



February 08, 2019

Ms. Catherine Harrison
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

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

Dear Ms. Harrison:

On behalf of the Massachusetts Association of Health Plans (MAHP), which represents 17 health plans that provide coverage to more than 2.8 million Massachusetts residents, we are writing to offer comments regarding the Health Policy Commission's (HPC) proposed 2019 Accountable Care Organization (ACO) Certification Standards. We appreciate the complexities involved in developing these criteria and commend the Commission for the thoughtful approach you have taken, as well as your inclusiveness in seeking feedback from stakeholders in your efforts to develop certification standards.

The requirements outlined in the HPC's 2019 ACO Certification Standards would create a set of multi-payer standards for ACOs to enable care delivery transformation and payment reform; build knowledge and transparency about ACO approaches; facilitate learning across the care delivery system; and align with and complement other standards and requirements in the market, including those promulgated by other state agencies (e.g., the Division of Insurance's Risk-Bearing Provider Organization process) and health care payers/purchasers. These standards are intended to provide the HPC with detailed information about the capabilities of providers and provider organizations to deliver integrated care while containing costs and improving the quality of care for patients. A robust certification process will enable the Commission to review essential details about the proposed ACO's provider relationships, data-sharing and analytic capacity.

It is paramount that the established criteria for ACO certification ensures that ACOs lead to lower health care costs for the state, employers, and consumers, and provide better quality of care and outcomes for patients. The ACO certification contributes greatly to understanding how providers are participating in a new contract arrangement. At the same time, we urge HPC to begin to shift away from the process-based certification standards and move towards outcomes-based measures.

We believe that for the certification criteria to be meaningful, it needs to assess whether the ACO is reducing costs and meeting quality measures as opposed to the current criteria which is more process based. A performance-based approach would reflect the fact that ACOs vary widely in governance structures and in risk arrangements. The HPC could look to Medicare and Medicaid to serve as models for a more performance-based approach that looks to measure financial metrics like total cost of care and quality metrics.

Accordingly, while we are supportive of the HPC's proposed certification standards, we have some recommendations that we believe could improve the certification criteria. Our specific comments are outlined below.

Background Information

We are supportive of the proposed background information which includes pre-requisite attestations as well as questions regarding the ACO's mission, the primary care providers and hospitals that participate in the ACO, and information on the ACO's risk contracts. In particular, the collection of information on ACO risk contracts is a critical piece of information. As many ACOs participate in different types of risk-based contracts with different payers including Medicare, MassHealth, and commercial payers, this requirement will help HPC understand the nature of contracts with these payers. The understanding of these contracts helps HPC develop standards that encourage providers to be willing and able to take downside risk which is a significant aspect of accountable care. Data shows that those providers with "downside risk" are higher performers than those without. While not all providers have the current capability to take downside risk and careful consideration needs to be made in implementing requirements regarding downside risk, we support increased data collection regarding the level of risk contracting in the market today and, going forward, tracking changes in trends over time and monitoring changes in the market. HPC should also collect information on prior success in performance-based contracts.

Assessment Criteria

While the HPC's criteria for ACOs should continue to evolve and move the market, we do believe that it takes time to implement changes and to measure the impact on outcomes. Therefore, HPC should balance updating the criteria with allowing time to implement the criteria and measure outcomes. We therefore support the decision of HPC not to make any changes to the 2017 assessment standards or documentation requirements, except for information on risk contracts that would be collected in the *Background Information* section. We also support that each applicant will be required only to update its 2017 responses to reflect any changes since submission and, if there have been no changes, applicants may attest that the 2017 response is still fully applicable. This will allow HPC to evaluate the application without placing an undue administrative burden to the Applicant.

We ask HPC to consider some other criteria for possible consideration:

Criteria: Population Health Management Programs

- Inclusion of a clinical champion leading the population health efforts.
- Require incentives to drive engagement in clinical activities that support population health.
- Two-way data functionality to provide actionable data to clinicians and provide clinical data back to payers to create a linear clinical record.
- Defined evidence-based guidelines embedded in EMR.
- Clinical integration operationally and legally.
- Population-specific initiatives and programs

Criteria: *Cross-Continuum of Care*

- Assuring there is appropriate access to primary care and a systematic approach to engaging with patients at least annually for complete diagnosis review.
- Appropriate population size to create a meaningful incentive on credible data.

Additional Domains:

- Patient experience

Supplemental Questions

We support the use of supplemental questions to inform future ACO certification standards and “model ACO” development. We support the inclusion of a question asking about distribution of shared savings and performance-based provider compensation. The answers could help inform the HPC as it considers how it can foster greater downside risk, especially in commercial ACOs which have lagged in its utilization in “downside” risk. We ask the HPC to consider including a question on the effect of Primary Care Physician (PCP) burnout as it relates to open panels (and PCPs pushing to close panels) and how this impacts the ability to create provider networks. In addition, the HPC should consider collecting information on PCP and specialist collaboration.

New Distinction Program

As HPC considers developing this distinction program we would ask HPC to consider the following:

- Ensure that the metrics used in comparing ACOs are truly apples to apples, taking into consideration the make-up of the population (i.e. high-risk members in the panel, payor mix, infrastructure support, etc.). The value of a distinction program should be that overtime, primary care physicians (PCPs) may be driven to join ACOs with distinction, and payers may decide to maintain contracts with ACOs with distinction. For this to happen, the metrics used to evaluate ACOs should allow for true differentiation between ACOs based on meeting and exceeding benchmarks in quality improvement and savings. Cost and quality reporting will necessarily vary based on program type. The distinction program should allow flexibility in reporting these measures. We also believe that the distinction program should allow a more selective process than the current certification process which has approved all applicants.
- The distinction program should be designed to encourage care coordination, lower costs, and promote population-based programs that include measurable improvements in these

areas. Additionally, we recommend that the evaluation for ACOs receiving distinction be retrospective. Through the distinction program, the HPC should set performance-based benchmarks and then evaluate ACOs' performance against those benchmarks. ACOs that meet the benchmarks would be awarded distinction. Such a program would provide payers information regarding which ACOs are high performing, which is currently unavailable.

- Finally, we encourage the HPC to ensure that any quality measures that are included within the certification requirements are consistent with ongoing efforts to align quality measures across state agencies.

We appreciate the opportunity to provide comments on the 2019 proposed certification criteria and look forward to continued conversations with you and your staff as the Commission works towards implementing the 2019 ACO Certification Criteria and the proposed ACO Distinction Program. If you have any questions or require any additional information, please do not hesitate to contact me at 617-338-2244 x103

Sincerely,



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cc: Mr. Martin Cohen, Board Member, Committee Chair, Care Delivery Transformation
David Seltz, Executive Director Health Policy Commission