National Committee for Quality Assurance
February 21, 2020 Meeting Summary

Introduction

The Department of Health Care Services (DHCS) held the final of two CalAIM National Committee for Quality Assurance (NCQA) Workgroup meetings on Friday, February 21, 2020.

The meeting was attended by DHCS staff, workgroup members, and members of the public. Jennifer Ryan from Harbage Consulting facilitated the meeting and Nathan Nau was the DHCS lead presenter.

This meeting focused on the following topics. A full agenda can be found here.

- NCQA Breakdown of Deemable Elements and NCQA Comments;
- Conversations with Other States About NCQA Accreditation;
- Overview of Delegation in California; and
- NCQA Accreditation: for Medicaid Managed Care Plans and Assessment of Deeming Opportunities

Discussion Summary

NCQA Breakdown of Deemable Elements and Workgroup Comments

Dr. Lisa Albers with DHCS, and Kristine Toppe and Patrick Dahill from NCQA, introduced a summary table of NCQA Deemable Elements. Workgroup members asked for more specificity in the information presented in the chart to ensure a full understanding of what was being presented.

DHCS then shared the key feedback from workgroup members on the NCQA accreditation proposal, which fell into the following themes:

- health plan accreditation timeline,
- deeming,
- annual medical audits, and
- accreditation of delegated entities.

Specific to deeming, DHCS clarified that just because something is deemable, does not mean that DHCS will necessarily deem it. Please see slides here.

Conversations with Other States About NCQA Accreditation

Dr. Albers shared the findings from the conversations that DHCS and vendor, IMPAQ, had with four states that require NCQA accreditation: Washington, Tennessee, Massachusetts, and Virginia. The conversations in Tennessee, Massachusetts, and

Virginia also addressed state experiences with deeming. DHCS acknowledged the difficulty of comparing the experiences of these states to California, based on the size and population of the state, as well as the number of health plans, and clarified that the purpose of these conversations was to better inform DHCS. Please see slides here. Key take-aways from the conversations include:

- All states that deem found it to be valuable because of NCQA's robust standards;
- States believed that three years was the minimum amount of time needed to ramp up the NCQA accreditation process;
- Deeming has not replaced these states' ability to monitor quality, but instead complemented and enhanced it; and
- The deeming exercised by TN, MA and VA was specific and select.

Overview of Delegation in California

Next, Bill Barcelona with American Physicians Group presented an overview of the delegation environment in California. The presentation addressed who delegates in California, the common elements, as well as the delegated providers in Medi-Cal. Workgroup members asked how the delegation of the NCQA accreditation requirement would affect smaller entities, like federally-qualified health centers (FQHCs). Other questions were raised about whether and how management services organizations (MSOs) can be accredited and how they can contract. Patrick Dahill with NCQA clarified that an MSO that provides a function for which NCQA has a standard could be accredited.

DHCS asked the workgroup for feedback on what would make the most sense in California and how wide the net needs to be cast in terms of the delegation. There was also a discussion among workgroup members about the possibility of having, and how to get to, standardized processes among plans to avoid disproportionate oversight of delegates. Some workgroup members also recommended discussing accreditation separately from deeming. Please see slides here.

NCQA Accreditation for Medicaid Managed Care Plans: Assessment of Deeming Opportunities

Melissa Hafner from IMPAQ presented an assessment for deeming opportunities through NCQA accreditation. Workgroup members questioned the alignment between the information presented in the summary memorandum and the full deeming crosswalk, including how regulations that were defined as "partially met" in the crosswalk were summarized in the memo. In particular, several workgroup members expressed concern about how the potential for the NCQA accreditation standards to be

used to deem state requirements for cultural competency, language, and access to care was presented. DHCS noted the issues being raised and agreed to take them back for consideration. DHCS also clarified that the deeming table was only a starting place for discussion, and that feedback was being requested from the workgroup. Concerns were also raised about the perceived redundancy of the NCQA accreditation process, as well as the transparency of NCQA's standards and processes. NCQA responded that they have a public comment process for all products and that while some publications entail costs, others are free and downloadable from the NCQA website. Several workgroup members reiterated a desire to distinguish accreditation from deeming. Please see slides here.

What to Expect Next

As this was the last meeting of the NCQA Workgroup, members asked for direction on what comes next. DHCS noted the following next steps:

- Opportunities for continued stakeholder engagement:
    - Final comments on the full proposal due on February 29, 2020.
    - Quarterly Stakeholder Advisory Committee (SAC) meetings.
    - Some workgroup members requested additional meetings and further discussion on this NCQA accreditation proposal.
- Finalization of CalAIM Proposal
    - Jennifer Ryan from Harbage Consulting noted that DHCS is aiming to develop and release a redlined version of the proposal and a crosswalk to show what changes were made to it through the workgroup process.
    - Workgroup members appreciated that a redline would be produced, and there was an additional request for an updated timeline for each piece of the proposal to keep track of upcoming dates and deadlines.
    - Jennifer briefly explained the 1115 and 1915(b) waiver submission process with the Centers for Medicare & Medicaid Services (CMS), noting that the proposal in full will not be presented to CMS but will move forward in the form of waiver language, contract language, information notices, and other policy mechanisms.