

## A QUALITY IMPROVEMENT FRAMEWORK

Managing behavioral health plays a key role in the current emphasis for health care providers to deliver whole-person care that incorporates medical care, behavioral health care and management of social risk factors. As managed behavioral health care grows, so does the need to discern the value of behavioral healthcare providers.

The NCQA MBHO Accreditation standards are a roadmap for improvement. They help organizations implement industry best practices to provide high-quality care, increased access and consumer protections. Key areas include:

- Care coordination to reduce fragmented care.
- Complex case management, a challenge for initiatives where complex cases are common.
- Data exchange between health plans and behavioral healthcare organizations, to support clinical quality and patient experience measurement and improvement.

The standards, provide a framework for implementing best practices to improve operational efficiencies:

- Quality Management and Improvement: Monitors, evaluates and improves the quality and safety of care.
- Care Coordination: Coordinates medical care and behavioral healthcare for its members.
- Utilization Management: Notifies members and practitioners about coverage decisions within required time frames.
- Credentialing and Recredentialing: Verifies the credentials of the practitioners in its network.
- Members' Rights and Responsibilities: Has a written members' rights and responsibilities policy.

Elevate your organization's status:

- Demonstrate the quality of your organization's program to health plans, employers, regulators and consumers.

Improve contracting opportunities:

- Earning the Managed Behavioral Healthcare Organization Accreditation from NCQA—the largest accreditor of health plans—can help increase an organization's opportunities for potential contracts. When NCQA-Accredited health plans delegate behavioral health services to NCQA-Accredited managed behavioral healthcare organization, NCQA awards automatic credit on certain accreditation requirements to the health plan and relief from some delegation oversight expectations.

Satisfy health plan requirements:

- Larger health plans tend to expect accreditation because it demonstrates the organization's commitment to meeting industry standards and it streamlines the health plans' accreditation process through the automatic credit option.

The process helps organizations plan and execute activities to ensure they are ready for NCQA evaluation, with the typical evaluation time frame being 12 months from application submission to decision, depending on the organization's readiness. Some organizations may already be working within NCQA guidelines.

- Credentialing Verification Organization (CVO)
- Disease Management (DMC)
- Health Information Products (HIP)
- Physician and Hospital Quality (PHQ)
- Wellness and Health Promotion (WHPC)

Distinction Programs:

- Multicultural Healthcare (MHC)
- Health Plan Long-Term Services and Supports (HP-LTSSD)
- Managed Behavioral Health Organization Long-Term Services and Supports (MBHO-LTSSD)
- Case Management for Long-Term Services and Supports (CM-LTSSD)