



ACQA

Accountable Cost and Quality Agreements FAQs



Q What is an ACQA?

A An ACQA is a collaboration between the health plan and systems of providers and hospitals to improve quality care and keep costs down. We work together to identify opportunities for efficiency, to close gaps in care and better control members' chronic conditions.

Q How does an ACQA work?

A Once a contract is signed, the health plan and provider work to determine realistic goals around cost and quality. The health plan analyzes and exchanges data with providers, while the provider works towards quality improvement targets. At the end of the year, if the provider has met their cost and quality goals, they share in the achieved savings. If the targets are not hit, the provider experiences a reduction in reimbursement.

Q Why use this type of agreement?

A ACQA contracts help providers and the health plan work together, moving away from an antagonistic relationship. They also move away from straight fee for service reimbursement, where there is an incentive for quantity, but not quality.

Q Is an ACQA an ACO?

A "ACQA" is an Univera Healthcare specific term, but the concept is similar to an ACO, Accountable Care Organization.

Q Will a member know whether or not their provider is part of an ACQA?

A Members do not know whether or not their provider is part of an ACQA. Members do however benefit from better care and enhanced coordination of services by seeing a provider in an ACQA.
