



H. 812 Consumer Protections for Accountable Care Organizations

Testimony before House Health Care Committee
Wednesday, March 8, 2016
Sharon Winn on behalf of CHAC and Bi-State Primary Care Association

Recommendations

1. Section 5, page 5, line 21 – 5000 lives
Propose 10,000 lives to be consistent with CMS threshold for attributed lives

2. Section 5, page 6, line 1
“. . . each accountable care organization . . . shall obtain and maintain certification from the Green Mountain Care Board...”

Suggest instead:

“. . . each accountable care organization shall either 1) obtain and maintain National Committee for Quality Assurance (NCQA) Full Accreditation for ACOs; or 2) maintain and obtain certification from the Green Mountain Care Board.

- Most or all of the criteria listed from page 6 line 6 through page 8 line 11 would be addressed through NCQA accreditation of an ACO.

3. Section 5, page 8, line 12 through page 10 line 9

We suggest these sections also be reviewed and possibly realigned with section (a) such that the Green Mountain Care Board has two sets of standards to address: one that applies only to ACOs that are not NCQA accredited, and one that applies to all ACOs regardless of accreditation status.

We have a draft side-by-side we will share once it's fully vetted with the ACO teams and the health care advocate's office.

Rationale for NCQA Accreditation of ACOs

1. Aligns ACO standards and framework with both health plans and primary care practices accreditation.
 - State law requires NCQA accreditation for commercial health plans, by virtue of its exchange requirements.
 - State law requires NCQA recognition of primary care practices through Blueprint patient-centered medical home requirements.
2. Ensures efficient use of scarce resources, avoids duplicative function.
 - Health plans are unlikely to delegate function to non-accredited ACOs, because NCQA requires rigorous oversight wherever function is delegated to non-accredited entities.
 - A state regulatory framework puts burden and expense on the state to maintain a regulatory structure; NCQA accreditation would be paid for by the accredited entity; GMCB could simply ensure the accreditation occurred.
3. Ensures ongoing relevance in ACO standards and a transparent, credible process
 - NCQA updates its standards regularly, by convening advisory committees and scanning for best industry practices
 - NCQA accredited entities must undergo reaccreditation regularly (health plans resurvey every 3 years)
 - Frequently asked questions related to NCQA ACO accreditation can be found at this link: [NCQA ACO FAQs](#)