

NCQA Health Plan Accreditation

Raising Quality and Enhancing Oversight



Overview

The National Committee for Quality Assurance’s (NCQA) Health Plan Accreditation program is the most widely used and respected in the country. More than 169 million Americans—72% of all insured—are in plans accredited by NCQA. Our program helps plans deliver higher quality than nonaccredited plans, and gives government regulators and private purchasers the tools to enhance oversight of the insurance they sponsor. States, Medicare, Medicaid and the Federal Employees Health Benefit (FEHB) program all rely on NCQA Accreditation as part of their process for ensuring that the coverage they sponsor or oversee meets the latest standards.

NCQA Accreditation’s “performance based” rigor is the key to our success. We score the quality of clinical care and patient experience, and require strict auditing to ensure accuracy. We review actual case files to verify whether plans enforce key consumer safeguards such as privacy protections and the right to appeal plan decisions. Other programs merely assess whether plans have these critical policies on paper.

Also important, we **publicly report results** on user friendly report cards to promote accountability and help consumers and other purchasers make informed decisions. NCQA Accreditation distinguishes performance through multiple levels of accreditation (Excellent, Commendable, Accredited). We report performance by product (HMO, HMO/POS, PPO) and product line (commercial, Medicare, Medicaid, Marketplace).

We update our standards annually with input from consumers, state and federal regulators, clinicians, insurers, employers and other stakeholders to continuously raise the bar and drive higher quality.

Driving Higher Quality for Medicare Advantage

All Medicare Advantage (MA) plans report their performance on the Healthcare Effectiveness Data Information Set (HEDIS^{®1}). This allows apples-to-apples comparisons between NCQA-Accredited plans and other plans.

Results show that NCQA-Accredited MA plans deliver better care at a statistically significant level on several critical measures, including:

- Access to care
- Diabetic blood sugar control.
- Cholesterol control.
- Breast and colorectal cancer screening.
- Blood pressure control.
- Counseling enrollees on nutrition and physical activity.

NCQA-Accredited Plans Outperform Non-Accredited Plans in Each of the 3 Major Categories of Care

	Treatment		Prevention		Consumer Experience			
	Accredited	Non-Accredited	Accredited	Non-Accredited	Accredited	Non-Accredited		
4 or Higher	11.8%	8.5%	4 or Higher	39.1%	13.2%	4 or Higher	44.2%	21.2%
3 or Higher	86.9%	64.0%	3 or Higher	86.1%	59.2%	3 or Higher	82.2%	61.3%
2 or Higher	99.6%	96.3%	2 or Higher	94.8%	85.6%	2 or Higher	94.9%	91.2%
Less than 2	0.4%	3.7%	Less than 2	8.7%	16.1%	Less than 2	5.1%	8.8%

- Accredited plans rated highly **39% more often**
- Non-accredited plans rated poorly almost **9x higher**

- Accredited plans rated highly **3x more often**
- Non-accredited plans rated poorly **almost twice as often**

- Accredited plans rated highly **more than 2x as often**

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Enhancing Oversight for Government Regulators

Medicare

In the mid-2000s, legislation and regulations were passed to authorize CMS to deem NCQA-Accredited Medicare Advantage plans in six areas: Access, Advanced Directives, Anti-discrimination, Confidentiality & Accuracy, Provider Participation (credentialing) and Quality Assurance. The program proved valuable in relieving oversight burden for CMS and giving plans—especially those with multiple offerings in different markets—a standard assessment of quality, customer service and consumer protections nationwide. MA deeming lapsed under the previous administration, but we are working with Medicare officials to revive and strengthen the deeming program.

FEHB

The Federal Employees Health Benefit Program also recognizes NCQA Accreditation. In doing so, it notes that NCQA provides “an impartial opinion about” plan quality, and our accreditation levels “help consumers make more informed health care decisions.” A majority of the FEHBP enrollees are in NCQA accredited plans.

Medicaid

Medicaid programs in 25 states require NCQA Accreditation, while an additional 5 require accreditation by a nationally recognized organization and accept NCQA as meeting that standard. States deem accredited plans to reduce duplicative plan oversight, which is outlined under the nonduplication provisions of federal Medicaid managed care rules. NCQA would like to see the new administration broaden the elements of Medicaid managed care oversight that are eligible for deeming to include areas such as network adequacy. Deeming gives states the flexibility to focus scarce resources on targeted concerns and to rely on trusted third parties to oversee broad quality standards. This will be even more important if pending proposals to give states more flexibility and incentives to control costs come to pass.

Many large employers require specific NCQA Accreditation levels, such as “Excellent” or “Commendable,” for insurers to keep their contracts. This provides assurance that plans are always striving to improve quality to maintain their high-level accreditation status as we continuously work to raise the bar.

In fact, large employers’ concerns about high premiums and managed care restrictions inspired the development of NCQA’s Accreditation program and HEDIS performance measures. NCQA’s private-sector health plan accreditation seal of approval provides a nationally respected high standard for assessing and promoting essential consumer protections and top-quality clinical care.

