July 10, 2026

Vivek Garg, MD
President and CEO
National Center for Quality Assurance (NCQA)
1100 13th St. NW, Third Floor
Washington, DC 20005
Submitted electronically to: https://my.ncqa.org/

RE: Draft Advanced Primary Care Accreditation Program Standards

Dear Dr. Garg:

The National Association of ACOs (NAACOS) appreciates the opportunity to submit comments in response to NCQA's new Advanced Primary Care accreditation program. NAACOS is a member-led and member-governed nonprofit of nearly 500 accountable care organizations (ACOs) and value-based care entities in Medicare, Medicaid, and commercial insurance working on behalf of health care providers across the nation to improve the quality of care for patients and reduce health care cost. Collectively, our members are accountable for the care of more than 10 million beneficiaries through Medicare's population health-focused payment and delivery models, including the Medicare Shared Savings Program (MSSP) and the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model. Our comments below reflect concerns of our members and our shared goal to advance high-quality, cost-effective health care through provider-led transformation.

We are pleased to see NCQA emphasize the importance of coordination and accountability in the Advanced Primary Care program overview. Primary care is the foundation of a strong accountable care program. Overall, we are supportive of the framework for the Advanced Primary Care accreditation program and commend the focus on population health management and coordinated, team-based care.

Administrative burden and associated costs are quickening burnout among primary care providers and as such, any new accreditation program must mitigate burden and support alignment with other reporting requirements and programs. Regarding quality measurement, we appreciate NCQA's aim of aligning accountable entity-level metrics with both NCQA's plan-specified HEDIS measure set and CMS' Universal Foundation. Across payers, value-based care provider groups report on the same clinical concept through multiple pathways and measures. This significantly increases burden and diverts resources and staff time away from clinical care and quality improvement efforts. We support steps toward alignment of quality measurement approaches that help alleviate burden.

NAACOS urges NCQA not to limit the Advanced Primary Care measure strategy to eCQMs and Fast Healthcare interoperability Resources (FHIR)-based dQMs to recognize the current state of interoperability between electronic health records (EHRs) and industry adoption of FHIR. Experiences from ACOs in MSSP demonstrate that vendor capabilities are not where they need to be to support EHR-

based reporting at the accountable entity level, even when practices' EHR products meet Certified EHR Technology (CEHRT) criteria. Use of EHR-based reporting has significant limitations when applied to accountable networks of providers. Additionally, implementation of eCQMs in MSSP has created significant unintended challenges since these measures were developed and specified for individual clinicians and practices, then applied to ACOs with no modifications. It is critical that quality measures for Advanced Primary Care are designed for the appropriate audience and settings and, when applied to accountable entities, support population health.

ACOs and providers in accountable care regularly leverage data and technology, integrating claims and clinical data, to enhance clinical outcomes through innovative solutions and population health management. Data must be made available at the point of care to support clinical decision making, patient empowerment, and quality improvement. Value-based care organizations have different approaches to facilitate data availability for clinicians, which may be within the EHR or through custom platforms or products that are integrated with the EHR. It is critical that data are stored where they are most appropriate and most useful, which may vary by clinician and practice. The purposes of quality reporting should not dictate where and how data are stored and displayed. Performance measurement is fundamental to accountable care, and it should reflect practices' existing capabilities while facilitating the shift to FHIR-based reporting. **NCQA should consider a more flexible approach to quality performance measurement during this shift to reflect the capabilities of practices and vendors.**

Additionally, feedback from our ACO members attempting to work with their vendors on FHIR-based solutions highlights that many members of the vendor community are not currently capable of supporting FHIR-based reporting. NAACOS and its members are very supportive of and working towards shifting to a dQM framework that supports multiple use cases. This would increase efficiency, reduce administrative burden, and empower patients and providers to make informed care decisions. As CMS and other policymakers in the quality measurement landscape are also working towards implementation of FHIR-based dQMs, we strongly encourage NCQA to partner across stakeholder and industry groups to ensure data elements are standardized and measure specifications are aligned across payers and programs.

Thank you for the opportunity to provide feedback on the draft Advanced Primary Care accreditation standards. NAACOS and its members are committed to providing the highest quality care for patients while advancing population health goals for the communities they serve. We look forward to our continued engagement on program design to advance high-quality, coordinated care. If you have any questions, please contact Aisha Pittman, senior vice president of government affairs at NAACOS at apittman@naacos.com.

Sincerely,

Emily D. Brower
President and CEO
NAACOS