Good morning,

Please see the attached electronic version of NCQA's response to the RFI. Thank you for the opportunity to submit comments.

Please let us know if you have any questions, comments, or issues opening the document.

Thank you,

Tom Curtis

Deputy Director, State Affairs

NCQA

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June 3, 2022

State of Florida
Cody Massa
Procurement Officer
solicitation.questions@ahca.myflorida.com

Re: Request for Information RFI 014-21/22 Re-Procurement of the Statewide Medicaid Managed Care Program

To Whom It May Concern:

The National Committee for Quality Assurance (NCQA) thanks you for the opportunity to comment on best practices and innovations in business models as well as service delivery for Medicaid managed care. NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality through our Accreditation, measurement, and data quality programs. We are a national leader in quality oversight and a pioneer in digital quality measurement. As market leader in health care quality, we work with a variety of stakeholders to drive alignment across the health care system. Leveraging our strengths as a trusted third party, we are committed to helping organizations navigate the challenges of transitioning to the digital future. Our mission to improve the quality of health for all Americans through measurement, transparency and accountability, and our focus on health equity and support for meaningful value-based payment models, propels our daily work.

Aligning procurement principles with NCQA best practices and program requirements.
Florida has several opportunities to align the goals of the re-procurement with time-tested, evidence-based practices for population health management, quality measurement and performance improvement, network management and digital adoption. The following NCQA programs contain best practices that support Florida's identified re-procurement goals:

Re-Procurement Goals	NCQA Evidence-based Programs
Leverage the managed care delivery system, either through expanded benefits or other mechanisms, to promote sustainable economic self-sufficiency among Medicaid recipients in the short and long term.	• Health Plan Accreditation (HPA) • Health Equity Accreditation Plus (HEA+)
• Improve providers' experience with the SMMC Program.	• HPA • Health Equity Accreditation (HEA)

• Improve recipients' experience with the SMMC Program. • Increase timely access to providers and services. • Provider network requirements.	

Performance metrics – including use of digital measures and electronic clinical data sources.	• Healthcare Effectiveness Data Information Set (HEDIS) Measures
	    ○ Stratified by Race/Ethnicity
	    ○ Digital Quality Measure (dQM) Format
	    ○ Electronic Clinical Data System (ECDS) Reporting Method
	• HEDIS Compliance Audit
	• Data Aggregator Validation (DAV)

To fully realize the value of our integrated set of programs, we recommend Florida require contracted health plans to achieve NCQA health plan accreditation, health equity and health equity plus accreditations, and HEDIS measures specified for ECDS reporting as applicable to Florida's performance management program through NCQA's online Interactive Data Submission System (IDSS). Reporting measures to IDSS requires a HEDIS audit. The NCQA HEDIS® Compliance Audit™ accesses whether an organization has capabilities for processing medical, clinical, member and provider information as a foundation for accurate and automated HEDIS and performance measurement reporting. Currently 9 Florida Medicaid plans hold NCQA Health Plan Accreditation. Of those, 4 have achieved LTSS Distinction, 4 have achieved Multicultural HealthCare Distinction and 3 have submitted at least one HEDIS measure using the Electronic Clinical Data Systems reporting method[1]. In addition, to support contracted health plans in executing the transition to digital quality measurement and use of clinical data, we recommend Florida encourage, as applicable, organizations involved in aggregating and exchanging clinical data for the purposes of quality measure reporting to participate annually in the NCQA DAV program.

Summary of Best Practices and Innovations:

Agency RFI Categories	NCQA Response
Leverage the managed care delivery system, either through expanded benefits or other mechanisms, to promote sustainable economic self-sufficiency among Medicaid recipients in the short and long term.	Evidence is increasingly demonstrating the connection between economic well-being and health care quality, cost and health outcomes. As a publicly funded health care program for low-income individuals, Medicaid is a natural convergence point for data demonstrating this connection, and the accountability to intervene. This also makes it an ideal environment for improving the economic well-being of individuals to affect cost quality, and health outcome trajectories.

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[1] NCQA's Health Plan Report Card – Florida Medicaid Plan Results

	Population Health and Economic Self-Sufficiency NCQA has been a national leader in promoting and requiring accredited health plans to implement comprehensive, population health interventions for their populations. Our HPA Population Health Management (PHM) Standards include requirements for accredited health plans to incorporate social risk factors and community partnerships into their quality improvement interventions. These evidence-based methods of improvement are further amplified in our new HEA+ program, which requires accredited health plans to screen members for social risk factors, refer them to available resources and contract with community-based organizations to support members. ***State Financing and Rate-Setting Considerations*** These evidence-based practices within NCQA accreditation programs are bolstered by State financing systems that equitably support the delivery system. Managed Care Organizations (MCOs) take on full financial risk of an assigned population and have an inherent interest in identifying and addressing social risk factors, such as economic instability, through screening, referral and community engagement and partnerships. Evidence shows the cost savings that can be realized through this enhanced set of MCO services and functions. Florida should consider financing and rate-setting strategies that both acknowledge the upfront investment necessary for MCOs to establish these new functions, as well as the cost savings in the near term and long term that will be realized through these innovative practices. Services such as screening and referral should be reimbursable, and savings should be accounted for in a way that benefits the taxpayers, while also continuing to motivate MCOs to address social risk factors at increasingly larger scales.
Improve providers' experience with the SMMC Program. Improve recipients' experience with the SMMC Program. Increase timely access to providers and services.	Positive provider relations, satisfied beneficiaries and timely access to high-quality care are hallmarks of a high-performing health care system. NCQA HPA standards establish evidence-based practices within all accredited health plan organizations to monitor and improve provider relations, beneficiary experience, network adequacy, and access to care. Coupled with our HEA program, NCQA provides comprehensive, evidence-based processes within our accreditation programs to address these RFI categories holistically. NCQA routinely publishes our Health Plan Report Card, rating health plans across the country on HEDIS and CAHPS

Provider network requirements.	measure performance, as well as accreditation standard compliance. In Florida, 7 NCQA accredited Medicaid health plans scored at least 3.5 out of 5 stars. One plan in Florida was not accredited by NCQA and scored the lowest in the State at 2.5 stars.
	Data Driven Decisions on Quality, Access, and Experience The HPA process includes mandatory reporting of audited HEDIS and CAHPS measures that cover multiple domains of access to care, appropriate provision of care and beneficiary experience. These measures, in conjunction with required best practices for organizational structures and processes to make data-driven decisions to improve performance, serve as a time-tested foundation for quality improvement.
	NCQA's HEA applies these same innovative practices to stratifications of measures by race/ethnicity, sexual orientation, gender identity and language. NCQA is committed to an equitable health care system where beneficiaries are treated fairly, and fairness is an important component of improving the beneficiary experience.
	Evidence-based Practices for Network Management NCQA's Network Adequacy standards require accredited health plans to adopt time and distance, and provider ratio standards in accordance with their overall network management plan. Organizations often base their network operations on regulatory requirements for adequacy standards, and accreditation standards serve as best practices for operationalizing these regulations.
	Our HEA program seeks to enhance health care organization network management plans to incorporate Culturally and Linguistically Appropriate Services (CLAS) standards into their operations. Information such as race/ethnicity or language are considered when recruiting and contracting with providers for the network to ensure beneficiaries are more likely to receive care from a provider who can relate with their culture or speak their preferred language.
Performance metrics – including use of digital measures and electronic clinical data sources.	NCQA has been the national champion for high-quality health care for over three decades. NCQA stewards the widely known Healthcare Effectiveness Data and Information Set (HEDIS) measure specifications, reporting guidelines, auditing processes, and benchmarks. HEDIS measures are updated annually to align with current clinical practice guidelines and serve as one of the most rigorous and publicly

adopted measurement processes in the country. Because of the standardized reporting guidelines and auditing certification and processes, HEDIS measure rates and benchmarks represent one of the most valid and reliable performance management systems available.

Stratified HEDIS Measures
NCQA is committed to the equity of health care and health outcomes for people who have been systemically and historically marginalized. For measurement year 2022, NCQA released 5 HEDIS measures that will be stratified by race/ethnicity. NCQA will be increasing the list of HEDIS measures eligible for stratification each year. Coupled with the best practices within HEA and the forthcoming HEA+, which focus organizations on identifying disparities, and developing and implementing interventions to address them, organizations can use th stratified HEDIS measures to guide their decision making for performance improvement.

Electronic Clinical Data System (ECDS) Reporting Method
NCQA is committed to the transition to digital quality measurement. We believe the inclusion of electronic data sources and clinical information into measurement systems will be the impetus for enhancing care management tools, adopting value-based payment contracts with providers, and complementing the delivery system's shift toward addressing social risk factors such as economic well-being.

NCQA has been a leader in advancing the use of electronic clinical data systems in quality measurement. The HEDIS Electronic Clinical Data Systems (ECDS) is a reporting method for new and existing HEDIS measures that establish standardized processes for using claims/encounters, clinical data from EHRs, registry data (such as immunization registries or lab result tables), and case management system data for calculating quality measures. The ECDS method removes the need for the manual medical record review process used in the Hybrid reporting method—thus reducing provider burden and provider abrasion during the reporting process. Our pilot programs have demonstrated the ECDS method continues to rely substantially on claims/encounter data for reporting, while also showing year-over-year increases in the use of clinical, registry, and case management data for reporting measures.

For measurement year 2022, NCQA will implement 8 measures designed specifically for the ECDS method and adding the ECDS reporting method as an option for 6 HEDIS measures. We recommend requiring contracted health plans to report HEDIS using both the traditional and ECDS reporting methods for all applicable measures within Florida's performance management program to begin building plan capabilities and create a glidepath for digital measures reporting[2].

HEDIS Digital Quality Measures (dQMs)

NCQA now makes existing HEDIS measures available in the dQM format, which are downloaded packages that include the technical specifications in computer-readable codes. HEDIS dQMs simplify transfer of measures into IT systems, reduce the potential for human error in translating and hand-coding paper-based specifications, automate alignment with interoperability and data exchange standards such as Fast Healthcare Interoperability Resources (FHIR). Digital quality measures do not necessitate the use of electronic or clinical data in measurement, rather they represent a computerized method for mapping data systems and calculating performance rates for existing HEDIS measures—even when using only claims/encounter data.

Data Aggregator Validation (DAV) Program

NCQA recognizes the importance of trust in any measurement system, and the universally used and heavily scrutinized nature of claims and encounter data in health care today. We believe that the same level of universal collection/submission and trust must also exist for electronic sources of data for measurement. NCQA developed the Data Aggregator DAV program to evaluate these newly available and highly valuable clinical data streams. The program is designed to ensure that health plans, providers, government agencies and others can trust the accuracy of aggregated clinical data for use in HEDIS reporting.

The DAV program evaluates each step of the ingestion, transformation, and output process to ensure data integrity is maintained. Data from validated data streams validated by NCQA can then be used as standard supplemental data in HEDIS reporting, thereby saving time and money for aggregators, providers and health plans. Lastly, these data can

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[2] TennCare has used this model in their most recent contract (https://www.tn.gov/tenncare/information-statistics/tenncare-contracts.html, page 20 of Statewide MCO contracts).

	support value-based contracting with providers and begin to align the data used in measurement with the data used in clinical care.

As a longstanding partner with Florida's Medicaid program, we welcome the opportunity to discuss these programs and recommendations. Thank you for the opportunity to provide feedback. For follow up questions, please contact Tom Curtis, Deputy Director, State Affairs at tcurtis@ncqa.org or (202) 517-8002.

Regards,

Tom Curtis
Deputy Director, State Affairs
National Committee for Quality Assurance