APPLICATION REQUIREMENTS AND PLATFORM USER GUIDE (PUG)

**Accountable Care Organization (ACO)
Certification Program 2017**

MASSACHUSETTS
HEALTH POLICY COMMISSION

ABOUT THE HEALTH POLICY COMMISSION

The Health Policy Commission (HPC) is an independent state agency established through Chapter 224 of the Acts of 2012, the Commonwealth's landmark cost-containment law. The HPC, led by an 11-member board with diverse experience in health care, is charged with developing health policy to reduce overall cost growth while improving the quality of care and monitoring the health care delivery and payment systems in Massachusetts. The HPC's mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and investment programs. The HPC's goal is better health and better care at a lower cost across the Commonwealth.

EXECUTIVE DIRECTOR LETTER

Dear Stakeholders,

The release of the final Application Requirements and Platform User Guide (PUG) for the Accountable Care Organization (ACO) Certification program is a significant milestone in the implementation of Chapter 224 of the Acts of 2012. The launch of this program will make Massachusetts the first state to have state-wide, all-payer standards for care delivery as well as transparent, publicly available information about how ACOs are structured and operating today.

This program will contribute to a foundation of information necessary for payers, policy-makers, researchers, consumers, and providers to evaluate and improve our health care system. The ACO Certification program is grounded in the belief that the health care delivery system should improve health by delivering coordinated, patient-centered health care that accounts for patients' behavioral, social, and medical needs. As such, for the first year of the program, the Health Policy Commission (HPC) has defined a limited set of criteria on which to assess ACOs for certification, and a set of additional questions, for informational purposes only, which may evolve into assessment criteria in the future.

Over the last two years, the HPC has developed the ACO program in collaboration with many thoughtful stakeholders. Through a formal public comment period, sixteen public HPC Board and Committee meetings, and approximately thirty small-group and one-on-one meetings, many of you have shared insightful feedback about the content and structure of the PUG. We extend our sincere thanks to every individual and organization that participated in this process. Incorporating that invaluable feedback, the final program requirements aim to carefully balance the administrative effort required to compile and submit each data element with the value of those data to the Commonwealth, researchers, and market participants seeking transparent information about the operations of ACOs today.

In building the electronic certification platform, ease of use for ACO staff has been our primary aim. We have learned what worked, and what didn't, from other state data submission platforms, such as ability to log in at all hours and print drafts of the application, and used those lessons in designing the ACO platform. We look forward to your feedback on the platform and the program overall as we continue to make improvements. Additional guidance, including responses to frequently asked questions, will be available on the HPC website.

Thank you for your continued participation in this collaborative process. If you have any questions or concerns, please feel free to reach out to the ACO program staff at HPC-Certification@state.ma.us at any time.

Thank you,

David Seltz
Executive Director

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GLOSSARY OF TERMS

ACO Participant
A health care provider or an entity identified by a tax identification number (TIN) through which one or more health care providers bill, that alone or together with one or more other ACO Participants comprise an ACO.

Applicant
The health care provider or provider organization applying for HPC ACO Certification, which must have common ownership or control of any and all of the corporately affiliated contracting entities that enter into risk contracts on behalf of one or more health care providers.

Behavioral Health
Includes mental health and substance use disorder services and supports.

Component ACO
A contracting entity, with a unique Governing Body, over which the Applicant has common ownership or control and that enters into one or more risk contracts on behalf of one or more health care providers.

Cross-continuum Care
The delivery of health care over a period of time, across all settings, during all phases of illnesses.

Governance Structure
The Governing Body, the committees that report to that Governing Body, and executive management/leadership team(s) that support the work of that Governing Body. Applicants with multiple Component ACOs may have multiple Governance Structures.

Governing Body
A group of ACO Participant representatives, patients/consumer advocates, and others that formulates policy and directs the affairs of an ACO, e.g., a board of directors or similar body that routinely meets to conduct ACO business and has a fiduciary duty to an ACO. An Applicant may have one Governing Body for all ACO business or multiple Governing Bodies that each conducts the business of a Component ACO.

Provisional ACO Certification
A designation that may be awarded by the HPC in lieu of full ACO Certification to an entity participating in a MassHealth ACO contract that meets the qualifications for seeking Provisional ACO Certification outlined in that contract. Provisional ACO Certification shall last for no longer than one year.

Risk-Bearing Provider Organization	A provider organization that manages the treatment of a group of patients and bears downside risk according to the terms of an alternative payment contract and has received a certificate or waiver from the Division of Insurance (DOI) in accordance with 211 CMR 155.00.
Social Determinants of Health	Environmental conditions in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Substantive Quality-based Risk Contract	A risk contract that includes incentives based on an ACO's performance on a set of valid, nationally-endorsed, well-accepted measures of healthcare quality. Such contracts should be designed to require ACOs to meet certain thresholds on quality measures in order to receive a portion of shared savings. Examples of valid, nationally-endorsed, well-accepted measures are those endorsed by the National Quality Forum, collected by Massachusetts Health Quality Partners, and/or included in the CMS/AHIP Core Quality Measure Set(s). Risk contracts are contracts with a public or commercial payer for payment for health care services that incorporate a per member per month budget against which claims costs are settled for purposes of determining the withhold returned, surplus paid, and/or deficit charged, including contracts that subject the ACO to very limited or minimal "downside" risk or "upside" risk/shared savings only.

ABBREVIATIONS

ACO	Accountable Care Organization
AQC	Alternative Quality Contract
BH	Behavioral Health
BHP	Behavioral Health Provider
CAHPS	Consumer Assessment of Healthcare Providers and Systems
Ch. 224	Chapter 224 of the Acts of 2012
CMS	Centers for Medicare and Medicaid Services
DOI	Division of Insurance
ED	Emergency Department
EHR	Electronic Health Record
HIT	Health Information Technology
HPC	Health Policy Commission
LTSS	Long-Term Services and Supports
MCN	Material Change Notice
MSSP	Medicare Shared Savings Program
OPP	Office of Patient Protection
PCMH	Patient-Centered Medical Home
PCP	Primary Care Provider
PUG	Platform User Guide
RBPO	Risk-Bearing Provider Organization
RPO	Registration of Provider Organizations
SCP	Specialty Care Provider
SDH	Social Determinants of Health
SNF	Skilled Nursing Facility
SUD	Substance Use Disorder
TIN	Tax Identification Number

INTRODUCTION

HPC Accountable Care Organization Certification Program

The HPC is charged with developing and implementing standards of certification for accountable care organizations (ACOs) in the Commonwealth. In general, an ACO is a group of physicians, hospitals or other providers that share the goal of improving care delivery through better care coordination and integration, access to services, and accountability for quality outcomes and costs. A primary way that ACOs achieve these goals is by entering into contracts with payers that incentivize high quality and cost-effective care.

The purpose of the HPC ACO Certification program is to complement existing local and national care transformation and payment reform efforts, validate value-based care, and promote investments by all payers in high-quality, and cost-effective care across the continuum. HPC certification of ACOs will complement, not replace, requirements and activities of other state agencies. ACO Certification will not assess the ACO's suitability to operate as a Risk-Bearing Provider Organization (RBPO), which is under the purview of the Division of Insurance (DOI).

Through its ACO Certification standards, the HPC seeks to promote continued transformation in care delivery while ensuring that certification is within reach of provider organizations of varying sizes, experience, organizational models (e.g., hospital-led, physician-led), infrastructure and technical capabilities, populations served, and locations.

Alignment with MassHealth

MassHealth will substantially shift towards accountable and integrated models of care through a set of investments under a restructured federal 1115 Demonstration Waiver. MassHealth has designed three ACO models (Accountable Care Partnership Plan, Primary Care ACO, and MCO-Administered ACO), each with its own set of contractual requirements. [1] While the HPC ACO Certification is designed to be an all-payer, all-patient program, the HPC has collaborated extensively with MassHealth to align ACO Certification with its requirements and minimize administrative burden wherever possible. ACOs under all three MassHealth models are required to receive HPC ACO Certification by the start of the performance year.

If an ACO has not participated in a Medicare ACO contract, BCBSMA's Alternative Quality Contract or MassHealth's Pilot ACO program, the ACO may apply for Provisional ACO Certification. ACOs must acquire Provisional ACO Certification from the HPC prior to the MassHealth contract operational start date, and must apply for and acquire full ACO Certification within one year of the MassHealth contract operational start date. The ACO Certification Application section of this guide includes specific notes where requirements for Provisional ACO Certification differ from requirements for ACO Certification.

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[1] For more information on the MassHealth Restructuring initiative, see
http://www.mass.gov/eohhs/gov/commissions-and-initiatives/healthcare-reform/masshealth-innovations/masshealth-restructuring-updates.html.

CERTIFICATION CRITERIA

An Applicant must demonstrate that it meets all of the following Assessment Criteria in order to receive HPC ACO Certification.

Assessment Criteria Domains	
AC-1	Governance Structure
AC-2	Patient / Consumer Representation
AC-3	Performance Improvement Activities
AC-4	Quality-based Risk Contract(s)
AC-5	Population Health Management Programs
AC-6	Cross-continuum Care

In addition, an Applicant must provide complete responses to all of the Supplemental Information questions in the following domains in order to receive HPC ACO Certification.

Supplemental Information Domains *(responses required; not assessed)*	
SI-1	Patient-centered Primary Care
SI-2	Needs and Preferences of ACO Patient Population
SI-3	Community-based Health Programs
SI-4	Patient-centered Advanced Illness Care
SI-5	Quality and Financial Analytics
SI-6	Patient Experience of Care
SI-7	Distribution of Shared Savings or Deficit
SI-8	Advanced Health Information Technology (HIT)
SI-9	Consumer Price Transparency

APPLICANT FOR CERTIFICATION

A health care provider or provider organization may own or control several entities that engage in risk-based contracts with one or more other payers. In keeping with the all-payer nature of the ACO Certification program, the health care provider or provider organization applying for certification (the Applicant) must have **common ownership or control of any and all corporately affiliated[2] contracting entities** that enter into risk contracts on behalf of one or more health care providers (Component ACOs)**. If all criteria are met, the HPC will certify the Applicant, inclusive of its Component ACOs.**

For example, in the case where a provider organization has a risk-based contract with a commercial payer and also controls two additional entities that have risk-based contracts with Medicare and MassHealth, respectively, the provider organization is the Applicant for Certification. If all criteria are met, Certification would apply to the Applicant, including its Component ACOs that contract with Medicare and MassHealth.

Additional guidance is provided below regarding how this requirement applies to the Assessment Criteria and Supplemental Information questions.

Please contact the HPC at HPC-Certification@state.ma.us for assistance in identifying the proper Applicant for Certification.

CONFIDENTIALITY AND USE OF INFORMATION SUBMITTED BY ACOs

Through the ACO Certification program, the HPC seeks to promote greater transparency and continuous improvement of the Massachusetts health care system. To support its application for ACO Certification, the Applicant must submit certain information and documents to the HPC. Some of this information may be publicly available, while other information and documents may be of a clinical, financial, strategic, or operational nature that is non-public.

Information Sharing with the Public

At public meetings and in publications, the HPC will discuss and report on certified ACOs using aggregate or non-attributed information submitted for Certification. In addition, the HPC may report on specific certified ACOs using publicly available information and documents, including those listed in Table 1 that are submitted to the HPC for ACO Certification.

The HPC will not disclose, without the consent of the Applicant, non-public information and documents submitted for Certification that are clinical, financial, strategic, or operational in nature. The Certification application will provide the Applicant the opportunity to give consent to the HPC to disclose the information listed in Table 2. The HPC expects to highlight best practices and otherwise promote shared learning through public reporting of the information listed in Table 2.

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[2] A corporate affiliation is any relationship between two entities that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control.

Table 1: Information for Public Reporting

Identifying Information
Applicant name (legal and d/b/a) and the name(s) of any Component ACOs.
Applicant Tax Identification Number (TIN) and the TIN(s) of any Component ACOs
Applicant street address
Applicant city
Applicant state
Applicant zip code
Applicant contact first name
Applicant contact last name
Applicant contact prefix
Applicant contact title
Applicant contact phone number
Applicant contact email
Primary application contact first name
Primary application contact last name
Primary application contact title
Primary application contact phone number
Primary application contact email address
AC-2: Patient/Consumer Representation
Position of patient/consumer representative(s) within Governance Structure
Description of patient and family advisory committee(s)
Publicly available narrative demonstrating one or more ways the Governance Structure(s) seeks to be responsive to the needs of its patient population.
AC-4: Quality-based Risk Contract(s)
Name(s) of payer(s) with which Applicant and its Component ACOs have quality-based risk contracts

Table 2: Information for Public Reporting If the Applicant Consents

AC-1: Governance structure
Summaries, developed by the HPC, of the Governance Structure(s), including composition of the Governing Body(ies), committees, and types of providers/ACO Participants represented.
AC-3: Performance improvement activities
Description of how Governing Body(ies) assesses performance and sets strategic goals
AC-4: Quality-based Risk Contract(s)
Maximum amount of risk (up- and downside) for which the Applicant and/or its Component ACOs was/is responsible under each contract; number of attributed patients/covered lives for each contract; and final quality performance on the measures associated with each up- or downside risk contract for the last two performance years (FY '14 and '15)

AC-5: Population health management programs
Description of program(s) addressing BH and/or SDH
AC-6: Cross-continuum care
Names of provider organizations with which there are written agreements and/or other arrangements
Factors considered when entering into written agreements with providers that are not ACO Participants
SI-1: Patient-centered primary care
Response to how PCMHs are supported
Description of any other ways patient-centered primary care is supported
SI-2: Assessment of needs and preferences of ACO patient population
List of factors on which the ACO assesses its patient population
Whether assessment data are used to inform operations and care delivery, and if so, brief narrative of how
SI-3: Community-based health
Description of how community-based policies and programs to address SDH and reduce disparities are developed and supported
SI-4: Patient-centered advanced illness care
Whether processes exist related to advanced illness care planning and, if yes, narrative of how providers are trained to develop advanced illness care plans
SI-5: Quality, financial analytics and dissemination to providers
Description of process for disseminating reports to providers
SI-6: Patient experiences of care
Description of how patient experience surveys are used to make improvements
SI-7: Distribution of shared savings/deficit
Description of how funds are distributed
SI-8: Advanced health information technology (HIT) integration and adoption
Connection rate of ACO Participants to the Mass HIway, percent of ACO Participants capable of interacting with interoperable EHRs, and percent of non-ACO Participant providers with which interoperability and real-time event notification is possible
Brief description of any plans to increase rates of connection to Mass HIway, adoption of certified EHRs, and other HIT improvements
SI-9: Consumer price transparency
Whether policies are in place for disclosure to patients of the allowed amount or charge of an admission, procedure or service
Whether patients receive support to obtain information on costs through its own policies, from insurers, or in other ways

TERM OF CERTIFICATION

Duration

In general, the term of HPC ACO Certification is two years from the date that HPC awards certification. However, for all Applicants who are certified in 2017, the term of Certification will end on December 31, 2019.

Significant Changes to an Applicant During the Term of Certification

The HPC requires Applicants that have received ACO Certification to notify the HPC of any significant changes to the information in the application during the Certification term. Significant changes are changes to the Applicant's organization or operations that make it and/or its Component ACOs no longer able to meet the HPC's Certification criteria.

To notify the HPC of a significant change, please email HPC-Certification@state.ma.us.

In addition, the HPC requests other updates from Applicants during the Certification term, so the HPC has accurate information about certified ACOs for public reporting purposes. Applicants may contact the HPC at HPC-Certification@state.ma.us to provide updates at any time.

ACO CERTIFICATION APPLICATION

The HPC ACO Certification application is completed and submitted using an online document management platform hosted by the Massachusetts Office of Information Technology (MassIT). Technical requirements for platform usage are provided later in this document.

Part 1: Intent to Apply

An Applicant for certification must first indicate its intent to apply by completing and submitting an Intent to Apply form posted here. The form requests certain preliminary information as follows:

Field	Format
Applicant name (legal and d/b/a)	Text box
Applicant Tax Identification Number (TIN)	Digits (usually up to 9)
Applicant street address	Text box
Applicant city	Text box
Applicant state	Drop-down box
Applicant zip code	5 digits
Applicant contact first name	Text box
Applicant contact last name	Text box
Applicant contact prefix	Drop-down box
Applicant contact title	Text box

Applicant contact will be publicly listed on the HPC's website as the primary public contact for ACO-related matters.

Applicant contact phone number	Text box
Applicant contact email	Text box
Component ACO name(s) (legal and d/b/a)	Text box(es)
Component ACO TIN(s)	Digits
Primary application contact first name	Text box
Primary application contact last name	Text box
Primary application contact prefix	
Primary application contact title	Text box
Primary application contact phone number	Text box
Primary application contact email address	Text box

> *Primary application contact* is a platform user and the person designated to be the HPC's primary contact for purposes of ACO certification.

Did the Applicant (inclusive of its Component ACO(s)) submit a response to participate in the MassHealth ACO Program?
- ☐ Yes, seeks to participate in the MassHealth ACO Program
- ☐ No, does not seek to participate in the MassHealth ACO Program

If yes to the above, please answer the following question:

Is the Applicant seeking full ACO Certification or Provisional ACO Certification? (Check one of the following)
- ☐ Seeking full ACO Certification
- ☐ Seeking Provisional ACO Certification

When submitting this preliminary information, Applicants will also be able to request access to the platform for multiple users (in addition to the primary application contact, identified above) within their organization. The following identifying information will be requested for additional users:

Field	Format
User first name	Text box
User last name	Text box
User prefix	Drop-down box
User title	Text box
User email	Text box

Following submission of this preliminary information by the Applicant, the HPC will grant access and provide log-in information to all requested users.

Part 2: Pre-requisite Attestations

As a pre-requisite to certification, each Applicant must attest, **via a check-box**, to the following four statements:

1. Applicant has obtained, if applicable, one or more **Risk-Bearing Provider Organization (RBPO)** certificate(s) or waiver(s) from the **DOI.**[3]
2. Applicant has filed all required **Material Change Notices (MCNs)** with the **HPC**, if applicable.[4]
3. Applicant is in compliance with all **federal and state antitrust laws and regulations**.
4. Applicant is in compliance with the HPC's **Office of Patient Protection (OPP)** guidance, if applicable,[5] regarding establishing a **patient appeals process**.

An Applicant that does not provide a check-box attestation to one or more of the above will not be able to proceed within the online application.

Part 3: Assessment Criteria

The HPC will evaluate Applicants for certification using the Assessment Criteria and associated documentation requirements detailed in this guide. All of the Assessment Criteria must be met in order to receive HPC ACO Certification. The HPC may request clarifying or additional information if a submission is incomplete.

As noted above (see Applicant for Certification), the Applicant for certification must have **common ownership or control of any and all corporately affiliated[2] contracting entities** that enter into risk contracts on behalf of one or more health care provider groups (Component ACOs). The Applicant must provide comprehensive information reflective of itself, if it directly holds a risk contract, and its Component ACOs,

For Assessment Criteria AC-1, AC-2, and AC-3, which relate to the Applicant's Governance Structure, unless otherwise noted in the documentation requirements, an Applicant must demonstrate that **each** Governance Structure associated with a Component ACO meets the criteria. That is, if the Applicant and/or its Component ACOs have three different Governing Bodies for Medicaid, Medicare and commercial contracts, each Governance Structure, as applicable, must meet AC-1, AC-2, and AC-3.

For AC-4, the Applicant must provide information for each of the risk-based contracts over which it has common ownership or control.

For AC-5 and AC-6, which relate to the operations of the ACO, the Applicant must demonstrate that it meets the criteria inclusive of any and all of its Component ACOs. Additional guidance is provided in the documentation requirements below.

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[3]An entity is required to obtain an RBPO certificate or waiver if it is a provider organization that both manages treatment of a group of patients and bears downside risk for those patients according to the terms of an alternative payment contract. *See* DOI's Bulletin 2014-05 for more information. *See also* 211 CMR 155.00. Provider organizations are certified from March 1st of a particular year to February 28th of the next year.

[4]As outlined in the MCN FAQs published by the HPC on July 27, 2016, the formation of an ACO for the purpose of solely establishing Medicaid or Medicare contracts does not require an MCN filing at this time. The full set of FAQs can be found at http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/material-change-notices-cost-and-market-impact-reviews/forms.html.

[5] Pursuant to OPP guidance, Bulletin HPC-OPP-2016-01, this appeals process does not apply to any MassHealth (Medicaid), Medicare, or Medicare Advantage patients. *See* http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/regulations/20160506-bulletin-rbpo-appeals-final.pdf.

AC-1: Governance structure

The ACO has an identifiable and unique Governing Body with authority to execute the functions of the ACO. The ACO provides for **meaningful participation in the composition and control of the Governing Body for its participants** or their representatives.

Documentation Requirements:

a. Excerpts of **Governing Body by-laws** or other authoritative documents that demonstrate the Governing Body's authority to execute the functions of the ACO**.** If the Applicant has Component ACOs with unique Governing Bodies the Applicant must provide separate by-laws or other authoritative documents for each Governing Body.
UPLOAD

b. **Organizational chart(s) of the Governance Structure(s)**, including Governing Body, executive committees, and executive management. See example charts provided after AC-2. If the Applicant has Component ACOs with unique Governance Structures, the Applicant must provide a separate organizational chart for each Governing Body.
UPLOAD

c. **Governance Structure key personnel template** *(use template provided)***,** including the following identifying information for Governing Body members, executive committee members, and executive management staff (e.g. COO, CEO, CMO, CFO, strategy officer):
   i. Name (first and last)
   ii. Title and clinical degree/specialty (if applicable)
   iii. Role within the Governance Structure (i.e. Governing Body member, executive committee member, or executive management)
   iv. Attestation that ACO Participants have at least 75% control of the Governing Body

If the Applicant has Component ACOs with unique Governance Structures, the Applicant must provide responses for (i)-(iv) for each Governance Structure, using a separate tab in the template.
UPLOAD using template provided

AC-2: Patient / Consumer Representation

The ACO governance structure is designed to serve the needs of its patient population, including by having **at least one patient or consumer advocate within the governance structure** *and* **having a patient and family advisory committee**.

Documentation Requirements:

a. **Identify the patient(s) or consumer advocate(s)** on the organizational chart(s) and template submitted for AC-1. If the Applicant has Component ACOs with unique Governance Structures, the Applicant must identify a patient or consumer advocate representative(s) within each Governance Structure.
   Identify using AC-1 template. No additional documentation required.

b. **Description of at least one patient and family advisory committee** or other group that is composed of patients, families, and/or consumer advocates. An Applicant meets this requirement by having either a single committee that represents patients and families served by the Applicant and all of its Component ACOs, or by having multiple committees (e.g. one per Component ACO). The description must include:
   i. Committee's reporting relationship within the Governance Structure; and
   ii. Meeting frequency.
   For Provisional ACO Certification, provide a narrative of the Applicant's plans to establish at least one patient and family advisory committee, including the timeline on which the committee(s) will be implemented. If the Applicant intends to use an existing hospital-based Patient and Family Advisory Council (PFAC) to satisfy this requirement, please indicate how the scope of the PFAC will be broadened to address all patient and family experience issues, not just those pertaining to a hospital.
   UPLOAD

c. Is the Applicant using one or more existing hospital-based Patient and Family Advisory Council(s) (PFAC) to satisfy this requirement?
   ☐ Yes
   ☐ No
   If yes, **provide excerpted meeting minutes** of most recent PFAC meeting where issues pertaining to the ACO(s) were discussed. *For Provisional ACO Certification, no response is required.* UPLOAD (not required)

d. **Text of or link to a publicly available narrative** demonstrating one or more ways the Governance Structure(s) seeks to be responsive to the needs of its patient population. Examples of an acceptable narrative include:
   - A statement appearing on a website describing how the Component ACO acts as patient-centered organization.
   - A patient newsletter blurb providing information about how a patient/consumer representative could participate in a patient/family advisory committee
   - A pamphlet or posted sign in a provider's office that tells patients/consumers how to provide feedback to the Component ACO on patient experience and care issues.
   - A summary posted on a website of patient/family advisory committee activities that highlights the results of patient-focused improvement activities.
     TEXT BOX OR UPLOAD

Example: Organizational Charts

ABC Applicant
ABC Applicant has one Governing Body overseeing multiple risk contracts. The Governing Body includes meaningful participation of its ACO Participants (AC-1). ABC Applicant fulfills AC-2 by having a patient advisory committee within its Governance Structure and a patient representative within the Governance Structure.
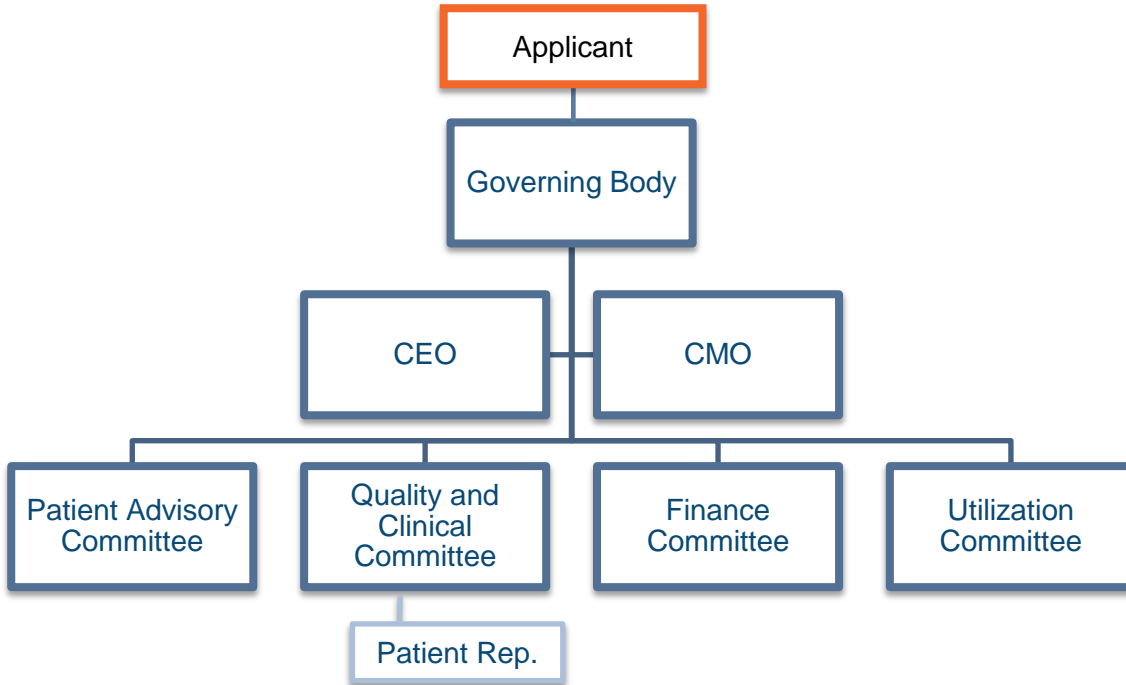
DEF Applicant
DEF Applicant has a Medicare risk contract and intends to participate in a MassHealth ACO contract. DEF Applicant has separate Governing Bodies for each of those contracts. DEF Applicant fulfills AC-2 by placing a patient representative on each Governing Body, and by leveraging an existing PFAC to address patient and family needs for DEF Applicant's entire ACO population.
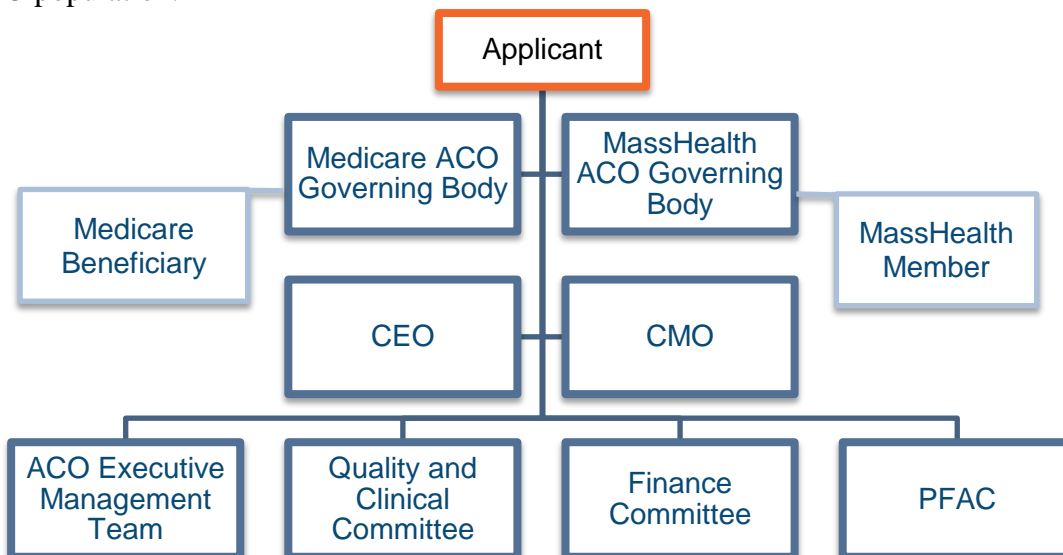
AC-3: Performance improvement activities

The ACO **Governing Body regularly assesses the access to and quality of care provided by the ACO**, in measure domains of **access, efficiency, process, outcomes, patient safety, and patient experiences of care**, for the ACO **overall and for key subpopulations** (i.e. medically or socially high needs individuals, vulnerable populations), including measuring any racial or ethnic disparities in care.

The ACO has **clear mechanisms for implementing strategies to improve its performance** and supporting provider **adherence to evidence-based guidelines**.

Documentation Requirements:

a. **Narrative of how the Governing Body(ies) assesses performance and sets strategic performance improvement goals**, no less frequently than annually. If the Applicant has Component ACOs with unique Governing Bodies the narrative must describe how each Governing Body assesses performance and sets strategic performance improvement goals. The narrative must include:
   - A description of the selection process for performance metrics; and
   - A description of how performance improvement goals set by the Governing Body(ies) are used in setting improvement goals.

   For Provisional ACO Certification, provide a narrative of how the Applicant will meet these requirements.
   UPLOAD

b. **Performance dashboard(s)** with measure name detail and a description of how often the Governing Body(ies) reviews the dashboard and related strategic goals (at least annually). The dashboard may be uploaded as an editable file (e.g. Excel document) or as a screenshot. An Applicant with multiple Component ACOs that use different dashboards must submit a separate dashboard and description for each Component ACO. If actual performance data are not available for one or more of the dashboard measures, it is acceptable to submit a dashboard without measure values. See example dashboard provided below.
   - The dashboard must include at least one measure in each of the following domains:
      - Process (e.g., access, patient safety)
      - Efficiency
      - Outcomes
      - Patient Experience
   - The dashboard must indicate which measures are stratified by sub-population and by which sub-populations (e.g., payer type (Medicaid, commercial), race/ethnicity or other socioeconomic factors). At least one measure must be stratified by a sub-population.

   For Provisional ACO Certification, no response required.
   UPLOAD

Notes:

Process measures include access, patient safety, screening for depression, use of appropriate medications for people with asthma, preventive screenings, well-child visits, and immunizations.

Efficiency measures include avoidable ED visits and readmissions.

Outcomes measures include comprehensive diabetes care: HbA1c poor control (>9.0%), controlling high blood pressure, depression remission at 12 months.

Patient experience measures are CAHPS (CG, H, ACO) measures, or other.

Example: Quality Performance Dashboard

Measure name	Medicaid			Commercial			Medicare		
	Rate	Target		Rate	Target		Rate	Target	
Adult									
Prevention (Process)									
Breast Ccancer Screening	45%	75%		52%	75%		57%	75%	
Chronic Disease Management (Outcomes)									
HbA1c Control	69%	80%		83%	80%		79%	80%	
Patient Experience									
CAHPS Composite - Access to Specialists	56%	65%		69%	70%		60%	70%	
Efficiency									
Avoidable Readmissions	62%	70%		66%	75%		64%	75%	
Child									
Prevention (Process)									
Well Child Visit (12-17)	48%	50%		55%	55%		N/A	N/A	N/A
Childhood Immunization Status	40%	50%		54%	55%		N/A	N/A	N/A
Efficiency									
Emergency Department Visits	46%	50%		52%	60%		N/A	N/A	N/A

AC-4: Quality-based risk contract(s)

The ACO **has at least one substantive quality-based risk (up- or downside) contract with a payer**.

OR

The ACO **commits to participating in such a contract with MassHealth.**

Documentation Requirements:
For Provisional ACO Certification, no response required.

a. **Provide information regarding the Applicant's experience with risk contracts and/or accountable care programs.** Include:
    i. Names of any accountable care program or risk contract in which the Applicant and/or its Component ACO(s) is currently participating and name of payer(s) (e.g., Pioneer ACO, MSSP, AQC, or other commercial arrangements);
    ii. Maximum amount of risk (up- and downside, in dollar and percentage terms) for which the organization was/is responsible under each arrangement;
    iii. Number of years of participation in each arrangement;
    iv. Number of attributed patients/covered lives for each arrangement; and
    v. Which provider categories participate in each arrangement (for example, all primary care practices participate in all risk contracts, but only employed specialists participate in all risk contracts; or, affiliated community health centers participate in only Medicare and Medicaid contracts). (Please note, it is not necessary to submit lists of participating providers.)
    UPLOAD for i - iv
    TEXT BOX for v.

b. **Report ACO-level final quality performance** on the measures associated with each up- or downside risk contract for the last two performance years (PY '14 and '15) (if applicable).
    - If Applicant is unable to submit performance information because it has yet to receive final performance information from payer(s), the Applicant should submit the list of quality measures upon which the Applicant and any Component ACO(s) will be measured under current contract(s) and any interim performance information it has received. UPLOAD
    - If Applicant or any of its Component ACO(s) was not part of a risk-based contract prior to 2016, it should submit a brief explanation and an estimate of when it can submit such information. TEXT BOX (not required)

AC-5: Population health management programs

The ACO routinely **stratifies** its entire patient population and uses the results to **implement programs** targeted at **improving health outcomes for its highest need patients**. At least one program addresses **behavioral health** and at least one program addresses **social determinants of health** to reduce health disparities within the ACO population.

Documentation Requirements:

a. Description of the **Applicant's approach to stratifying its patient population (inclusive of the populations served by any Component ACOs)**, including:
   i. Frequency, which must be at least annually;
   ii. Factors on which stratification is completed (e.g., ED use, functional status, presence of chronic conditions);
   iii. Whether the reports used for stratification are generated by payers, by the Applicant using its own stratification methodology, or by the Applicant using proprietary software from a vendor; and
   iv. If the Applicant's approach to stratification differs by subpopulation (e.g. Medicare, Medicaid, commercial), a summary of the differences in the approaches used.

   For Provisional ACO Certification, the description should indicate how the Applicant intends to implement risk stratification under forthcoming risk contracts.
   UPLOAD

b. **Description of at least one program operated by the Applicant and/or any of its Component ACOs that addresses BH and at least one program that addresses SDH** including:
   i. How participating patients are identified or selected;
   ii. The specific interventions, including staffing model (e.g., community health workers, social workers);
   iii. The targets/performance metrics by which the ACO monitors/assesses the program, and the ACO's actual performance for the most recent measurement period;
   iv. Number of patients in the program or that the ACO projects the program will serve; and
   v. Any linkages to community resources or organizations.

   A single program that addresses both BH and SDH may be used to satisfy this requirement.

   For Provisional ACO Certification, the description should indicate how the Applicant intends to implement one or more programs addressing BH and SDH under forthcoming risk contracts.
   UPLOAD

AC-6: Cross-continuum care

To **coordinate care and services** across the care continuum, the ACO **collaborates** with providers **outside the ACO** as necessary, including:
- Hospitals
- Specialists, including any sub-specialties
- Long-term services and supports (LTSS) (including both facility-based and community-based services and providers)
- Behavioral health providers (BHPs) (both mental health and substance use disorder providers)

Providers and facilities **within the ACO** collaborate to coordinate care, including **following up on tests and referrals across care rendered within the ACO**.

Documentation Requirements:
Note: Applicants must respond to all questions in this section. For each category of providers below, if an Applicant answers "No" to question 1, then the Applicant must answer "Yes" to either question 2 or 2b in order to meet the requirements for Certification.

Collaborations with **hospitals**:
1. Does the Applicant and/or its Component ACOs include a hospital among its ACO Participants? Yes/No
    a. If Yes, provide the names of those hospital(s). UPLOAD

2. Does the Applicant and/or its Component ACOs have written agreements to collaborate with hospitals that are not ACO Participants? Yes/No
    a. If Yes, provide the names of those hospital(s). UPLOAD
        i. Select which factor(s) are considered when entering into written agreements with hospitals that are not ACO Participants :
            − Measurement of quality, patient experience, and cost
            − Access (i.e., wait times, availability)
            − Use of team-based care, including case conferences/collaborative clinical programs
            − Communication and/or data-exchange (incl. interoperability) procedures and capabilities
            − Access to and coordination with community-based providers/services
            − Comprehensive care transition protocols
            CHECK ALL THAT APPLY
    b. If No, does the Applicant and/or its Component ACOs have other arrangements with hospitals and/or plans to enter into written agreements to collaborate with hospitals that are not ACO Participants? Yes/No
        i. If Yes, briefly describe such other arrangements and/or plans. TEXT BOX
        ii. If No, please briefly explain. TEXT BOX

Collaborations with **specialists**:
1. Does the ACO Applicant and/or its Component ACOs include specialists as ACO Participants? Yes/No
    a. If Yes, provide a list by organization or medical group name of those specialists. (NPIs are not required.) UPLOAD

2. Does the Applicant and/or its Component ACOs have written agreements to collaborate with specialists that are not ACO Participants? Yes/No
    a. If Yes, provide a list by organization or medical group name of those specialists. (NPIs are not required.) UPLOAD
        i. Select which factor(s) are considered when entering into written agreements with specialists that are not ACO Participants:
            − Measurement of quality, patient experience, and cost
            − Access (i.e., wait times, availability)
            − Use of team-based care, including case conferences/collaborative clinical programs
            − Communication and/or data-exchange (incl. interoperability) procedures and capabilities
            − Access to and coordination with community-based providers/services
            − Comprehensive care transition protocols
            CHECK ALL THAT APPLY
    b. If No, does the Applicant and/or its Component ACOs have other arrangements with specialists and/or plans to enter into written agreements to collaborate with specialists that are not ACO Participants? Yes/No
        i. If Yes, briefly describe such other arrangements and/or plans. TEXT BOX
        ii. If No, please briefly explain. TEXT BOX

Collaborations with **LTSS providers**:
1. Does the Applicant and/or its Component ACOs have LTSS providers as ACO Participants? Yes/No
    a. If Yes, provide a list by organization name of those LTSS providers. (NPIs are not required.) UPLOAD

2. Does the Applicant and/or its Component ACOs have written agreements to collaborate with LTSS providers that are not ACO Participants, such as MassHealth-certified LTSS Community Partners? Yes/No
    a. If Yes, provide a list by organization name of those LTSS providers. (NPIs are not required.) UPLOAD
        i. Select which factor(s) are considered when entering into written agreements with LTSS providers that are not ACO Participants:
            − Measurement of quality, patient experience, and cost
            − Access (i.e., wait times, availability)
            − Use of team-based care, including case conferences/collaborative clinical programs

- Communication and/or data-exchange (incl. interoperability) procedures and capabilities
- Access to and coordination with community-based providers/services
- Comprehensive care transition protocols

CHECK ALL THAT APPLY

b. If No, does the Applicant and/or its Component ACOs have other arrangements with LTSS providers and/or plans to enter into written agreements to collaborate with LTSS providers that are not ACO Participants? Yes/No
   i. If Yes, briefly describe such other arrangements and/or plans. TEXT BOX
   ii. If No, please briefly explain. TEXT BOX

Collaborations with **BH providers**:
1. Does the Applicant and/or its Component ACOs include BH providers as ACO Participants? Yes/No
   a. If Yes, provide a list by organization name of those BH providers. (NPIs are not required.) UPLOAD

2. Does the Applicant and/or its Component ACOs have written agreements to collaborate with BH providers that are not ACO Participants, such as MassHealth-certified BH Community Partners? Yes/No
   a. If Yes, provide a list by organization name of those BH providers. (NPIs are not required.) UPLOAD
      i. Select which factor(s) are considered when entering into written agreements with BHPs that are not ACO Participants:
         - Measurement of quality, patient experience, and cost
         - Access (i.e., wait times, availability)
         - Use of team-based care, including case conferences/collaborative clinical programs
         - Communication and/or data-exchange (incl. interoperability) procedures and capabilities
         - Access to and coordination with community-based providers/services
         - Comprehensive care transition protocols

         CHECK ALL THAT APPLY
   b. If No, does the Applicant and/or its Component ACOs have other arrangements with BH providers and/or plans to enter into written agreements to collaborate with BH providers that are not ACO Participants? Yes/No
      i. If Yes, briefly describe such other arrangements and/or plans. TEXT BOX
      ii. If No, please briefly explain. TEXT BOX

Notes:

Hospitals include acute care facilities and emergency departments.

Examples of *long-term services and supports providers* include skilled nursing facilities, rehabilitation hospitals, and community-based providers of such services as home health, personal care, and durable medical equipment.

Behavioral Health providers are providers of services for mental health and substance use disorders.

Part 4: Supplemental Information

Applicants must provide complete responses to all of the Supplemental Information questions in order to receive HPC ACO Certification.

If the Applicant has multiple Component ACOs, please provide a response that best describes the overall characteristics or approach across the Applicant and all its Component ACOs.

For Provisional ACO Certification, provide complete responses to all of the Supplemental Information questions based on the available information and experience at the time of completing this application, and based on the Applicant's operational plans for the first year of the MassHealth contract.

For each set of Supplemental Information questions, Applicants will have the option in the application platform to upload one or more additional documents to further explain or supplement a response.

SI-1: Patient-centered primary care

How does the ACO support patient-centered primary care transformation?

Does the ACO have plans to increase PCMH recognition rates? Is the ACO planning to pursue PCMH PRIME certification?

Questions:
1. Does the Applicant and/or its Component ACOs:
   a. include NCQA Recognized Patient-Centered Medical Home (PCMH) practices? Yes/No RADIO
      i. If Yes, fill in % of practices with NCQA PCMH Recognition SIMPLE TEXT BOX if Yes
   b. include practices with PCMH recognition through another org? (check all that apply, and fill in %) CHECK BOXES (can select multiple or none), and SIMPLE TEXT BOX beside any checked options to allow ACOs to fill in %
      ☐ Joint Commission
      ☐ URAC
      ☐ AAAHC
      ☐ Other _____ SIMPLE TEXT BOX
   c. include primary care practices that are currently working toward HPC's PCMH PRIME Certification? Yes/No RADIO
      i. If yes, general narrative describing the practices and their status/progress toward PCMH PRIME Certification LONG TEXT BOX
   d. support PCMHs with (check all that apply): CHECK BOXES can select multiple or none
      ☐ Financial support/payments to practices
      ☐ TA to practices
      ☐ Infrastructure (e.g. EHR)
2. Provide a brief description of any other ways the Applicant and/or its Component ACOs support the delivery of patient-centered primary care. LONG TEXT BOX

SI-2: Assessment of needs and preferences of ACO patient population

How does the ACO assess the needs and preferences of its patient population with regard to race, ethnicity, language, culture, literacy, gender identity, sexual orientation, income, housing status, food insecurity history, and other characteristics?

How does the ACO use this information to inform its operations and care delivery to patients?

Questions:
1. Does the Applicant and/or its Component ACOs:
   a. assess its patient population on the following: (check all that apply) CHECK BOXES can select multiple or none
      - ☐ Race
      - ☐ Ethnicity
      - ☐ Language
      - ☐ Culture
      - ☐ Literacy
      - ☐ Education
      - ☐ Gender identity
      - ☐ Sexual orientation
      - ☐ Income
      - ☐ Housing status
      - ☐ Access to transportation
      - ☐ Food insecurity history
      - ☐ History of abuse/trauma
      - ☐ Other _____ SIMPLE TEXT BOX
   b. use a standard assessment tool to gather these data? Yes/No RADIO
      i. If yes, commercial tool or proprietary? (select one) CHECK BOXES select one
      ii. If no, what method is used? (free text) LONG TEXT BOX
   c. utilize these data to inform operations and care delivery? Yes/No RADIO
      i. If yes, brief narrative of how LONG TEXT BOX
      ii. If no, list key barriers/reasons LONG TEXT BOX
   d. align and benchmark patient panel-specific data elements in comparison to broader population health data elements from community health needs assessments done by hospitals that are ACO Participants or in the regions in which the Applicant and/or it Component ACOs operate? Yes/No RADIO
      i. If yes, brief narrative of how LONG TEXT BOX
      ii. If no, list key barriers/reasons LONG TEXT BOX

SI-3: Community-based health policies and programs

How does the ACO use the information gathered in SI-2 above to develop and support community-based policies and programs aimed at addressing social determinants of health to reduce health disparities within the ACO population?

Questions:

1. Briefly describe how the Applicant and/or its Component ACOs use the information gathered in SI-2 to develop and support community-based policies and programs aimed at addressing Social Determinants of Health to reduce health disparities within the ACO population.

2. To address health disparities and SDH, the Applicant and/or it Component ACOs (check all that apply): CHECK BOXES select multiple
   - ☐ Fund/invest in existing community-based programs that address the impacts of SDH
   - ☐ Run programs in collaboration with organizations in the community to address the impacts of SDH
   - ☐ In collaboration with community partners, support policy and/or environmental changes that address SDH
   - ☐ Other (please specify) SIMPLE TEXT BOX
   - ☐ None of the above

SI-4: Patient-centered advanced illness care

To what extent has the ACO established processes and protocols for identifying, counseling, and planning for advanced illness care?

To what extent has the ACO established collaborations with providers/facilities focused on advanced illness care?

Questions:
1. Does the Applicant and/or its Component ACOs:
   a. have a process to identify patients for advanced illness and palliative care? Yes/No RADIO
   b. have standard processes for advance care planning (including advanced directives and designating a healthcare proxy) or policies for ACO Participants such as documenting goals of care and preferences for care at end of life? Yes/No RADIO
      i. If yes, narrative description of how ACO Participants are trained or supported in developing advance care plans for ACO patients LONG TEXT BOX
   c. have advance care plans included in EHR(s)? Yes/No RADIO
      i. If yes to c), is the care plan accessible to all members of the care team? Yes/No RADIO
      ii. If yes to c), if a patient is missing an advance care plan, is there a reminder or flag for rendering provider? Yes/No RADIO
   d. have written agreements with providers trained in advanced illness, palliative and hospice care (check all that apply) that are: CHECK BOXES select multiple
      ☐ ACO Participants
      ☐ Not ACO Participants
      ☐ No written agreement(s)
      (1) If "no written agreement" is selected, provide a brief narrative describing the nature of any other arrangement(s) the ACO has LONG TEXT BOX if "no written agreement(s)" box is checked

Notes:
Advanced illness care is also commonly referred to as "serious illness care" or "end of life care." The Coalition to Transform Advanced Care (CTAC) defines advanced illness as "occurring when one or more conditions become serious enough that general health and functioning decline, and treatments begin to lose their impact. This is a process that continues to the end of life."

SI-5: Quality and financial analytics

How does the ACO conduct performance analyses, including measure domains of access, efficiency, process, outcomes, and patient safety?

Does the ACO generate its own reports, collaborate with a vendor, or rely on payer reports?

What process does the ACO have to disseminate reports to providers, in aggregate and at the practice level?

Questions:

1. Describe the Applicant's and/or its Component ACOs' process for disseminating reports to providers, in aggregate and at the practice level. LONG TEXT BOX

2. The Applicant and/or its Component ACOs perform the following types of analyses (check all that apply): CHECK BOXES select multiple
   - ☐ Efficiency (e.g. readmissions, avoidable admissions)
   - ☐ Quality outcomes
   - ☐ Quality process
   - ☐ Access
   - ☐ None of the above

3. For reporting, the Applicant and/or its Component ACOs (check all that apply): CHECK BOXES select multiple
   - ☐ Develop their own reports
   - ☐ Use payer reports
   - ☐ Collaborate with vendor for reporting
   - ☐ None of the above

4. Does the Applicant and/or its Component ACOs disseminate reports to providers? (check one) CHECK BOXES select one
   - ☐ Yes, in aggregate
   - ☐ Yes, in aggregate and at the practice level
   - ☐ No

5. Types of measures used for quality performance (check all that apply): CHECK BOXES select multiple
   - ☐ Claims-based process measures
   - ☐ Clinical health outcomes that require clinical data
   - ☐ Patient surveys
   - ☐ Patient reported outcome measures (PROMs). If so, provide list of measures used. UPLOAD
   - ☐ None of the above

SI-6: Patient experiences of care

How does the ACO evaluate and use patient and family experience on access, communication, and coordination?

What survey tool does the ACO employ? What is the frequency of such evaluation?

How does the ACO develop plans, based on evaluation results, to improve patient and family experience?

Questions:

1. Describe how the Applicant and/or its Component ACOs use patient experience survey results to improve patient and family experience. LONG TEXT BOX

2. The Applicant and/or its Component ACOs utilize one or more of the following survey tools to assess patient and family experience (check all that apply)? CHECK BOXES select multiple
   - ☐ Press Ganey
   - ☐ CAHPS (C/G, PCMH)
   - ☐ Proprietary tool
   - ☐ Other _____ SIMPLE TEXT BOX

3. How frequently does the Applicant and/or its Component ACOs employ field survey tool(s)? (select from drop-down menu) DROP DOWN MENU
   a) Annually
   b) Quarterly
   c) Monthly
   d) Other _____ SIMPLE TEXT BOX

SI-7: Distribution of shared savings or deficit in a transparent manner

How does the ACO distribute funds among participating providers? What is the process for making distribution and/or reinvestment decisions? Please include methodology(ies) used.

How does the ACO take into consideration quality, cost, and patient satisfaction data when developing its methodology?

Questions:

1. Describe how the Applicant and/or its Component ACOs distribute funds and/or reinvests, including indicating the ACO Participants and any other providers who may be included in the distribution. LONG TEXT BOX

2. The Applicant and/or its Component ACOs consider the following when developing distribution methodology (check all that apply): CHECK BOXES select multiple or none
   - ☐ Quality
   - ☐ Cost
   - ☐ Efficiency
   - ☐ Patient satisfaction data
   - ☐ Adoption of HIT
   - ☐ Other _____ SIMPLE TEXT BOX

3. Briefly describe how each of the factors checked above is used in the distribution methodology. LONG TEXT BOX

SI-8: Advanced health information technology (HIT) integration and adoption

What is the ACO providers' connection rate to the Mass HIway?

What is the ACO's plan to increase adoption and integration rates of certified EHRs and connection rates to the Mass HIway?

What are the ACO's plans and timelines to increase the current capacity for interoperability and real-time event notification between entities within and outside the ACO?

Questions:

1. Current connection rate of ACO Participants to Mass HIway (fill in %) SIMPLE TEXT BOX

2. Percent of ACO Participants capable of interacting with interoperable EHRs, including real-time notification (fill in %) SIMPLE TEXT BOX

3. Number of facilities or provider groups who are not ACO Participants with which interoperability and real-time event notification is possible (fill in number) SIMPLE TEXT BOX

4. The Applicant and/or its Component ACOs have specific plans to increase rates of (check all that apply): CHECK BOXES select multiple
   - ☐ Connection to Mass HIway
   - ☐ Adoption and integration of certified EHRs
   - ☐ Interoperability and real-time event notification
   - ☐ Patient access to EHR
   - ☐ Decision support tools embedded within the EHR
   - ☐ None of the above

5. For all checks above, provide a brief description of the plan LONG TEXT BOXes

6. Types of providers with whom Applicant and/or its Component ACOs have prioritized rate increase (check all that apply) CHECK BOXES select multiple
   - ☐ PCPs
   - ☐ SCPs
   - ☐ Community-based orgs.
   - ☐ SNFs, long-term care orgs.
   - ☐ Other _____ SIMPLE TEXT BOX
   - ☐ None of the above

SI-9: Consumer price transparency

How does the ACO encourage its participating providers to make price information available to consumers as required under state law and regulations?

Questions:
1. Does the Applicant and/or its Component ACOs:
   a. have written policies and procedures for ACO Participants to, at the request of a patient, disclose the allowed amount or charge of an admission, procedure, or service within two working days (Yes/No) RADIO
      i. If yes, brief narrative description of such policies and procedures LONG TEXT BOX
      ii. If no, brief narrative description of challenges/barriers or other rationale for not doing so LONG TEXT BOX

   b. support patients to obtain information on the costs they may incur for services rendered by ACO Participants: (check all that apply) CHECK BOXES select multiple or none
      ☐ From its own processes
      ☐ From insurers
      ☐ In other ways
      i. For any checked boxes, provide a brief narrative of how. LONG TEXT BOXES –

Part 5: Affidavit of Truthfulness

The Primary Application Contact or another authorized representative of the Applicant is required to electronically sign and confirm the following statements upon submission of an application for ACO Certification. Additionally, the undersigned understands and acknowledges that the HPC requires Applicants that have received ACO Certification to notify the HPC of any significant changes to the information in the application during the Certification term that make it and/or its Component ACOs no longer able to meet the HPC's Certification criteria.

I, the undersigned, certify that:

1. The information submitted to the HPC for ACO Certification is complete, accurate and true.

2. I am duly authorized to submit this application for HPC ACO Certification on behalf of the Applicant.

Signed on the _____ day of _____, 20_____ under the pains and penalties of perjury.

Name: _____

Title: _____

E-Signature: _____

TECHNICAL REQUIREMENTS FOR ACO CERTIFICATION APPLICATION PLATFORM

Applicants for Certification will submit the required documentation to the HPC via a secure application system. The system uses a document management software program called OnBase. To access it, Applicants must download and install the OnBase software on the computers of the Primary Application Contact and any other intended users of the system. Please note that OnBase is not generally compatible with non-Microsoft operating systems (e.g. Mac).

Please follow these instructions to complete the download:

In Internet Explorer (version 11 or higher) or other preferred browser:

1. Ensure that all pop up blockers are disabled.

2. Add https://*.onbaseonline.com to your browser's trusted sites.

3. Restart your browser.

4. Install the following items on your machine:
    a. **Microsoft .NET Framework 4.5.2**, which can be obtained from the Microsoft Download Center at https://www.microsoft.com/en-us/download/details.aspx?id=42643.
    b. **Microsoft Visual Studio 2010 Tools for Office Runtime**, which can be obtained from the Microsoft Download Center at https://www.microsoft.com/en-us/download/details.aspx?id=48217. Please note that the x86 version is required for 32-bit versions of Windows; the x64 version is required for 64-bit versions of Windows.
    c. **Microsoft Visual C++ 2013 Redistributable**, which can be obtained from the Microsoft Download Center at https://www.microsoft.com/en-us/download/details.aspx?id=40784. Please note that the x86 version is required for 32-bit installations of the Office integrations; the x64 version is required for 64-bit installations of the Office integrations.

Then, to begin downloading the OnBase Unity Client, copy/paste the following URL into your preferred browser: https://massit.onbaseonline.com/1600Unity_AE_Disabled/.

If you have questions or experience any difficulties, please do not hesitate to contact the Health Policy Commission for assistance. Email us at HPC-Certification@state.ma.us.