CHA Cambridge Health Alliance

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

February 6, 2019

Mr. David Seltz, Executive Director
Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Re: Proposed Changes to 2019 ACO Certification Filing

Dear Mr. Seltz,

Thank you for hosting various opportunities for providers and stakeholders to comment on the Health Policy Commission's (HPC) proposed 2019 ACO Certification standards. Cambridge Health Alliance was pleased to attend a couple of meetings in person at which we provided feedback to members of your team. We appreciate this opportunity to submit formal comments for consideration in the final ACO Certification standards.

Firstly, we would like to begin with several overarching comments. We wholeheartedly support the ACO Certification Program's goals that encourage the provision of value-based, high-quality, and cost-effective care. We realize that the HPC is aware of the administrative burden that changes and expanded certification requirements pose to ACOs and providers. For re-certifications, we encourage the HPC to maximize the number of questions to verify on the portal using attestations rather than free text fields to respond to questions. In addition, it is also critical to keep in mind that ACOs are structurally diverse and serve a wide array of populations. Regarding the addition of supplemental questions, we recommend that you focus on one to two questions from each domain in order to maximize the utility of the information collected for all stakeholders. Lastly, as we mentioned in our letter dated December 21, 2018 related to proposed RPO filing changes, we would like to encourage you to consider working with a group of providers to develop a grid of all required elements of ACO and related submissions and discuss ways to leverage synergies, minimize duplication, streamline the related reporting and certification processes, and reduce administrative burden.

More specifically, we would like to provide the following feedback:

1. Background Section

We appreciate the HPC's willingness to consider administrative burden in its efforts to increase transparency and expand the evidence base. We encourage the HPC to make every effort to ask ACOs in this section to verify previously-submitted information to Massachusetts regulatory agencies, including the HPC and the Division of Insurance (DoI). It would be most helpful to pull into the portal as much information as possible from the various filings, enabling the ACOs to verify combined data fields rather than asking providers to provide any supplemental information about the organization's history, mission, regions, structure and risk contracts.

2. Risk Contract Information

We have some concerns regarding the sharing of risk contract information and suggest that this proposal not go into effect. Firstly, there were many discussions during the RBPO Certification development regarding the confidentiality of risk contract terms and requirements. Our risk contracts involve privileged, confidential and competitive information. This issue remains of great importance to CHA as many of our contracts clearly prohibit us from disclosing the details of our contractual agreements. As a result, we strongly recommend that you obtain the DOI information for your analysis and respect the confidentiality of the data provided.

3. Risk Contract Performance

The proposed 2019 Certification Program includes the completion of a template on all measures included in the risk contracts from the Massachusetts Aligned Measure Set for the two most recent performance years. The timing of these new requirements do not coincide with those of the newly released Massachusetts Aligned Measure Set. As you know, in a January 2019 webinar, the implementation timeframe for commercial insurers choosing to adopt the Massachusetts Aligned Measure Set begins January 1, 2020 as contracts are renewed. MassHealth has updated its contractual measure set to align with the Massachusetts Aligned Measure Set for 2019. Therefore, it would be premature to require reporting through the ACO Certification Program commencing in the summer of 2019.

There are a host of technical questions as well:

- Template 2 for reporting the Risk Contract Performance needs to be updated in the core measures to conform with the final Massachusetts Aligned Measure Set in that it requires the selection of one of the behavioral health and substance measures (not all five measures listed).
- How does the Health Policy Commission intend for results to be reported by each ACO, since each ACO may participate in multiple payer arrangements? It would be burdensome to report results individually for each payer population.
- The template includes PY17 and PY18 as the reporting periods, which are dates prior to the implementation of the aligned measure set.

The proposed ACO Certification also references reporting on "final quality performance on ambulatory measures not included in the Massachusetts Aligned Measure Set for the two most recent performance years." There is insufficient information included in the request for public comment document to determine what this additional proposed reporting requirement entails, and it is recommended that it not be incorporated at this time.

4. Assessment Criteria

Similarly, regarding the 5 areas in this section, we support the use of an attestation if there are no material changes to any of the areas.

5. Supplemental Questions

We recommend that the number of supplemental questions included be limited to one to two questions each from sections 1 and 2 in order to maximize the utility of the information collected for all stakeholders. Another approach, given the diversity of ACO patient populations would be to include a menu of supplemental questions from which the ACO may select one for response in its ACO Certification application.

Many of these new questions are not geared to general applicability and go beyond reasonable reporting requirements in this stage of the ACO Certification Program. Examples of these include the questions regarding early childhood development priorities, oral health integration, and coding, which we recommend not being included at this time.

For some of the questions, including those related to integrated, innovative care models and community partnerships, it might be more helpful to add them in subsequent years of the certification process, given that foundational work is newly underway in this arena.

It might be helpful to start with one or two questions within the Evidence Base and Emerging Topics for 2019. For example, below are several good questions in each category that could be included in the 2019 Certification menu for a maximum of one to two questions in each section:

- Adding to the Evidence Base
  - ✓ Distribution of Shared Savings Questions (We strongly recommend that you limit this section to shared savings as issues of performance-based provider compensation involve privileged, confidential and competitive information).
  - ✓ Providing High-value Care
  - ✓ Behavioral Health Integration into Primary Care
- Emerging Topics
  - ✓ Workforce Questions

Lastly, as stated above, we recognize the value of collecting information from ACOs in certain of these areas and sharing information to improve the system as a whole. However, we urge the HPC to minimize additional reporting requirements as there are additional forums such as the HPC's Annual Health Care Cost Trends Hearings where best practices and public testimony are already shared.

If the HPC is thinking about using these supplemental questions to assess whether they should become future certification requirements, it would be helpful to be transparent about this up front in the design of the questions.

6. Proposed ACO Distinction Program

We appreciate the opportunity to provide input on the HPC's proposal for a voluntary Distinction Program for certified ACOs. This is an important juncture to think about the concept and its details

before proceeding with its roll-out only two years after the commencement of the ACO Certification Program.

An inherent challenge in determining such a recognition is comparability. Various ACOs often serve multiple payer populations with different alternative payment methods, total cost of care budgets, and characteristics, including socioeconomic factors that impact health and indicators. How could such a designation be made across different ACOs?

The payment system also includes inequities in the total medical expense or total cost of care budgets established for different ACOs serving the same product line. How would that be accounted for in assessing high value? For instance, high performing, lower cost ACOs may yield better TME or TCoC value than higher cost ACOs, and should be recognized for sustaining good value not just improvement in reducing costs. Sustaining high performance, whether on costs or quality measures, must also be recognized.

We would also like to call out the importance of releasing information on the details regarding how you would evaluation ACO quality. We therefore suggest that the HPC evaluate this question and release information on the results before launching this new program. Might we suggest that you could consider submission of EHR quality-reported data?

In addition, substantial technical working group input would be needed on the details of this program, including the proposal for measures, structure, and use before it is initiated. The HPC has proposed that improvement on selected measures would be aggregated across all risk contracts or risk contract categories (i.e. commercial, Medicare, and Medicaid). This would likely prove challenging given different data sources, including those from payer claims data. Not all measures (such as pediatric or maternity measures) are applicable to all payers, such as Medicare.

It is not clear how the ACO Distinction designation will be used, including in public and private health programs. Further insights are necessary on what the benefit(s) to the applicant would be of this voluntary Distinction and should be taken into account in any program design. It is also not clear how this would affect relationships across ACOs. Lastly, we would like to confirm an understanding that the concept of an ACO Distinction program will remain voluntary and not become mandatory overtime.

In closing, thank you again for the opportunity to provide comments and your guidance throughout this process. Cambridge Health Alliance looks forward to our continued work together.

Sincerely,

Lisa M Trumble
Lisa M Trumble (Feb 6, 2019)

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cc: Monique Bertic-Cohen, MSW, MPH, MPA
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