COMMONWEALTH OF MASSACHUSETTS

HEALTH POLICY COMMISSION

Care Delivery and Payment System Transformation Committee

November 12, 2015

Agenda

- **Approval of Minutes from September 9, 2015**
- Health Care Innovation Investment Program
- PCMH Certification
- ACO Certification
- Schedule of Next Committee Meeting (December 9, 2015)

Vote: Approving Minutes

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Motion: That the Care Delivery and Payment System Transformation Committee hereby approves the minutes of the Committee meeting held on September 9, 2015, as presented.

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Health Care Innovation Investment Program background

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Establishment of the Health Care Innovation Investment Program

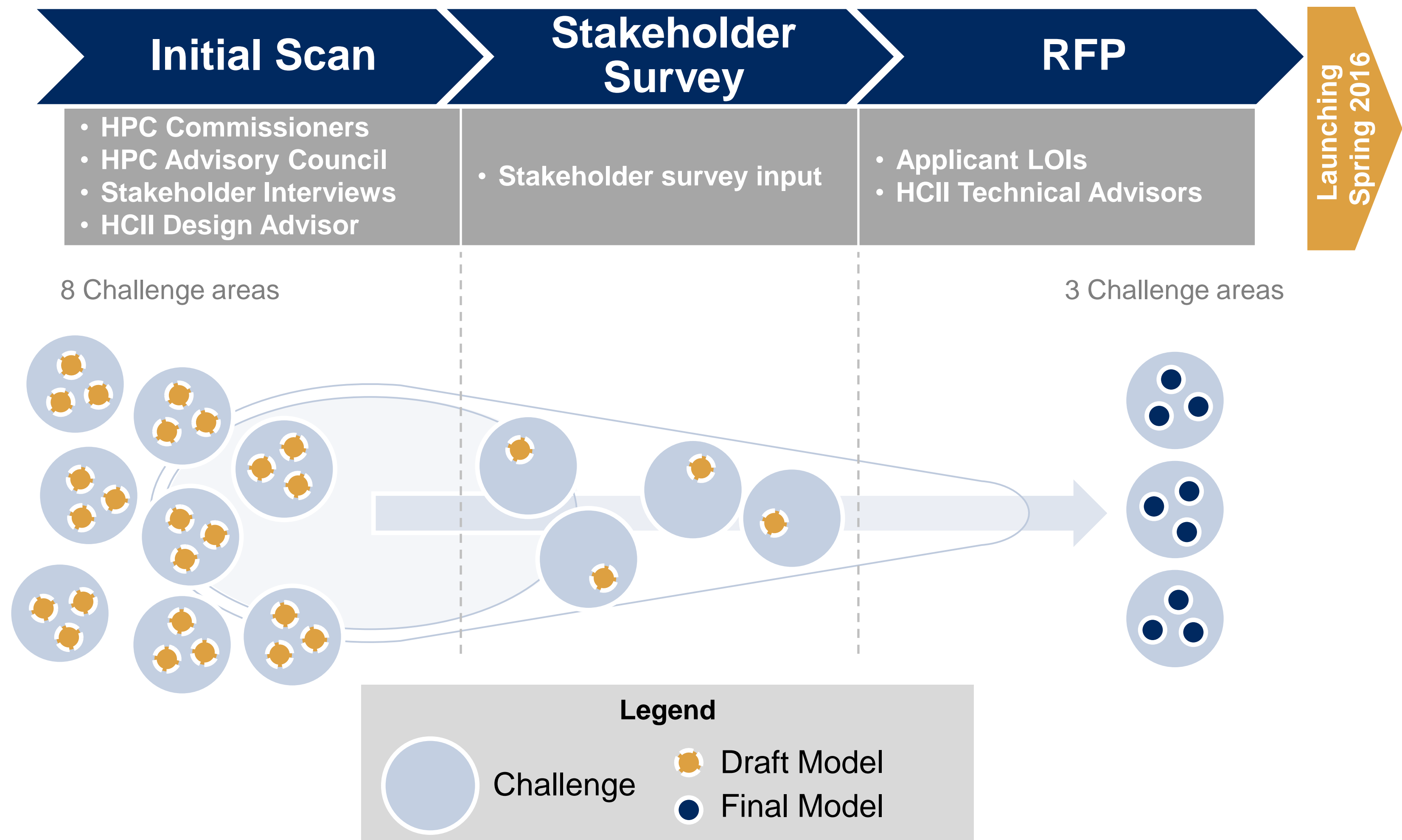
- M.G.L. c. 6D § 7
- Funded by revenue from **gaming licensing fees** through the Health Care Payment Reform Trust Fund
- Total amount of **$6 million**
  - *May increase if 3rd gaming license is awarded*
- Unexpended funds may to be rolled-over to the following year and do not revert to the General Fund
- **Competitive** proposal process to receive funds
- Broad eligibility criteria (*any **payer or provider***)

Purpose of the Health Care Innovation Investment Program

- To **foster innovation** in health care **payment** and service **delivery**
- To **align** with and **enhance** existing funding streams in Mass. (e.g., DSTI, CHART, MeHI, CMMI, etc.)
- To support and further efforts to meet the **health care cost growth benchmark**
- To improve **quality** of the delivery system
- **Diverse uses** include incentives, investments, technical assistance, evaluation assistance or partnerships

HCII Round 1 application process maximizes applicant input and engagement

*HPC shall **solicit ideas for payment and care delivery reforms** directly from providers, payers, research / educational institutions, community-based organizations and others.*



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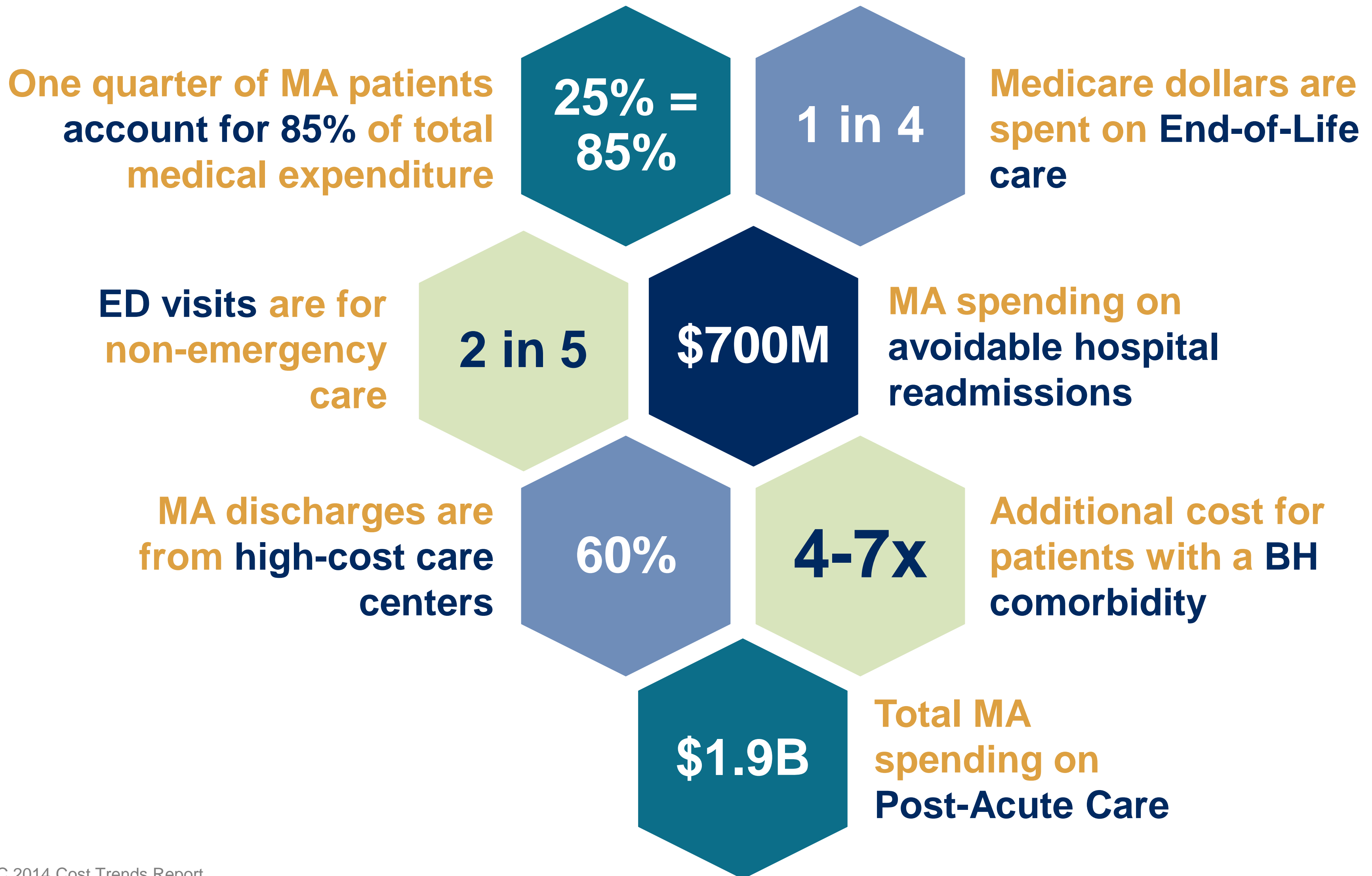
Primary cost drivers in Massachusetts identified by HPC



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HPC 2014 Cost Trends Report
HPC July 2014 Cost Trends Supplement
HPC 2015 Annual Cost Trends Hearing – AGO Report

HCII Stakeholder Survey – we need your input!

Please respond to the HCII stakeholder survey. **LIVE** until next Friday, 11/20.

HPC Homepage – mass.gov/hpc

Health Policy Commission

The HPC's mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and investment programs. Our goal is better health and better care at a lower cost across the Commonwealth.

- Public Meetings
- Regulations
- Annual Cost Trends Hearing
- Publications
- Material Change Notices/Cost and Market Impact Reviews
- Office of Patient Protection
- CHART
- Nurse Staffing
- Certification Programs
- Registration of Provider Organizations

Upcoming Meetings

November 12 - CDPST (9:30am)

November 12 - QIPP (11am)

November 18 - Full Commission (12pm)

December 2 - CTMP (9:30am)

December 2 - CHICI (11am)

CHART Investment Program
Phase 2 Grants Announced

19%
24%
18%
14%
25%

CHART Phase 2 Awards Announced

HPC board voted on October 22, 2014 to grant $60 million to community hospitals through the CHART Investment Program

1 2 3 4 5 Learn More »

Health Care Cost Growth Benchmark

Nine years ago the Massachusetts state legislature enacted Chapter 58 of the Acts of 2006, a law designed to provide near universal health insurance coverage for state residents. Today, over 400,000 additional Massachusetts residents have health insurance coverage, giving Massachusetts the highest rate of insurance coverage in the nation.

Following the passage of Chapter 58, health care policy efforts in Massachusetts focused on enhancing the transparency of the state's health care system and identifying health care cost drivers. While Massachusetts is a national leader in innovative and high-quality health care, it is also among the states with the highest health care spending. The rapid rate of growth in health care spending has contributed to a crowding-out effect for households, businesses, and government, reducing resources available to spend on other priorities.

Given these trends, the state enacted Chapter 224 of the Acts of 2012, a new

David Seltz
Executive Director
Meet the Leadership

Dr Stuart Altman
Commission Chai
Meet the Commissioners

Job & Internship Opportunities

News & Events

- HPC Survey on Health Care Innovation Investments
- HPC Receives Grant to Empower Consumers and Employers
- Statement from Dr. Altman, HPC Chair, on CHIA Report
- HPC Receives Funding to Curb Opioid Abuse

Access the HCII survey from HPC's homepage under "News & Events"

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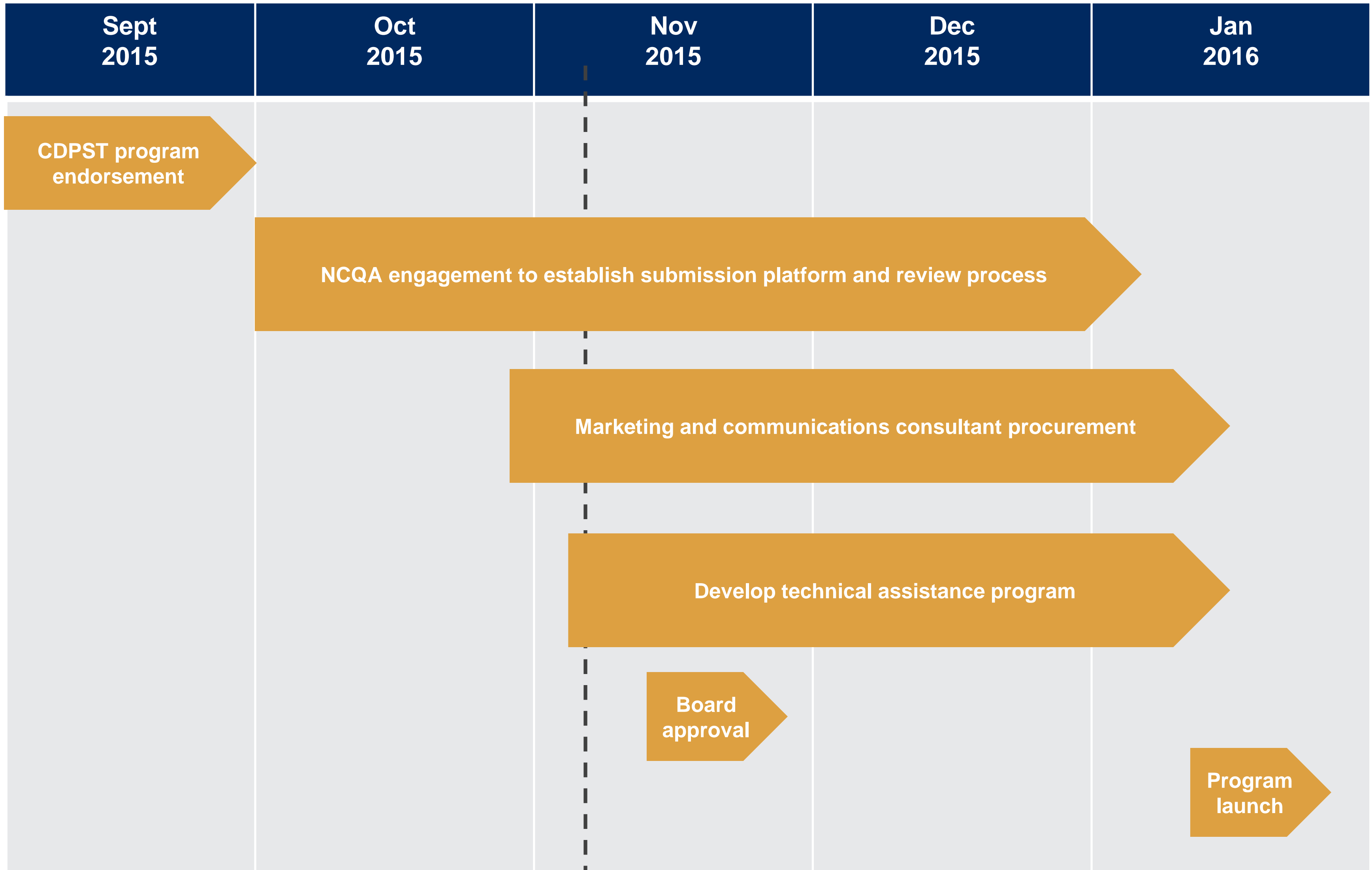
HPC PCMH certification program update



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"PCMH PRIME" recognition

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Ongoing HPC Technical Assistance (content under development)

Practices achieve HPC PRIME recognition by demonstrating capacity in BHI (meeting HPC's criteria) on a rolling basis (i.e., must meet 7 or more BHI criteria w/in given number of months after entering into technical assistance period)

Pathway to PCMH PRIME

2011 Level II NCQA*
2011 Level III NCQA*
2014 NCQA

HPC/NCQA Assessment of BHI Criteria (PRIME)

PCMH PRIME Certification

*Practices must convert to NCQA 2014 standards at end of their current 2011 recognition period

PCMH PRIME criteria

#	Criteria (practice must meet ≥ 7 out of 13)
1	The practice has **MOUs with BHPs** and/or **co-located BHPs** (e.g., same building)
2	The practice **integrates BHPs** within the practice
3	The practice collects and regularly updates a comprehensive health assessment that includes **behaviors affecting health and mental health/substance use history of patient and family**
4	The practice collects and regularly updates a comprehensive health assessment that includes **developmental screening** using a standardized tool
5	The practice collects and regularly updates a comprehensive health assessment that includes **depression screening** using a standardized tool
6	The practice collects and regularly updates a comprehensive health assessment that includes **anxiety screening** using a standardized tool
7	The practice collects and regularly updates a comprehensive health assessment that includes **SUD screening** using a standardized tool (N/A for practices with no adolescent or adult patients)
8	For patients who have recently given birth, the practice screens for **post-partum depression** using a standardized tool (e.g., at 6 weeks and 4 months)
9	The practice **tracks referrals** until the consultant or specialist's report is available, **flagging and following up on overdue reports**
10	The practice implements clinical decision support following **evidence based guidelines** for a mental health and substance use disorder
11	The practice establishes a systematic process and criteria for identifying patients who may benefit from **care management**. The process includes consideration of behavioral health conditions
12	The practice has one or more PCPs on staff licensed to prescribe **buprenorphine**
13	If practice includes a **care manager**, s/he must be qualified to identify/coordinate behavioral health needs

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Proof of proficiency for criteria #2 automatically satisfies criteria #1

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CHANGE FROM PERVIOUS VERSION

Based on stakeholder feedback, the previous factor one (practice integrates BHPs) is now broken into two factors:

- Aligns HPC with other efforts within Commonwealth to measure integration, using SAMHSA framework (MBHP, BCBSMA, Mass League of CHCs, ABH)
- Allows practices to receive credit for incremental progress towards integration (many BHPs are partnering with PCPs but not physically connected or under same legal entity)

SAMHSA-HRSA Center for Integrated Health Solutions – 5 levels of integration

Minimal collaboration	Basic collaboration	Basic collaboration onsite	Close collaboration / partly integrated	Fully integrated
Separate systems & facilities; little to no communication	Separate systems & facilities; periodic communication	Separate systems; same facility; regular communication	Some shared systems; same facility; coordinated treatment plans	Shared systems & facility; collaborative routines b/w providers

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

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- **ACO Certification**
  - Criteria development process and considerations
  - Proposed approach
  - Mandatory criteria review
  - Reporting only criteria review
  - Timeline
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HPC requirements related to ACO certification

Section 15 of Chapter 224 tasks the HPC with creating a **voluntary ACO certification program** meant to "**encourage the adoption of integrated delivery systems** in the commonwealth for the purpose of **cost containment, quality improvement, and patient protection**."

Additionally, the ACO certification program should be one that:

- Reduces growth of health status adjusted **total expenses**
- Improves **quality** of health services using **standardized measures**
- Ensures **access** across care continuum
- Promotes **APMs & incentives** to drive quality & care coordination
- Improves **primary care** services
- Improves access for **vulnerable populations**
- Promotes **integration of behavioral health (BH) services** into primary care
- Promotes **patient-centeredness**
- Promotes **health information technology (HIT)** adoption
- Promotes demonstration of **care coordination & disease mgmt.**
- Promotes **protocols for provider integration**
- Promotes **community based wellness** programs
- Promotes health and well-being of **children**
- Promotes **worker training** programs
- Adopts **governance structure standards**, including those related to financial conflict of interest & transparency

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Progression of program development

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1 State-by-State Comparison & Literature Review

- Are there common criteria?
- How rigorous/comprehensive are states with these criteria?
- Capabilities or outcomes based criteria?

2 Medicare – MSSP & Pioneer

- How rigorous/comprehensive is CMS with certain criteria?
- Do criteria become more rigorous over time?
- Where/Why is there flexibility in some areas?

3 MA Landscape

- What contracts (payers) and structures (providers) resemble an ACO?
- Despite variation among payers and providers, are there areas of overlap/standardization?
- Can we isolate areas where providers are already succeeding and focus instead on areas that need more of a push from the HPC?

4 Expert & Stakeholder Engagement

- Ongoing engagement with providers, payers, advocacy groups, sister agencies, health policy experts
- HPC and MassHealth co-leading series of stakeholder workgroups to receive feedback from stakeholders on specific criteria

Stakeholder engagement (as of 11.12.15)

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ACO Provider Focus Groups (Pioneer, MSSP, AQC)
Boston Medical Center ACO
New England Quality Care Alliance (NEQCA)
Baycare Health Partners
Signature Healthcare/ Brockton Hospital
Reliant Medical Group
UMASS Memorial ACO
BIDCO
Steward
Atrius Health
Partners HealthCare

Pediatric Provider
Children's Hospital Integrated Care Organization (CHICO)

Community Health
Cambridge Health Alliance (CHA)

Behavioral Health Provider Focus Groups
Vinfen
Riverside Community Care
Lynn Community Health Center
Boston Health Care for the Homeless Program (BHCHP)

Consumer Advocacy Focus Group
Health Care for All (HCFA)
Commissioner Paul Hattis (also attended on behalf of Greater Boston Interfaith Organization (GBIO))
Health Leads
Massachusetts Public Health Association

Academics/Experts
Mark McClellan
Stephen Shortell
Elliot Fisher

MassHealth & HPC certification workgroup (6 meetings as of 11.12.15)

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Association of Behavioral Healthcare (ABH)
Association of Developmental Disabilities Providers
Atrius Health
Bay Cove Human Services
Baystate Health
Beth Israel Deaconess Care Organization
Boston Children's Hospital/CHICO
Boston Health Care for the Homeless Program
Celticare Health
Community Connections, Inc.
Community Healthlink (CHL)
Disability Policy Consortium
Greater Medford VNA
Harvard Street Neighborhood Health Center
Health Care for All
Health New England (HNE)
Home Care Alliance
Joseph Smith Community Health Center
Leading Age Massachusetts
Massachusetts Home Care
Massachusetts Home Care Aide Council
Massachusetts Hospital Association
Massachusetts Law Reform Institute
Neighborhood Health Plan (NHP)
New England Quality Care Alliance (NEQCA)
North Shore Elder Services
Sisters of Providence Health System
United Health Care Community Plan of MA
University of Massachusetts Medical School
University of Massachusetts Memorial Hospital (UMMHC)

Summary of key stakeholder feedback

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Do not be prescriptive

- Leverage existing legal/governance structures and programmatic/reporting requirements as much as possible. Avoid redundancy.
- Develop a small set of minimum standards and allow ACOs to innovate beyond that small set.

APM adoption

- Compare ACOs against themselves to see trend; do not set an absolute threshold.
- Different views on whether criteria should assess percentage of covered lives or revenue.
- Payers dictate whether or not APMs are offered to providers; further, there is no guarantee that an offered contract is a good one for the provider.

Behavioral health and LTSS

- Be specific about inclusion of BH and LTSS, but try to weave into other criteria as much as possible so as not to further silo these two areas.
- Require meaningful participation in governance, referral structures, and flow of payments.
- Very clearly define what it means to be a behavioral health provider and/or a "community-based" organization. What are the expectations around partnerships and agreements?

Governance

- Include behavioral health providers in governance structure.
- Include patients in structure, but representation on the board is not the most meaningful. Allow ACOs to be innovative here. Emphasis on "meaningful" participation.

HPC & MassHealth alignment – potential approach

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HPC ACO certification requirements

Examples:

- Legal and governance requirements
- Assessment of collaboration and referral structures
- Monitor adherence to evidence-based guidelines
- Electronic health record (EHR) interconnectivity
- Innovative and meaningful beneficiary engagement
- Robust set of BH criteria

MassHealth contract requirements

Examples:

- BH capabilities / expertise and data sharing requirements
- Long-term services and supports (LTSS) capabilities / expertise and data sharing requirements
- Capabilities to address social determinants of health (SDH)
- Innovative and meaningful beneficiary engagement
- Partnerships across the care continuum

Integrated, administratively simple provider application process

ACO certification program design (previous approach)

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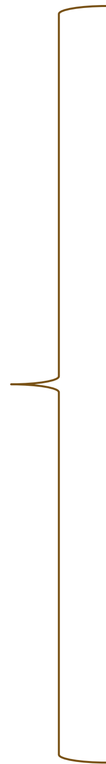
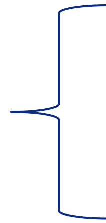


1. **Mandatory Requirements**
   An ACO must meet each criteria within this category in order to move on to the assessment portion of the certification evaluation process.
   Criteria covers:
   - Legal structure
   - Governance
   - APM adoption for primary care
   - Patient protection
   - Market protection

2. **Assessment Criteria**
   An ACO must meet a specified percentage of the criteria within this category in order to pass HPC certification.
   Criteria are spread across five domains:
   - Care Delivery
   - Analytics & Performance Improvement
   - Clinical Data Systems
   - Financial Incentives
   - Patient/Family Experience



3. **Transparency & Reporting**
   For the purposes of certification and public evaluation of each ACO, the HPC will collect and report the following data for each ACO:
   - TME
   - Quality / Health Outcomes

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ACO certification program design (revised approach)

1 Mandatory Criteria

- ✓ Legal and governance structures
- ✓ Risk stratification and population specific interventions
- ✓ Cross continuum network: access to BH & LTSS providers
- ✓ Participation in MassHealth APMs
- ✓ PCMH adoption rate
- ✓ Analytic capacity
- ✓ Patient and family experience
- ✓ Community health

2 Market and Patient Protection

- ✓ Risk-bearing provider organizations (RBPO)
- ✓ Filing Material Change Notices (MCNs)
- ✓ Anti-trust commitment
- ✓ Patient protection

3 Reporting Only Criteria

- ✓ Palliative care
- ✓ Care coordination
- ✓ Peer support
- ✓ Adherence to evidence-based guidelines
- ✓ APM adoption for primary care
- ✓ Flow of payment to providers
- ✓ ACO population demographics and preferences
- ✓ EHR interoperability commitment

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Key considerations in criteria development and mandatory vs. reporting only assignment

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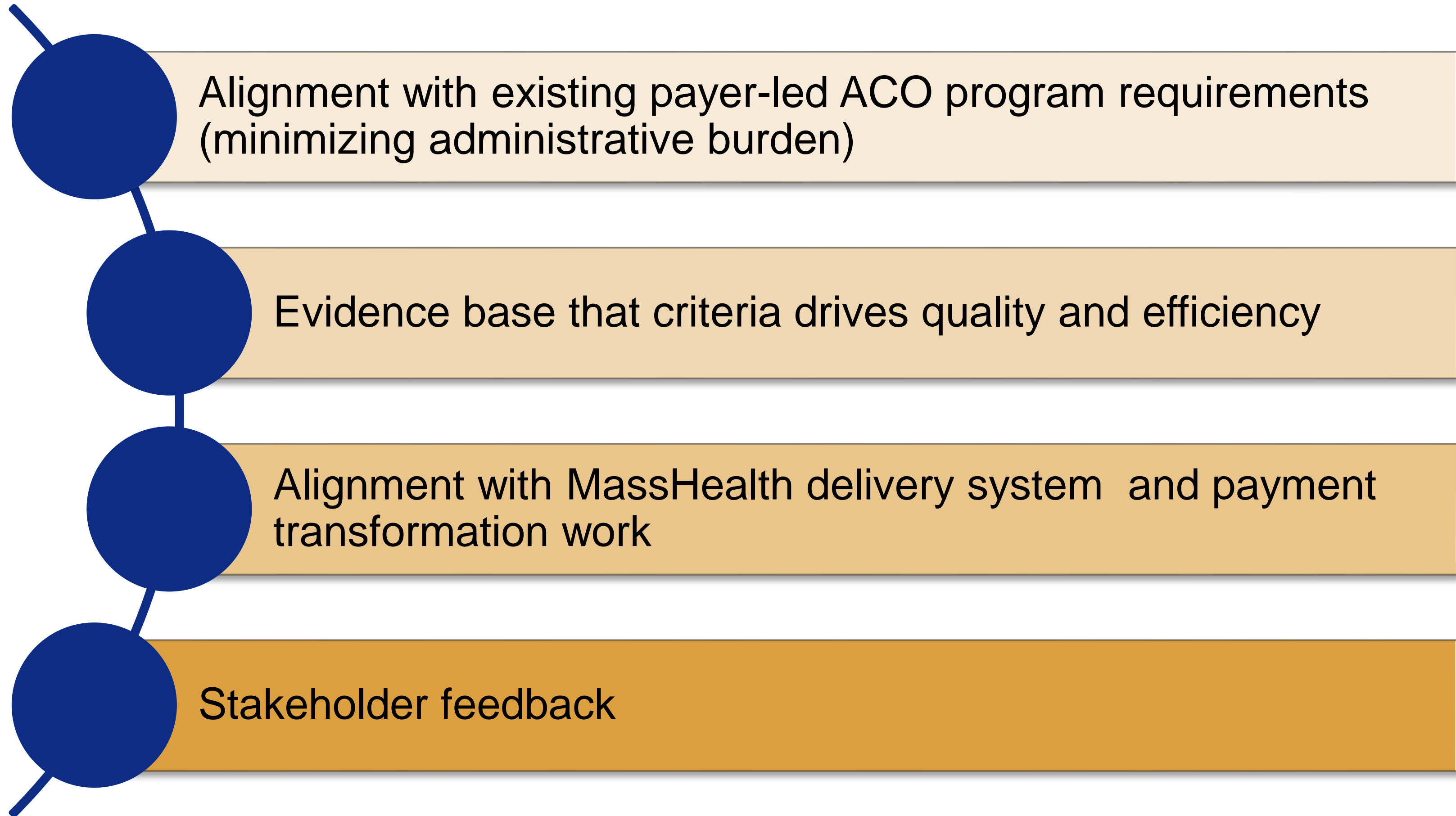

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Mandatory criteria

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ACOs must demonstrate that they meet these criteria in order to be HPC certified.

- Legal and governance structures
- Risk stratification and population specific interventions
- Cross continuum network: access to BH and LTSS providers
- Participation in MassHealth APMs
- PCMH adoption rate
- Analytic capacity
- Patient and family experience
- Community health
- Market and patient protection

Mandatory: legal and governance structures (1/2)

DRAFT - FOR DISCUSSION

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Criteria

The ACO operates as a **separate legal entity** whose governing body members have a fiduciary duty to the ACO, *except* if ACO participants are part of the same health care legal entity.

The ACO provides information about its **participating providers** to HPC, **at the TIN level**, for each of the three payer categories (Medicare, MassHealth, commercial).*

The ACO governance structure includes a **patient or consumer representative.**

The ACO has a process for ensuring patient representative(s) meaningfully participate on the board.

* To the extent possible, this will be done in coordination with the RPO process.

Mandatory: legal and governance structures (2/2)

DRAFT - FOR DISCUSSION

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Criteria
ACO governance structure provides for **meaningful participation of primary care, addiction, mental health (including outpatient), and specialist providers**.
The ACO has a **Patient & Family Advisory Council (PFAC) or similar** committee(s) that gathers the perspectives of patients and families on operations of the ACO that regularly informs the ACO board.
The ACO has a **quality committee** reporting directly to the ACO board, which regularly reviews and sets goals to **improve on clinical quality/health outcomes (including in behavioral health), patient/family experience measures, and disparities** for different types of providers within the entity (PCPs, specialists, hospitals, post-acute care, etc.).

Mandatory: risk stratification and population specific interventions (1/2)

DRAFT - FOR DISCUSSION

Criteria

The ACO has **approaches for risk stratification** of its patient population based on criteria including, at minimum:

- Behavioral health conditions
- High cost/high utilization
- Number and type of chronic conditions
- Social determinants of health

The approach *may* also include:

- Functional status, activities of daily living (ADLs), instrumental activities of daily living (IADLs)
- Health literacy

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Mandatory: risk stratification and population specific interventions (2/2)

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Criteria

Using data from health assessments and risk stratification or other patient information**, the ACO designs programs** targeted at **improving health outcomes for its patient population. At least one of these programs addresses mental health, addiction, and/or social issues**.

ACO **annually evaluates the population health programs** in terms of patient experience, quality outcomes, and financial performance.

Mandatory: cross continuum network: access to BH and LTSS providers

DRAFT - FOR DISCUSSION

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Criteria

ACO **demonstrates and assesses effectiveness of ongoing collaborations** with and referrals to:

- Hospitals
- Specialists
- Post-acute care providers (i.e. SNFs, LTACs)
- Behavioral health providers (both mental health and substance use disorders)
- Long-term services and supports (LTSS) providers (i.e. home health, adult day health, PCA, etc.)
- Community/social services organizations (i.e. food pantry, transportation, shelters, schools, etc.)

ACO has agreements with mental health providers, addiction specialists, and LTSS providers to address the needs of patient population. Agreements should reflect a categorized approach for services by severity of patient needs. These agreements should also include provisions for access and data sharing as permitted within current laws and regulations.

Mandatory: participation in MassHealth APMs

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Criteria

By the end of Certification **Year 2**, the ACO participates in an **outcomes-based contract for Medicaid patients.***

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**Outcomes-based contracts are those that require a provider to accept a population-based contract centered on either a spending target (shared savings only) or a global budget (including down-side risk).*

Mandatory: PCMH adoption rate

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Criteria

The ACO reports on **NCQA and HPC PCMH recognition rates** and levels (e.g., II, III) of its participating primary care providers.

The ACO describes a plan to **increase these rates, particularly for assisting practices in fulfilling HPC's PCMH PRIME criteria.**

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Mandatory: analytic capacity

DRAFT - FOR DISCUSSION

Criteria

ACO regularly **performs cost, utilization, and quality analysis**, including regular trending and forecasting of performance against budget and quality measure targets, and works with practices and providers within the ACO to meet goals and targets. Analysis could be completed by a vendor or in-house.

ACO disseminates reports to providers, in aggregate and at the practice level, and **makes practice level results on quality performance transparent** within the ACO.

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Mandatory: patient and family experience & community health

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	Criteria
Patient and family experience	The ACO conducts a **survey** (using any instrument) or uses the results from an accepted statewide survey to **evaluate patient and family experiences** on access, communication, coordination, whole person care/self-management support, and deploys plans to improve on those results.
Community health	ACO describes steps it is taking to advance or invest in the **population health** of one or more communities where it has at least 100 enrollees through a **collaborative, integrative, multi-organization approach** that accounts for the **social determinants of health**.

Mandatory criteria

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The certification application will ask ACOs to confirm that they have met and will continue to meet certain legal, regulatory and other requirements related to market and patient protection.

- Risk-based provider organization (RBPO) certification
- Material Change Notices (MCNs) filing attestation
- Anti-trust laws
- Office of Patient Protection (OPP) regulations
- Quality and financial performance reporting

Mandatory: market and patient protection criteria

DRAFT - FOR DISCUSSION

Criteria
If applicable, the ACO obtains a **risk-based provider organization (RBPO)** certificate from **DOI**.
ACO attests to filing all relevant **Material Change Notices (MCNs)** with **HPC**.
ACO attests to ongoing compliance with all **federal and state antitrust laws and regulations**.
ACO attests to abiding by HPC's **Office of Patient Protection (OPP)** guidance to establish a **process to review and address patient grievances** and provide patients the **right to seek external review of grievances.**
ACO will **report ACO-level performance** on a quality set associated with each contract and shared savings / losses* for commercial and public risk contracts for the previous contract year (2015).

*Providers without savings/loss contracts are exempt from this portion of the requirement.

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  - **Reporting only criteria review**
  - Timeline

Reporting Only Criteria

The certification application will ask ACOs to describe whether they currently meet these criteria; if so, how; and if not whether they are or will consider working toward these criteria in the near term. This information will not be used by HPC to evaluate ACOs for certification in the first year, but will be collected for learning purposes and monitoring by the HPC, and may inform future updates to the certification program.

- Palliative care
- Care coordination
- Peer support
- Adherence to evidence-based guidelines
- APM adoption for primary care
- Flow of payment to providers
- ACO population demographics and preferences
- EHR interoperability commitment

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Reporting only: palliative care

DRAFT - FOR DISCUSSION

Criteria

The ACO provides **palliative care and end-of-life planning**, including:

- integrated and coordinated care across network, especially with hospice providers
- training of providers to engage patients in conversations around palliative care to identify patient needs and preferences
- EHR indication of such decisions

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Reporting only: care coordination (1/2)

DRAFT - FOR DISCUSSION

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Criteria

The ACO has a process to **track tests and referrals across specialty and facility-based care both within and outside of the ACO**.

The ACO demonstrates a process for identifying **preferred providers**, with specific emphasis to increase use of providers in the patient's community, as appropriate, specifically for:

- oncology
- orthopedics
- pediatrics
- obstetrics

The ACO has a process for **regular review of patient medication** lists for **reconciliation** and **optimization** in partnership with patients' PCPs.

Reporting only: care coordination (2/2)

DRAFT - FOR DISCUSSION

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Criteria

The ACO assesses current capacity to, and develops and implements a **plan of improvement** for:

- sending and receiving **real-time event notifications** (admissions, discharges, transfers)
- utilizing **decision support rules** to help direct notifications to the right person in the ACO at the right time (i.e., prioritized based on urgency)
- setting up **protocols** to determine how event notifications should lead to changes in clinical interventions

Reporting only: peer support & adherence to evidence-based guidelines

DRAFT - FOR DISCUSSION

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

	Criteria
Peer support	The ACO provides patients and family members access to **peer support programs**, particularly to assist patients with chronic conditions, complex care needs, and behavioral health needs. The ACO also provides training to peers as needed to support them in performing their role effectively.
Adherence to evidence-based guidelines	The ACO monitors **adherence to evidence-based guidelines** and identifies areas where improved adherence is recommended or required. The ACO develops initiatives to support improvements in rates of adherence.

Reporting only: APM adoption for primary care and flow of payment to providers

DRAFT - FOR DISCUSSION

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

	Criteria
APM adoption	The ACO reports the **percentage of its primary care revenue *or* patients that are covered under outcomes-based contracts**.*
Flow of payment to providers	The ACO **distributes funds** among participating providers using a methodology and process that are **transparent** to all participating providers. Documentation must include both a description of the methodology and a demonstration of communication to all participating providers.

**Outcomes-based contracts are those that require a provider to accept a population-based contract centered on either a spending target (shared savings only) or a global budget (including down-side risk).*

Reporting only: ACO population demographics and preferences

DRAFT - FOR DISCUSSION

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Criteria

The ACO assesses the **needs and preferences** of its patient population with regard to **race, ethnicity, gender identity, sexual preference, language, culture, literacy, social needs (food, transportation, housing, etc.), and other characteristics** and develops plan(s) to meet those needs. This includes provision of interpretation/translation services and materials printed in languages representing the patient population (5% rule).

Reporting only: EHR interoperability commitment

DRAFT - FOR DISCUSSION

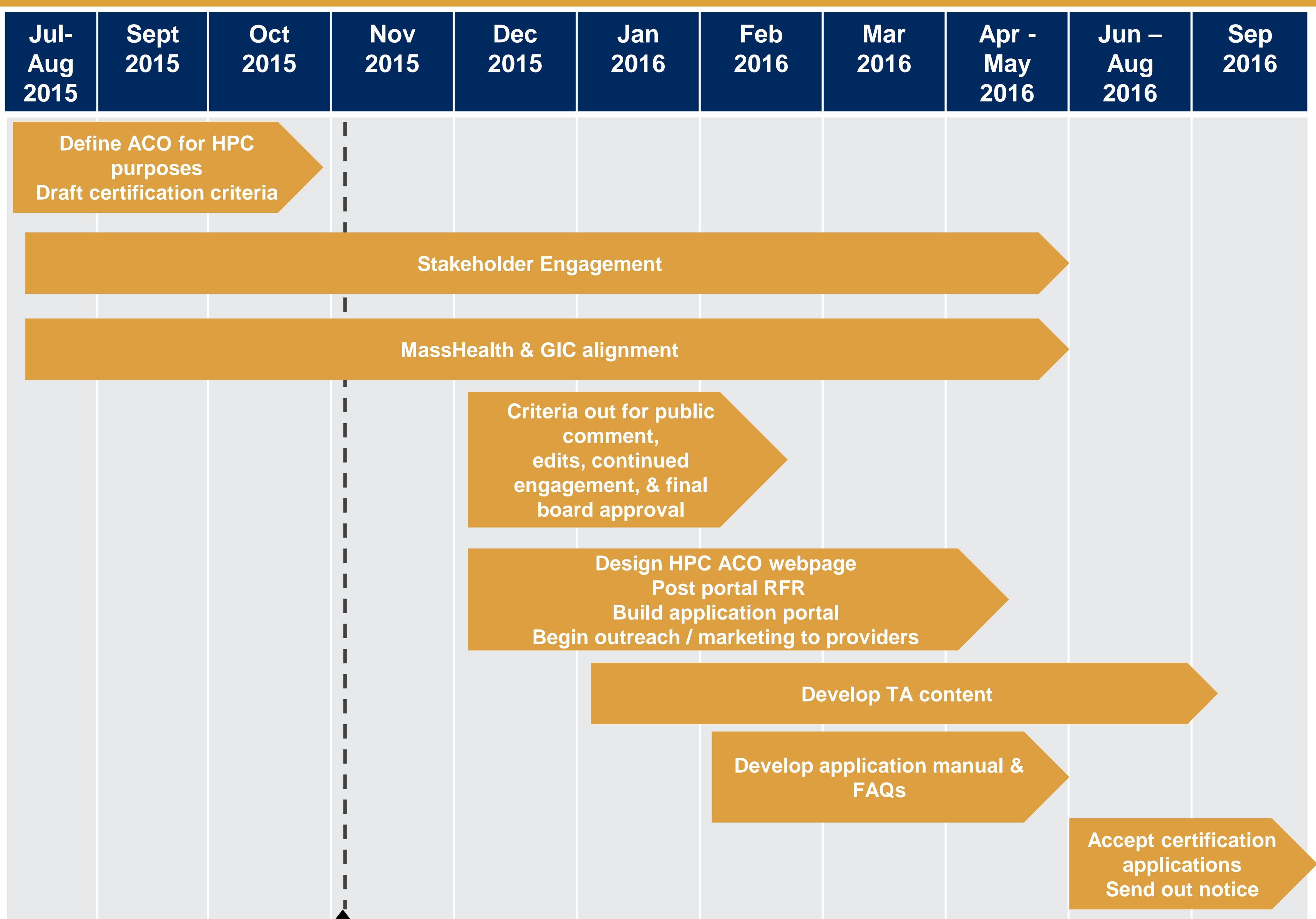
CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Criteria
ACO **identifies network certified electronic health record (EHR) adoption** and integration rates within the ACO by provider type/geographic region; **and develops and implements a plan to increase adoption and integration** rates of certified EHRs.
ACO identifies current **connection rates to the Mass HIway** and has a plan to improve rates over next year.

Agenda

- Approval of Minutes from September 9, 2015
- Health Care Innovation Investment Program
- PCMH Certification
- ACO Certification
  - Criteria development process and considerations
  - Proposed approach
  - Mandatory criteria review
  - Reporting only criteria review
  - **Timeline**

ACO overall certification timeline



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Vote: Advancement of ACO Certification Program

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Motion: That the Care Delivery and Payment System Transformation Committee hereby approves the advancement of the proposed criteria for the accountable care organization certification program to the full Board for vote to issue and solicit public comment.

Contact Information

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

For more information about the Health Policy Commission:

Visit us: http://www.mass.gov/hpc

Follow us: @Mass_HPC

E-mail us: HPC-Info@state.ma.us