



MASSACHUSETTS
HEALTH POLICY COMMISSION

HPC ACO Certification Program

2019 Application Requirements Overview Webinar

6/27/2019



AGENDA

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

HPC ACO Certification aims to promote ongoing transformation and improvement over time

Current market

- Multiple ACO programs in the market
 - Medicare ACOs (i.e., MSSP, Next Gen)
 - Commercial programs (e.g., BCBSMA's AQC)
 - MassHealth ACOs
- Evidence on the relationship between ACO capabilities and outcomes is still developing

Initial focus of HPC ACO Certification

- Create a set of **multi-payer standards** for ACOs to enable care delivery transformation and payment reform
- Build **knowledge and transparency** about ACO approaches
- Facilitate **learning** across the care delivery system
- Align with and complement **other standards and requirements** in the market, including MassHealth, Health Connector, and Dept of Public Health (DPH) requirements

Vision for Future Certification

- Develop the **evidence base** on how ACOs achieve improvements in quality, cost, and patient experience
- Move certification standards from structural/process requirements to **quality outcomes and cost performance requirements**
- Encourage additional payers and purchasers to adopt certification standards

HPC ACO Certification Linkages to Other State Initiatives



MassHealth ACO Program

ACOs participating in the MassHealth ACO program are required by MassHealth to achieve and maintain HPC certification. HPC collaborates with MassHealth to ensure that certification standards align with MassHealth ACO requirements, and to minimize reporting burden where feasible.

Health Connector Approach

Under the 2020 Seal of Approval process, the Health Connector is allowing plans to deviate from standardized designs by reducing enrollee costs for select high-value providers.



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.

HPC ACO Certification Program Activities 2017-2019



**18 Certified
Accountable Care
Organizations**

**~2.86 million
patients across the
Commonwealth**

Reported on ACO activities

1 webinar on serious
illness care

3 policy briefs

Offered new opportunities

1 TA program: **adviseRx**

1 upcoming investment
program: **MassUP**

ACO Certification Reporting

An Introduction to ACOs in Massachusetts

APRIL 2018

ACO POLICY BRIEF

Transforming Care: An Introduction to Accountable Care Organizations in Massachusetts



Provides background information and highlights key facts about the certified ACOs, such as:

- The certified ACOs hold more than 65 commercial risk contracts, 17 MassHealth risk contracts, and 11 Medicare risk contracts.
- Over 80% of ACOs have at least one hospital as an ACO participant.

How ACOs in MA Manage Population Health

SEPTEMBER 2018

ACO POLICY BRIEF

Transforming Care: How ACOs in Massachusetts Manage Population Health



Describes activities performed by the HPC-certified ACOs related to:

- Risk stratification
- Assessment of patient needs and preferences
- Population health management programs that address behavioral health and the social determinants of health

Risk Contracts and Performance Management

JUNE 2019

ACO POLICY BRIEF

Transforming Care: Risk Contracts and Performance Management Approaches of Massachusetts ACOs



Describes ACO approaches to risk contracting and performance management, including:

- Number of quality measures in use
- Generation of performance reports for providers
- Factors considered in the distribution of shared savings

Profiles of the 2017-2019 HPC-certified ACOs

HEALTH POLICY COMMISSION
ACO CERTIFICATION PROGRAM
**ACCOUNTABLE CARE
ORGANIZATIONS
IN MASSACHUSETTS:
PROFILES OF THE 2017-2019
HPC-CERTIFIED ACOs**

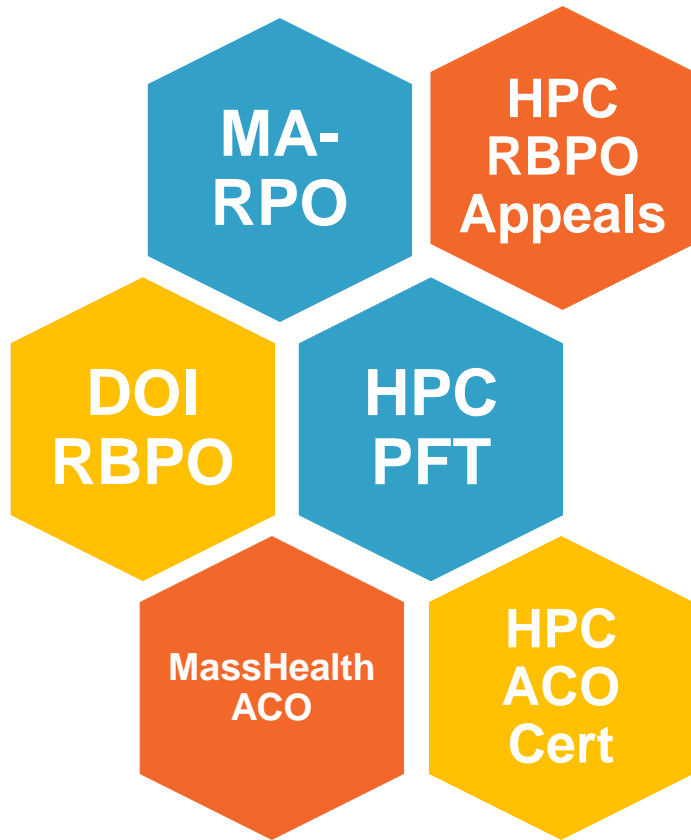
Provides a snapshot of the ACOs using information from ACO Certification and other public data (e.g., from the Registration of Provider Organizations program), including key facts about:

- Payers with whom the ACO has risk contracts;
- Where in the Commonwealth the ACO provides care; and
- The ACO's approximate patient count.

Summary of Key Changes in the 2019 ACO Certification Requirements and Platform User Guide (PUG)

PUG Element	Changes for 2019
Applicant / Component ACOs	*Clarification* Applicant has partial or complete common ownership or control of all contracting entities; all Component ACOs must be included in the application
Intent to Apply / Pre-Req. Attestations	1 Substantive, Quality-based Risk Contract
Information for Public Reporting	ACO Participants; year each risk contract begins/ends, # of attributed patients, whether contract takes downside risk; Org chart of Governance Structure
Background Information	*New Section* Optional ACO Participants upload; Risk Contract Information template
Assessment Criteria	Quality-Based Risk Contracts questions moved to Background Information and pre-requisites; no other changes
Supplemental Information	Three question domains (down from nine in 2017)

HPC Commitment to Reduce Administrative Complexity



The HPC has committed that:

**Over the next 12-18 months,
HPC will convene staff from related
programs to identify opportunities for
administrative simplification and enhanced
alignment and develop a plan for
implementation**

Attestation to Previous Assessment Criteria Responses

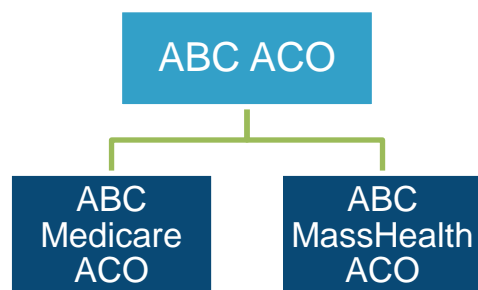
- Applicant may **attest** that Assessment Criteria (AC) responses in its previous ACO Certification application:
 - Remain **fully accurate and applicable**
 - Provide a **complete representation** of the Applicant's and/or Component ACO(s)'s current approach
- When an ACO attests to an AC element that contains radio buttons or text boxes, **HPC staff will update those fields** to reflect the responses from the ACO's prior application
- When an ACO attests to an AC element that calls for documents to be uploaded, the **ACO is responsible for uploading the relevant documents** from its prior application. *(Documents from the prior application will be available for download through the ACO submission platform.)*

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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Overview of 2019 ACO Certification Criteria

Pre-requisites

5 pre-reqs.
Attestation only

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

1 Background Information

2 required criteria
Risk contracts
template, quality
reporting

- ✓ ACO Participants – primary care and hospital (*optional*)
- ✓ Risk contract information
- ✓ Risk contract performance

2 Assessment Criteria

5 criteria
Sample documents,
narrative
descriptions

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

NEW
Attestation Option

3 Required Supplemental Information

3 criteria
Narrative or data
Not evaluated by
HPC but must
respond

- ✓ Distributes shared savings or deficit in a transparent manner
- ✓ Addresses low-value care delivery
- ✓ Supports patient-centered primary care and behavioral health integration

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 **Substantive, Quality-based Risk Contract** with a public or private payer in the Commonwealth.

Background Information: ACO Participants and Risk Contracts

ACO Participants - *Optional*

Optional responses:

- List of participating primary care practices (site level) and hospitals
- Narrative of any differences between the providers that participate in each risk contract



HPC will reference MA-RPO program data if the Applicant chooses not to provide this information. HPC may ask the Applicant to review its MA-RPO data

Risk Contracts and Performance

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

Background Information: Risk Contract Information Template

HPC ACO Certification					
Applicant Overview Template 1: Risk Contracts					
Applicant:					
Component ACO (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
Medicare	Next Generation ACO	Fully-insured	8	2016; 2018	20,000
		Self-insured			
		Both			

Financial Risk Terms						Payment methodology	Description of quality incentives in the payment model
Full or partial risk contract?	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		
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)
Full risk	Upside only					Prospective capitation	
						Partial prospective capitation (e.g. for primary care)	

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

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 meaningful participation in the composition and control of the Governing Body for its participants or their representatives.	<p>Excerpts of Governing Body by-laws or other authoritative documents that demonstrate the Governing Body's authority to execute the functions of the ACO.</p> <p>Organizational chart(s) of the Governance Structure(s), including Governing Body, executive committees, and executive management.</p> <p>Governance Structure key personnel template, 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 ACO Participants have at least 75% control of the Governing Body</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 at least one patient or consumer advocate within the governance structure and having a patient and family advisory committee.	<p>Identify the patient(s) or consumer advocate(s) on the organizational chart(s) and template submitted for AC #1.</p> <p>Description of at least one patient and family advisory committee (PFAC) 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, excerpted meeting minutes of most recent PFAC meeting where issues pertaining to the ACO(s) were discussed.</p> <p>Publicly available narrative demonstrating one or more ways the Governance Structure(s) seeks to be responsive to the needs of its patient population.</p>

AC #3 – Performance Improvement Activities

Domain	Criterion	Documentation requirements
Patient-centered, accountable governance structure	<p>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.</p> <p>The ACO has clear mechanisms for implementing strategies to improve its performance and supporting provider adherence to evidence-based guidelines.</p>	<p>Narrative of how the Governing Body(ies) assesses performance and sets strategic performance improvement goals, no less frequently than annually.</p> <p>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 must include at least one measure in each domain (process, efficiency, outcomes, and patient experience) and indicate which measures are stratified by sub-population and by which sub-populations. At least one measure must be stratified by a sub-population.</p>

AC #4 – Population Health Management Programs

Domain	Criterion	Documentation requirements
Population health management programs	<p>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 to reduce health disparities within the ACO population.</p>	<p>Description of the Applicant's approach to stratifying its patient population including: frequency (at least annually), factors on which stratification is completed, data sources and methodology, and any differences among subpopulations.</p> <p>Description of at least one program operated by the Applicant that addresses BH and at least one program that addresses SDH including: patient targeting, specific intervention and staffing model, target performance metrics, size of program, and linkages to community resources or organizations.</p>

AC #5 – Cross-continuum Care

Domain	Criterion	Documentation requirements
Cross continuum care	<p>To coordinate care and services across the care continuum, the ACO collaborates with providers outside the ACO as necessary, including:</p> <ul style="list-style-type: none"> - Hospitals - Specialists - Long-term services/supports - Behavioral health providers <p>Providers and facilities within the ACO collaborate to coordinate care, including following up on tests and referrals across care rendered within the ACO.</p>	<p>Lists of providers included in the ACO or with whom the ACO has written agreements (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

- 1 Distribution of shared savings and performance-based compensation
- 2 High-value care
- 3 Advanced primary care and behavioral health integration

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 – Distribution of shared savings and performance-based compensation

Focus	Question	Response format/fields
Distribution of shared savings and performance-based compensation	<p>Does the ACO distribute shared savings or losses under risk-based contracts?</p> <p>Do ACO Participants use performance-based provider compensation models? How are quality, cost, and patient experience data considered?</p>	<p>Does the Applicant and/or its Component ACOs distribute shared savings or losses under risk-based contracts among participating providers?</p> <ul style="list-style-type: none"> - No distribution of shared savings or losses - Distribution, but not based on performance (e.g., based on panel size or other volume metrics) - <i>describe</i> - Distribution based on performance <ul style="list-style-type: none"> - If distribution is based on performance, which of the following best describes the level at which performance is considered? <ul style="list-style-type: none"> - Individual clinicians - Practice - PO, PHO, IPA - Other risk unit <p>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?</p> <ul style="list-style-type: none"> - No requirement or incentives - Requirement to use performance-based models - Other incentives to use performance-based models – <i>describe</i>

SI #1 – Distribution of shared savings and performance-based compensation (cont.)

Focus	Question	Response format/fields
Distribution of shared savings and performance-based compensation	<p>Does the ACO distribute shared savings or losses under risk-based contracts?</p> <p>Do ACO Participants use performance-based provider compensation models? How are quality, cost, and patient experience data considered?</p>	<p>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?</p> <ul style="list-style-type: none"> - Quality - Cost trend - Patient experience data - Citizenship - Absolute or relative cost - Efficiency - Structural or process factors - Other – <i>describe</i> - None of the above <p>- 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 is considered</p> <p>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 is performance-based?</p> <ul style="list-style-type: none"> - 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

SI #2 – High-value care

Focus	Question	Response format/fields
High-value care	How does the ACO promote use of high-value care and services, encourage appropriate prescribing, and facilitate appropriate care transitions?	<p>Has the Applicant and/or its Component ACOs developed strategies to address unnecessary utilization in any areas of low-value care:</p> <ul style="list-style-type: none"> - Screenings - Procedures - Prescribing - Pre-op services - Imaging - Other - <i>describe</i> - None of the above <p>For each area selected, briefly describe the strategy used and whether strategies differ by Component ACO.</p> <p>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?</p> <ul style="list-style-type: none"> - Facilitating information sharing across settings - Developing a preferred network of post-acute providers - Dedicated staff - Mobile patient monitoring - Joint care protocols between acute and post-acute providers - Other – <i>describe</i> - None of the above

SI #3 – Advanced primary care and behavioral health integration

Focus	Question	Response format/fields
Advanced primary care and behavioral health integration	<p>Does the ACO have a strategy to increase and provide support for access to advanced primary care and integrated behavioral health care?</p> <p>If so, what do those strategies include?</p>	<p>Which of the following best describes the Applicant's and/or its Component ACOs' approach to <i>[supporting the development and maintenance of advanced primary care capabilities among its ACO Participant primary care providers / increasing and sustaining access to integrated behavioral health care in primary care settings]</i> ?</p> <ul style="list-style-type: none"> - The ACO has a strategy - The health system of which the ACO is a part has a strategy - ACO primary care providers may pursue, but no specific ACO or system strategy - 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 <ul style="list-style-type: none"> - Financial - Infrastructure - Technical Assistance - Other - <i>describe</i>

SI #3 – Advanced primary care and behavioral health integration (cont.)

Focus	Question	Response format/fields
Advanced primary care and behavioral health integration	<p>Does the ACO have a strategy to increase and provide support for access to advanced primary care and integrated behavioral health care?</p> <p>If so, what do those strategies include?</p>	<p>Considering the SAMHSA-AHRQ Six Levels of Integration framework, fill in the approximate percent of ACO Participant primary care practices that correspond to each level.</p> <ul style="list-style-type: none"> - Briefly describe how you determined or estimated these percentages (e.g., data based on practice surveys, direct inquiries, or another methodology). <p>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? (Y/N)</p> <ul style="list-style-type: none"> - If Yes, provide a brief written description <p>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? (Y/N)</p> <ul style="list-style-type: none"> - If Yes, provide a brief written description

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

Background Information

- Applicant name, contact info
- Component ACO(s) name, contact info
- Name(s) of payer(s) with which Applicant and Component ACOs have quality-based risk contract(s); year that each contract began and expires; whether the contract is upside-only or two-sided; and number of attributed patients per contract

AC-1

- Org chart(s) and position of patient/consumer rep within the governance structure;

AC-2

- Description of patient and family advisory committee(s);
- Public narrative demonstrating ways the governance structure seeks to be responsive to patient population needs.

Information for Public Reporting *If the Applicant Consents*

Portions and/or summaries of responses to all other questions



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- **Process and Timeline**
- Q&A

2019 HPC ACO Certification Application Process Timeline



June

- Early June: Share final PUG w/ ACOs
- Late June: Criteria training webinar

July

- Mid July: weekly office hours begin

August

- OnBase application platform complete
- Application platform training sessions

September

- Open application platform

October

- October 1: applications due
- HPC review process begins - completeness check

November

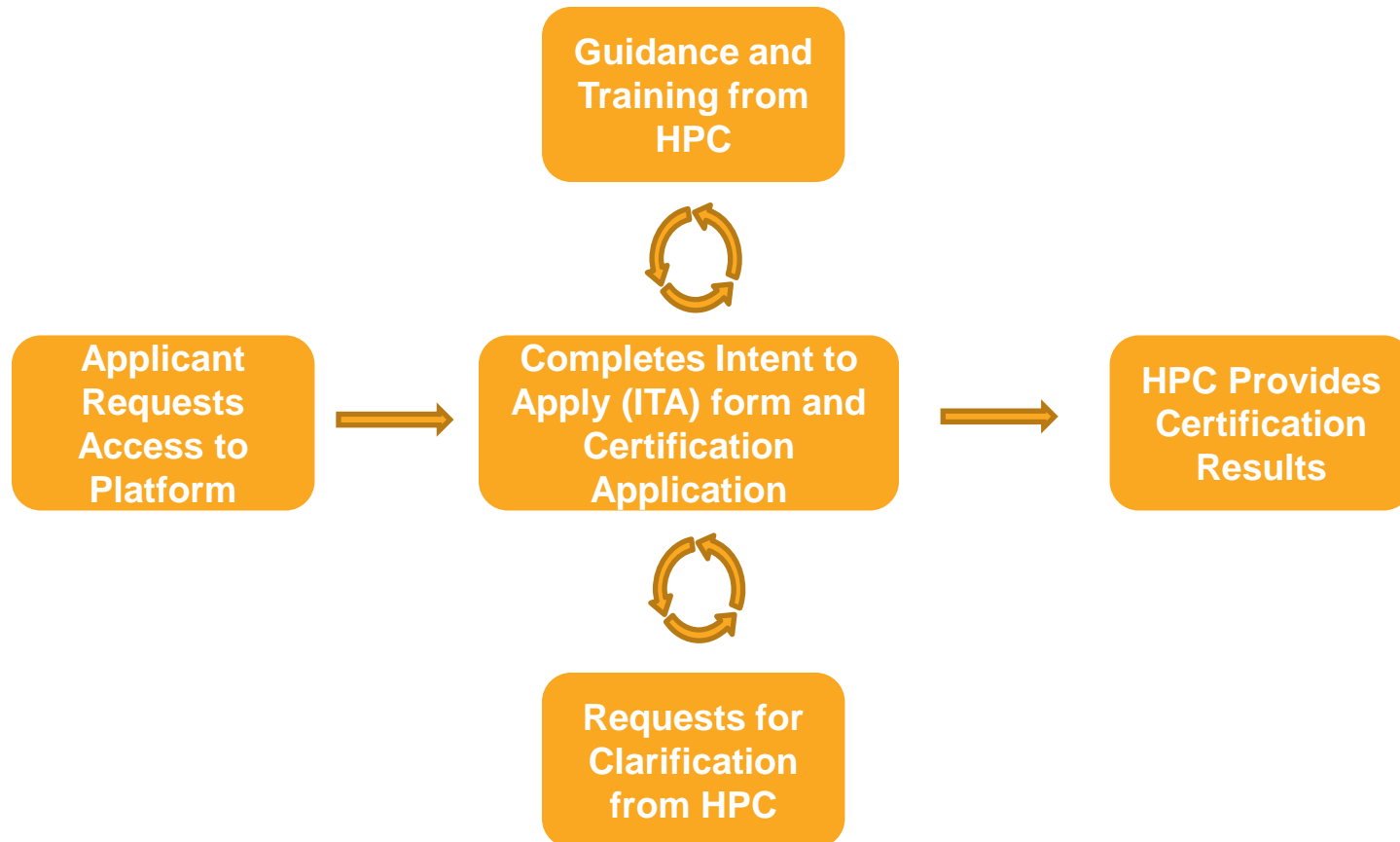
- HPC review process continues, outreach to ACOs for revisions, etc.

December

- Mid to late December: Announce/notify ACOs of certification decisions

ACO Certification Application Platform

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



Preview of ACO Certification Application Platform – Account Creation

Massachusetts Health
Policy Commission (HPC)



Create Account

E-mail address*

Password*

Verify Password *

First Name*

Last Name*

Work Phone*

Organization Name*



Enter the characters.*

Submit

Preview of ACO Certification Application Platform – Home Screen

Massachusetts Health Policy Commission (HPC)

Intent to Apply ACO Application Access 2017 Documents Super User Portal Settings User Settings Contact Us Logout

Form Completion

FORM NUMBER	TYPE	ORGANIZATION NAME	YEAR	STATUS
No Results				

Items: 0

Awaiting HPC Review

FORM NUMBER	TYPE	ORGANIZATION NAME	YEAR	STATUS
No Results				

Items: 0

Reviewed By HPC

FORM NUMBER	TYPE	ORGANIZATION NAME	YEAR	STATUS
33	Form	ACO Name		Approved

Tabs for ITA, Application, and Access to 2017 Application Uploads

Status tracker

Preview of ACO Certification Application Platform – Intent to Apply Form

Intent To Apply Form

Massachusetts Health Policy Commission ACO Certification: Intent To Apply Form



INTENT TO APPLY FORM

An Applicant for ACO Certification must complete the form below to begin the application process. After submitting this form, the Primary Application Contact will receive instructions for completion. 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 contracts on behalf of one or more health care providers (Component ACOs). Please see the 2019 ACO Certification Application Requirements and Platform User Guide (PUG) for further guidance and information.

APPLICANT ORGANIZATION INFO

Organization Name	<input type="text"/>
ACO ID	<input type="text"/>
Organization Address	<input type="text"/>
Organization State	<input type="text" value="MA"/>
Organization City	<input type="text"/>
Organization Zip	<input type="text" value="11111"/>
Tax Identification Number (TIN)	<input type="text" value="999"/>

APPLICANT ORGANIZATION PUBLIC CONTACT INFO

NOTE: The applicant contact information supplied below will be publicly listed on HPC's website as the primary contact for ACO-related matters.

Applicant Public Contact Prefix	<input type="text" value="MR"/>
Applicant Public Contact First Name	<input type="text" value="Muffin"/>
Applicant Public Contact Last Name	<input type="text" value="Man"/>
Applicant Public Contact Title	<input type="text"/>
Applicant Public Contact Phone Number	<input type="text"/>
Applicant Public Contact Email	<input type="text"/>

PRIMARY APPLICATION CONTACT INFO

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

Primary Application Contact Prefix	<input type="text" value="Mr"/>
Primary Application Contact First Name	<input type="text" value="Muffin"/>
Primary Application Contact Last Name	<input type="text" value="Man"/>
Primary Application Contact Title	<input type="text"/>
Primary Application Contact Phone Number	<input type="text"/>
Primary Application Contact Email	<input type="text"/>

COMPONENT ORGANIZATION

☐ Organization ACO ID

Preview of ACO Certification Application Platform - Application

The screenshot displays the 'Assessment Criteria' tab of the application form. The 'AC-1: Governance Structure' section is active, showing a text area for documentation requirements and a checkbox for attestation. A red box highlights the 'Assessment Criteria' tab, and another red box highlights the 'Attestation checkbox'.

Assessment Criteria

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 the

Documentation Requirements

a. Excerpts of Governing Body 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 checkbox

☐ 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.

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 checkbox

☐ 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.

c. Governance Structure key personnel template (use template provided), including the following identifying information for Governing Body members, executive

Preview of ACO Certification Application Platform – Accessing 2017 Application Documents

The screenshot displays the Massachusetts Health Policy Commission (HPC) ACO Certification Application Platform. The header features the HPC logo and the text "Massachusetts Health Policy Commission (HPC)". Below the header is a navigation bar with the following links: "Intent to Apply", "ACO Application", "Access 2017 Documents" (highlighted), "Super User", "Portal Settings", "User Settings", "Contact Us", and "Logout".

The "Access 2017 Documents" section contains a table with the following columns: "ACO APPLICATION #", "ORGANIZATION NAME", and "DOCUMENT TYPE". The table lists several applications, all of which are "HPC - AC-1 Governing Body By-Laws".

ACO APPLICATION #	ORGANIZATION NAME	DOCUMENT TYPE
99	ACO Name	HPC - AC-1 Governing Body By-Laws
99		HPC - AC-1 Governing Body By-Laws
99		HPC - AC-1 Governing Body By-Laws
100		HPC - AC-1 Governing Body By-Laws
113		HPC - AC-1 Governing Body By-Laws
111		HPC - AC-1 Governing Body By-Laws
108		HPC - AC-1 Governing Body By-Laws
119		HPC - AC-1 Governing Body By-Laws
98		HPC - AC-1 Governing Body By-Laws



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- **Q&A**

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 18.**