Boston Children's Hospital
Until every child is well™

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Michele M. Garvin, Esq.
Senior Vice President and General Counsel
300 Longwood Avenue
Boston, MA 02115
***phone* 617-355-4937 | *fax* 617-730-1952**
michele.garvin@childrens.harvard.edu

February 8, 2019

Health Policy Commission
Attn: Catherine Harrison
50 Milk Street, 8th Floor
Department of Public Health
Boston, MA 02109

RE: Proposed 2019 Accountable Care Organization (ACO) Certification Standards

Dear Ms. Harrison:

The Children's Medical Center Corporation ("CMCC") is an Health Policy Commission ("HPC") certified Accountable Care Organization ("ACO") with two (2) component ACOs: Boston Children's Health ACO and the Children's Integrated Care Organization ACO. CMCC appreciates the opportunity to comment on the HPC's proposed 2019 Accountable Care Organization ("ACO") Certification Standards.

General

CMCC encourages the HPC to include within its ACO Certification Standards flexibility with respect to meeting the governance requirements of Component ACOs. Understanding that Mass. Gen. Laws Ch. 6D, §15(b) requires a certified ACO to be a separate legal entity from its ACO participants, there is no reference to the required legal structure of the certified ACO's component ACOs. The HPC has required those component ACOs to be contracting entities with unique governing bodies. That requirement could conceivably be met in a variety of ways, including governance structures not requiring a separate legal entity. This would provide options for those systems in which the HPC certified ACO and its ACO components have different organizational structures, operations and goals based on their respective functions, participating providers, service areas, etc. This could forward the HPC's goal of achieving efficiency and cost reduction across care delivery systems and empower ACOs to achieve improved health outcomes and better care in innovative ways.

Redundancy in State Agency Reporting

CMCC appreciates the HPC's acknowledgement that certain information CMCC has already provided to HPC through other programs, i.e., the Massachusetts Registration of Provider Organizations (MA-RPO) program, need not be duplicated in the ACO certification application. CMCC believes there are also other State agencies from which the HPC could gather information already provided by ACOs to comply with reporting or certification obligations. For example, Medicaid ACOs are required to report to the Massachusetts Executive Office of Health and Human Services ("EOHHS") in compliance with the ACO program. CMCC requests that the HPC work with EOHHS to obtain relevant information on Medicaid ACOs that EOHHS already maintains in its database to reduce

redundant reporting. Much of the reporting has overlap (e.g., programmatic initiatives, quality measure reporting), and in order to reduce unnecessary administrative burden, CMCC requests that EOHHS and the HPC align data requests.

Similarly, the HPC's request regarding risk contract information is redundant in many respects of the information that the Massachusetts Division of Insurance ("DOI") requires for Risk Bearing Provider Organization certification. ACOs are already asked to attest to having obtained RBPO certification.

CMCC encourages the HPC to rely on that attestation and the information in the RBPO and RPO applications, rather than asking ACOs to submit that information a third time. The time and resources required to submit this information multiple times could be better spent on ACO initiatives to improve health outcomes and provide better care.

Risk Contract Performance

The voluntary set of measures from the Quality Alignment Taskforce is not an effective mechanism to evaluate across ACOs. Most of these measures are not included in CMCC's component ACO third party contracts. Furthermore, many of the metrics in the MassHealth ACO program are not yet pay for performance. This is another area where alignment among State agencies would be helpful in setting expectations for how ACOs report and evaluate risk contract performance in a consistent way.

Several of the proposed measures from the Quality Alignment Taskforce are problematic because results are not comparable between predominately pediatric and young adult health plan/ACOs and ACOs that include both adults and children. For example, CMCC 's component ACO's young adult diabetic population differs clinically from that of an ACO whose membership includes adults of all ages. Further, improving performance on certain measures is difficult due to data availability. For example, data sharing constraints make the "Follow-up after ED Visit for Mental Illness" as well as the "Follow-up after Hospitalization for Mental Illness" measures difficult to evaluate and improve upon on an interim basis. Last, the Measure Alignment Taskforce that developed the Aligned Quality Measure recommended that at least one of five behavioral health measures be used as a Core Measure.[1] The proposed template requests that ACOs report performance on multiple behavioral health measures.[2]

While CMCC believes quality measures are valuable to assess ACO performance, CMCC recommends that the HPC review measures in line with those more regularly used in risk contracts, and that provide reliable results. Comparing quality performance across ACOs will generally be difficult given the variation of metrics used across different contracts as well as population demographic differences.

---

[1] Page 13: "4. At least one of the following behavioral health measures: a. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (either the Initiation or Engagement Phase) OR b. At least one of the following depression-related measures: i. Depression Screening and Follow-Up (CMS or NCQA), ii. Depression Response – Progress Towards Remission (MNCM), iii. Depression Remission (MNCM), iv. Depression Remission or Response (HEDIS)"

[2] Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (either the Initiation or Engagement Phase), Depression Screening and Follow-Up, Depression Response – Progress Towards Remission, Depression Remission, **and** Depression Remission or Response.

Distinction Program

CMCC appreciates the HPC's effort to recognize ACOs in the important work they do to provide quality, affordable, value-based care programs to patients. If HPC does implement a Distinction Program, CMCC urges it use existing metrics of success as the criteria for inclusion in the Program so as not to introduce new metrics into the field. CMCC also requests that the Distinction Program compare like populations (i.e., pediatric to pediatric), for purposes of benchmarking performance. Lastly, CMCC would note that MassHealth ACOs are in still in their beginning stages, so to introduce a Distinction Program while many of the requirements and metrics of that program are being developed and implemented may be premature.

CMCC thanks you for the opportunity to provide comments on the proposed 2019 ACO Certification Standards.

Sincerely,

Michele Garvin

Michele Garvin