



NCQA Accreditation

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Medi-Cal Healthier California for All

Guiding Principles

- Improve the member experience.
- Deliver person-centered care that meets the behavioral, developmental, physical, and oral health needs of all members.
- Work to align funding, data reporting, quality and infrastructure to mobilize and incentivize towards common goals.
- Build a data-driven population health management strategy to achieve full system alignment.
- Identify and mitigate social determinants of health and reduce disparities or inequities.
- Drive system transformation that focuses on value and outcomes.
- Eliminate or reduce variation across counties and plans, while recognizing the importance of local innovation.
- Support community activation and engagement.
- Improve plan and provider experience by reducing administrative burden when possible.
- Reduce the per-capita cost over time through iterative system transformation.

Medi-Cal Healthier California for All Key Goals

- To achieve such principles, Medi-Cal Healthier California for All has three primary goals:
 - Identify and manage member risk and need through Whole Person Care Approaches and addressing Social Determinants of Health;
 - Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
 - Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

Accreditation Goals and Objectives

- By requiring NCQA accreditation of its MCPs, DHCS could potentially:
 - Streamline MCP oversight by DHCS, particularly with regards to the annual medical audits.
 - Increase standardization and reduce variation across all MCPs by requiring all MCPs to follow NCQA health plan accreditation standards

NCQA Accreditation Background

- DHCS will require all MCPs and their subcontractors (delegated entities) to be NCQA accredited by 2025.
- DHCS will use NCQA findings to deem elements of the annual DHCS medical audits.
- 14 MCPs are currently NCQA accredited, 2 MCPs are interim, and 1 MCP is currently in progress.

NCQA Accreditation Background

- DHCS would not allow accreditation by other accrediting bodies except for specific plans for which NCQA does not offer accreditation
- DHCS is also considering requiring MCPs to ensure any subcontractors, to whom certain contractual elements are delegated, are NCQA accredited by 2025.

Considerations

- DHCS is considering requiring NCQA accreditation to include the Long Term Services and Supports Distinction Survey.
 - Statewide requirement for LTSS and carve-in of LTC
- DHCS is also interested in discussing the addition of the Medicaid (MED) module to routine NCQA health plan accreditation.
 - Maximize streamlining state compliance and deeming potential

NCQA alignment

- DHCS will align all applicable processes in contract and All Plan Letters with 6 NCQA accreditation categories.
 - Quality Improvement;
 - Population Health Management
 - Network Management;
 - Utilization Management;
 - Credentialing;
 - Members' Experience

Timelines

- DHCS could consider implementing deeming sooner than 2025 for Medi-Cal managed care plans that already have NCQA accreditation.
- All MCPs and their health plan subcontractors to be NCQA accredited by 2025.
- Timelines for the LTSS and MED module, as well as potentially requiring accreditation for non-health plan subcontractors (e.g., IPAs and medical groups), are up for discussion, and a phased-in approach may be necessary.

NCQA Workgroup Discussion Questions

Accreditation Questions

1. Are there any concerns around the proposed accreditation timeline?
2. What happens if a MCP fails to meet HPA standards – either initially, or on re-accreditation?
 - a. Corrective action by DHCS?

Accreditation Questions

3. Are there areas that DHCS should not consider for deeming due to a stricter state or Medi-Cal requirement than NCQA?
4. How should DHCS redirect the annual medical audit reviews? NCQA accreditation reviews occur every three years and DHCS conducts medical audits annually, so the medical audits could potentially focus on areas of concern noted in the accreditation review by NCQA, areas of DHCS directed concern, or more limited audits in the non-accreditation review years.
5. Should DHCS consider a phased in approach to deeming for MCPs that already have NCQA accreditation (e.g., allow deeming prior to 2025 for accredited MCPs)?

NCQA Workgroup: Deliverables and Next Steps

- Provide feedback on the DHCS/NCQA Crosswalk

Submit response to:

CalAIM@dhcs.ca.gov by February 4, 2020

Next Workgroup Session for NCQA Accreditation is
scheduled on February 21, 2020.



Questions?