ACCREDITATION | EDUCATION | MEASUREMENT

Accreditation: Enhancing the Value of Exchanges

Presentation to the NCSL Fall Forum
Task Force on Federal Health Reform Implementation

Presenter: Christine Leyden, RN, MSN
Senior Vice President & Chief Accreditation Officer, URAC

November 30, 2011

EMPOWERING CONSUMERS BY PROMOTING
QUALITY HEALTH CARE MANAGEMENT

urac

Overview

- Section 1311 Qualified Health Plan Certification Requirement for Accreditation
- Nationally Recognized Accreditors of Health Plans
- Readiness to Accredit QHPs
- "Real World" Affect of Accreditation
- Practical Value of Accreditation
- Accreditation Process & Timelines
- Q&A

About URAC

- **To promote continuous improvement in the quality and efficiency of healthcare management through processes of accreditation and education.**

- **Non-profit, independent entity**
- **Broad-based governance**
  - **•Providers •Purchasers •Labor**
  - **•MCO's •Regulators •Consumers**
  - **•Expert Advisory Panels (Volunteer)**

- **Consumer Protection and Empowerment.**
- **Improving and Innovating Healthcare Management.**

ACCREDITATION | EDUCATION | MEASUREMENT

urac

URAC Accreditation in the Managed Care Sector

URAC: Since 1990	URAC pioneered utilization management accreditation by creating a nationally recognized set of standards to ensure accountability in managed care determinations of medical necessity.
Consumers Affected	URAC accredits programs for over 95 health plans representing over 79 million covered lives.
Government Recognition	URAC programs are recognized by five federal agencies, over 45 states and the District of Columbia.

ACCREDITATION | EDUCATION | MEASUREMENT

urac

Section 1311 QHP Certification Requirement: Accreditation

PPACA Section 1311(c)(1)(D)(i) requires that all health plans offered through state insurance exchanges be accredited with respect to local performance on clinical quality measures such as the HEDIS, patient experience ratings on a standardized CAHPS survey, as well as consumer access, utilization management, quality assurance, provider credentialing, complaints and appeals, network adequacy and access, and patient information programs by any entity recognized by the Secretary for the accreditation of health insurance issuers or plans (so long as any such entity has transparent and rigorous methodological and scoring criteria)."

ACCREDITATION:

An evaluative, rigorous, transparent and comprehensive process in which a healthcare organization undergoes an examination of its systems, processes and performance by an impartial external organization ("accrediting body") to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards. This independent evaluation typically occurs in two stages starting with an examination of documentation during an off-site "desktop review" followed by an "onsite survey" of operations.

Accreditation Bodies for Health Plans → urac, NCQA

Nationally Recognized Accreditation Organizations Contribution to Exchanges

- Industry Expertise
- Accreditation Experience
- Widespread Recognition
- Independent, Rigorous, and Publicly Transparent Standards and Measures Development Process
- Comprehensive and Thorough Accreditation Process
  - Desktop Review
  - On-Site Review
  - Ongoing Compliance Monitoring
  - Investigation of Consumer and Regulator Complaints
  - Corrective Action Plans

Readiness to Accredit QHPS

The URAC Health Plan Accreditation Program (V. 7.0, 2011) Aligns with PPACA §1311

- Ensures Transparency
- Promotes Consumer Protections
- Empowers Consumers
- Mental Health Parity Act
- MLR and QI Activities
- Robust & Transparent Scoring
- Patient Experience Survey
- Measures that Matter

Readiness to Accredit QHPS

Clinical Quality Measures in the URAC Health Plan Program: Measures That Matter

- Aligns w/ HHS National Quality Priorities
- Will Demonstrate Quantitative Results
- Promotes QI, Efficiency & Effectiveness
- Manageable Administrative Burden
- Nationally-Endorsed Measures in the Public Domain
- Standardization Across Industry

Accreditation Can Provide Flexibility to States

URAC's Health Plan Program Accomodates Specific State Requirements

URAC Health Insurance Exchange Addendum Will Align with HHS Rules

Modular Approach of URAC Programs

Experience Incorporating Local Requirements

URAC Health Insurance Exchange Addendum to URAC Health Plan Program Will Reflect Final HHS Regulations

Key Policy Issues Addressed by Accreditation

Consumer Protection

- Network Adequacy
- Market Conduct
- **Utilization Management**
- Mental Health Parity
- Health Disparities & Literacy
- Consumer Communications & Disclosures (i.e., **Patient Information Programs)**
- **Consumer Access**
- **Complaints and Appeals**
- **Network Adequacy and Access**

Quality Assurance

- **Provider Credentialing**
- **Measures & Survey Reporting**
- Quality Management Initiatives
- Network Performance
- Patient Safety
- Care Coordination
- Case Management, Drug Therapy Management & Disease Management

Bolded text: PPACA §1311(c)(1)(D)(i)

Accreditation Addresses Key Stakeholder Concerns

Plans	Employers	Government	Consumers
Quality of care	Intersection of Quality & Cost	Improving quality	Receiving quality care
Avenues to improve care management	Employee engagement	Improving health & clinical outcomes	Being informed & engaged in care decisions
Maintaining healthy members	Transparency of cost	Reducing hospital preventable admissions and re-admissions	Staying healthy
Delivering quality relative to cost	Keeping employees healthy	Care coordination	Understanding options and best choices
Quality provider networks	Effective management of care	Assuring patient safety	Communications
Patient Centered Care	Care Coordination	Effective management of care	Provider access

"Real-World" Affect of Accreditation

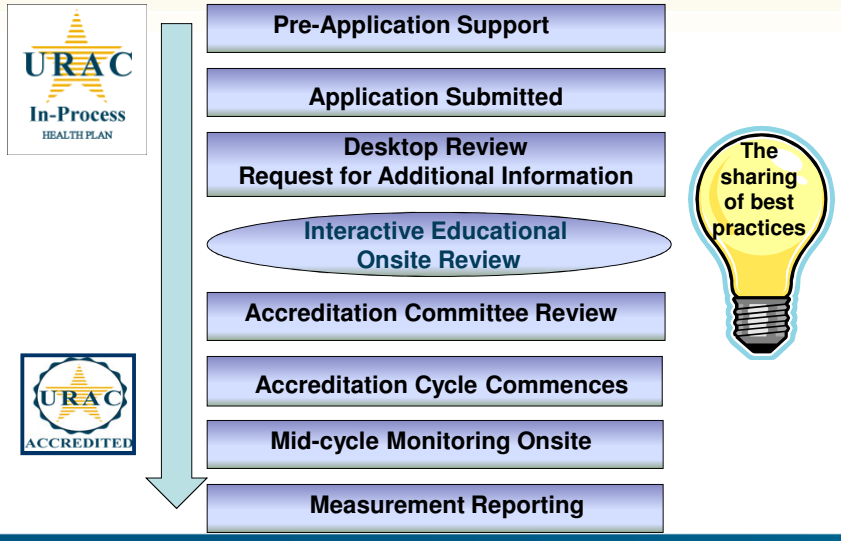
Discharged Diabetic Gets Wrong Dosage	URAC Accreditation Standard Addresses Medication Safety Requires Plans to Monitor RX Reconciliation at Care Transitions HP Case Mgr Found Major Dosage Error in Discharge Papers
Providers Refuse to See Patients	URAC Reviewer Found 700 Complaints/1 Month No Timely Claims Payment ⇨Network Providers Refuse Patients Plan Not Tracking Complaints from Members and Providers
Premie Baby Re-Hospitalized	Utilization Management & Medical Necessity Guidelines Plan Changes Formulary & Considers it Coverage Change No Denial Letter ⇨ No Appeal for Prescribed Medication

Practical Value of Accreditation for Regulators

- **Independent Third Party Auditor**
- **Cost-Effective Supplement to State Resources**
- **Provides Regulators with Helpful Documentation (e.g., Accreditation Summary Reports)**
- **Accreditation Programs Developed by Stakeholders and Experts across the Health Care Spectrum**
- **Avenue for Consumers and Regulators to File Complaints**
- **Accreditation Programs Regularly Updates to Keep Pace with Current Best Practices and Health Care Advancements**

URAC Accreditation Review Process

(approximately 4-6 months)



Types of Accreditation Categories

- **Full Accreditation:** All Mandatory standard elements are met and weighted standard score is ≥ 94 points/100
- **Conditional Accreditation:** One mandatory standard/element is not met and/or weighted standard score is ≥ 90, but < 94 points/100
- **Corrective Action:** Two mandatory standards/elements are not met and/or weighted standard score is ≥ 85, but < 90 points/100
- **Denial:** Three or more mandatory standards/elements are not met and/or weighted score is < 85 points/100

URAC Resources

- **As the health care industry evolves, URAC continues to address emerging issues by revising its standards and creating new accreditation programs to keep pace with health care advancements and help to drive improvements in the industry.**
- **URAC now offers more than 25 accreditation and certification programs in the areas of medical care management, health care operations, pharmacy quality management and health information technology.**

For more information, contact:

Mara Osman
Government Relations Director
mosman@urac.org
(202) 962-8838

Michele Johnson
Federal Relations Director
mjohnson@urac.org
(202) 962-8835

ADDENDUM: More on the "Real-World" Affect

Discharged Diabetic Gets Wrong Dosage	**URAC Accreditation Standard Address Medication Safety** requires that Plans monitor medication reconciliation at transitions of care. Case Manager (CM) in accredited plan caught dosage error in 73 yo diabetic's discharge orders, which called fro 100 units of insulin. CM called hospital, which cited chart at 100 units. CM called physician, who said 100 units was not correct order and adverse patient medication event was avoided.
Providers Refuse to See Patients	**Accreditation Reviewer found 700 complaints/1 month** from providers/consumers when reviewing files for Plan in individual market. Found network providers refusing to see patients because on non-timely payment of claims, due to Plan software glitch. Plan was not appropriately tracking complaints from members and providers.
Premie Baby Re-Hospitalized	**Importance of Utilization Management Guidelines** illustrated when Plan changed formulary and considered it coverage change rather than medical necessity issue, and refused to give Baby's Mom denial letter so that she could appeal and request prescribed medication.