What is NCQA Accreditation?

Accreditation, simply put, is NCQA’s “seal of approval.” If a health plan is NCQA-Accredited, it has passed a rigorous and comprehensive evaluation process. NCQA assesses not only the core systems and processes that make up a health plan, but the results the plan actually achieves on key measures of care and service. NCQA Accreditation is designed to help employers and consumers make informed choices among health plans.

NCQA began accrediting managed care organizations (MCOs) in 1991, in response to the demand for standardized, objective information about the quality of these organizations. NCQA’s Accreditation program is voluntary and rigorous, but even so, nearly half the plans in the country have earned accreditation. These are the plans we recommend. Non-accredited plans often do not measure up.

Why Is Accreditation Important?

First, earning NCQA Accreditation encourages health plans to improve. Research has shown that accredited health plans tend to improve much more quickly and consistently than other plans. Health plans that choose to publicly report on their performance tend to improve even more quickly. These improvements have helped prevent thousands of unnecessary deaths in the past year alone.

Earning NCQA Accreditation also helps health plans distinguish themselves on the basis of quality. Many large employers will not do business with a health plan unless it has earned NCQA Accreditation. Many states also require health plans that serve state employees to earn accreditation. And the federal government distributes accreditation information to all 9 million of its employees and retirees, encouraging them to select high quality health plans.

How Does Accreditation Work?

NCQA’s requirements—developed with the input and support of employers, unions, health plans and consumers—are demanding. NCQA has purposely set the standards high to encourage health plans to continuously enhance their quality.

The review process is rigorous, consisting of both on- and off-site evaluations conducted by teams of physicians and managed care experts. A national oversight committee of physicians analyzes the team’s findings and assigns an accreditation level based on the plan’s compliance with NCQA’s standards and their performance relative to other plans on selected measures such as immunization rates, mammography rates, and member satisfaction.

In order to make sure the program remains current, relevant, and rigorous, NCQA annually reviews and revises the standards to which it holds MCOs. NCQA also offers accreditation programs for other organizations, such as managed behavioral healthcare organizations (MBHOs) and preferred provider organizations (PPOs).

“We make a point of working with NCQA-Accredited HMOs because we know that it makes a difference in terms of quality. We want to ensure that our people get high-quality health care across the spectrum of coverage options.”

Mike Kriner
Director, Health Care and Disability Plans
NCR Corporation
What Does NCQA Evaluate?

In an accreditation survey, NCQA uses carefully developed accreditation standards as well as selected performance measures from HEDIS®. These standards and measures fall into the following five categories:

**Access and Service**—Do health plan members have access to the care and service they need? For example: are doctors in the health plan free to discuss all treatment options available? Do patients report having problems getting needed care? How well does the health plan follow up on grievances?

**Qualified Providers**—Does the health plan assess each doctor’s qualifications and what health plan members say about their providers? Does the health plan regularly check the licenses and training of physicians? How do health plan members rate their personal doctor or nurse?

**Staying Healthy**—Does the health plan help people maintain good health and avoid illness? Does it give its doctors guidelines about how to provide appropriate preventive health services? Are members receiving tests and screenings as appropriate?

**Getting Better**—How well does the health plan care for people when they become sick? How does the health plan evaluate new medical procedures, drugs and devices to ensure that patients have access to safe and effective care?

**Living with Illness**—How well does the health plan care for people with chronic conditions? Does the plan have programs in place to assist patients in managing chronic conditions like asthma? Do diabetics, who are at risk for blindness, receive eye exams as needed?

Are There Different Levels of Accreditation?

Yes. Based on their compliance with NCQA’s rigorous requirements, health plans can earn the following NCQA Accreditation status levels:

- **Excellent**: for MCOs that meet or exceed NCQA’s rigorous requirements for consumer protection and quality improvement, and that achieve HEDIS results that are in the highest range of national performance.
- **Commendable**: for MCOs that meet NCQA’s rigorous requirements for consumer protection and quality improvement.
- **Accredited**: for MCOs that meet most of NCQA’s basic requirements for consumer protection and quality improvement.
- **Provisional**: for MCOs that meet some, but not all of NCQA’s basic requirements for consumer protection and quality improvement.
- **Denied**: for MCOs that do not meet NCQA’s requirements.

Today, more than half of the nation’s health plans, covering three-quarters of all HMO enrollees, have earned NCQA Accreditation.

HEDIS and CAHPS®: What Are They?

HEDIS, the Health Plan Employer Data and Information Set, is a comprehensive set of standardized measures of a health plan’s performance. The measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma and diabetes.

CAHPS®, the Consumer Assessment of Health Plans, is a standardized survey of consumers’ experiences that evaluates plan performance in areas such as customer service, access to care and claims processing. CAHPS® 2.0H is a part of HEDIS. Accredited plans are required to report HEDIS and CAHPS® results.

### Selected Employers Who Rely on NCQA Accreditation

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<th>American Airlines</th>
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<th>Ameritech</th>
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Eligibility

MCOs seeking Accreditation must:

- Identify those product lines (commercial, Medicare or Medicaid) for which they seek Accreditation. MCOs may choose to have their HMO and point-of-service (POS) products evaluated together or separately.
- Report to NCQA, the required HEDIS results and adult CAHPS® 2.0H survey results for the relevant product line or products. An NCQA-Certified auditor must audit all HEDIS data.
- Undergo a full-scope Accreditation survey at least once every three years to evaluate systems that support each of the identified product lines/products against the applicable standards.

New Health Plans seeking Accreditation

- NCQA’s Accreditation of New Health Plans Program is based on a core set of standards from the Standards for the Accreditation of Managed Care Organizations (MCOs). These standards apply to health plans that are less than three years old and make the program distinct and different from NCQA’s Accreditation of MCOs Program. NHP Accreditation evaluates how well a plan that has been in operation less than three years manages its clinical and administrative systems in order to continuously improve health care for its members.

“We encourage our employers to look favorably on plans that pursue NCQA Accreditation. It’s an easy concept to sell—choose the MCO that has passed a rigorous quality test, as opposed to choosing the one you don’t know much about.”

Laurel Pickering
Executive Director
New York Business Group on Health

The NCQA seal is a recognized symbol of quality.

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<th>Measures Required for an Accreditation Survey for Commercial Health Plans</th>
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HEDIS® is a registered trademark of NCQA.
CAHPS® 2.0H is a registered trademark of the Agency for Healthcare Research and Quality.
What Is the First Step For MCOs Interested in Accreditation?

Organizations that wish to be accredited by NCQA should request an application and a contract by calling Accreditation Operations at (888) 275-7585 or by visiting the NCQA Web site at www.ncqa.org.

About NCQA

NCQA is a private, not-for-profit organization dedicated to improving health care quality. The organization is widely recognized by employers, consumers and others as the most trusted, reliable source for information about the quality of the nation’s health care system. The media frequently use NCQA-supplied data as the basis for local and national report cards. Consumers and others can find most of the information NCQA makes available online.

What Resources Are Available on Accreditation?

NCQA provides a variety of resources, including educational seminars and publications, to help MCOs prepare for NCQA Accreditation surveys. Seminars focus on topics such as:

★ HEDIS®
★ MCO and MBHO Accreditation requirements
★ Advanced quality improvement strategies
★ Customized Corporate Training programs are also available.

Publications include:

★ MCO Surveyor Guidelines
★ MCO Electronic Roadmap
★ Data Collection Tools for MCOs

To order publications, call (888) 275-7585 or visit the NCQA Web site at www.ncqa.org. To register for a seminar, visit the NCQA Web site or call NCQA Customer Support at (888) 275-7585.