AHCCCS TI 2.0 Health Equity and HRSN Milestones:
NCQA Health Equity Accreditation

National Committee for Quality Assurance (NCQA) Health Equity Accreditation (HEA) is ***one method*** by which Arizona Health Care Cost Containment System (AHCCCS) Targeted Investments (TI) 2.0 Participants may demonstrate attainment of certain TI 2.0 milestone requirements. For this reason, several of the milestone requirements reference NCQA’s [Health Equity Accreditation program](https://www.ncqa.org/programs/health-equity-accreditation/). This appendix provides a list of the specific NCQA HEA standards that organizations must meet for each program and summarizes how the standards relate to each milestone if an organization chooses to leverage their seal to satisfy milestones.

**Timeline and Cost**

The process to achieve NCQA HEA takes roughly 9 to 12 months from application submission to NCQA’s decision, depending on the organization’s readiness. There are [two costs](https://store.ncqa.org/accreditation/health-equity-he.html) associated with applying for the NCQA Health Equity Accreditation program – the cost of the standards and guidelines (a minimum of $320 for each program) and the web-based survey tool (a minimum of $1,100). This in addition to the operational costs associated with implementing and documenting processes to meet NCQA standards. AHCCCS purchased the standards and guidelines for TI 2.0 Participants that expressed interest in this opportunity before 3/15/2024.

AHCCCS will pay the initial NCQA HEA survey fee for TI 2.0 participating practices that commit, before 4/5/2024, to earning the seal by 9/30/2027. AHCCCS will not pay for subsequent survey fees (e.g., result of not passing the first survey, renewing accreditation). In the event a participant fails to earn accreditation before the TI 2.0 program ends or the participating Tax ID withdraws participation, the AHCCCS-incurred expense will be deducted from the participant’s incentive payment. AHCCCS may waive this penalty in extenuating circumstances (as determined by AHCCCS). Subject to good financial standing and other eligibility criteria, TI 2.0 Participants that earn the full (3-year) NCQA HEA will be eligible for additional incentive funds in Y5.

**Accreditation Requirements and TI 2.0 Milestone Attainment**

Each accreditation program has a set of standards. Each standard consists of two or more elements and each element consists of one or more factors. For NCQA HEA purposes, an organization can receive a score of “met”, “partially met” or “not met” for each element based on the number of factors it meets.

AHCCCS has identified which specific elements and factors organizations must complete to meet the milestone requirements. At the end of each program year, participants seeking accreditation will submit documents related to meeting these elements for AHCCCS review. AHCCCS will provide feedback to help providers update policies and procedures to satisfy NCQA’s formal review (i.e. survey) in program year 3 or year 4.

TI 2.0 Participants that seek to satisfy milestones via accreditation will need to complete more elements and factors than what AHCCCS requires. The score an organization receives for each element is associated with a specific point value. An organization receives accreditation if it earns at least 80 percent of applicable points, provisional accreditation if it earns between 79 percent and 55 percent or more of applicable points and is denied accreditation if it earns 54 percent or less of applicable points.

NCQA HEA was initially designed for health plans and networks, so some of the standards, as indicated below, are not applicable to providers. NCQA has scaled the accreditation to be at the clinic level. While AHCCCS only requires related activities for AHCCCS Medicaid members, NCQA will consider all patients in-scope.

All stewards, NCQA included, periodically update standards and guidelines. The 2024 HEA standards will be effective with surveys started after 7/1/2024. The new standards will require more evidence of implementing documented processes, whereas the 2023 standards require evidence of having documented processes in place. Therefore, TI 2.0 Participants are strongly encouraged to submit an application to NCQA before 6/30/2024. Please contact the AHCCCS team if you are interested in this opportunity and are not on track to meet this deadline. Participants that earn accreditation with the 2024 standards before 9/30/2027 can also leverage accreditation for milestone attainment and maintain eligibility for the Year 5 incentive.

AHCCCS understands and respects that this is a business decision. Please let us know if there is anything we can provide, clarify, or otherwise to assist. Providing at the request of many TI 2.0 Participants to date, here’s a shortlist of benefits that you may choose (or not) to share with leadership:

* Be some of the first providers in the country to receive accreditation (I'm only aware of one other FQHC in another state and a couple FQHC cohorts)- bragging rights, and you'd be listed in another accreditation steward's directory!
* AHCCCS is paying for it, and there's no commitment to renewing.
* Reduces milestone- specific administrative burden by automatically satisfying some of the AHCCCS TI milestones- e.g., entities on track to earn accreditation will not need to conduct random sampling in later years.
* Closer coordination with Plans and subcontracted networks (e.g., ACOs and CINs, if applicable) to optimize related activities.
* Potential to improve appeal for health-equity related value-based-contracting with health plans. Although no AHCCCS health plans have fully committed to this to date, I think it’s inevitable given their requirement to earn and maintain HEA (which requires demonstration of how the accredited entity works with providers to address inequities in future cycles).
* For those already accredited under another steward and/or program:
	+ Likely closely aligned with existing accredited programs, so relatively less effort to update policies to NCQA standards.
	+ Prior experience with accreditation-in-general will reduce the level of effort, as these entities are already familiar with providing/updating policies and having them scrutinized.
* Most stringent review of policies to ensure you're including critical components to effectively and efficiently improve the lives and healthcare experience of your patients. To demonstrate the spectrum:
	+ AHCCCS DAP incentive is generally tied to use of systems (e.g., participation in Community Cares) with little specification on how to use it.
	+ AHCCCS TI 2.0 aligns with DAP in the general use of the system with additional granular requirements in how to optimize processes (e.g., identifying staff that can update practice information and pull reports from ComCares, procedures to discuss consent with patients).
	+ NCQA HEA takes the TI granular requirements to another level with national SME review (e.g., procedures to push communications that inform patients of privacy protections and consent).

***2023 NCQA Health Equity Accreditation Standards***

| **Number/ Element** | **Standard/ Element** | **Relevant TI 2.0 Milestone** | **Deadline** |
| --- | --- | --- | --- |
| **1** | **Organizational Readiness** |
| 1.A | Building a Diverse Staff | 2 | September 30, 2024 |
| 1.B | Promoting Diversity, Equity and Inclusion Among Staff | 2 | September 30, 2024 |
| **2** | **Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data** |
| 2.A | Systems for Individual-Level Data | 5 | September 30, 2024 |
| 2.B | Collection of Data on Race/Ethnicity(Factor 5 only applicable to health plans) | 5 (Factor 1) | September 30, 2024 |
| 2.C | Collection of Data on Language(Factor 5 only applicable to health plans) | 5 (Factor 1) | September 30, 2024 |
| 2.D | Collection of Data on Gender Identity | 5 | September 30, 2024 |
| 2.E | Collection of Data on Sexual Orientation | 5 | September 30, 2024 |
| 2.F | Privacy Protections for Data | 3 | September 30, 2024 |
| 2.G | Notification of Privacy Protections | 3 |  September 30, 2024 |
| **3** | **Access and Availability of Language Services** |
| 3.A | Written Documents | 2 | September 30, 2025 |
| 3.B | Spoken Language Services | 2 | September 30, 2025 |
| 3.C | Support for Language Services | 2 | September 30, 2025 |
| 3.D | Notification of Language Services | 2 | September 30, 2025 |
| **4** | **Practitioner Network Cultural Responsiveness** |
| 4.A | Assessment and Availability of Information |  |  |
| 4.B | Enhancing Network Responsiveness |  |  |
| **5** | **Culturally and Linguistically Appropriate Services Programs** |
| 5.A | Program Description | 2 (Factors 1-5) | September 30, 2024 |
| 5.B | Annual Evaluation | 2 | September 30, 2025 |
| **6** | **Reducing Health Care Disparities** |
| 6.A | Reporting Stratified Measures(Entire element is only applicable to health plans) | 5 | September 30, 2024 |
| 6.B | Use of Data to Assess Disparities | 5 | September 30, 2024 |
| 6.C | Use of Data to Monitor and Assess Services |  |  |
| 6.D | Use of Data to Measure CLAS and Inequities | 2 (Factors 2, 4, 6)5 (Factors 1 and 3)5 (Factor 5) | September 30, 2025March 31, 2025September 30, 2025 |
| **7** | **Delegation of Health Equity Activities- N/A for Providers** |
| 7.A | Delegation Agreement(Entire standard is only applicable to health plans) |  |  |
| 7.B | Predelegation Evaluation(Entire standard is only applicable to health plans) |  |  |
| 7.C | Review of Performance(Entire standard is only applicable to health plans) |  |  |
| 7.D | Opportunities for Improvement(Entire standard is only applicable to health plans) |  |  |