

# Memorandum

## Baycare Health Partners

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TO: Commonwealth of Massachusetts Health Policy Commission

FROM: Andréa Carey, Director of Managed Care, Baystate Health and Baycare Health Partners

DATE: November 17, 2020

RE: **Comments on the Proposed 2022-2023 Accountable Care Organization (ACO) Certification Standards**

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Thank you for the opportunity to comment on the proposed Accountable Care Organization (ACO) certification requirements for 2022-2023. We appreciate the Health Policy Commission (HPC)'s willingness to take feedback from ACOs, and we would like to offer the following comments:

### **General comments**

We acknowledge and support the HPC ACO Certification's goals that encourage the provision of value-based, high-quality, and cost-effective care for all ACO patients. While we recognize the importance of building knowledge and increasing transparency, we continue to be concerned about the time and resources required to fulfill the certification requirements as many of the proposed data elements are time consuming to collect and compile.

The proposed ACO certification criteria include a number of new or expanded capabilities. Rather than adding administratively burdensome requirements to the certification process during a global pandemic, we would like the HPC to consider the following options that would allow our health care providers to invest their limited resources and time during this critical period to ensuring that health care services remain available now and into the future: 1) Extending the 2019-2021 certification for an additional year, 2) Maintaining the same criteria as 2019, or 3) limiting the certification requirements to pre-requisite questions and reasonable assessment criteria, and eliminating the supplemental questions.

In general, we continue to advocate for opportunities to streamline data requirements across the various state regulatory agencies (Health Policy Commission, Center for Health Information and Analysis (CHIA), and Division of Insurance (DOI)) to reduce duplicative reporting requirements that add administrative burden on ACOs.

We renew our opposition to redundant or unnecessary certification. ACOs in the Centers for Medicare and Medicaid (CMS) Next Generation Accountable Care Organization program (NGCAO) are required to meet rigorous participation criteria. The HPC should allow ACOs that contract with CMS/NGCAO to meet certification by default, waiving the additional burden of state ACO certification. Additionally, since certification is mandatory for MassHealth ACOs, it should only be required of the specific organization responsible for MassHealth ACO functionality, and remain voluntary for other ACOs, including corporately related ACOs.

### **Specific Comments**

The 2019 certification process allowed attestation if the responses had not changed from the previous certification process. We would encourage the HPC to continue this attestation option in the next certification cycle.

### **Pre-requisites**

The pre-requisite for Governance Structure, formerly part of the Governance Structure Assessment Criteria 1 in 2017 and 2019, requires the ACO to describe its executive committees. Since ACO By-laws or Articles of Organization were included 2017 and 2019 certification process, this requirement should be satisfied by attestation if the organization structure has not changed.

We continue to have concerns regarding the sharing of risk contract information. This information is confidential and proprietary and is redundant to the information provided as part of the Risk-bearing Provider Organization (RBPO) risk certification process.

### **Assessment Criteria:**

The Assessment Criteria generally reflect important elements of ACO focus. However, many of the criteria seem to assume that the ACO is much more like a single Tax ID number (TIN) / group as opposed to Baycare's multi-TIN membership model. ACOs with a multi-TIN model are able to share best practices and focus on common initiatives, etc., however they do not ultimately control the day-to-day operations and finances of individual practices, including patient experience survey vendor selection, front-line staff processes, EMR platform, and provider compensation methodology of the practice providers, etc. These factors can pose a major challenge for ACOs to meet assessment criteria that are being sought for a collective response or data. Additionally, it is unclear if the assessment criteria must be met among the ACO and its Component ACOs, or for each ACO, where each ACO may have different structures, missions, and initiatives based on the participating providers, populations serviced, geographic service area, financial resources, etc. We appreciate that the questions are structured with choices among responses, as we have found the one-size-fits all structure of previous certifications to be challenging.

Assessment Criteria 1. Patient-Centered Care is challenging for the ACO, but essential for success. We currently do not have a single patient experience tool among our ACO participants. Consideration should be given under this (and all) criteria for work in-process as this is a heavy lift requiring significant resources for tools and operational implementation.

Assessment Criteria 4. Population Health Management Program requirement has some redundancy with the Social Determinants of Health (SDOH) requirements seen in the Patient-Centered Care and Whole-Person Care metrics. This causes a challenge in meeting criteria in three of the five focus areas. Our providers acknowledge the importance SDOH in managing patient health, however SDOH are challenging to measure as many EMRs do not collect this data in a format that is easily reported. As noted above, this is a particular challenge for ACOs comprised of multiple, discrete TINs.

Assessment Criteria 5. Whole Person Care is an important but overly specific criteria. Integrating Behavioral Health into primary care is ideal but challenging to meet for ACOs with multiple discrete

TINs due to the structure and resources needed to staff this model due to behavioral health availability. In addition, health plans carve-out behavioral health services to other vendors, and behavioral health data is redacted from the information shared between the payers and the providers, making integration a challenge. The SDOH requirement is redundant to other assessment criteria as noted above. The ability to track SDOH referrals is not readily available in many EMRs today, and in our experience, is generally not bi-directional.

**Supplemental Questions:**

The number and scope of the supplemental questions are significant and will add to the burden of completing the certification requirements. Many of the noted questions within each category are already addressed in the Assessment Criteria requirements, particularly 1. Patient-Centered Care, 4. Population Health Management Programs and 5. Whole-Person Care. We recommend the Supplemental Question be eliminated or significantly reduced.

The sub-topics identified in the proposed Supplemental Questions are important, but overly broad and the quantity of questions goes beyond reasonable reporting requirements for informational-only purposes. As requested above, we suggest eliminating supplemental questions in this challenging environment. These questions should be simplified/minimized to 2-3 very specific and easily answered questions, for example: Innovative Care Models and TME Initiatives could be a Y/N structure.

We appreciate the opportunity to provide written comment on the 2022-2023 Proposed ACO Certification criteria and we fully understand there are requirements contained in CH 224 with which the HPC needs to comply. However, we urge you also to be advocates for the provider community, and to better understand that placing an increased administrative burden on entities that are constantly looking to remove waste, duplication and seek efficiencies in delivering healthcare services, in the most cost effective and transparent manner, should also be part of the objective in meeting the legislative requirements.

If you have any questions, please contact me at 413.794.9303 or [acarey@baycarehealth.org](mailto:acarey@baycarehealth.org).