States Rely on NCQA
Health Plan Accreditation Supports State Oversight

NCQA *Health Plan Accreditation* reduces burden on state Medicaid regulators and plans by eliminating duplicative reporting requirements, while ensuring that plans meet rigorous, evidence-based quality standards. Our program drives quality improvement by scoring insurers on both clinical quality performance and patient experience measures. NCQA-Accredited plans consistently outperform non-accredited plans on key quality measures like access, control of blood pressure, cholesterol and diabetic blood sugar, and breast and colorectal cancer screening.

How State Medicaid Programs Utilize NCQA Health Plan Accreditation

State Medicaid programs function as both *purchasers* and *regulators* of managed care services. As purchasers, many states require health plan accreditation as a condition of participating in the Medicaid managed care program. As regulators, states give plans credit for meeting certain state and federal Medicaid requirements based on their having attained accreditation. This process is commonly known as "deeming."
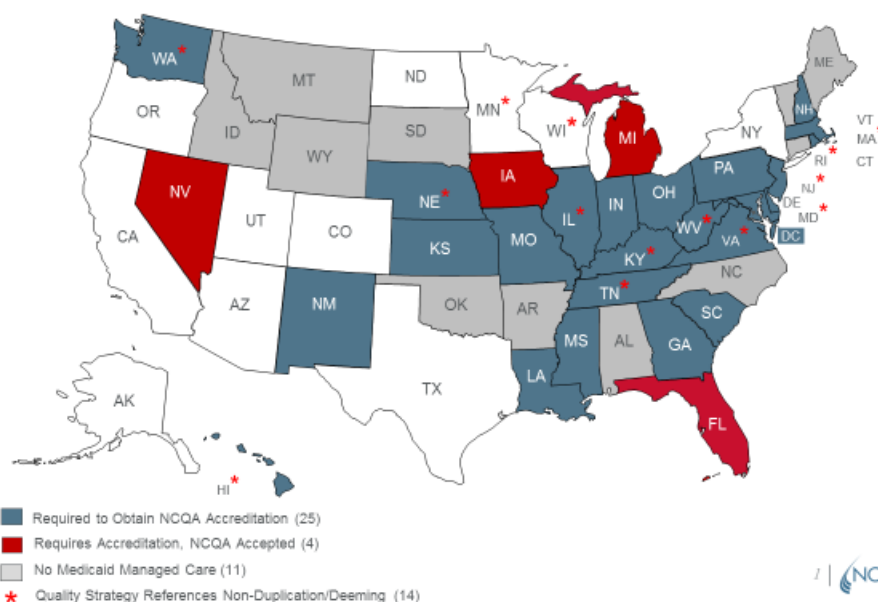
States as Purchasers:

- 25 states exclusively require NCQA accreditation for plans to bid on Medicaid managed care contracts
- 4 other states require that plans be accredited by a nationally-recognized entity to bid, and accept NCQA as meeting the requirement

States as Regulators:
- 14 states give NCQA-Accredited plans credit for meeting some Medicaid regulations via their accreditation

NCQA Accreditation in Action
*25 Medicaid Managed Care States Require NCQA Accreditation*

- Required to Obtain NCQA Accreditation (25)
- Requires Accreditation, NCQA Accepted (4)
- No Medicaid Managed Care (11)
- * Quality Strategy References Non-Duplication/Deeming (14)

NCQA Long-Term Services & Supports Accreditation

As of early 2017, nearly 30 states were either operating, developing or considering programs to provide Managed Long-Term Services and Supports (MLTSS) to eligible Medicaid beneficiaries.

MLTSS Map May 2018
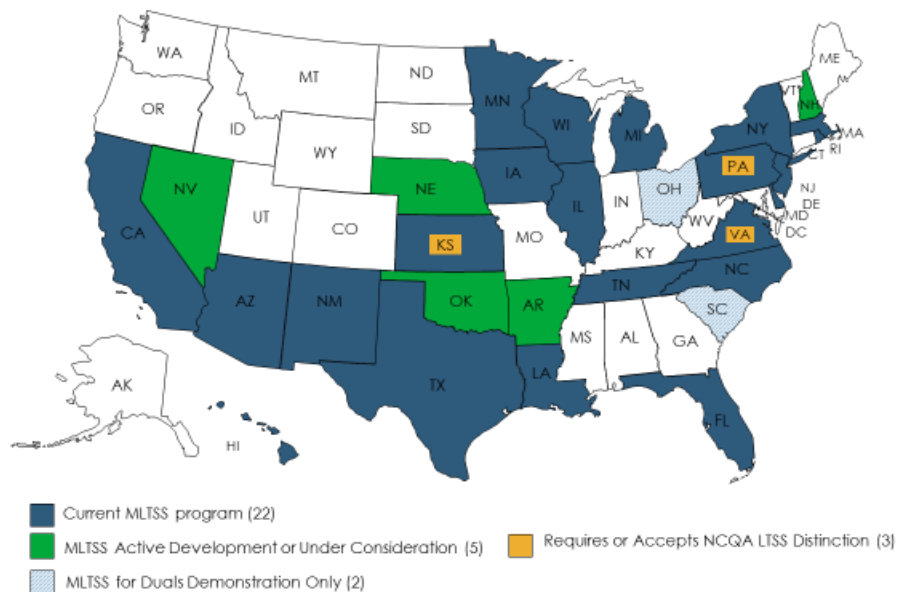
In recognition of this trend, NCQA created two new products that give states and health plans providing MLTSS the confidence that they are delivering these services in an integrated, person-centered fashion.

NCQA's Accreditation of Case Management for Long-Term Services and Supports is available to organizations that demonstrate their ability to effectively coordinate long-term care services by meeting standards for conducting needs assessments and managing critical incidents or care transitions. Eligible entities include Area Agencies on Aging, Home and Community-Based Service organizations, Centers for Independent Living and other groups that manage LTSS services.

For managed care organizations tasked with providing MLTSS to Medicaid recipients, NCQA developed an additional module that supplements our existing Health Plan Accreditation product. MLTSS Distinction for Health Plans includes a set of standards to help organizations become more efficient, improve the integration of care and focus on person-centered services that lead to better care planning and monitoring. The new module is already required for participation in Virginia's Medicaid program and accepted as meeting Pennsylvania Medicaid's MLTSS accreditation requirement. Other states are actively considering similar requirements for their programs.

Since release of the program in 2017, three states have already established expectations for their Medicaid plans to obtain NCQA LTSS Distinction, including Kansas, Pennsylvania and Virginia.