

Measuring quality.  
Improving health care.



# Health Plan Accreditation 2020

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August 21, 2019

# Health Plan Accreditation

1<sup>st</sup>

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

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## HPA 2020 GOALS

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*Improved  
Evaluation &  
Transparency*

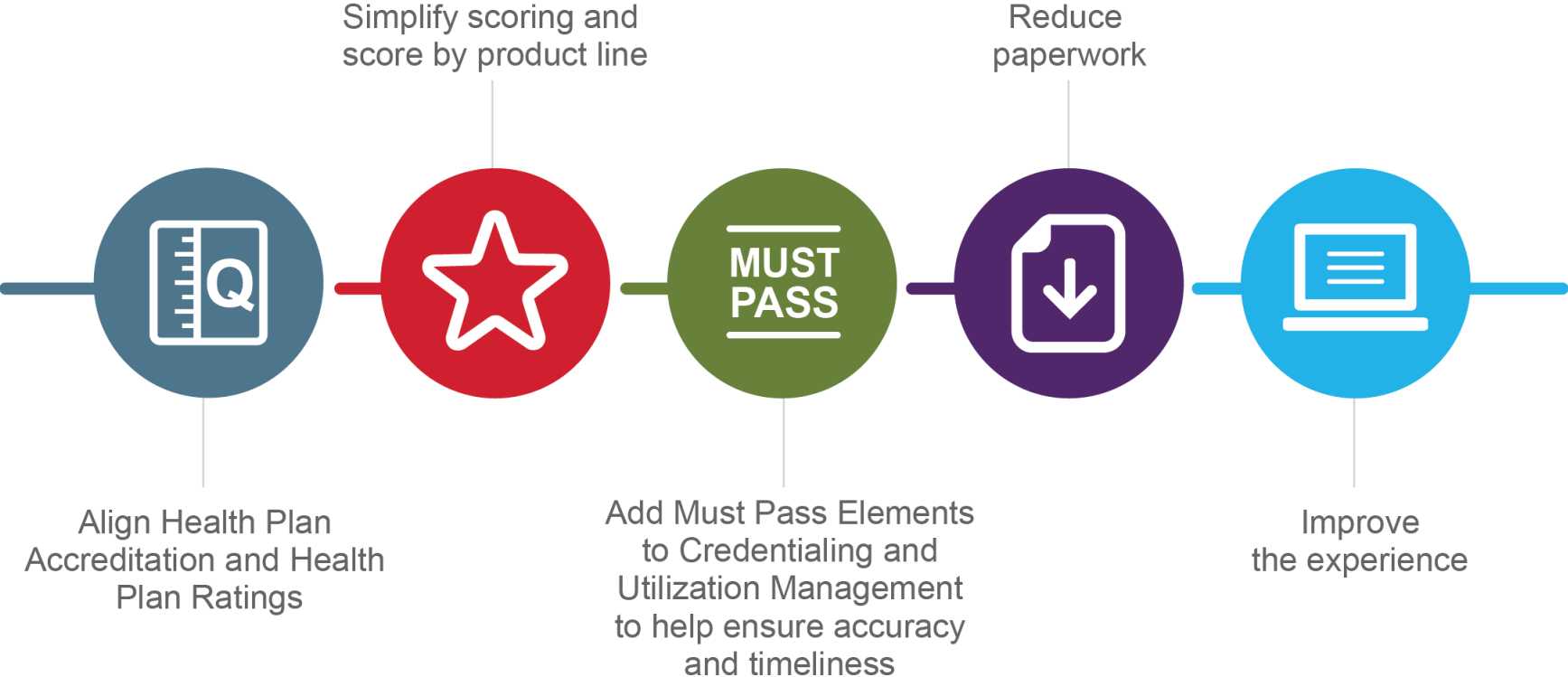


*Focus on  
Implementation  
& Outcomes*



*Reduce  
Administrative  
Burden*

# Summary of Updates



# What's Not Changing



**Standards & Guidelines**

+



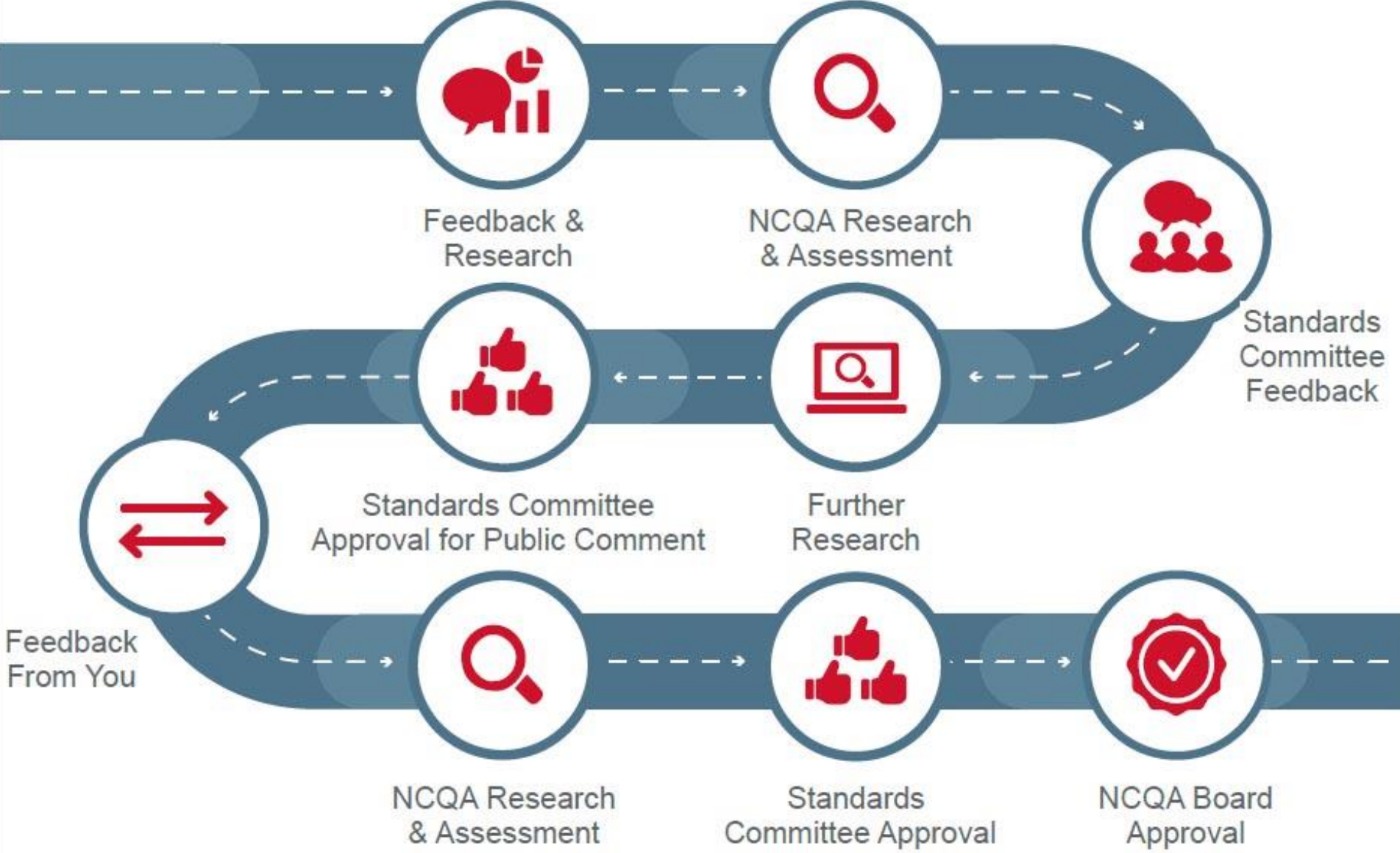
**Quality Measures**

+



**Member Experience**

# How Updates Get Made





*Scoring & Earning Accreditation*  
**Health Plan 2020**  
**Updates**

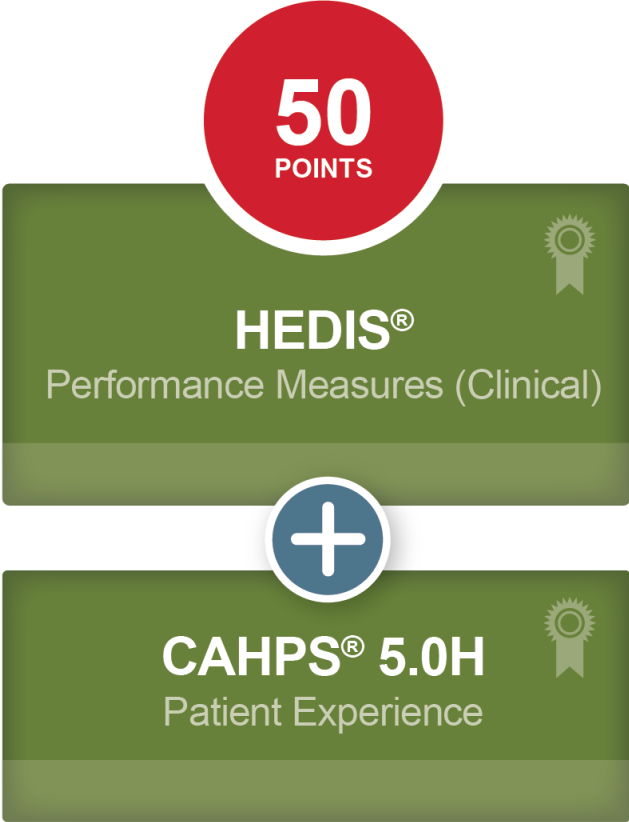


# Health Plan Accreditation

*2019 and Earlier*



A blue accreditation card with a red circle at the top containing the text "50 POINTS". Below the circle is a network icon. The main text on the card reads "Standards and Guidelines" in large white font, with "Structure/Process" in smaller white font below it. A small ribbon icon is in the top right corner.



Two green accreditation cards stacked vertically. The top card has a red circle at the top containing "50 POINTS" and the text "HEDIS® Performance Measures (Clinical)". The bottom card has a blue circle with a white plus sign between them and the text "CAHPS® 5.0H Patient Experience". Both cards have a small ribbon icon in the top right corner.

# Health Plan Accreditation

*Starting in 2020*



80%  
IN EACH  
STANDARDS  
CATEGORY

Accredited  
on Standards  
& Guidelines

This blue badge features a large white star in the center. A red circular seal at the top left contains the text '80% IN EACH STANDARDS CATEGORY'. A small ribbon icon is in the top right corner.



0-5  
STARS

HEDIS<sup>®</sup>  
& CAHPS<sup>®</sup>

This green badge features a large white star in the center. A red circular seal at the top left contains the text '0-5 STARS' and five white stars of varying sizes. A small ribbon icon is in the top right corner.

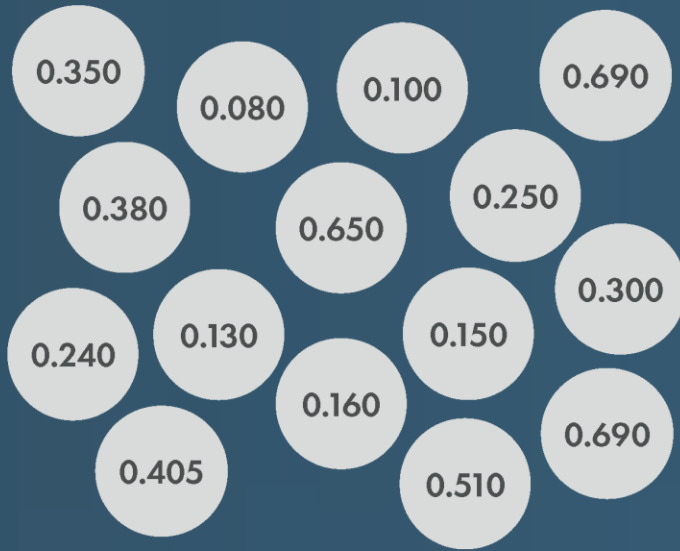
# Health Plan 2020

## 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.*

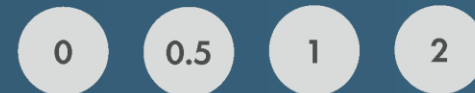


### 2020

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:*



# Health Plan 2020

## *Scoring Example*

### **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.

<b>Met (2 points)</b>	<b>Partially Met (1 point)</b>	<b>Not Met (0 points)</b>
The organization meets 3-4 factors	The organization meets 2 factors	The organization meets 0-1 factors

# Health Plan 2020

## Scoring Example

 <b>Standard Category</b>	<b>Max Category Points*</b>	<b>80% of Max Points</b>
Quality Management & Improvement (QI)	<b>15</b>	<b>12</b>
Population Health Management (PHM)	<b>22</b>	<b>17.6</b>
Network Management (NET)	<b>15</b>	<b>12</b>
Utilization Management (UM)	<b>42</b>	<b>33.6</b>
Credentialing and Recredentialing (CR)	<b>16</b>	<b>12.8</b>
Member Experience (ME)	<b>23</b>	<b>18.4</b>

**Sample Only – Actual Points May Vary**

\*Includes delegation elements.

If an element does not apply, the points are taken out for the total points.

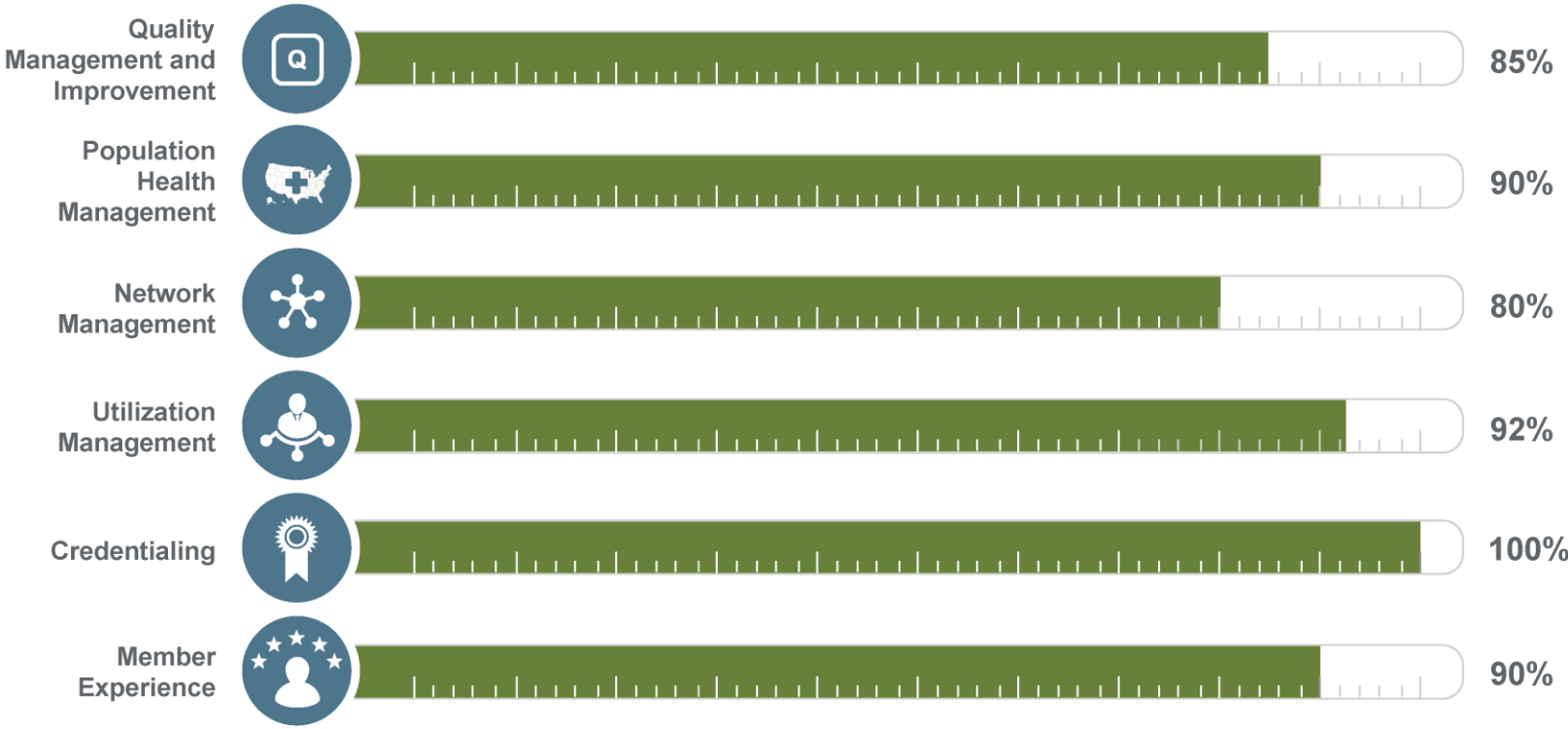
Plans earn points toward their category total if element is “Met” or “Partially Met.”

Unlike previously, there is no total amount of points for accreditation.

# Health Plan 2020

## *Earning Accreditation*

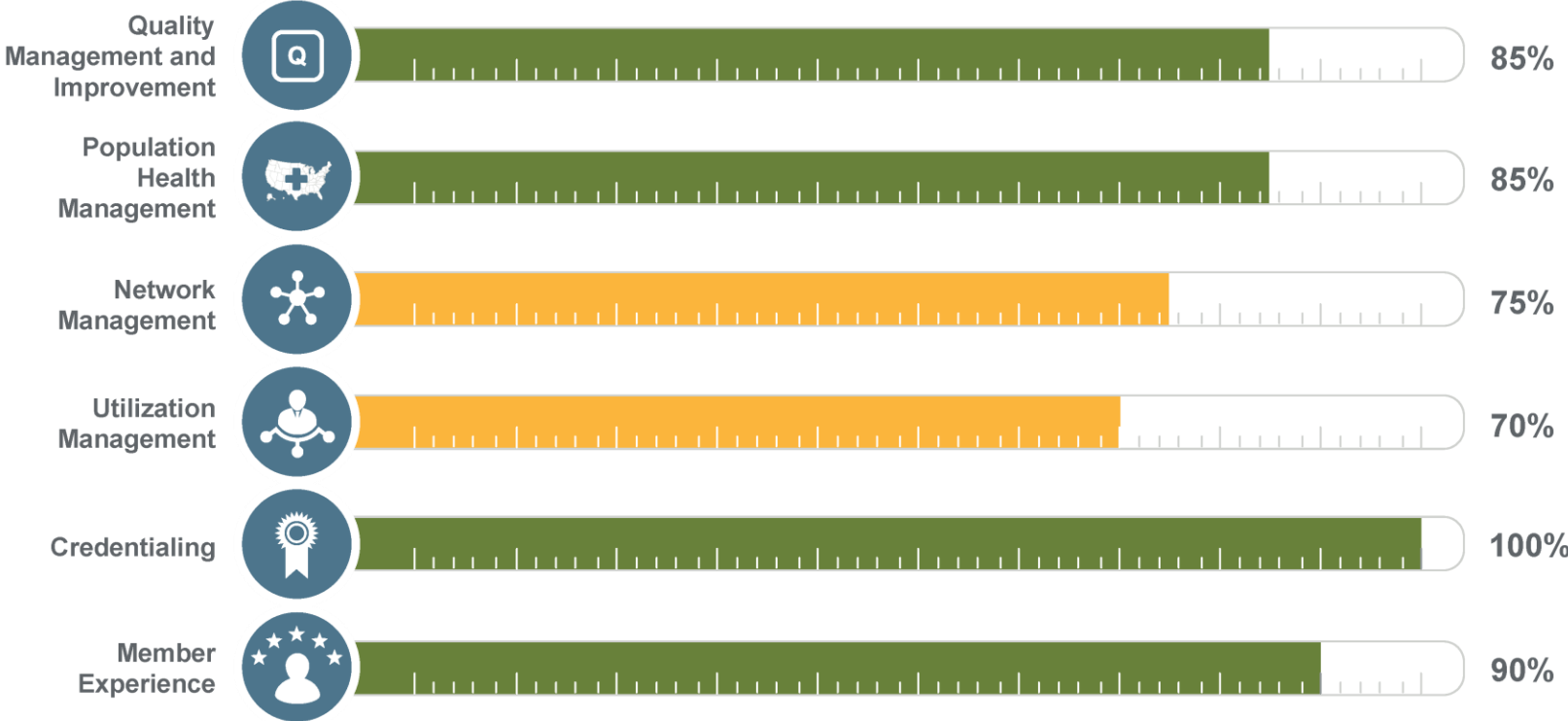
### – Earning Accreditation –



# Health Plan 2020

## *Earning Provisional Status*

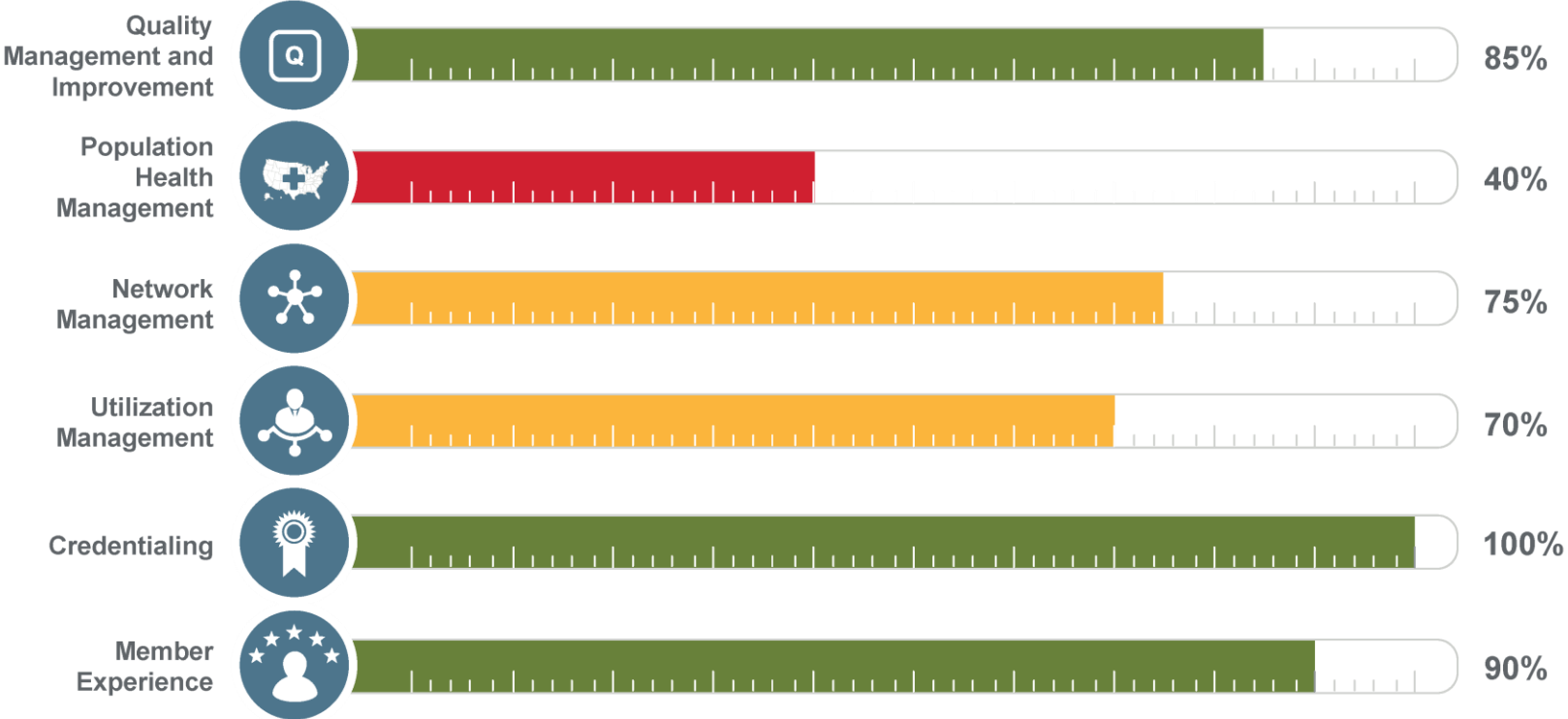
### – Provisional Accreditation –



# Health Plan 2020

## *Denial of Accreditation*

### – Denied Accreditation –

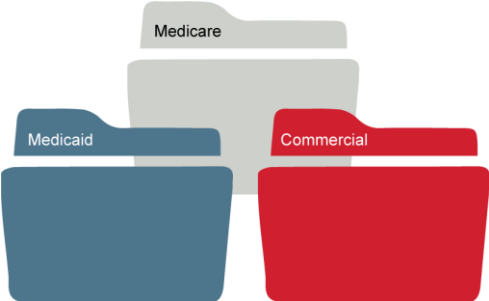




# Health Plan 2020

## Product Line Scoring

For organizations that bring through plans with multiple product lines:



Examples by Product Line

	Medicare	Medicaid	Commercial
Element Score	Partially Met	Met	Met
Element Score	Met	Met	Met

Scored by Product Line

### Corrective Action Plan (CAP)




CAPs by Product Line

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	<input type="text" value="100"/>
Medicaid	<input type="text" value="80"/>
Commercial	<input type="text" value="50"/>
Override Score	<input type="text" value="50%"/>




### Element Scoring HPA 2020

 <b>UM 9A, Medicaid</b>	<b>Met</b>
 <b>UM 9A, Medicare</b>	<b>Met</b>
 <b>UM 9A, Commercial</b>	<b>Partially Met</b>


# 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*

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

\*Newly reviewed by product line



*Measures and Ratings*  
Health Plan 2020  
Updates

# Health Plan 2020

## *Timeline For Measure Reporting*

Survey Type	Previous Reporting Requirements	HPA 2020 Reporting Requirements
Interim Accreditation	Plans with Interim Accreditation were not required to report HEDIS/CAHPS.	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.
First Accreditation	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.	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.

# Health Plan 2020

## Statutes and Ratings



# Health Plan Accreditation

## *Statuses and Ratings*

### TODAY

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

What the public sees:



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:





# Health Plan Accreditation

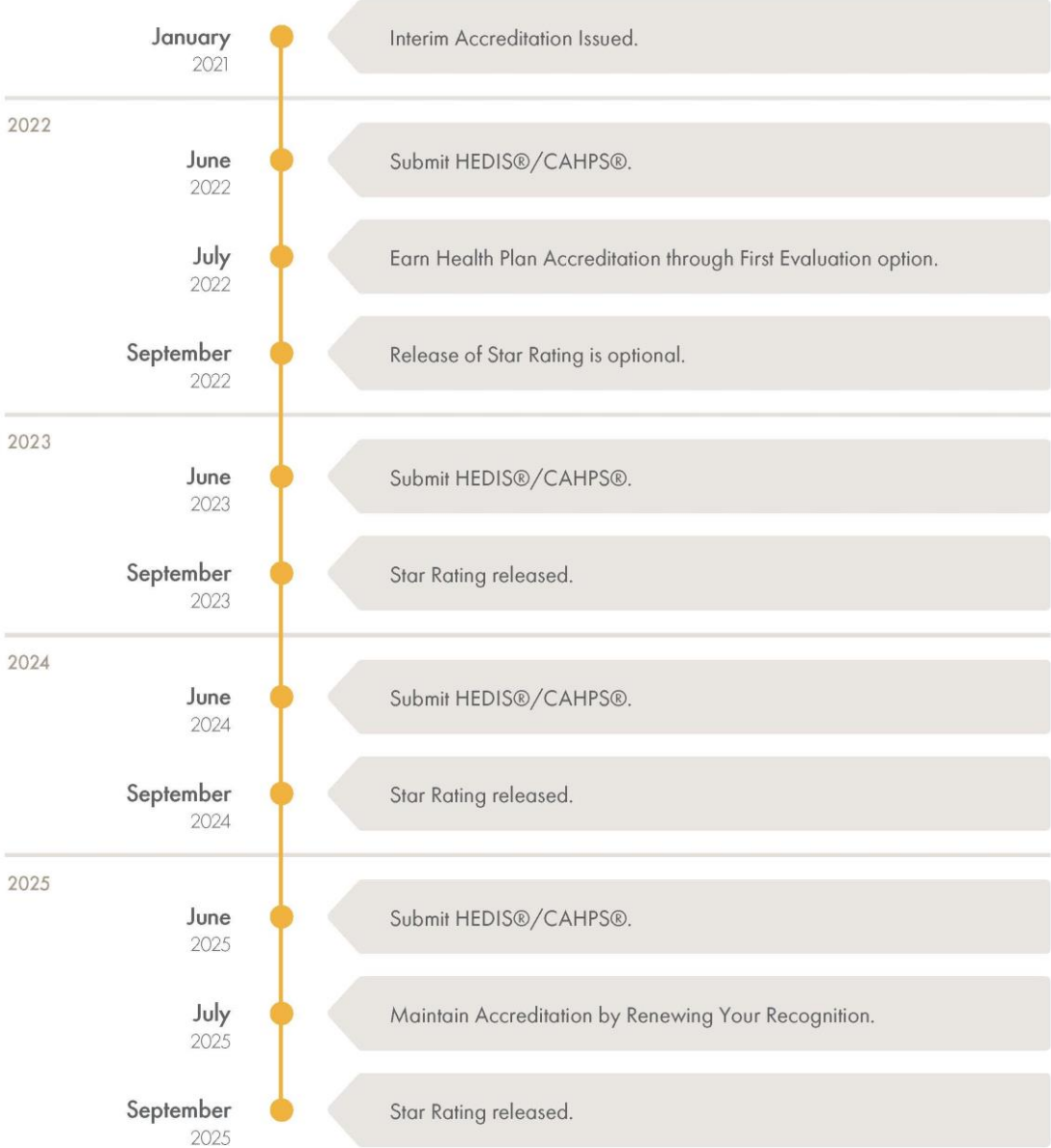
## *Timeline For Measure Reporting – Newly Accredited Plans*

Accreditation Issued on or Between	First HEDIS Reporting Date	First Star Rating Released
July 1, 2020-June 30, 2021	June 2022	September 2023
July 1, 2021-June 30, 2022	June 2023	September 2024
July 1, 2022-June 30, 2023	June 2024	September 2025
July 1, 2023-June 30, 2024	June 2025	September 2026
July 1, 2024-June 30, 2025	June 2026	September 2027

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*



# Health Plan Accreditation

## Statutes and Ratings

**Health Plans**

NCQA's Health Plan Report Cards list commercial, Medicare, Medicaid and Marketplace health plans based on their combined HEDIS, CAHPS and NCQA Accreditation standard scores. NCQA evaluates health plans on the quality of care patients receive, how happy patients are with their care and health plans' efforts to keep improving.

Search this list, enter keyword  **SEARCH** **Filters**

HEALTH PLAN NAME	ACCREDITATION	STATE SERVED	INSURANCE TYPE	PRODUCT TYPE
AMERICAN BLUE CROSS OF SOUTH CAROLINA, P.A.C.	Accredited	SC	Medicare	HMO
AMERICAN BLUE CROSS OF COLORADO	Interim	CO	Medicaid	HMO
AMERICAN BLUE CROSS OF MARYLAND, INC.	Commendable	MD	Medicaid	HMO
AMERICAN BLUE CROSS OF MISSISSIPPI	Commendable	MS	Medicaid	HMO
AMERICAN BLUE CROSS OF TEXAS, INC.	Commendable	TX	Medicaid	HMO
AMERICAN BLUE CROSS OF WASHINGTON, INC.	Accredited	WA	Medicaid	HMO
AMERICAN OVERSIGHT MANAGED CARE COMPANY, INC. (A/O/M) (Interim)	Commendable	GA	Medicaid	HMO
Absolute Total Care, Inc.	Commendable	MS	Medicaid	HMO
Antara Better Health Inc., a Phoenixville Corporation	Accredited	PA	Medicaid	HMO
Antara Better Health of California	Sustained	CA	Medicaid	HMO



**NCQA Health Insurance Plan Ratings 2018 - 2019**

NCQA Health Insurance Plan Ratings 2018-2019 - Summary Report (Private)

In 2019, NCQA rated more than 1,000 health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. This way of rating plans emphasizes how well plans care for their members and how patients feel about their care.

Plan Name	State	Type	NCQA Accreditation	Consumer Satisfaction	Prevention	Treatment
Group Health Cooperative of South-Carolina (Medicare)	SC	HMO	Yes	4.5	4.5	4.5
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	MD	HMO	Yes	4.5	4.5	4.5
Arthur J. Gendron Health Plan of Ohio, Inc. (Blue Cross and Blue Shield of Ohio)	OH	HMO/POS	Yes	4.5	4.5	4.5
Arthur J. Gendron Health Plan, Inc. (Blue Cross and Blue Shield of Colorado)	CO	HMO/POS	Yes	4.5	4.5	4.5
Aurora Insurance Company	IL	HMO	Yes	4.5	4.5	4.5
BCBSA, Inc. (Blue Cross Blue Shield of Massachusetts)	MA	POS	Yes	4.5	4.5	4.5
Blue Cross and Blue Shield of Florida (Medicare)	FL	POS	Yes	4.5	4.5	4.5
Blue Cross and Blue Shield of Massachusetts (HMO Blue, Inc.)	MA	HMO/POS	Yes	4.5	4.5	4.5
Blue Cross and Blue Shield of Massachusetts, Inc.	MA	POS	Yes	4.5	4.5	4.5
Blue Cross and Blue Shield of Vermont	VT	HMO/POS/POSID	Yes	4.5	4.5	4.5
Capital United Payers Health Plan, Inc. (CUPHS)	NY	HMO	Yes	4.5	4.5	4.5
Capital United Payers Health Plan Network, Inc. (CUPHN)	NY	HMO/POS	Yes	4.5	4.5	4.5
Capital United Payers Health Plan Network, Inc. (CUPHN)	NY	POS	Yes	4.5	4.5	4.5
Capital Health Plan, Inc.	VA	HMO	Yes	4.5	4.5	4.5
Centennial HealthCare, Inc.	NY	POS	Yes	4.5	4.5	4.5
Chen Health Plan, Inc.	NY	HMO	Yes	4.5	4.5	4.5
Chen Health Plan, Inc.	NY	HMO/POS	Yes	4.5	4.5	4.5
Chen Health Plan, Inc.	NY	HMO/POS/ID	Yes	4.5	4.5	4.5
Chen Health Plan, Inc.	NY	HMO/POS/ID	Yes	4.5	4.5	4.5
Chen Health Plan, Inc.	NY	HMO/POS/ID	Yes	4.5	4.5	4.5



# Health Plan Accreditation

## *Health Plan Ratings Methodology*

Weighted  
average of  
all measures



Accreditation  
bonus



Overall  
rating score

Plan Result	Rating
Plan in top decile	5
Plan in top 3rd, but not in top 10th	4
Plan in middle 3rd	3
Plan in bottom 3rd, but not bottom 10th	2
Plan in bottom 10th	1



*Requirements Changes*  
Health Plan 2020  
Updates

# Health Plan 2020

## *New Must-Pass Requirements*

### CREDENTIALING

CR3	Element A: Verification of Credentials Element B: Sanction Information Element C: Credentialing Application
CR4	Element A: Recredentialing Cycle Length
CR1	Element C: Credentialing System Controls <b>NEW ELEMENT!</b>

### UTILIZATION MANAGEMENT

UM12	Element A: UM Denial System Controls <b>NEW ELEMENT!</b> Element B: UM Appeal System Controls <b>NEW ELEMENT!</b>
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- Added as must-pass in response to states and other stakeholders
- Helps strengthen consumer protections

# Health Plan Accreditation

## *Other Changes*



## Member Experience (ME)

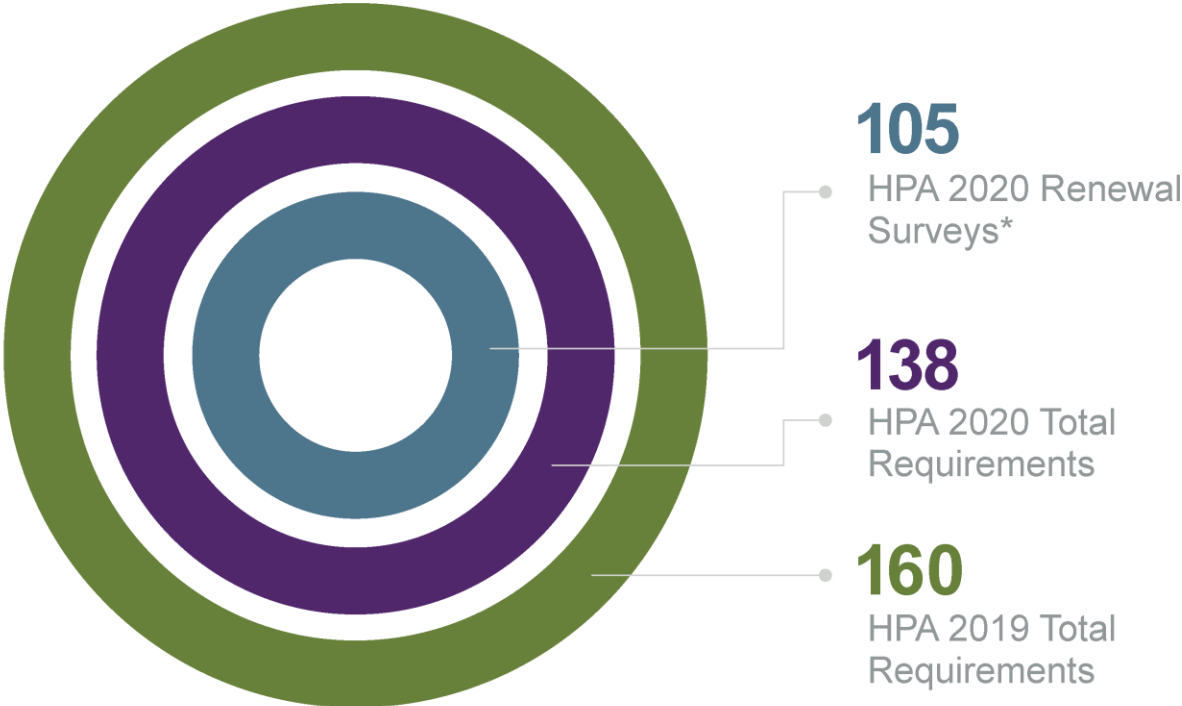
- **QI 4:** Member Experience, Elements C–F

- **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



Application and Survey Improvements for National Surveys



Linked License and Single Site, Multiple Entity (SSME) Unified View

Single Document Library



# Health Plan 2020

## *Standards & Survey Tool*

Date	What is Being Released?
<b>July 29, 2019</b>	ePub and web-based licenses for 2020 Health Plan Accreditation Standards and Guidelines available for purchase.
<b>August 15, 2019</b>	Hard copies of 2020 Health Plan Accreditation Standards and Guidelines available for purchase.
<b>March 2020</b>	2020 Health Plan Survey Tool released (with standards included).

**PURCHASE STANDARDS AT [STORE.NCQA.ORG](https://store.ncqa.org)**



*Public Comment Feedback*  
Health Plan 2020  
Updates

# Health Plan Accreditation

## *Public Comment Feedback: What Didn't Change*

● = Adopted

◐ = Adopted w/ Modifications

⊘ = Not Adopted

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



*Resources*  
Health Plan 2020  
Updates

Join us

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**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

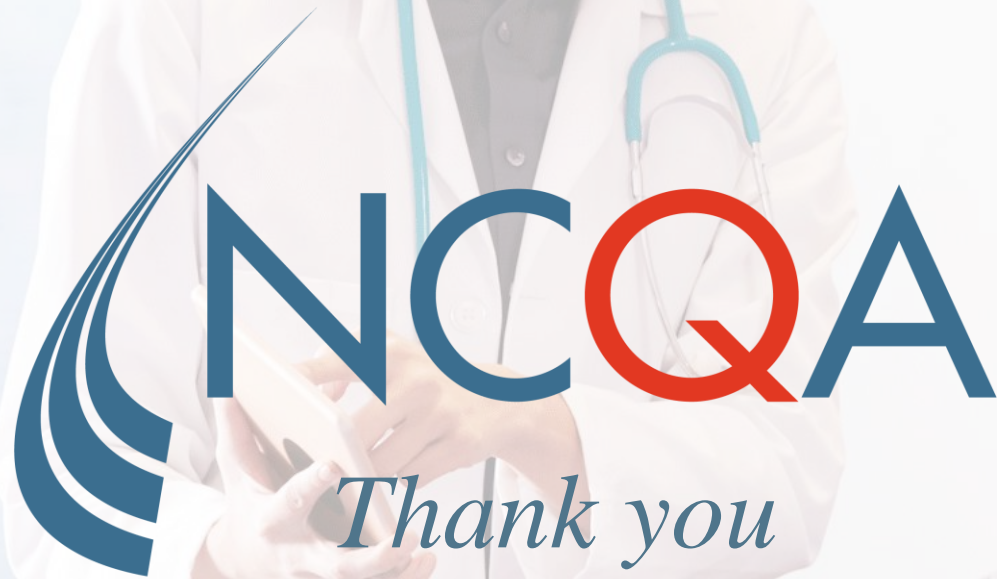
Register Today  
[healthcarequalitycongress.com](http://healthcarequalitycongress.com)





*Questions*





NCCQA

*Thank you*