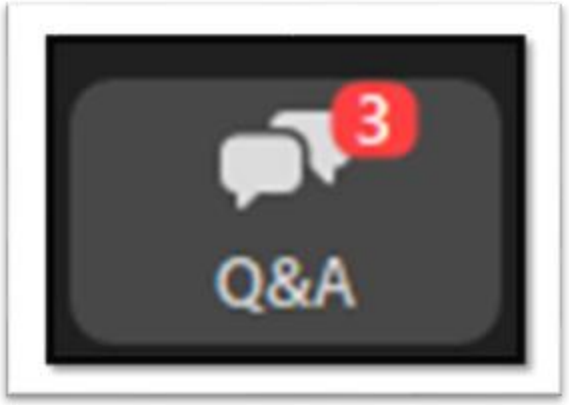
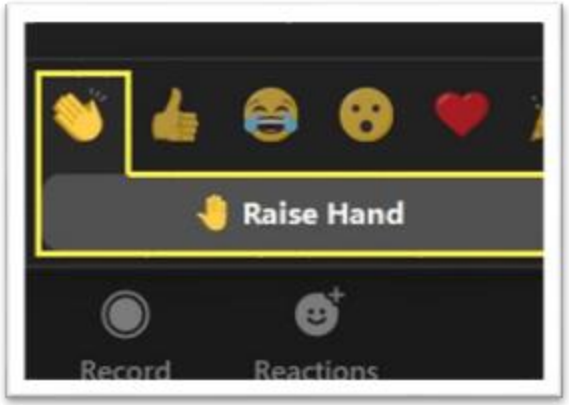
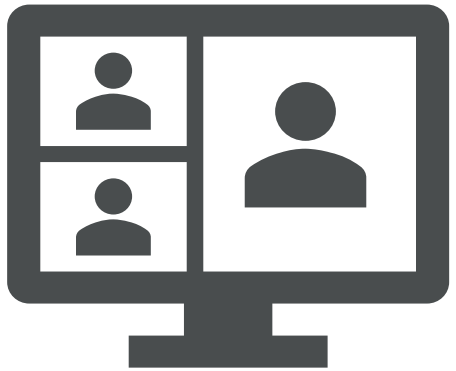
State Webinar: How Accreditation Supports Burden Reduction for States

July 13, 2026

Housekeeping







Ask Now

Enter your questions in the Q&A function in Zoom

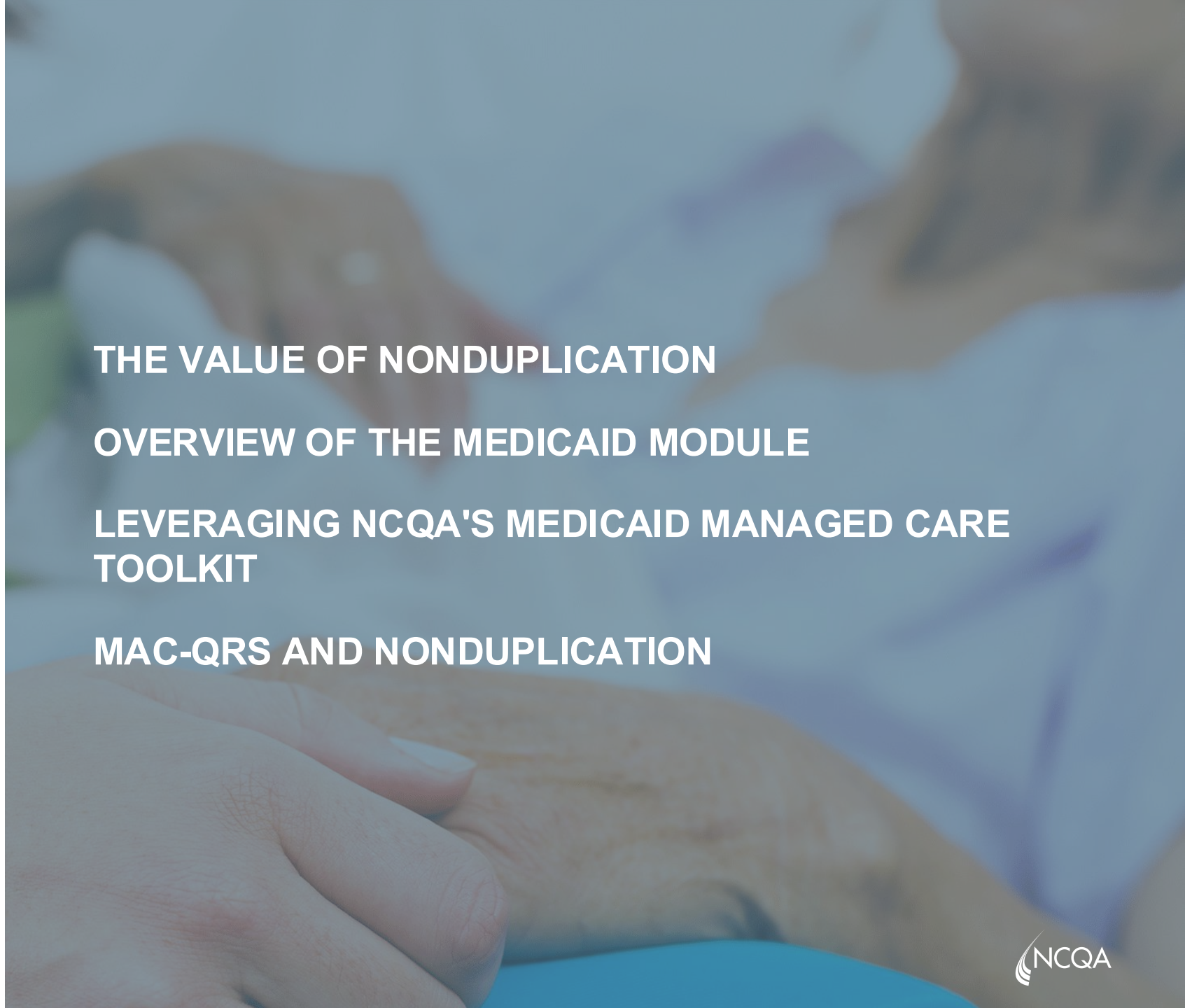
Join In

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

OVERVIEW OF THE MEDICAID MODULE

LEVERAGING NCQA'S MEDICAID MANAGED CARE TOOLKIT

MAC-QRS AND NONDUPLICATION

Polling Question #1

How familiar are you with nonduplication?

A. We are unfamiliar with nonduplication.

B. We are familiar with nonduplication but don’t know how to put it into practice.

C. Very familiar. We use nonduplication.

Nonduplication citation

Nonduplication of mandatory activities with Medicare or accreditation review.

42 § CFR 438.360

In place of a Medicaid review by a state, its agent or the EQRO, may use information obtained from a **national accreditation review** for mandatory external quality review activities, including a state's compliance review.

How it works

Putting it all together

- The state contracts with MCOs and is required to have a qualified external quality review (EQR) for each managed care plan, conducted by an EQRO.
- EQRO does an annual compliance review.
- EQRO is required to conduct four activities, one of which is:
  - Protocol 3: Review of compliance with Medicaid and CHIP managed care regulations
- The state mandates NCQA Health Plan Accreditation for all contracted managed care organizations to ensure consistent quality.
- MCOs may pursue, or states may require: LTSS Distinction, Health Outcomes Accreditation (HOA) and a review of the MED Module
- States use NCQA accreditation reports and the HEDIS Compliance Audit to avoid repetitive External Quality Review evaluations, improving efficiency through nonduplication.
- Exercising non-duplication can simplify oversight, enhance transparency, reduce burden and free state/EQRO resources.

Polling Question #2

What is your state's biggest barrier to adopting nonduplication?

A. Not understanding roles and responsibilities of the state, NCQA, and/or EQRO.

B. Potential misalignment between standards and state regulations.

C. Not understanding how to implement nonduplication.

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.

- Standards created to directly align with the Federal Medicaid Managed Care Final Rule and support non-duplication.
- States can require Medicaid plans to undergo MED module surveys.
- Intent: Boost nonduplication to ease burden for states and plans.
- 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 are not included in 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.
- States retain authority to allow non-duplication; NCQA "Reviews" organizations for compliance with applicable standards and provides a score.
- 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.

State Medicaid Uses of NCQA Accreditation and Non-Duplication

Streamlining Managed Care Plan Experience and EQR Level of Effort

Accreditation Standards

- NCQA Health Plan Accreditation, LTSS Distinction a HOA standards can be used to meet Federal EQR requirements; the annual NCQA Managed Care Toolkit describes this alignment
- States review the toolkit, examine the alignment with state requirements and instruct EQROs on applicable areas to apply non-duplication

Medicaid Module

- States can require Medicaid MCOs to achieve the NCQA MED Module for standards not in Accreditation but within EQR compliance where NCQA can conduct a review; this simplifies the plan's experience and provides the state with standardized data

HEDIS Process

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

MAC QRS

- ***NEW*** The HEDIS data submission and audit processes will support Quality Rating requirements in QRS, including the non-HEDIS measures

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

Aligns with Performance Measure Validation (PMV) and MAC-QRS

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.

How states use Accreditation for Nonduplication

NCQA's Medicaid Managed Care Toolkit

An excel document that maps accreditation elements to nonduplication CFRs.

Performance

State Medicaid Accreditation Reports provided by NCQA illustrate performance. Managed Care organizations performing poorly on identified Standards/Elements in accreditation that are outlined in the toolkit are often subjected to EQRO review.

100% Compliance

NCQA requires 100% compliance for the MED module to ensure rigorous quality oversight without partial credits.

Medicaid Managed Care Toolkit Overview

What is it?

NCQA's analysis of Federal Medicaid Managed Care Final Rule & NCQA's plan evaluation tools

What Federal Medicaid Managed Care Rules are included?

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

What NCQA content is included?

- Health Plan Accreditation Standards
- Health Outcomes Accreditation Standards
- LTSS Distinction Standards
- Medicaid Module Standards
- MACQRS Roles and Responsibilities guide

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.

How to interpret the toolkit

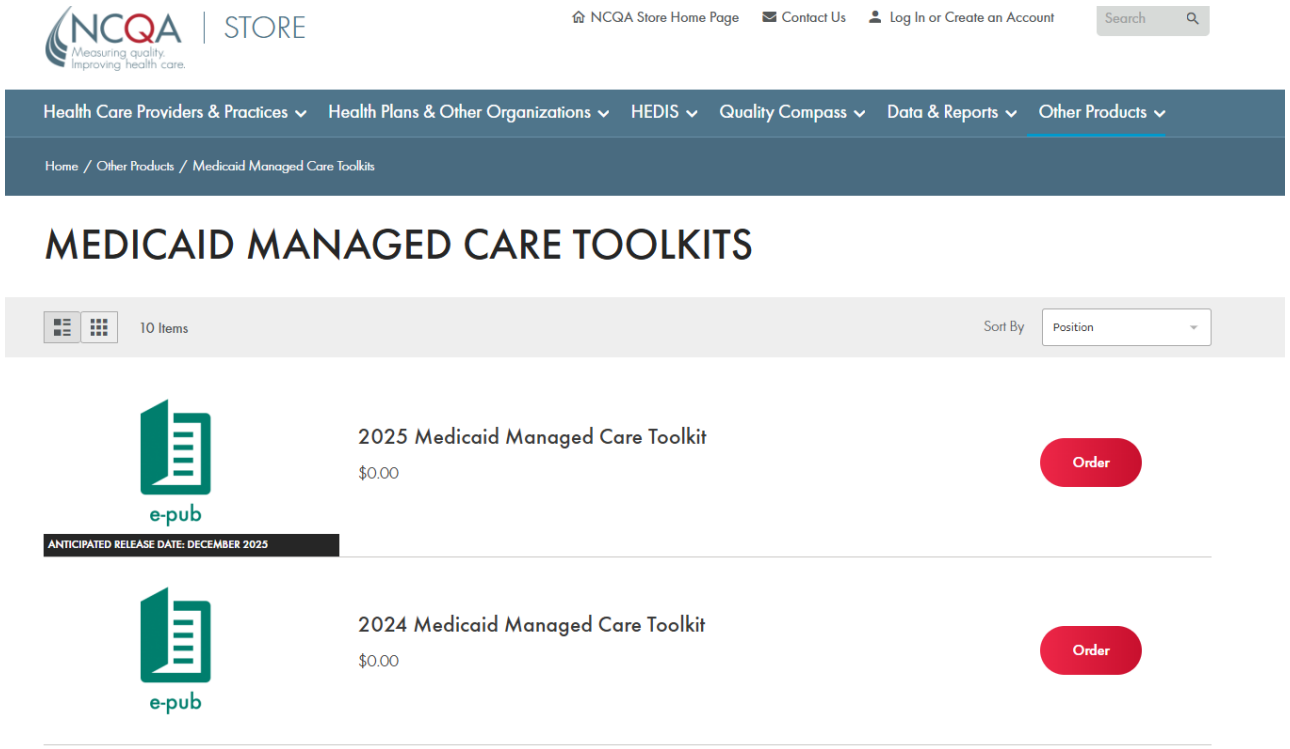
Crosswalk in Tabs 4-6

- Tab 4: Access to Care, Structure and Operations, Quality Measurement and Improvement
- Tab 5: Grievances
- Tab 6: Information Requirements

Use	Equivalency	Notes & changes from 2024 (in red)
Deemable Regulation	Met	No notes or changes

Toolkit How-to's

Where is it?



How do you use it?

- Download it from NCQA.
- Document in the quality strategy which EQR-related activities the state will use this option for.

Example – Access to Care 438.208 (b)(3)

Tab 4

438.208 (b)(3)	MED 6, Element A: Initial Screening of Member Needs

Each MCO, PIHP, and PAHP must implement procedures to delivery care to and coordinate service for all MCO, PIHP, and PAHP enrollees. These procedures must meet State requirements and must do the following:

(3) Provide that the MCO, PIHP or PAHP makes a best effort to conduct an initial screening of each enrollee's needs, within 90 days of the effective date of enrollment for all new enrollees, including subsequent attempts if the initial attempt to contact the enrollee is unsuccessful;

Element A: The organization conducts an initial screening of the healthcare needs of all new members within 90 calendar days of enrollment.

Data source: Documented process, Reports

✓ ***Equivalency - Met***

Polling Question #4

How can we update the Toolkit to make it more useful?

Please use the box below in the polling question to provide your response.

NCQA Solutions for MAC-QRS

What is Medicaid and CHIP Quality Rating System (MAC-QRS)?

Released in the Managed Care Final Rule, April 2024

MAC-QRS is a quality reporting program that allows beneficiaries to compare plans across a variety of quality measures.

By **December 31, 2028*,** States that contract with **MCO's, PIHPs or PAHPs** are required to establish MAC-QRS, a state-run public website that allows beneficiaries to compare plans on quality performance.

States must report on a mandatory measure set.

Of the 19 mandatory measures, **16 are HEDIS or CAHPS.**

States may include additional measures outside of MAC-QRS.

States may request CMS to approve the implementation of an alternative rating methodology.

Guidance for requesting an alternative methodology has not been released.

*States are allowed a one-time, one-year waiver to for an extended implementation period for methodology compliance and website display. States are then subject to the deadline of December 31st, 2029.

EQRO Protocol 10

Summary

Decision tree for assigning mandatory measures to managed care entities

- CAHPS Measures should be closely reviewed for applicability
- Opportunities may exist with "Joint" or "Coordinated" Performance

Measure Performance Rate vs. Quality Rating Definitions

Managed Care Plans cannot validate data or performance rates

Non-duplication may apply to several activities in Protocol 10

Medicare Data

- States can access MA data from DSNPs (per SMAC) and Medicare FFS data from CMS
- Approach to integrating Medicare data can determine strategic priorities:
  - Care Coordination
  - Performance Measurement

EQRO Protocol 10

Non-Duplication

Protocol 10 Activity	Non-Duplication Activity
Data Collection 1. Medicaid FFS 2. Medicare FFS 3. Medicare Advantage	May be done by state or health plan 1. State Transition of Care (TOC) Policy 2. State access from CMS 3. State Medicaid Agency Contract (SMAC)
Data Validation	Completed through HEDIS audit
Measure Calculation	May be done by health plan
Measure Validation	Completed through HEDIS audit
ISCA Completion	Completed through HEDIS audit

- This use of non-duplication would use existing workflows, roles/responsibilities, ability, and investments.
- Non-duplication would avoid the need to buy and develop new processes and data infrastructure to achieve the same goal.
- HEDIS dual-eligible general guidelines allows Medicaid health plans to include Medicare data even when they don't manage the Medicare contract.

MAC QRS & EQR Protocol 10

Non-duplication Summary

- Medicaid MCOs currently undergo HEDIS audit and submit HEDIS reporting to NCQA.
- The HEDIS audit and HEDIS reporting process allows for, and validates, supplemental data and inclusion of dual eligibles.
- The 3 non-HEDIS measures required in MAC QRS can be included in Medicaid MCO audits and submissions to NCQA.
- Medicaid MCOs have the existing infrastructure for data collection (including supplemental data),audits, measure calculation, and submission to NCQA.
- NCQA can make the audited MCO rates available to states for use in meeting MAC QRS requirements.
- ***For states to leverage this non-duplication opportunity, they must require their plans to utilize the NCQA MAC QRS process, which NCQA has built to meet the EQR protocol 10 requirements.***

Polling Question #5

Are you interested in speaking with NCQA about any of the following?

A. Accreditation (i.e., HPA or Med-Module).

B. NCQA's Medicaid Managed Care Toolkit

C. Nonduplication

D. MAC-QRS

Questions

you're invited!

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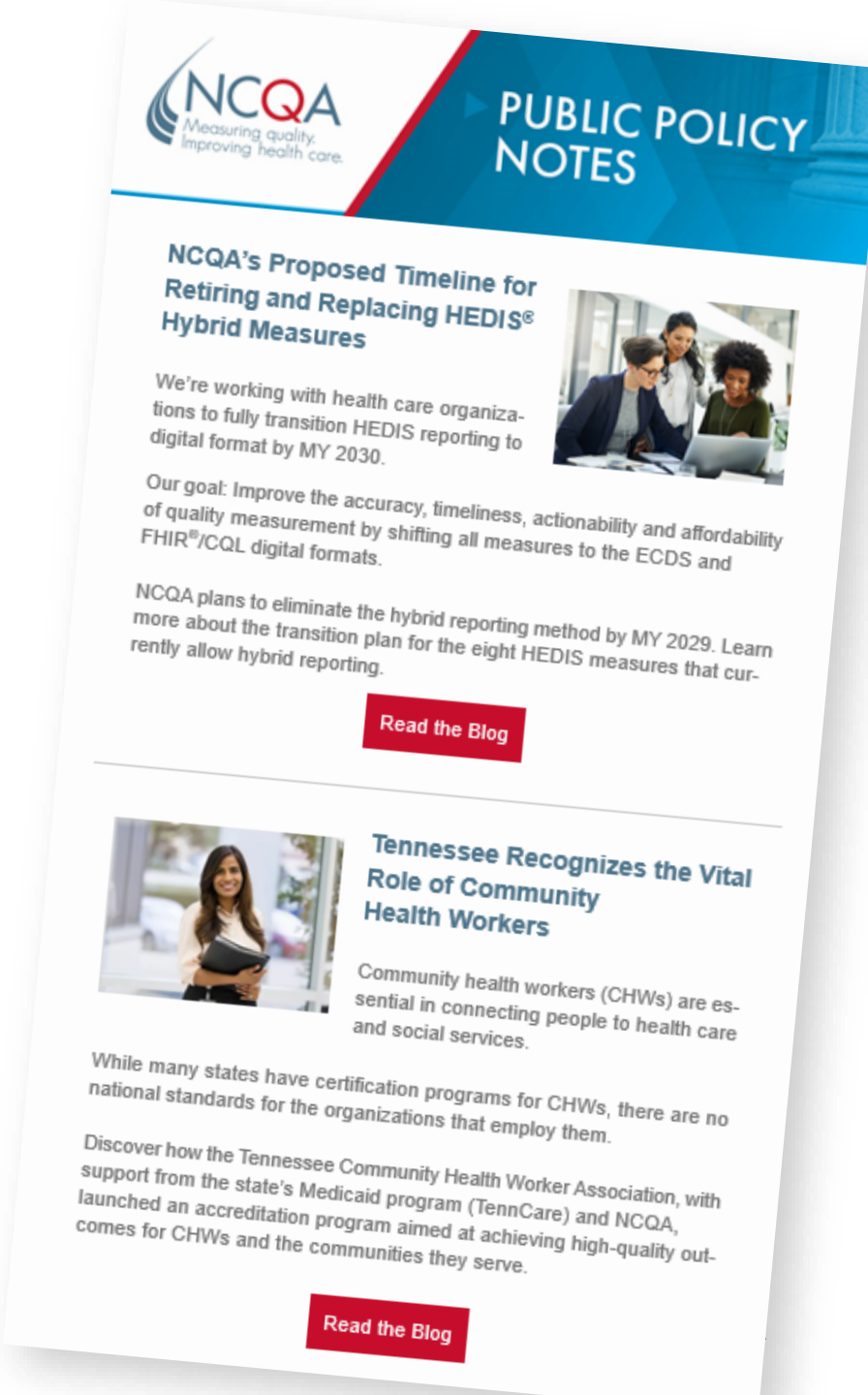


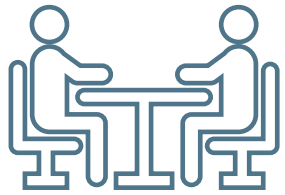
Will you be at these Conferences?

Connect with us!

NASMHPD Annual Meeting
Washington, D.C
July 26-27

NCSL Legislative Summit
Chicago, IL
July 27-29

MESC Annual Conference
Portland, Oregon
August 17-20



Stop by our booths- or schedule a time with us to connect at **publicpolicy@ncqa.org**


NCQA
Thank you