March 6, 2019

Nicole Comeaux
Director of Medical Assistance Division
New Mexico Human Services Department
PO Box 2348
Santa Fe, NM 87504

Dear Ms. Comeaux:

The National Committee for Quality Assurance (NCQA) appreciates the opportunity to provide feedback on New Mexico's proposed Medicaid Managed Care Quality Strategy. We strongly support New Mexico's efforts to promote quality oversight and improvement in an integrated model of care. We have included our comments and recommendations below.

1) LTSS-Care Coordination Standards

Recommendation: Add language requiring Accredited plans to achieve LTSS Distinction.

> *Recommended Language: "MCOs must be Accredited by the National Committee for Quality Assurance and achieve LTSS Distinction within 18 months of the contract award."*

NCQA has created LTSS accreditation for plans and community-based organizations. Four states have already required LTSS Distinction for their plans: Kansas included in their Quality Strategy an expectation for plans to achieve NCQA HPA with LTSS Distinction within 24 months of starting operations (ex: Kansas Quality Strategy, page 12). Based on New Mexico's current requirement of NCQA Health Plan Accreditation, NCQA encourages the added requirement of LTSS Distinction for all plans participating in Centennial Care 2.0 (see Appendix A).

NCQA Health Plan Accreditation combined with LTSS Distinction demonstrates a plan's intended readiness for delivering care as defined in the CMS LTSS guidance finalized in the 2016 Medicaid Managed Care Rule. The program requires plans to demonstrate their ability to effectively coordinate services between caregivers, individuals, LTSS providers and clinicians. NCQA's LTSS Distinction program ensures a standardized framework for organizations to deliver efficient and effective person-centered care that meets patient's needs. Program requirements include processes for effective coordination of LTSS; measurement and quality improvement, care transitions and delegation.

2) Non-Duplication of EQR Activities

Recommendation: Add language describing the state's use of accreditation findings as part of the non-duplication provisions within the state's Quality Strategy.
> *Recommended language: "The state will explore use of a plan's accreditation results and assess which elements (e.g. Credentialing, Quality Improvement) it can use for non-duplication as specified under federal rules and defined within the state's Medicaid Quality Strategy."*

We recommend New Mexico including language in the Quality Strategy on streamlining administrative processes for NCQA Accredited plans and implementing the non-duplication provisions related to accreditation.

42 CFR 438.360 allows states to use information from a Medicare or private accreditation review of a plan to provide information for the annual EQR. More than a dozen Medicaid managed care states implement this provision, as outlined in their Quality Strategy. (As an example, please refer to the Tennessee Medicaid 2017 Quality Strategy, pages 55-65).

Annually, NCQA publishes the Medicaid Managed Care Toolkit, which crosswalks the federal rule and NCQA's latest requirements. States, and their EQRO, use this toolkit to identify the NCQA Accreditation standards which they consider "deemable." Maximizing use of accreditation by implementing deeming significantly reduces department man-hours needed for annual compliance review and allows the state to reallocate staff and EQR resources for other priority projects (see Appendix B).

As you consider expanding the use of Accreditation findings, you can rely on NCQA to continue supporting the state with:

- NCQA Medicaid Accreditation reports.

- NCQA's Medicaid Managed Care Toolkit to aid the state in identifying areas for non-duplication. Annually, NCQA updates this toolkit to reflect alignment of the current NCQA Accreditation standards with MMC's non-duplication provisions.

- Support through our Policy Clarification Support (PCS) system.

3) Continuous Quality Improvement and MCO Accreditation Standards

NCQA commends New Mexico's existing NCQA Health Plan Accreditation requirement as well as the continued use of audited HEDIS measures.

For the section in the Quality Strategy related to MCO Accreditation Standards, we recommend revising the language to clearly call out the need for plans to be accredited specifically for their New Mexico Medicaid population.

We recommend using the following language:

> ***MCO Accreditation Standards***
> ***"New Mexico requires the MCOs be accredited under the National Committee for Quality Assurance (NCQA) Health Plan Accreditation for the state of New Mexico's Medicaid population by January 1, 2020."***

Resources & Next Steps

Providing Value to States.
- New Population Health Standards. In 2018, NCQA updated our 2018 Health Plan Accreditation program to include a new category of standards focused on Population Health Management (PHM). States and plans see these requirements as the gold standard and thus using the NCQA accreditation review to meet state population health goals.
- Medicaid Module. As noted above in our recommendations for exploring Non-Duplication, NCQA has been focused on maximizing the value of our accreditation survey expertise and processes. To that end, and to maximize the option for non-duplication, we launched a new voluntary Medicaid module which can be added to a plan's survey. The requirements are Medicaid specific standards designed to meet the 2016 Medicaid Managed Care Final Rule. New Hampshire is the first state to require the Medicaid Module in its contracts.

NCQA is extremely supportive of New Mexico's efforts to build accountability within the state's managed care model and hopes to be a valuable resource as you think through critical quality oversight policies and functions.

As we have historically, we will continue to provide a physical copy of the NCQA Health Plan Accreditation program standards. The LTSS Distinction standards and the Medicaid Module standards discussed above are both included in the 2019 Health Plan Accreditation volume.

We would welcome the opportunity to discuss these ideas in greater depth. To coordinate, please contact Amy Maciejowski, Program Manager for State Affairs at maciejowski@ncqa.org or 202-735-3688.

We look forward to hearing from you.

Regards,

Kristine Thurston Toppe
Director, State Affairs
National Committee for Quality Assurance

Appendix A. LTSS Distinction for Plans

What is NCQA Distinction for Long-term Services and Supports? *(for long-term care plans).*

NCQA's Distinction for LTSS is designed to support NCQA-Accredited health plans and managed behavioral health organizations that provide medical/behavioral health benefits and coordinate LTSS. The program includes review of the following: core features, such as person-centered assessments and implementation; measuring and improving performance; care transitions; and delegation of LTSS.

- Standardizes model of care for plans and MBHO's managing and coordinating LTSS.

- Serves as an extension to NCQA Health Plan Accreditation.

- Aligns with the LTSS provisions within the 2016 Medicaid Managed Care rule.

- Demonstrates commitment to integrate care and improve outcomes for this special population.

Appendix B. Reducing Duplicative Quality Reviews: Maximizing Use of Accreditation for Managed Care Compliance & Oversight

What is Non-Duplication?
The Federal Medicaid Managed Care Rule includes a provision that authorizes states to use certain information obtained from nationally-recognized accreditors in lieu of reviews by the state or its External Quality Review Organizations (EQRO). This process is known as "non-duplication."

Value to States
- Maximizes use of existing accreditation requirement for state with accreditation mandates.
- Simplifies administrative review efforts (i.e., reduces staff time).
- Promotes department efficiency (i.e., allows you to reallocate resources to other priority projects).
- Demonstrates state's commitment to quality and judicious use of resources.

Accreditation in Action
Thirty states require accreditation and twenty-six of these states specifically require NCQA Accreditation to drive quality and value in Medicaid managed care. Twelve of these states use NCQA Accreditation to streamline regulatory oversight, as authorized by CMS. States without mandates can do this too!

Case Study: Tennessee Medicaid (TennCare)		
Managed Care Contract	Quality Strategy	Annual EQRO Technical Report
Section A.2.15.5 – NCQA Accreditation. "TENNCARE shall require the contractor to be NCQA accredited or obtain NCQA accreditation within the timelines specified below."	"Annually all contractual requirements are compared with the most current NCQA standards. Those contractual requirements that are greater than the comparable NCQA standard remain a part of the TennCare Annual Quality Survey. If any contractual standards are equal to or lesser than the NCQA standards they will be deemed met by the NCQA survey." (pp. 58-68)	"If the contract risk agreement requirements were the same or less stringent than the NCQA standards for MCO accreditation, they were not included in the Access, Timeliness, and Quality [evaluation] to avoid duplication." (p. 12)

We Can Help!
NCQA offers support for state agencies looking to align their quality strategy and operational standards with our requirements. We can work with you to interpret NCQA standards and share examples from states making the most of accreditation.