2017 Complete Overview of the NCQA Standards

Session Code: TU12

Date: Tuesday, October 24

Time: 2:30 p.m. - 4:00 p.m.

Total CE Credits: 1.5

Presenter(s): Veronica Locke
The organization designates a Credentialing Committee that uses a peer-review process to make recommendations regarding credentialing decisions.

**Summary of Changes**

**Additions**
- Moved all requirements into Element A.
- Clarifications
  - Removed documentation to require documented process and committee review.
  - Removed the separate PTO from the scope of review.
- Revised the scope of review.

**Deletions**
- Deleted Element B.

Standard statement
Statement about acceptable performance or results.

Intent statement
Sentence describing the importance of standard.

Summary of changes
Changes from year to year.
### Scoring

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>The organization meets all 3 factors</td>
</tr>
<tr>
<td>90%</td>
<td>The organization meets 2 factors</td>
</tr>
<tr>
<td>50%</td>
<td>The organization meets 1 factor</td>
</tr>
<tr>
<td>0%</td>
<td>No evidence indicative of the element</td>
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### Data Source

Documentation organizations use to demonstrate performance

### Scope of Review

This section applies to Interim Surveys, First Surveys, and Renewal Surveys.

- For Interim Surveys: NCQA reviews the organization’s policies and procedures.
- For First Surveys and Renewal Surveys: NCQA reviews the organization’s policies and procedures and Credentialing Committee meeting records.

### Look-Back Period

- For Interim Surveys: Prior to the survey date
- For First Surveys: 6 months
- For Renewal Surveys: 24 months

### Explanation

**Excerpts**

Specific requirements that the organization must meet, and guidance for demonstrating performance against the element (by factor if appropriate)

Includes:
- Exceptions
- Related Information

**Examples**

Demonstrations of how requirements can be met.

### Overview of Data Sources

Data sources: types of acceptable documentation to show evidence or demonstration of performance on an element
Four types of Data Sources

- Documented process
- Reports
- Materials
- Records or files

Data Source: Documented Process

The following types of documentation classify as documented process:

- Policies and procedures.
- Process flow charts.
- Protocols.
- Operating guidelines.
- Outlined methodologies.

Data Source: Reports

The following types of documentation classify as reports:

- Management reports.
- Key indicator reports.
- Minutes
- Summary reports from member reviews.
Data Source: Materials
Materials—Prepared information that the organization provides to members and practitioners.

The following types of documentation classify as materials:

- Written and electronic communications.
- Web sites.
- Scripts.
- Brochures.
- Contracts/agreements.

Data Source: Records or Files
Records or files—Documentation of UM denial or appeal, CCM or CR activities.

The following types of documentation classify as records or files:

- History of cases.
- Proceedings.
- Verification of actions involving members or practitioners.
  - Documentation of completion of UM denial or appeal, CCM or CR activities.
Overview of Credentialing

Intent: Organizations have a rigorous process to select and evaluate practitioners and provider organizations

- Credentialing Policies
- Credentialing Committee
- Credentialing Verification
- Recredentialing Cycle Length
- Ongoing Monitoring and Interventions
- Notification to Authorities and Practitioner Appeal Rights
- Assessment of Organizational Providers
- Delegation of Credentialing

Practitioner Credentialing Policies

1. Types of practitioners credentialed/recredentialed
2. Verification sources used
3. CR criteria
4. Making CR decisions
5. CR file management process that meets the organization's criteria
6. CR delegation
7. Ensure that the CR process does not discriminate
8. Notify practitioners of variances in information
9. Ensure that practitioners are notified of the CR decision within 60 calendar days
10. Medical director or designated physician's role
11. Ensure confidentiality of information
12. Directories and other materials are consistent with collected CR data

Scope of Credentialing

NCQA evaluates both policies and credentialing files

Practice independently
Independent relationship
Medical benefit
Required of the client*
Independent Relationships

- “Golden phrase” in credentialing
  - Directing members to specific practitioners (not providers) or practitioner groups
  - Not directing members to providers or facilities (i.e., hospitals)

Credentialing Committee

- Includes participating practitioners
- Reviews practitioners who do not meet established thresholds
- Not required to review clean files*
- Final review body by NCQA’s standards

Things to remember about the CC

- NCQA does not specify:
  - Committee size
  - Number of participating specialties
    - Must have representation from practitioners within scope of credentialing
  - Regional/nat’l committees acceptable
  - Process must be outlined in policies
Credentialing Decisions

One-step process:
All files go to credentialing committee

Two-step process:
Clean files go to medical director (or other qualified physician) for review and approval.
Files that do not meet established criteria go through the credentialing committee for review.

Credentialing Decisions (cont.)

- Practitioners' credentialing date is based on committee decision date
- NCQA is not prescriptive of the decision that the organization makes
  » Thoughtful consideration
  » Following credentialing policies

Questions???
(Re)Credentialing Verification

- Verification sources
- Timeliness of verification
- Decision process
- Recredentialing timeliness, if applicable

Primary Source Verification (PSV)

- Directly from issuing entity, or
- NCQA-approved source

Sources specified in organization’s credentialing policies

What needs to be verified?

1. Licensure
2. DEA/CDS certification, if applicable
3. Education/training
4. Board certification, if applicable
5. Work history
6. Malpractice history
7. Sanction information
8. Application/attestation questions
### How can it be verified?

- Oral
- Written
- Internet
  - Websites
- Cumulative reports
- Automated systems
- Agents of approved sources
  - Issues credentials on behalf of the primary source with written acknowledgement or confirmation that the entity is able to distribute

#### Information | Verification Source
--- | ---
Current valid license (for all states where practitioner is providing care for the organization) | - State licensing agency
- DEA/CDS (for all states where practitioner is providing care for the organization) | - Copy of certificate
- Visual inspection of certificate
- DEA/CDS Agency confirmation
- NTIS database entry
- AMA Masterfile
  - State pharmaceutical licensing agency
  - Issues credentials on behalf of the primary source with written acknowledgement or confirmation that the entity is able to distribute

#### Work History
- Application
- Curriculum vitae

#### Malpractice claims history
- NTDB query or initial report from NCQA recognized disclosure service
- Five year claims history from independent carrier

#### Sanction information
- State agency
- DEA
- FEHBP
- FSMB
- OIG
- Medicare/Medicaid sanctions report

#### Education/training (MD/DO) as board certification as highest level
- ABMS entry
- AMA Masterfile
- AMA Profile Report or Physician Masterfile
  - Confirmation from specialty board
  - Confirmation from state licensing agency (proof of PSV needed)

#### Education/training (MD/DO) as residency as highest level
- Confirmation from residency program
- AMA Masterfile
- AMA Profile Report or Physician Masterfile
  - Confirmation from state licensing agency (proof of PSV needed)

#### Education/training (MD/DO) as education as highest level
- Confirmation from medical school
  - AMA Masterfile
  - AMA Profile Report or Physician Masterfile
  - ECFCM (int'l graduates after 1986)
  - Confirmation from state licensing agency (proof of PSV needed)

#### Education/training (non-MD/DO) as education as highest level
- Confirmation from professional school
  - Confirmation from state licensing agency (proof of PSV needed)
  - Confirmation from specialty board or registry (proof of PSV needed)
Verification Timeliness

- Time limits for verifying each credential
  - The amount of time that can pass between verification and decision
  - Information received for decision should be reasonably current
  - Three time limits:
    - 180 calendar days
    - 365 calendar days
    - No limit

Verification Timeliness (cont.)

<table>
<thead>
<tr>
<th>Up to 180 Days</th>
<th>Up to 365 Days</th>
<th>No Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensure</td>
<td>Work History</td>
<td>Education</td>
</tr>
<tr>
<td>Malpractice History</td>
<td>App/attestation</td>
<td>DEA</td>
</tr>
<tr>
<td>Board Certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanctions</td>
<td></td>
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Example: Current Licensure

180 calendar days
- Organization verifies licensure 7/1/16
- File is presented to committee on 1/2/17
- NCQA counts backwards from 1/2/17 (CC decision date) to determine if the 180 calendar day time limit is met
- Elapsed time: 185 days

Timeliness requirement is not met as info is older than 180 days
Credentialing Application

| Practitioner attests to specific questions | Reasons for inability to perform
|                                          | Lack of present illegal drug use
|                                          | History of loss of privileges or any disciplinary actions
|                                          | History of loss of licensure and felony convictions
|                                          | Current malpractice coverage
|                                          | Application is correct and complete

Recredentialing Cycle Length (RCL)

- Within 36-month time frame
  - Counts to the month, not day
  - May be sooner than 36 months
- Two circumstances:
  - Extensions?
  - Administrative terminations?

RCL: Extending time frame

- Active military assignment
- Maternity (or medical) leave
- Sabbatical

The organization documents the reason for the extension and recredentials practitioners within 60 calendar days of return.
RCL: Administrative terms

- Administrative terminations do not “stop the clock” on timeliness
  - Organization is unable to recredential a practitioner within 36 months of initial credentialing
    - Receipt of credentialing information within 30 calendar days (before 37th month)
      - Avoids initial credentialing (reverifying all credentials in CR 3)
      - Scores down on timeliness requirement
    - Receipt of credentialing after 30 calendar days (after 37th month)
      - Needs to initial credential practitioner
      - Scores down on timeliness requirement

Questions???

Ongoing Monitoring/Interventions

- Medicare/Medicaid sanctions
- Limitations/sanctions on licensure
- Member complaints
- Adverse events
- Interventions for instances of poor quality

Demonstration of a systematic monitoring process for evaluating quality, safety issues between credentialing cycles
Actions against Practitioners

- Range of actions available
- Reporting to authorities
- Appeal process
  - Has the organization made the process known to practitioners?
  - Is this process communicated in writing for the practitioners, including the specific reasons for decision?

Organizational Providers

- Organizations policies specify that before it contracts with a provider and every three years thereafter, it:
  1. Confirms provider is in good standing with state and federal regulatory bodies, and
  2. Confirms that the provider has been reviewed and approved by an accredited body, or
  3. Conducts an onsite assessment if the provider is not accredited

Organizational Providers (cont.)

- NCQA does not prescribe accrediting bodies to use
  - Outlined in organization’s policies

Examples of accrediting bodies:

- The Joint Commission (TJC)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Accreditation Association for Ambulatory Health Care (AAAHC)
Organizational Providers (cont.)

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>BEHAVIORAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Home health agencies</td>
<td>Residential</td>
</tr>
<tr>
<td>Skilled nursing facilities</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Freestanding surgical centers</td>
<td></td>
</tr>
</tbody>
</table>

In summary...

- Ensure that CR policies are complete and an effective credentialing committee is in place.
- Confirm that CR criteria and verification sources meet NCQA requirements.
- Ensure timely verification and decision-making.
- Implement a process for ongoing monitoring.
- Institute a well-defined practitioner appeal process.

Questions???
New Accreditation Options
Introduction to UM/CR/PN Accreditation

Certification to Accreditation

- **Current**: Certification (i.e., UMC/CRC)
- **Future**: Accreditation (i.e., UMA/CRA)

Currently Certified Organizations

Accreditation Status
Letters
Seals
Certificates
For remaining status period
Scoring Guidelines for 2018

**UM and CR Accreditations**

- **3 year Accreditation**
  - 85-100%

- **2 year Accreditation**
  - 70-84.99%

- **Denied**
  - 69.99% and below

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Scoring Guidelines for 2018 (cont.)

**PN Accreditation**

- **3 year Accreditation in PN**
  - 85% in CR & PN and 80% in PN

- **2 year Accreditation in CR & PN**
  - 70-84.99% in CR & PN

- **2 year Accreditation in CR**
  - 69.99% in PN and 70% in CR

- **Denied**
  - 69.99% in CR & PN
What is “Delegation”?  

- An organization (client) gives **authority** to another organization (delegate) to perform an activity that the client would otherwise perform to meet NCQA’s requirements.  

- Client organization retains **responsibility** and **accountability** for the delegated NCQA requirement.

**Authority ≠ Accountability**
Evaluating Delegation

Evaluating the client organization’s oversight of the delegate’s performance

Directly evaluating delegate’s performance for delegated activities

How NCQA evaluates Delegation

Evaluating the client organization’s oversight of the delegate’s performance

Importance of Delegation Oversight

Client organization needs to know that its delegate adheres to NCQA and its own standards.

Client organization is ultimately responsible for the activity and execution, not the delegate.
Written Delegation Agreement

Data Source: Materials

- Written Delegation Agreement Is:
  1. Mutually agreed upon
  2. Assigns responsibilities
  3. Reporting (at least semi-annual)
  4. Performance Monitoring
  5. Right to approve, suspend, terminate practitioners
  6. Consequences for failure to perform

Provisions for PHI

Data Source: Materials

- Written Delegation Agreement Includes (if it contains PHI):
  1. Allowed uses of PHI
  2. Delegate & Sub-Delegate Safeguards
  3. Access to PHI
  4. Inappropriate use of PHI
  5. Disposal of PHI (agreement termination)

Predelegation Evaluation

Data Source: Reports

- For new delegation agreements initiated in the look-back period, the organization evaluated delegate capacity to meet NCQA requirements before delegation began.
Annual Evaluation

Data Source: Reports

For Delegation Arrangements in Effect for 12 Months or Longer, the Organization:

1. Annual Review of CR Policies & Procedures
2. Annual File Audit

5 or 50 Practitioner Files
Minimum of 10 Initial & 10 Recred

OR

8/30 Methodology

Opportunities for Improvement

Data Source: Documented Process, Reports, Materials

Organization identified and followed up on opportunities for improvement, if applicable.
Questions???

Special Delegation Situations
- Corporate families
- Subdelegation
- De facto delegation
- Delegating to an NCQA-Accredited/Certified/Recognized Organization
- Rescinded Delegation

Keep in mind... all of the following can be determined on a case-by-case basis and do not always fit in "neat" delegation boxes.
Corporate Families

- Wholly-owned (100%)
  - Not considered delegation
    - Not subject to formal delegation oversight requirements
    - Need to see which entity performs activities
- Partially-owned (<100%)
  - Considered delegation
  - Evaluates delegation agreements between entities

Subdelegation

- Occurs when a delegate of an organization gives a third entity the authority to carry out a function that has been delegated by the client.
- Organization or delegation may oversee subdelegate in the same fashion as delegate based on NCQA's standards.

Subdelegation (cont.)

- Health Plan (HP) delegates credentialing responsibilities of BH practitioners
- Managed Behavioral Healthcare Organization (MBHO) delegates verifications
- Credentialing Verification Organization (CVO) performs verifications
De facto Delegation

- An entity (supposed delegate) performs a function/activity that is within the scope of the organization’s NCQA survey without the proper acknowledgement (i.e., formal delegation agreement).

De facto Delegation (cont.)

- Not identifiable TO NCQA but FROM NCQA.
- Survey results:
  » Scored down on the following:
    » Formal delegation agreement
    » Provisions for PHI
Benefits of Delegating to an NCQA-Accredited or Certified Delegate

1. Oversight relief
   » Organization does not have to oversee its delegate for certain activities

2. Automatic credit
   » Organization receives credit (100% scoring) and file is not reviewed during file review (except CVOs)

Delegation Oversight Requirements

- Formal delegation agreement
- Provision of member data to delegate
- Provision of PHI
- Predelegation evaluation
- Review of delegate activities
- Opportunities for improvement

Required:
• Review of delegate policies and procedures
• Semianual reporting (except for CVO delegates)

Not required:
• Annual evaluation/file audit
Rescinded Delegation

- **Terminated delegation**
  - AC available if arrangement was termed no more than 90 calendar days prior to submission

- **Lapsed NCQA status**
  - Full credit available if status valid 75% or more of LBP
  - Partial credit available if status valid less than 75% of LBP

**Questions??**