

# ***Memorandum***

## **Baycare Health Partners**

101 Wason Avenue, Suite 200, Springfield, Massachusetts 01107  
Telephone 413.794.8200 Facsimile 413.787.5232

**TO:** Commonwealth of Massachusetts Health Policy Commission

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

**DATE:** February 8, 2019

**RE:** **Comments on the Proposed 2019 Accountable Care Organization (ACO) Certification Standards**

---

Thank you for the opportunity to comment on the proposed Accountable Care Organization (ACO) Certification requirements for 2019. We appreciate that the Health Policy Commission (HPC) was responsive to feedback provided by Accountable Care Organizations (ACOs) through focus groups and follow-up comments in October 2018, and would like to offer the following comments related to the revised criteria.

### **General comments**

While we recognize the importance of transparency and benchmarking for ACOs, we continue to be concerned about the allocation of staff and financial resources to administratively burdensome and duplicative reporting requirements, and away from investment in the integration and delivery of efficient, high-quality, and cost-effective care.

Many of the proposed ACO certification data elements are time consuming to collect and compile, and many are the same or like requirements as those included in the annual HPC Registration of Provider Organization (RPO) and the Division of Insurance Risk Bearing Provider Organization (RBPO) Certification. By example, ACO participants and regions in which the ACOs provide care are identified in the RPO filing, RBPO filings, ACO websites and EOHHS member enrollment materials. Health plan payer contracts, aligned membership, and programs and initiatives to promote quality, cost-effective care are identified annually in the RBPO application. We encourage the state agencies to consider a more streamlined and consolidated approach to collecting the information.

We also oppose 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/NGACO 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.

### **Supplemental Questions**

In general, we understand and agree that certain of the proposed supplemental questions provide value and opportunity for sharing best practices and collaborating to maximize resources, such as Behavioral Health Integration, Health Information Technology-enabled Care Coordination, Workforce composition, and Social Determinants of Health. However, we caution that best practices or care models identified in the supplemental questions should not translate into assessment criteria, given that ACO initiatives may vary significantly due to the populations served, service areas/regions, ACO composition, available funding, etc. In addition, certain of the proposed supplemental questions are asking for information that is not seem relevant to ACO certification or may not be within the purview of the ACO, (e.g. provider compensation, health plans' benefit designs, limited/tiered network products, referral and authorization requirements, formularies and specialty drug protocols). Finally, many of the commercial health plans offer best practice forums or require participation in medical management meetings that target many of the same subjects as the supplemental questions. The HPC should consider coordination across all stakeholders (HPC, CHIA, DOI, EOHHS, health plans and providers) to reduce time and effort required for ACOs to meet duplicate requirements.

### **Risk Contract Information**

It is not clear how the HPC intends to use the risk contract information and performance data. The high-level risk contract information (payer, membership, payment model) is already reported in the RPO and RBPO applications. The additional level of detail represents proprietary information between the ACO and contractor. Finally, taken out of context of the complete terms of any agreement, the data cannot provide meaningful comparisons.

### **ACO Distinction Program**

The HPC has not yet developed its ACO evidence base, having only completed the initial 2017 certification cycle. The HPC should attain additional knowledge through several more certification cycles prior to constructing a program of distinction.

### **Application Platform**

The 2017 On-Base application platform was extremely difficult to use, making the submission process overly time consuming. We encourage improvement to the platform to simplify both the input and output of the data.

Again, we appreciate the opportunity to provide written comment on the 2019 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).