



MASSACHUSETTS
HEALTH POLICY COMMISSION

HPC ACO Certification Program

*Learning, Equity, and Patient-Centeredness (LEAP) 2022-2023
Application Requirements Overview Webinar*

June 15, 2021



AGENDA

- **Overview and Approach**
- **Criteria for Certification**
 - Background Information
 - Assessment Criteria
 - Supplemental Information Questions
- **Process and Timeline**
- **Q&A**

Principles for the HPC's ACO LEAP Framework



Recognize that knowledge on ACOs is still developing

ACOs and the policy community are still learning what works: ACO cost and quality performance tends to improve with experience



Provide flexibility to ACOs

Minimize reporting burden, provide substantial flexibility to ACOs, and allow for a multitude of approaches while requiring adherence to core principles for delivery system transformation



Focus on capacity for learning, improvement, and innovation

Emphasize capacity for continuous improvement and innovation to ensure ACOs are positioned to learn from success and failures*



Advance health equity in the Commonwealth

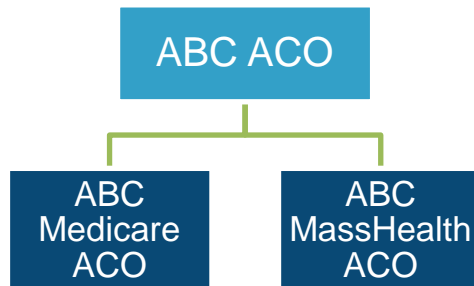
Incorporate health equity principles into the certification standards to encourage and support systemic improvements

Definition of the Applicant for Certification

Overview

The Applicant must be the health care provider or provider organization that has **partial or complete common ownership or control of any and all corporately affiliated contracting entities that enter into risk contracts on behalf of one or more health care providers (Component ACOs).**

Example



- ABC ACO holds risk-based contracts with commercial payers
- ABC also owns a Medicare ACO, which contracts directly with Medicare and has a separate Governing Body
- ABC owns and operates an ACO that holds a contract with MassHealth

ABC ACO is the Applicant and, if all criteria are met, will be certified *inclusive* of its component Medicare and MassHealth ACOs



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- **Criteria for Certification**
 - Pre-Requisites
 - Assessment Criteria
 - Supplemental Information Questions
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Requirements for ACO Certification 2022: Learning, Equity, and Patient-Centeredness (LEAP)

1 Pre-Requisites

6 required pre-reqs.

Attestations, org chart, risk contracts template

- ✓ Identifiable and unique governing body
- ✓ At least one risk contract with a public or private payer
- ✓ Legal compliance: RBPO certificate, if applicable; any required MCNs filed; anti-trust laws; patient protection

2 Assessment Criteria

5 criteria

Sample ACO documents, narrative descriptions, HPC templates

- ✓ Patient-centered care
- ✓ Culture of performance improvement
- ✓ Data-driven decision-making
- ✓ Population health management programs
- ✓ Whole-person approach

Must show one health-equity focused activity or initiative



3 Required Supplemental Information

3 domains

Narrative or data
Not evaluated by HPC but must respond

- ✓ Activities to improve health equity, including governance representation and patient data collection
- ✓ Use of innovative care models, including telehealth
- ✓ Strategies to control TME growth

Pre-requisites

ACO must attest to the following:

ACO has obtained, if applicable, a **risk-bearing provider organization (RBPO)** certificate or waiver from **DOI**.

ACO has filed all required **Material Changes Notices (MCNs)** with the **HPC**.

ACO is in compliance with all **federal and state antitrust laws and regulations**.

ACO is in compliance with the HPC's **Office of Patient Protection (OPP)** guidance regarding an **appeals process to review and address patient complaints** and provide notice to patients.

ACO has at least one **risk contract** with a public or private payer in the Commonwealth.

Applicant has an identifiable and unique **Governing Body** with authority to execute the functions of the ACO.

Pre-Requisite Uploads

Governance

- Provide an organizational chart(s) of the Governance Structure(s), including Governing Body, executive committees, and executive management. If the Applicant has Component ACOs with unique Governance Structures, the Applicant must provide a separate organizational chart for each Governing Body.
- Identify the name of the Governing Body and briefly describe the key responsibilities of any executive committees in the Governance Structure



Risk Contracts and Performance

- Details of each risk contract, including payer, number of covered lives, years in contract, and financial terms (e.g., max. shared savings/losses, etc.) – **Template provided**
- For the most recent performance year for which data are available, final ACO-level quality performance on all measures included in risk contracts – **No template**

Pre-Requisite Upload: Risk Contract Information Template

HPC ACO Certification Applicant Overview Template PR-2: Risk Contracts

Applicant:

#	Component ACO Holding Contract (if applicable)	Name of payer <i>Add rows as necessary</i>	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
1	DEF ACO	Medicare	Next Generation ACO	Fully-insured	8	2016; 2021	20,000

Financial Risk Terms					Payment methodology	Description of quality incentives in the payment model
Upside only or upside and downside risk?	Max shared savings rate, if applicable	Max shared loss rate, if applicable	Cap on savings payments, as PMPM or % of budget, if applicable	Cap on shared loss amounts, as PMPM or % of budget, if applicable		
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)
					Prospective capitation	
					Partial prospective capitation (e.g. for primary care)	

Types of Documentation for Assessment Criteria Responses

Primary Source Documents



Existing internal materials

May consist of guidelines, communications, memoranda, presentations, reports, tools, etc.

Original Narratives

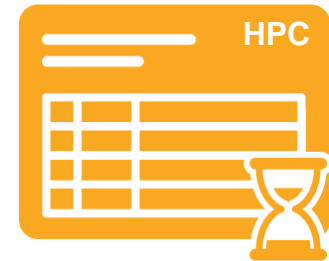


A narrative produced for the HPC Certification application and describing how the ACO meets an Assessment Criterion;

Original narratives may be submitted in lieu of Primary Source Documents

Required elements of the response are specified in the PUG

HPC Templates



Excel templates provided by the HPC for completion by the ACO

Allow ACOs to provide concise information on requested data points

Templates do not need to be accompanied by additional documentation

AC-1

PATIENT-CENTERED CARE



The ACO collects and uses information from patients to improve and deliver patient-centered care.

AC-1.1: The ACO **systematically monitors and assesses** the experience, perspectives, and/or preferences of the patient population served.

AC-1.2: The information/data gathered via AC-1.1 **informs the ACO's strategy and/or organization-level initiatives** for improving patient experience.

Assessment Criterion 1: Patient-Centered Care

ACOs must provide documentation of one item from each column:



1.1 Monitoring of Patient Experience

- Regular **monitoring of patient experiences or preferences** (e.g., online communities, patient focus groups, PES collection)
- Data collection on **cultural, linguistic, literacy**, etc. needs
- Robust mechanisms for engaging consumers in **governance and/or advisory bodies** informing leadership

Primary Source Documents could include: survey instruments, summaries of survey responses or focus group/online community feedback, PFAC minutes or summaries



1.2 Strategy or Initiatives

- Primary Source Document (or original narrative) describing one **ACO- or system-level initiative** to improve an aspect of patient experience in the past two years

Primary Source Documents could include: overview presentations, written summaries, memos, communications

In Depth: Responding to AC-1 in the ACO Certification Application

AC-1: Patient-Centered Care

The ACO collects and uses information from patients to deliver and improve patient-centered care.

Documentation Requirements:

AC-1.1 The ACO **systematically monitors and assesses** the experience, perspectives, and/or preferences of the patient population served. The Applicant and/or its Component ACOs satisfy(ies) this requirement through the following **approach(es)**:

CHECK ALL THAT APPLY:

- Regular monitoring of patient experiences or preferences (e.g., online communities, patient focus groups, patient experience survey collection)
- Systematic data collection on patients' cultural, linguistic, literacy, and similar care-related needs and preferences
- Robust mechanisms for engaging consumers in governance and/or advisory bodies informing leadership (e.g., active consumer representation on each Governing Body, use of Patient and Family Advisory Councils)

For itself and/or each Component ACO, the Applicant may submit a Primary Source Document as documentation of this approach. If no appropriate Primary Source Document is available, the Applicant may submit an original narrative description.

Box AC-1.1: Brief description of Primary Source Document(s) (including the Component ACO to which it corresponds, if applicable), and frequency of the activity (Max. 150 words per document uploaded)

[TEXT BOX]

AC-1.2: The information/data gathered via AC-1.1 **informs the ACO's strategy and/or organization-level initiatives** for improving patient experience.

For itself and/or each Component ACO, the Applicant may submit a Primary Source Document **describing one ACO- or system-level initiative** to improve an aspect of patient experience in the past two years. If no appropriate Primary Source Document is available, the Applicant may submit an original narrative description.

Box AC-1.2: Brief description of Primary Source Document(s), how the need or opportunity was identified from information collected in AC-1.1, and how the initiative is being measured to **gauge impact and/or make improvements** (Max. 150 words per document uploaded)

[TEXT BOX]

Select the approach(es) that correspond to your ACO's activities

If submitting an original narrative in lieu of a Primary Source Document, consult the PUG for required elements

Monitoring

No documents found

Upload one or more Primary Source Document(s) or original narrative(s) to provide documentation of your response

Enter a short description of the Primary Source Document(s) (if applicable) and its relevance

Initiative

No documents found

AC-2

CULTURE OF PERFORMANCE IMPROVEMENT



The ACO fosters **a culture of continuous improvement, innovation, and learning** to improve the patient experience and value of care delivery.

This culture is demonstrated by at least two different approaches.

Assessment Criterion 2: Culture of Performance Improvement

ACOs must provide documentation of two items:



2. Culture of Performance Improvement

- Periodic convening of clinical and/or business leaders from around the ACO to discuss performance improvement goals, opportunities, strategies, and/or activities
- Leadership commitment to tracking and reviewing performance
- Internal financial incentives
- Internal systems or processes to facilitate or encourage innovation and improvement
- Selection or evaluation of clinical or non-clinical affiliates or partners based on alignment with ACO performance improvement priorities
- Support for an ACO- or system-wide primary care transformation strategy

Primary Source Documents could include: agendas, minutes, or written summaries of internal ACO meetings; dashboards or other tools for tracking metrics; memos, overview presentations, or summaries; scoresheets or written criteria; plans or summary documents

AC-3

DATA-DRIVEN DECISION- MAKING AND CARE DELIVERY



The ACO is committed to using the best available data and evidence to guide and support improved clinical decision-making.

AC-3.1: To facilitate learning among providers, decrease provider practice variation, and support provider adherence to evidence-based guidelines, the **ACO adopts processes or tools that make available reliable, current clinical knowledge at the point of care.**

AC-3.2: The ACO also collects and offers providers **actionable data** (e.g., on quality, safety, cost, and/or health outcomes) to guide clinical decision-making, identify and eliminate waste, and enable high-value care delivery.

Assessment Criterion 3: Data-Driven Decision-Making and Care Delivery

ACOs must provide documentation of one item from each column:



3.1 Processes/tools deliver current clinical knowledge to the point of care

- Launch of an **initiative to reduce inefficiency or low-value care**, or decrease provider practice variation in the past two years
- Facilitation/encouragement of use of a **clinical decision support** tool
- Development or making available of an **evidence-based protocol** or structured learning opportunity

Primary Source Documents could include: internal summary materials or presentations; strategy documents, memoranda, or internal communications



3.2 Providers receive actionable data to guide decisions

- Periodic provision of **data and/or feedback** on cost or quality performance at the provider or group level, benchmarked to peers or external standard
- Offering providers understandable, actionable information on their patients via **data analytics** (e.g., identifying patients due for tests)

Primary Source Documents could include: template or de-identified performance report; de-identified screenshots, memos, or internal communications on data analytics available to providers

AC-4

POPULATION HEALTH MANAGEMENT PROGRAMS



The ACO develops, implements, and refines programs and care delivery innovations to coordinate care, manage health conditions, and improve the health of its patient population.

AC-4.1: The ACO **collects data** to understand the health needs of its patient population and performs appropriate **risk stratification**.

AC-4.2: The ACO uses the data analysis or risk stratification described in AC-4.1 to **design and implement one or more patient-facing population health management programs** that address areas of need for a defined patient population. The ACO **sets targets for and measures the impact of these programs** to support continuous performance improvement over time.

Assessment Criterion 4: Population Health Management (PHM) Programs

ACOs must provide documentation of one item from each column:



4.1 Data to understand patient needs

- Written narrative describing its approach to **collecting and using data to stratify** its patient population for inclusion in population health management programs



4.2 PHM programs, targets, and metrics for improvement

- Completion of the **Population Health Management Programs and Targets** template

Population Health Management Programs and Targets Template

HPC ACO Certification

Applicant Overview Template 4.2: Population Health Management Programs and Targets

Program Characteristics				
Component ACO (if applicable)	Program/ Priority Area	Specific Intervention(s)	Population Targeted	Number of Patients Served
1	<i>"ED Frequent Flyer" Care Integration Program</i>	<i>Care coordinators embedded in ED to share info with ED clinicians and assist with discharge and transfer</i>	<i>Top 2% of patients by cost or utilization</i>	<i>850</i>

Program Goals, Metrics, and Targets				
Program Goal(s) / Metric(s)	Actual Performance in Recent Measurement Period	Most Recent Measurement Period	Current Target	Measurement Period for Current Target
<i>Reduction in emergency department visits</i>	<i>1% reduction in ED visits relative to CY2018 baseline</i>	<i>CY2019</i>	<i>5% reduction in ED visits relative to CY2018 baseline</i>	<i>CY2020</i>

Program Evolution
Major Programmatic Changes Made in Past Two Years Based on Data Gathered or Targets Missed (if applicable)
<i>Have added a social worker to the care model in CY2020 to facilitate connections to non-medical services</i>

AC-5

WHOLE-PERSON CARE



The ACO recognizes the importance of non-medical factors to overall health outcomes and cost of care and seeks to integrate behavioral health and health-related social supports into its care delivery models.

AC-5.1: The ACO is **advancing the integration of behavioral health care** into primary care settings, with respect to workforce, administration, clinical operations, and/or funding. The ACO also **sets and measures progress on discrete goals** for further increasing integration over time.

AC-5.2: The ACO is also advancing efforts to **understand and address its patients' health-related social needs** through screening and referral relationships with community-based and/or social service organizations. The ACO also sets and **measures progress on discrete goals** for improving the effectiveness of these processes.

Assessment Criterion 5: Whole-Person Care

ACOs must provide documentation of one item from each column:



5.1 Advancement of behavioral health integration

- Completion of the **Behavioral Health Integration (BHI) Progress and Targets** template



5.2 Discrete goals for addressing health-related social needs

- Primary Source Document (or original narrative) documenting **health-related social needs screening processes**, including description of metrics tracked and performance targets

Primary Source Documents could include: copies of screening tools in use or response summaries or results dashboards; memos, presentations, or summaries detailing the ACO's approach to HRSN screening

Behavioral Health Integration Targets and Progress Template

HPC ACO Certification

Applicant Overview Template 5.1 : Behavioral Health Integration Targets and Progress

Brief overview of Applicant's behavioral health integration strategy (max. 150 words)

Component ACO (if applicable)	Priority Area	Types of Support Provided by the ACO	Behavioral Health Integration Goal(s) / Metric(s)
	<i>Co-location</i>	<i>Financial (to design office space) and infrastructure (shared EHR platform)</i>	<i>Proportion of sites with a behavioral health provider on-site</i>
	<i>Information-sharing across settings</i>	<i>Technical assistance to install new IT</i>	

Target for Most Recent Measurement Period	Actual Performance in Recent Measurement Period	Most Recent Measurement Period	Current Target	Measurement Period for Current Target
<i>15% of primary care practice sites have a PsyD on location</i>	<i>18% of primary care practice sites have a PsyD on location</i>	<i>CY2019</i>	<i>20% of primary care practice sites have a PsyD on location</i>	<i>CY2020</i>

Embedding Health Equity into the ACO Certification Standards

The LEAP standards require that ACOs demonstrate an intentional commitment to improving health equity.

- ACOs must show an **intentional activity or initiative to address a Health Inequity** affecting its patient population in any one of the Assessment Criteria domains
- In addition to meeting the requirements of that Assessment Criterion, this response and documentation must describe:
 - 1 The Health Inequity that the activity or initiative is intended to address, including the specific populations impacted by the inequity
 - 2 How the ACO identified the Health Inequity, including any formal or informal data sources used; and
 - 3 What the ACO activity or initiative is and how it aims to address the Health Inequity, including specific goals or targets for improvement

Supplemental information

1 Activities to Promote Health Equity

2 Innovative Care Models

3 Strategies to Control Total Medical Expense Growth

Supplemental Information questions are aimed at:

- Addressing identified gaps in the current evidence base on ACO design, structure, and practices
- Gathering data structured enough to support research and transparency efforts (e.g., publishing ACO Policy Briefs), while providing ACOs the opportunity to elaborate and optionally upload additional supporting documents
- Providing a basis for a return benefit to ACOs in the form of HPC-convened learning opportunities (topical discussions, webinars, publications, etc.)

SI #1 – Activities to Promote Health Equity

Activities to Promote Health Equity

For each of the patient populations served by the ACO, indicate whether the Applicant or a Component ACO has reliable, patient-level data on race, ethnicity, language, and/or disability (either directly collected by the ACO, or collected by participating providers and shared with the ACO):

a. Commercial

- Race
- Ethnicity
- Language
- Disability
- None of the above

b. Medicare

- [Same 5 options as above]*

c. MassHealth

- [Same 5 options as above]*

Does the Applicant or a Component ACO receive individual patient-level data on race, ethnicity, language, and/or disability from a source external to the ACO, such as a payer? If yes, briefly indicate the type(s) of RELD data received and the data source.

- Yes
- No

In which of the following areas, if any, has the ACO taken explicit and intentional steps to promote equity in the ACO's care delivery models or within the ACO? For any response, please provide 3-5 sentences summarizing the ACO's actions.

- Representation on the Governing Body
- Provider/staff training
- Provider/staff recruitment
- Use or development of patient-facing resources or materials
- Quality improvement strategies Telehealth access and/or usability
- Other

SI #2 – Innovative Care Models

Innovative Care Models

Which of the following are components of the digital health strategy being pursued by the ACO or the health system of which the ACO is a part?

- Patient portals
- Virtual visits
- Remote patient monitoring (e.g., wearable devices)
- E-consults between medical specialists and PCPs
- E-consults between BH specialists and PCPs
- Apps supporting care management, wellness, and/or diet and exercise
- Apps supporting diagnostics, telehealth, and/or linking of patients and providers
- Other (please specify)
- None of the above

If the ACO or health system of which the ACO is a part has a strategy to support integration of telehealth into clinical practice, select which of the types of support below are included:

- A common technology platform for providers
- Financial support for providers to purchase and implement a platform
- Dedicated telehealth support staff
- Coordination with third party telehealth providers
- Technical assistance for providers
- Technology support for patients
- Patient outreach to raise awareness of telehealth
- Interpreter services
- Other (please specify)
- No strategy or supports in place

Which of the following non-clinical supports has the ACO incorporated into care or pop health mgmt models?

- Community Health Workers
- Recovery coaches
- Peer supporters (e.g. certified peer specialists)
- Doulas
- Other (please specify)

SI #3 – Strategies to Control Total Medical Expense Growth

Strategies to Control Total Medical Expense Growth

Which of the following have been the **top three** most successful strategies for the ACO in controlling Total Medical Expense growth? For any response, please provide 3-5 sentences summarizing the ACO's actions.

- Investments in primary care and/or behavioral health capacity
- Initiatives to promote high-value patient referrals
- Complex care management or population-specific care management programs
- Strategies to keep appropriate secondary care in community settings
- Initiatives to reduce low-value care
- Reductions in avoidable inpatient or post-acute utilization
- Other (please specify)
- None of the above

What are the **top three** challenges faced by the ACO in controlling TME growth?

- Proliferation of open network insurance products
- Lack of real-time data for managing care
- Inability to identify or track low-value care
- Difficulty translating risk contract incentives into incentives for clinicians
- Price growth for drugs, medical supplies, or other inputs
- Patient preferences for costly providers and/or services
- Prices of providers outside of the ACO
- Administrative complexity or expenses
- Other (please specify)

Confidentiality for ACO Certification Materials

Nonpublic clinical, financial, strategic, or operational documents or information submitted to the HPC in connection with ACO certification have confidentiality protections pursuant to M.G.L. c. 6, § 2A. The HPC may make the information public in de-identified summary form, or when the HPC believes that disclosure is in the public interest.

Information for Public Reporting

Identifying Information

- Applicant name, contact info
- Component ACO(s) name, contact info

PR-1: Governance

- Org chart(s)

PR-2: Risk Contracts

- Name(s) of payer(s) with which Applicant and Component ACOs have risk contract(s)
- Year that each contract began and expires
- Years of risk experience with the payer
- Whether the contract is upside-only or two-sided
- Number of attributed patients per contract

Information for Public Reporting *If the Applicant Consents*

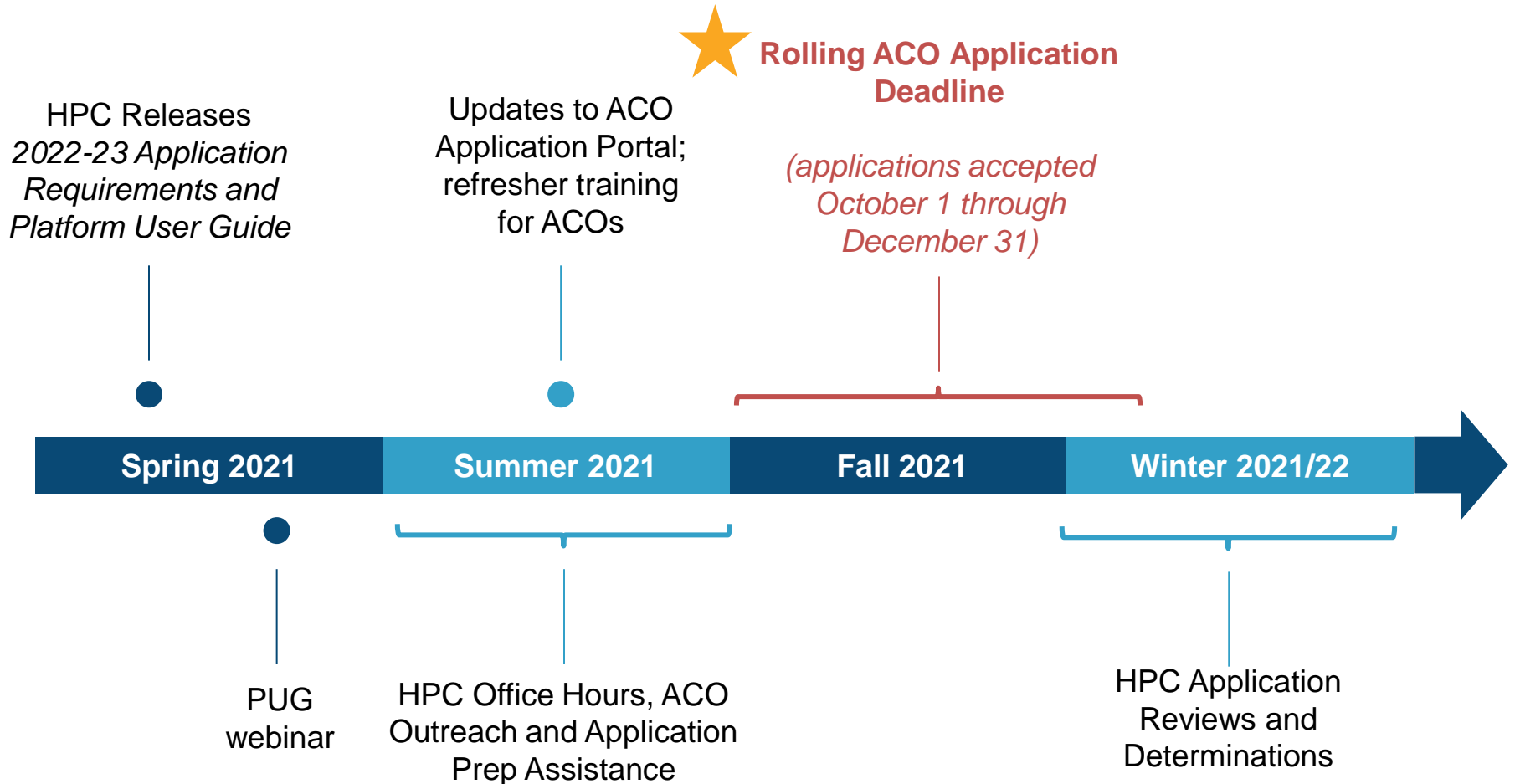
Portions and/or summaries of responses to all other questions



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ACO Certification Timeline



The rolling application deadline will accommodate organizations that find their processes are still impacted by COVID-19 in the second half of 2021.



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Contact Us

Email questions to HPC-Certification@mass.gov

Visit the HPC's ACO Certification Website for up-to-date information: <https://www.mass.gov/service-details/the-hpc-accountable-care-organization-aco-certification-program>

Join us for weekly office hours calls beginning **July 7.**