aligning federal requirements with accreditation. Nonduplication allows for:

- Reduced administrative burden for quality reporting
- Promotes transparency in health plan performance and accountability
- Better resource allocation for states and EQROs to focus on other priority areas

Accreditation can be a primary lever to advance health and create the necessary data collection and quality improvement processes to measure, report and improve patient outcomes.

NCQA is a CMS-approved deeming organization for MA.

State Quality Strategies and EQR

Using accreditation to do work of the work for you

Performance
Measurement
Validation

HEDIS Compliance Audit can be used for Performance Measurement Validation for HEDIS Measures

Compliance
Review

Medicaid Managed Care Toolkit Analyzes NCQA Standards: "MET" and "PARTIALLY MET"

State Quality
Strategy

Must report how the state is using accreditation and/or the HEDIS Audit for nonduplication.

State Medicaid Uses of NCQA Accreditation and Non-Duplication

Streamlining Managed Care Plan Experience and EQR Level of Effort

Health Plan Accreditation

- NCQA Health Plan Accreditation standards are designed to align with Federal EQR requirements; the NCQA Managed Care Toolkit describes this alignment each year
- States utilize the toolkit to clarify this alignment, which instructs EQROs on where to leverage NCQA accreditation for non-duplication when performing EQR protocols

Medicaid Module

- States require Medicaid MCOs to achieve the NCQA MED Module; this is a basis for allowing NCQA's MED Module review to meet compliance review requirements

HEDIS Process

- NCQA HEDIS process was the foundation for the EQR PMV protocol
- The HEDIS Audit and submission process meets the requirements of PMV, and states utilize NCQA's HEDIS submission (which includes audit requirements) for PMV

Health plan HEDIS submissions undergo an annual audit by Certified HEDIS Auditors

Aligns with Performance Measure Validation (PMV)

The Health Plan HEDIS Audit evaluates an organization's information system capabilities and measure production processes to ensure valid and reliable performance results.

- ▶ **NCQA maintains standards** that establish expectations for data capture, processing and integration, as well as algorithmic compliance and measure reporting
- ▶ **NCQA outlines acceptable data validation methodologies** for HEDIS measure reporting
- ▶ **NCQA conducts oversight of the entities contracted for HEDIS audits** to ensure consistency in interpretation and application of standards and methods published in HEDIS Volume 5.
- ▶ **States** use the HEDIS audit that is paid for by the plans as part of their nonduplication strategy.



NCQA's Health Plan HEDIS Audit is the gold-standard for quality measurement. Its adoption by federal, state and private entities needs to be considered as NCQA maintains the program.

Polling Question #1

Which of the following statements best characterizes your use or familiarity of using HEDIS to meet PMV requirements?



- A. We use our health plan HEDIS submissions to meet PMV
- B. We are familiar with HEDIS and PMV but would need support in utilizing nonduplication.
- C. We are not very familiar with how HEDIS can meet PMV requirements, but we are interested in learning more.

Medicaid Managed Care Toolkit Overview

What is it?

NCQA's analysis of Federal Medicaid Managed Care Final Rule.

Including:

- Access to Care, Structure and Operations, Quality Measurement and Improvement
- Grievances
- Information Requirements

What does NCQA do?


- Conduct an equivalency analysis of whether NCQA's Accreditation requirements “meet,” “partially meet” or “do not meet” the federal Medicaid requirements.

What does it look like?


- Excel document
- Health Plan Accreditation Standards
- Health Equity Accreditation Standards
- LTSS Distinction Standards
- Medicaid Module Standards
- Federal Medicaid Rules

Toolkit How-to's

Where is it?

 | STORE



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MEDICAID MANAGED CARE TOOLKITS

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2025 Medicaid Managed Care Toolkit

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ANTICIPATED RELEASE DATE: DECEMBER 2025


e-pub

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How do you use it?

- Download it from NCQA.
- Some columns outline 42 CFR 438 regulations that are eligible for Nonduplication
- Other columns outline the equivalent NCQA Accreditation requirement, our analysis of alignment and reasoning.
- Document in the quality strategy which EQR-related activities the state will use this option for.

Polling Question #2



Which of the following statements best characterizes your use or familiarity of the NCQA managed care toolkit?

- A. We use the toolkit every year for compliance review.
- B. We have reviewed the toolkit but have not yet used it.
- C. We are not very familiar with the toolkit, but we are interested in learning more about it.

MEDICAID (MED) MODULE OVERVIEW

What is the MED Module?

An optional set of standards associated with Health Plan Accreditation (HPA) surveys for plans with Medicaid lines of business.

- This set of standards was built to directly align with the Federal Medicaid Managed Care Final Rule.
- States can require Medicaid plans to undergo MED module surveys.
 - This boosts nonduplication for additional alignment with Federal Medicaid Rules.
- MED module review is good for 3 years.

Medicaid Module Requirements

Covered Areas	
Care Coordination and Assessment of Members.	The organization coordinates care and shares health information in accordance with professional standards; conducts an initial screening and assessment of new members.
Quality Assessment and Performance Improvement.	The organization establishes and implements an ongoing quality assessment and performance improvement program for services provided to members.
Utilization Management.	The organization makes timely UM decisions about payment and services; has a process for handling grievances and appeals; provides continued coverage pending the outcome of an external appeal or state fair hearing.
Information and Communication Services.	The organization provides members with access to information necessary to understand benefit coverage, obtain care and access staff for information and assistance.
Practitioner and Provider Directories.	The organization provides information to help members and prospective members choose providers and practitioners.

SURVEY RESULTS

How are scores used and communicated?

Key Points about MED module reviews:

- Results do not apply to **HPA** scoring and do not impact HPA Accreditation status.
- A "MED module status" is not awarded, and results are not published on NCQA's Report Card.
- NCQA does not make “Deeming” decisions, but “Reviews” organizations for compliance with applicable standards.
- A Regulatory Report with survey results is automatically generated upon survey completion.
 - Organizations are responsible for providing the report to appropriate agencies.
 - NCQA provides the results to states in my.ncqa.org portal
- For any factor/element “Not Met” in a survey, an optional CAP survey is offered.

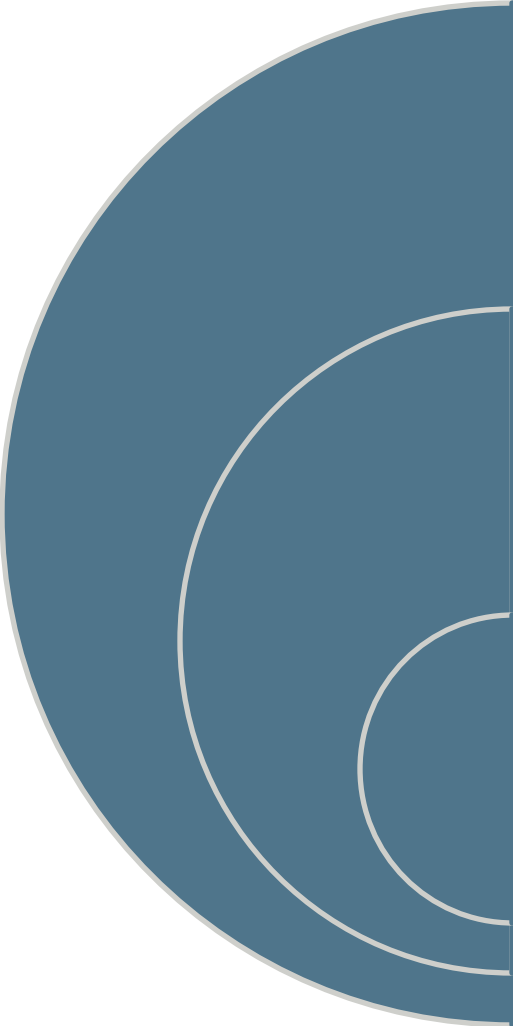
Polling Question #3



Which of the following statements best characterizes your use or familiarity of the NCQA Medicaid (MED) Module?

- A. We require our MCOs to use the MED Module.
- B. We are familiar with the MED Module, but would need some support to consider using it.
- C. We are not very familiar with the MED Module, but we are interested in learning more.

NCQA's Utilization Management Programs Suite



Health Plan Accreditation (HPA) UM Requirements	<ul style="list-style-type: none">• Over 1,200 health plan lines of business are subject to UM requirements
Utilization Management Accreditation	<ul style="list-style-type: none">• 108 organizations• Many serve as health plan delegates and can confer automatic credit
Behavioral Healthcare Organization Accreditation (MBHO)	<ul style="list-style-type: none">• 24 organizations• Subject to UM requirements

Updates to UM Standards



- **NEW:** UM Data Collection
- **NEW:** UM Committee
- **NEW:** Opportunities for Improvement
- **NEW:** Non-Accredited Delegate Review
- **UPDATED:** Program Structure
- **UPDATED:** Timeliness of UM Decisions
- **UPDATED:** UM Criteria Readily Available
- **UPDATED:** Appropriate Handling of Appeals
- **UPDATED:** Procedures for Pharmaceutical Management

Proposed Changes Align with CMS Prior Auth Final Rules

The CMS Prior Authorization and Interoperability Rule becomes effective starting in **2026** and was introduced to address the **rising concerns of payer, practitioner and patient burden** and adds new provisions to **improve** the prior authorization process.

CMS Prior Auth and Interoperability Final Rule Components

Update nonurgent request decision making from 14 to 7 calendar days (MA, Medicaid).



Plans will need to provide a specific reason for denying a prior auth request through APIs from a in 2027 (MA, Medicaid, Marketplace).



Plans must report certain metrics about prior authorization



2025 Medicare Advantage and Part D Final Rule

The UM committee conducts plan-level analysis of prior auth policies and procedures to ensure transparency and identify disproportionate impacts to disadvantaged communities (MA).





Questions

Polling Question #4



Are you interested in speaking with NCQA about how to better utilize accreditation for nonduplication?

- A. Yes.
- B. No.
- C. Not sure.

you're invited!

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NCQA Upcoming Webinars- Register Now!

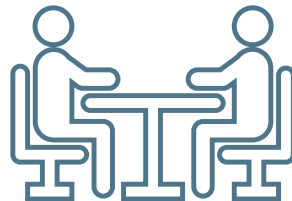
October 30, 4:00-5:00pm ET

State Webinar: Advancing Care Delivery Programs

NCQA will provide programmatic updates to Advancing Primary Care, Certified Community Behavioral Health Standards and updates to PCMH and Behavioral Health Integration program.

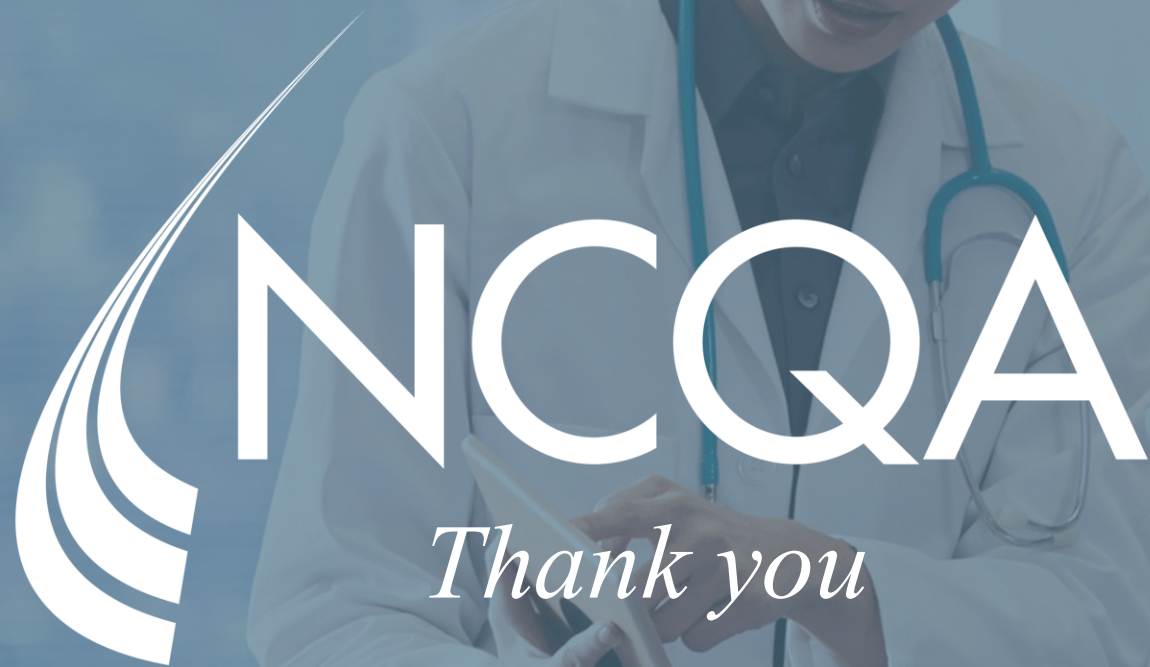
[*Register here!*](#)

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*Stop by our booths- or schedule a time with us
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Thank you