



February 8, 2019

Health Policy Commission
Attn: Catherine Harrison
50 Milk St., 8th floor
Boston, MA 02109

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

Ms. Harrison:

The National Committee for Quality Assurance (NCQA) appreciates the opportunity to provide feedback on the Commonwealth of Massachusetts Health Policy Commission's (HPC) Proposed 2019 Accountable Care Organization (ACO) Certification Standards. NCQA supports HPC and the state's efforts to promote continuous quality improvement among the state's certified ACOs.

NCQA is a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality and has a long history working with provider practices and health plans in Massachusetts. NCQA also supports state and federal agencies on quality related activities, including performance measure development and selection, and quality ratings. NCQA is deeply committed to working with public agencies to drive improvement in health care and we hope to continue being a valued partner to HPC. NCQA is pleased to respond to select questions from the request for public comment.

1. Do the proposed 2019 Assessment Criteria reflect reasonable expectations for ACO capabilities in important operational areas? If not, how should they be modified?

There is evidence that ACOs with a strong primary care base (recognized PCMHs) are more successful in achieving the Triple Aim than those without PCMH. We recommend HPC include an expectation for ACOs to at least report the percentage of their primary care clinicians operating in a recognized medical home, if not to set expectations for that percentage. Further, there are some aspects of the ACO Certification which might be deemed met if most of the primary care system is recognized.

2. Do the proposed 2019 Supplemental Questions in each category reflect the topics of greatest importance? If not, how should they be modified? Which of the proposed questions are the most important in each category?

We applaud HPC's proposal for including a supplemental question in the "Adding to the Evidence Base" category specific to behavioral health integration into primary care and the use of the Patient-Centered Medical Home (PCMH) model. Behavioral health conditions are often under-diagnosed or diagnosed late, delaying treatment. This leads to poorer health outcomes and higher costs of care. These conditions can often be identified and treated in a primary care setting resulting in a more "whole person" healthcare experience. When primary care identifies behavioral health issues, there's greater opportunity to support the patient's overall health outcomes, including management of other chronic diseases. In Massachusetts there are 438 NCQA PCMH Recognized practices, representing 2914 clinicians. NCQA's PCMH Distinction in Behavioral Health Integration standards formalized the policies established in the PCMH

PRIME Certification Program to drive behavioral health integration. There are currently 66 practices that hold PCMH PRIME Certification and seven are on the “Pathway to PCMH PRIME.”

Additionally, the proposed “Emerging Topics” supplemental question on community partnerships to address social determinants of health remains a focus of NCQA and we support the inclusion of the question. In 2018 NCQA released our Population Health Management standards category for Health Plan Accreditation which requires plans to assess their population for social determinants of health and review community resources for integration into program offerings. MassHealth will see the benefit from these latest standards because of its requirement that health plans maintain NCQA Health Plan Accreditation. Similarly, NCQA’s PCMH Recognition requires primary care practices to gather information on SDOH as well as aspects of population diversity. The practice is then expected to use this data to connect patients to community resources and to measure/act to improve disparities in care and service.

3. Does the proposed Background Information section include appropriate questions for understanding the type, size, experience, patient population, and other key organizational characteristics of the ACO? If not, how should they be modified?

NCQA recommends reporting of national accreditation status as a key organization characteristic of the ACO; and reporting on the percentage of PCMH Recognized practices in the ACOs network.

Additionally, we recommend statuses of accredited organizations should be reported in the summary of the applicant in *Table 1: Proposed 2019 Information for Public Reporting*.

7. Do you support the HPC’s proposal to offer a Distinction program for certified ACOs that recognizes performance improvement in health outcomes, care, cost, and health equity? Why or why not?

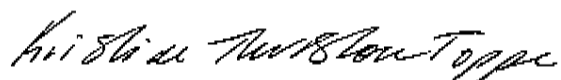
NCQA supports HPC’s proposal to offer a Distinction program for certified ACOs to increase the focus on improving outcomes, better care, health equity as well as lowering costs. As a healthcare quality measurement steward, we support HPC’s proposal to show demonstrated improvement on selected measures as a criterion for the Distinction program. To ensure the meaningfulness and validity of what is measured, any HEDIS® measures included in the Distinction program should be run through certified measure logic (software) pursuant to NCQA’s Measure Certification Program. HPC should also consider the results be subject to review under NCQA’s HEDIS® Compliance Audit program for meaningful comparison across entities.

NCQA’s Quality Solutions Group supports state entities with custom solutions and we would be happy to support HPC in the development and maintenance of the proposed Distinction program.

Thank you for the opportunity to provide feedback and we welcome the opportunity to discuss these ideas in greater depth. To coordinate, please contact Eric Musser at Musser@ncqa.org or 202-955-3590.

We look forward to hearing from you.

Regards,



Kristine Thurston Toppe
Director, State Affairs
National Committee for Quality Assurance