MASSACHUSETTS
HEALTH POLICY COMMISSION

HPC ACO Certification LEAP 2024-25 Application Requirements Overview Webinar

June 15, 2023

Overview of HPC ACO Certification

HISTORY

- Chapter 224 of the Acts of 2012 created the HPC and directed the HPC to create standards for Massachusetts-based ACOs
- The HPC's first ACO Certifications were awarded at the end of 2017, certifying 17 ACOs
  - Certification requirements emphasized core ACO competencies
- In 2021, the HPC issued updated certification standards that emphasize activities and processes promoting learning, health equity, and patient-centeredness

OBJECTIVES

- Create a set of multi-payer standards for ACOs to enable care delivery transformation and payment reform
- Build knowledge and transparency about ACO approaches
- Facilitate learning across the care delivery system
- Align with and complement other standards and requirements in the market, including MassHealth's

AGENDA

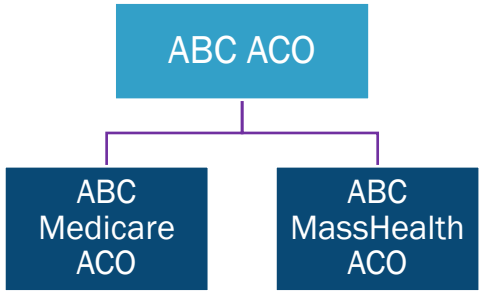
- **Review of Criteria for Certification**
  - Applicant for Certification
  - Pre-Requisites
  - Assessment Criteria
  - Supplemental Information Questions
- Updated Health Equity Requirement
- Process and Timeline
- Q&A

Definition of the Applicant for Certification

Overview

The Applicant must be the health care provider or provider organization that has **partial or complete common ownership or control of any and all corporately affiliated contracting entities that enter into risk contracts on behalf of one or more health care providers (Component ACOs)**

Example



- ABC ACO holds risk-based contracts with commercial payers
- ABC also owns a Medicare ACO, which contracts directly with Medicare and has a separate Governing Body
- ABC owns and operates an ACO that holds a contract with MassHealth

ABC ACO is the Applicant and, if all criteria are met, will be certified *inclusive* of its component Medicare and MassHealth ACOs

Requirements for ACO Certification 2024-25: Learning, Equity, and Patient-Centeredness (LEAP)

1 Pre-Requisites

3 required pre-reqs.
Attestations, org chart, risk contracts template

- ✓ Identifiable and unique governing body
- ✓ At least one risk contract with a public or private payer
- ✓ Legal compliance: RBPO certificate, if applicable; any required MCNs filed; anti-trust laws; patient protection; RPO filings

2 Assessment Criteria

5 criteria
Sample ACO documents, narrative descriptions, HPC templates

- ✓ Patient-centered care
- ✓ Culture of performance improvement
- ✓ Data-driven decision-making
- ✓ Population health management programs
- ✓ Whole-person approach

Health Equity Requirement document upload

3 Required Supplemental Information

2 domains
Narrative or data
Not evaluated by HPC but must respond

- ✓ Facilitating high-value care delivery
- ✓ Medicare Advantage

Pre-Requisites

Governance Uploads

- Provide an organizational chart(s) of the Governance Structure(s), including Governing Body, executive committees, and executive management
  - If the Applicant has Component ACOs with unique Governance Structures, the Applicant must provide a separate organizational chart for each Governing Body
- Identify the name of the Governing Body and briefly describe the key responsibilities of any executive committees in the Governance Structure

Risk Contracts and Performance Uploads

- Details of each risk contract, including payer, number of covered lives, financial terms (e.g., max. shared savings), and description of quality incentive, including any health equity incentives – **Template provided**

NEW

- For the most recent performance year for which data are available, final ACO-level quality performance on all measures included in risk contracts – **No template provided**

ATTESTATIONS

1. ACO has obtained, if applicable, a risk-bearing provider organization (RBPO) certificate or waiver from DOI.
2. ACO has filed all required Material Changes Notices (MCNs) with the HPC.
3. ACO is in compliance with all federal and state antitrust laws and regulations.
4. ACO is in compliance with the HPC's Office of Patient Protection (OPP) guidance regarding an appeals process to review and address patient complaints and provide notice to patients.
5. ACO has at least one risk contract with a public or private payer in the Commonwealth.
6. Applicant has an identifiable and unique Governing Body with authority to execute the functions of the ACO.

Types of Documentation for Assessment Criteria Responses

Primary Source Documents

Existing internal materials

May consist of guidelines, communications, memoranda, presentations, reports, tools, etc.

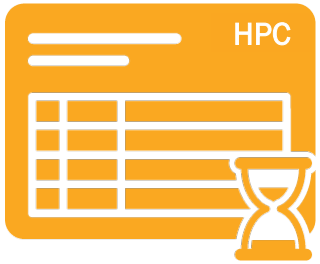
Original Narratives

A narrative produced for the HPC Certification application describing how the ACO meets an Assessment Criterion

Original narratives may be submitted in lieu of Primary Source Documents

Required elements of the response are specified in the PUG

HPC Templates



Excel templates provided by the HPC for completion by the ACO

Allow ACOs to provide concise information on requested data points

Templates do not need to be accompanied by additional documentation

Assessment Criterion - 1

PATIENT-CENTERED CARE

The ACO collects and uses information from patients to improve and deliver patient-centered care.

AC-1.1: The ACO systematically monitors and assesses the experience, perspectives, and/or preferences of the patient population served.

AC-1.2: The information/data gathered via AC-1.1 informs the ACO's strategy and/or organization-level initiatives for improving patient experience.

Assessment Criterion - 2

CULTURE OF PERFORMANCE IMPROVEMENT

The ACO fosters **a culture of continuous improvement, innovation, and learning** to improve the patient experience and value of care delivery.

This culture is demonstrated by at least two different approaches.

Assessment Criterion - 3

DATA-DRIVEN DECISION-MAKING AND CARE DELIVERY

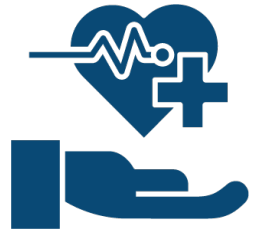
The ACO is committed to using the best available data and evidence to guide and support improved clinical decision-making.

AC-3.1: To facilitate learning among providers, decrease provider practice variation, and support provider adherence to evidence-based guidelines, the **ACO adopts processes or tools that make available reliable, current clinical knowledge at the point of care.**

AC-3.2: The ACO also collects and offers providers **actionable data** (e.g., on quality, safety, cost, and/or health outcomes) to guide clinical decision-making, identify and eliminate waste, and enable high-value care delivery.

Assessment Criterion - 4

POPULATION HEALTH MANAGEMENT PROGRAMS



The ACO develops, implements, and refines programs and care delivery innovations to coordinate care, manage health conditions, and improve the health of its patient population.

AC-4.1: The ACO **collects data** to understand the health needs of its patient population and performs appropriate **risk stratification**.

AC-4.2: The ACO uses the data analysis or risk stratification described in AC-4.1 to **design and implement one or more patient-facing population health management programs** that address areas of need for a defined patient population. The ACO **sets targets for and measures the impact of these programs** to support continuous performance improvement over time.

Assessment Criterion - 5

WHOLE-PERSON CARE

The ACO recognizes the importance of non-medical factors to overall health outcomes and cost of care and seeks to integrate behavioral health and health-related social supports into its care delivery models.

AC-5.1: The ACO is advancing the integration of behavioral health care into primary care settings, with respect to workforce, administration, clinical operations, and/or funding. The ACO also sets and measures progress on discrete goals for further increasing integration over time.

AC-5.2: The ACO is also advancing efforts to understand and address its patients' health-related social needs through screening and referral relationships with community-based and/or social service organizations. The ACO also sets and measures progress on discrete goals for improving the effectiveness of these processes.

In Depth: Responding to AC-1 in the ACO Certification Application

Select the approach(es) that correspond to those activities of your ACO(s) that you are documenting in the application

If submitting an original narrative in lieu of a Primary Source Document, **consult** the PUG for required elements

AC-1: Patient-Centered Care

The ACO collects and uses information from patients to deliver and improve patient-centered care.

Documentation Requirements:

AC-1.1 The ACO **systematically monitors and assesses** the experience, perspectives, and/or preferences of the patient population served. The Applicant and/or its Component ACOs satisfy(ies) this requirement through the following **approach(es):**

CHECK ALL THAT APPLY:

- ☐ Regular monitoring of patient experiences or preferences (e.g., online communities, patient focus groups, patient experience survey collection)
- ☐ Systematic data collection on patients' cultural, linguistic, literacy, and similar care-related needs and preferences
- ☐ Robust mechanisms for engaging consumers in governance and/or advisory bodies informing leadership (e.g., active consumer representation on each Governing Body, use of Patient and Family Advisory Councils)

For itself and/or each Component ACO, the Applicant may submit a Primary Source Document as documentation of this approach. If no appropriate Primary Source Document is available, the Applicant may submit an original narrative description.

Box AC-1.1: Brief description of Primary Source Document(s) (including the Component ACO to which it corresponds, if applicable), and frequency of the activity (Max. 150 words per document uploaded)

[TEXT BOX]

AC-1.2: The information/data gathered via AC-1.1 **informs the ACO's strategy and/or organization-level initiatives** for improving patient experience.

For itself and/or each Component ACO, the Applicant may submit a Primary Source Document **describing one ACO- or system-level initiative** to improve an aspect of patient experience in the past two years. If no appropriate Primary Source Document is available, the Applicant may submit an original narrative description.

Box AC-1.2: Brief description of Primary Source Document(s), how the need or opportunity was identified from information collected in AC-1.1, and how the initiative is being measured to gauge impact and/or make improvements (Max. 150 words per document uploaded)

[TEXT BOX]

Monitoring

No documents found

Upload one or more Primary Source Document(s) **or** original narrative(s) to provide documentation of your response

Enter a short description of the Primary Source Document(s) (if applicable) and its relevance – see new Appendix II in the PUG for sample application responses

Initiative

No documents found

SI #1 – Facilitating High-Value Care Delivery

Facilitating High-Value Care Delivery

The HPC is interested in understanding the innovations and care delivery changes made possible by value-based payment and the ACO model. Considering all the experience the ACO has had participating in risk contracts, what has been the most important innovation or change to care delivery that you have been able to accomplish that would not have been possible under purely fee-for-service contracts?

In which of the following areas have the ACO's own performance targets been the most difficult to achieve? Check as many as apply, considering all Component ACOs. Provide a brief narrative describing more specifically the ACO's performance in each area selected, why performance targets have been difficult to achieve, and any ongoing efforts to improve performance in this area.

- ❑ Quality (e.g., preventive, mental health, chronic care, or specialty care measures)
- ❑ Cost or cost trend
- ❑ Efficiency (e.g., readmission rates)
- ❑ Patient experience (e.g., CAHPS results)
- ❑ Clinician process factors (e.g., adherence to clinical protocols)
- ❑ Health equity (e.g., inequities reduction within measures)
- ❑ Other

Which of the following, if any, are strategies the ACO is pursuing to deliver higher-value care? For any response, please provide 3-5 sentences summarizing the ACO's actions.

- ❑ Increasing the proportion of total dollars at risk for provider performance
- ❑ Incorporating specialty providers into ACO initiatives and/or incentives
- ❑ Keeping care within the ACO's network of providers
- ❑ Shifting to greater use of mid-level clinical staff
- ❑ Launching innovative models of care delivery
- ❑ Using technology (e.g., remote monitoring, app-based tools, or asynchronous visit or communication opportunities) to manage care outside of clinical settings
- ❑ Identifying and reducing low-value services
- ❑ Investing in "upstream" interventions to address social determinants of health
- ❑ Transparent reporting of performance data at the provider level
- ❑ Other

SI #2 – Medicare Advantage

Medicare Advantage

How is performance under the ACO's Medicare Advantage and/or Senior Care Options risk contract(s) managed, relative to other risk contracts held by the ACO?

- ❑ Managed by the same body responsible for other commercial or public risk contracts as part of an integrated system-wide strategy
- ❑ Managed by the same body responsible for commercial or public risk contracts, but not integrated into a system-wide strategy
- ❑ Managed separately, not integrated into a system-wide strategy
- ❑ Managed separately, but executing system-wide strategy
- ❑ N/A – no Medicare Advantage or Senior Care Options risk contracts

Considering the approaches identified in this application for the Applicant and/or Component ACOs, which of the following are also applied to the Medicare Advantage and/or Senior Care Options risk population?

- ❑ Patient-centered care strategies
- ❑ Elements supporting a culture of performance improvement
- ❑ Supports for data-driven decision-making
- ❑ Population health management programs and strategies
- ❑ Behavioral health integration supports
- ❑ Health-related social needs supports
- ❑ N/A – no Medicare Advantage or Senior Care Options risk contracts

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- **Updated Health Equity Requirement**
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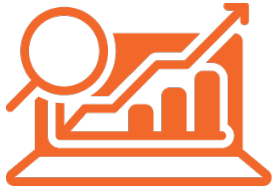
Health Equity Opportunities Identified in HPC Letter to ACOs in Fall 2022

Based on review of the 2021 Health Equity Responses, the HPC identified three areas of opportunity for ACOs:

Treating data collection as a means, not an end, in health equity



As ACOs continue to improve data collection capabilities, they have an opportunity to begin to develop the processes and infrastructure that will allow them to quickly translate improved information into concrete action.

Understanding the problem and the patient population

Meaningful engagement with patients and an effort to understand the communities and environments in which they live will increase the likelihood that programs to support them are responsive to their unique needs and preferences.

Embedding health equity into all aspects of ACO performance strategy

Rather than conceptualizing health equity as a series of special projects, ACOs have an opportunity to bring an equity perspective to their current portfolio of population health programs and set explicit equity goals.

Alignment with Market Developments

ACO programs, accreditation bodies, and other stakeholders are all moving in the direction of these opportunity areas

DATA-DRIVEN INTERVENTIONS TO ADDRESS INEQUITIES

ACO programs (e.g., MassHealth and CMS's ACO REACH program) and independent organizations (e.g., the Joint Commission and the Health Care Payment Learning and Action Network) are increasingly setting expectations regarding **collection and use of socio-demographic and social needs data to reduce inequities**.

PATIENT ENGAGEMENT TO INFORM PROGRAM DESIGN

As more stakeholders contemplate interventions to reduce inequities, some improvement or accreditation frameworks (e.g., NCQA's Health Equity Accreditation Plus) are explicitly recognizing the **importance of patient and community engagement** as a key component of organizational efforts to advance health equity.

STRATEGIC COMMITMENTS TO IMPROVING HEALTH EQUITY

Organizations like the Institute for Healthcare Improvement are emphasizing the importance of **making health equity a strategic priority**, and public payer ACO programs will be requiring the creation of health equity (strategic) plans.

Template for the Health Equity Requirement Document

Rows for each Component ACO

Structured dropdown menu

Free-text cells for providing narrative descriptions or examples

Data-Driven Interventions				
Activity	**Component ACO**	**Status**	**Short description or example to illustrate progress in the past two years, if applicable**	**Short description of plans or commitments for progress in the next two years**
The ACO **uses race, ethnicity, language, and/or disability (RELD) and sexual orientation, gender identity, and sex (SOGIS) data** to inform and aid its quality improvement, care delivery, and/or population health management processes in closing inequities.	Component A	INEQUITIES MONITORING ONLY: ACO is generating and using stratified metrics to identify and monitor Health Inequities		
	Component B	INTERVENTION(S) DESIGNED/IMPLEMENTED: ACO is using stratified metrics to inform design and implementation of interventions to close identified Health Inequities		
	Component C	ACO has not taken steps in this area		

Patient Engagement				
Activity	**Component ACO**	**Status**	**Short description or example to illustrate progress in the past two years, if applicable**	**Short description of plans or commitments for progress in the next two years**
To inform design and implementation of care delivery interventions and/or population health management programs with an equity focus, the ACO **meaningfully engages with patients experiencing the targeted Health Inequity**.	Component A	ACO has INFORMED patients about design and implementation		
	Component B	ACO has not engaged patients in design and implementation		
	Component C	N/A		

Strategy				
Activity	**Component ACO**	**Status**	**Short description or example to illustrate progress in the past two years, if applicable**	**Short description of plans or commitments for progress in the next two years**
The ACO has **articulated a vision for advancing Health Equity** in its strategic plan(s), has **set explicit goals** for advancing Health Equity across its risk population(s), and is **using ACO operational infrastructure** (including, but not limited to incentives, technology, training/education) to achieve Health Equity goals articulated in the strategic plan.	Component A	The ACO has begun operationalizing Health Equity components of its strategic plan(s)		
	Component B	ACO has incorporated Health Equity in strategic plan(s) and set explicit goals		
	Component C	ACO has not taken steps in this area		

Note: The HPC will provide an individualized Health Equity Requirement Document template for each Applicant

Health Equity Requirement: Data-Driven Interventions

For each **Activity**, Applicants will select for **each Component ACO** the most appropriate option from the **Status** dropdown menu.

Per the **Status** selected, the Applicant must provide a short description or example to illustrate progress in the past two years, if applicable, and plans or commitments for progress in the next two years.

ACTIVITY

The ACO **uses race, ethnicity, language, and/or disability (RELD) and sexual orientation, gender identity, and sex (SOGIS) data** to inform and aid its quality improvement, care delivery, and/or population health management processes in closing inequities.

STATUS *(Dropdown menu options)*

✗	**ACO has not taken steps in this area**
✗	**DATA COLLECTION ONLY:** ACO has implemented some RELD SOGIS data collection, but is not generating stratified metrics for leadership and/or providers
✓	**INEQUITIES MONITORING ONLY: ACO is generating and using stratified metrics to identify and monitor Health Inequities**
✓	**INTERVENTION(S) DESIGNED/IMPLEMENTED:** ACO is using stratified metrics to inform design and implementation of interventions to close identified Health Inequities
✓	**INTERVENTION(S) EVALUATED/REFINED:** ACO is using data-driven strategies to improve the effectiveness of its equity-focused interventions

✓ = meets minimum standard ✗ = does not meet minimum standard

Health Equity Requirement: Patient Engagement

For each **Activity**, Applicants will select for **each Component ACO** the most appropriate option from the **Status** dropdown menu.

Per the **Status** selected, the Applicant must provide a short description or example to illustrate progress in the past two years, if applicable, and plans or commitments for progress in the next two years.

ACTIVITY

To inform design and implementation of care delivery interventions and/or population health management programs with an equity focus, the ACO **meaningfully engages** with patients experiencing the targeted Health Inequity.

STATUS *(Dropdown menu options)*

N/A, no equity-focused interventions designed or implemented

ACO has **NOT ENGAGED** patients in design and implementation

ACO has INFORMED patients about design and implementation

ACO has **CONSULTED** patients on design and implementation

Patients **SHARE IN DECISION-MAKING** with the ACO on design and implementation

"INFORMED" refers to unidirectional information-sharing by ACOs with patients.

"CONSULTED" refers to recurring bi-directional information exchange between a consistent, defined set of patients and ACOs, including patient feedback informing interventions.

"SHARE IN DECISION-MAKING" refers to significant patient involvement in designing or refining interventions, potentially including idea generation and joint approval mechanisms.

Health Equity Requirement: Strategy

For each **Activity**, Applicants will select for **each Component ACO** the most appropriate option from the **Status** dropdown menu.

Per the **Status** selected, the Applicant must provide a short description or example to illustrate progress in the past two years, if applicable, and plans or commitments for progress in the next two years.

ACTIVITY

The ACO has articulated a **vision for advancing Health Equity** in its strategic plan(s), has set **explicit goals** for advancing Health Equity across its risk population(s), and is **using ACO operational infrastructure** (including, but not limited to incentives, technology, training/education) to achieve Health Equity goals articulated in the strategic plan.

STATUS *(Dropdown menu options)*

ACO has not taken steps in this area

ACO has incorporated Health Equity into strategic plan(s) and set explicit goals

ACO has begun operationalizing Health Equity components of its strategic plan(s)

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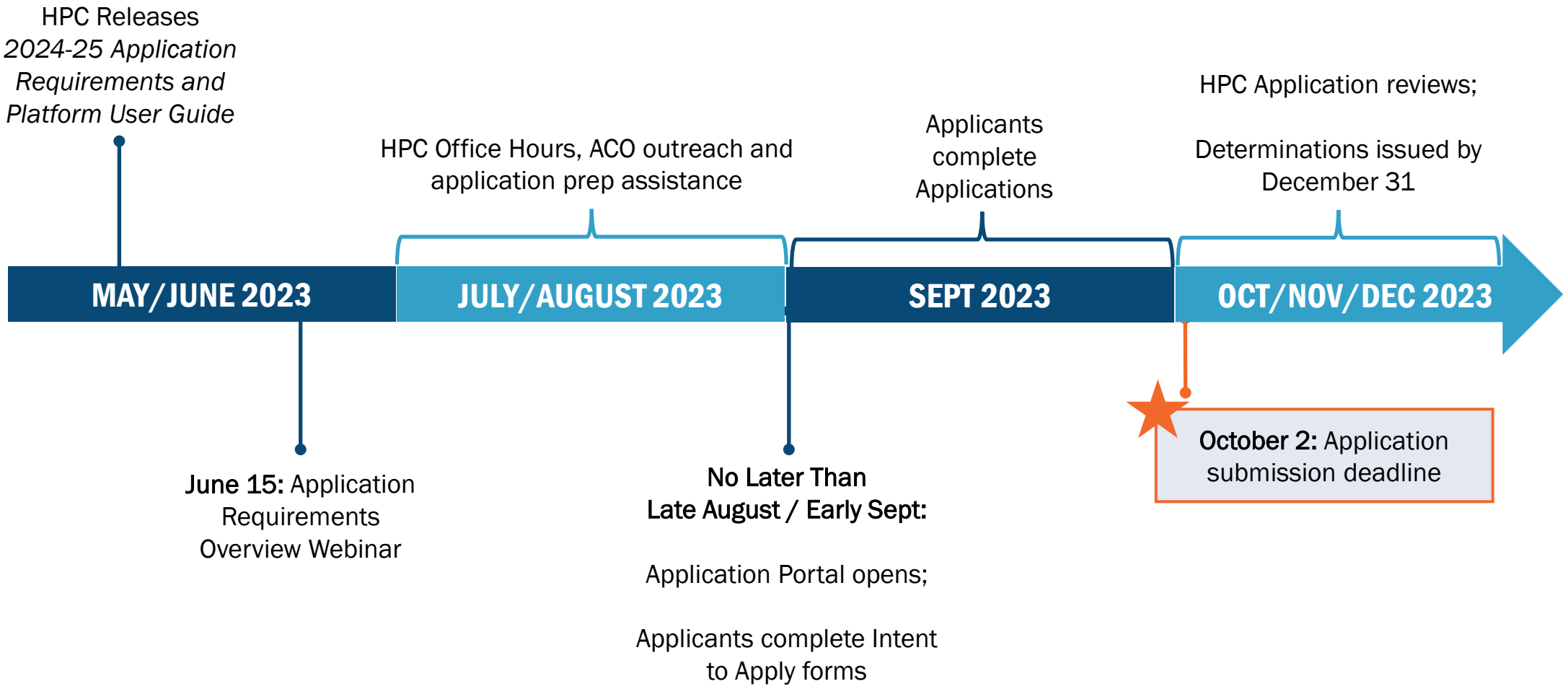
ACO Certification Timeline



Confidentiality for ACO Certification Materials

Nonpublic clinical, financial, strategic, or operational documents, or information submitted to the HPC in connection with ACO certification have confidentiality protections pursuant to M.G.L. c. 6, § 2A.

The HPC may make the information public in de-identified summary form, or when the HPC believes that disclosure is in the public interest.

Information for Public Reporting

Identifying Information
- Applicant name, contact info
- Component ACO(s) name, contact info

PR-1: Governance
- Org chart(s)

PR-2: Risk Contracts
- Name(s) of payer(s) with which Applicant and Component ACOs have risk contract(s)
- Year that each contract began and expires
- Years of risk experience with the payer
- Whether the contract is upside-only or two-sided
- Number of attributed patients per contract

Information for Public Reporting *if the Applicant consents*

Portions and/or summaries of responses to all other questions

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Contact Us

- Email questions to HPC-Certification@mass.gov
- Visit the HPC's ACO Certification Website for up-to-date information: https://www.mass.gov/service-details/the-hpc-accountable-care-organization-aco-certification-program
  - View ACO Certification program outputs, including recently released ACO Program Strategy Summaries
- Join us for weekly office hours calls beginning July 12