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MASSACHUSETTS HEALTH POLILCY COMMISSION
PROPOSED 2019 ACCOUNTABLE CARE ORGANIZATION (ACO) CERTIFICATION STANDARDS:

RESPONSE TO REQUEST FOR PUBLIC COMMENT

To: Commonwealth of Massachusetts Health Policy Commission
Accountable Care Organization (ACO) Certification Program

Submitted by: Malisa Schuyler, Vice President of Government Affairs,
Wellforce, Inc. on behalf of Wellforce, Inc. and its five (5) Component ACOs – Wellforce Care Plan, LLC; Circle Health Alliance, LLC; Lowell General Hospital / Lowell General Hospital Organization; New England Quality Care Alliance, Inc.; and NEQCA Accountable Care, Inc.

Date: February 8, 2019

Sent via: E-mail to HPC-Certification@mass.gov

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Introduction:

Wellforce appreciates the opportunity to submit comments to the Health Policy Commission (HPC) regarding its proposed 2019 updates to the Accountable Care Organization (ACO) Certification Standards. On behalf of its Component ACOs, Wellforce is compelled to comment that the updates enumerated in the recently published standards are broad in scope and pose a significant administrative burden on our Component ACOs. We appreciate that the HPC's Standards are in line with its goals to create a set of multi-payer standards for ACOs; to build knowledge and transparency about ACO approaches; to facilitate learning across the care delivery system; and to align with and complement other standards and requirements in the market. However, these standards in combination with other annual regulatory filing requirements, many of which are duplicative, result in a resource intensive and onerous bi-annual undertaking. The resources necessary to comply with the existing and additional reporting elements discussed within require that resources currently dedicated to ACO management, care delivery innovation and coordination are diverted to fulfill reporting requirements. Wellforce believes that the HPC can achieve its objective of increasing public transparency and balancing the administrative burden for Massachusetts ACOs with fewer questions and data requests that specifically align with the primary tenet of the certification program – namely, value-based care delivery.

Specific Wellforce Programmatic Responses to Updated 2019 Standards

Standard: **II. Proposed 2019 HPC ACO Certification Program**
B. Criteria and Documentation Requirements
i. Background Information
1-2. ACO Participants

Comment: Information requested in this section is available through the MA-RPO program. Reporting would result in a duplicative regulatory filing for Applicant.

Standard: **II. Proposed 2019 HPC ACO Certification Program**
B. Criteria and Documentation Requirements
i. Background Information
1a-g. Risk Contract Information

Comment: The HPC's new Standards seek six (6) additional data sets regarding the Component ACO's respective risk contracts. It is unclear what benefit the HPC will glean from the added informational disclosure (beyond the standards from the 2017 certification period). Without a better understanding of exactly how this information will contribute to HPC's understanding of how ACO's achieve improvement in quality, cost, and access, this data request appears overly broad and beyond the necessary scope and true purpose of an accountable care certification program .

Standard: **II. Proposed 2019 HPC ACO Certification Program**
B. Criteria and Documentation Requirements
i. Background Information
1-2. Risk Contract Performance

Comment: Wellforce anticipates that it will be difficult for its Component ACOs to comply with the new HPC requirement to report quality performance on all measures included in risk contracts from the Massachusetts Aligned Measure Set and on quality performance on ambulatory measures not included in the Massachusetts Aligned Measure Set for the two most recent performance years. Wellforce cannot guarantee that any of the Massachusetts Aligned Measures are part of our respective payer contracts or that we will be able to report on the most recent two (2) years.

Wellforce will report quality measure results with respect to our individual payer contracts. Wellforce cannot guarantee performance on measures outside the Massachusetts Aligned Measures that are not currently in our payer contracts.

Can the HPC clarify whether (or not) this level of granularity will be required for every relevant payer contract across all of the Component ACOs? If so, we recommend significantly narrowing the scope of this request, perhaps for reporting on only one payer or perhaps requesting this information directly. It seems HPC may get a better response requesting such information directly from payers?

Can the HPC help us understand the value in adding these requirements?

Standard: **II. Proposed 2019 HPC ACO Certification Program**
B. Criteria and Documentation Requirements
ii. Assessment Criteria
4b. Population Health Management Programs

Comment: We recommend HPC give ACOs ample time to build and incorporate population heath programs throughout their systems. Giving ACOs as much visibility into the timeline as possible will be helpful.

Supplemental Questions: **III. Proposed 2019 Supplemental Questions**
1 Distribution of Shared Savings and Performance Based Provider Compensation

Comment: Please clarify specifically at which level the HPC wishes to understand how the ACOs incorporate risk-based incentives into its provider compensation model, at a provider or an organizational level?

New Program **III. Proposed ACO Distinction Program**
1 Performance reporting

Comments: Wellforce appreciates the HPC's desire to develop a recognition program for ACOs that achieve improvements in the domains of the Triple Aim, plus health equity, and commitment to specific strategic plans to continue improving. However, in order to produce meaningful feedback on the Proposed Distinction Program a much more detailed description of the purpose, value, requirements, judgment criteria and administrative requirements are necessary.
Wellforce anticipates that adding new reporting requirements in keeping with these programmatic goals will require the dedication of supplemental ACO resources.

Several important elements are critical to successfully establishment of and participation in a Distinction Program. Wellforce suggest the following elements be considered and shared publicly:

- Standardized and transparent measure set selection: The HPC would select one measure for each domain: cost, access, quality, and health equity – how does the HPC plan to select measures? How will the value of each measure be determined? What criteria will be used to determine if measure selected truly influence clinical outcomes? How and by whom, will that criteria be determined
- A clear and accepted definition of "statistically significant improvements"
- Establishment of a baseline from which these measures will be assessed
- The "all or nothing " approach requiring performance reporting across all risk categories may be too optimistic for many ACOs who are already working hard or excelling in a fewer number of categories
- Establishment of equitable, uniform and transparent eligibility criteria and assessment or deeming of "Distinction" status.

- Will the HPC employ a scoring system or is "Distinction" more of a subjective standard? How will the HPC ensure that the chosen method for the evaluation of the ACO's veracity for "Distinction" is fair and neutral? Will the ACOs have an opportunity to review the HPC's scoring criteria? Will there be an appeals process? How often will ACOs be able to apply to the Program?

New Program **III. Proposed ACO Distinction Program**
2 Strategic Planning

Comments: Under the Distinction Program, the HPC anticipates that it will require the submission of a strategic plan.

- Will a template for the strategic plan be included in the programmatic guidance?
- Will the HPC be flexible in how ACOs choose to report their respective strategies?
- What is the timeline for the strategic planning deliverable? Annually or in conjunction with the frequency of the bi-annual re-certification?
- Will HPC require status updates relative to this deliverable throughout the year?

Overall Input **IV. Questions 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?

   RESPONSE:

   ACO's need more information on the benefits and end results of reporting on risk contracts for all measures in the Massachusetts Aligned set AND those quality measures not included in the set for two performance years. Wellforce respectfully suggests that the HPC consider a narrowing of the scope of these requests. The intent of this request is unclear. The benefit to ACOs or to the furtherance of accountable care models in the Commonwealth are tenuous.

2. Do the proposed 2019 Supplemental Questions in each category ("Adding to the Evidence Base" and "Emerging Topics") 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?

   RESPONSE:

   We suggest eliminating this request for information on the distribution of shared savings and performance based compensation because it does not seem relevant, considering the various funds flow models employ across and within certified ACOs.

   Health plans create alternative payment models based on Total Medical Cost (TMC) with a subcomponent related to quality – it may be more beneficial to HPC to better define initiatives targeted at lowering TMC.

Coding, appropriate use of drugs and imaging, as well as EHR adaptation are areas of importance. The most important areas in each category include: integrated, innovative care models and increased community partnerships to address social determinants of health.

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?

   RESPONSE:

   The questions on the proposed Background information is "appropriate," however, it is a duplicative regulatory reporting request. Wellforce echoes MHA's comment that "…the HPC could work with the Division of Insurance (DOI) and the Center for Health Information Analysis (CHIA) towards developing a single process for providing information one time per year rather than endure separate RPO, ACO and RBPO data collection efforts for those organizations that are subject to all three. We encourage the HPC to pursue a process allowing ACOs to attest these requirements have been met and for the HPC to obtain the information from CHIA and DOI."

   - Information concerning site level and hospital risk contract participation is available through the HPC's MA-RPO filing.
   - Risk contract information, payer, type of products, attributed patients, payment methodology, and financial terms are addressed through the RBPO recertification.
   - Reporting on all Massachusetts Aligned Measures AND ambulatory measures NOT included in the set for two performance years is overly burdensome.

   It is unclear how the reporting and collection of this information by the HPC assists ACOs to achieve certification, enhances or increases accountable care models in the state.

4. Do you have any questions or concerns about using MA-RPO data to identify hospitals and primary care practices participating in the ACO?

   RESPONSE:

   Wellforce is confident in our identification of PCPs in the various ACOs – we are confident that the Medicare ACO data is accurate. To ensure no further resource drain across our ACOs, Wellforce respectfully urges HPC to use the MA-RPO data available rather than re-requesting the data for the HPC Certification.

5. On the whole, are the certification criteria appropriate for ACOs of varying types, sizes, levels of experience, etc., and all ACO patient populations? If not, why, and how should they be modified?

   RESPONSE:

   Overall, the certification criteria could be construed as "appropriate" for some of the statewide ACOs subject to the HPC's certification standards; however, the criteria do not effectively capture variations across Wellforce's multiple Component ACOs or the unique structure that is specific to Wellforce. The criteria need to reflect the diversity of the types of provider organizations within Wellforce and to tailor to the unique governance of the Component ACOs – for instance, the PFAC requirements are arguably rendered ineffective because they are overly broad and do not reflect how patient advocacy is promoted amongst the varying demographic locations that comprise the Wellforce system.

6. Does the proposed 2019 HPC ACO Certification program appropriately balance the need for a rigorous certification program with the provider administrative burden that may be associated with certification?

   RESOPNSE:

   Wellforce appreciates the HPC's consideration in narrowing the scope of some of the requirements and utilizing other data sources (RBPO/RPO submissions) for compliance with ACO criteria.

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?

   RESPONSE:

   Wellforce generally supports the notion of distinction programs" however, that support is limited until the HPC more effectively articulates the purpose and mechanics of the program. We appreciate the HPC's desire to develop a recognition program for ACOs that achieve improvements in the domains of the Triple Aim, plus health equity, and commitment to specific strategic plans to continue improving. However, in order to produce meaningful feedback on the Proposed Distinction Program, we need more detail, clarity and guidance around the not only the administrative requirements of the program, but also more color around the purpose and importance of the "Distinction" designation. What does "Distinction" mean for individual Wellforce providers? What are the benefits of "Distinction?" HPC should evaluate other distinction programs such as those utilized by health plans or Centers of Excellence.

   Wellforce anticipates that adding new reporting requirements in keeping with these programmatic goals will require the dedication of additional ACO resources.

8. What is the most appropriate duration of time for ACO Distinction - two years? Three years?

   RESPONSE:

   In order to properly assess and respond to this question, ACOs need additional programmatic detail. Distinction for health plans and Centers of Excellence are based on completely different standards, but can be used for comparison purposes – the typical duration for distinction is two (2) years.

9. For the Distinction program, what are the most appropriate measures for cost, quality and access? Is it feasible for ACOs to report the TME or TCoC at the Applicant level, across all risk contracts or risk contract categories?

   RESPONSE:

   In order to properly assess and respond to this question, ACOs require additional details. It is important to understand the HPC's definitions for cost and access.

   Quality metrics need to be standardized and selected based on value and clinical outcomes.

   It is noteworthy that most centers of excellence/distinction designations include only two (2) components (cost and quality). What is the HPC's rationale for measuring across more than two (2) components?

   It is not currently feasible to report TME or TCoC at the Applicant level across all risk contracts or risk contract categories given the variation in methodologies by payer and product to create one standardized, uniform payment methodologies (APR DRG, bundling logics, risk adjustments).

10. For the Distinction program, how should the HPC evaluate improvements in health equity? What should Applicants be required to demonstrate with regard to health equity in order to achieve Distinction?

    RESPONSE:

    It would be meaningful for ACOs to understand HPC's definition of health equity. Please explain in greater details what is meant by the statement that health equity will measure "performance improvement on at least one of the measures stratified by a factor of race, income, language, etc." Please explain how the HPC would determine the benchmark from which it will mark progress.

    Several health plans have already implemented health equity deliverables. Has the HPC considered the health plan methodology in its development of its own standards for this program?

    > Ex: One Wellforce Component ACO's plan includes health equity activities and projects related to any quality improvement efforts to eliminate health care disparities in vulnerable populations. Targeted populations relate to individuals that can be described in one of the following demographic groups: race, ethnicity, language, low

socioeconomic status, low educational level, gender (including those identifying as Transgender), age (especially children, adolescents and seniors), geographic locations (especially those in rural locations), veteran status, LGBTQ, and People with Disabilities.

The health plan works directly with the entity and the entity is required to send a detailed description and year end update for one (1) of the following two (2) initiatives:

- Entity regularly measures and reports at least one (1) health outcome (for example, colonoscopy screening rate) for a subset of their vulnerable populations.
- Describe entity's process for assessing social determinants of health and the interventions provided to patients based on their needs.

11. For seeking Distinction in 2020, what are the most recent two years of internal data that ACOs will have on cost, quality, access and equity?

RESPONSE:

It is unlikely that ACOs will have settlement data for 2018 during the application submission period. The most recent calendar years available will be Calendar Year 2016 and 2017. 2018 data may be available for reporting if the deadline could be moved to December 2019.

12. What standards should the HPC use to evaluate strategic plans submitted by Applicants for Distinction? Should the HPC select metrics for Applicants' strategic plans, or should Applicants select their own metrics for strategic plans?

RESPONSE:

How will the HPC account for the various component ACOs when evaluating an Applicant's application to the Distinction Program? The HPC should seek to tailor their standards to the diverse needs of each Applicant. Wellforce has five (5) Component ACOs. This diversity requires flexible standards rather than rigidly imposed standards.

Is it reasonable for Applicants with multiple Component ACOs to be compared to ACOs with vastly more simple organizational composition?

the HPC should allow greater flexibility in the selection of metrics for its strategic plan. Applicants should be able to allow their Component ACOs to select its own metrics based on the demographics and clinical needs of the various population bases across the Wellforce system.

Additional questions include:

- Will a template for the strategic plan be included in the programmatic guidance?
- What is the timeline for the strategic planning deliverable? Annually or in conjunction with the frequency of the bi-annual re-certification?
- Will HPC require status updates relative to this deliverable throughout the year?

- How will the HPC convey their expectations for how to respond to the requirements?

On behalf of Wellforce, Inc. and its Component ACOs, thank you for the opportunity to share our comments relative to the Proposed 2019 Accountable Care Organization Certification Standards. If you have any questions, please do not hesitate to contact Malisa Schuyler at Malisa.Schuyler@Wellforce.org or (617) 636-7209.