



November 18, 2020

Michael Stanek
Senior Manager, Health Care Transformation and Innovation
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Dear Mr. Stanek,

The Massachusetts Health and Hospital Association (MHA), on behalf of our member hospitals and health systems, appreciates the opportunity to offer comments on the Health Policy Commission's (HPC's) proposed 2022-2023 ACO Certification Standards. MHA recognizes and supports the HPC's stated goal of creating 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. In time, we believe there will be opportunity to achieve this goal through collaboration with the provider community and in a manner that is operationally feasible. However, we are concerned that the approach currently proposed by the HPC could result in significant administrative burdens placed on providers during a particularly challenging time. MHA respectfully requests your consideration of these comments, which were developed based on feedback provided by our members with affiliated ACOs.

As you well know, the COVID-19 pandemic has had a tremendous impact on healthcare providers, including ACOs. Financial resources have been stretched and remain limited. Hospital operations and administrative functions continue to be challenged and efforts related to the public health emergency must remain the overarching priority. Even though these ACO certification requirements would not go into effect until 2022, providers would have to expend considerable financial and human resources in 2021 in order to be prepared to meet these terms. Given the resurgence of COVID-19 that will extend into 2021 and the catastrophic effect the pandemic has had on practices and health systems, MHA respectfully requests the HPC delay implementation of any new certification requirements for one year or alternatively allow two years for ACOs to come into compliance by extending the existing 2019-2020 certifications for one year.

In addition to this request, MHA offers the following comments on the proposed ACO certification standards based on MHA member feedback. If any proposed changes are considered for the upcoming certification process, we urge the HPC to ensure they are limited in scope and number. In general, many ACOs believe that the requirements are becoming more stringent and will require a larger financial investment in order to comply. MHA suggests that the HPC continue to seek ways to reduce the administrative burden and potentially duplicative tasks related to reports already being sent to MassHealth as well as the data that is collected by state agencies and health plans. As we have noted in

the past, our members are also interested in understanding how the HPC will use the ACO-specific data. Careful consideration should be given to whether this information is reasonably obtainable and whether it can be used to support ACOs. We also believe the HPC should demonstrate how the data will be used and what bearing it will have on the ACO certification prior to issuing new requirements.

Additional comments include:

- **Patient Centered Care:** MHA and its members fully support the goal of addressing health inequities and improving health outcomes for all residents of the commonwealth. We applaud the HPC for putting focus on this issue and the race, ethnicity, and socioeconomic information that HPC is expecting ACOs to collect and use is vital to this effort. With that said, our members have expressed concern with the timing of the requirement related to patient experience data and stratification by race/ethnicity as part of the certification process. To our knowledge, this level of detail is not currently collected in existing patient survey tools, including those used in the MassHealth ACO program. ACOs would likely have to develop their own new surveys to incorporate race, ethnicity and socioeconomic factors. The accuracy of patient-reported data collected using disparate survey tools by multiple ACOs may yield information that is not comparable for use in assessing ACO performance. Based on member feedback, we believe an alternative approach would be to first work through a collaborative process to develop a uniform standardized approach to race/ethnicity/socioeconomic status data collection and reporting. The HPC may want to consider working directly with ACOs, state agencies and other key stakeholders in 2021 to develop a such survey tool and perhaps pilot it before formal implementation.
- **Data Driven Decision Making:** For those ACOs that include independent physician practices, one concern raised is that collecting and monitoring data from EMRs at the primary care provider level is challenging. The HPC may want to consider how to address this specific challenge where applicable.
- **Performance Improvement:** MHA members have expressed concerns regarding disclosure of internal financial arrangements and why this information is necessary for purposes of ACO certification. We also have concerns with the duplicative nature of this request in the context of Risk Bearing Provider Organization (RBPO) requirements.
- **Population Health Management and Whole Person Care:** These sections appear to have some overlapping requirements. For example, screening for population health would likely include social determinants of health, which is addressed in assessment #5. Regarding the integration of behavioral health into primary care practices, some ACOs have expressed concerns regarding the cost and availability of behavioral health clinicians to meet this goal. While there is complete agreement that this is a worthwhile goal, we ask the HPC to be mindful of the difficulties of achieving such a goal, particularly for individual practices in the current operational and fiscal environment. Alternatives could involve practice education, providing extensive lists of clinician and community resources, etc.

In addition to the above concerns, our members have expressed concerns regarding the many supplemental questions and the additional administrative burden that would result from requiring these to be answered as part of the certification process.

In summary, MHA respectfully asks that the HPC consider the effect that COVID-19 has had on healthcare providers and the resulting challenges that will extend into 2021. Healthcare system resources and priorities have all had to be reallocated to take new limitations into account, and entities working with providers have also made accommodations. Massachusetts state agencies - including the HPC - have been exceptional partners during the public emergency. We greatly appreciate the HPC's collaboration on the many issues we have worked together on to ensure state leadership and healthcare providers have the information and support needed to manage critical situations affecting the delivery system. Regarding these ACO certification proposed changes, we hope the HPC takes into consideration the administrative burdens of the existing certification process as well as any new ones that would be imposed on providers. We note that administrative burden was the number one comment we received when we asked for feedback on the HPC's proposed changes.

As always, we appreciate the opportunity to share this feedback from our members and look forward to continuing to work with the HPC on all of these important issues. Most importantly, we are grateful for the HPC's collaboration with the healthcare community and its commitment to protect and improve the healthcare delivery system. Please don't hesitate to contact me at KGranoff@mhalink.org with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Karen Granoff". The signature is written in black ink and is positioned above the typed name and title.

Karen Granoff
Sr. Director Managed Care