Achieving NCQA accreditation

In an increasingly competitive health care marketplace, more MCOs aim to distinguish themselves by achieving health plan accreditation from the National Committee for Quality Assurance (NCQA). If your MCO is pursuing NCQA accreditation, asthma home visiting services can help.

Specifically, asthma home visiting services can enhance several different components of NCQA’s population health management (PHM) requirements. Below are some key excerpts from the 2018 HP Standards and Guidelines for the Accreditation of Health Plans (the Standards).

**PHM 1: PHM Strategy**

As part of an MCO’s comprehensive strategy for meeting the needs of its members, in Factor 1 of Element A: Strategy Description, there are four areas of focus. Asthma home visiting services can help address two of them (right).

For both areas of focus, asthma home visiting services can help demonstrate an MCO’s comprehensive PHM strategy.

**Managing members with emerging risk:** Among those diagnosed with asthma, there are different levels of risk; home visiting services are typically offered to those with the highest risk. Within the Standards, asthma is one of the examples provided for managing members with emerging risk.

**Managing multiple chronic illnesses:** Asthma can present with a variety of comorbidities. For example, in California adults who have respiratory co-morbidities, such as COPD, are also significantly less likely to have well controlled asthma (35.5%) than those who do not have respiratory co-morbidities (60.6%).
**PHM 2: Population Identification**

Asthma home visiting services can also help MCOs to assess the needs of its population and determine actionable categories for appropriate interventions. Specifically, these services can help MCOs review community resources for integration into program offerings to address member needs. From Element C: Activities and Resources:

**Factor 3: Community resources:** The organization connects members with community resources or promotes community programs. Integrating community resources indicates that the organization actively and appropriately responds to members’ needs. Community resources correlate with member needs discovered during the population assessment. Actively responding to member needs is more than posting a list of resources on the organization’s website; active response includes referral services and helping members access community resources.

**Examples:**
- Social workers or other community health workers that contact members to connect them with appropriate community resources.
- Referrals to community resources based on member need.

Local public health departments or community-based organizations offering asthma home visiting services would likely jump at the chance to create connections with MCOs to increase access to these services. For those cases where MCOs already offer asthma home visiting services in-house, you can still identify and refer to additional community resources. For example, staff with Contra Costa Health Plan’s home visiting program provide referrals to the County’s weatherization program.
PHM 5: Complex Case Management

One factor in Element C of the Complex Case Management Standard requires MCOs to assess and respond to a members’ social determinants of health — those social, environmental and economic conditions that affect health, well-being, and capacity to follow a care plan. Typically, asthma home visiting services identify and help remediate any environmental triggers contributing to a member’s poorly controlled asthma. Home visitors also connect the member to other community-based resources — such as legal aid services to help tenants correct housing code problems caused by landlords — that can affect health.

Factor 5: Initial assessment of social determinants of health:
Complex case management policies and procedures specify the process for assessing social determinants of health, which are economic and social conditions that affect a wide range of health, functioning and quality-of-life outcomes and risks that may affect a member’s ability to meet case management goals.