



June 6, 2011

Centers for Medicare & Medicaid Services
Department for Health and Human Services
ATTENTION: CMS-1345-P
P.O. Box 8013
Baltimore, MD 21244-8013

Kentucky Voices for Health respectfully submits the following comments to the Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) in response to the proposed rule: Medicare Program; Medicare Shared Savings Program; Accountable Care Organizations (file code CMS-1345-P).

Kentucky Voices for Health (KVH) is a broad coalition of nearly 150 organizations working to improve Kentuckians' health and health care coverage. The coalition's leadership team is composed of representatives from AARP Kentucky, Advocacy Action Network, American Cancer Society, American Heart Association, American Lung Association, Catholic Conference of Kentucky, Covering Kentucky Kids and Families, Kentucky Council of Churches, Kentucky Equal Justice Center, the Kentucky Injury Prevention and Research Center, and Kentucky Youth Advocates. Kentucky Voices for Health receives grant funding from the Public Welfare Foundation through the Foundation for a Healthy Kentucky.

This proposed rule implements provisions of the Affordable Care Act that facilitates coordination and cooperation among providers in Accountable Care Organizations (ACOs) through the creation of a shared savings program. Under this program, health providers in participating ACOs would be eligible to receive additional payments (beyond traditional Medicare fee-for-service reimbursement) for meeting specified quality and savings requirements while being accountable for patient care.

KVH believes innovations like ACOs, when properly implemented, hold promise to improve the coordination of patient care and promote patient-centered care while encouraging accountability. Kentucky is at the forefront of this new trend as Norton Healthcare (Kentucky's largest hospital system) and Humana (a major health insurer) were selected last year by the Brookings Institution and the The Dartmouth Institute for Health Policy and Clinical Practice to partner in one of five national pilot sites to implement the ACO model.

From the perspective of health consumers, KVH believes that the ACO shared savings model would be strengthened if the following requirements for participating ACOs were included:

- **Consumer Engagement:** Since the goal of the ACO model is to coordinate care and focus on the patient, it is critical that consumers who are patients in ACOs be given a strong voice in how it operates. A consumer who is served by the ACO should be a member of the board of the ACO and free of any conflict of interest. Consideration should be given to including advocates from community-based consumer organization to be on the board or advisory committees. ACOs should also be required to provide a meaningful description of the tools it will use to foster patient engagement.
- **Wide Range of Services:** While based on the foundation of primary care, ACOs should include providers who offer a wide range of services that address both a family's physical as well as behavioral care needs, with capabilities to address the unique needs of the patient population being served (including high-risk and vulnerable populations) ACOs should also have the capability, where possible, to identify and link patients to other community resources needed by participating families so they can manage their conditions and live independently.
- **Primary Care Providers:** The proposed rule should require the definition of ACOs to include all primary care providers, such as Nurse Practitioners, Community Health Centers and Rural Health Clinics. Kentucky is a rural state with an estimated 11.3% of the population living in a medically underserved area. As such, many Kentuckians currently receive primary care from a wide range of providers, all of whom should be included in ACOs.
- **Enforcement:** The proposed rule includes a number of critical elements of patient centered care provided by ACOs, but does not address how CMS will monitor and enforce ACO requirements. More detail is needed as to how CMS will monitor and assess the care provided by ACOs, including steps that will be taken to enforce regulatory requirements.
- **Patient Advocates:** ACOs should be required to employ a patient advocate or "point person" who provides patients with full information about treatment options and answer questions about care decisions or the care that is being provided.
- **Electronic Medical Records:** Health providers in ACOs should be required to implement the use of electronic medical records as soon as practicable so that providers have instant access to patient records.
- **Grievance Process:** ACOs should be required to implement a formal grievance procedure and give patients notice of their right to file a complaint. Complaints are an important indicator of patient satisfaction and should be required as part of the process of monitoring the quality of ACOs.

- **Transparency:** A key to promoting accountability is transparency. Towards this end, consumers should have easy access to patient experience and outcome data as well as complaints filed by patients. ACOs should be required to produce annual reports, that include data from the patient surveys required by the proposed rule, that are easy to understand and publically available, both in print and on the web.

Kentucky Voices for Health appreciates the opportunity to share our perspective on the proposed rule. It is our hope that this rule will implement the use of Accountable Care Organizations in a way that transforms the delivery of care and improves the health of Kentuckians.

Sincerely,

A handwritten signature in cursive script that reads "Jodi Mitchell".

Jodi Mitchell, Executive Director
Kentucky Voices for Health