MASSACHUSETTS
MEDICAL SOCIETY
Every physician matters, each patient counts.

The Massachusetts Medical Society (MMS) appreciates the opportunity to provide comment to the Health Policy Commission's (HPC) proposed Accountable Care Organization (ACO) certification. The Medical Society supports the thoughtful promotion of accountable care organizations as a means to achieve coordinated, integrated, high-quality care for patients of the Commonwealth.

The Medical Society requests at the outset that throughout the final promulgation of certification criteria that the Health Policy Commission pay special attention to physician providers of all practice size, specialty, and geographic location. Careful attention to promoting flexibility in participation and transparency between provider and ACO is of particular importance to a well-functioning ACO. HPC has been a passionate voice for increased access to care, and should recognize ACO certification as another means by which to promote access through network adequacy and provider flexibility.

Mandatory Criteria

1. **Legal Structure:** Additional detail from HPC is required to provide thoughtful feedback on this first criterion. Alignment between HPC's ACO certification and CMS ACOs is of critical importance and one touted by HPC staff- would a separate legal entity from a CMS ACO be required for HPC certification? While we appreciate the need for a separate legal entity from an original non-ACO, there should not be a requirement of a separate legal entity just for the purposes of the HPC certification.

2. **Participating Provider TIN:** The Medical Society has significant concerns about this requirement that the ACO provide to the HPC Tax Identification Numbers for each participating provider. The Medical Society does not see the benefit of this information being provided to HPC, and feels that this requirement exceeds the purpose of the certification program. Instead, coordination with the RPO process and the physician roster component is preferred. An attestation that ACOs have on file proper tax information should be sufficient. A further requirement that this information be regularly updated would be administrative untenable, but a requirement that it not be updated would render it relatively useless shortly after submission given the fluidity of provider networks.

   Additionally, the Medical Society strongly opposes ACOs requiring that providers create new legal entities with separate tax ID numbers for each AACO in which they participate.

3. **Patient Representation:** The Medical Society supports the requirement of patient of consumer representation in ACO governance structure. A flexible but thoughtful definition of meaningful participation and then a corresponding attestation of compliance with the definition seems appropriate. In other words, defining characteristics of meaningful participation and then requiring an attestation that the ACO's governance structure allows for that meaningful participation would be more thoughtful

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approach.

4. **Provider Governance Participation:** The Medical Society believes that meaningful participation by providers in the governance of an Accountable Care Organization is critical. MMS supports the intent of the requirement that primary care, addiction, mental health, and specialist providers are meaningful participants in the governance process. However, we have concern that this could be overly proscriptive and flexibility should be given to cater the provider participation to the population of the patients, the mix of providers, and/or the clinical needs of the organization. Again, meaningful participation is an important ideal, but the written description requirement seems burdensome.

5. **Patient & Family Advisory Council:** The Medical Society strongly supports the requirement of the PFAC but questions the necessity to provide minutes of meetings as proof. An attestation makes more sense- minutes could contain sensitive information.

6. **Quality Committee:** The Medical Society supports the requirement of the quality committee but suggests a requirement for minimum provider participation in that committee. The Medical Society believes it is paramount that ACO quality committees provide transparent, detailed information using well-established validated measures to enable potential providers to fully understand the means by which the quality of their care will be evaluated.

7. **Risk Stratification:** The Medical Society strongly supports robust, comprehensive, and transparent risk stratification of patient populations. The Medical Society shares some concern, however, that the required criteria lists—especially social determinants of health—while aspirationally appreciated are not appropriate for this certification. Risk stratification is only worthwhile if it is validated and if the ACOs have sufficient patient information to properly stratify. The Medical Society has concerns that this requirement is not ready to be a required criteria. The Medical Society also believes that spending benchmarks should be based upon factors beyond just patient risk adjustment, and should include accounting for difference in geographic practice costs and physician HIT costs.

8. **Population health improvements:** The Medical Society supports the requirement that ACOs implement one or more programs targeted at improving health outcomes for its patient population. The Medical Society also appreciates the encouragement of the programs to address mental health, addiction, and/or social determinants of health. However, the Medical Society urges flexibility in the specific program to enable clinical leaders to decide the topic of the program based up on the clinical needs of the ACO's population.

9. **BH & LTSS Collaboration:** While the Medical Society supports the intent of this criterion to encourage assessment of effectiveness of ongoing collaborations and referrals, the Medical Society believes the documentation requirements set forth in the HPC proposal are incredibly burdensome and exceed the intent of the certification process. Requiring minutes from board or committee meetings documenting the results of assessment with different provider types is not a reasonable requirement. A much more reasonable approach would be an attestation of fulfillment of the goal with a brief description of the general process with an emphasis on flexibility in achieving this goal.

10. **BH/Addiction/LTSS providers:** The Medical Society supports the intent of this criterion which is to ensure proper access to behavioral health, addiction, and LTTS providers. There is a wide range of effective arrangements across a given providers organization and service community. This criterion and the corresponding documentation requirement should be flexible to acknowledge the many different relationship types and agreements.

11. **MassHealth APM Requirement:** The Medical Society opposes this requirement that ACOs participate in the budget based contract for Medicaid. Such a requirements seems outside the purview of the voluntary certification process, and the Medical Society believes that such a requirement is inappropriate without details of the financing and risk of the program at that time. The Medical Society requests this criterion be eliminated.

12. **PCMH adoption rate:** The Medical Society urges the HPC to utilize data from the HPC PCMH program that it administers and to avoid duplicative data production by ACOs. It also questions the report on PCHM PRIME adoption- that too is a new, voluntary program and therefore should not be included in a requirement of this certification.

13. **Analytic Capacity:** The Medical Society encourages the HPC to amend this section to add the words "timely" and "transparent" to the description of the cost, utilization and quality analyses. The Medical Society also supports the addition of an attestation of a timely appeals process for providers to dispute these analyses.

14. **No comment**

15. **Community Health:** While the Medical Society appreciates the intent of this criterion to promote programs that address population health, the requirement is overly proscriptive and burdensome- especially with the multi-organization requirement to the program.

16-23: **MMS has no comment**

Reporting Only Criteria

24. **Preferred provider:** The Medical Society strongly supports the requirement that ACOs demonstrate a process for identifying preferred providers and make that process available to all prospective providers. The Medical Society agrees that the four listed specialties are important, but would not limit the criteria to only those providers. Transparency of the process as promoted through this criterion could be of particular importance to independent providers of many specialties and provider type. Transparency in this process could be critical to promote increased access to independent and small group providers.

25. **Medical Reconciliation:** The Medical Society supports the intent of this provision, but feels that a plan to increase and improve medical reconciliation is a more practical requirement for this certification.

26. **Electronic event notifications-** The Medical Society supports plans for improvement in this realm, but strongly supports flexibility to acknowledge the health IT infrastructure disparities between various

providers resulting from the nature of specific practices and their capital availability and priorities.

27. **No comment.**

28. **No comment**

29. **APM Adoption:** The Medical Society urges the HPC to utilize existing state reporting systems, such as the Risk Based Provider Organization certification, which already requests information such as this from providers.

30. **Payment flow:** The Medical Society strongly supports this requirement that ACOs develop a transparent methodology of fund distribution to providers. Because of the nature of the information that could be contained in these documents, the Medical Society appreciates that this criterion may be best served with a detailed, strong attestation that the required information is readily available to participating providers and those considering participation.

31. **ACO Demographics:** The Medical Society supports the intent of this criterion though questions the documentation requirements, which may be overly burdensome.

32. **Meaningful Use adoption:** Given the uncertainty about the future of Meaningful Use, the Medical Society opposes this provision as written. The Medical Society would instead prefer a summary of the plans to more generally improve health IT adoption.