



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

# HPC ACO Certification Program

*Introductory Webinar*

**3/22/2017**



## **AGENDA**

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

# ACO Certification Program Values

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## Vision of Accountable Care

A health care system that efficiently delivers on the triple aim of better care for individuals, better health for populations, and lower cost through continual improvement through the support of alternative payment.

- 1 **Care should be seamless** and guided by patients and families
- 2 Systems should **use evidence-based guidelines and be mindful of waste** so resources can be distributed to those who need it most
- 3 Support a **pluralism of ACO models** (e.g. community health center-led; primary care physician-led, hospital-led, medical and behavioral health provider partnerships)
- 4 Encourage medical provider-led ACO **to work with other non-medical providers** in the community
- 5 Systems should do no harm, **support safe and effective care**
- 6 Commit to regularly **assess the program** to ensure continuous improvement and market value

# Arc of the ACO Certification Program



## Current market

- Multiple ACO programs in the market
  - Medicare ACOs (i.e., MSSP, Pioneer, Next Gen)
  - Commercial programs (e.g., BCBSMA's AQC)
  - Medicaid ACOs
- General lack of evidence on the relationship between ACO capabilities and outcomes

## First year certification focus

- Build baseline knowledge and transparency around current ACO capabilities
- Articulate standards for ACOs to enable payment reform
- Facilitate learning as a program and across ACOs

## Vision

- Develop evidence on what advances transparency and efficiency in the market
- Move from structural requirements to quality outcomes and cost performance requirements
- Develop model ACO standards

# HPC ACO Certification and the MassHealth ACO Program

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- ACOs seeking to participate in the MassHealth ACO program are **required by MassHealth to obtain HPC certification** by the start of the performance year (12/18/2017)
- Newly formed ACOs seeking to participate in the MassHealth ACO program will be eligible for **“Provisional Certification”** if they can meet certain criteria and demonstrate substantive plans to meet others before ACO program launch
- HPC has collaborated extensively with MassHealth to align components of the certification and bid processes in order to **reduce administrative burden**



**Alignment without unnecessary duplication**

# HPC ACO Certification and DPH DoN Regulations

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## Revised DoN Regulation (105 CMR 100.000)

No person shall be issued a DoN for new construction of ambulatory surgery capacity (on-campus or freestanding) without first becoming or entering into a joint venture with an HPC-certified ACO.



## Current Guidance from HPC and DPH

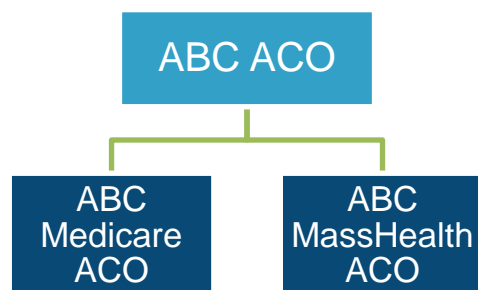
An ACO that is “in process” of obtaining HPC ACO Certification may both submit a DoN application or form a joint venture with a DoN applicant. “In process” is defined as having submitted an application to the HPC. However, no Notice of DoN shall be issued prior to HPC ACO Certification.

# Definition of the Applicant for Certification

## Overview

The Applicant must be the health care provider or provider organization that has **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 is creating a new ACO to contract with MassHealth; it will also be owned and operated by the parent ABC ACO

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



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# Overview of ACO Certification Criteria

## Pre-requisites

**4 pre-reqs.**  
Attestation only

- ✓ Risk-bearing provider organizations (RBPO) certificate, if applicable
- ✓ Any required Material Change Notices (MCNs) filed
- ✓ Anti-trust laws
- ✓ Patient protection

## 1 Assessment Criteria

**6 criteria**  
Sample documents, narrative descriptions

- ✓ Patient-centered, accountable governance structure
- ✓ Participation in quality-based risk contracts
- ✓ Population health management programs
- ✓ Cross-continuum care: coordination with BH, hospital, specialist, and long-term care services

## 2 Required Supplemental Information

**9 criteria**  
Narrative or data  
Not evaluated by HPC but must respond

- ✓ Supports patient-centered primary care
- ✓ Assesses needs and preferences of ACO patient population
- ✓ Develops community-based health programs
- ✓ Supports patient-centered advanced illness care
- ✓ Performs quality, financial analytics and shares with providers
- ✓ Evaluates and seeks to improve patient experiences of care
- ✓ Distributes shared savings or deficit in a transparent manner
- ✓ Commits to advanced health information technology (HIT) integration and adoption
- ✓ Commits to consumer price transparency

## 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, sec. 2A. The HPC may make the information public in de-identified summary form, or when the commission believes that disclosure is in the public interest.

### **Information for Public Reporting**

Applicant name, contact info

Component ACO(s) name, contact info

AC-2: Position of patient/consumer rep within the governance structure;

Description of patient and family advisory committee(s);

Public narrative demonstrating ways the governance structure seeks to be responsive to patient population needs.

AC-4: Name(s) of payer(s) with which Applicant and Component ACOs have quality-based risk contract(s)

### **Information for Public Reporting *If the Applicant Consents***

Portions and/or summaries of responses to all other AC and SI questions

## Pre-requisites

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### 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.

# Assessment Criteria

## Patient-centered, accountable governance structure

- 1 Meaningful participation of ACO participants
- 2 Patient/consumer representation and Patient and Family Advisory Committee (PFAC)
- 3 Responsibility for assessment and improvement of the quality of and access to care

## Quality-based risk contracts

- 4 Demonstration of quality performance in at least one risk-based contract

## Population health management programs

- 5 Risk stratification and program implementation

## Cross-continuum care: coordination with BH, hospital, specialist, and LTSS services

- 6 Effectiveness of collaborations, coordination, and tracking

## AC #1 – Governance Structure

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	The ACO has an identifiable and unique Governing Body with authority to execute the functions of the ACO. The ACO provides for <b>meaningful participation in the composition and control of the Governing Body for its participants</b> or their representatives.	<p>Excerpts of <b>Governing Body by-laws</b> or other authoritative documents that demonstrate the Governing Body's authority to execute the functions of the ACO.</p> <p><b>Organizational chart(s) of the Governance Structure(s)</b>, including Governing Body, executive committees, and executive management.</p> <p><b>Governance Structure key personnel template</b>, including the following identifying information for Governing Body members, executive committee members, and executive management staff: name; title and clinical degree/specialty; role within the Governance Structure</p> <p>Attestation that <b>ACO Participants have at least 75% control of the Governing Body</b></p>

## AC #2 – Patient / Consumer Representation

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	The ACO governance structure is designed to serve the needs of its patient population, including by having <b>at least one patient or consumer advocate within the governance structure and having a patient and family advisory committee.</b>	<p><b>Identify the patient(s) or consumer advocate(s)</b> on the organizational chart(s) and template submitted for AC #1.</p> <p><b>Description of at least one patient and family advisory committee (PFAC)</b> or other group that is composed of patients, families, and/or consumer advocates.</p> <p>If the Applicant intends to use an existing hospital-based Patient and Family Advisory Council (PFAC) to satisfy this requirement, <b>excerpted meeting minutes of most recent PFAC</b> meeting where issues pertaining to the ACO(s) were discussed.</p> <p><b>Publicly available narrative</b> demonstrating one or more ways the Governance Structure(s) seeks to be <b>responsive to the needs of its patient population.</b></p>

## AC #3 – Performance Improvement Activities

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	<p>The ACO <b>Governing Body</b> regularly assesses the access to and quality of care provided by the ACO, in measure domains of <b>access, efficiency, process, outcomes, patient safety, and patient experiences of care</b>, for the ACO <b>overall and for key subpopulations</b> (i.e. medically or socially high needs individuals, vulnerable populations), including measuring any racial or ethnic disparities in care.</p> <p>The ACO has <b>clear mechanisms for implementing strategies to improve its performance</b> and supporting provider <b>adherence to evidence-based guidelines</b>.</p>	<p><b>Narrative of how the Governing Body(ies) assesses performance and sets strategic performance improvement goals</b>, no less frequently than annually.</p> <p><b>Performance dashboard(s)</b> with measure name detail and a description of <b>how often the Governing Body(ies) reviews the dashboard</b> and related strategic goals (at least annually). The dashboard <b>must include at least one measure in each domain</b> (process, efficiency, outcomes, and patient experience) and <b>indicate which measures are stratified by sub-population</b> and by which sub-populations. <b>At least one measure must be stratified by a sub-population.</b></p>

## AC #4 – Quality-based Risk Contract(s)

Domain	Criterion	Documentation requirements
Quality-based risk contracts	<p>The ACO has <b>at least one substantive quality-based risk (up- or downside) contract with a payer.</b></p> <p><b>OR</b></p> <p>The ACO <b>commits to participating in such a contract with MassHealth.</b></p>	<p><b>Provide information regarding the Applicant's experience with risk contracts and/or accountable care programs</b> including: names of program/contract, magnitude of financial risk (up- and downside), duration of participation in each arrangement, number of attributed patients, and participating provider categories (e.g. primary care, specialist, community health center).</p> <p><b>Report ACO-level final quality performance</b> on the measures associated with each up- or downside risk contract for the last two performance years (PY '14 and '15) (if applicable).</p>



## AC #5 – Population Health Management Programs

Domain	Criterion	Documentation requirements
Population health management programs	<p>The ACO routinely <b>stratifies</b> its entire patient population and uses the results to <b>implement programs</b> targeted at <b>improving health outcomes for its highest need patients</b>. At least one program addresses <b>behavioral health</b> and at least one program addresses <b>social determinants of health</b> to reduce health disparities within the ACO population.</p>	<p><b>Description of the Applicant's approach to stratifying its patient population including:</b> frequency (at least annually), factors on which stratification is completed, data sources and methodology, and any differences among subpopulations.</p> <p><b>Description of at least one program operated by the Applicant that addresses BH and at least one program that addresses SDH including:</b> patient targeting, specific intervention and staffing model, target performance metrics, size of program, and linkages to community resources or organizations.</p>

## AC #6 – Cross-continuum Care

Domain	Criterion	Documentation requirements
Cross continuum care	<p>To <b>coordinate care and services</b> across the care continuum, the ACO <b>collaborates</b> with providers <b>outside the ACO</b> as necessary, including:</p> <ul style="list-style-type: none"> <li>- Hospitals</li> <li>- Specialists</li> <li>- Long-term services/supports</li> <li>- Behavioral health providers</li> </ul> <p>Providers and facilities <b>within the ACO</b> collaborate to coordinate care, including <b>following up on tests and referrals across care rendered within the ACO.</b></p>	<p><b>Narrative regarding how the ACO collaborates with each category of clinical partners</b> (hospitals, specialist, long-term services and supports, and behavioral health). Applicants with written collaborative agreements with these entities must provide information on which factors are considered when entering into arrangements. Applicants without such agreements must provide a description of other arrangements or plans to enter into written agreements.</p>

## Supplemental information

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- 1 Supports patient-centered primary care**
- 2 Assesses needs and preferences of ACO patient population**
- 3 Supports community-based health programs**
- 4 Supports patient-centered advanced illness care**
- 5 Performs quality, financial analytics and shares with providers**
- 6 Evaluates and seeks to improve patient experiences of care**
- 7 Distributes shared savings or deficit in a transparent manner**
- 8 Commits to advanced health IT integration and adoption**
- 9 Commits to consumer price transparency**

## SI #1 – Patient-centered Primary Care

Focus	Question	Response format/fields
Patient-centered Primary Care	<p>How does the ACO support patient-centered primary care transformation?</p> <p>Does the ACO have plans to increase PCMH recognition rates? Is the ACO planning to pursue PCMH PRIME certification?</p>	<p>Does the Applicant and/or its Component ACOs:</p> <ul style="list-style-type: none"> <li>- Include NCQA Recognized PCMH practices? <ul style="list-style-type: none"> <li>- If Yes, what % of practices are recognized</li> </ul> </li> <li>- Include non-NCQA recognized PCMH practices? <ul style="list-style-type: none"> <li>- If Yes, what % of practices are recognized</li> <li>- If Yes, what organizations <ul style="list-style-type: none"> <li>- Joint Commission, URAC, AAAHC, Other</li> </ul> </li> </ul> </li> <li>- Include practices working toward HPC's PCMH PRIME Certification? <ul style="list-style-type: none"> <li>- If Yes, describe the practices and their status/progress toward PCMH PRIME Certification</li> </ul> </li> <li>- Support PCMHs with <ul style="list-style-type: none"> <li>- Financial support/payments to practices</li> <li>- TA to practices</li> <li>- Infrastructure (e.g. EHR)</li> </ul> </li> </ul> <p>Provide a brief description of any other ways the Applicant and/or its Component ACOs support the delivery of patient-centered primary care.</p>

## SI #2 – Assessment of Needs and Preferences of ACO Patient Population

Focus	Question	Response format/fields
Needs and Preferences of ACO Patient Population	How does the ACO assess the needs and preferences of its patient population with regard to race, ethnicity, language, culture, literacy, gender identity, sexual orientation, income, housing status, food insecurity history, and other characteristics?	<p>Does the Applicant and/or its Component ACOs:</p> <ul style="list-style-type: none"> <li>- Assess patient population on the following <ul style="list-style-type: none"> <li>- Race</li> <li>- Ethnicity</li> <li>- Language</li> <li>- Culture</li> <li>- Education</li> <li>- Gender identity</li> <li>- Sexual orientation</li> <li>- Income</li> <li>- Housing status</li> <li>- Access to transportation</li> <li>- Literacy</li> <li>- History of abuse/trauma</li> <li>- Food insecurity</li> <li>- Other</li> </ul> </li> <li>- Use a standard assessment tool to gather these data? <ul style="list-style-type: none"> <li>- If yes, commercial tool or proprietary?</li> <li>- If no, what method is used?</li> </ul> </li> </ul>
	How does the ACO use this information to inform its operations and care delivery to patients?	<ul style="list-style-type: none"> <li>- Utilize these data to inform operations and care delivery? <ul style="list-style-type: none"> <li>- If yes, brief narrative of how</li> <li>- If no, list key barriers/reasons</li> </ul> </li> <li>- Align and benchmark patient panel-specific data elements in comparison to broader population health data elements from community health needs assessments? <ul style="list-style-type: none"> <li>- If yes, brief narrative of how</li> <li>- If no, list key barriers/reasons</li> </ul> </li> </ul>

## SI #3 – Community-based Health Policies and Programs

Focus	Question	Response format/fields
Community-based Health Programs	How does the ACO use the information gathered in SI-2 above to develop and support community-based policies and programs aimed at addressing social determinants of health to reduce health disparities within the ACO population?	<p>Briefly describe how the Applicant and/or its Component ACOs use the information gathered in SI-2 to develop and support community-based policies and programs aimed at addressing Social Determinants of Health to reduce health disparities within the ACO population.</p> <p>To address health disparities and SDH, the Applicant and/or its Component ACOs:</p> <ul style="list-style-type: none"><li>- Fund/invest in existing community-based programs that address the impacts of SDH</li><li>- Run programs in collaboration with organizations in the community to address the impacts of SDH</li><li>- In collaboration with community partners, support policy and/or environmental changes that address SDH</li><li>- Other (please specify)</li><li>- None of the above</li></ul>

## SI #4 – Patient-centered Advanced Illness Care

Focus	Question	Response format/fields
Patient-centered Advance Illness Care	<p>To what extent has the ACO established processes and protocols for identifying, counseling, and planning for advanced illness care?</p> <p>To what extent has the ACO established collaborations with providers/facilities focused on advanced illness care?</p>	<p>Does the Applicant and/or its Component ACOs:</p> <ul style="list-style-type: none"> <li>- Have a process to identify patients for advanced illness and palliative care?</li> <li>- Have standard processes for advance care planning (including advanced directives and designating a healthcare proxy) or policies for ACO Participants such as documenting goals of care and preferences for care at end of life? <ul style="list-style-type: none"> <li>- If yes, how are ACO Participants trained or supported in developing advance care plans?</li> </ul> </li> <li>- Have advance care plans included in EHR(s)? <ul style="list-style-type: none"> <li>- If yes, is the plan accessible to all team members?</li> <li>- If yes, if a patient is missing an advance care plan, is there a reminder or flag for rendering provider?</li> </ul> </li> <li>- Have written agreements with providers trained in advanced illness, palliative and hospice care that are: <ul style="list-style-type: none"> <li>- ACO Participants</li> <li>- Not ACO Participants</li> <li>- No written agreement(s) <ul style="list-style-type: none"> <li>- If “no written agreement,” provide a brief narrative describing the nature of other arrangement(s)</li> </ul> </li> </ul> </li> </ul>

## SI #5 – Quality and Financial Analytics

Focus	Question	Response format/fields
Quality and Financial Analytics		Describe the Applicant's and/or its Component ACOs' process for disseminating reports to providers, in aggregate and at the practice level.
	How does the ACO conduct performance analyses, including measure domains of access, efficiency, process, outcomes, and patient safety?	Does the Applicant and/or its Component ACOs perform the following types of analyses: <ul style="list-style-type: none"> <li>- Efficiency</li> <li>- Quality outcomes</li> <li>- Quality process</li> <li>- Access</li> </ul>
	Does the ACO generate its own reports, collaborate with a vendor, or rely on payer reports?	For reporting, the Applicant and/or its Component ACOs: <ul style="list-style-type: none"> <li>- Develop their own reports</li> <li>- Use payer reports</li> <li>- Collaborate with vendor for reporting</li> </ul>
	What process does the ACO have to disseminate reports to providers, in aggregate and at the practice level?	Does the Applicant and/or its Component ACOs disseminate reports to providers? <p>What types of measures used for quality performance:</p> <ul style="list-style-type: none"> <li>- Claims-based process measures</li> <li>- Clinical health outcomes that require clinical data</li> <li>- Patient surveys</li> <li>- Patient reported outcome measures (PROMs) <ul style="list-style-type: none"> <li>- If so, provide list of measures used</li> </ul> </li> </ul>



## SI #6 – Patient Experience of Care

Focus	Question	Response format/fields
Patient Experience of Care	How does the ACO evaluate and use patient and family experience on access, communication, and coordination?	Describe how the Applicant and/or its Component ACOs use patient experience survey results to improve patient and family experience.
	What survey tool does the ACO employ? What is the frequency of such evaluation?	Does the Applicant and/or its Component ACOs utilize one or more of the following survey tools to assess patient and family experience? <ul style="list-style-type: none"> <li>- Press Ganey</li> <li>- CAHPS (C/G, PCMH)</li> <li>- Proprietary tool</li> <li>- Other</li> </ul>
	How does the ACO develop plans, based on evaluation results, to improve patient and family experience?	How frequently does the Applicant and/or its Component ACOs employ field survey tool(s)? <ul style="list-style-type: none"> <li>- Annually</li> <li>- Quarterly</li> <li>- Monthly</li> <li>- Other</li> </ul>

## SI #7 – Distribution of Shared Savings or Deficit

Focus	Question	Response format/fields
Distribution of Shared Savings or Deficit	<p>How does the ACO distribute funds among participating providers? What is the process for making distribution and/or reinvestment decisions? Please include methodology(ies) used.</p> <p>How does the ACO take into consideration quality, cost, and patient satisfaction data when developing its methodology?</p>	<p>Describe how the Applicant and/or its Component ACOs distribute funds and/or reinvests, including indicating the ACO Participants and any other providers who may be included in the distribution.</p> <p>Does the Applicant and/or its Component ACOs consider the following when developing distribution methodology:</p> <ul style="list-style-type: none"> <li>- Quality</li> <li>- Cost</li> <li>- Efficiency</li> <li>- Patient satisfaction data</li> <li>- Adoption of HIT</li> <li>- Other</li> </ul> <p>Briefly describe how each of the factors checked above is used in the distribution methodology.</p>

## SI #8 – Advanced Health Information Technology

Focus	Question	Response format/fields
Advanced Health Information Technology	<p>What is the ACO providers' connection rate to the Mass Hiway?</p> <p>What is the ACO's plan to increase adoption and integration rates of certified EHRs and connection rates to the Mass Hiway?</p> <p>What are the ACO's plans and timelines to increase the current capacity for interoperability and real-time event notification between entities within and outside the ACO?</p>	<p>Current connection rate of ACO Participants to Mass Hiway.</p> <p>Percent of ACO Participants capable of interacting with interoperable EHRs, including real-time notification.</p> <p>Percent of health care providers who are not ACO Participants with which interoperability and real-time event notification is possible.</p> <p>Does the Applicant and/or its Component ACOs have specific plans to increase rates of:</p> <ul style="list-style-type: none"> <li>- Connection to Mass Hiway</li> <li>- Adoption and integration of certified EHRs</li> <li>- Interoperability and real-time event notification</li> <li>- Patient access to HER</li> <li>- Decision support tools embedded within the EHR</li> </ul> <p>If yes to any of above, briefly describe the plan</p> <p>Types of providers with whom Applicant and/or its Component ACOs have prioritized rate increase</p> <ul style="list-style-type: none"> <li>- PCPs</li> <li>- Community-based orgs</li> <li>- SCPs</li> <li>- SNFs, long-term care orgs</li> </ul>

## SI #9 – Consumer Price Transparency

Focus	Question	Response format/fields
Consumer Price Transparency	How does the ACO encourage its participating providers to make price information available to consumers as required under state law and regulations?	<p>Does the Applicant and/or its Component ACOs:</p> <ul style="list-style-type: none"> <li>- Have written policies and procedures for ACO Participants to, at the request of a patient, disclose the allowed amount or charge of an admission, procedure, or service within two working days? <ul style="list-style-type: none"> <li>- If yes, provide a brief narrative description of such policies and procedures</li> <li>- If no, brief narrative description of challenges/barriers or other rationale for not doing so</li> </ul> </li> <li>- Support patients to obtain information on the costs they may incur for services rendered by ACO Participants: <ul style="list-style-type: none"> <li>- From its own processes</li> <li>- From insurers</li> <li>- In other ways</li> <li>- If yes to any of above, briefly describe how</li> </ul> </li> </ul>



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## Process Overview and Timeline

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*April 27, 2016 – HPC Board approved final ACO Certification Criteria*

*May 2016 – March 2017 – HPC developed detailed requirements and application system*

**March 2017 – June 2017** – Beta Launch for application system testing

**Mid-June 2017 (TBD)** – Application system open for all Applicants

**October 1, 2017** – Application submission deadline for MassHealth ACOs

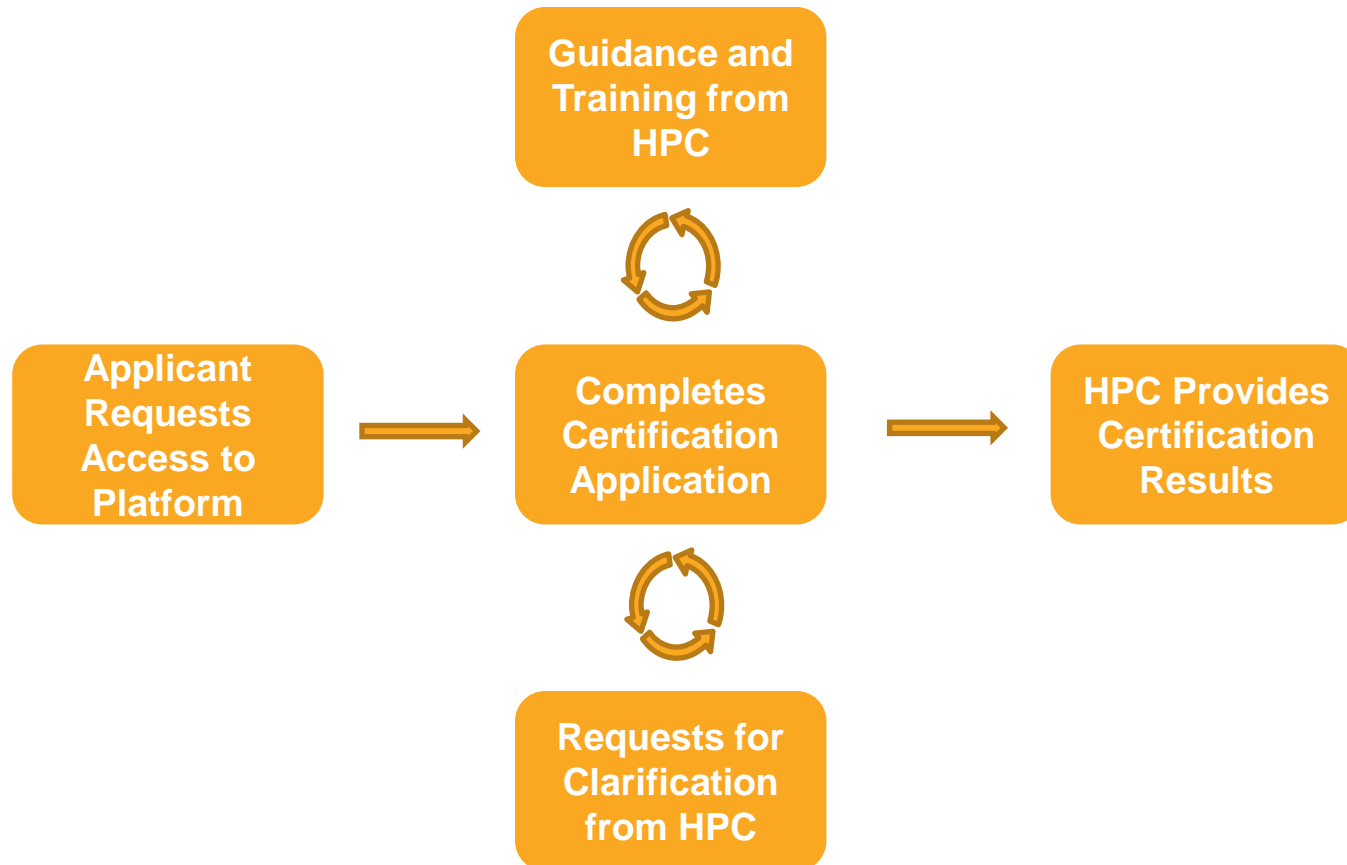
**Rolling to December 1, 2017** – HPC issues certification decisions

*HPC expects to issue decisions within 60 days of application receipt*

*Certification decisions are valid for 2 years*

## Certification Application Platform

- Applicants submit ACO Certification applications via a secure platform
- Provides for communication between applicants and the HPC (e.g. content questions, technical issues, certification decision)



# ACO Certification Application Process Overview

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- 1 Complete and submit the online Intent to Apply (ITA) form:  
[HPC - ACO Certification Intent to Apply Link](#)
- 2 Complete the required downloads for the OnBase application system, receive ITA approval and credentials via email, log into OnBase
- 3 Complete and submit the ACO Certification application (all Pre-requisites, Assessment Criteria, Supplemental Information questions, Confidentiality questions, and Final Signature) in OnBase

## *What is OnBase?*

- OnBase is a document management software program selected by the HPC to deliver the ACO Certification application
- OnBase is licensed by the Commonwealth of MA IT department, and used by a variety of state agencies for various purposes
- The HPC has worked to configure OnBase specifically for the ACO Certification program, within the system limitations



# Preview of Intent to Apply Form

## Massachusetts Health Policy Commission ACO Certification Program



### Intent to Apply

An Applicant for ACO Certification must complete the form below to begin the application process. After submitting this form, the Primary Application Contact and any Additional Users request

Please note: the health care provider or provider organization applying for certification (the Applicant) must have common ownership or control of any and all corporately affiliated contracting Application Requirements and Platform User Guide (PUG) for further guidance and important information for Applicants.

### Applicant Information

Has the Applicant previously submitted an Intent to Apply form for ACO Certification and been given an ACO ID? If yes, check the "Have ACO ID" checkbox and enter the ACO ID below.

☐ Have ACO ID

Did the Applicant (inclusive of its Component ACO(s)) submit a response to participate in the MassHealth ACO Program?

Please select one then click the Tab key: \*

☐ Yes, seeks to participate in the MassHealth ACO Program

☐ No, does not seek to participate in the MassHealth ACO Program

### Applicant Contact Information

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

Applicant Legal Name (d/b/a) \*

Applicant Address \*

Applicant Contact Prefix

Applicant Contact First Name

# Preview of ACO Certification Application Platform

- If HPC approves the ITA, ACO users will receive log-in credentials for OnBase



OnBase (MassITUT1\_AE\_Disabled)

Home Workflow Document Queue Administration

Change Layout Close This Layout Secondary Viewer Primary Viewer Refresh Apply Filter Auto Work Override Auto-feed Route Item Take Ownership Release Ownership Execute Script Task Submit Create Review Copy Withdraw Request Information

Life Cycles

Search...

- SYS - Initial Receipt (0)
- SYS - Evaluation (0)
- HPC - Exception Handling (0)
- HPC - LOI Review (0)
- ACO - Application Process (3)**
- HPC - Completeness Check (0)
- HPC - Initial Review (0)

box

Name	Entry Date
HPC - Application for ACO Certification for CYR ACO-02 App#: 3/13/2017	3/13/2017

CO - Application Process 3 Items

Related Items

Display Template Filter Tasks

Execute Script Task

on Name

HPC - Letter of Intent Form for CYR ACO-02 App# [3] HPC - AC-1 Governance Structure Template fo

No Template 5 Items

## Application for ACO Certification

ACO Applicant Info and Pre-requisites

AC-1: Governance Structure AC-2: Patient/Consumer Representation

AC-3: Performance Improvement Activities AC-4: Quality-based Risk Contract(s) AC-5: Population Health Management Programs

AC-6: Cross-continuum Care SI-1: Patient-centered Primary Care SI-2: Needs and Preferences of ACO Patient Population

SI-3 Community-based Health Programs SI-4 Patient-centered Advanced Illness Care SI-5 Quality and Financial Analytics

SI-6 Patient Experience of Care SI-7 Distribution of Shared Savings or Deficit SI-8 Advanced Health Information Technology (HIT)

SI-9 Consumer Price Transparency Confidentiality Final Signature

Welcome to the ACO Certification Application. Please review the information below, pre-populated from your Intent to Apply submission.

To access the remainder of the application, please complete the Pre-requisite Attestations below. Additional application tabs will appear once you have completed the pre-requisites and saved the form below.

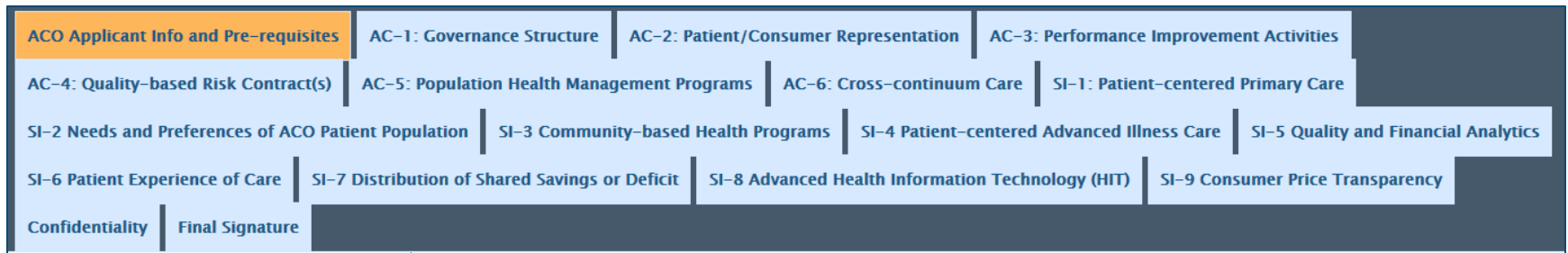
### Applicant Information

ACO ID	CYRA97	ACO Application #	97
ACO Type	PROVISIONAL	ACO Application Status	PENDING APPLICATION COMPLETION

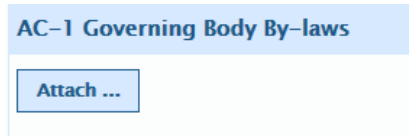
Did the Applicant (inclusive of its Component ACO(s)) submit a response to participate in the MassHealth ACO Program?

☒ Yes, we seek to participate in the MassHealth ACO Program

# Overview of Completing the Certification Application



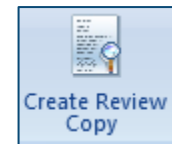
- Navigate to each section of the application via the tabs at the top of the page
- Complete the application questions and/or attach files required/desired



- Use “Save” button at the bottom of each page to save to work as you go along



- Use the “Create Review Copy” button to generate a PDF of your entire application. Can be saved and/or printed for review by others.



- When complete, use “Submit” button to submit application to the HPC for review.



## **AGENDA**

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

## Contact Us

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Email questions to [HPC-Certification@state.ma.us](mailto:HPC-Certification@state.ma.us)