



January 29, 2016

Health Policy Commission
ATTN: Catherine Harrison, Senior Manager Care Delivery
50 Milk Street, 8th Floor
Boston, MA 02109

Re: Comments on Proposed Accountable Care Organization (ACO) Certification Standards

Dear Ms. Harrison:

Boston Medical Center (BMC) is pleased to offer comments on the Health Policy Commission's (HPC) proposed Accountable Care Organization (ACO) Certification Standards. BMC appreciates the HPC's efforts to engage multiple stakeholders to develop the certification standards. BMC has significant interest in this issue, given its participation in the Boston Accountable Care Organization (BACO). BMC intends to participate in MassHealth's new alternative payment framework and request ACO certification once the HPC's finalizes these standards.

BMC is a 482-bed academic medical center and the largest safety net hospital in New England. BMC services approximately 875,000 patient visits, 129,000 emergency department visits, and 26,000 discharges. Components of the BMC system include: 1) Boston HealthNet – an affiliation of BMC, the Boston University School of Medicine and 14 community health centers which includes 1,600 physicians and more than 650 primary care physicians; 2) the BMC Physician Practice Plan – 21 practices with over 800 physicians; and 3) the BMC HealthNet Plan – a licensed, NCQA-accredited managed care organization with 300,000+ members in two states.

BACO includes BMC, nine community health centers, and the BMC Physician Practice Plan. BACO now oversees two commercial contracts and will soon oversee the Medicare Shared Savings Program (MSSP); BACO looks forward to expanding when MassHealth contracts directly with ACOs. With BACO operations in mind, BMC has evaluated the ACO Certification Standards and offers the following comments.

Recommendation #1:

Allow stakeholders to evaluate certification standards after MassHealth issues its waiver proposal

In 2012, Chapter 224 directed the HPC to develop ACO Certification Standards. Since then, MassHealth has embarked on an extensive stakeholder process to develop an ACO framework. While BMC appreciates that MassHealth and the HPC have collaborated on the standards, stakeholders would be better equipped to offer constructive feedback after MassHealth issues its Section 1115 Waiver Proposal. Nearly 3.5 years has passed since Chapter 224's directive and, given that MassHealth's proposal is expected first quarter 2016, it would not substantially delay the HPC's process to allow stakeholders to review the proposals in tandem.

Recommendation #2:

Scale back on certification standards to focus solely on core ACO capabilities.

The HPC provides a comprehensive list of mandatory core criteria. However, several of the criteria and documentation requirements, as currently formulated, seem to extend well beyond mandating necessary ACO capabilities into directing ACO strategy and operations. Several examples:

- Requiring the ACO to execute a specific contract – a MassHealth budget based contract by 2017 (Criteria #11);
- Requiring extensive detail on the risk stratification methodology, which is the underpinning of clinical care management (Criteria #7);
- Going beyond the requirement of consumer ACO participation and requiring detail on strategies for meaning participation (Criteria #3 and #5);
- Directing ACOs to target population health programs in specified areas (Criteria #8);
- Directing ACOs on specific uses and dissemination of data analytics (Criteria #13);
- Directing ACOs to participate in the PCMH Prime Program, which is a voluntary program (Criteria #12); and

While Chapter 224 directs the HPC to develop certification standards for ACOs, these particular mandatory criteria seem to prescribe how an ACO should operate – an area that requires particular clinical and operational expertise and is subject to continued research and debate. Moreover, it is the responsibility of payers – Medicaid, Medicare, and Commercial Payers – to determine the framework of their respective provider contracts. By seeming to prescribe such extensive operating criteria, the HPC risks holding ACOs to a different standard than payers. BMC recommends that the HPC review the mandatory criteria and reframe them by just specifying core ACO capabilities. Additionally, we urge the HPC to consider whether an ACO's participation in a Medicare accountable care organization model (Pioneer, MSSP or Next Generation) is sufficient for Massachusetts certification.

Recommendation #3:

Keep in mind that overly prescriptive criteria may limit ACO innovation

Whether it is Medicare, a commercial contract, or ultimately MassHealth, ACOs are provided incentives to deliver quality care at an affordable cost. It is in the ACO's financial interest to address many issues detailed in the certification standards, but it is not necessary for the HPC to prescribe specific operations. An overly prescriptive approach will inhibit innovation by the Commonwealth's ACOs and result in one-size-fits-all ACOs that may not best serve the goals of improving quality of care and reducing costs.

Recommendation #4:

Keep in mind that certification is voluntary; consider the necessity of extensive "reporting only" and other criteria where the data collection purpose is unclear.

BMC appreciates the comprehensiveness of the certification standards. However, we are concerned that such expansive requirements for documentation and reporting of activities will discourage ACOs from gaining certification or require multiple ACOs be established in order to comply with HPC requirements. Additionally, we urge the HPC to consider the utility of setting up a system where large volumes of data are coming in but it is unclear to ACOs or the public how this data will be used.

We also urge the HPC to reconsider requiring ACOs to provide it, through this certification process, with the information contained in the 12 "reporting only" criteria. Providers already report extensive information to the HPC, the Attorney General (AG), and the Department of Insurance (DOI), so it quickly becomes burdensome for some ACOs to voluntarily provide the HPC with additional, and sometimes overlapping, extensive information. Extensive reporting requirements may deter ACOs from participating in the certification process and also increase ACO administrative expenses, which is counter to the HPC's fundamental goal of containing healthcare costs.

In addition, a number of the information requests are duplicative of other reporting requirements and, in some instances, call for proprietary information. A few examples:

- The request for detail on funds flow for participating providers (Criteria #30);
- The request for detail on an ACO's provider network which is reported elsewhere and unnecessary narrative (Criteria #2);
- The request for Patient and Family Advisory Counsel meeting minutes (Criteria #5);
- The request for minutes from the most recent Quality Committee meeting (Criteria #6); and
- The call for a description of how the ACO assesses and improves collaborative relationships with each provider type, a summary report on effectiveness of collaboration, and minutes from a board or committee meeting documenting discussion of results of assessment with different provider types (Criteria #9).

We appreciate that the HPC wants to understand ACO operations and identify what works. For this reason, we encourage the HPC to consider alternative ways to gain this information rather than solely

focusing on data collection and analysis; this should be done in collaboration with other state Health agencies including CHIA, the AG, and DOI. For example, BMC has found Learning Collaboratives to be a very effective way to exchange concrete operational strategies for cost containment and improved quality.

Recommendation #5:

Consider the appropriate role of the HPC

In much the same way that the HPC evaluated its appropriate role for PCMH Certification, we urge the HPC to take a step back and consider its appropriate role for ACO certification. BMC agrees with your primary goal of working toward “better health and better care at a lower cost across the Commonwealth.” We urge the HPC to clarify its role first, then determine whether the expansive proposed criteria align.

BMC appreciates the opportunity to provide comments on the certification standards and looks forward to continued conversations with the HPC.

Sincerely,



Kate Walsh

cc: David Seltz