



National Committee for Quality Assurance January 21, 2020 Meeting Summary

Introduction

The Department of Health Care Services (DHCS) held the first of two Medi-Cal Healthier California for All National Committee for Quality Assurance (NCQA) Workgroup meetings on Wednesday, January 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](#).

- DHCS Overview of Medi-Cal Healthier California for All NCQA Goals and Workgroup Charter presented by DHCS;
- Overview of NCQA Accreditation and Timeframes presented by NCQA;
- Health Plan NCQA Certification Experience presented by UnitedHealthcare;
- Overview of the DHCS/NCQA Crosswalk and Potential Deeming presented by DHCS;
- Integration of NCQA Accreditation into DHCS' Monitoring Process presented by DHCS; and
- Discussion of Workgroup Focus Questions

Discussion Summary

DHCS NCQA Overview

The meeting started with an Overview of Medi-Cal Healthier California for All NCQA Goals and Workgroup Charter presented by Nathan Nau of DHCS. The presentation provided information on the DHCS' current proposal to require NCQA accreditation of managed care plans (MCPs) and potentially their subcontractors by 2025 and the goals and objectives of health plan accreditation. In addition, NCQA also offers two optional add-on surveys that DHCS is considering, Long-term Services and Supports (LTSS) Distinction survey and the Medicaid (MED) module. DHCS is exploring how it might leverage NCQA's accreditation process in order to streamline state compliance and allow the results of any accrediting entity to satisfy federal oversight requirements (known as deeming). Please click [here](#) to review slides.

Overview of NCQA Accreditation

Following the overview from DHCS, Kristine Toppe and Patrick Dahill from NCQA provided an overview of NCQA's accreditation process. NCQA provided general information about NCQA health plan accreditation (HPA), the use of NCQA health plan



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accreditation across the U.S., the status of NCQA-accredited Medi-Cal plans in California, and information about the MED module and LTSS Distinction survey. After the presentation, workgroup members asked NCQA about the experiences of other states that have required HPA, as well as states that have included the LTSS Distinction survey, including any outcomes that may be available to show the value proposition of the tool. NCQA commented that it is still too early to show results in the states that have required LTSS Distinction. Some workgroup members expressed concern about the potential difficulty and resource burden of adding in NCQA accreditation on top of other efforts that MCPs are also undertaking.

Several members asked operational questions about how and when HPA, the MED module, and the LTSS Distinction survey would be added if MCPs are already accredited for other lines of business. There were questions aimed at clarifying the use of the MED module in the context of the HPA. NCQA clarified that the MED module is highly specific to Medicaid whereas the HPA standards are not specific to Medicaid but represent best practices for all types of health plans. DHCS added that MCPs can be accredited without the MED module but that DHCS is considering requiring it to improve the capacity for deeming. The workgroup members also raised concerns about the public transparency of the NCQA standards from a patient advocacy perspective.

Health Plan NCQA Certification Experience

After the NCQA accreditation overview, a Medi-call Managed Care Plan (MCP), United Health Care (UHC) shared its experience with NCQA accreditation. Valerie Martinez presented on UHC's plan's accreditation timeline, the associated fees, and the advantages and disadvantages experienced during the process. The Workgroup's questions about the presentation pertained primarily to the staffing and other resources needed to support the accreditation process. Please click [here](#) to review slides.

Overview of the DHCS/NCQA Crosswalk and Potential Deeming

Next, Dr. Lisa Albers from DHCS lead a discussion about NCQA's accreditation standards in comparison with Federal and state Medicaid requirements. Currently, DHCS audits its MCPs, but does not allow deeming, except for the category of credentialing. Dr. Albers presented a draft crosswalk DHCS developed with a vendor that list Federal and State requirements that potentially could be deemed through NCQA accreditation. Dr. Albers noted that DHCS and the vendor are speaking to other states that require NCQA accreditation and deeming to better understand experiences that could be helpful in informing that state's decision-making.



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Workgroup members asked how NCQA's review would work in the context of DHCS' annual audit, and whether some of the administrative simplifications that the state would see would also carry over to the MCPs. The workgroup also asked questions about how the process works if the state has stronger standards than the federal government or NCQA, with some members requesting that the stronger standards be applied. DHCS offered that if the state has stronger standards than the federal, then the NCQA standard could align with the state. DHCS encouraged workgroup members to provide feedback on elements of the crosswalk, particularly if they believe any of the information is incorrect. Please click [here](#) for summary

Integration of NCQA Accreditation into DHCS' Monitoring Process

Next, Kelly Molohan from DHCS provided an overview on the annual medical audits conducted for each prepaid health plan as part of the managed care oversight process in California. After the presentation, the workgroup members asked questions about the interplay between the deeming and audit processes under a deeming environment as it relates to corrective action, the content of the audits, and the request for documentation for the audits. DHCS noted that they are still discussing the many of these questions. Please click [here](#) to review slides

Workgroup Discussion Questions

DHCS asked the workgroup members to respond to several discussion questions, including 1) providing feedback on the proposed accreditation timeline; 2) areas that DHCS should not consider for deeming; 3) how DHCS should redirect the annual medical audit reviews; and 4) whether DHCS should consider a phased-in approach to deeming for MCPs that already have NCQA accreditation. Workgroup members expressed concern with the proposed accreditation timeline due, in part, to other efforts that MCPs are also undertaking simultaneously. There was also concern that MCPs that have more delegation and those that do not currently have a Medicaid line of business may have a heavier lift and require more time.

In response to the question about what happens if a MCP fails to meet the HPA standards, workgroup members generally agreed that NCQA had a rigorous process in this respect, though were interested whether there was guidance from other states that could inform potential options for California. Workgroup members did not identify any specific areas that DHCS should not consider for deeming, but suggested that, under a deeming scenario, DHCS redirect the annual medical audit reviews to address issues such as network adequacy, LTSS capacity, appeals, and topics like lead screening where there is broad interest. Some workgroup members argued that there would need to be a phased-in approach to deeming, with several members suggesting a voluntary, pilot process for deeming. They again asked for more information about the experiences



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of other states. Several workgroup members raised questions about the value of requiring accreditation for delegates.

Next steps for workgroup members: Workgroup members were asked provide feedback on the DHCS/NCQA crosswalk by February 4, 2020.

Next Steps for DHCS: The next workgroup meeting will take place on Friday, February 21, 2020.