COMMONWEALTH OF MASSACHUSETTS

HEALTH POLICY COMMISSION

Proposed 2022-2023 Accountable Care Organization (ACO) Certification Standards

Request for Public Comment

October 16, 2020

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I. Introduction

A. Program Overview

The Health Policy Commission (HPC) is an independent state agency whose mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC ACO Certification program was developed pursuant to the state's landmark health care cost containment law, Chapter 224 of the Acts of 2012, which requires the HPC to "establish a process for certain registered provider organizations to be certified as accountable care organizations" (ACOs).

The goals established by the HPC for the ACO Certification program include the following:

- Create a set of payer-agnostic standards for ACOs to encourage the provision of value-based, high-quality, and cost-effective care for all ACO patients;
- Build knowledge and transparency about ACO approaches to care delivery transformation;
- Contribute to an understanding of how ACOs achieve improvements in quality, cost, and access;
- Facilitate learning across the care delivery system; and
- Align with and complement other standards and requirements in the market, including those promulgated by other state agencies (e.g., the Division of Insurance's Risk-Bearing Provider Organization process) and health care payers/purchasers.

The HPC first issued ACO certification requirements and implemented an application process for ACOs in 2017, certifying an initial cohort of ACOs in that year for a two-year term. The 2017 standards focused on defining a set of core ACO competencies that would be applicable to any patient population and a range of provider organizations, from those with substantial experience in value-based care delivery to those newly transitioning to risk-based payment and care delivery models. These standards were largely consistent for the second two-year certification cycle, which occurred in 2019. Among other important lessons learned, the first two certification cycles revealed that ACOs vary significantly in their structures, operations, and approaches to care delivery transformation.

B. Proposed Changes to the ACO Certification Program

The HPC is now proposing some updates to the requirements for ACO certification, effective for two-year certification terms that begin on January 1, 2022.[1] The proposed standards in this Request for Public Comment will apply both to ACOs seeking to renew and those seeking to achieve certification for the first time.

This third certification cycle provides an opportunity to both recognize the heterogeneity among ACOs observed in the first two certification cycles, and to re-frame the certification requirements

[1] These proposed updates would also apply to ACOs seeking certification with an effective date of January 1, 2023.

to focus on the ACO model as a catalyst for learning and improvement. National evidence suggests that factors like experience and longevity in risk contracts and ACO programs is associated with better performance in cost and quality.[2,3,4] As such, the ability to continuously learn and improve over time may be key to an ACO's success.

The proposed standards are designed to allow for a variety of ACO approaches to meeting core principles consistent with the "Learning Health System" framework developed by the National Academy of Medicine (formerly the Institute of Medicine).[5] This approach is intended to recognize ACO structures, processes, and approaches conducive to learning and improvement over time.

In issuing these proposed certification standards, the HPC is cognizant that the COVID-19 pandemic significantly impacted the operations of health care provider organizations in 2020 and may have lingering effects for some time. The HPC will be mindful of these unprecedented circumstances as we evaluate ACO applications for certification in 2021. Despite the challenges faced by the health care system due to this pandemic, we believe that the necessary adaptations, learning, and innovation among health care organizations that have occurred in response to the pandemic underscore the value of focusing the new ACO Certification requirements on a "Learning Health System" framework.

The HPC intends to couple certification with opportunities for continued learning for ACOs, via optional peer-to-peer interaction among the cohort of certified ACOs and enhanced access to HPC investment and technical assistance opportunities. We are particularly interested in identifying opportunities to help ACOs accomplish improvements related to health equity.

The HPC is requesting public comment on the proposed 2022-2023 ACO Certification standards and associated proposed documentation requirements detailed below. Please note that responses to this Request for Public Comment are subject to public disclosure pursuant to the Massachusetts Public Records Law, chapter 66 of the General Laws, and may be posted on the HPC website.

Responses to this Request for Public Comment must be received by the HPC by **5:00 PM, November 18, 2020** and may be submitted via email to HPC-Certification@mass.gov (preferred) or in hard copy to:

Health Policy Commission

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[2] Marietou Ouayogode, Carrie H. Colla, and Valerie A. Lewis. "Determinants of Success in Shared Savings Programs: An Analysis of ACO and Market Characteristics," *Healthcare* 5.1-2(2017): 53-61. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5368036/

[3] John Schulz, Matthew DeCamp, and Scott A. Berkowitz. "Regional cost and experience, not size or hospital inclusion, helps predict ACO success,' *Medicine* 96.24 (2017): https://www.ncbi.nlm.nih.gov/pubmed/28614267

[4] William K. Bleser, Robert S. Saunders, David B. Muhlestein, Spencer Q. Morrison, Hongmai Pham, and Mark B. McClellan. "ACO Quality Over Time: The MSSP Experience and Opportunities for System-Wide Improvement," *American Journal of Accountable Care* (February 2018) https://www.ajmc.com/journals/ajac/2018/2018-vol6-n1/aco-quality-over-time-the-mssp-experience-and-opportunities-for-systemwide-improvement

[5] Institute of Medicine. 2013. Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. Washington, DC: The National Academies Press. https://doi.org/10.17226/13444.

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Expected Timeline

Date	Event
August 2020 – December 2020	Overall stakeholder engagement period
September 30, 2020	HPC Care Delivery Transformation Committee review of proposed 2022-2023 program requirements
October 16, 2020 – November 18 2020	Public comment period
Winter 2021	HPC Board review and approval of 2022-2023 program requirements
Spring-Summer 2021	Provider engagement and training on program
October 1, 2021	Certification application deadline (for effective date of January 1, 2022)
December 31, 2021	HPC issues certification results

II. Proposed 2022-2023 HPC ACO Certification Program

A. Overview

For the 2022-2023 HPC ACO Certification requirements, the HPC proposes an application format and sections similar to 2019, with some updates:

1. a **Pre-Requisites** section that includes attestations pertaining to legal compliance, as well as background questions regarding the ACO's governance structure and information on the ACO's risk contracts.
2. an **Assessment Criteria** section that includes five "must-meet" standards and documentation requirements; and
3. a section for **Supplemental Questions** that includes questions to add to the evidence base and provide information on emerging topics.

These sections are described in detail below.

The HPC also proposes to maintain the approach of requiring the Applicant for ACO Certification to be the health care provider or provider organization that has common ownership or control of any separate contracting entities that hold risk contracts ("Component ACOs"). Certification will be submitted by and granted to the Applicant, inclusive of Component ACOs. Unless otherwise specified, all contracting entities that hold risk contracts (Component ACOs and, if applicable, the Applicant itself) must meet the requirements to be certified. The Applicant and Component ACO(s) may employ a common approach to meeting the certification requirements, or may pursue different approaches, provided that all approaches meet the requirements.

B. Criteria and Documentation Requirements

This section details the proposed 2022-2023 HPC ACO Certification requirements, including Pre-Requisite questions, Assessment Criteria and associated documentation requirements, and topics for the Supplemental Questions. For definitions of capitalized terms, please refer to the 2019 Application Requirements and Platform User Guide.

i. Pre-Requisites

Governance

1. Organizational chart(s) of the Governance Structure(s) of the Applicant (and Component ACOs as applicable), including Governing Body, executive committees (including a brief description of the responsibilities of any executive committees), and executive management.

Risk Contract Information

1. Completion of an Excel template (see Appendix for proposed template) to report:
    a. Name of payer, risk contracts, and product type (e.g., PPO, HMO, fully-insured, self-insured)
    b. Year when contract began and year of expiration
    c. Years of risk experience with the payer
    d. Number of attributed patients
    e. Payment methodology (e.g., fully capitated, sub-capitated)
    f. Quality incentives in the risk contract
    g. Financial risk terms for each contract:
        i. Full or partial risk
        ii. Upside only or upside and downside risk
        iii. Maximum shared savings and shared loss rates
        iv. Any cap on shared savings or losses

Risk Contract Performance

1. Report ACO-level final quality performance on the measures associated with each up- or downside risk contract for the last two performance years for which this data are available (if applicable).
    a. 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.

Legal Compliance

As a pre-requisite to certification, each Applicant will be required to attest, via a check-box, to the following five statements:

1. Applicant has obtained, if applicable, one or more Risk-Bearing Provider Organization (RBPO) certificate(s) or waiver(s) from the DOI.[6]
2. Applicant has filed all required Material Change Notices (MCNs) with the HPC, if applicable.[7]
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) regulations (958 CMR 11.00), if applicable,[8] regarding establishing a patient appeals process.
5. Applicant has made all required filings under the Massachusetts Registration of Provider Organization Program.[9]

ii. Assessment Criteria

The HPC proposes five Assessment Criteria and associated options for documentation that an Applicant may submit to show its compliance. Most documentation options take the form of a brief narrative or existing documentation that the Applicant (and/or its Component ACOs, if applicable) may maintain for its own purposes. To reduce administrative burden, the HPC encourages Applicants to submit such existing documentation rather than produce new materials for the application where appropriate.

The HPC recognizes that some Applicants are part of a larger health system that may address the topics covered in the certification requirements through system-wide strategies or approaches. The Applicant may rely on the approach of the larger system to meet the requirements for certification, provided that the Applicant (and its Component ACOs, if applicable) can show that it adopts and consistently implements the given system-level approach.

1. Patient-Centered Care
The ACO collects and uses information from patients to improve and deliver patient-centered care. The ACO's leadership **systematically monitors and assesses** patient experience, perspectives, and/or preferences of the patient population served. Data or patient input collected as part of this process allows for **stratification by race/ethnicity or socioeconomic factors**.

[6]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.
[7]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.
[8] Pursuant to OPP regulations, 958 CMR 11.02, this appeals process does not apply to any MassHealth (Medicaid), Medicare, or Medicare Advantage patients. See https://www.mass.gov/files/documents/2018/10/02/958%20CMR%2011.00_Posted%20September%202018.pdf.
[9] More information on the Massachusetts Registration of Provider Organizations Program can be found at: https://www.mass.gov/service-details/registration-of-provider-organizations.

This information—collected from sources like validated patient experience data or other patient surveys and feedback—**informs the ACO's strategy and/or organization-level initiatives** for improving care delivery.

Documentation Requirements:

1. The Applicant must demonstrate its activities to systematically monitor and assess patient experience and perspectives, including collection and/or analysis of data that is stratified by race/ethnicity or at least one socioeconomic factor, by documenting or providing one of the following:
    a. Example(s) of monitoring of patient experiences on large scale (e.g., periodic surveys, online communities, patient focus groups, patient experience survey collection)
    b. Systematic data collection on cultural, linguistic, literacy, etc. needs
    c. Demonstration of robust consumer participation in governance and bodies informing leadership (e.g., consumer representation on each Governing Body and use of Patient and Family Advisory Councils)

2. The Applicant must demonstrate how the information collected in AC-1.1 is used to inform strategy by documenting or providing one of the following:
    a. Written plans for identifying areas for improvement via CAHPS or other PES surveys and implementing strategies to improve
    b. A description of one ACO- or system-level initiative to improve an aspect of patient experience in past two years
    c. Outreach campaigns or mobile alert programs to engage patients (population or need identified via data in Section 1)

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 such things as: ACO-sponsored citizenship activities for ACO Participants; demonstrated leadership commitment; internal financial incentives; defined systems or pathways for innovation and improvement; selection or evaluation of partners based on alignment with ACO cultural priorities; or support for a primary care transformation strategy.

Documentation Requirements:
The ACO must demonstrate that it fosters a culture of continuous improvement, innovation, and learning by documenting <u>two</u> of the following:

1. **ACO-sponsored improvement-oriented citizenship activities**, such as teaching or learning sessions, organizational management activities, or recruitment strategies aimed at advancing a culture of improvement

2. **Leadership commitment to creating a culture of performance improvement,** as

demonstrated by tracking of system or ACO-level quality and financial metrics against ACO goals by leadership, or a narrative describing how the Governing Body(ies) sets strategic performance improvement goals

3. **Defined systems or pathways for improvement and innovation,** such as implementation of systems learning and/or process improvement approaches, or an example of an initiative where frontline staff identified waste/ inefficiency/quality improvement opportunities and were empowered by leadership to test and/or scale proposed solutions

4. **Internal financial incentives**, e.g., funds flow, compensation structure, or other incentives, encouraging provider adherence to an organizational performance improvement strategy

5. **Metric-based selection or evaluation** of preferred clinical or non-clinical partners to encourage alignment with ACO culture

6. Support for an ACO-or-system-wide **primary care practice transformation strategy** based on advanced primary care principles, including continuous quality improvement

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. To facilitate learning among providers, decrease unwarranted variations in care delivery, 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.** 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.

Documentation Requirements:

1. The Applicant must demonstrate that it adopts processes or tools that make available reliable, current clinical knowledge at the point of care by documenting or providing one of the following:
    a. A description of an initiative to reduce waste/low-value care or decrease unwarranted variations in care delivery, including outcome of intervention, in the past two years
    b. An example of a clinical decision support tool in use, including a description of prevalence of use and a description of how often advice was overridden by clinicians and if/how the Applicant responds to overrides
    c. An example of evidence-based protocol or structured learning opportunity developed or made available to providers and description of prevalence of use

2. The Applicant must demonstrate that it offers providers actionable data by documenting or providing evidence of one of the following:
    a. Timely, actionable data and/or feedback on cost/quality performance at the provider or group level is provided periodically, benchmarked to peers or external standard
    b. Data analytics offer providers understandable, actionable information on patient panels (e.g., identify patients due for mammograms, or diabetic patients in need of HbA1c tests)

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. The ACO **utilizes data** to understand the health needs of its patient population. This may include use of stratification algorithms, predictive analytics, or patient screening tools in primary care settings. Data or patient input collected as part of this process allows for **stratification by race/ethnicity or socioeconomic factors**. The ACO uses this data 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.

Documentation Requirements:

1. The Applicant must demonstrate that it utilizes data to understand the health needs of its patient population by documenting or providing one of the following:
    a. A brief narrative (or completion of a short HPC-provided template, see Appendix for proposed template) describing how clinical, claims, and/or socio-demographic data are used in patient stratification algorithms or predictive analytics
    b. A narrative or existing documents showing routine use of standardized screening tools in primary care settings to identify patients who would benefit from PHM programs

2. The Applicant must demonstrate implementation of population health management programs by:
    a. Completing a Population Health Management Programs and Targets template (see Appendix for proposed template). Fields for completion may include:
        i. Priority area or program,
        ii. Populations targeted,
        iii. Metrics and targets,
        iv. Progress on metrics, and/or
        v. Program change(s) made in past two years based on data gathered or targets missed over the course of implementation

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. The ACO has taken steps – with respect to workforce, administration, clinical operations, and/or funding – to **integrate behavioral health care** into primary care settings. The ACO also **sets and measures progress on discrete goals** for further increasing integration over time. The ACO also has taken steps to **understand and address their 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.

Documentation Requirements:

1. The Applicant must demonstrate steps to integrate behavioral health care into primary care settings by:
    a. *If an ACO- or system-wide BHI strategy exists:* Completing a Behavioral Health Integration Progress and Targets template (including space for a brief narrative providing overview of status of ACO or system-level BHI strategy) identifying priority area, implementation goals and metrics, current performance and future targets (see Appendix for proposed template).
    b. *If no ACO- or system-wide BHI strategy exists*: Providing a narrative or existing document demonstrating implementation of at least one ACO-supported initiative featuring close collaboration approaching an integrated practice.[10]

2. The Applicant must demonstrate steps to understand and address patients' health-related social needs by:
    a. Documenting implementation of health-related social needs screening processes and describing progress on or plans for use of bi-directional methods or platforms to refer patients to community services and facilitate communication between the ACO, primary care provider, and community-based service provider. Documentation should include a description of metrics tracked, current performance, and targets.

iii. Proposed 2022-2023 Supplemental Questions

As in prior certification cycles, the HPC proposes that the 2022-2023 Supplemental Questions section include questions to add to the evidence base and highlight ACO activities in emerging areas of focus in care delivery transformation. Responses to these questions may inform future

[10] As defined in the "Standard Framework for Levels of Integrated Care" developed by the SAMHSA-HRSA Center for Integrated Health Solutions: https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf

standards, other ACO Certification program updates, and investment program or technical assistance opportunities targeted to HPC-certified ACOs.

The HPC seeks input on the topic areas and questions proposed below, and which topics should be prioritized for inclusion in the ACO Certification application; the HPC intends to include only a subset of the questions proposed below. The questions may be modified to collect standardized responses – i.e. in the form of yes/no, check boxes/multiple choice, and/or short text responses. Applicants with multiple Component ACOs will be directed to provide responses that best describe the overall characteristics or approach across the Applicant and all of its Component ACOs.

Approaches to Improving Health Equity
What steps has the ACO taken to prioritize improving health equity in its organization, including in its governance and care delivery? How are health equity considerations incorporated into care models? Is health equity a consideration with respect to: provider or staff training; development of patient-facing resources or materials; quality improvement strategies; and deployment or use of decision support tools, care protocols, or population health management programs? What types of data does the ACO collect to assess health equity among its patient population?

Use of Innovative Care Models
What supports are in place within the ACO to support telehealth services and what impact has COVID-19 had on the ACO's telehealth strategy? Does the ACO offer the following types of services / care models, or have future plans to do so: patient-centered advanced illness care, oral health integration, medication for addiction treatment strategy, crisis care, and/or paramedicine/mobile integrated health? How are newer provider types, such as recovery coaches and community health workers, being incorporated into ACO care models and/or population health management programs? Does the ACO have a process in place to identify patients for palliative care?

Strategies to control TME Growth
What are the ACO's strategies for reducing leakage and managing referrals? Does ACO consider price variation in managing referrals? How does the ACO efficiently manage resources to provide high-quality, affordable care? How does the ACO redirect community-appropriate care to high-value community settings and support patients to make high-value choices? What are the ACO's protocols or guidelines to encourage appropriate use of lower-cost drugs and imaging? What strategies has the ACO implemented to shift spending toward primary care and/or reduce utilization of inpatient and post-acute care?

iv. Confidentiality of Proposed 2022-2023 ACO Certification Data

Through the ACO Certification program, the HPC seeks to promote greater transparency and continuous improvement of the Massachusetts health care system. Some of the information submitted by Applicants to the ACO Certification program is made publicly available, while

other information and documents may be of a clinical, financial, strategic, or operational nature that is non-public, and is discussed only in the aggregate.

For 2022-2023, the HPC proposes to report on specific certified ACOs using publicly available information and the information listed in Table 1 below that is submitted to the HPC for ACO Certification.

Table 1: Proposed 2022-2023 Information for Public Reporting

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 address
Applicant contact name and contact information
Primary application contact name and contact information
Name(s) of payer(s) with which Applicant and its Component ACOs have quality-based risk contracts; year that each contract began and expires; years of risk experience with the payer; whether or not the contract is upside-only, or includes downside-risk; and number of attributed patients per contract

The HPC will not disclose, without the consent of the Applicant, non-public information and documents submitted for Certification that are not listed and Table 1 and are clinical, financial, strategic, or operational in nature, at the individual ACO level. The Certification application will provide the Applicant the opportunity to give consent to the HPC to disclose information other than those elements listed in Table 1. The HPC will continue to promote shared learning through the public reporting of both aggregate and non-attributed ACO information and individual ACO information for which it has received consent.

III. Questions for Public Comment

The HPC is seeking public input on the 2022-2023 ACO Certification program overall, including the specific proposed certification criteria, and the proposed documentation requirements. Respondents are asked to consider the following questions in drafting their comments:

1. Do the proposed 2022-2023 Assessment Criteria align with the strategic priorities of ACOs and reflect reasonable expectations for ACO capabilities in important operational areas? If not, how should they be modified?

2. Do the proposed documentation requirements options for the Assessment Criteria provide sufficient opportunities for ACOs to demonstrate adherence with the letter and spirit of the standards? If not, how should they be modified?

3. Do the proposed 2022-2023 Supplemental Questions categories reflect the topics of greatest importance? If not, how should they be modified? Which of the proposed questions are the most important in each category?

3. For ACOs planning to seek certification in 2022 or 2023:

a. What changes, if any, would your ACO need to make to meet the requirements related to stratifying information by race, ethnicity, or socio-economic status in the proposed Patient-Centered Care and Population Health Management Programs Assessment Criteria?
b. Would it be valuable for the HPC to offer technical assistance to ACOs on these requirements? What would make your ACO more likely to participate in such technical assistance if it were offered?

5. On the whole, are the certification criteria appropriate for ACOs of varying types, sizes, levels of experience, etc., and all ACO patient populations? If not, why, and how should they be modified?

6. Does the proposed 2022-2023 HPC ACO Certification program appropriately balance the need for a rigorous certification program with the provider administrative burden that may be associated with certification? If not, what modifications would improve the balance?

Appendix

A. Risk Contract Information Proposed Template

HPC ACO Certification
Applicant Overview Template 1: Risk Contracts

Applicant:	

Name of payer *Add rows as necessary*	Product	Fully-insured or self-insured?	Number of years risk experience with this payer	Year current contract began; year current contract expires	Number of attributed patients/covered lives	Financial Risk Terms						Payment methodology
						Full or partial risk contract?	Upside only or upside and downside risk?	Max shared savings rate, if applicable	Max shared loss rate, if applicable	Cap on savings payments, as PMPM or % of budget, if applicable	Cap on shared loss amounts, as PMPM or % of budget, if applicable	
Medicare	*Next Generation ACO*	*Fully-insured*	*8*	*2016; 2020*	*20,000*	*Partial risk*	*Upside and downside risk*	*75%*	*75%*	*10% or $20 PMPM*	*10% or $20 PMPM*	*FFS payments reconciled against budget*
												Prospective capitation
												Partial prospective capitation (e.g. for primary care)

B. AC-4.1 Patient Stratification Proposed Template

HPC ACO Certification
Applicant Overview Template 2: Patient Stratification

Population	Source of Stratification Report or Data	Factor on which Stratification is Based (1)	Factor on which Stratification is Based (2)	Factor on which Stratification is Based (3)	Factor on which Stratification is Based (4)	Factor on which Stratification is Based (5)	Frequency of Stratification
Commercial	*Proprietary software from a vendor*	*Behavioral health conditions*	*Inpatient admissions*	*Emergency department use*	*Chronic conditions*		*Quarterly*

C. AC-4.2 Population Health Management Programs and Targets Proposed Template

HPC ACO Certification
Applicant Overview Template 3: Population Health Management Programs and Targets

	Program Characteristics				Program Goals, Metrics, and Targets							Program Evolution
	Program/ Priority Area	Specific Intervention(s)	Population Targeted	Number of Patients Served	Program Goal(s) / Metric(s)	Applicable Measure	Target for Most Recent Measurement Period	Actual Performance in Recent Measurement Period	Most Recent Measurement Period	Current Target	Measurement Period for Current Target	Major Programmatic Changes Made in Past Two Years Based on Data Gathered or Targets Missed (if applicable)
1	*"ED Frequent Flyer" Care Integration Program*	*Care coordinators embedded in ED to share info with ED clinicians and assist with discharge and transfer*	*Top 2% of patients by cost or utilization*	*850*	*Reduction in emergency department visits*		*5% reduction in ED visits relative to CY2018 baseline*	*1% reduction in ED visits relative to CY2018 baseline*	*CY2019*	*5% reduction in ED visits relative to CY2018 baseline*	*CY2020*	*Have added a social worker to the care model in CY2020 to faciltate connections to non-medical services*

D. AC-5.1 Behavioral Health Integration Targets and Progress Proposed Template

HPC ACO Certification
Applicant Overview Template 4: Behavioral Health Integration Targets and Progress

Brief overview of Applicant's behavioral health integration strategy (max. 150 words)

Priority Area	Behavioral Health Integration Goal(s) / Metric(s)	Target for Most Recent Measurement Period	Actual Performance in Recent Measurement Period	Most Recent Measurement Period	Current Target	Measurement Period for Current Target
Co-location	*Proportion of sites with a behavioral health provider on-site*	*15% of primary care practice sites have a PsyD on location*	*18% of primary care practice sites have a PsyD on location*	*CY2019*	*20% of primary care practice sites have a PsyD on location*	*CY2020*
Information-sharing						