



For Public Comment
November 28, 2023–
January 15, 2024
Comments due 11:59 p.m. ET

Health Equity Partner Certification Program:

Overview Memo

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Overview of Public Comment

NCQA's Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality.

For more than 30 years, NCQA has been driving improvement throughout the health care system, helping to advance the issue of health care quality to the top of the national agenda. NCQA's programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

This approach works, as evidenced by the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans. Today, approximately 203 million Americans are enrolled in a health plan that reports NCQA's HEDIS measures, and 13,000 organizations—including health plans, health systems, medical practices and organizations that perform case management, credentialing, utilization management, population health and wellness—are Accredited, Certified or Recognized through an NCQA evaluation program.

Background

NCQA Accreditations in Health Equity and Health Equity Plus

Health Equity Accreditation, released September 2021, provides an actionable foundation for health equity work: identifying health disparities and acting on opportunities to reduce them. Health Equity Accreditation Plus, released June 2022, builds on that foundation by providing a framework for health care organizations to partner with community-based organizations and cross-sector partners to address both the social risk factors in the communities where they operate and the social needs experienced by the patients or members they serve.

Together, these programs offer an actionable framework for health care organizations—including health plans, health systems, hospitals, accountable care organizations, clinics/practices and Federally Qualified Health Centers—to continuously improve and prioritize health equity for their members, patients and communities.

A Proposed New Program: Health Equity Partner Certification

The work performed by health care organizations pursuing NCQA's Health Equity programs does not happen in a silo; it often leverages the infrastructure, workflows, and/or expertise of one or more external delegates, vendors, and/or partners to streamline investments and expedite implementation. These relationships can be difficult to establish in the absence of a common reference point that:

- Gives the health care organization confidence that a potential delegate, vendor or partner is high-quality, aligned with their health equity objectives, and capable of helping them meet NCQA's requirements with minimal oversight.
- Showcases the rigor of the delegate's, vendor's or partner's unique set of skills and activities.

NCQA proposes a new program, Health Equity Partner Certification, that focuses on the role of delegates, vendors and other business partners that support health care organizations, such as payers and care providers, in performing health equity requirements in NCQA Accreditations in Health Equity and Health Equity Plus. A variety of delegates, vendors and business partners provide this support—

from EHRs to organizations that specialize in case or medication management, population health, patient/member or provider engagement, social needs referrals and data analytics.

The program is intended to create a unified ecosystem of shared expectations where health care organizations and their delegates, vendors and partners collaborate to provide equitable, high-quality care and services, with shared expectations.

A Guide to This Public Comment

The following sections in this *Overview* detail program structure, certification options, scoring and survey types. In addition:

- [Health Equity Partner Certification—Proposed Standards](#) details the program’s proposed standard language.
- [Health Equity Partner Certification—Elements by Survey Type](#) provides a list of elements proposed as applicable by survey type.
- [Health Equity Partner Certification—Proposed Elements for Automatic Credit](#) provides a list of elements proposed as eligible to confer automatic credit from Health Equity Partner Certification to Health Equity Accreditation

Stakeholders Participating in Public Comment

NCQA shares new content and updates for public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA encourages all types of stakeholders to participate in this public comment period. NCQA recognizes that many stakeholders—from patients to community health workers, community-based organizations, state regulators and local government agencies—will be influenced by or recipients of the important work that health care organizations and their delegates, vendors and partners undertake to improve health equity.

NCQA hopes that a variety of stakeholders will share thoughtful commentary and constructive suggestions that will make the standards for this new program stronger and more meaningful for the individuals and communities they are meant to benefit. NCQA asks respondents to consider whether proposed requirements are valuable, feasible as written and clearly articulated, and to highlight areas that are not.

Overview of Health Equity Partner Certification

Global Questions

As you review the standards in [Health Equity Partner Certification—Proposed Standards](#), NCQA asks that you consider the following global questions about the Health Equity Partner Certification program, its organization and its focus:

1. Are the requirements clearly written and framed in a manner representative of the organizations that perform the activities?
2. Are the requirements feasible?
3. Will proposed activities or language used in the standards perpetuate or exacerbate health inequities?
4. Are key expectations not addressed in the proposed requirements?
5. If your organization is interested in pursuing this program, when would you be prepared for survey?

Program Structure

Refer to the [Health Equity Partner Certification—Proposed Standards](#) to review the standards associated with the information and questions outlined below.

Core Requirements and Certification Options

NCQA proposes that Health Equity Partner Certification be a standards-based evaluation program with a core set of 7 elements and a choice of 1 or more additional elements that would result in Certified status, similar to NCQA's Certifications in Credentials Verification Organization and Wellness and Health Promotion.

Core elements are required for and applicable to all organizations, regardless of Certification(s), unless an organization qualifies for an exception. The focus of the core elements is on the organization seeking Certification, and its internal operations.

Core Elements	Rationale for Inclusion as Core
<p>Building a Diverse Workforce (HEC 1, Element A)</p>	<p>This element closely aligns with expectations in HE 1, Element A in NCQA's Health Equity Accreditation.</p> <p>Interviewed health plans and health systems signaled the importance of knowing that partners with the potential to affect their health equity work outcomes also shared their organizations' internal values and commitment to health equity.</p> <p>Interviewed delegates performing direct-touch activities with members or patients (e.g., engagement, communication, medication, case management) emphasized their desire for a way to represent their commitment to health equity and a better-than-average ability to guide a novice health care organization.</p>

Core Elements	Rationale for Inclusion as Core
<p>Privacy and Security Protections for Data (HEC 2, Element A)</p> <p>Notification of Protections for Demographic and Social Needs Data (HEC 2, Element B)</p>	<p>These elements closely align with expectations of Health Equity Accreditation for protections and transparency regarding policies for demographic data (HE 2, Elements F, G), and similar expectations for social needs data in Health Equity Accreditation Plus (HE Plus 3, Elements A, C).</p> <p>Protections and transparency regarding those protections are core to member/patient safety, respect and trust. Many proposed Certification options focus on accessing, using and sharing individual-level data.</p>
<p>QI Policies and Procedures (HEC 3, Element A)</p> <p>Annual Analysis of QI Activities (HEC 3, Element B)</p> <p>Action and Follow-Up on Opportunities (HEC 3, Element C)</p> <p>Cooperating With Client QI Efforts (HEC 3, Element D)</p>	<p>These elements are more general than QI program requirements in NCQA Accreditations in Health Equity/Plus, which speak to the robust QI and health equity programs for which health care organizations should be accountable.</p> <p>Proposed requirements in HEC 3, Elements A–D align with expectations in other NCQA delegate-centric programs that require a QI backbone of measurable goals or objectives, actions and retrospective evaluation, relative to specific functions performed by the delegate/vendor/consultant in the context of their contract, or globally.</p>

Certification elements are optional, but may result in Certified status if scored Met. An organization may choose to pursue 1 or more of 30 Certification options. The elements' focus is the organization's performance of the activity on behalf of a health care partner.

1. Systems for Individual-Level Race/Ethnicity and Language Data
2. Systems for Individual-Level SO/GI Data
3. Collection of Data on Race/Ethnicity
4. Collection of Data on Language
5. Collection of Data on Gender Identity
6. Collection of Data on Sexual Orientation
7. Access to Written Documents
8. Access to Spoken Language Services
9. Access to Support for Language Services
10. Notification of Language Services
11. Collection of Data on Practitioners
12. Enhancing Network Cultural and Linguistic Responsiveness
13. Use of HEDIS Measures to Assess Disparities
14. Use of Data to Assess Disparities
15. Use of Data to Monitor and Assess Language Services
16. Use of Data to Improve CLAS
17. Use of Data to Address Health Care Inequities
18. Use of Data to Define Communities
19. Acquiring Communities' Social Risk Data
20. Collecting Individuals' Social Needs Data
21. Identifying Communities' Social Risks
22. Identifying Social Needs
23. Population Segmentation or Risk Stratification
24. Prioritizing Social Risks and Social Needs
25. Social Risk Resource Assessment
26. Social Need Resource Assessment
27. Identifying Resources to Address Social Needs
28. Facilitating Social Needs Referrals
29. Tracking Social Needs Referral Status
30. Assessing Social Needs Referral Status for Disparities

Targeted Questions

Core Elements in HEC 1, HEC 2 and HEC 3

- Do you support inclusion of each requirement in HEC 1, HEC 2 and HEC 3 as a core element?
- Are any proposed core elements inappropriate for certain organization types?
- Are any proposed core elements not meaningful for a delegate, vendor or partner to demonstrate?
- Would any proposed core elements prevent your organization from achieving a Certified status?
 - If yes, for which Certification elements?
- Are the requirements in the proposed core elements appropriate and relevant for all proposed Certified elements?

Certifications in HEC 4—HEC 9

- Would a Certified status for each of these elements be meaningful for your organization?
- Should HEC 4, Elements A and B be designated core elements instead of Certifications?
- Should the activities represented in HEC 4, Elements A and B be four separate elements with one demographic characteristic per Certification/core element?

General Questions

- Would this program help your organization identify potential delegates, vendors or partners?
- Which Certifications are most valuable for a delegate, vendor or partner to earn?
- Which Certifications best represent your organization’s capabilities?
- Which Certifications best align with your organization’s objectives?
- Would any proposed requirement prevent your organization from achieving a Certified status?
- Are there any activities not proposed as core elements that should be required for all organizations seeking Certification?

Scoring

Met or Not Met. NCQA proposes to set the scoring threshold for each core or Certification element at Met or Not Met, aligned with the factor-level scoring thresholds for corresponding elements in NCQA Accreditations in Health Equity/Plus. Aligning scoring thresholds across programs for Met strengthens the performance of organizations that may act as delegates to health care organizations undergoing Accreditation.

This program does not include a Partially Met (partial credit) scoring option.

Met	Partially Met	Not Met
5-6 factors	No scoring option	0-4 factors

Must-pass elements. NCQA proposes that core requirements be designated “must-pass.” This means that a score of Met is required in order to earn Certified status for any of Certification element selected for review (unless the organization qualifies for an exception).

Sampling of Evidence. For each Certification element reviewed under an Initial or Renewal Survey, NCQA proposes a review of required evidence across a sample of four randomly selected clients (or from all clients, if the entity has fewer than four). The score for each Certification element would be the average of factor-level scores for evidence across all selected clients. For example, if an organization meets 6 factors on an element whose Met scoring threshold is 5–6 factors for three clients, and meets 4 factors for one client (Not Met), NCQA assesses an average score of 5 factors (Met).

Targeted Questions

Core Elements in HEC 1, HEC 2 and HEC 3

- Do you support the proposed scoring of Met/Not Met for all core elements in HEC 1, HEC 2 and HEC 3?
- Do you support the designation of all core elements in HEC 1, HEC 2 and HEC 3 as must-pass?

Certifications in HEC 4—HEC 9

- Do you support the proposed scoring for each Certification element in HEC 4—HEC 9?

General Questions

- Do you support the review of evidence in Certification elements across a sample of up to four clients for Initial and Renewal Surveys?

Survey Types

To reflect different levels of maturity and experience for performing certain requirements, NCQA proposes that Health Equity Partner Certification include the following survey options:

- *Interim Survey*, for organizations that have processes in place but have not yet established contractual relationships necessary to demonstrate performance of the Certified activity.
 - This survey option, which is not available for NCQA Accreditations in Health Equity Accreditation/Plus, helps organizations demonstrate the full extent of their capabilities before having a contractual relationship in which to exhibit them.
- *Initial Survey*, for organizations that have implemented the processes and contractual relationships necessary to demonstrate performance of the Certified activity.
- *Renewal Survey*, for organizations that have previously undergone an Initial Survey and are ready to demonstrate ongoing performance of their Certified activity.

NCQA proposes that organizations be able to choose between an Interim or Initial Survey for each Certified element selected for review. Refer to [Health Equity Partner Certification—Elements by Survey Type](#) for a full list of elements applicable for Interim, Initial and Renewal Surveys.

Status

For each evaluated Certification, NCQA proposes organizations earn one of the following statuses:

- **“Interim—Certified in...” (lasts 18 months):** On an Interim Survey, an organization scores Met on the Certification-specific element and all applicable core elements.
- **“Certified in...” (lasts 3 years):** On an Initial or Renewal Survey, an organization scores Met on the Certification-specific element and all applicable Core elements.

- **“Denied”**: On an Interim, Initial or Renewal Survey, the organization scores Not Met on the Certification-specific element.
- **“Under Corrective Action”**: On an Interim, Initial or Renewal Survey, the organization scores Not Met on a core element.

Targeted Questions

General Questions

- Is an Interim Certified status (resulting from an Interim Survey) valuable to your organization?

Delegation and Automatic Credit

NCQA proposes that Initial and Renewal Surveys for certain Certifications confer automatic credit to organizations seeking NCQA’s Health Equity Accreditation, aligned with elements that currently confer automatic credit between Health Equity Accredited organizations. Refer to [Health Equity Partner Certification—Proposed Elements for Automatic Credit](#) for a list of elements eligible to confer automatic credit from Health Equity Partner Certification to Health Equity Accreditation.

Certain Certifications will not confer automatic credit:

- All Certifications for Interim Surveys. Organizations that undergo this survey type demonstrate a lower level of evidence than is required in Health Equity Accreditation.
- Certifications corresponding to requirements in Health Equity Accreditation Plus. This program does not currently allow automatic credit.
- Core elements in HEC 1–HEC 3. These requirements focus on the organization seeking Certification and correspond to elements in Health Equity Accreditation that are designated as nondelegated.

Targeted Questions

General Questions

- Are Certifications valuable if they do not confer automatic credit?

Next Steps

The final Standards and Guidelines for Health Equity Partner Certification will be released in July 2024, following approval by the NCQA Standards Committee and the NCQA Board of Directors.

Requirements are anticipated to take effect for surveys on or after July 1, 2024.

Public Comment Instructions

Documents

- [Health Equity Partner Certification—Proposed Standards](#) details the program’s proposed standard language.
- [Health Equity Partner Certification—Elements by Survey Type](#) provides a full list of elements proposed as applicable by survey type.
- [Health Equity Partner Certification—Proposed Elements for Automatic Credit](#) provides a full list of elements proposed as eligible to confer automatic credit from Health Equity Partner Certification to Health Equity Accreditation

How to Submit Comments

Respond to topic and element-specific questions for each product on NCQA’s public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select **Health Equity Partner Certification** from the drop-down box.
5. Click to select one or more of the following **Topics** from the drop-down box:
 - **Core Elements in HEC 1, HEC 2 and HEC 3**
 - **Certification in HEC 4**
 - **Certifications in HEC 5**
 - **Certifications in HEC 6**
 - **Certifications in HEC 7**
 - **Certifications in HEC 8**
 - **Certifications in HEC 9**
 - **General Questions**
 - **Global Questions**
6. Click to select the **Element** (question) on which you would like to comment.
7. Click to select your support option (**Support, Do not support, Support with modifications**).
 - a. If you choose **Do not support**, include your rationale in the text box.
 - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
8. Enter your comments in the **Comments** box.

Note: There is a 2,500-character limit for each comment. We suggest developing comments in Word to check your character limit; use the “cut and paste” function to copy into the Comments box.
9. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments must be entered by January 15, 2024, at 11:59 p.m. ET