

Public Payer Commission

Session 5

June 26th, 2014

Feedback on elements of ACO design

Commissioners,

The following anonymous feedback worksheet is intended to gauge your opinion on a number of ACO design issues that have emerged during the Commission’s discussions to date. These results will be collected and aggregated by the Commission’s staff, and the average results presented during the next Commission session as a starting point for further discussion.

For each of the scales below, please indicate, by placing a **single vertical tick mark** through the line, a visual representation of where your attitude lies between the two extremes.

- 1) MassHealth’s ACO can be designed to be as flexible as possible, allowing participation by all providers within the Commonwealth; on the other hand, it can be designed restrictively, to accommodate only a few sophisticated provider entities. My recommendation on the optimal balance between these two is:



- 2) ACO models are partly defined by payment mechanisms, generally structured around a bundle of at-risk services. MassHealth’s ACO can be based around a small bundle of services (e.g., primary care, like for Tier 1 PCPR providers) or can place ACOs at risk for the full range of covered services. My recommendation on the optimal balance between these two is:



- 3) MassHealth’s ACO can closely mimic pre-existing ACO models, like MSSP or Medicare Pioneer, achieving close alignment for providers who are already part of these other programs; alternatively, MassHealth can adapt these models, recognizing underlying differences in the member population. My recommendation on the optimal balance between these two is:

