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

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California Department of Health Care Services (DHCS)  
Medi-Cal Healthier California for All Accreditation Meeting

February 21, 2020

# AGENDA

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- ▶ Goals of the Deeming Assessment
- ▶ Approach and Analysis
- ▶ How to Interpret the Crosswalk
- ▶ Key Findings
- ▶ Questions

# Goals of the Deeming Assessment

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DCHS asked IMPAQ to perform a Deeming Assessment as part of its exploration of whether, and how, DCHS might leverage the NCQA accreditation process to reduce or eliminate duplicative oversight responsibilities for its MCPs.

The goals of our assessment were to:

1. Compare NCQA accreditation standards with federal and state Medicaid regulations to determine the extent to which the NCQA standards meet each part of the regulation.
2. For NCQA standards that meet federal and state regulations, specify the accreditation module(s) required:
  - Health Plan Accreditation (HPA) Standards
  - Medicaid (MED module) Standards
  - Long-term Services and Supports (LTSS) Distinction Survey Standards
3. Identify potential areas that could be eligible for deeming through the non-duplication option through NCQA accreditation

# Deeming Assessment Approach and Analysis

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- ▶ We compared NCQA Accreditation Standards to Federal Medicaid Regulations (42 CFR 438)
  - Used NCQA Medicaid Managed Care Toolkit (“Toolkit”) as starting point because it aligns with federal regulations and identifies specific standards that apply
  - IMPAQ used the Toolkit along with DHCS input to conduct our comparison
- ▶ We then compared NCQA accreditation standards to California state regulations
  - Title 22, 28
  - Welfare and Institutions Code
  - Health and Safety Code
  - Relevant All-Plan Letters and Model Contracts

# Key Findings

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- ▶ NCQA accreditation standards **meet** the majority (~74%) of federal requirements under §438.10 (**Information Requirements**) and a majority of related state requirements
  - These deemable regulations pertain to the way MCPs communicate information to current and potential enrollees on covered benefits, providers, eligibility, grievances, and other related plan information
- ▶ Similarly, NCQA accreditation standards **meet** a majority of federal and state requirements pertaining to the **availability of services and network adequacy** (§438.206) and care coordination (§438.208).

# Key Findings

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- ▶ NCQA standards **do not meet** the following **six areas** at either the federal or state level:
  - Notices of significant changes to the plan
  - Machine readable (508-compliant) provider directories
  - MCO approval of care plans
  - Plan contracts must specify the types of covered services
  - Timing of notices related to termination, suspension, or reduction of services
  - Punitive action toward providers who supports an enrollee's appeal

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QUESTIONS?

# THE IMPAQ TEAM

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