



# Accountable Care Organizations

**Kiran Johal, MPH**  
**Assistant Director, Product Development**  
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# What are ACOs?

- Provider-based organizations that are **accountable for both quality and costs** of care for a defined population
  - Arrange for the total continuum of care
- **Align incentives** and reward providers based on performance (quality and financial)
  - Incentivized through payment mechanisms such as shared savings or partial/full-risk contracts
- Goal is to **meet the “triple aim”**
  - Improve people’s experience of care
  - Improve population health
  - Reduce overall cost of care



# Types of Organizations That May Qualify as ACO

- ACOs are “care delivery” organizations
- Potentially eligible entities:
  - Providers in group practice
  - Networks of individual practices
  - Hospital/provider partnerships or joint ventures
  - Hospitals and employed or contracted providers
  - Publicly governed entities that work with providers to arrange care\*
  - Provider-health plan partnerships\*
- Must serve at least 5,000 patients

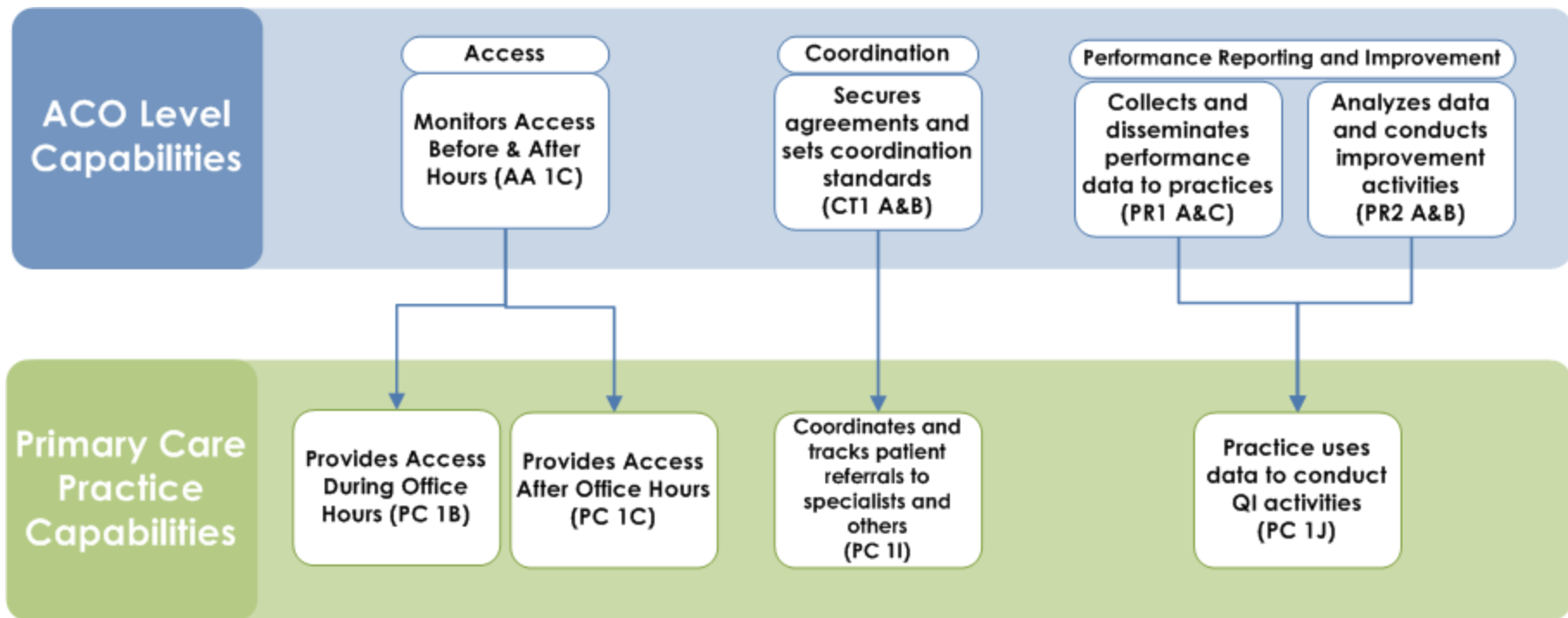
# NCQA Evaluates 7 Key Areas

- 1. ACO Structure & Operations**
- 2. Access to Needed Providers**
- 3. Patient-Centered Primary Care**
- 4. Care Management**
- 5. Care Coordination and Transitions**
- 6. Patient Rights and Responsibilities**
- 7. Performance Reporting and Quality Improvement**

# NCQA's ACO Evaluation Program

- **Assesses core capabilities** that will improve the likelihood of success for individual ACOs
  - Agnostic to organizational structure
  - Criteria are flexible
  - Elements of PCMH 2011 integrated into ACO criteria

# ACOs can provide valuable resources to support the delivery of patient-centered primary care.



# Levels of accreditation demonstrate varying levels of readiness to be ACOs.

Level	Points	Must-Pass Elements
<b>Level 1</b> <ul style="list-style-type: none"><li>• For organizations in the formation or transformation stage; have not reached full ACO capability.</li><li>• Organizations have basic infrastructure and some capabilities outlined in standards.</li><li>• Length of status: 2 years</li></ul>	<b>50 points</b>	<b>None</b>
<b>Level 2</b> <ul style="list-style-type: none"><li>• For well-established organizations that strongly demonstrate the capabilities outlined in the standards</li><li>• Length of status: 3 years</li></ul>	<b>70 points</b>	<b>Yes</b> <ul style="list-style-type: none"><li>• Report core performance measures and patient experience</li><li>• Evaluate and improve patient-centered primary care</li><li>• Have complete data on a minimum threshold of patients</li></ul>
<b>Level 3</b> <ul style="list-style-type: none"><li>• Achieve Level 2 and demonstrate strong performance or improvement across the triple aim</li><li>• Length of status: 3 years</li></ul>	<b>70 points and performance against triple aim</b>	<b>Yes</b> <ul style="list-style-type: none"><li>• Same as Level 2</li></ul>