

NCQA Rigor & Transparency

Cornerstones of Accreditation & Medicare Advantage Deeming



The National Committee for Quality Assurance (NCQA) Health Plan Accreditation program is the nation's mostly widely used and respected standard for health plans. Plans with NCQA Accreditation cover more than 169 million Americans, or 72% of all who have insurance. This includes 12.5 million Medicare Advantage enrollees.

Our program provides the rigorous assessment and public reporting of actual plan performance that consumers, purchasers, regulators and other stakeholders need and deserve. In fact, our mission is to improve the quality of health care through measurement, transparency and accountability.

Rigorous Reviews: NCQA's performance-based accreditation approach reviews actual case files to assess how well insurers apply evidence-based coverage criteria and ensure appropriate beneficiary appeal rights. We evaluate plans against detailed standards for improving quality, protecting privacy, managing care, and ensuring adequate networks and access to appropriately credentialed clinicians. We review whether plans market fairly, help enrollees understand and use their benefits, and address enrollee needs both individually and as a population. We rate the clinical quality of care plans deliver using NCQA HEDIS®¹ measures. We also rate enrollees' experience of care with the Agency for Healthcare Research and Quality's Consumer Assessment of Health Plans Survey (CAHPS).

Transparent Process: NCQA [publicly reports](#) plans' clinical quality, patient experience, and overall accreditation results on our website to help consumers, purchasers and other stakeholders make informed decisions about their plan choices. To ensure data integrity, we require rigorous third-party auditing, which has led to HEDIS becoming part of the trusted quality measurement set for many value-based purchasing designs. As part of our mission to drive quality, we provide our standards for free to legislators, regulators, consumer advocates and academics upon request. We charge plans to obtain our standards to fund the program, but plans can purchase and understand them before deciding to seek Accreditation.

Impact on Medicare Advantage Deeming

NCQA Accreditation's rigor and transparency are the cornerstone of Medicare Advantage (MA) deeming. Congress established MA deeming to reduce redundant oversight that can negatively impact premiums. Congress also wanted deeming to incentivize plans to seek private accreditation and benefit from its impact on improving quality. In fact, NCQA-Accredited plans perform better than other plans on key MA Star Ratings measures for prevention, treatment and patient experience, which underscores the value of accreditation and deeming.

Before CMS suspended MA deeming in 2015, deeming by NCQA first required that plans achieve accreditation according to our rigorous and transparent standards. Plans also went through a specific deeming module that incorporated Medicare requirements not included in our standards. If we found any shortcomings, we required a Corrective Action Plan and reported our findings to CMS. CMS retained authority to investigate any shortcomings we identify and implement its own corrective actions, including sanctions it reports on the CMS website.

Private-sector deeming greatly expands the rigor and transparency in MA oversight. Between 2012 and 2015, NCQA deemed 138 plans while CMS audited only 112. Thus, deeming more than doubled the number of plans undergoing rigorous, independent review.

That is why NCQA is working with CMS, Congress and other stakeholders to revive and strengthen deeming. This will reduce plan burden, save taxpayer money, and collaboratively address risks in order to enhance oversight and consumer protections for MA enrollees.

¹ HEDIS, the Health Effectiveness Data Information Set, is a registered trademark of NCQA.