HPC Testimony

By
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CEO of Accountable Care Associates, Inc.

Exhibit B

Answers are for the practice portion of our organization which is Accountable Care Practice Services, LLC. (ACPS)

1. Growth Rates
    a. ACPS has experienced growth in revenue, utilization and operating expenses, which tracked together at 2% annually, and adjusted for severity and volume, for CY2012 through CY2013, and similarly though 2014.
    b. Since 2013, we have employed case managers and quality tracking systems to affect these trends.
    c. We will be improving our technology platforms to help the Commonwealth meet its goals for 2015.
    d. We use the CareScreen set of services to operate more efficiently while improving quality.

2. Reducing Fee-For-Service Payments
    a. Alternative payments have helped support our managed care infrastructure.
    b. We have not done such an analysis.
    c. We have not done such an analysis.

3. Adequacy of Health Status Risk Adjustment
    a. In our experience, current health status risk adjustments correctly identify and account for individual and population, including subpopulation, variances.
    b. For CMS we use the risk adjusted factor (RAF), and for commercial we use the DxCG and other scales.
    c. Correctly assessing the severity of a population has become more important.

4. More Reliable and Actionable Data
    More timely data from facilities and providers would be most helpful, with real time data being desirable.

5. Attributing Members to Primary Care Providers
    a. Most are currently attributed by health plans and by CMS for our Medicare ACO.
    b. Attribution should be timelier, and could include non-HMO and non-ACO attribution.

6. Quality Reporting Effort

    The requirements for quality reporting have increased, and some measures appear to conflict with national standards.

7. Utilization of Inpatient Care
    a. We have not done such an analysis specifically for our practice.
    b. We support our home hospitals in providing all care available.

8. Post-Acute Care
    a. We have not done such an analysis.
    b. We ensure optimal use of post-acute care by having our own rounders and case managers.

9. Providing Patients Prices of Admissions

    We care for patients after admission only, and do not have primary care panels.

10. Tiered Network Products

    We do not participate in tiered network products.

11. Comorbid Behavioral Health and Chronic Medical Conditions
    a. We have analytic tools that look for behavioral health and comorbid conditions, and we use these to identify members or beneficiaries at risk, and to get them help with our care coordination team members.
    b. We are using our case managers to call members and beneficiaries and assess needs before these needs result in visits to emergency departments and psychiatric admissions.
    c. We have had nationally recognized success in care coordination of frail individuals with multiple chronic conditions due to our analytic tools and care coordination personnel. We have overcome barriers by sending nurse practitioners and home nurses to member and beneficiary homes.

d. We are willing to report discharge data.

12. Patient Centered Medical Home
    a. We do not have primary care providers, but we support the PCMH model.
    b. We do not have primary care providers.
    c. We have not done specific analysis on PCMH.

13. Commentary
    a. Our observations and experiences are similar to other provider groups in the Commonwealth of Massachusetts.

Exhibits C.

Answers are for the practice portion of our organization which is Accountable Care Practice Services, LLC. (ACPS)

1. Revenue Totals

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2. Managing Risk

   The parent company of our practice company shares risk with other provider groups, but our practice company itself does not share risk.

3. Referral Processes

   We follow the referral process that is outlined for each managed care plan, and try to use in network providers.

4. Information made available at the time of referrals

   We do not make specific cost her quality information available, but we do have preferred providers (in network providers).