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**Kathryn Creech**  
Board Chairperson

**Kylanne Green**  
President and CEO

March 10, 2015

Honorable Senator Terry Gerratana  
Honorable Representative Matthew Ritter  
Public Health Committee  
Legislative Office Building, Room 3000  
Hartford, CT 06106

**RE: Testimony in Support of Proposed Bill No. 814**

Dear Chairwoman Gerratana and Chairman Ritter,

I am writing on behalf of URAC, a nationally recognized accrediting entity designated by CMS as an accreditor of Qualified Health Plan issuers participating in Health Insurance Marketplaces, and as a deemed accreditor of participating Medicare Advantage plans.

URAC supports the sponsors' efforts to encourage the development of commercial accountable care collaboratives as they hold the potential to lower the cost of care while improving both patient experience and the quality of care delivered. However, there are a number of potentially significant issues, of which legislators should be aware when seeking to promote the integration of providers.

There are serious anti-trust concerns for state regulators to consider when supporting the development of accountable care collaboratives. Given the legitimate concern that anti-competitive aggregation of providers can lead to higher healthcare prices with no corresponding increase in value or quality, it is vital that regulators strike the right balance between delivery system reform and protecting consumers.

When considering Proposed Bill No. 814, it is important to note that existing regulatory structures may not readily apply to the innovations the bill seeks to promote. Many existing regulations broadly apply to managed care activities traditionally performed by insurers. As provider organizations engage directly in managing care and ultimately assuming financial risk for the care of a defined population, the line between provider and insurer blurs.

One option to address this new gap in oversight is to create new laws and regulations. However, there are dangers associated with the creation of new regulations when the organizations and activities being regulated are immature. Imbedding new rules into existing regulations or creating a new regulatory scheme guides future growth and innovation based on structures and activities that have not been tested. But absent new



regulations, how can officials drive innovative healthcare solutions with an assurance that new ideas and processes are successful or, at the very least, do no harm?

Oversight of accountable care collaboratives through an accreditation process has the potential to guide, direct and validate an evolving marketplace. Accreditation focuses on achieving desired outcomes through the creation of vetted industry standards that are regularly updated as structures, processes and systems evolve. Therefore, important consumer protections, compliance with anti-trust law and other compliance is assured in a manner that will not restrict the emergence of future innovations. Laws and regulation can be difficult and burdensome to update. However, accreditation standards are informed by subject matter experts, successful organizations seeking to raise the bar on quality, and are developed with both industry and consumer stakeholder input.

URAC has designed its Clinical Integration and Accountable Care accreditation programs to guide and validate the efforts of commercial entities as they organize themselves for value and risk based contracting. URAC's Clinical Integration and Accountable Care standards validate performance in four key areas: leadership and governance; alignment of providers; clinical management and coordination; and integrated infrastructure. Demonstrating consumer safeguards and achievement of the triple aim are central to a URAC accredited clinically integrated network or ACO-like entity.

St. Vincent's Health Partners, located in Bridgeport and led by Dr. Thomas Raskauskas, currently holds URAC Clinical Integration accreditation. St. Vincent Health Partners chose to pursue URAC accreditation as a way to demonstrate compliance with anti-trust laws and guide their development as an integrated system capable of entering into value based payment arrangements.

In closing, URAC encourages legislators to utilize the accreditation process as a valuable resource to provide oversight of accountable care collaboratives while ensuring market innovation. If you have any questions or would like to discuss URAC's Clinical Integration and Accountable Care accreditation programs in more detail, please contact Aaron Turner-Phifer at 202-326-3957 or via email at [aturner-phifer@urac.org](mailto:aturner-phifer@urac.org).

URAC looks forward to working in collaboration with the sponsors, members of the committee, and interested stakeholders as we all look to support the next evolution of care delivery.

Sincerely,

Kylanne Green  
President and CEO

CC: Senator Martin M. Looney  
Senator Leonard A. Fasano