The Evolving Relationship Between Health Care Payors and Accreditors

OVERVIEW
The Joint Commission, the nation’s oldest and largest accreditor of health care organizations, recently presented health care insurance plans with new and innovative approaches to accreditation and certification. These approaches include implementing Centers of Excellence, value-based incentive and credentialing programs, and onsite evaluations to help enhance quality and safety for health plan members and reduce the insurer’s administrative burden.

TRENDS AND OPPORTUNITIES

Centers of Excellence
Centers of Excellence (CoEs) are increasingly popular with major health care insurance plans and are making their way to other health care insurers, state Medicaid plans and employer groups. A CoE is a limited group of providers that achieves improved outcomes in delivery of care.

To attain this higher level of care, providers are selected to participate in a narrower referral network. Depending upon the individual CoE Program’s process, providers are either invited to participate in a CoE or may voluntarily elect to join. In either instance, the provider is only recognized or designated as a CoE participant if its organization meets specific criteria above and beyond standard credentialing. Requirements often include demonstrating higher levels of performance, cost savings or organizational efficiency.

Recently, several major health care insurance plans recognized Joint Commission certification within their CoE programs for hip and knee replacement:

- **Blue Cross Blue Shield Association’s Blue Distinction Centers for Specialty Care**

  In 2006, Blue Cross Blue Shield Association (BCBSA) began Blue Distinction® Specialty Care, a national designation program for various specific specialty care areas, with provider designations that are awarded by BCBSA’s independent licensees and local Blue Cross and/or Blue Shield (BCBS) companies. Under the Blue Distinction Centers for Knee and Hip Replacement program, hospitals and ambulatory surgery centers (ASCs) performing total knee and total hip replacement procedures must be accredited by one of several national accreditation organizations (which include The Joint Commission) identified in the program’s selection criteria. In 2019, BCBSA refreshed the program so that ASCs doing total knee and total hip replacements must also possess an advanced orthopaedic certification. Joint Commission accreditation and Joint Commission Advanced Total Hip and Knee Replacement Certification (THKR) is one of several advanced orthopaedic certification programs that are recognized within the Blue Distinction program selection criteria.
Aetna’s Institutes of Quality

Aetna’s Institutes of Quality (IOQ) is a network of high-performing health care organizations that offer specialized care. Aetna’s IOQ for orthopedic care requires Joint Commission Advanced THKR Certification as a mandatory requirement for both hospitals and ASCs. The Advanced THKR Certification requirement was launched in 2019 and reflects Aetna’s continuing commitment to quality performance and evidence-based care.

Benefits to health plans that elect to add Joint Commission accreditation or certification as a requirement to their CoE programs are:

- overall improved quality
- administrative cost savings
- evaluation of care against the nation’s state-of-the-art standards

The Joint Commission’s collaboration with American Academy of Orthopaedic Surgeons (AAOS) and the American Joint Replacement Registry (AJRR) – the nation’s largest orthopaedic registry – establishes its Advanced THKR Certification as the highest certification available. All providers that achieve Advanced THKR Certification must also participate in the AJRR. This participation allows providers to benchmark their outcomes against others and offers comprehensive data to health care insurance plans on both clinical and patient-reported outcomes.

Humana’s and State Medicaid’s Value-Based Incentive Programs

Value-based incentive programs (VBIPs) reward health care providers with incentive payments for achieving a higher quality of care while reaching specific performance measures or achievements. Health care organizations are financially rewarded by meeting a higher standard which promotes better outcomes. These programs are a component of an overall strategy to transform health care delivery to a system of payment that is linked to the value of organizations achieving specific performance outcomes, process improvement and safety. VBIPs are designed for health care insurance plans to create strong incentives for overall performance improvement and give providers financial rewards for meeting extraordinary performance.

The Joint Commission is recognized within several VBIPs, including Humana’s Hospital Incentive Program (HIP). The HIP is designed to provide higher-quality and more coordinated care for Humana commercial members. Humana’s HIP aims to deliver more integrated care and reduce duplicative services, hospital readmissions, and complication rates in acute care inpatient admissions. The program provides compensation based on quality improvement and performance. Humana’s HIP metrics recognize two certification programs developed by The Joint Commission: Integrated Care Coordination (ICC) and hospital-based Palliative Care Coordination.

State Medicaid authorities also are experimenting with VBIP to reward organizations for providing high-quality care. In Florida, a new prospective payment system for nursing homes was introduced in 2016 and included a quality incentive payment to providers that scored points on a quality matrix or scorecard. Measures include staffing, overall five-star rating performance on CMS quality measures as well as specified awards or designations such as Joint Commission Nursing Care Center accreditation.

Credentialing and Onsite Evaluations

Health care insurance plans often seek to comply with accreditation requirements to validate the quality of patient care and services by performing an onsite assessment. Many health care insurance plans also accept a proxy for onsite evaluation and The Joint Commission accreditation is often accepted. The Joint Commission performs onsite performance assessments of health care organizations at select intervals, typically every two to three years, depending on the accreditation or certification of the health care organization. Onsite survey processes are data-driven, focused on patient safety and quality, and evaluate actual care processes and technology.

Health care insurance plans that choose Joint Commission accreditation for validation survey may benefit by freeing up resources to direct to other areas of plan administration. In addition, there is added value of knowing that organizations that have achieved Joint Commission accreditation have complied with the highest patient safety and quality requirements.

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