2014 Complete Overview of the NCQA Standards

Session Code: MN10
Time: 12:45 p.m. – 2:15 p.m.
Total CE Credits: 1.5
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Introduction to NCQA

NAMSS 38th Educational Conference

Objectives

- Understand NCQA’s mission and products
- Describe the NCQA Survey Process
- Identify and define the standards design
- Explain the credentialing standards

NCQA’s Mission and Vision

Mission
To improve the quality of health care

Vision
To transform health care quality through measurement, transparency and accountability
Since 1990:

- Proved quality can be measured
- Set expectations for measurement, transparency and accountability
- Made HEDIS health care's #1 perf. improvement tool (used by 979 plans, covers 116 million lives)
- Sparked improvements that saved 165,000-212,000 lives

NCQA’s Products and Services

- Accreditation & Certification Programs
- Performance Measurement – HEDIS
- Special Programs such as deeming, contracts (mostly state, federal)
- Recognition Programs
- Information Products

Accreditation and Certification Programs

<table>
<thead>
<tr>
<th>Accreditation</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan</td>
<td>Credentials Verification</td>
</tr>
<tr>
<td>Managed Behavioral Health Organizations</td>
<td>Utilization Management</td>
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<td>New Health Plans</td>
<td>Credentialing</td>
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<td>Disease Management</td>
<td>Disease Management</td>
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<td>Wellness and Health Promotion</td>
<td>Physician and Hospital Quality</td>
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<td>Health Information Products</td>
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</table>
The Survey Process

Survey Process: Key Steps

• Introduction to the ISS
• Review timeline and key steps for
  – Pre survey
  – Survey
    • Offsite
    • Onsite
  – Report processing post survey

What is the Interactive Survey System (ISS)?

• Online, interactive version of the documents needed for NCQA accreditation
• Two components
  – Standards and Guidelines (SGs)
  – Survey Tool (ST or "Tool")
The Survey Tool

- Interactive tool for ‘readiness evaluation’ and information transfer to NCQA
  - Provides question/answer format for survey preparation
  - Gives numeric results based on answers
  - Links supporting documents to show compliance
  - Captures notes and comments for project management
  - Includes the SGs in a drill-down format
- Can begin using at any time after purchase

‘Readiness Evaluation’ Security

- During readiness evaluation, prior to submission, NCQA does not have access to the organization’s tool
- NCQA accesses Survey Tool only AFTER submission by organization

Overview of the Survey Process

- Survey Begins with Submission of Survey Tool
- Survey Team Reviews Survey Tool, Documentation
- Conference Calls Among Team, With Organization
- Onsite Survey (File Review, Delegation)
Survey Team for HPA Surveys

• 1 Administrative surveyor
• 1 Physician or Doctoral-level behavioral health practitioner
• Extensively trained in conducting surveys and experienced in health plan operations
• Reviewed by Organization for Conflict of Interest

Survey Team for CVO and CR Surveys

• 1 Administrative surveyor
• Extensively trained in conducting surveys and experienced in credentialing
• For CVO surveys, many are NAMSS certified
• Reviewed by Organization for Conflict of Interest

Survey Process Timeline

• Duration: 8 Weeks from submission of Tool to Onsite Survey
• 2 weeks after Submission – ASC requests clarifications of surveyor identified issues
  – Documents created/dated after the submission of the Tool not accepted
Survey Process Timeline

- 5 weeks after Submission – Call between organization and surveyor to discuss any remaining issues
  - Scheduled in advance
  - Agenda developed in advance with ASC
  - Discuss remaining issues, obtain additional documentation as needed
  - Organization has 3 business days to provide final materials
    - Again, documents created/dated after the submission of the Tool not accepted

END OF OFFSITE REVIEW

Two-Day Onsite Survey

- Opening conference
- File review
  - Receive final list of files to be reviewed 5 business days before on-site
- Review delegation oversight materials
  - Receive list of delegates selected for review 4 weeks before on-site
- Review of minutes or other legal documents if not attached to Survey Tool
- Closing conference
Overview of the Report Review Process

Anatomy of Accreditation/Certification

A series of requirements – where the response options are clearly described ahead of time
A requirement to demonstrate – through documentation – how the question is met
A scoring system – 100 points, where each element has a point value
A graduated set of outcomes – with defined numbers of points for each outcome.
Practice opportunities – where you can evaluate yourself before being formally evaluated
Self-scheduled – in general, you choose when to be evaluated based on your readiness (some states may regulate this)

The Requirements & The Scoring System

- A series of requirements with detailed explanations of what is needed to meet them
  - Standards are
    - Organized into categories
    - Comprised of elements
  - Measures include HEDIS and CAHPS® results (HP only)
- A scoring system – 100 points, allocated across the requirements
  - Points for a standard = sum of points for its element
  - Each measure has a point value
  - Details of how full and partial credit points are earned is spelled out in scoring

CAHPS is the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality
The Scoring System
2014 Health Plan Accreditation

Standards +
HEDIS (Clinical) +
CAHPS 4.0H (Service)

50.00 Points
50.00 Points

Performance-Based Accreditation

The Scoring System
Allocation of Standards Points

Category
Quality Improvement (QI) 14.50
Utilization Management (UM) 13.15
Credentialing (CR) 8.05
Members’ Rights & Responsibilities (RR) 8.20
Member Connections (MEM) 6.10
Total Points 50.00

Graduated Set of Statuses

Excellent 90-100
Commendable 80-89.99
Accredited * 65-79.99
Provisional * 55-64.99
Denied 0-54.99

*Must achieve ≥ 32.48 points on standards. If standards score is <43.32, must have Resurvey within 1 year

Final status determined by Review Oversight Committee
Preparing for & Undergoing the Survey

- Practice opportunity using the Interactive Survey System (ISS) – a web-based tool with all the standards and elements
- Self-scheduled – you establish a mutually agreed upon survey date with NCQA
  - Exception: state regulations or CMS requirements

Anatomy of a Standard

- Standard statement: Statement about acceptable performance or results
- Intent statement: Sentence describing importance of standard

Summary of changes
Changes from year to year

Points
Weight toward total score

Element
Component of a standard that is scored and provides details about performance expectations

Scoring
Level of performance necessary to receive specified percentage of points

Data source
Documentation organizations use to demonstrate performance

Four types: documented process, reports, materials, records or files
Anatomy of a Standard

**Look-back period**
Period for which the organization must demonstrate performance, measured back from submission date.

**Explanation**
Specific requirements that the organization must meet and guidance for demonstrating performance against the element.

**Examples**
Descriptive information of performance against an element. They are for guidance only: not specifically required or all-inclusive.

Data Sources to Show Compliance

**Documented process** - Policies and procedures, process flow charts, protocols and other mechanisms that describe the operating guidelines or methodology used by the organization to complete a requirement.

**Reports** - Aggregated sources of evidence of action or performance in an element, including management reports; key indicator reports; summary reports from member reviews; system output giving information like number of member appeals; minutes; and other documentation of actions that the organization has taken.
Data Sources to Show Compliance

**Materials** - Prepared information that the organization provides to its members and practitioners, including written and electronic communication, Web sites, scripts, brochures, reviews and clinical guidelines; contracts or agreements with practitioners, delegates and vendors.

Data Sources to Show Compliance

**Records or files** - History of cases, proceedings, verification of actions involving members or practitioners, such as documentation of completion of denial, appeal, complex case management or credentialing activities.

Credentialing Standards

All materials © 2011, National Committee for Quality Assurance
Overview

9 Credentialing Standards
Intent is for organizations to identify and evaluate quality practitioners and organizational providers.

Types of Practitioners that Must be Credentialed and Recredentialed

- Must credential all practitioners with whom the organization has an independent relationship (to whom it directs members).
- NCQA evaluates policies and actual files
  - For health plans - review files of MD, DO, oral surgeons, DPM, DC, nurse practitioners. BH practitioners are reviewed, if BH services are not provided by another entity on the health plan’s behalf (such as a vendor (MBHO) or a carve out by the state).

Practitioners NCQA Does Not Require an Organization to Credential

- Those that do not have an independent relationship with the organization
- Those who practice exclusively in the inpatient setting & provide care only as a result of members being directed to the hospital or other inpatient setting
- Those that practice exclusively in freestanding facilities and provide care only as a result of members being directed to the hospital or other inpatient setting
Practitioners NCQA Does Not Require an Organization to Credential

- Pharmacists who work for a PBM organization that is delegated UM functions
- Covering practitioners (locum tenens) who serve less than 90 days in this capacity
- Practitioners who do not provide care in a treatment setting (e.g., certified consultants)

Examples of Practitioners NCQA Does Not Require an Organization to Credential

- Pathologists
- Radiologists
- Anesthesiologists*
- Neonatologists
- ER physicians
- Hospitalists
- Mammography center physicians
- Urgent care physicians
- Surgicenter physicians

*this practitioner would need to be credentialed if he/she also had a pain management practice that members were directed to

CR 1: Credentialing Policies

The organization has a rigorous process to select and evaluate practitioners
CR 1: Element A
Practitioner Credentialing Guidelines

Guidelines include:
- Types of practitioners credentialed
- Criteria for credentialing & recredentialing
- Verification sources used
- Process for making credentialing & recredentialing decisions
- Process for managing credentialing files that meet organization’s criteria
- Process used to ensure non-discrimination

CR 1: Element A (cont’d)

- Process to notify practitioners of variances in information
- Medical director or designated physician’s role
- Process to ensure confidentiality of information
- Process for delegating credentialing
- Process to ensure practitioners are notified of decision within 60 calendar days

CR 1: Element A (cont’d)

- Process to ensure that practitioner directories and other materials for members are consistent with credentialing data including education, training, certification and specialty
- Must have policies and procedures to address credentialing of additional practitioners not included in file review but covered in the scope of credentialing (e.g., physician assistants, nurse practitioners, or others with an independent relationship with the organization)
**Provisional Credentialing**

- Applies to first time applicants only
- Committee must review and provisionally approve the practitioner
- **Does not** apply when a practitioner is credentialed by a network as a result of delegation
- NCQA makes sure that the organization verified has:
  - Valid license to practice
  - Malpractice claims history or NPDB query
  - Current signed application with attestation
- May not hold provisional status >60 calendar days

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**CR 1: Element B**

**Practitioner Rights**

Policies must include

- Practitioner’s right to review information submitted to support credentialing application
- Practitioner’s right to correct erroneous info
- Practitioner’s right to be informed of status of application upon request
- Notification of rights

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**CR 2: Credentialing Committee**

The organization obtains meaningful advice and expertise from participating practitioners when it makes credentialing decisions.
CR 2: Element A
Credentialing Committee

- The Credentialing Committee includes representation from a range of participating practitioners
- NCQA is not prescriptive on size of committee or number of specialists
- Committee must include representation from the types of practitioners it reviews
- Regional or national committees are acceptable

Credentialing Committee Decisions

The Committee must review credentials of practitioners who do not meet established thresholds
“Clean files” that meet the organization’s established credentialing thresholds
- Committee may review and approve OR
- Medical Director (or equally qualified physician) may review & approve
- Medical director review includes written signature, initials, unique electronic identifier

More About Committee Decisions...

Determining the credentialing date for a practitioner
- For clean files: the medical director approval date
- For files that go to Committee: the date of the committee meeting

NCQA does not prescribe what decision the organization must make, only that it:
- Collect and verify information and
- Make a decision within a specified time period
Primary Source Verification & NCQA-Accepted Data Sources

- **Primary source verification**: process by which the organization verifies credentialing information directly from the entity that originally issued the credential to the practitioner (e.g., state licensing board)
- NCQA also allows verification from **accepted** sources that are specified within the credentialing standards

Data Sources

- Oral
- Written
- Internet
  - Web sites
- Cumulative reports
- Automated systems
- Agents of approved source

Verification Time Limits

- NCQA specifies **time limits** for verifying each credential required by its standards
- Objective: information reviewed for decision should be reasonably current
- Time limit: **how much time may pass** between verification & decision
  - Malpractice History: 180 calendar days
  - Work history: 365 calendar days
    - MA deeming exception: 180 calendar days
  - Education and training: None
  - Board Certification: 180 calendar days
Before We Go Further…
About the File Review Process

Standards scored based on file review
– CR 3 & 4
Files randomly selected by NCQA prior to on-site survey
– Includes delegate files
– 30 credentialing files
– 30 recredentialing files
– 10 file over-sample for both
– Follow “8/30 rule”

CR 3: Credentialing Verification

The organization conducts timely verification of information to ensure that practitioners have the legal authority and relevant training and experience to provide quality care.

CR 3: Element A
Verification of Credentials

• Initial Credentialing and Recredentialing Primary Source Verification
• Scored based on file review
**CR 3: Element A, Factor 1**

Licensure

Must verify from primary sources that

- Practitioner holds a valid, current license
- License is in effect at the time of the Credentialing Committee decision
- Only acceptable primary source is the state licensing agency

**CR 3A**

**Factor 1: License Verification (Initial and Recred)**

<table>
<thead>
<tr>
<th>Information</th>
<th>Verification Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Valid License</td>
<td>State Licensing Agency</td>
</tr>
</tbody>
</table>

**Factor 2: DEA/CDS Verification (Initial and Recred)**

<table>
<thead>
<tr>
<th>Information</th>
<th>Verification Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEA or CDS Certificate</td>
<td>Copy of certificate</td>
</tr>
<tr>
<td>For all states where the practitioner is providing care for the organization</td>
<td>Visual inspection of certificate</td>
</tr>
<tr>
<td></td>
<td>DEA or CDS Agency confirmation</td>
</tr>
<tr>
<td></td>
<td>NTIS database entry</td>
</tr>
<tr>
<td></td>
<td>AMA Master file</td>
</tr>
<tr>
<td></td>
<td>State pharmaceutical licensing agency</td>
</tr>
</tbody>
</table>
Factor 3: Verification of Education & Training (Initial Only)

Initial Credentialing (Physicians)
- The organization must verify only the highest level of credentials attained.
- If a physician is board-certified, verification of that board certification fully meets this element.
  - Organization must verify board certification expiration date.
- If a physician is not board certified, verification of residency training fully meets this requirement.*

* Fellowship verification is not required and does not meet educational verification requirements.

Verification of Education & Training

Information
- Board Certification
- Verification of certification

Verification Source(s)
- ABMS entry
- AMA Masterfile
- AOA Profile Report or Physician Masterfile
- Confirmation from specialty board
- Confirmation from non-ABMS or non-AOA specialty board (w/proof of primary verification)
- Confirmation from state licensing agency (w/proof of primary verification)

Verification of Education & Training

Information
- Completion of Residency

Verification Source(s)
- Confirmation from residency program
- AOA Profile Report or Physician Masterfile
- AMA master file
- Confirmation from state licensing agency (w/proof of primary verification)
### Verification of Education & Training

<table>
<thead>
<tr>
<th>Information</th>
<th>Verification Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Training: Physicians (MD/DO) no residency training</td>
<td>• Confirmation from medical school</td>
</tr>
<tr>
<td></td>
<td>• AOA Profile Report or Physician Masterfile</td>
</tr>
<tr>
<td></td>
<td>• AMA masterfile</td>
</tr>
<tr>
<td></td>
<td>• ECFMG (international graduates after 1986)</td>
</tr>
<tr>
<td></td>
<td>• Confirmation from state licensing agency (w/proof of primary verification)</td>
</tr>
</tbody>
</table>

### Factor 4: Verification of Board Certification (Initial and Recred)

New factor for 2014
- Whether certification meets education and training requirements or not
- Must be verified if practitioner states that he or she is board certified.
- Use same sources as stated under education and training.

### Factor 5: Work History (Initial Only)

<table>
<thead>
<tr>
<th>Information</th>
<th>Verification Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work History</td>
<td>• Application/curriculum vitae</td>
</tr>
<tr>
<td></td>
<td>– 5 years of most recent work history</td>
</tr>
<tr>
<td></td>
<td>– Review any gap ≥ 6 months</td>
</tr>
<tr>
<td></td>
<td>– Clarify in writing any gap of ≥ 1 year</td>
</tr>
<tr>
<td></td>
<td>– Verification time frame – 365 days</td>
</tr>
<tr>
<td></td>
<td>(180 days for Medicare plans)</td>
</tr>
</tbody>
</table>
Factor 6: Claims Verification (Initial and Recred)

<table>
<thead>
<tr>
<th>Malpractice Claim History</th>
<th>Verification Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• NPDB query or initial report from an NCQA recognized disclosure service, on new practitioner</td>
</tr>
<tr>
<td></td>
<td>• 5 years claims history from malpractice carrier</td>
</tr>
</tbody>
</table>

CR 3: Element B
Sanction Information (Initial and Recredential)

- Sanction information required to be included in credentialing files:
  - Information about sanctions and restrictions on licensure and limitations on scope of practice
  - Information about sanctions by Medicare/Medicaid
  - Within a 180 day timeframe

Verification of Licensure Sanctions

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Verification Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>- NPDB</td>
</tr>
<tr>
<td></td>
<td>- FSMB</td>
</tr>
<tr>
<td></td>
<td>- State licensing agency</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>- NPDB</td>
</tr>
<tr>
<td></td>
<td>- State Board of Chiropractic Examiners</td>
</tr>
<tr>
<td></td>
<td>- Federation of Chiropractic Licensing board (CIN-BAD)</td>
</tr>
</tbody>
</table>
### Verification of Licensure Sanctions

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<thead>
<tr>
<th>Practitioner Type</th>
<th>Verification Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Surgeon</td>
<td>- NPDB</td>
</tr>
<tr>
<td></td>
<td>- State Board of Dental Examiners</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>- NPDB</td>
</tr>
<tr>
<td></td>
<td>- State Board of Podiatric Examiners</td>
</tr>
<tr>
<td></td>
<td>- Federation of Podiatric Medical Boards</td>
</tr>
</tbody>
</table>

### Verification of Licensure Sanctions

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Verification Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-physician Practitioner</td>
<td>- NPDB</td>
</tr>
<tr>
<td></td>
<td>- State Licensing Board or Certification Agency</td>
</tr>
</tbody>
</table>

### Medicare/Medicaid Sanctions

Acceptable sources
- NPDB
- FSMB
- List of Excluded Individuals and Entities (available over the Internet)
- Medicare and Medicaid Sanctions and Reinstatement Report
- State Medicaid agency or intermediary and Medicare intermediary
- Federal Employees Health Benefits Program department record published by OPM, OIG
CR 3C: Application/Attestation (Initial and Recred)

Required Elements:
- Attestations
- Signature and date

Attestations

Reasons for inability to perform essential job functions, with/without accommodation
Lack of present illegal drug use
History of loss of license and felony convictions
History of loss or limitation of privileges or disciplinary actions
Current malpractice coverage
Affirmative statement re: correct/complete application

CR 4: Recredentialing Cycle Length

- The length of the recredentialing cycle is within the required 36-month time frame
- NCQA counts the 36-month cycle to the month, not to the day
  - A practitioner initially credentialed on 6/5/06, and recredentialed on 6/29/09, meets the 36-month time frame
- Scored based on file review
CR 4: Recredentialing Cycle Length

Exceptions
- Active military assignment, maternity leave or a sabbatical
- Document the reason for the delay in practitioner’s file
- Verify valid license to practice before practitioner resumes seeing patients

Within 60 calendar days of practitioner resuming practice, the organization must complete recredentialing.

Accelerated Recredentialing

An organization that implements an accelerated recredentialing process to correct deficiencies will not receive a 100% score

NCQA makes note of the corrective action plan and the maximum score achieved is 80%.

CR 5: Practitioner Office Site Quality

The organization assesses the quality, safety and accessibility of office sites where care is delivered.
CR 5: Element A
Performance Standards & Thresholds

• Standards & Thresholds for
  – Physical accessibility
  – Physical appearance
  – Adequacy of waiting and exam room space
  – Adequacy of medical record keeping practices
• Accessibility: Ease of entry, access to building, including for disabled
• Appearance: Cleanliness, lighting, safety
• Space: appropriate number of patients/hours
• Record: security, confidentiality, documentation

CR 5: Element B:
Site Visits and Ongoing Monitoring

• Complaint-based site review process
  – Site visits not required for medical record keeping complaints
• Set thresholds for number, types of severity of complaints that would trigger a visit
• Monitor complaints

CR 5: Element B
Implement appropriate interventions
  – Conduct visits to offices about which it has member complaints, number and/or severity
  – Act to improve offices that do not meet thresholds
  – Evaluate effectiveness of actions at least every 6 months until offices meet thresholds
  – Monitor member complaints for all practitioner sites at least every 6 months
  – Document follow-up visits to offices with subsequent deficiencies
CR 6: Ongoing Monitoring

The organization identifies and, when appropriate, acts on important quality and safety issues in a timely manner during the interval between formal credentialing.

CR 6: Element A
Ongoing Monitoring and Interventions

• Organization must:
  – Collect and review
    • Medicare & Medicaid sanctions
    • Sanctions or limitations on licensure
    • Member complaints
    • Information from adverse events
  – Regularly obtain and review data
    • Responsible for verifying schedules
  – Implement appropriate interventions for identified instances of poor quality
    • N/A if no sanctions, complaints or adverse events

Ongoing Monitoring Process

• Demonstrate a systematic monitoring process for evaluating quality, safety issues between recredentialing cycles
• NCQA reviews documented process and examples of monitoring reports
• Must review information within 30 calendar days of its release
• Sanctions alert service – organization must review the information within 30 calendar days of a new alert
Examples of Data Sources

• NPDB
• FSMB
• OIG monthly List of Excluded Individuals and Entities
• Medicare/Medicaid Sanctions and Reinstatement Report
• Appropriate state agencies
• State licensing board

CR 7: Notification to Authorities & Practitioner Appeals Rights

The organization uses objective evidence and patient care considerations to decide on the means of altering its relationship with a practitioner who does not meet its quality standards.

CR 7: Element A
Actions Against Practitioners

• Organization has policies that specify:
  – Range of actions available
  – Process for reporting to authorities
  – A well-defined appeals process
  – Mechanisms for making the appeal process known to practitioners
  – Written notification of appeal decision including specific reasons for decision
CR 7: Element B
Reporting to Authorities

– Documentation that organization reports practitioner suspension or termination to appropriate authorities for quality reasons
– NCQA looks for examples of reporting
– Element scored as NA if the organization had no instances of reporting within the look-back period

CR 7: Element C
Practitioner Appeals Process

– Documentation that organization offers an appeal process to practitioners when appropriate – NCQA looks for examples
– Organization must provide evidence that it followed its appeals process for instances in which it altered the conditions of practitioner participation based on issues of quality of care or service

The process must include:
• Providing written notification
  – Professional review action has been brought against the practitioner
  – The reasons for the action
  – A summary of the appeal rights process
• Allowing practitioner to request a hearing & the specific time period for submitting the request
• Allowing ≥30 calendar days after the notification for the practitioner to request a hearing
• Allowing practitioners to be represented by attorney or other person of their choice
• Appointing a hearing officer or a panel of individuals to review the appeal and
• Providing written notification of the appeal decision that contains specific reasons for the decision
CR 8: Assessment of Organizational Providers

The organization evaluates the quality of providers with which it contracts.

CR 8: Element A
Review & Approval of Provider

Organization’s policies specify that it
– Confirms the provider is in good standing with state & federal regulatory bodies
– Confirms the provider has been reviewed & approved by an accrediting body
– Conducts an on-site quality assessment if no accreditation status
– Confirms at least every 3 years that the provider continues to be in good standing

Accrediting Body Examples

• The Joint Commission
• Committee for Accreditation of Rehabilitation Facilities (CARF)
• National League of Nursing (NLN)
• Accrediting Association for Ambulatory Health Care (AAAHC)
Site Visits for Non-Accredited Providers

- If provider is not accredited, must conduct an on-site quality assessment
- Parameters of on-site assessment may vary according to type, size, complexity of provider – NCQA not prescriptive
- May substitute a CMS or state review in lieu of the required site visit
  - The organization must obtain copy of report, verify review has been performed and verify provider met standards (report may not be greater than 3 years old at time of verification)

CR 9: Element B
Medical Providers

Includes the following medical providers in its assessment:
- Hospitals
- Home health agencies
- Skilled nursing facilities
- Freestanding surgical centers

CR 9: Element C
Behavioral Healthcare Providers

Includes the following behavioral health providers in its assessment:
- Inpatient
- Residential
- Ambulatory
Assessing Medical & BH Providers

- Organization has **documented assessment** of contracted medical health care delivery providers
- Not a file review element
- NCQA reviews organization’s tracking mechanism (e.g. checklist or spreadsheet)

**Questions???