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Pursuit of accreditation – What, why, and how

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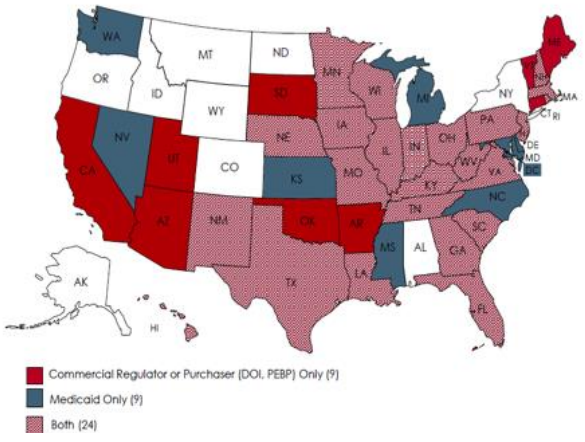
Like all organizations, health plans continually make decisions about investing staff time, money, and other resources to pursue initiatives with the best likelihood of achieving organizational goals.

This paper provides information about the pursuit of quality accreditation as an essential investment that can have a positive impact on multiple health plan priorities, including quality of care, member satisfaction, and market viability.

Background

Health insurance markets are evolving with an increased emphasis on improving consumers' health literacy and increasing state and federal programs' focus on quality outcomes, e.g., the Institute for Healthcare Improvement "Triple Aim" of improving patient care, reducing healthcare costs, and improving population health.[1] Continuous quality improvement is an important tool to realize the Triple Aim, including identifying and resolving performance and system inefficiencies and waste. In fact, growing numbers of state Medicaid contracts are requiring a focus on quality outcomes as evidenced by National Committee for Quality Assurance (NCQA) accreditation, as seen in Figure 1.

FIGURE 1: NCQA HEALTH PLAN ACCREDITATION REQUIRED ACROSS STATES, FEBRUARY 2020[2]



Source: ncqa.org

NCQA was formed in 1990 as a nonprofit organization focused on using data analytics to inform quality improvement processes to improve healthcare.

NCQA Healthcare Effectiveness Data and Information Set (HEDIS) measures have been reported by health plans across the country since 1991. HEDIS measures now include 90 metrics in six categories related to healthcare and are used to develop "report cards" for health plan performance. HEDIS data analysis is key to the development of evidence-based standards, which are used for the accreditation programs.

While there are other well-recognized accreditation agencies, such as the Utilization Review Accreditation Commission (URAC), NCQA accreditation continues to gain significance as Medicare and Medicaid increase quality requirements tied to NCQA. Regardless of the accrediting organization, achieving accreditation typically follows similar processes, as described in the following sections of this paper.

Evolving landscape

The trend toward requiring NCQA accreditation for state Medicaid plans is growing. As of this writing, 26 states require their Medicaid plans to have NCQA accreditation, with five other states accepting NCQA accreditation to meet state accreditation requirements.[3] California may soon join those states, and serves as an illustration of this trend.

On October 28, 2019, the California Department of Health Care Services (DHCS) released a set of proposals that, if enacted, will significantly change the way the state's Medi-Cal program regulates and compensates its managed care health plans, including a proposal to mandate that all Medi-Cal managed care plans receive NCQA accreditation by 2025.[4] DHCS' Healthier California for All initiative (previously CalAIM), includes a number

[1] Institutes for Healthcare Improvement. IHI Triple Aim Initiative. Accessed June 9, 2020, at http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/default.aspx,

[2] National Committee for Quality Assurance (February 2020). 42 States Deem or Require NCQA Health Plan Accreditation. Accessed May 21, 2020, at https://www.ncqa.org/wp-content/uploads/2020/02/20200228_HPA_Commercial_Use.pdf

[3] National Committee for Quality Assurance. States Using NCQA Programs. Accessed May 21, 2020, at https://www.ncqa.org/public-policy/work-with-states-map/,

[4] Nau, N. (January 2020). NCQA Accreditation. California Department of Health Care Services. Accessed July 20, 2020, at https://www.dhcs.ca.gov/provgovpart/Documents/6422/DHCSNCQAOverview-1-21-20.pdf

of proposals, seeking to 1) better identify and manage member risk, 2) reduce administrative complexity, and 3) improve quality outcomes through payment reform.[5] California continues to evolve its NCQA quality approach. In the January 21, 2020, DHCS NCQA work group meeting, the addition of the NCQA MED module, specifically for Medicaid plans, was discussed as a potential requirement.[6] As of January 2020, 17 of California's 26 Medi-Cal managed care plans had received NCQA accreditation.[7]

Health plan accreditation

The accreditation process is lengthy. As organizations begin working toward initial accreditation, the timeline typically requires a minimum of nine months from the point of application to NCQA survey. Accreditation can be awarded for either two or three years, based on the survey findings of health plan compliance with NCQA standards. Accreditation status has been distinguished with levels of excellent, commendable, accredited, and provisional. This system of distinction is changing to star ratings aligned with national star standards in September 2020.

COVID IMPACTS TO ACCREDITATION

The national pandemic has impacted the entire healthcare industry, including how the National Committee for Quality Assurance is addressing new and renewing accreditation.

The NCQA website includes information on the pandemic impacts to date while acknowledging that unknowns and evolving information will continue to be addressed. Of note, NCQA noted there will be no health plan ratings in 2020 due to changes in data reporting.

There are several key factors that support successful initial NCQA accreditation. Plans prepare for accreditation evaluation by pursuing a rigorous preparation process, requiring significant investment of time, staff resources, and funding, as well as commitment and coordination throughout the entire organization.

Preparing for accreditation can be a substantial investment, with several factors contributing to the scale of resource investment needed. Factors may include the size and maturity of the plan, the plan's quality framework (including the quality resources, staff experience, processes, and culture within the organization), leadership's commitment and engagement in developing a quality culture, and buy-in and coordination across functional areas. Regardless of the number of enrolled members, adequate and effective investment is necessary to meet accreditation standards, which will vary based on the organization. As shown in Figure 1, viewing quality as a priority is a growing business imperative across the country.

Consider the following approaches to support the preparation for accreditation.

- **Establish governance:** Organizational leadership's commitment and support of the quality program and accreditation plan is critical to success. Develop a governance structure that ensures accountability and visibility for the project progress against milestones. Establish oversight and authority responsibilities to support removal of barriers, monitor project progress, and provide decisions and direction as essential components in driving quality initiatives forward.
- **Commit resources:** The accreditation process requires significant investment of staff time and funding resources. The appropriate allocation of plan resources is critical to success. The organizational plan must balance the added workload with current responsibilities of all involved staff. Under-resourcing can jeopardize accreditation success, while shifting resources from essential duties can impact business operations and overall plan performance. To avoid the pitfalls of over-committed resources, additional staff and/or external resources may be required to expand the quality team. Without a focused team, the quality work may fall to a lower priority, impeding readiness.
- **Leverage expertise:** When preparing for accreditation, health plan leaders should look to build an experienced and effective team to plan, implement, and manage the process. Some plans may be able to draw from existing resources, while others may require additional staff or consulting services to augment available resources. Explore online resources, training, and assistance, e.g., ncqa.org, to develop internal staff knowledge.
- **Develop a plan:** Successful plans recognize that quality is not the responsibility of the quality department alone. Quality improvement is the responsibility of everyone within the organization, and accreditation preparation requires an organization-wide plan that coordinates and assigns accountability across teams and departments. Include a mock survey in the plan and commit the time and resources to conduct it plan-wide. Begin the accreditation journey by evaluating current readiness across all functional areas and then develop the project plan. Authorize the quality team to work across functional lines to implement the plan, and ensure that the team's authority is broadly communicated across the organization.

[5] California Department of Health Care Services (October 2019). California Advancing & Innovating Medi-Cal (CalAIM) Proposal. Accessed July 20, 2020, at https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM/CalAIM_Proposal_102819.pdf

[6] California Department of Health Care Services (January 2020). National Committee for Quality Assurance January 21, 2020 Meeting Summary. Accessed July 20, 2020, at https://www.dhcs.ca.gov/provgovpart/Documents/6422/NCQA-Meeting-Summary-012120.pdf

[7] IBID

- **Create a timeline:** A preparation timeline of two to three years is recommended for initial accreditation, as the plan will need to demonstrate that certain processes have existed for a period of time, often two years. Building the quality culture, quality improvement structure, plan-wide processes, and keeping current with changes to NCQA standards takes time. Successful plans start early and stay on track.
- **Avoid hazards:** Our experience in assisting health plans realize accreditation and/or reaccreditation has highlighted areas where health plans are frequently challenged. Those include leadership engagement and support, organizing and documenting accreditation responses concisely, storyboarding, and managing the onsite visit. Plans may also encounter difficulty in meeting standards for delegation oversight, and serving rural/frontier areas and related provider access issues. Avoid performance blind spots by data mining to identify potential issues, and complete root cause analyses where standards are not met. Plans may have difficulty in interpreting standards and may develop measures that do not align with the intent and therefore do not serve as evidence. Lastly, understand the impact of HEDIS measures on the accreditation score because HEDIS makes up a large portion of the total score.

Each health plan is different and will address accreditation with approaches tailored to its organizational structure, resources, strengths, and status in the quality journey. The key is to start, get organized, and keep moving forward toward accreditation.

Health plan reaccreditation

Health plans seeking renewal of their accreditation face the challenges of maintaining HEDIS and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores and accreditation standing, incorporating new NCQA standards, and meeting any added contract requirements for quality programs, initiatives, and reporting. Plans may also experience the common error of going back to “business as usual”, returning their focus to operational business priorities while reducing emphasis on quality processes. To avoid these common mistakes following a successful NCQA accreditation and to optimize a successful renewal process, consider the following:

- **Learn from survey findings:** Use information gained from the survey process to address identified weak performance areas requiring attention to elevate performance and more fully meet NCQA standards. In addition, leverage insight gained from the internal survey preparation process, as there are likely areas that were noted as lacking depth or substance, even if not noted by the accreditation survey team. Use this input as the starting point to develop the road map to reaccreditation.
- **Leverage the quality program:** Successful plans embrace and leverage their quality program to advance the culture, structure, and process of quality improvement throughout the plan. Use the Quality Improvement Committee to monitor, manage, communicate, and improve performance. Plans that leverage their quality program and committees are best positioned to sustain quality improvement initiatives and have an advantage when beginning the NCQA renewal process.
- **Be survey ready:** Successful plans are survey-ready every day. They cultivate an organizational culture of continuous survey-readiness by staying up to date with current NCQA standards and implementing them on an ongoing basis. This can be achieved through effective utilization of existing quality structures, ongoing communication of performance and new standards, and unrelenting organizational attention. Plans must intentionally develop systems to measure, monitor, and correct their performance against standards to maintain desired performance levels. In addition to continuous readiness, the timeline for intensive survey preparation should begin at least one year before the survey date. Leading practice includes mock surveys prior to first accreditation and for each subsequent survey. These mock surveys can be helpful in preparing for the survey and can be useful in providing feedback to internal functional areas and delegated providers.
- **Build quality expertise:** The accreditation process both demands and builds experience and expertise. Continuous knowledge development, both in the quality improvement program and across the plan’s functional teams, is key to successful accreditation surveys. In addition to gaining experience through the actual survey process, increasing organizational expertise may be achieved by hiring staff with quality and NCQA survey experience, conducting routine training and communication, using tools and training available through NCQA, and engaging external expertise.

The key to reaccreditation is to maintain the focus on quality improvement and not to let successful achievement of initial accreditation become a reason to delay the next phase of the quality improvement focus.

Health plan considerations

Pursuit of accreditation is time and resource-consuming in an industry filled with competing priorities. Health plans may question if the return on investment makes sense for their organization. While the investment is significant, the advantages of accreditation to a plan extend beyond reaching a successful survey milestone.

- **Market differentiator:** Accreditation can provide consumers and members with an objective performance assessment of the health plan. This level of transparency and accountability is an expectation for many consumers. Accreditation differentiation may influence consumer and provider choices

for engaging with a health plan. While there are other well-recognized accreditation agencies, such as URAC, the significance of NCQA accreditation continues as a significant, respected external evaluation of the quality efforts of the health plan.

- **Performance impacts:** While health plan quality programs have historically played a small but steady role in health plans, quality programs are taking on new importance in light of growing federal and state mandates for evidence of value-based performance and quality outcomes. Quality improvement activities linked to organizational functions and culture typically realize higher levels of performance.[8] The quality structure provides useful information about performance and a consistent framework to evaluate and improve core business functions. Areas of poor performance are identified through proactive use of data, with substandard activity targeted for continuous quality improvement. The quality focus can also provide the framework toward achieving the Triple Aim: better care, lower healthcare costs, and improved population health.
- **Emerging requirements:** While business and market requirements are always evolving, other impacts are often unpredictable, such as a global pandemic. Having a structured approach to quality improvement that looks at the health plan holistically provides proactive thinking across the organization and supports nimble responses. Having an organized structure for performance monitoring and quality improvement processes provides a framework to think about unknown but possible, new requirements.
- **Accreditation leverage:** Currently, many NCQA standards overlap with mandatory external quality review activities. Twelve states use the results of the accreditation process to satisfy federal oversight requirements, invoking Medicaid's non-duplication provisions, known as deeming. Accreditation can serve to certify or deem that Medicaid plans meet certain state and federal Medicaid requirements, simplifying the oversight burden on regulators and plans.
- **Resource options:** Not all organizations have fully developed quality programs in place. A two-fold approach can accelerate readiness. First, develop internal expertise by leveraging tools, training, and certifications offered by NCQA and other quality improvement organizations. Second, consider the targeted use of experienced consultants to provide immediate expert assistance to assess readiness, assist in building the quality response plan, and serve as a quality resource.
- **Risk assessment:** A significant risk exists in delaying pursuit of accreditation, as there is a national trend toward requiring accreditation to serve populations for carriers. Both commercial and Medicaid plans are moving toward mandatory accreditation, as demonstrated in Figure 1. Given the lead time required to achieve accreditation, ongoing delay may prove risky.

Overall, the positive impacts from accreditation should outweigh the investment for most plans. It is in the best interest of each plan to take time to evaluate the risks and costs and then develop a quality strategy and timeline.

Summary

In the midst of ongoing, urgent business imperatives, it is challenging to develop an accreditation plan, marshal resources, and drive the organization toward quality accreditation. Taking action to assess the organization, then develop, manage, and monitor a quality improvement plan, and implement change in the midst of ongoing operational requirements can seem overwhelming.

Getting external, experienced assistance can jumpstart the organization's quality journey by providing an objective evaluation of survey readiness, provide insight on structuring the response development, and help with challenges, such as providing an outside perspective to help tell the health plan's story in a comprehensive and cohesive way. Ultimately, gaining accreditation may no longer be a desirable, competitive advantage: It is becoming a requirement to stay in business.

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