

***Behavioral Health Integration Learning Collaborative***

**January 23, 2018 — WEBINAR**

10:30 am–12:30 pm

<https://attendee.gotowebinar.com/register/318072609216508674>

**MEETING AGENDA**

10:30 am–10:40 am	<b>Welcome, Review of Goals for the Learning Collaborative &amp; Policy Updates</b>	Alice Lind, HCA
10:40 am–12:10 pm	<b>Presentation: NCQA Delegation and Delegation Oversight for MCO Accreditation</b> <ul style="list-style-type: none"> <li>Requirements for delegation under Standards for MCO Accreditation <ul style="list-style-type: none"> <li>Overview of NCQA Requirements</li> <li>MCO Oversight Requirements</li> <li>Delegate Reporting requirements</li> </ul> </li> <li>Variations (e.g., for accredited entities)</li> <li>Examples of delegation models that support fully integrated managed care</li> <li>Questions and answers</li> </ul>	Leticia Addai and Ann Carson, NCQA
12:10 pm–12:25 pm	<b>MCO Administrative Simplification for Delegation</b> <ul style="list-style-type: none"> <li>Common tool for pre-delegation</li> <li>Questions and answers</li> </ul>	Patty Jones, CHPW and Shannon Rochon, Molina Health Care
12:25 pm–12:30 pm	<b>Closing and Next Steps</b>	Alice Lind, HCA

A photograph of a female doctor in a white lab coat with a stethoscope, holding a tablet and looking at it. A male patient is sitting next to her, looking at the tablet. The background is a bright, out-of-focus hospital setting.

# NCQA Requirements and Delegation

Presented by: Leticia Addai and Ann Carson  
January 23, 2018



# *Agenda*

**INTRODUCTION**

**DELEGATION AND AUTOMATIC CREDIT**

**ACCREDITATION REQUIREMENTS**

**QUESTIONS**

# Acronyms

NCQA: National Committee for Quality Assurance

MBHO: Managed Behavioral Health Organizations

CVO: Credentialing Verification Organizations

PBM: Pharmacy Benefit Managers

QI: Quality Improvement

PHM: Population Health Management

UM: Utilization Management

NET: Network Management

CR: Credentialing

RR: Member Rights and Responsibilities

MEM: Member Connections

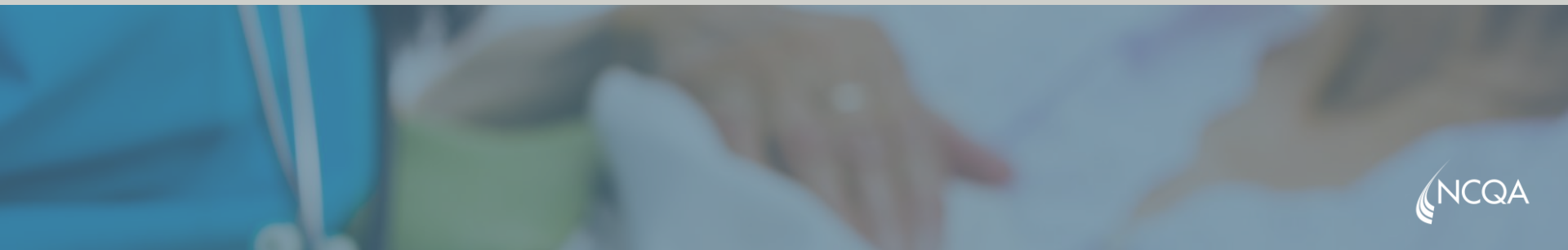
PHI: Protected Health Information

NA: Not Applicable

*The National Committee for Quality Assurance (NCQA) is a private, not-for-profit organization dedicated to improving health care quality through measurement, transparency and accountability.*



# Delegation and Automatic Credit Guidelines



# Objectives

**Review NCQA philosophy & organization accountability for delegation**

**Discuss nuances related to sub-delegation**

**Describe how NCQA evaluates delegation and the impact on file review**

**Identify common pitfalls & keys to success**

# Delegation: NCQA Definition

**A formal process by which an organization gives another entity the authority to perform certain functions on its behalf. Although an organization can delegate the authority to perform a function, it may not delegate the responsibility for ensuring that the function is performed appropriately.**





# Who are the Common Delegates

Delegates that conduct activities addressed by the NCQA standards, including but not limited to:

- Medical groups (primary care/specialty care)
- Managed Behavioral Health Organizations (MBHOs)
- Credentialing Verification Organizations (CVOs)
- Pharmacy Benefit Managers (PBMs)
- Disease Management (DM) and Complex Case Management (CCM) organizations
- HIP vendors (Health Information Products)
- WHP vendors (Wellness and Health Promotion)

# Delegation – Clear Cut Examples

An MBHO organization identifies & contacts and assesses eligible members

A behavioral health organization documents, investigates & responds to member complaints about behavioral health practitioners

An MBHO performs UM related behavioral healthcare approvals or denials for the organization

# Delegation Examples Not Subject to NCQA Requirements

**Managed behavioral health organization (MBHO) performs its own independent QI activities**

- NCQA does not consider this to be delegation if the organization performs all requirements of the QI standards itself & does not delegate authority or decision making to the MBHO

# What About Sub-Delegation...

- Occurs when a delegate of an organization gives a third entity the authority to carry out a function that has been delegated by the organization
- Organization may oversee sub-delegate directly or the delegate may oversee sub-delegate
- Sub-delegate's performance must be overseen in same fashion as delegate
- Organization may also be assessed on how well a sub-delegate performs a delegated function reviewed under the NCQA Standards



# Credentialing Sub-Delegation Example

**Health Plan**



**MBHO Organization**



**CVO**

# Where NCQA Always Evaluates the Health Plan

- **QI 4D and G, factors 3 & 4:** Member Experience
- **PHM 3B:** Delivery System Supports
- **RR 1A:** Members' rights & responsibilities statement
- **RR 3A:** Subscriber information
- **RR 4:** Marketing information
- Delegation Oversight
  - **QI 7, PHM 7, NET 7, UM 13, CR 8, RR 5, MEM 5**

# Let's Talk About Delegation Oversight Standards...



- QI 7
- PHM 7
- UM 13
- NET 7
- CR 8
- RR 5
- MEM 5

"OK, all those in favour of delegating decision-making, shrug your shoulders"

# Delegation Oversight

## Delegation oversight is important because:

- The organization should be monitoring the delegates delivery of care/services for consistency with it's own policies and procedures; and
- NCQA evaluates how well the organization oversees its delegates (through the delegation oversight standards) and how well a delegate performs a particular delegated function (through file review)



# Delegation Oversight Elements

Written delegation  
agreement

Provision of member  
data to delegate (all  
types except CR)

Provisions for PHI

Pre-delegation  
evaluation

Annual approval of  
program/policies,  
including annual audit  
against NCQA  
standards and annual  
file audit, as appropriate

Semi-annual Reporting

Opportunities for  
improvement

# Delegation Agreement

## *The written delegation document*

1. Is mutually agreed upon (e.g., signed)

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2. Describes specific delegated activities and responsibilities of both parties

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3. Requires at least semi-annual reporting by delegate

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4. Describes process by which performance is evaluated

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5. Describes remedies if delegate does not fulfill obligation

# Right to Approve & Terminate

## For CR delegation agreements:

- Delegation document must also state the organization “retains the right, based on quality issues, to approve, suspend & terminate individual practitioners, providers & sites if it has delegated decision-making”
- N/A if organization has not delegated credentialing decision-making

# Example: Delegation Grid Approach

Delegated Activity	Health Plan (HP) Responsibilities	Delegate Responsibilities	Frequency of Reporting	Process for Evaluating Delegates Performance	Corrective Actions
Experience with Case Management.	<p>HP maintains accountability for management of all member complaints.</p> <p>Any complaints regarding the delegates CCM program will be forwarded to delegate for review and analysis.</p>	<p>Delegate must annually analyze participant feedback with the CCM program, using participant surveys.</p> <p>The following topics must be included:</p> <ul style="list-style-type: none"> <li>• Overall program</li> <li>• Program staff</li> <li>• Information disseminated</li> <li>• Ability to adhere to recommendations</li> <li>• Percentage of members indicating that the program helped them achieve health goals.</li> </ul>	<p>Semi-annual Report provided to Director of QI electronically.</p> <p>Report will include volume of surveys completed by month.</p> <p>Annual analysis report of survey data, due February 15 of each calendar year.</p>	<p>Annual audit of delegate policies, procedures and survey instrument.</p> <p>Review of reports.</p>	<p>Corrective Action Plan(s) required within 30 calendar days for non-compliance.</p> <p>Termination of delegation for repeated non-compliance.</p>

# Provision of Member Data to Delegate

**The organization provides the following information to its delegates when requested:**

- Member experience data, if applicable
- Clinical performance data



**Applies to all types of delegation, except Credentialing delegation**

# Required Provisions for PHI

List of allowed uses of  
PHI

Description of delegate  
safeguards

Description of sub-  
delegate safeguards

Provisions for member  
access to PHI

Must inform  
organization of  
inappropriate uses

Delegate ensures PHI is  
returned, destroyed or  
protected if delegation is  
terminated

# Exceptions for Provision for PHI

- **NA if delegated function does not involve use, creation or disclosure of member PHI in any form**
- **NA if delegation arrangements are with covered entities**

*Covered entity: “health plan, health care clearinghouse or health care provider that transmits health information by electronic means in connection with electronic health care transaction”*

# Pre-delegation Evaluation

- **Only applies to delegation arrangements initiated in the look-back period**
- **Must demonstrate assessment of delegate capacity to perform functions prior to delegation**
- **Organization receives score of 100% for NCQA-Accredited or NCQA-Certified delegates; unless the element is NA**



# Review of Program Policies

- **Applies to QI, PHM, UM, CR and NET delegation oversight only**
- **Annual requirement**
- **Document review via committee meeting minutes or other confirmation by staff; at a minimum, the organization reviews sections of program that apply to the delegated functions**

# Annual Evaluation & File Audit

- Only applies to delegation in effect for 12 months or longer
- Documentation must demonstrate substantive evaluation of specific delegated activities (e.g., site visit, review of minutes, review of policies, file audits if applicable)
- Organization receives score of 100% for NCQA-Accredited or NCQA-Certified delegates

# Reporting

**NCQA evaluates this factor for delegation agreements in effect for 12 months or longer**

**Organization must receive delegate reports at least semi-annually**

**Must demonstrate evaluation of reports (review & analysis must be documented)**

**Must receive reports from all delegates regardless of whether they are NCQA-Accredited or NCQA-Certified**

# Opportunities for Improvement

Only applies to delegation in effect for 12 months or longer

At least once, in each of past 2 years delegation has been in effect, organization identified & acted on opportunities

NA if no problems identified

Organization receives score of 100% for NCQA-Accredited or NCQA-Certified delegates

# Delegation and the NCQA Survey

**NCQA reviews random sample of up to 4 delegates against delegation oversight standards, when delegation exists:**

- QI 7
- PHM 7
- NET 7
- UM 13
- CR 8
- RR 5
- MEM 5

**If fewer than 4 delegates, NCQA reviews all delegates**

# Requirements Available for Automatic Credit

## Health Plan Standards

Appendix 5  
Table 3

## MBHO Standards

Appendix 3  
Table 2

# Common Pitfalls of Delegation

Old delegation agreements not updated

Delegation documents not signed or dated (or no other documentation of mutual agreement)

Lack of clarity as to who is to perform which functions

Lack of organization resources for adequate oversight

Delegate has limited capacity & organizational structure to perform delegated functions

Failure to identify sub-delegation and lack of clarity regarding oversight of the sub-delegate

No designated & accountable liaison

Lack of organization documentation of oversight activities

Delegate report design poor and reporting is not timely

Failure of organization to address non-compliant behavior in a timely manner

Poor organization tracking/follow-up of corrective actions

# Delegation – Keys to Success



- Designate internal staff and/or committee responsible for delegation oversight
- Ensure delegate capacity to perform is evaluated prior to signing the delegation agreement
- Agree on responsibilities and identify sub-delegates
- Ensure delegation documents comply with current requirements and are signed/dated
- Meet regularly with delegate, determine reporting requirements & ensure reports are received & analyzed
- Schedule specific date to perform formal annual assessment and ensure delegate receives timely feedback
- Implement corrective actions & reassess, as necessary





# Accreditation Standards

# Objectives

**Introduce the  
categories and  
standards**

**Describe how to  
read a standard**

**Discuss the  
documentation  
NCQA reviews**

# 2018 MBHO Standards

## *At a Glance*

Quality Management and Improvement

Care Coordination

Utilization Management

Credentialing and Recredentialing

Members' Rights and Responsibilities

Long-Term Services and Supports



# Quality Improvement

QI structure, operations

Network availability, accessibility,  
contracting

Member experience

BH screening

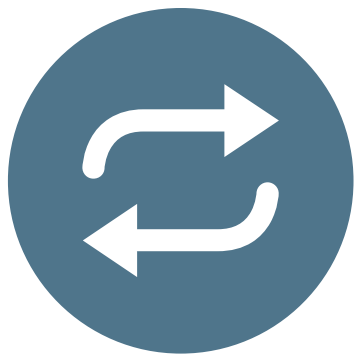
Complex case management, self  
management

Guidelines

Clinical measurement, effectiveness

## ***HPA alignment:***

- *Quality Improvement*
- *Network Management*
- *Population Health Management*



## Care Coordination

Coordination within behavioral health

Collaboration with medical care

Continued access

Technology

### ***HPA alignment:***

- *Quality Improvement*
- *Network Management*



# Utilization Management

UM structure, criteria

UM and appeal process, timeliness, notifications

Member experience

Communication services, information on claims

Triage, referral

## ***HPA alignment:***

- *Utilization Management*
- *Quality Improvement*



# Credentialing

Practitioners and providers

Policies

Committee

Verification

Recredentialing

Ongoing monitoring

Notification of authorities

Appeals

***HPA alignment:***

- *Credentialing*



# Member's Rights and Responsibilities

RR statements

Complaints, appeals

Subscriber information

Directories

## ***HPA alignment:***

- *Rights and Responsibilities*
- *Network Management*





## Long-term Support Services

Program structure, operations

Care planning

Critical incident management

Experience

Clinical quality measurement

Care transitions

***HPA alignment:***

- ***LTSS***

# Anatomy of a Standard

## QI 2: Program Operations—*Refer to Appendix 1 for points*

The organization's QI program is operational.

**Standard statement**  
Statement about acceptable performance or results

### Intent

The organization's QI Committee and practitioners develop, implement and oversee the QI program.

**Intent statement**  
Sentence describing importance of standard

### Summary of Changes

#### Clarifications

- Revised factor 4 to read "identifies" needed actions (Element A).
- Clarified the requirements for each factor (Element A).
- **Committee minutes** subhead is now **Documentation**; clarified content of minutes and moved text to the top of the explanation (Element A).

#### Deletions

- Removed factor 6 and revised the scoring to reflect 5 factors (Element A).

**Summary of changes**  
Changes from year to year (*example from 2016*)

## Element A: QI Committee Responsibilities—*Refer to Appendix 1 for points*

The organization's QI Committee:

1. Recommends policy decisions.
2. Analyzes and evaluates the results of QI activities.
3. Ensures practitioner participation in the QI program through planning, design, implementation or review.
4. Identifies needed actions.
5. Ensures follow-up, as appropriate.

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

**Factor**  
Item in an element that is scored

**Points**  
Weight toward total score

# Anatomy of a Standard

**Scoring** Level of performance necessary to receive specified percentage of points

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Scoring	100%	80%	50%	20%	0%
	The organization meets all 5 factors	The organization meets 4 factors	The organization meets 3 factors	The organization meets 1-2 factors	The organization meets 0 factors

**Data source** Documented process, Reports

**Scope of review** *This element applies to Interim Surveys, First Surveys and Renewal Surveys.*  
*For Interim Surveys, NCQA reviews up to three sets of QI Committee minutes or QI Committee charter and a timeline for operationalizing the committee if the committee has not met.*  
*For First Surveys and Renewal Surveys, NCQA reviews up to three sets of QI Committee minutes for each year of the look-back period.*

**Look-back period** *For Interim Surveys: Prior to the survey date.*  
*For First Surveys: 6 months.*  
*For Renewal Surveys: 24 months.*

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

**Data source**  
Documentation organizations use to demonstrate performance

**Scope of review**  
Extent of organization's services evaluated during NCQA Survey. For HPA, generally related to product line/product; states applicable evaluation options

# Anatomy of a Standard

**Explanation** This is a structural requirement. The organization must present its own documentation.

The organization's QI Committee develops and implements the QI program and oversees the QI functions within the organization.

**Factor 1: Policy recommendations**

The QI Committee recommends policies or revisions to policies for effective operation of the QI program and the achievement of QI program objectives. Associated committees and subcommittees may also participate in these activities.

**Factor 2: Analysis and evaluation of QI activities**

The QI Committee oversees the analysis and evaluation of the QI program and assesses results and causes.

**Factor 3: Practitioner participation**

**Exceptions**

None.

**Related information**

*Collaborative activities.* If the organization collaborates with other organizations on QI activities:

- It includes information about the collaborative and QI activities performed in the QI program description.

**Examples** **Factor 1: QI Committee common policy recommendations**

- Approval of the QI program description and work plan.
- Establishment of practitioner availability and access standards.
- Selection of quality performance measures or initiatives.
- Establishment of performance goals, objectives and thresholds.
- Establishment of selection criteria for complex case management and disease management.
- Approval of policies and procedures covered in QI, NET, UM, CR, RR, MEM and MED standard categories.

## 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
- Other mechanisms that describe the operating guidelines or methodology used by the organization to complete a requirement

# Data Sources to Show Compliance

## Reports



Aggregated sources of evidence of action or performance, including

- Management reports
- Key indicator reports
- Summary reports from member reviews
- System output giving information like number of member appeals
- Minutes
- Other documentation of actions an 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
- Websites
- Scripts
- Brochures
- 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



# NCQA MBHO Pricing

*Effective for Surveys Scheduled On or After July 1, 2018*

## **Full, Introductory, Renewal Surveys**

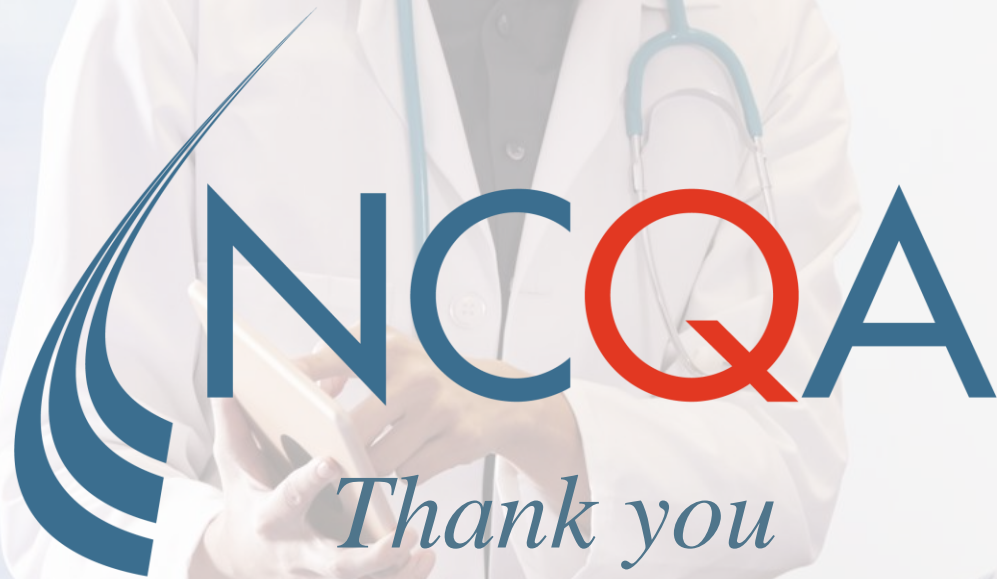
Application & Presurvey Fee	\$15,000
*Due at time of application and applied to final price of survey	
Base Fee	\$39,500
Per Enrollee Fee	\$0.05
*Cap per enrollment” assessment fee at 2,300,000 enrollees	

## **Resurvey**

Application & Presurvey Fee	\$15,000
*Due at time of application and applied to final price of survey	
Base Fee	\$29,500
Per Enrollee Fee	\$0.05
*Cap per enrollment” assessment fee at 2,300,000 enrollees	



*Questions*



NCCQA

*Thank you*



# MCO Administrative Simplification for Delegation



January 23, 2018

# Introduction

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All Managed Care Organizations have collaborated on a process for identifying BHO proposed delegated functions.

- ▶ The MCOs created an excel spreadsheet tool that includes questions for the BHO to complete about their organization, credentialing, utilization management, case management and claims functions.
- ▶ A prescreening phone meeting is scheduled with all of the MCOs and that BHO.
- ▶ All the MCOs must agree on the same delegated function(s).



# Managed Care Organizations (MCOs) Involvement

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The following MCOs are participating:

- ▶ Amerigroup
- ▶ Community Health Plan of Washington (CHPW)
- ▶ Coordinated Care
- ▶ Molina
- ▶ United Healthcare (UHC)



# Pre-Delegation Tools

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Designed to meet NCQA, CMS and HCA requirements for oversight of delegation activities, to include but not be limited to:

- ▶ Establishment of a delegation agreement.
- ▶ Allowance of provision of member data (member experience and clinical performance) to the delegate.
- ▶ Assurance of stipulations or contracts that ensure appropriate safeguards and use of protected health information (PHI).
- ▶ Pre-delegation capacity evaluation.
- ▶ Audit and reporting requirements.



# Next Steps

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The MCOs will develop common tools and support information.

- ▶ A pre-assessment will be scheduled at the BHO location.
- ▶ Each MCO will be responsible for taking the information back to their Health Plan to make a decision to delegate.
- ▶ Once delegation approval is in place, there will be continued oversight during the delegation period.

