APPLICATION REQUIREMENTS AND PLATFORM USER GUIDE (PUG)

Accountable Care Organization (ACO)
Certification Program 2019

ABOUT THE HEALTH POLICY COMMISSION

The Health Policy Commission (HPC) is an independent state agency established through Chapter 224 of the Acts of 2012, the Commonwealth's landmark cost-containment law. The HPC, led by an 11-member board with diverse experience in health care, is charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC's mission is to advance a more transparent, accountable, and innovative health care system through independent policy leadership and innovative investment programs. The HPC's goal is better health and better care at a lower cost for all people across the Commonwealth.

EXECUTIVE DIRECTOR LETTER

Dear Stakeholders,

We are pleased to announce the release of the 2019 Application Requirements and Platform User Guide (PUG) for the Accountable Care Organization (ACO) Certification program. The launch of this program in 2017 made Massachusetts the first state to have statewide, all-payer standards for care delivery as well as transparent, publicly available information about how ACOs are structured and operating today. We are excited to build on that success with our second round of certifications.

In 2017-2018, the Health Policy Commission (HPC) certified eighteen ACOs that collectively serve 2.86 million commercial, Medicare, and MassHealth patients. Data gathered through that process has contributed to a growing foundation of information necessary for payers, policymakers, researchers, consumers, and providers to evaluate and improve our health care system. The HPC has shared information gathered to date through a variety of learning opportunities. We published profiles of all eighteen HPC-certified ACOs, convened a webinar on ACO approaches to delivering serious illness care, and released a series of policy briefs documenting ACO characteristics, their strategies and activities for managing population health, and the nature of risk-based contracts ACOs hold with payers.

As we kick off our second round of certifications, the ACO Certification program remains grounded in the belief that the health care delivery system should improve health by delivering coordinated, patient-centered health care that accounts for patients' behavioral, social, and medical needs. The 2019 certification criteria integrate this philosophy with the HPC's commitment to reducing administrative complexity without value in the Massachusetts health care system. Based on considerable thoughtful stakeholder input submitted to the HPC, we have sought to maintain continuity with the certification program's 2017 assessment criteria as the evidence base for new care delivery models continues to grow, while also including a set of additional targeted questions designed to shed light on ACO innovations and practices.

This year we are making significant updates to the electronic certification platform, building on what worked well in the first round of certification and targeting key areas for improvement identified by ACO staff. The platform will be fully web-based this year, with no need for additional software downloads. Improved functionality will allow users to more easily manage documents and access for others from their organizations. Returning applicants seeking re-certification will have the option to attest to elements of their prior application that remain fully accurate, thereby streamlining the application process. Our hope is that these upgrades will enhance the user experience. Additional guidance, including responses to frequently asked questions, will be available on the HPC website.

Thank you for your continued participation in this collaborative process. If you have any questions or concerns, please feel free to reach out to the ACO program staff at HPC-Certification@mass.gov at any time.

Thank you,

David Seltz
Executive Director

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GLOSSARY OF TERMS

ACO Participant	A health care provider or an entity identified by a tax identification number (TIN) through which one or more health care providers bill, that alone or together with one or more other ACO Participants comprise an ACO.
Applicant	The health care provider or provider organization applying for HPC ACO Certification, which must have common ownership or control of any and all of the corporately affiliated contracting entities that enter into risk contracts on behalf of one or more health care providers.
Behavioral Health	Health care services related to the diagnosis or treatment of mental illness, emotional disorders, or substance use disorders, and the application of behavioral health principles to address lifestyle and health risk issues.
Component ACO	A contracting entity, with a unique Governing Body, over which the Applicant has partial or complete common ownership or control and that enters into one or more risk contracts on behalf of one or more health care providers.
Cross-continuum Care	The delivery of health care over a period of time, across all settings, during all phases of illnesses.
Governance Structure	The Governing Body, the committees that report to that Governing Body, and executive management/leadership team(s) that support the work of that Governing Body. Applicants with multiple Component ACOs may have multiple Governance Structures.
Governing Body	A group of ACO Participant representatives, patients/consumer advocates, and others that formulates policy and directs the affairs of an ACO, e.g., a board of directors or similar body that routinely meets to conduct ACO business and has a fiduciary duty to an ACO. An Applicant may have one Governing Body for all ACO business or multiple Governing Bodies that each conducts the business of a Component ACO.
Risk-Bearing Provider Organization	A provider organization that manages the treatment of a group of patients and bears downside risk according to the terms of an alternative payment contract and has received a certificate or waiver from the Division of Insurance (DOI) in accordance with 211 CMR 155.00.

Social Determinants of Health	Environmental conditions in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Substantive Quality-based Risk Contract	A risk contract that includes incentives based on an ACO's performance on a set of valid, nationally-endorsed, well-accepted measures of healthcare quality. Such contracts should be designed to require ACOs to meet certain thresholds on quality measures in order to receive a portion of shared savings. Examples of valid, nationally-endorsed, well-accepted measures are those endorsed by the National Quality Forum, collected by Massachusetts Health Quality Partners, and/or included in the CMS/AHIP Core Quality Measure Set(s). Risk contracts are contracts with a public or commercial payer for payment for health care services that incorporate a per member per month budget against which claims costs are settled for purposes of determining the withhold returned, surplus paid, and/or deficit charged, including contracts that subject the ACO to very limited or minimal "downside" risk or "upside" risk/shared savings only.

ABBREVIATIONS

ACO	Accountable Care Organization
AHRQ	Agency for Healthcare Research and Quality
BH	Behavioral Health
BHP	Behavioral Health Provider
CAHPS	Consumer Assessment of Healthcare Providers and Systems
Ch. 224	Chapter 224 of the Acts of 2012
CMS	Centers for Medicare and Medicaid Services
DOI	Division of Insurance
ED	Emergency Department
EHR	Electronic Health Record
EOTSS	Executive Office of Technology and Security Services
HEDIS	Healthcare Effectiveness Data and Information Set
HIT	Health Information Technology
HMO	Health Maintenance Organization
HPC	Health Policy Commission
LTSS	Long-term Services and Supports
MCN	Material Change Notice
NPI	National Provider Identifier
OPP	Office of Patient Protection
PCMH	Patient-centered Medical Home
PFAC	Patient and Family Advisory Council
PPO	Preferred Provider Organization
PUG	Platform User Guide
RBPO	Risk-Bearing Provider Organization
RPO	Registration of Provider Organizations
SAMHSA	Substance Abuse and Mental Health Services Administration
SDH	Social Determinants of Health
TIN	Tax Identification Number

INTRODUCTION

HPC Accountable Care Organization Certification Program

The HPC is charged with developing and implementing all-payer standards of certification for accountable care organizations (ACOs) in the Commonwealth. In general, an ACO is a group of physicians, hospitals or other providers that share the goal of improving care delivery through better care coordination and integration, enhanced access to services, and accountability for quality outcomes and costs. A primary way that ACOs achieve these goals is by entering into contracts with payers that incentivize high-quality and cost-effective care.

The purpose of the HPC ACO Certification program is to complement existing local and national care transformation and payment reform efforts, encourage value-based care delivery, and promote investments by all payers in high-quality and cost-effective care across the continuum. HPC certification of ACOs complements, but does not replace, requirements and activities of other state agencies. ACO Certification does not assess the ACO's suitability to operate as a Risk-Bearing Provider Organization (RBPO), which is under the purview of the Division of Insurance (DOI).

Through its ACO Certification standards, the HPC seeks to promote continued transformation in care delivery while ensuring that certification is within reach of provider organizations of varying sizes, experience, organizational models (e.g., community-hospital anchored, physician-organization anchored), infrastructure and technical capabilities, populations served, and locations.

Alignment with MassHealth

In 2018, MassHealth substantially shifted towards accountable and integrated models of care through a set of investments under a restructured federal 1115 Demonstration Waiver. MassHealth has implemented three ACO models (Accountable Care Partnership Plan, Primary Care ACO, and MCO-Administered ACO), each with its own set of contractual requirements.[1] While the HPC ACO Certification is designed to be an all-payer, all-patient program, the HPC has collaborated extensively with MassHealth to align ACO Certification with its requirements and minimize administrative burden wherever possible. ACOs under all three MassHealth models were required to achieve HPC ACO Certification by the start of the first performance year, and maintain certification throughout the contract period.

CERTIFICATION REQUIREMENTS

An Applicant must demonstrate that it meets all of the following Assessment Criteria in order to receive HPC ACO Certification.

[1] For more information on the Massachusetts Delivery System Reform Incentive Program, see https://www.mass.gov/info-details/massachusetts-delivery-system-reform-incentive-payment-program.

Assessment Criteria Domains	
AC-1	Governance Structure
AC-2	Patient / Consumer Representation
AC-3	Performance Improvement Activities
AC-4	Population Health Management Programs
AC-5	Cross-continuum Care

In addition, an Applicant must provide complete responses to all of the Background Information and Supplemental Information questions in the following domains in order to receive HPC ACO Certification.

Background Information Domains *(responses required unless otherwise indicated; not assessed)*	
BI-1	ACO Participants *(optional)*
BI-2	Risk Contract Information
BI-3	Risk Contract Performance

Supplemental Information Domains *(responses required; not assessed)*	
SI-1	Distribution of Shared Savings and Performance-based Compensation
SI-2	High-value Care
SI-3	Advanced Primary Care and Behavioral Health Integration

APPLICANT FOR CERTIFICATION

A health care provider or provider organization may own or control other entities that establish risk-based contracts with one or more other payers. In keeping with the all-payer nature of the ACO Certification program, the health care provider or provider organization applying for certification (the Applicant) must have **partial or complete common ownership or control of**

any and all corporately affiliated[2] contracting entities that enter into risk contracts on behalf of one or more health care providers (Component ACOs)**.** All entities meeting the definition of Component ACOs must be included in the Applicant's application for Certification.

If all criteria are met, the HPC will certify the Applicant, inclusive of its Component ACOs.

Example 1: A provider organization has a risk-based contract with a commercial payer and also fully controls two additional entities that have risk-based contracts with Medicare and MassHealth, respectively. The provider organization must serve as the Applicant for Certification, and the two additional entities are Component ACOs.

Example 2: A provider organization has a risk-based contract with a commercial payer. It also has (1) complete control of an additional entity that has a risk-based contract with MassHealth, and (2) 33% ownership of an additional entity that has a risk-based contract with Medicare. The provider organization is the Applicant for Certification, and the two additional entities are Component ACOs.

Example 3: A provider organization has a risk-based contract with MassHealth. It is controlled by a parent organization that also (1) controls an entity that has a commercial risk-based contract, and (2) owns 50% of an entity that has a risk-based contract with Medicare. The parent organization is the Applicant for Certification, and all three organizations holding risk-based contracts must be included as Component ACOs in the Application.

Additional guidance is provided below regarding how this requirement applies to the Assessment Criteria and Supplemental Information questions.

Please contact the HPC at HPC-Certification@mass.gov for assistance in identifying the proper Applicant for Certification.

CONFIDENTIALITY AND USE OF INFORMATION SUBMITTED BY ACOs

Through the ACO Certification program, the HPC seeks to promote greater transparency and continuous improvement of the Massachusetts health care system. To support its application for ACO Certification, the Applicant must submit certain information and documents to the HPC. Some of this information may be publicly available, while other information and documents may be of a clinical, financial, strategic, or operational nature that is non-public.

Information Sharing with the Public

At public meetings and in publications, the HPC will discuss and report on certified ACOs using aggregate or non-attributed information submitted for Certification. In addition, the HPC may report on specific certified ACOs using publicly available information and documents, including those listed in Table 1 that are submitted to the HPC for ACO Certification.

[2] A corporate affiliation is any relationship between two entities that reflects, directly or indirectly, a partial or complete controlling interest or partial or complete common control.

The HPC will not disclose, without the consent of the Applicant, non-public information and documents submitted for Certification that are clinical, financial, strategic, or operational in nature, at the individual ACO level (see Table 2 below). The Certification application will provide the Applicant the opportunity to give consent to the HPC to disclose the information listed in Table 2. The HPC will continue to highlight novel approaches and care delivery models, and otherwise promote shared learning through public reporting of the information listed in Table 2, using both aggregate or non-attributed information and individual ACO information for which it has received consent.

Table 1: Information for Public Reporting

Identifying Information
Applicant name (legal and d/b/a) and the name(s) of any Component ACOs.
Applicant Tax Identification Number (TIN) and the TIN(s) of any Component ACOs
Applicant street address
Applicant city
Applicant state
Applicant zip code
Applicant public contact first name
Applicant public contact last name
Applicant public contact prefix
Applicant public contact title
Applicant public contact phone number
Applicant public contact email
Primary application contact first name
Primary application contact last name
Primary application contact title
Primary application contact phone number
Primary application contact email address
BI-1: ACO Participants
List of participating primary care practices (site level) and hospitals
BI-2: Risk Contract Information
Name(s) of payer(s) with which Applicant and/or its Component ACOs have quality-based risk contracts
Year that each quality-based risk contract began and expires
Number of attributed patients per risk-based quality contract
Whether or not each quality-based risk contract is upside-only or includes downside risk
AC-1: Governance Structure
Organizational chart(s) of the Governance Structure(s) of the Applicant (and Component ACOs as applicable), including Governing Body, executive committees, and executive management, and indicating the location of a patient or consumer representative role within each Governance Structure

AC-2: Patient/Consumer Representation
Description of patient and family advisory committee(s)
Publicly available narrative demonstrating one or more ways the Governance Structure(s) seeks to be responsive to the needs of its patient population.

Table 2: Information for Public Reporting If the Applicant Consents

BI-2: Risk Contract Information
Risk contract product types, number of years risk experience with payer, maximum amount of risk (up- and downside) for which the Applicant and/or its Component ACO was/is responsible under each contract, payment methodology, and description of quality incentives in the payment model
BI-3: Risk Contract Performance
Final quality performance on the measures associated with each up- or downside risk contract for the last two performance years for which such data are available
AC-1: Governance Structure
Summaries, developed by the HPC, of the Governance Structure(s), including composition of the Governing Body(ies), committees, and types of providers/ACO Participants represented.
AC-3: Performance Improvement Activities
Description of how Governing Body(ies) assesses performance and sets strategic goals
AC-4: Population Health Management Programs
Description of approach to stratifying patient population and of program(s) addressing BH and/or SDH
AC-5: Cross-continuum Care
Names of providers with which there are written agreements and/or other arrangements
Factors considered when entering into written agreements with providers that are not ACO Participants
SI-1: Distribution of Shared Savings and Performance-based Compensation
Description of methodology for distributing shared savings and losses and approach to using performance-based compensation models
SI-2: High-value Care
Identification of areas of low-value care targeted by the ACO and strategies for addressing, and strategies for facilitating appropriate care transitions
SI-3: Advanced Primary Care and Behavioral Health Integration
Existence of strategies for advanced primary care and integrated behavioral health and description of components, degree and type of behavioral health integration, and use of telemedicine

TERM OF CERTIFICATION

Duration

In general, the term of HPC ACO Certification is two years from the date that HPC awards certification. For all Applicants that are certified in 2019, the term of Certification will end on December 31, 2021.

Significant Changes to an Applicant During the Term of Certification

The HPC requires Applicants that have received ACO Certification to notify the HPC of any significant changes to the information in the application during the Certification term. Significant changes are changes to the Applicant's organization or operations that make it and/or its Component ACOs no longer able to meet the HPC's Certification criteria.

To notify the HPC of a significant change, please email HPC-Certification@mass.gov.

In addition, the HPC may request other updates from Applicants during the Certification term, so the HPC has accurate information about certified ACOs for public reporting purposes. Applicants may contact the HPC at HPC-Certification@mass.gov to provide updates at any time.

ACO CERTIFICATION APPLICATION

The HPC ACO Certification application is completed and submitted using a web-based application hosted by the Executive Office of Technology and Security Services (EOTSS). Applicants must first gain access to the application portal, then complete an Intent to Apply form prior to accessing the full application.

Part 0: Application Portal Access

An Applicant for certification must designate a Primary Application Contact person to request login credentials for the application portal and complete the Intent to Apply form. The link to the application portal will be available on the HPC website. To request login credentials, the Primary Application Contact must provide the following information:

Field	Format
Prefix	Text box
First name	Text box
Last name	Text box
Title	Text box
Email address	Text box
Applicant organization name	Text box

The HPC will review and approve the Primary Application Contact's request for credentials, or contact the individual with any questions regarding the request. **Please note**: the HPC will provide detailed guidance on accessing and using the application portal in separate training materials.

The Primary Application Contact must complete and submit the Intent to Apply form. After the Intent to Apply form has been approved by the HPC, additional individuals from the Applicant organization may request login credentials for the application portal.

Part 1: Intent to Apply

After receiving login credentials, the Primary Application Contact must log into the application portal and complete and submit an Intent to Apply form. The form requests certain preliminary information about the Applicant as follows:

Field	Format
Applicant name (legal and d/b/a)	Text box
Applicant Tax Identification Number (TIN)	Digits (usually up to 9)
Applicant street address	Text box
Applicant city	Text box
Applicant state	Drop-down box
Applicant zip code	5 digits
Applicant public contact first name	Text box
Applicant public contact last name	Text box
Applicant public contact prefix	Drop-down box
Applicant public contact title	Text box
Applicant public contact phone number	Text box
Applicant public contact email	Text box
Component ACO name(s) (legal and d/b/a)	Text box(es)
Component ACO TIN(s)	Digits
Primary application contact first name	Text box
Primary application contact last name	Text box
Primary application contact prefix	Drop-down box
Primary application contact title	Text box
Primary application contact phone number	Text box
Primary application contact email address	Text box

Applicant public contact will be publicly listed on the HPC's website as the primary public contact for ACO-related matters.

Primary application contact is an application portal user and the person designated to be the HPC's primary contact for purposes of ACO certification.

In addition, each Applicant must attest, **via a check-box**, to the following five statements on the Intent to Apply form:

1. Applicant has obtained, if applicable, one or more **Risk-Bearing Provider Organization (RBPO)** certificate(s) or waiver(s) from the **DOI.**[3]
2. Applicant has filed all required **Material Change Notices (MCNs)** with the **HPC**, if applicable.[4]
3. Applicant is in compliance with all **federal and state antitrust laws and regulations**.
4. Applicant is in compliance with the HPC's **Office of Patient Protection (OPP)** guidance, if applicable,[5] regarding establishing a **patient appeals process**.
5. Applicant has at least one **Substantive, Quality-based Risk Contract** with a public or private payer in the Commonwealth.

An Applicant must attest to all five of the above statements in order to be considered eligible to seek ACO Certification.

The HPC will review an Applicant's submitted ITA and contact the Primary Application Contact with any questions or requests for revisions. If the ITA is approved by the HPC, the HPC will review and approve, as appropriate, requests for login credentials submitted by any other ACO staff. All ACO users will then have access to and may begin completing the application for Certification.

Part 2: Application for Certification: Background Information

Applicants are required to provide complete responses to all of the below, unless otherwise noted.

ACO Participants – *RESPONSE OPTIONAL*

1. For the Applicant and each Component ACO if applicable, a list of primary care practices (site level) and hospitals that participate in each risk contract held by the Applicant/Component ACO. UPLOAD or TEXT BOX

2. A narrative description of any differences in the categories of providers that participate in each risk contract (e.g., employed primary care physicians participate in all risk contracts; contracting affiliate physicians only participate in the Medicare risk contract). UPLOAD or TEXT BOX

[3] An entity is required to obtain an RBPO certificate or waiver if it is a provider organization that both manages treatment of a group of patients and bears downside risk for those patients according to the terms of an alternative payment contract. *See* DOI's Bulletin 2014-05 for more information. *See also* 211 CMR 155.00. Provider organizations are certified from March 1st of a particular year to February 28th of the next year.

[4] As outlined in the MCN FAQs published by the HPC on July 27, 2016, the formation of an ACO for the purpose of solely establishing Medicaid or Medicare contracts does not require an MCN filing at this time. The full set of FAQs can be found at http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/material-change-notices-cost-and-market-impact-reviews/forms.html.

[5] Pursuant to OPP guidance, Bulletin HPC-OPP-2016-01, this appeals process does not apply to any MassHealth (Medicaid), Medicare, or Medicare Advantage patients. *See* http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/regulations/20160506-bulletin-rbpo-appeals-final.pdf.

The Applicant may choose not to provide this information in the Certification application, in which case the HPC will reference the Massachusetts Registration of Provider Organizations (MA-RPO) program (e.g., in the Contracting Entity file, Physician Roster file, etc.) for this information. In such cases, the HPC may ask the Applicant to review its MA-RPO program data, confirm its accuracy, and/or provide updates or clarifications, during or after the Certification application review process, as necessary.

Risk Contract Information

1. For each of the risk-based contracts established by the Applicant and/or its Component ACOs,[6] completion of an Excel template (see Appendix) to report:
    a. Name of payer, risk contracts, and product type (e.g., PPO, HMO, fully-insured, self-insured)
    b. Number of years risk experience with payer, and year when current contract began and year of expiration
    c. Number of attributed patients
    d. Payment methodology (e.g., fully capitated, sub-capitated)
    e. Quality incentives in the risk contract
    f. Financial risk terms for each contract:
        i. Full or partial risk
        ii. Upside only or upside and downside risk
        iii. Maximum shared savings and shared loss rates
        iv. Any cap on shared savings or losses

    UPLOAD using template provided

Risk Contract Performance

1. Report ACO-level final quality performance on the measures associated with each up- or downside risk contract for the last two performance years for which this data are available (if applicable).
    a. If Applicant is unable to submit performance information because it has yet to receive final performance information from payer(s), the Applicant should submit the list of quality measures upon which the Applicant and any Component ACO(s) will be measured under current contract(s) and any interim performance information it has received. UPLOAD

Part 3: Application for Certification: Assessment Criteria

The HPC will evaluate Applicants for certification using the Assessment Criteria and associated documentation requirements detailed in this guide. All of the Assessment Criteria must be met in order to receive HPC ACO Certification. The HPC may request clarifying or additional information if a submission is incomplete.

As noted on page 9 (see Applicant for Certification), the Applicant for certification must have **partial or complete common ownership or control of any and all corporately affiliated[2] contracting entities** that enter into risk contracts on behalf of one or more health care provider

[6] The Applicant should report only on current contracts directly held by the Applicant and/or its Component ACOs (not risk contracts in which you may participate but that are held by other organizations).

groups (Component ACOs). The Applicant must provide comprehensive information reflective of itself, if it directly holds a risk contract, and its Component ACOs,

For Assessment Criteria AC-1, AC-2, and AC-3, which relate to the Applicant's Governance Structure, unless otherwise noted in the documentation requirements, an Applicant must demonstrate that **each** Governance Structure associated with the Applicant and/or its Component ACO meets the criteria. That is, if the Applicant and/or its Component ACOs have three different Governing Bodies for Medicaid, Medicare and commercial contracts, each Governance Structure, as applicable, must meet AC-1, AC-2, and AC-3. However, if all risk contracts are held at the Component ACO level and no risk contracts are held directly by the Applicant, only the Component ACO Governance Structures must meet the certification requirements.

For AC-4 and AC-5, which relate to the operations of the ACO, the Applicant must demonstrate that it meets the criteria inclusive of any and all of its Component ACOs. Additional guidance is provided in the documentation requirements below.

Attestation Option

The 2019 Assessment Criteria closely align with the Assessment Criteria from the 2017 ACO Certification program standards, except that the 2017 AC-4 has been eliminated. If the Applicant was certified by the HPC in 2017 or 2018, the Applicant may attest that individual elements of its responses to the 2017 Assessment Criteria remain fully accurate, applicable, and timely, in lieu of providing a new response.

Before exercising the attestation option, the **Applicant should carefully review its previous Assessment Criteria responses in their entirety to ensure they remain fully accurate, applicable, and timely.** Criteria elements for which the prior application response is no longer fully accurate, applicable, or timely must be updated. Additional guidance on appropriate use of the attestation option will be provided by the HPC in supplemental documents.

☐ I attest that the Applicant's response in its previous ACO Certification application, as attached and/or indicated here, (1) remains fully accurate and applicable as of the date of this 2019 application, and (2) provides a complete representation of the Applicant's and/or Component ACO(s)'s current approach.

AC-1: Governance Structure

The ACO has an identifiable and unique Governing Body with authority to execute the functions of the ACO. The ACO provides for **meaningful participation in the composition and control of the Governing Body for its participants** or their representatives.

Documentation Requirements

a. Excerpts of **Governing Body[7] by-laws** or other authoritative documents that demonstrate the Governing Body's authority to execute the functions of the ACO**.** If the Applicant has Component ACOs with unique Governing Bodies the Applicant must provide separate by-laws or other authoritative documents for each Governing Body.
ATTESTATION CHECK BOX select or leave blank; UPLOAD

b. **Organizational chart(s) of the Governance Structure(s)**, including Governing Body, executive committees, and executive management. See example charts provided after AC-2. If the Applicant has Component ACOs with unique Governance Structures, the Applicant must provide a separate organizational chart for each Governing Body.
ATTESTATION CHECK BOX select or leave blank; UPLOAD

c. **Governance Structure key personnel template[8]** *(use template provided)***,** including the following identifying information for Governing Body members, executive committee members, and executive management staff (e.g., COO, CEO, CMO, CFO, strategy officer):
   i. Name (first and last)
   ii. Title and clinical degree/specialty (if applicable)
   iii. Role within the Governance Structure (i.e., Governing Body member, executive committee member, or executive management)
   iv. Attestation that ACO Participants have at least 75% control of the Governing Body

   If the Applicant has Component ACOs with unique Governance Structures, the Applicant must provide responses for (i)-(iv) for each Governance Structure, using a separate tab in the template.
   ATTESTATION CHECK BOX select or leave blank; UPLOAD using template provided

[7] A committee that reports to the Board of Trustees, Board of Directors, or other corporate or non-profit governing board may be considered the Governing Body of the ACO for the purposes of HPC ACO Certification, provided that the committee formulates policy and directs the affairs of the ACO and meets all requirements of the Governing Body as outlined in the Certification criteria. In response to AC-1.a, the Applicant must submit by-laws or other authoritative documents that demonstrate the committee's delegated authority to execute the functions of the ACO.
[8] In completing the key personnel template, ACOs should list all members of the executive committees included in the organizational chart submitted for AC-1.b. The HPC considers executive committees to be any committees within the Governance Structure relevant to managing the functions of the ACO (e.g., quality, compliance, finance, patient and family advisory committee, etc.).

AC-2: Patient / Consumer Representation

The ACO governance structure is designed to serve the needs of its patient population, including by having **at least one patient or consumer advocate within the governance structure *and* having a patient and family advisory committee**.

Documentation Requirements

a. **Identify the patient(s) or consumer advocate(s)** on the organizational chart(s) and template submitted for AC-1. If the Applicant has Component ACOs with unique Governance Structures, the Applicant must identify a patient or consumer advocate representative(s) within each Governance Structure.
Identify on AC-1.b and AC-1.c. No additional documentation required.

b. **Description of at least one patient and family advisory committee** or other group that is composed of patients, families, and/or consumer advocates. An Applicant meets this requirement by having either a single committee that represents patients and families served by the Applicant and all of its Component ACOs, or by having multiple committees (e.g., one per Component ACO). The description must include:
    i. Committee's reporting relationship within the Governance Structure; and
    ii. Meeting frequency.
ATTESTATION CHECK BOX select or leave blank; UPLOAD

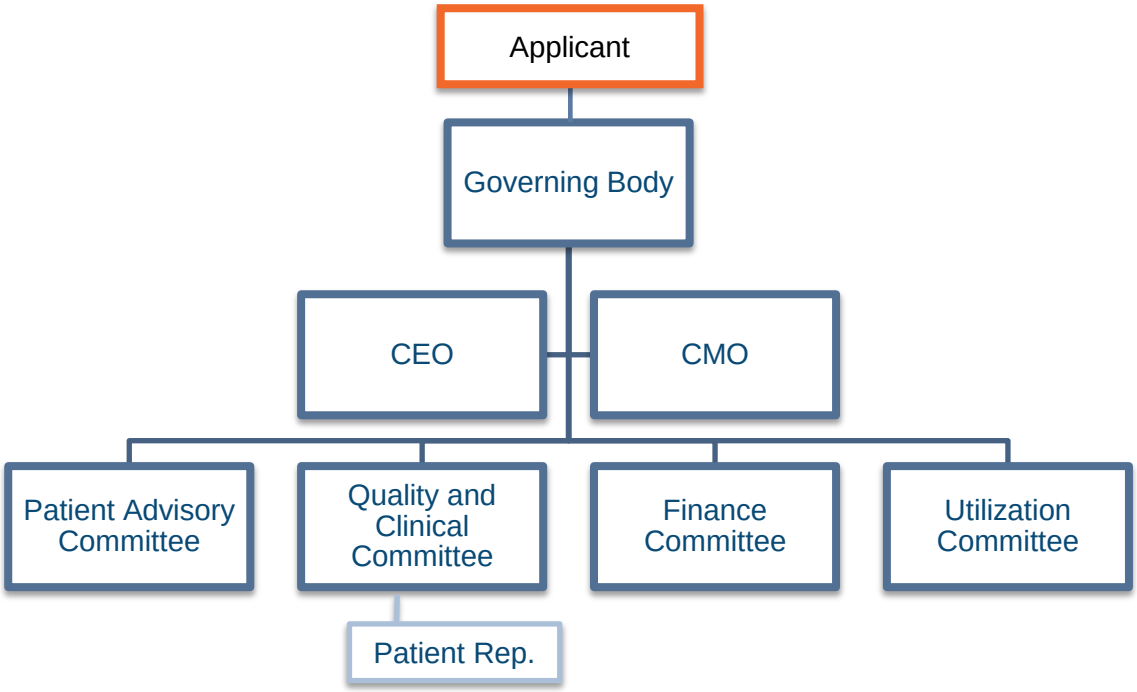
c. Is the Applicant using one or more existing hospital-based Patient and Family Advisory Council(s) (PFAC) to satisfy this requirement? ATTESTATION CHECK BOX select or leave blank; (Y/N)

***If yes,* provide excerpted meeting minutes** of most recent PFAC meeting where issues pertaining to the ACO(s) were discussed. UPLOAD

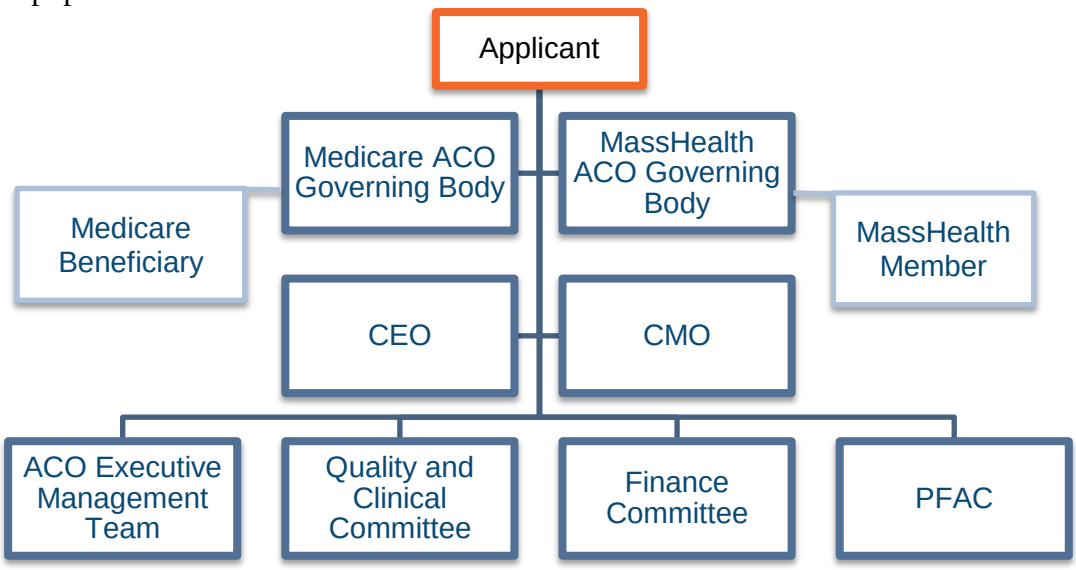
d. **Text of or link to a publicly available narrative** demonstrating one or more ways the Governance Structure(s) seeks to be responsive to the needs of its patient population. Examples of an acceptable narrative include:
- A statement appearing on a website describing how the Component ACO acts as patient-centered organization.
- A patient newsletter blurb providing information about how a patient/consumer representative could participate in a patient/family advisory committee
- A pamphlet or posted sign in a provider's office that tells patients/consumers how to provide feedback to the Component ACO on patient experience and care issues.
- A summary posted on a website of patient/family advisory committee activities that highlights the results of patient-focused improvement activities.
ATTESTATION CHECK BOX select or leave blank; TEXT BOX OR UPLOAD

Example: Organizational Charts

ABC Applicant
ABC Applicant has one Governing Body overseeing multiple risk contracts. The Governing Body includes meaningful participation of its ACO Participants (AC-1). ABC Applicant fulfills AC-2 by having a patient advisory committee within its Governance Structure and a patient representative within the Governance Structure.



DEF Applicant
DEF Applicant has a Medicare risk contract and intends to participate in a MassHealth ACO contract. DEF Applicant has separate Governing Bodies for each of those contracts. DEF Applicant fulfills AC-2 by placing a patient representative on each Governing Body, and by leveraging an existing PFAC to address patient and family needs for DEF Applicant's entire ACO population.



AC-3: Performance Improvement Activities

The ACO **Governing Body regularly assesses the access to and quality of care provided by the ACO**, in measure domains of **access, efficiency, process, outcomes, patient safety, and patient experiences of care**, for the ACO **overall and for key subpopulations** (i.e., medically or socially high needs individuals, vulnerable populations), including measuring any racial or ethnic disparities in care.

The ACO has **clear mechanisms for implementing strategies to improve its performance** and supporting provider **adherence to evidence-based guidelines**.

Documentation Requirements

a. **Narrative of how the Governing Body(ies) assesses performance and sets strategic performance improvement goals**, no less frequently than annually. If the Applicant has Component ACOs with unique Governing Bodies the narrative must describe how each Governing Body assesses performance and sets strategic performance improvement goals. The narrative must include:
   - A description of the selection process for performance metrics; and
   - A description of how performance improvement goals set by the Governing Body(ies) are used in setting improvement goals.

   ATTESTATION CHECK BOX select or leave blank; UPLOAD

b. **Performance dashboard(s)** with measure name detail and a description of how often the Governing Body(ies) reviews the dashboard and related strategic goals (at least annually). The dashboard may be uploaded as an editable file (e.g., Excel document) or as a screenshot. An Applicant with multiple Component ACOs that use different dashboards must submit a separate dashboard and description for each Component ACO. If actual performance data are not available for one or more of the dashboard measures, it is acceptable to submit a dashboard without measure values. See example dashboard provided below.
   - The dashboard must include at least one measure in each of the following domains:
     - Process (e.g., access, patient safety)
     - Efficiency
     - Outcomes
     - Patient Experience
   - The dashboard must indicate which measures are stratified by sub-population and by which sub-populations (e.g., payer type (Medicaid, commercial), race/ethnicity or other socioeconomic factors). At least one measure must be stratified by a sub-population.

   ATTESTATION CHECK BOX select or leave blank; UPLOAD

Notes:
Process measures include access, patient safety, screening for depression, use of appropriate medications for people with asthma, preventive screenings, well-child visits, and immunizations.

Efficiency measures include avoidable ED visits and readmissions.

Outcomes measures include comprehensive diabetes care: HbA1c poor control (>9.0%), controlling high blood pressure, depression remission at 12 months.

Patient experience measures are CAHPS (CG, H, ACO) measures, or other.

Example: Quality Performance Dashboard

Measure name	Medicaid			Commercial			Medicare		
	Rate	Target		Rate	Target		Rate	Target	
Adult									
Prevention (Process)									
Breast Ccancer Screening	45%	75%		52%	75%		57%	75%	
Chronic Disease Management (Outcomes)									
HbA1c Control	69%	80%		83%	80%		79%	80%	
Patient Experience									
CAHPS Composite - Access to Specialists	56%	65%		69%	70%		60%	70%	
Efficiency									
Avoidable Readmissions	62%	70%		66%	75%		64%	75%	
Child									
Prevention (Process)									
Well Child Visit (12-17)	48%	50%		55%	55%		N/A	N/A	N/A
Childhood Immunization Status	40%	50%		54%	55%		N/A	N/A	N/A
Efficiency									
Emergency Department Visits	46%	50%		52%	60%		N/A	N/A	N/A

AC-4: Population Health Management Programs

The ACO routinely **stratifies** its entire patient population and uses the results to **implement programs** targeted at **improving health outcomes for its highest need patients**. At least one program addresses **behavioral health** and at least one program addresses **social determinants of health (SDH)**[9] to reduce health disparities within the ACO population.

Documentation Requirements

a. Description of the **Applicant's approach to stratifying its patient population (inclusive of the populations served by any Component ACOs)**, including:
   i. Frequency, which must be at least annually;
   ii. Factors on which stratification is completed (e.g., ED use, functional status, presence of chronic conditions);
   iii. Whether the reports used for stratification are generated by payers, by the Applicant using its own stratification methodology, or by the Applicant using proprietary software from a vendor; and
   iv. If the Applicant's approach to stratification differs by subpopulation (e.g., Medicare, Medicaid, commercial), a summary of the differences in the approaches used.

   ATTESTATION CHECK BOX select or leave blank; UPLOAD

b. **Description of at least one program operated by the Applicant and/or any of its Component ACOs that addresses BH and at least one program that addresses SDH** including:
   i. How participating patients are identified or selected;
   ii. The specific interventions, including staffing model (e.g., community health workers, social workers);
   iii. The targets/performance metrics by which the ACO monitors/assesses the program, and the ACO's actual performance for the most recent measurement period;
   iv. Number of patients in the program or that the ACO projects the program will serve; and
   v. Any linkages to community resources or organizations.

   A single program that addresses both BH and SDH may be used to satisfy this requirement.[10]

   ATTESTATION CHECK BOX select or leave blank; UPLOAD

[9] A program addressing either social determinants of health or patient health-related social needs (HRSN) is acceptable.

[10] This allowance is not meant to diminish the distinctiveness of behavioral health and HRSN or SDH as domains of patient health, nor suggest that a programmatic focus on one implies capacity to address the other. Rather, it seeks to recognize that some ACOs may be operating population health management programs of broad scope, spanning behavioral health, HRSN or SDH, and other facets of patient well-being.

AC-5: Cross-continuum Care

To **coordinate care and services** across the care continuum, the ACO **collaborates** with providers **outside the ACO** as necessary, including:

- Hospitals
- Specialists, including any sub-specialties
- Long-term services and supports (LTSS) (including both facility-based and community-based services and providers)
- Behavioral health providers (BHPs) (both mental health and substance use disorder providers)

Providers and facilities **within the ACO** collaborate to coordinate care, including **following up on tests and referrals across care rendered within the ACO**.

Documentation Requirements

Note: Applicants must respond to all questions in this section. For each category of providers below, if an Applicant answers "No" to question 1, then the Applicant must answer "Yes" to either question 2 or 2b in order to meet the requirements for Certification.

Collaborations with **hospitals**:

1. Does the Applicant and/or its Component ACOs include a hospital among its ACO Participants? Yes/No ATTESTATION CHECK BOX select or leave blank
    a. If Yes, provide the names of those hospital(s). UPLOAD
2. Does the Applicant and/or its Component ACOs have written agreements to collaborate with hospitals that are not ACO Participants? ATTESTATION CHECK BOX select or leave blank; Yes/No
    a. If Yes, provide the names of those hospital(s). UPLOAD
        i. Select which factor(s) are considered when entering into written agreements with hospitals that are not ACO Participants:
            - Measurement of quality, patient experience, and cost
            - Access (i.e., wait times, availability)
            - Use of team-based care, including case conferences/collaborative clinical programs
            - Communication and/or data-exchange (incl. interoperability) procedures and capabilities
            - Access to and coordination with community-based providers/services
            - Comprehensive care transition protocols

            CHECK ALL THAT APPLY
    b. If No, does the Applicant and/or its Component ACOs have other arrangements with hospitals and/or plans to enter into written agreements to collaborate with hospitals that are not ACO Participants? Yes/No
        i. If Yes, briefly describe such other arrangements and/or plans. TEXT BOX
        ii. If No, please briefly explain. TEXT BOX

Collaborations with **specialists**:

1. Does the ACO Applicant and/or its Component ACOs include specialists as ACO Participants? ATTESTATION CHECK BOX select or leave blank; Yes/No
    a. If Yes, provide a list by organization or medical group name of those specialists. (NPIs are not required.) UPLOAD

2. Does the Applicant and/or its Component ACOs have written agreements to collaborate with specialists that are not ACO Participants? ATTESTATION CHECK BOX select or leave blank; Yes/No
    a. If Yes, provide a list by organization or medical group name of those specialists. (NPIs are not required.) UPLOAD
        i. Select which factor(s) are considered when entering into written agreements with specialists that are not ACO Participants:
            - Measurement of quality, patient experience, and cost
            - Access (i.e., wait times, availability)
            - Use of team-based care, including case conferences/collaborative clinical programs
            - Communication and/or data-exchange (incl. interoperability) procedures and capabilities
            - Access to and coordination with community-based providers/services
            - Comprehensive care transition protocols

        CHECK ALL THAT APPLY
    b. If No, does the Applicant and/or its Component ACOs have other arrangements with specialists and/or plans to enter into written agreements to collaborate with specialists that are not ACO Participants? Yes/No
        i. If Yes, briefly describe such other arrangements and/or plans. TEXT BOX
        ii. If No, please briefly explain. TEXT BOX

Collaborations with **LTSS providers**:

1. Does the Applicant and/or its Component ACOs have LTSS providers as ACO Participants? ATTESTATION CHECK BOX select or leave blank; Yes/No
    a. If Yes, provide a list by organization name of those LTSS providers. (NPIs are not required.) UPLOAD

2. Does the Applicant and/or its Component ACOs have written agreements to collaborate with LTSS providers that are not ACO Participants, such as MassHealth-certified LTSS Community Partners? ATTESTATION CHECK BOX select or leave blank; Yes/No
    a. If Yes, provide a list by organization name of those LTSS providers. (NPIs are not required.) UPLOAD
        i. Select which factor(s) are considered when entering into written agreements with LTSS providers that are not ACO Participants:
            - Measurement of quality, patient experience, and cost
            - Access (i.e., wait times, availability)

- Use of team-based care, including case conferences/collaborative clinical programs
- Communication and/or data-exchange (incl. interoperability) procedures and capabilities
- Access to and coordination with community-based providers/services
- Comprehensive care transition protocols

CHECK ALL THAT APPLY

b. If No, does the Applicant and/or its Component ACOs have other arrangements with LTSS providers and/or plans to enter into written agreements to collaborate with LTSS providers that are not ACO Participants? Yes/No
   i. If Yes, briefly describe such other arrangements and/or plans. TEXT BOX
   ii. If No, please briefly explain. TEXT BOX

Collaborations with **BH providers**:

1. Does the Applicant and/or its Component ACOs include BH providers as ACO Participants? ATTESTATION CHECK BOX select or leave blank; Yes/No
   a. If Yes, provide a list by organization name of those BH providers. (NPIs are not required.) UPLOAD

2. Does the Applicant and/or its Component ACOs have written agreements to collaborate with BH providers that are not ACO Participants, such as MassHealth-certified BH Community Partners? ATTESTATION CHECK BOX select or leave blank; Yes/No
   a. If Yes, provide a list by organization name of those BH providers. (NPIs are not required.) UPLOAD
      i. Select which factor(s) are considered when entering into written agreements with BHPs that are not ACO Participants:
         - Measurement of quality, patient experience, and cost
         - Access (i.e., wait times, availability)
         - Use of team-based care, including case conferences/collaborative clinical programs
         - Communication and/or data-exchange (incl. interoperability) procedures and capabilities
         - Access to and coordination with community-based providers/services
         - Comprehensive care transition protocols

      CHECK ALL THAT APPLY
   b. If No, does the Applicant and/or its Component ACOs have other arrangements with BH providers and/or plans to enter into written agreements to collaborate with BH providers that are not ACO Participants? Yes/No
      i. If Yes, briefly describe such other arrangements and/or plans. TEXT BOX

ii. If No, please briefly explain. TEXT BOX

Notes:
Hospitals include acute care facilities and emergency departments.

Examples of *long-term services and supports providers* include skilled nursing facilities, rehabilitation hospitals, and community-based providers of such services as home health, personal care, and durable medical equipment.

Behavioral Health providers are providers of services for mental health and substance use disorders.

Part 4: Application for Certification: Supplemental Information

The 2019 application contains three Supplemental Information domains aimed at addressing identified gaps in the current evidence base on ACO design, structure, and practices.

Applicants must provide complete responses to all of the Supplemental Information questions in order to receive HPC ACO Certification.

If the Applicant has multiple Component ACOs, unless otherwise noted, please provide a response that best describes the overall characteristics or approach across the Applicant and all of its Component ACOs.

For each set of Supplemental Information questions, Applicants will have the option to upload one or more additional documents to further explain or supplement a response.

SI-1: Distribution of shared savings and performance-based compensation

Does the ACO distribute shared savings or losses under risk-based contracts? Do ACO Participants use performance-based provider compensation models? How are quality, cost, and patient experience data considered?

Questions:

1. Does the Applicant and/or its Component ACOs distribute shared savings or losses under risk-based contracts among participating providers? CHECK BOXES select one
   - ☐ No distribution of shared savings or losses
   - ☐ Distribution of shared savings and losses, but not based on performance (e.g., distribution based on patient panel size or other volume metric) (describe) LONG TEXT BOX
   - ☐ Distribution based on performance

   a. If distribution is based on performance, which of the following best describes the level at which performance is considered? CHECK BOXES select one
      - ☐ Individual clinicians
      - ☐ Practice
      - ☐ Physician organization, physician hospital organization, or independent practice association
      - ☐ Other risk unit (specify) TEXT BOX

2. Which of the following best describes Applicant's and/or its Component ACOs' approach to requiring or incentivizing ACO Participants to use performance-based compensation models for participating providers?
   - ☐ No requirement or incentives
   - ☐ Requirement to use performance-based models
   - ☐ Other incentives to use performance-based models (describe) TEXT BOX

3. Which of the following factors, if any, does the Applicant and/or its Component ACOs consider in developing performance-based shared savings/losses distribution approaches or

in requiring/incentivizing ACO Participants to use performance-based compensation models? CHECK BOXES select all that apply

- ☐ Quality (e.g., HEDIS scores)
- ☐ Absolute or relative cost (e.g., TME relative to peers or external benchmarks)
- ☐ Cost trend (e.g., year-over-year spending increase)
- ☐ Efficiency (e.g., readmission rate)
- ☐ Patient experience data (e.g., CAHPS results)
- ☐ Structural or process factors (e.g., adoption of HIT, PCMH certification, adherence to clinical protocols)
- ☐ Citizenship (e.g., participation in governance meetings)
- ☐ Other _____ TEXT BOX
- ☐ None of the above

a. Please explain the Applicant's and/or its Component ACOs' approach to savings/losses distribution and/or performance-based compensation, including a description of how each of the factors checked above in question 3 is considered. LONG TEXT BOX

4. For providers employed by the Applicant, its Component ACOs, and/or other corporately affiliated entities that participate in the ACO, approximately what percentage of total provider compensation[11] is performance-based? CHECK BOXES select one

- ☐ None
- ☐ Greater than 0% and less than 5%
- ☐ 5% or greater and less than 10%
- ☐ 10% or greater and less than 20%
- ☐ 20% or greater
- ☐ N/A – no employed providers

[11] This figure can be calculated by dividing total performance-based compensation potential ($) by total compensation potential ($), inclusive of salary, productivity-based incentives, per member per month management fees, performance-based compensation potential, etc.

SI-2: High-value care

How does the ACO promote use of high-value care and services, encourage appropriate prescribing, and facilitate appropriate care transitions?

Questions:

1. Has the Applicant and/or its Component ACOs developed strategies to address unnecessary utilization in any areas of low-value care, including those identified in the HPC's 2018 Annual Health Care Cost Trends Report?[12] CHECK BOXES check all that apply
   - ☐ Screenings that are not clinically indicated (e.g., 25-OH-Vitamin D deficiency screening or pap smears for women under 21)
   - ☐ Low-value pre-operative services (e.g., pre-operative cardiac stress test before a low-risk, non-cardiac surgery)
   - ☐ Potentially unnecessary procedures (e.g., spinal injections for low-back pain or arthroscopic surgery for knee osteoarthritis)
   - ☐ Imaging services used for conditions for which they have little diagnostic value (e.g., back imaging for patients with non-specific low back pain, or head imaging for uncomplicated headache)
   - ☐ Inappropriate prescribing (e.g., inappropriate antibiotics for sinusitis, pharyngitis, suppurative otitis media, and bronchitis)
   - ☐ Other TEXT BOX
   - ☐ None of the above

2. For each area selected, briefly describe the strategy used and whether strategies differ by Component ACO. LONG TEXT BOXES
   - ☐ Screening, if applicable
   - ☐ Pre-operative, if applicable
   - ☐ Procedures, if applicable
   - ☐ Imaging, if applicable
   - ☐ Prescribing, if applicable
   - ☐ Other

3. What strategies, if any, has the Applicant and/or its Component ACOs implemented to facilitate appropriate care transitions and/or manage post-acute care utilization and spending? CHECK BOXES select multiple
   - ☐ Facilitating information-sharing across settings (e.g., shared EHR or query capabilities)
   - ☐ Developing a preferred network of post-acute providers
   - ☐ Dedicated staff (e.g., nurse care manager or social workers) to facilitate post-acute transitions
   - ☐ Mobile patient monitoring

[12] Health Policy Commission. "2018 Annual Health Care Cost Trends Report." February 2019. Available at: https://www.mass.gov/files/documents/2019/02/20/2018%20Cost%20Trends%20Report.pdf

- ☐ Joint care protocols between acute and post-acute providers
- ☐ Other (specify) TEXT BOX
- ☐ None of the above

SI-3: Advanced primary care and behavioral health integration

Does the ACO have a strategy to increase and provide support for access to advanced primary care and integrated behavioral health care? If so, what do those strategies include?

Questions:

1. Which of the following best describes the Applicant's and/or its Component ACOs' approach to supporting the development and maintenance of advanced primary care capabilities among its ACO Participant primary care providers, such as team-based care, complex care management, enhanced access to care, continuous quality improvement, and use of health information technology? CHECK BOXES check one
   - ☐ The ACO has a strategy to support the development of advanced primary care capabilities of ACO Participant primary care providers
   - ☐ The health system of which the ACO is a part has a strategy to support the development of advanced primary care capabilities of ACO Participant primary care providers
   - ☐ ACO primary care practices may pursue advanced primary care capabilities, but there is no specific ACO or system strategy
   - ☐ Other (please describe) TEXT BOX

   a. If the ACO or health system has a strategy, select which of the types of support below are included, and provide a brief written description:
      - ☐ Financial, if applicable LONG TEXT BOX
      - ☐ Infrastructure, if applicable LONG TEXT BOX
      - ☐ Technical Assistance, if applicable LONG TEXT BOX
      - ☐ Other LONG TEXT BOX

2. Which of the following best describes the Applicant's and/or its Component ACOs' approach to increasing and sustaining access to integrated behavioral health care in primary care settings? CHECK BOXES check one
   - ☐ The ACO has a strategy to increase and sustain the behavioral health integration capabilities of ACO Participant primary care providers
   - ☐ The health system of which the ACO is a part has a strategy to increase and sustain the behavioral health integration capabilities of participating primary care providers
   - ☐ ACO primary care practices may pursue behavioral health integration capabilities, but there is no specific ACO or system strategy
   - ☐ Other (please describe) TEXT BOX

   a. If the ACO or health system has a strategy, select which of the types of support below are included, and provide a brief written description:
      - ☐ Financial, if applicable LONG TEXT BOX
      - ☐ Infrastructure, if applicable LONG TEXT BOX
      - ☐ Technical Assistance, if applicable LONG TEXT BOX
      - ☐ Other LONG TEXT BOX

3. Considering the SAMHSA-AHRQ Six Levels of Integration framework,[13] fill in the approximate percent of ACO Participant primary care practices that correspond to each level.
    - Level 1 – Minimal Collaboration TEXT BOX
    - Level 2 – Basic Collaboration at a Distance TEXT BOX
    - Level 3 – Basic Collaboration Onsite TEXT BOX
    - Level 4 – Close Collaboration with Some System Integration TEXT BOX
    - Level 5 – Close Collaboration Approaching an Integrated Practice TEXT BOX
    - Level 6 – Full Collaboration in a Transformed/Merged Practice TEXT BOX

    a. Briefly describe how you determined or estimated these percentages (e.g., data based on practice surveys, direct inquiries, or another methodology). LONG TEXT BOX

4. Does the Applicant and/or its Component ACOs provide support to any participating behavioral health providers to employ a "reverse integration" model of incorporating primary care into behavioral health care settings? RADIO BUTTON
    - Yes
    - No

    a. If Yes, provide a brief written description. LONG TEXT BOX

5. Does the ACO currently offer a common solution, or have specific plans to implement a solution or supports, for participating providers to provide access to behavioral health services via telemedicine? RADIO BUTTON
    - Yes
    - No

    a. If Yes, provide a brief written description. LONG TEXT BOX

[13] See SAMHSA-HRSA Center for Integrated Health Solutions. "A Standard Framework for Levels of Integrated Healthcare." March 2013. Available at: https://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf

Part 5: Application for Certification: Affidavit of Truthfulness

The Primary Application Contact or another authorized representative of the Applicant is required to electronically sign and confirm the following statements upon submission of an application for ACO Certification. Additionally, the undersigned understands and acknowledges that the HPC requires Applicants that have received ACO Certification to notify the HPC of any significant changes to the information in the application during the Certification term that make it and/or its Component ACOs no longer able to meet the HPC's Certification criteria.

I, the undersigned, certify that:

1. The information submitted to the HPC for ACO Certification is complete, accurate and true.

2. I am duly authorized to submit this application for HPC ACO Certification on behalf of the Applicant.

Signed on the _____ day of _____, 20____ under the pains and penalties of perjury.

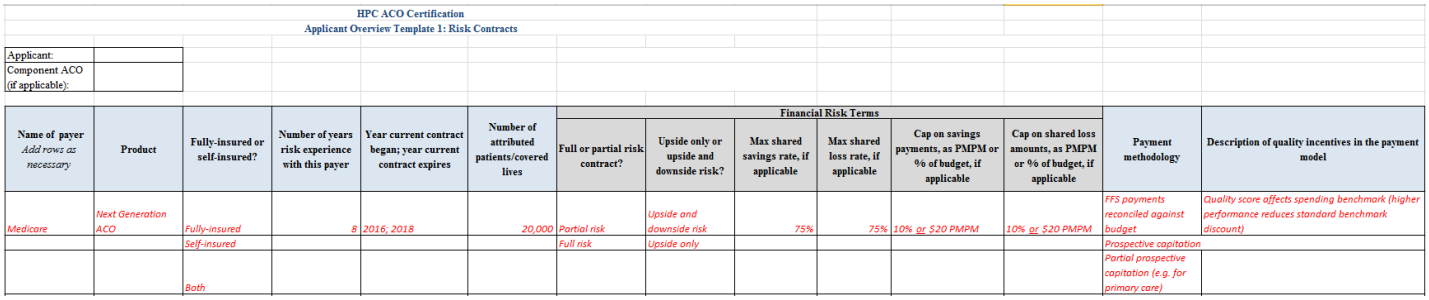
Name: _____

Title: _____

E-Signature: _____

APPENDIX

The risk contract information requested in **BI-2** must be uploaded to the submission platform using a template that will be provided.

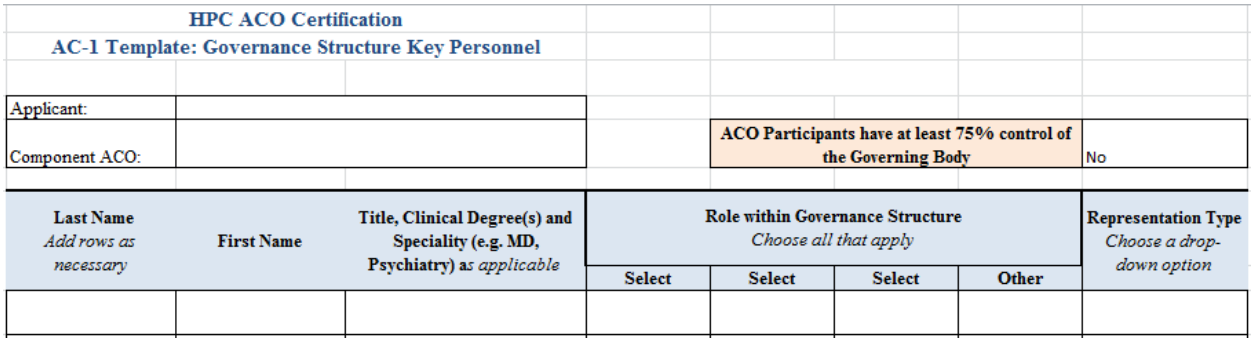


HPC ACO Certification
Applicant Overview Template 1: Risk Contracts

Applicant:	
Component ACO (if applicable):	

Name of payer *Add rows as necessary*	Product	Fully-insured or self-insured?	Number of years risk experience with this payer	Year current contract began; year current contract expires	Number of attributed patients/covered lives	Financial Risk Terms: Full or partial risk contract?	Financial Risk Terms: Upside only or upside and downside risk?	Financial Risk Terms: Max shared savings rate, if applicable	Financial Risk Terms: Max shared loss rate, if applicable	Financial Risk Terms: Cap on savings payments, as PMPM or % of budget, if applicable	Financial Risk Terms: Cap on shared loss amounts, as PMPM or % of budget, if applicable	Payment methodology	Description of quality incentives in the payment model
Medicare	*Next Generation ACO*	*Fully-insured*	*8*	*2016; 2018*	*20,000*	*Partial risk*	*Upside and downside risk*	*75%*	*75%*	*10% or $20 PMPM*	*10% or $20 PMPM*	*FFS payments reconciled against budget*	*Quality score affects spending benchmark (higher performance reduces standard benchmark discount)*
		Self-insured				*Full risk*	*Upside only*					*Prospective capitation*	
		Both										*Partial prospective capitation (e.g. for primary care)*	

Governance Structure key personnel requested in **AC-1** must be uploaded using a template that will be provided.



HPC ACO Certification
AC-1 Template: Governance Structure Key Personnel

Applicant:	
Component ACO:	

ACO Participants have at least 75% control of the Governing Body	No

Last Name *Add rows as necessary*	First Name	Title, Clinical Degree(s) and Speciality (e.g. MD, Psychiatry) *as applicable*	Role within Governance Structure *Choose all that apply*				Representation Type *Choose a drop-down option*
			Select	Select	Select	Other	