



## ACO Accreditation *Frequently Asked Questions*

### ACO Accreditation Program Details

#### What are ACOs, and what do they do?

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Accountable Care Organizations (ACO) are broad provider-based organizations that manage the health care needs of a defined population. ACOs strive to reduce costs and improve health care quality and patient experiences by aligning incentives and reducing fragmentation within the care delivery system.

#### Why should organizations become accredited?

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Accreditation helps providers, purchasers and consumers determine whom they can trust. NCQA developed its ACO Accreditation program to distinguish between high-functioning ACOs that meet core capabilities and self-acclaimed ACOs with unknown accountability.

#### What does NCQA Accreditation provide?

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NCQA Accreditation:

- Assures consumers that an Accredited Accountable Care Organization has met published the requirements for transparency, disclosure and accountability.
- Provides independent evaluation of an organization's ability to coordinate care and be accountable for the high-quality, efficient, patient-centered care that is attributed to this care delivery model.
- Provides a clear description, or "roadmap," of the key components for provider-led organizations to demonstrate their ability to reach the "triple aim": improving health care costs, improving quality and improving patient experience (i.e., aligned organizational leadership, care coordination, patient engagement, analysis of use patterns).
- Helps organizations meet the expectations of multiple public and private payers.

#### Who is eligible for ACO accreditation?

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Eligible entities must serve at least 5,000 patients and must have a strong foundation of patient-centered primary care providers. Eligible entities could include:

- Providers in group practice arrangements.
- Networks of individual practices.
- Hospital/provider partnerships or joint ventures.
- Hospitals and their employed or contracted providers.
- Publicly governed entities that work with providers to arrange care.
- Provider-health plan partnerships.

Organizations should meet the following criteria for ACO accreditation:

- Have a governance structure and strong support systems for providers participating in the ACO.
- Have a process for monitoring and evaluating providers participating in the ACO against the organization's goals for clinical quality, patient experience and costs for the defined population.
- Comply with applicable federal, state and local laws and regulations, including requirements for licensure.
- Operate without discrimination (e.g., because of sex, race, religion).
- Perform relevant functions addressed in the ACO standards and guidelines.

### What does ACO accreditation assess?

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NCQA ACO Accreditation assesses the following against established thresholds and criteria:

- Availability of and patients' access to care.
- Patient rights and responsibilities.
- Primary care.
- Care management and coordination capabilities.
- Practice patterns and performance reporting.
- Program operations.

### Areas of Evaluation

ACO Structure & Operations	<ul style="list-style-type: none"> <li>• Provides the infrastructure and leadership needed to move health care systems toward the triple aim.</li> <li>• Determines provider payment and contracting arrangements.</li> </ul>
Access to Needed Providers	<ul style="list-style-type: none"> <li>• Provides the full range of health care services to patients (e.g., primary care, tertiary care, community and home-based services).</li> </ul>
Patient-Centered Primary Care	<ul style="list-style-type: none"> <li>• Provides access to patient-centered care and medical homes.</li> </ul>
Care Management	<ul style="list-style-type: none"> <li>• Provides resources for patients and practitioners to support care management activities.</li> </ul>
Care Coordination and Transitions	<ul style="list-style-type: none"> <li>• Facilitates information exchange across providers and sites of care.</li> </ul>
Patient Rights and Responsibilities	<ul style="list-style-type: none"> <li>• Communicates the ACO's performance to patients and is transparent about performance-based payment arrangements with providers.</li> </ul>
Performance Reporting and Quality Improvement	<ul style="list-style-type: none"> <li>• Collects, integrates and disseminates data for various uses, including care management and performance reporting.</li> <li>• Provides performance reports to providers within the ACO for quality improvement.</li> </ul>

There are three levels of accreditation, which encourage ACOs to become more adept at coordinating and being accountable for quality, efficient care.

## Types of ACO Accreditation Programs

### Are there different types of accreditation programs for organizations in different stages of ACO development?

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NCQA offers three types of assessments for organizations, depending on their level of readiness:

1. **Full Accreditation Survey.** For organizations that can demonstrate capabilities outlined in the standards and guidelines, NCQA evaluates quality-related systems against all ACO accreditation standards. There are three levels of NCQA ACO Accreditation, representing varying degrees of capability for coordinating care, reporting and improving quality. NCQA releases Accreditation Survey results to the public. The final score is based on a combination of the overall element score and on must-pass elements.
2. **Introductory Survey.** This option provides a Full Accreditation Survey for organizations seeking accreditation for the first time and that are uncertain of their capabilities or are newly developed. Organizations may undergo two Accreditation Surveys before receiving an accreditation status. This survey allows an organization to postpone the accreditation status decision (without penalty). An organization that declines its accreditation status has the option to undergo an Introductory Follow-Up Survey within 12 months of the Introductory Survey, for elements that did not score 100%. The final score is based on a combination of the overall element score and on must-pass elements.
3. **Educational Assessment.** For organizations that might not currently meet NCQA Accreditation standards and are continuing to develop, this survey provides a chance to discuss performance with NCQA and to receive an in-depth review of areas in need of improvement. The Educational Assessment does not result in an accreditation status.

### How do we apply for ACO accreditation?

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1. Obtain *free* application materials by visiting <http://www.ncqa.org/tabid/1343/Default.aspx>.
  - Accountable care organization accreditation materials include:
    - *The Agreement for ACO Survey.* A legal contract that includes the pricing methodology.
    - *The Workbook Application for the ACO program.* An Excel document that helps determine an organization's eligibility.
    - *The Policies and Procedures.* Details the ACO program and includes information about eligibility.
  - Submit the completed application to NCQA, along with the \$5,000 application fee (the fee is applied to the price of the survey selected).
2. NCQA will notify organizations of eligibility within 30 days of receiving the completed application materials.
3. All application materials must be submitted six months before the Survey Tool is submitted.

## How can we learn more about the ACO standards and guidelines?

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There are a few ways to learn more about the standards and guidelines:

- NCQA offers a monthly, one-hour Webinar: “Stand Out! How to Become a Nationally Accredited ACO.” [Click here](#) session dates.
- NCQA sponsors educational seminars, where experts detail the accreditation process and the standards and guidelines. [Click here](#) to view the 2012 Education Calendar.
- Email [aco@ncqa.org](mailto:aco@ncqa.org) for more information.
- Purchase the ACO *Standards and Guidelines* publication from the ACO Publications page on the NCQA Web site: <http://www.ncqa.org/tabid/1343/Default.aspx>.

## CAHPS

### What is CAHPS?

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CAHPS is a family of surveys that includes tools for different types of facility care. “CAHPS” stands for “Consumer Assessment of Healthcare Providers and Systems.”

### Why is CG-CAHPS (H-CAHPS) mandatory to achieve NCQA Level 2 Accreditation?

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Listening to patients can pay off in unexpected ways and help organizations prioritize service initiatives, recognize outstanding staff members and increase referrals. With the move toward value-based purchasing and tougher competition, NCQA feels it is crucial for organizations to focus on patient satisfaction. CAHPS-PCMH, if utilized, includes CG-CAHPS.

## Alignment With CMS Programs

### Is the NCQA ACO Accreditation program the same as the CMS Medicare Shared Savings and Pioneer programs?

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The NCQA ACO Accreditation program aligns closely with the CMS programs in many areas, such as achieving the goals of the triple aim, although there are some differences:

- NCQA Accreditation is designed for multiple public and private payers and focuses on a wide range of patient populations, not only on the elderly.
- NCQA ACO Accreditation is a roadmap for health care professionals, highlighting capabilities they must have to succeed as ACOs, but it does not dictate how to transform—that can depend on local market conditions and culture.

For more information about alignment with CMS, click [Crosswalk for CMS Shared Savings & ACOs](#).

## Autocredit for a PCMH-Recognized Primary Care Practice

Organizations that apply for ACO accreditation and have 70 percent or more of their patients attributed to NCQA-Recognized PCMH practices receive automatic credit for two of the program's standards (17 points): *Practice Capability* and *Patient-Centered Primary Care Oversight*.

ACO accreditation does not confer PCMH recognition. ACOs must maintain PCMH recognition in order to remain eligible for automatic credit. Organizations that fall short of the 70 percent threshold are not eligible for automatic credit and must:

- Evaluate the ability of primary care practices within the ACO to deliver patient-centered care and to act as a medical home for patients.
- Submit documentation and reports to NCQA on their annual monitoring activities that evaluate practice capabilities, and show evidence that the evaluation was completed (a must-pass element).
- Submit a sample of up to four practices (selected by NCQA) measured against PCMH criteria to determine if patients and families have access to patient-centered primary care.

## Why is PCMH Recognition Important for ACO Accreditation?

ACOs are the future, and PCMH is the foundation for ACOs.

**Transparency.** Access to NCQA PCMH Recognition and ACO Accreditation status lets consumers, purchasers, providers and payers see an organization's performance at different levels, and highlights key components of quality metrics.

NCQA PCMH Recognition assures consumers that their primary care providers are focused on their unique health care needs and can deliver the patient-centered care that they desire. Sites and providers that maintain PCMH Recognition help purchasers, providers and payers assess the strength of an ACO's foundation based on the Recognition level achieved.

ACO Accreditation signals that access, coordination, performance reporting and improvement, along with population health management capabilities, are adopted by all providers within the ACO. It is through integrated care coordination that the ACO demonstrates it has the leadership and infrastructure to deliver the triple aim.

Maintaining PCMH Recognition and ACO Accreditation status provides a comprehensive snapshot of an organization's total performance.

**Accountability.** ACOs are responsible for providing the resources necessary to meet the health care needs of their patients effectively and for ensuring that delivery system providers are equipped to operate at the highest level of quality with regard to cost, care and patient experience. NCQA Recognized PCMHs represent a commitment to nationally recognized standards of care and when included in the ACO's structure, provide confirmation of that commitment.

**Measurement.** There is growing evidence that NCQA-Recognized PCMHs outperform practices that self-assess. Before NCQA's impartial assessment, approximately 20 percent of the more than 5,000 Recognized practices self-assess at a higher recognition level than they achieve. NCQA's standardized assessment ensures that ACOs' primary care practices meet the requirements of performance necessary for strong ACO performance.

NCQA consistently raises the bar over time and ensures that the high standard is continually met through renewal of recognition and accreditation. When primary care sites stay current with best practices in the evolving quality-improvement environment, they are less likely to fall behind in meeting nationally accepted and industry-supported performance requirements. That sustainability is a key factor in establishing the value of an ACO to purchasers, partners and consumers in the ever more cost-conscious future of health care.

## ACO Performance Measurement

### When will organizations be required to use ACO HEDIS measures?

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ACO HEDIS was released on September 6, 2012. Organizations may start collecting data and submitting measures to NCQA. At this time, the current *Standards and Guidelines for the Accreditation of Accountable Care Organizations* does not require reporting on ACO HEDIS.

Organizations may participate in regional or national measurement collaborative and may submit up to 15 of these measures toward meeting *PR 1: Performance Reporting*, Element A (page 136 in the publication). Organizations may also base measure calculation on NQF-endorsed measure specifications.

### What regional measures may be used to demonstrate improvement or strong performance?

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Approved regional collaboratives are:

- California IHA (California Integrated Healthcare Association).
- MN Measures (Minnesota Community).
- Puget Sound.
- WHIO (Wisconsin Health Information Organization).

Organizations participating in regional measures not included in the list may write to [aco@ncqa.org](mailto:aco@ncqa.org) to petition for approval of alternative collaboratives.