

**National Committee for Quality Assurance 2016 Health Plan Accreditation Standards
Quality Management and Improvement
Case Management and Care Coordination Standards/Requirements**
<http://www.ncqa.org/programs/accreditation/health-plan-hp>
http://www.ncqa.org/Portals/0/Programs/Accreditation/2016_HPA_SGs.pdf

5. Complex Case Management (QI 5)

- Does the organization assess the characteristics and needs of its member population (including children/adolescents, individuals with disabilities and individuals with SPMI)?
- Does the organization have a detailed program description for complex case management?
- Does the organization systematically identify members with complex conditions and refer them for case management?
- Are the organization's case management systems based on sound evidence?
- Does the organization have automated systems to support the case management staff?
- Do the organization's case management systems ensure appropriate documentation and follow-up?
- Do the organization's case management systems have processes for initial assessment and ongoing management of members?
- Does the organization measure its performance and member satisfaction, and take steps to improve performance when necessary?

6. Disease Management (QI 6)

- Does the organization offer programs and services to members with chronic health conditions?
- Does the plan systematically identify and inform members about its disease management programs?
- Does the organization measure member participation and program effectiveness?
- Does the organization inform and educate practitioners about these programs?
- Does the organization base interventions on stratification of severity or other clinical criteria?
- Does the organization integrate information from its systems and programs to facilitate continuity of care?

7. Practice Guidelines (QI 7)

- Does the organization adopt evidence-based practice guidelines for at least two medical conditions and at least two behavioral conditions with at least one behavioral guideline addressing children/adolescents?
- Is there a clinical basis to the guidelines?

- Are the guidelines reviewed at least every two years?
- Are the guidelines distributed to appropriate practitioners?
- Does the organization annually measure its performance against the guidelines?

8. Continuity and Coordination of Medical Care (QI 8)

- Does the organization identify improvement opportunities?
- Does the organization monitor the continuity and coordination of care between practitioners; for example, between a primary care physician and a specialist?
- Does the organization measure its performance and make improvements when needed?
- Does the organization annually act to improve coordination of medical care?

9. Continuity and Coordination Between Medical and Behavioral Health Care (QI 9)

- Does the organization annually collect data about opportunities for coordination between general medical care and behavioral health care?
- Does the organization collaborate with behavioral health specialists to collect and analyze data and implement improvement of coordination of behavioral health and general medical care?