

Background Paper on Accreditation Standards for Carriers and QHPs
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August 13, 2012

Background

The Patient Protection and Affordable Care Act (ACA) directs the U.S. Department of Health and Human Services (HHS) to issue certification criteria for Qualified Health Plans (QHPs) sold in American Health Benefit Exchanges. In March 2012, HHS issued final rules governing the Exchanges, including requirements for insurers and QHPs offered through the Exchange. These standards include QHP requirements related to health plan accreditation. Carriers are required to be accredited in order to sell QHPs on the Exchange. Each Exchange is required to set up its own timeline to determine at what point carriers must obtain accreditation.

The purpose of this paper is to provide background information on QHP requirements related to accreditation. This paper also provides some details on the accreditation process, current status of accreditation in Minnesota, how the federally facilitated exchange is addressing this issue, and how accreditation relates to the quality rating system to inform recommendations regarding the timeline for QHP accreditation.

Federal Accreditation Requirements

In March, 2012, HHS issued the final rules governing the establishment of Exchanges and Qualified Health Plans. These rules include accreditation standards. Under the ACA Exchanges must establish a uniform period following QHP certification within which a QHP issuer that is not already accredited must become accredited.ⁱ Accreditation entities must collect data in the nine areas outlined below:

- Clinical quality measures such as the Healthcare Effectiveness Data and Information Set (HEDIS);
- Patient experience ratings on a standardized Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey;
- Consumer access;
- Utilization management;
- Quality Assurance;
- Provider credentialing;
- Complaints and appeals;
- Network adequacy and access; and
- Patient information programs.ⁱⁱ

On July 20, 2012 HHS issued a final rule on the recognition of entities for the accreditation of QHPs in phase one of QHP certification.ⁱⁱⁱ The National Committee on Quality and Assurance (NCQA) and URAC are the initial recognized accreditation entities for phase one as they will be able to evaluate compliance with the nine areas noted above. The final rule also requires accreditation at the Exchange product type level (e.g., Exchange HMO, Exchange POS, Exchange PPO) unless this level of accreditation

is not methodologically sound.^{iv} In this instance the recognized accrediting entity must demonstrate that the Exchange product type level is unsound as a basis for the Exchange granting an exception to aggregate the data.

The law further requires that a QHP issuer authorize the accreditation entity share accreditation information with the Exchange. The authorized accreditation entity must share information like the Health Insurance Oversight System (HIOS) product identifier, accreditation status, survey type or level, accreditation score, expiration date of accreditation and clinical quality measure results and adult and child CAHPS measure results at the level specified by the Exchange.^v

Obtaining Accreditation

Both NCQA and URAC have communicated it takes an average of 18 months to prepare and an additional three months for the accreditation review to take place for an entity that is pursuing accreditation to complete the process.^{vi} Both NCQA and URAC offer a provisional or interim accreditation. NCQA reviews policies and procedures for new plans as a basis for provisional accreditation. NCQA then reviews additional information like plan files and enrollment when the plan has built up a history. The URAC provisional accreditation also ensures the plans policies and procedures meet their standards. Once the plan has sufficient experience with enrolled customers URAC will conduct an onsite review to validate compliance with its accreditation standards. After the initial accreditation the evaluation is done every three years.

The accreditation process requires both on and offsite evaluation. The health plan is evaluated against set standards by a group of experts. NCQA accreditation includes a survey process and offsite evaluation; this is followed by an onsite visit interviewing staff and reviewing confidential materials that cannot be submitted via the online survey process.^{vii} Accreditation with NCQA also requires yearly submission of data for calculation of the Healthcare Effective Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS). HEDIS measures are maintained by NCQA and measure clinical quality and service components.^{viii} The CAHPS survey collects information on enrollees' experiences with health plans and their services.^{ix} URAC accreditation involves a similar process of on and offsite evaluation, as well a standard set of quality measures and a CAHPS component.

Accreditation in Minnesota

Minnesota does not currently require health plan accreditation for participation in the private insurance market or for purposes of serving as a Managed Care Organization serving Minnesota public program enrollees. However, several carriers have already pursued and successfully obtained NCQA accreditation in Minnesota. This includes the following plans^x as of August 2012:

Plan Name	Plan Type	Accredited Product
Aetna Life Insurance	Commercial	PPO
BCBSM, Inc.	Commercial	PPO
HealthPartners, Inc.	Commercial	HMO/POS/PPO Combined

Medica	Commercial	HMO/POS/PPO Combined
PreferredOne Community Health Plan	Commercial	POS
Blue Plus (HMO Minnesota dba Blue Plus)	Medicaid	HMO
Medica	Medicaid	HMO
Group Health Plan, Inc.	Medicare	HMO
Sterling Life Insurance, Inc. (WA)	Medicare	PPO

The Minnesota Department of Health (MDH) utilizes NCQA accreditation information in its ongoing monitoring of Health Maintenance Organizations (HMOs) under certain circumstances.^{xi} During a Quality Assurance review, MDH will utilize the health plan result on an area of NCQA accreditation if the accreditation standard is the same or more stringent than Minnesota law and the health plan received a 100% of the possible points. If the score is less than 100% MDH will conduct its own evaluation of the component.

URAC accredits some components of health plans in Minnesota like the health plan’s call center, case management and health utilization management. For example, United Healthcare Services, Inc. has full accreditation in health utilization management; Blue Cross Blue Shield Government Wide Service Benefit Plan, Blue Cross Blue Shield of Minnesota - Federal Employee Program is fully accredited in case management.^{xii} However, currently no health plans are accredited with URAC for any of their health plan products.

Accreditation in the Federally Facilitated Exchange

In recent guidance for the federally facilitated Exchanges (FFE) HHS outlined its approach for QHP accreditation requirements.^{xiii} The guidance suggests that the FFE will accept existing health plan accreditation from NCQA and URAC on issuers’ commercial or Medicaid lines of business in the same state in which the issuer is seeking to offer Exchange coverage until the fourth year of certification (e.g., 2016 certification for 2017 coverage year). HHS also intends to propose that QHP issuers without this existing accreditation must schedule this accreditation in their first year of certification and be accredited on QHP policies and procedures by the second year of certification.

Additional Uses for Accreditation Data

A portion of the data submitted through the accreditation process are rich sources of data that will likely be utilized in the quality rating system^{xiv} and the enrollee satisfaction survey system^{xv} which the Exchange is required to implement for insurers and QHPs. This quality rating and enrollee satisfaction survey systems are meant to be a key mechanism for promoting transparency, value, and competition among insurers offering QHPs in an Exchange. Insurers offering QHPs will be required to submit data to be used as part of an Exchange’s quality rating system and Exchanges are required to publish quality rating system results on the Exchange website. Minnesota intends to make this information prominently available as part of a consumer’s Exchange comparison and shopping experience. While federal Exchange regulations permit accreditation by either NCQA or URAC, it would be most efficient if carriers pursued accreditation through a single entity in order to ensure data is readily available for

some aspects of the quality rating system (assuming that some HEDIS and CAHPS measures are incorporated into the quality rating and enrollee satisfaction survey systems).

Issues for Discussion

The following discussion questions may be helpful in recommending a proposed timeframe for QHP accreditation:

- What is a realistic timeframe for QHP demonstration of accreditation status?
- Should the accreditation timeline requirements involve any interim steps to demonstrate pursuit of accreditation?

ⁱ 45 CFR § 155.1045

ⁱⁱ 45 CFR § 156.275(a)(1)

ⁱⁱⁱ 45 CFR § 156.275. Final rule accessed at <http://www.gpo.gov/fdsys/pkg/FR-2012-07-20/pdf/2012-17831.pdf>.

^{iv} 45 CFR § 156.275(C)(2)(iii)

^v 45 CFR § 156.275(c)(5)

^{vi} National Association of Insurance Commissioners, “Exchange Plan Management Function: Accreditation and Quality White Paper,” June 2012. Accessed at http://www.naic.org/documents/committees_b_exchanges_120626_accreditation_quality_white_paper.pdf.

^{vii} National Committee for Quality Assurance. “Health Plan Accreditation.” Accessed at <http://www.ncqa.org/tabid/689/Default.aspx>.

^{viii} National Committee for Quality Assurance. “HEDIS and quality measurement.” Accessed at <http://www.ncqa.org/tabid/59/Default.aspx>.

^{ix} Agency for Healthcare Research and Quality. “CAHPS Health Plan Survey.” Accessed at https://cahps.ahrq.gov/health_plan/.

^x Accessed at <http://reportcard.ncqa.org/plan/external/plansearch.aspx>.

^{xi} Minnesota Department of Health. “Quality Assurance Reports.” Accessed at <http://www.health.state.mn.us/divs/hpsc/mcs/quality.htm>.

^{xii} Accessed at <https://www.urac.org/directory/DirectorySearch.aspx>.

^{xiii} Centers for Medicare and Medicaid Services, Center for Consumer Information and Oversight. “General Guidance on Federally-facilitated Exchanges.” May 2012. Accessed at http://cciio.cms.gov/resources/files/FFE_Guidance_FINAL_VERSION_051612.pdf.

^{xiv} §1311(c)(3) ACA

^{xv} §1311(c)(4) ACA